

(iii) Social protection and the role of government

Regular flows of income, as occur in cash transfer schemes (such as old-age pensions, household or family grants, food grants and child grants) are generally small, but they have been shown to have a number of positive impacts on children's well being in a variety of contexts. These include improvements in health indicators, both usage indicators and outcomes. There are also studies which show improved school enrolment rates and decreased poverty. The regular nature of the income flow has also been associated with the opportunity for better planning. Moreover, the income has been seen to increase household productivity and chances to invest in job search (DFID, 2005; Gertler, 2000; Rawlings, 2004).

The strong evidence of positive outcomes of cash transfer programmes has generated considerable interest in introducing them in a number of countries. The interest is growing in a variety of settings, but the possibilities of using the approach as a response to the impacts of HIV and AIDS on children has generated considerable excitement and a number of pilots are already underway, including in Kenya, Malawi, Zambia and South Africa.

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State capacity in a number of high prevalence countries is already strained. Skilled human resources are often in short supply and systems are under pressure. Cash transfers relative to many other interventions place a lower demand on human resources and management for delivery. Social work services, for example, require high levels of coordination among well trained personnel within a quality maintenance bureaucracy. Cash transfers, therefore present a means by which states can support families without burdening their delivery systems to the same extent, and perhaps with greater effectiveness. Of course, there are implementation challenges and questions of corruption. At the national level, the possibilities of corruption are little different from any other intervention as most interventions of all kinds start with a money budget. The implementation challenges and corruption concerns at the sub-national level are important and are receiving attention.

A number of issues come to the fore in connection with cash transfers for vulnerable children, of which five in particular stand out. Firstly, social transfers are justified by human rights, as indicated earlier in the document; secondly, the appropriate amount for transfers in different conditions and what threats are there that they might offer perverse incentives is a question. Thirdly, appropriate targeting mechanisms need to be specified; fourthly, the role, if any, of conditions must be understood; and finally, we must consider

how the introduction of a state-led cash transfer programme affects the role of other actors.

All five issues require substantial discussion. The first four have, however, already received some attention and continue to receive more. The last issue - who does what - has not been accorded the same level of direct attention although the issue clearly sits below the surface of the other debates. *Who does what* also links to systemic responses in general. The call for governments to play a bigger role in responding to children in the context of HIV and AIDS in a field with many established actors has generated some nervousness. For these two reasons the following section will examine this issue in more detail.

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(iii) Joining up efforts: Who does what?

The scale of the HIV and AIDS epidemic, particularly when considered against the backdrop of widespread poverty, calls for large scale responses. The strengthening and expansion of health and education services to children are an obvious area for increased state action. Cash transfers provide another avenue for the state to support children via the family. These systemic responses can be designed so as to improve the well being of all children while simultaneously providing additional support through cash to the most vulnerable children, as a result of HIV/AIDS, poverty or a combination of both. In many contexts the most vulnerable children are actually in the majority, as such a high percentage of children in southern Africa live in poverty.

As indicated, the current emphasis on systemic state-led responses has generated some anxiety among other actors, especially international and local CSO's. These actors have, to date, played a major role in supporting children, especially in the absence of substantial state intervention. The pressure now for the state to step in may be perceived as a pressure for these actors to step out. While there may well be a need for changes in the way both operate, the state and CSO's have a number of comparative advantages in relation to one another, suggesting that considered collaboration will lead to the best outcomes for children.

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Comparative advantages

The nature of states and of CSO's suggests certain advantages and disadvantages of each in terms of service provision. It is important to recognise these advantages and disadvantages so that resources can be directed efficiently and effectively. Much of the discussion in this section and the discussion which builds on it, are a consideration of the potential of each. We suggest ways in which the strengths and weaknesses which states and CSO's could and should have must be considered in a large scale, substantial responses. It is, however, recognised that in some situations states and CSO's may either or both lack the comparative advantages described. This is a challenge, and ways to work towards realising the advantages is an important area for debate and development. While it is imperative to aim for the realisation of advantages, we must also bear in mind how responses will take shape during transitions in the roles of CSO's and the state.

The state

The state has a number of advantages over CSO's. Foremost among these is its size and coverage. HIV and AIDS in the context of poverty in high prevalence setting present a national problem of very large scope. The need for a response is not isolated and the advantage of national reach is obvious. Furthermore, the state has continuity and longevity. The state can commit to providing services into the future and is not dependent on external budget decisions to the same extent as CSO's. Although a number of states are heavily dependent on donor support, the funding is generally more secure and committed over longer periods of time than CSO funding. CSO's can also be dependent on a few key individuals while the response of states is more robust.

The state has the opportunity to use redistributive taxes as a means of funding. If children have lost their parents or are in some way in need of support, the general assumption is that the care and support should come from the extended family and the community in which they live. The family arguably does have a responsibility towards children and so this expectation is not without basis, and extended families are indeed often the first to respond. Given the interaction with poverty, children in need of support by communities as a result of HIV/AIDS are more likely to be poor. As poor people tend to live in the same communities, the community is likely also to be poor. This results in the poor being asked to provide for the poor. The use of redistributive taxes spreads the cost burden more broadly than the immediate community, which is a more just strategy.

Finally the state has authority. It has the ability to implement legislation, enforce compliance and create policy environments.

To some extent the state's advantages are also its weaknesses. As a result of its size it is slow moving and lacks flexibility. When considering a nation in the design of responses, it is difficult to adapt to specific local contexts. It is in these situations that the comparative advantages of CSOs become clearer. The state has the reach to address problems, whereas CSO's have the capacity to reach out to individuals.

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Civil society organizations (CSO's)

CSO's, free of the bureaucracy, responsibility and size of the state, can be far more flexible. They can see a problem and adapt their services promptly. Not only can they be flexible, but they can also be creative. Seeing the possibility that something might work, they have the freedom to try it and find out.

Contexts differ and what works in one setting may well be far less effective in another. CSO's have far greater ability to perceive the need for adjustment and to make changes. They can develop services and responses which are only relevant in one particular context and adapt them for another. They do not have the same pressure to provide uniform services or to provide basic services to everyone in their catchment areas. This is true not only between communities but also within them. CSO's can respond to individual distress on a case-by-case basis which can be difficult and inefficient for the state to do. States can formulate budgets, create services and fund them, but the intermediary processes are costly, and quality and equity are problems.

Given the different advantages of these two types of service provider there is obvious scope for cooperation to maximise impact. As the state moves towards a systemic response, CSO's can choose a variety of roles, some of which are more considerate of the relative advantages than others. Some of these different roles are discussed below.

The role of CSO's in the shift to systemic responses

In what follows, we outline a number of different roles which CSO's can play and which make good use of their comparative advantages. These are:

- Provision of state services
- Demonstration projects
- Facilitation of receipt and benefit from state services
- Amplification of benefit from state services
- Linking services within government and between government and CSO's
- Context-specific and non-scalable services
- Activism and empowerment

Provision of state services

Unfortunately there are many instances where services which would traditionally be assumed to be state responsibilities are either absent or inadequate. Notable examples include failure to provide health, preschool care or education to all children. The void has often been filled by CSO's and, in particular, by faith-based organisations. In some countries in southern Africa, a considerable proportion of health facilities and schools are supported by faith organizations in one way or another.

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The manner in which CSO's step in to provide, what should be, state services can have implications for the long-term provision of these services, especially if the state is planning on expanding its provision. This is most evident in the choice of models of provision. Services can be provided in such a way that they can be linked into state systems or even be taken over by the state. This has often been the case with church run hospitals. The church establishes the hospital to fulfil a need, but as state capacity improves so the church withdraws, sometimes financially, sometimes administratively and at times completely.

It is worth a CSO considering, when providing a service that the state would normally be expected to provide, if their model enables later collaboration or hand over. This links closely with the second role we outline, the role of CSO's in running demonstration projects. It is worth noting that CSO's have often taken on state services and that the state has not stepped in to assume its responsibility for considerable time. While some of these services may lend themselves to state provision, until the state is in a position to provide the services, CSO's should not be left unsupported, because the period of transition can be very long. However, transition should be uppermost in the consideration of state and CSOs.

Demonstration projects

It is not always universally agreed what services the state should be expected to provide or how they should or can be provided. Given this situation, three important possibilities present themselves for CSO's - the chance to try new things, the opportunity to experiment with how to do them, and the chance to break down state resistance.

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As described above, CSO's have the opportunity to be more flexible and creative. When new challenges present themselves, CSO's are well positioned to experiment with alternative approaches to addressing them. Some of these approaches may never lend

themselves to state uptake (and this is discussed later), but some may. It is the provision of services which the state arguably should provide that fall into this category. Considering later state involvement so that services may be expanded to take advantage of the coverage and longevity of state provision, may alter the design of CSO services when trying something new. Presenting projects as a demonstration of how approaches can work has the potential to link together the relative advantages of the different players. For example, not many southern African countries are in a position to implement cash transfer programmes, and there are many programmatic and logistic choices to make. CSO's can experiment with these on a small scale and document what is needed to expand them.

There are times when the state welcomes these demonstrations and is willing to take them up. There are other times when demonstration projects can be used to break down state resistance by undermining excuses given for non-provision. Faced with constraints, or as a result of unwillingness, state actors may write off the provision of certain services as impossible or likely to be ineffective. CSO's can challenge these perceptions if they deem them to be wrong.

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When the state refuses to provide services which are, arguably, the state's responsibility CSO's can step-in, or step-in in a way, which shows that the state could provide the service, and a model of how to provide the service. If a model of implementation is followed which the state could never use, then the project might be successful in the location it operates, but the knowledge generated will do little to stimulate the state. If, however, a model is used which the state could well take on or replicate elsewhere, then the project can be used by government, or by civil society to pressure government to action. The latter was the strategy adopted by *Medecines Sans Frontieres'* (MSF) in their ARV therapy pilot programme in the Western Cape in South Africa. Amongst others, this enabled the Western Cape to be the first province to defy South African government policy by providing AIDS drugs to HIV-positive pregnant women in the public health sector.

Examples relating to HIV/AIDS and children include providing family-centred health services, using PMTCT or VCT as an entry point. CSO's providing these services in one area have the potential of providing learning for eventual uptake by the state - which could lead to associated improvements in coverage. The design of such programmes is neither obvious, nor are the problems which they may face simple to solve. The flexibility and creativity of CSO's gives them an advantage in the design and testing of alternatives.

Facilitation of receipt and benefit from state services

It can be difficult for the state to deal with individual problems. As large bureaucracies, they struggle to respond to individual needs. As a result even when services are provided, some individual cases may be overlooked or neglected because of difficulty of access and/or the failure of the state to respond to idiosyncratic needs.

The opportunity for facilitation to have a major impact is when state services exist but access is a problem. In these situations the ability of CSO's to respond at an individual level can have significant impact. For what may well be a small investment of resources, CSOs can facilitate access by children and families to the greater benefits (such as health and education) provided by the state.

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Cash transfers provide an important example of the potential of such projects. The provision of a monthly cash transfer has been shown to be highly beneficial, but access typically requires documentation and physical access to service providers. Very poor families may lack the resources to obtain the documents needed. They may also lack the funds to invest in accessing the transfer. It may require a number of trips to a government office to become registered for the transfer. If the family does not have the money to fund transport to the offices or they cannot afford the time away from their productive activities, then they may never be able to access the grant.

As a result, those who stand to benefit the most may well end up being those who are left out in particular. CSO involvement at the point of gaining access is an example of the good use of the comparative advantages of different players. The state provides the long term stable support, addressing the problem at hand. A CSO supporting families to access the grant provides the individual attention and flexibility which is not in state capacity. The CSO's small investment but targeted of resources results in long term benefit for the family.

Other examples of facilitation projects would include assistance to overcome barriers to health, education, legal and social services. The service lends itself to state provision, but dealing with the individual challenges faced by families does not.

Amplification of benefit from state services

The challenges faced by families are generally complex and access to a single service may not be sufficient to address them. What is more, accessing a service can have differential benefits depending on other interacting factors.

Health care, for example, works better when the person receiving the care is well fed. Supporting adults on ARVs to acquire quality and appropriate food is an example of how a CSO project can amplify the benefits of a state provided service.

Cash transfers, as mentioned, are currently receiving a great deal of attention both as a response to poverty and to the impacts of HIV and AIDS on children and families. The benefits of cash transfers have been well documented, but there are some pockets of resistance to them. This links back to Figure 6. It may be assumed, for example, that the problem is more than poverty; that the family does not have the best interests of the child at heart and that interventions need to guard against opportunistic and exploitative actions by family members. Many of those who resist cash transfers favour situation B in Figure 6, where support is provided directly to the child and that the protection comes from the service provider not the family. This is clearly not a sustainable option. In essence, this results from distrust of the poor. If families are implicitly perceived to have failed children by becoming HIV+, or by not pulling themselves up by their bootstraps and having sufficient funds to support their children, as outlined in an earlier section, they may not be trusted to distribute benefits to children.

There are a number of other reasons for resistance to give money to among the poorest people in the world, most of which are better dealt with elsewhere. One which does deserve mention here relates to the perception that cash transfers are being promoted in place of CSO responses.

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It is indeed possible that the implementation of cash transfer programmes will displace some activities currently being undertaken by CSO's, and rightfully so. If families' economic position is improved, there may well be instances where they no longer need services previously offered to them by CSO's, such as help with school uniforms. Much of what CSO's do in the context of HIV and AIDS in southern Africa involves poverty alleviation¹, and if cash transfers are more efficient at this, transfers will displace some of these services. However, this by no means negates the role of CSO's, but rather frees them to undertake other activities, many of which states can't provide, such as services and assistance to specific individuals, families and communities.

Before CSO's move off poverty alleviation and other activities that could better be provided by the state, there is the period of transition. It would not be appropriate to end services before the means to address the needs that prompted them are in place. More important to this discussion, is the possibility for CSO's to operate creatively within a cash transfer environment to amplify the benefits of the programmes.

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¹ Geoff Foster (personal communication, 2007).

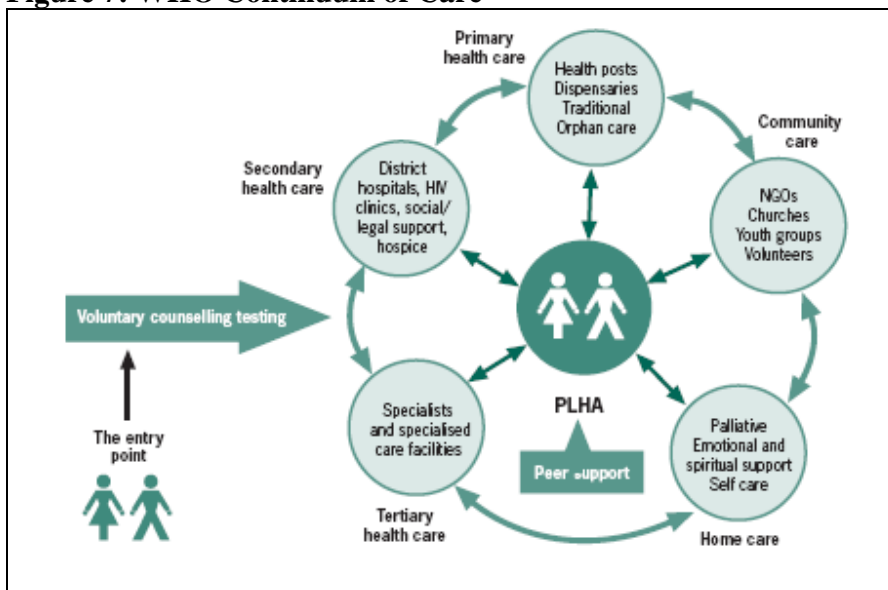
Providing cash to a household expands their choices and opportunities. Supporting families to take full advantage of these chances is an obvious space for CSO activity. Finding ways to use the funds for the best value current consumption or as leverage to generate more consumption is a very context-specific consideration. There are innumerable possibilities for complimentary programmes to amplify the impact of what is generally a small amount of money.

Under normal circumstances, the more capital a household has, the more the productivity of the household increases. Cash provides one part of that capital; CSO's have the possibility to support the human capital side through skills development and information sharing. An obvious example here would be for CSO involvement in income generation projects which utilise the security offered by the grant. The possibility for amplification in this field are challenging but exciting.

Linking services within government and between government and CSO's

Richter and Foster (2006) stressed the importance of creating a continuum of care for children affected by HIV/AIDS along the model of the World Health Organization Continuum of Care (see Figure 7). This model requires various government systems, such as education, health and social welfare to work together, as well as with community and other civil society groups and resources.

Figure 7: WHO Continuum of Care



CSO's can play a critical role in facilitating and maintaining linkages, enabling beneficiaries to move between services and other sources of support. In this way, CSOs can also build the capacity of both government services and the work of local community-based groups.

One of the dangers of CSO's not working in this collaborative way is that they can deplete government services of staff and capacity, through more attractive salaries and working conditions.

Context-specific and non-scalable services

The discussions thus far have focused on the role of CSO's in interacting with state services. The routes described show the many possibilities for services from both sides to be designed in a way that compliment each other and maximise the benefits for children and families.

It is, however, worth noting that there are areas of response in which the state is unlikely to ever have significant involvement, beyond providing a supportive legislative, policy and funding environment.

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Problems which are highly context-specific and require a great deal of consideration of the local environment in their design and implementation do not lend themselves to state involvement on the ground. Highly specific or specialised interventions are difficult to take to scale and by their nature are best run as local projects. Examples include psychosocial interventions with child sex workers, child soldiers or other groups who require very specific psychosocial, and material support, and assistance with re-integration.

Services which are needed but difficult to scale often require dedicated CSO's to take up the challenge. It is important to recognise what the needs on the ground are, as well as the inability of the state to respond. This justifies support for the work of CSO's when they are clearly the most efficient providers. The provision of psychosocial support to traumatised children is very important but also highly specialised. The challenges faced by children in different contexts vary, and the stigma they face takes different forms. The support they receive from community members and extended family is not always the same. CSO's have the ability to be highly adaptive and can support local responses and assist with the introduction and extension of new supports in collaboration with community groups.

The state, however, is the ultimate duty bearer. Recognising the comparative advantage of CSO's does not absolve state inaction. Rather, it changes the nature of action required. CSO's in these situations are the most efficient and effective service providers, but the need for a supportive environment and financial support is often best met by the state. In the interim, however, local and international donors are important sources of financial aid for these activities.

Activism and empowerment

The state and CSO's have been discussed thus far as if they were entirely independent actors. CSO's, however, have a role to play with the state, as well as alongside it.

CSO's working close to communities may see problems before the state does or before the state is willing to acknowledge the problems. For this reason, CSO's have a role to play in conveying this information; but information sharing is often not enough. The state may resist responding for a host of reasons and the need for activism is frequently apparent.

The role of CSO's in amplification does not end with the amplification of benefits from state services, it continues with the amplification of the voices of those who face the challenges of poverty and HIV and AIDS on a day-to-day basis. To date the response to children has been overwhelmingly undertaken by families and communities with little outside support. Supporting the empowerment of those most affected and amplifying their demands on the state is critically important if responses are to be meaningfully improved.

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As indicated in Figure 5, CSO's can capacitate families and communities to receive and demand services through collective action and social movements.

The amounts of money involved in all aspects of the response to HIV and AIDS have increased substantially in recent years, especially with the contributions of the Global Fund and PEPFAR. While again lagging behind, the money directed towards children has also increased.

With increasing funds comes increasing pressure to show impact. Excessive monitoring and evaluation can become counter-productive, but it does draw attention to impact. While small programmes focused on specific aspects of children's needs may work in a particular area, larger amounts of money increase the pressure to show broader, substantial, and sustainable impacts. It is clear that to have that larger impact requires larger and more systemic responses. Projects can take us only so far.