



Towards a comprehensive social protection system: linking microinsurance and social cash transfers

By Martina Bergthaller

Social security – a fundamental human right

Access to social protection systems is regarded across the world as a fundamental human right. Social protection systems can help individuals to cope with the social and economic risks posed by everyday life, such as sickness, unemployment, old age, and death, or by natural disasters, such as crop failure and famine, and to mitigate or absorb the negative impact on themselves and their community (Jacquier *et al.* 2006: 45). In current development policy discussion, social security is seen as both a development tool and a development goal, helping to reduce poverty and promote sustainable social and economic development. Social protection systems also offer the potential to strengthen human capital, reduce social inequality, and boost redistribution and social justice. However, many individuals remain excluded from state social security cover (HLTF 2008: 9 puts the figure at around 80% of the world's population), particularly the poor and most vulnerable sectors of the population and those employed in the informal economy in developing countries.

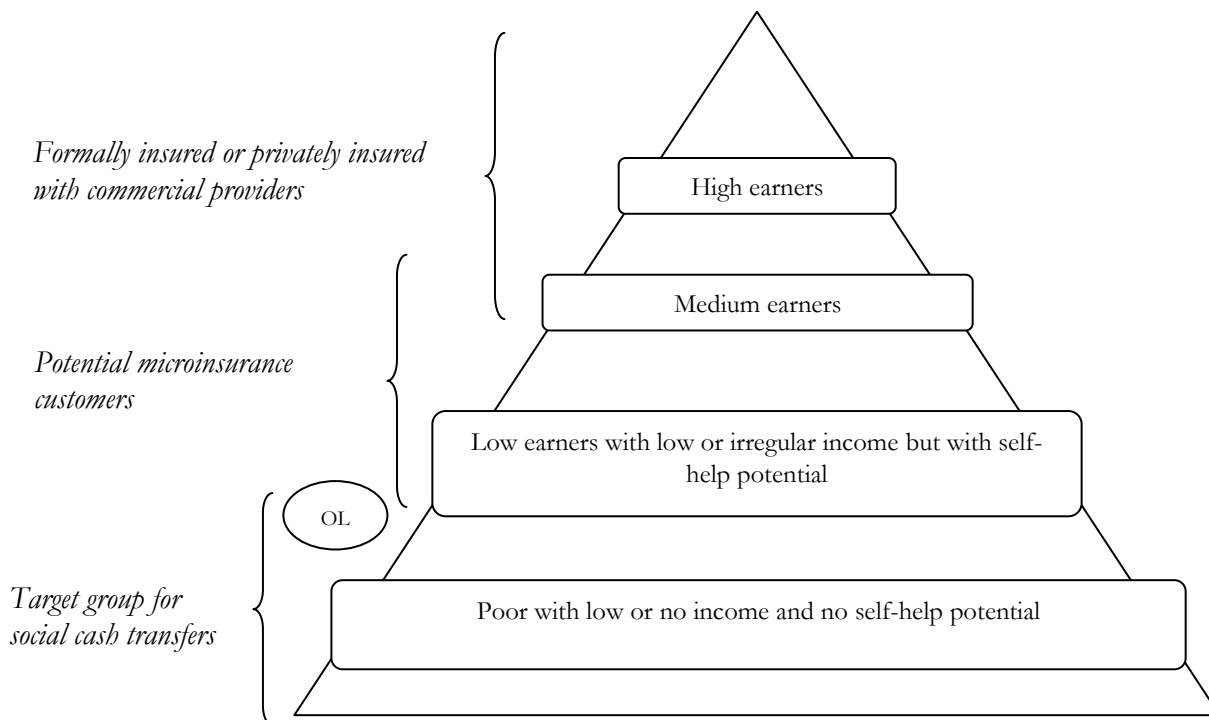
The importance of social security in development terms has also been acknowledged increasingly by bilateral and multilateral donors and development partners over the past few years, and their work is focusing ever more on this issue. The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) makes a major contribution in this area by developing diverse social protection mechanisms with its partner countries and supporting their implementation.

The goal of such work is to integrate into social protection systems those sectors of the population that have always been excluded. In the long-term, developing innovative instruments tailored to the specific needs and life situations of the individuals concerned and extending the use of exist-

ing instruments should ensure that all sectors of the population in the partner countries have access to a social protection system. A range of tools and measures can be used to achieve this.

Tailored solutions for different target groups and risks

Essentially a distinction can be made between contributory and non-contributory social protection systems. The first group includes 'basic social protection systems', which can be accessed by beneficiaries without the need for a contribution record. These comprise for instance social cash transfers, voucher systems, and access to free services, such as health care, as well as protection for particularly disadvantaged groups, such as older people or those with disabilities. Contributory social protection systems, by contrast, are financed primarily from prior contributions made by the beneficiaries, and only those who make such contributions regularly are able to access these mechanisms. They include social health insurance, pension insurance, and unemployment insurance implemented by the state. Private sector bodies also offer contribution-based social protection mechanisms, such as private health, pension, life and damage or loss insurance. Microinsurance also forms part of this group and is aimed predominantly at sectors of the population who have limited or no access to state social security provision or conventional insurance products. All these instruments are tailored to specific risks and target groups. They are not, however, free-standing, but are most effective and reach the optimal level of coverage only when they are combined within the framework of a comprehensive social protection system.



This paper is concerned with the *social cash transfer* and *micro-insurance* elements of the instruments outlined above. The aim is to show how these two social protection mechanisms function and why it makes sense to link them more extensively, as well as to demonstrate what the initial discussions and pilot projects offer by way of scope and challenges.

Microinsurance and social cash transfers – two tools in a comprehensive social protection system

Both social cash transfers and microinsurance are aimed primarily at groups that have so far been largely excluded from state social security coverage. However, there are major differences in the way in which access to social protection is ensured and in the specific target groups for the two different tools.

Social cash transfers are usually state social protection mechanisms funded out of general tax revenues. They are paid to the target beneficiary groups in cash and without the need for a contribution record. The aim is to meet individuals' basic needs and to secure long-term investment in the human capital of the poor and extremely poor sectors of the population. In Latin America in particular, social cash transfers are frequently tied to specific conditions, mostly relating to education and health. In many countries, social cash transfers are designed to benefit only a very limited portion of the population. However, this means that they reach particularly those households or sectors of the population that are worst affected by poverty and that have no potential for self-help. This includes the elderly and the sick, as well as households without productive members. By con

trast, in some Latin American countries such as Mexico, Brazil and Ecuador, as much as 40% of the population is covered directly or indirectly by the relevant national social cash transfer system (Fiszbein et al. 2009: 5). Here, the beneficiaries are not only extremely poor households with no self-help potential, but also households that have productive capacity, but do not yet have the necessary financial capital to allow them to overcome poverty by their own efforts.

Microinsurance, on the other hand, represents cover against diverse risks. It is aimed predominantly at people with low and irregular incomes who work in the informal economy and live just below or just above the poverty line. Microinsurance is provided largely by private, non-governmental organisations; in some cases, it is initiated by civil society itself and is financed through relatively low premiums paid by scheme members. Microinsurance is thus aimed primarily at target groups who have some potential for self-help and who can, therefore, afford regular contributions¹.

Microinsurance can cover a range of risks, including life cover for households where the breadwinner dies, health insurance, or cover against crop failure caused by drought or flooding (BMZ 2010).

Microinsurance is often part of a more comprehensive social protection system, and its role as a mechanism for social protection is widely recognised. Microinsurance is also increasingly supported by international donor organisations. However, most countries still lack an appropriate strategy for making it a meaningful part of an integrated

¹ The diagram illustrates the target groups for different social protection instruments.

social protection system and linking it with other instruments, such as social cash transfers. Linking the two instruments would also produce greater synergies in such areas as increased investment in human capital. This is just one of many reasons why it makes sense to link them.

✓ **Increasing target groups' individual responsibility and self-help capacity**

The discourse surrounding development policy is frequently critical of social cash transfers, which are widely seen as handouts that create dependence on regular cash transfers rather than helping individuals to help themselves. Many studies show that this is not the case, however. In fact, social cash transfers can improve the productivity of the population in the long term.

Box 1: Positive effects of social cash transfers in Paraguay and Zambia

In Paraguay, for example, beneficiaries of the Tekoporã social cash transfer scheme, which was supported by GIZ on behalf of the Federal Ministry of Economic Cooperation and Development (BMZ) between 2005 and 2007, were found to be investing up to 45% more in productive activities than they did before they received the payments. In Kalomo District in Zambia, where GIZ - on behalf of BMZ - supported a scheme initiated by the Zambian government to make regular transfer payments to the poorest 10% of households, four times as many recipient households invested in productive assets or productive activities than did so before the pilot programme was launched. The average amount invested also doubled. Experiences of this kind demonstrate that individuals with access to social protection systems are more likely to be willing to take risks and more likely to invest. This helps them reduce poverty in the long term, while greater economic diversification also equips them to protect themselves better against future risks, such as crop failure.

As the diagram on page 2 shows, recipients of social cash transfers may, in some countries, also be potential customers for microinsurance products, depending on the appropriate design of those products and the criteria used to identify and select target groups (see the overlap [OL] between microinsurance and social cash transfers in the diagram). Linking social cash transfers with microinsurance systems for these target groups – who live on the poverty line – can further boost the positive effect described above. In the long term, this may reduce these groups' dependence on social cash transfers, as the microinsurance components open up new diversification strategies in the event of crises, and this can improve the self-help potential of recipient households.

✓ **Offering twofold protection**

Social cash transfers are aimed at sectors of the population that find it extremely difficult, either in the short term or permanently, to meet their own basic needs for such items as food, clothing, housing, education, and health. These sectors of the population are also much more vulnerable to

external emergencies, such as crop failure, sickness, or the sudden loss of productive assets or their home, and are thus at greater risk of falling deeper into poverty. State capacities to provide comprehensive support to help these groups meet their basic needs are usually limited, both institutionally and financially. If a poor household suffers a disaster, such as an accident or long-term illness, a social cash transfer is not of itself enough to enable that household to meet the additional costs of, for example, medical treatment. The social cash transfer is important in meeting indirect health costs, such as transport or care, which are rarely met from other sources, or in paying for medicines. However, in most cases, cash transfers cannot cover the high indirect costs of adequate treatment. The payments are usually too low for this and the direct health costs are often beyond the reach of a poor household.

On the other hand, illness or an accident suffered by a member of the household often leads to loss of income, as it means that a worker is out of action, temporarily or for a longer period. In such cases, microinsurance can replace lost income and make additional resources available (Jacques et al. 2006: 53). This means that in the event of shock, even those receiving social transfer payments do not have to resort to what are referred to as 'damaging' survival strategies and destroy their livelihood in the longer term² (Cohen and Sebstad 2006: 28).

✓ **Creating ways out of poverty**

Microinsurance represents an approach suitable for the productive poor, as premiums are usually low and individuals can afford to pay them out of their income. However, the poorest groups in the population – and especially groups who are socially vulnerable and particularly at risk, such as women or the elderly – have so far been largely unable to access this type of social protection. Yet if these individuals were to receive regular social cash transfers at a certain level, some of them too could also afford insurance premiums. This both provides protection against the risk of sudden loss of income and enables these individuals to secure their basic needs.

Where social cash transfers are conditional, an insurance component can prevent sudden crises or disasters from resulting in failure to meet the conditions for the transfer. Microinsurance compensates for the negative effects of, for example, a drastic loss of income. This is particularly true for the risk of parents reacting to loss of income by removing their children from school in order to save money and to generate more income by sending these children out to work (Ramathan 2008).

² These include children abandoning their education, child labour, prostitution, criminal activity, limited food intake (especially among women and children), migration of labour without employment prospects, inadequate hygiene, inadequate health protection and health care in case of illness, or sale of productive assets that form the household's livelihood, such as land, cattle, housing, or equipment.

Microinsurance can also be crucial for ‘exit strategies’ from social cash transfer schemes. The families most at risk of falling back into poverty as the result of a sudden crisis, such as crop failure or illness, are those that are left just above the poverty line when they are removed from a social cash transfer programme. It is therefore advisable to offer additional protection measures in the form of microinsurance, which can also provide a safety net once the social transfer payment programme comes to an end. This is particularly the case where state contribution-based systems of social protection are inaccessible to these target groups. Studies have shown that it is unlikely that households will be able to move out of a social cash transfer programme without access to complementary measures (e.g. Slater 2009).

✓ **Opening up new opportunities for diversification**

Ultimately, linking social cash transfers with microinsurance can also result in recipients becoming more open to financial institutions. Microinsurance schemes are often run by microfinance institutions (MFIs). They are the only means of providing the poorer sectors of the population with any access at all to financial services. MFIs are also often distribution channels for other products, such as microloans or savings accounts for this part of the population, and access to these institutions can help recipients of social cash transfers to save their capital or to take out a microloan or a microinsurance policy. This enables them to diversify their options and to improve their livelihood in the long term. In this way, poor households can be introduced to financial institutions. Targeted measures, such as information campaigns, briefings, and customer protection (BMZ 2010: 12), can also increase their financial literacy - that is, their ability to make appropriate savings and investment decisions. This helps these households to gradually improve their economic circumstances. Receiving regular transfers also means that the recipients may well become future MFI clients. However, this option is available only on social cash transfer programmes that are generous and do not target solely the poorest of the poor without self-help capacities, who are not the target group for microfinance institutions.

Instruments for linking social cash transfers and microinsurance

A meaningful combination of social cash transfers and long-term measures to boost access to financial services, such as microinsurance or microloans, is currently the subject of wide study and research. Initial findings show that mechanisms and institutions used to pay social cash transfers have a high level of potential to provide the poor groups in society with their first access to such services (DFID 2011: 37).

In some countries, microinsurance mechanisms are already managed by public institutions acting as agents or pay points in the event of a claim. If microinsurance models

were linked with social cash transfers, it would be conceivable – depending on the design of the programme – to make use of those institutions handling social cash transfers both to sell microinsurance and to provide rapid processing and payment in the event of a claim. The state can thus promote the instrument of microinsurance by making effective administrative capacities available and so facilitate premium payments and claims processing. However, if tasks and skills are to be widened and transferred in this way, it is first essential to reinforce existing structures by capacity development, for example through measures to strengthen the technical expertise and organisational development of implementing structures at national, regional, or local level. This would be one of the central tasks that development cooperation organisations could take on in this process to support such projects (BMZ 2010: 12-14).

At the same time, the institutional linking of social cash transfers and microinsurance enables low-income sectors of the population to be made aware of the opportunities open to them for joining microinsurance programmes. Using the same institutions to distribute products creates channels that can be deployed to disseminate general information within the recipient group about opportunities for buying microinsurance and to raise this target group’s general level of awareness (Jacquier et al. 2006: 57).

Box 2: Funeral expenses insurance for recipients of the Basic Income Grant (BIG) in Otjivero, Namibia

This is done indirectly, for example as part of the Basic Income Grant pilot project in Otjivero-Omitara (Namibia) (Haarmann et al. 2009). When recipients of BIG social cash transfers receive their money in local post offices, which serve as payment points, they are offered optional funeral coverage. Payment of this social cash transfer turns the poorest groups in the population into potential customers of the providers of microinsurance products.

It has so far been an enormous challenge to identify extensive networks for processing microinsurance products that effectively reach their target groups. Using the social transfer payment structures to disseminate and process microinsurance products could create additional structures for processing microinsurance policies. The state could thus provide effective support for initiatives to spread these instruments of social security further. However, if the institutions are to be able to do this, they need to acquire and develop the necessary expertise. This would also be a first step towards promoting a comprehensive social protection system in the administrative sector too and towards improving the monitoring and administration of a wide variety of interlocking instruments.

Targeted state support of microinsurance programmes for social cash transfer recipients also creates an opportunity to promote the linking of the two instruments. This can be achieved both by using state funding and expertise directly to support microfinance institutions, and by subsidising or taking over insurance premiums for social cash transfer

recipients and/or their family members, or for those sectors of the population in particular need of protection.

Box 3: Examples of state support for microinsurance in the context of social cash transfers: Colombia, Rwanda and Ghana

The Government of Colombia provides subsidies to enable the poor to pay into a health insurance programme (Jacquier et al. 2006: 56). The Government also pays conditional cash transfers to the country's poorest households. There are, however, no data on the extent to which the target groups for these two measures overlap.

In Rwanda, as part of the Vision 2020 Umurenge Programme (VUP) launched in 2008, the Government decided to harmonise social protection measures: recipients of social cash transfers are also the target group for community-based health insurance schemes known locally as 'mutuelles de santé'. Bringing the two programmes together and linking them has focused particularly on data management and on targeting issues. The aim is also to improve access to savings and loan products, enabling poor households to diversify their earning strategies. The health insurance contributions of the poorest are subsidised at municipal level out of local and national solidarity funds. Recipients are identified in advance by community-based targeting. Subsidised contributions currently give some 1.5 million people in Rwanda access to health services. This measure prevents continued exclusion of poor and vulnerable groups in particular from the health system due to exorbitantly high costs. In Rwanda, the combination of diverse but coordinated mechanisms has enabled 97% of the population to be included in the country's social health insurance system (European University Institute 2010: 88-89, Joint Learning Network for Universal Health Coverage 2011, Ruberangeyo et al. 2011).

Ghana, too, is now moving towards implementing the idea of giving recipients under the country's social cash transfer programme LEAP free registration in the National Health Insurance System (NHIS); this would be done via the municipality-based Mutual Health Schemes, which have for a number of years provided access to state health services for those sections of the population that work in the informal economy (Unicef/ODI 2009).

There is also scope for using microinsurance mechanisms and their providers to extend state models of social protection – for example, social cash transfers – to the informal and poorly accessible target groups in society. This would be the case particularly where microfinance institutions (MFIs) are used to handle microinsurance – but also social cash transfers.

Box 4: Microfinance institutions as pay points for social cash transfers in Ecuador

In Ecuador, for example, the payment of state social cash transfers (Bono de Desarrollo Humano) in inaccessible rural areas of the Amazon was partly devolved to MFIs, as the inhabitants of this region had previously been largely beyond the reach of social cash transfer programmes. The MFIs for their part see this as an opportunity to offer their savings and loan programmes to further potential target groups (Bergthaller 2011, Bergthaller forthcoming).

Approaches to the payment of social cash transfers by savings and loans cooperatives similar to those in Ecuador described in Box 4, are also conceivable for microinsurance. MFIs acting as agents for microinsurance could also be used as channels for processing social cash transfers, and in this way increase their potential client base, as they could market their products at the same time as handling payments. This would achieve a dual effect and extend the scope of both social cash transfers and microinsurance programmes³.

The role of the state

Protection against social risks is a human right (UN Universal Declaration of Human Rights 1948). It is therefore the responsibility of the state to use all means at its disposal to make its social security systems accessible to the population and to create the conditions under which the entire population has equal access to social protection arrangements (Trommhäuser et al. 2006: 508, ILO 2002). However, the role played by any individual government in developing and implementing social protection systems – and thus also in linking different instruments – may vary widely and is key in determining the scope and success of these measures. Governments have responsibility for creating a positive framework for the implementation of social protection systems and for maintaining such systems. There must be a legislative framework that provides for social security systems to be created and developed. It should also offer advantageous conditions for private social protection instruments and those provided by civil society and actively support such instruments. The government is also responsible for overseeing and regulating these processes (Trommhäuser et al. 2006: 508). At the same time, it is important that the government provides and develops the administrative capacities that enable such programmes to be implemented. These conditions are also relevant to linking social cash transfer programmes and microinsurance.

However, the extent to which the state makes its own administrative capacities available and actively supports and oversees the smooth operation of microinsurance is subject to a number of factors. As a matter of principle, the role of the state as provider of social protection and in linking diverse instruments must be clearly defined. This means that in the preparatory stages, a clear (policy) decision must be taken as to what is the task of the state and what falls into the private and commercial sphere of social protection and can therefore be provided by non-governmental, private and partly commercial institutions, such as private insurance companies. Fundamentally, this is the question of what risks society as a whole should take responsibility for covering, via the state, as part of the solidarity principle, and what risks can be borne by civil society and private sector institutions, such as microinsurance providers. This is a decision for each individual country or individual region from case to case, as it depends both on the local cultural,

³ The role of MFIs in the design and implementation of microinsurance programmes has been considered in a number of studies (Loewe 2006: 46).

economic and social conditions with the values and social policy goals deriving from them and on the political will of the state to accept liability for specific risks. However, in developing countries in particular, decisions are usually influenced by scarce state resources and the administrative capacities of public institutions available for such programmes. At the same time, the financial capacity of state social security systems depends heavily on society's willingness to deploy tax revenues and contributions to co-fund such social policy measures (European University Institute 2010).

The design of a social protection system that links social cash transfers with microinsurance is shaped by this dilemma. In the case of the few approaches that make successful use of the synergies provided by the two instruments and deploy state-funded and privately-funded social protection instruments in a balanced way, the key factors have been political commitment and governmental responsibility, along with social commitment to the reforms set in train. In many countries in the southern hemisphere, however, these conditions have not (yet) been created.

Moreover, linking social cash transfers and microinsurance relies on the consistent adoption of a systemic approach that both links diverse elements of social protection in an integrated system and involves existing formal and informal structures and local specificities in the development and expansion of social security systems. Additionally, such measures must be coordinated with measures in other policy areas, such as financial, economic and social policy.

Compulsory microinsurance?

In the current discussion on linking social cash transfers with microinsurance, there is also, however, debate about the fact that integration in microinsurance programmes could in future be made an additional requirement for conditional cash transfers. Contributions to a microinsurance scheme are made compulsory for recipients of cash transfers in such cases. The aim is to guarantee that beneficiary households' income and spending are secured, that the poorest are not forced back into damaging survival strategies, and that appropriate livelihoods can be created, so that when they leave a social cash transfer programme, recipients do not fall back into poverty (Ramathan 2008).

It is debatable whether compulsory linkage of social cash transfers to the take-up of microinsurance is really necessary and meaningful, or whether voluntary participation is a more effective way of boosting the ability of poor households to take responsibility for themselves and encouraging them to be proactive. Compulsory purchase of an insurance product would place the poorest groups under unnecessary pressure, as the social cash transfer is virtually all accounted for in meeting their daily needs, and being required to pay insurance premiums could represent a further substantial financial burden.

Accordingly direct and compulsory combination of the two instruments needs to be considered very carefully. For certain groups, such as the elderly or those with chronic illness, who have no self-help potential, other – non-contributory – social protection mechanisms are more appropriate, and such risks may not be adequately covered even with insurance. Compelling social cash transfer recipients to sign up to microinsurance programmes seems, therefore, less expedient and could also, in some cases, have a negative impact on particularly vulnerable groups. It is unlikely that their level of social protection could be increased in this way, and so it seems better to use the available products and awareness-raising to increase the insurance literacy of the target groups and thereby convince those with the capacity to do so to invest in the additional social security coverage that microinsurance can provide.

The next steps

There is little experience to date of linking microinsurance products with social cash transfers. The exception is Rwanda where, under the Vision 2020 Umurenge Programme (VUP), community-based health insurance has already been combined with social cash transfers (see Box 3). So far, however, there is little detailed and systematic research to demonstrate what effects such a combination may have, and how and to what extent it may help to strengthen social protection in developing countries. In more general terms, there is also currently little research into how diverse institutions could be mobilised and used to extend social protection both horizontally (to broader sections of the population) and vertically (increasing the level of protection enjoyed by the sections of the population already covered). It is therefore important that the impact of linking social cash transfers and microinsurance be studied, the findings evaluated, and conclusions drawn for further similar projects (Dercon 2005: 448).

The role of international donors can be crucial in this respect. By jointly supporting and funding projects of this kind, they can also help to make social protection systems more viable and bring the goal of universal coverage closer (*ibid.*: 449). For example, their support for capacity development enables them also to boost the credibility of state institutions in the relevant counties and to increase the population's confidence in such institutions. More particularly, they can help ensure that the requisite administrative capacity to process social cash transfers and/or microinsurance is developed and that the relevant staff are prepared adequately by means of specific training. International donors can also contribute to a south-south dialogue through their role as knowledge brokers. For example, they can help to disseminate experience from best practices, such as the comprehensive approach taken in Rwanda, where social cash transfers are already being successfully combined with microinsurance in a single social protection system (Box 3). However, even linking social cash transfers with microinsurance mechanisms will not guarantee insurance protection for all sectors of the population against all shock crises



and risks in future. To achieve that would require introducing a comprehensive system of social protection and harmonising social policy measures in the relevant countries. Diverse instruments, such as social cash transfers, state health insurance, microinsurance products etc., but also access to these and other social services – including health and education – must be properly and meaningfully coordinated and must fit together. This is the only way of providing a viable social protection system that covers the risks of the entire population. Microinsurance and social cash transfers, and linking of these, can only be one part of such a comprehensive system.

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