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***Social protection in sub-Saharan Africa:  
Will the green shoots blossom?***

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## **Abstract**

This paper provides an overview of the recent extension of social protection in sub-Saharan Africa. It identifies two main 'models' of social protection in the region: the Southern Africa and Middle Africa models. It then assesses the contrasting policy processes behind these models and examines the major challenges they face as regards financing, institutional capacity and political support. It concludes that, for an effective institutional framework for social protection to evolve in sub-Saharan African countries, the present focus on the technical design of social protection programmes needs to be accompanied by analyses that contribute to also 'getting the politics right'

**Keywords:** social protection, poverty, transfer programmes, sub-Saharan Africa

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## 1. Introduction

Interest in social protection has grown rapidly in sub-Saharan Africa over the last decade. Social protection is now widely recognised as an effective policy framework to address the extreme deprivation and vulnerability which characterises the region (Commission for Africa, 2005). The expansion of existing income transfer schemes and the emergence of new social protection initiatives by national governments, in partnership with donors, suggest a shift in anti-poverty policy thinking in the region. At the same time, the expansion of social protection programmes has been restricted so far to a few countries, mainly in Eastern and Southern Africa; and new initiatives in low-income countries lack strong and sustainable institutional bases. Are countries in sub-Saharan Africa about to embark on a rapid expansion of social protection, as has been the case in South Asia and Latin America? Or is social protection a (nother) donor fad likely to peter out and be quietly forgotten when donors move to the next new game in town? Are the current green shoots of social protection in the region the foundations of sub-Saharan Africa's emerging welfare regime? The main objective of this paper is to take stock of recent developments and assess the likely dynamics of social protection in the region.

There is much policy interest and activity on social protection in sub-Saharan Africa. It is encouraging that many countries have designed and developed national social protection strategies, often in the context of a more comprehensive version of their Poverty Reduction Strategy Papers (PRSPs). While the first generation of PRSPs focused primarily on developing a profile of poverty, second generation PRSPs have looked more deeply into the factors that drive households and communities into poverty, and at a wider range of policies that could prevent them from falling into poverty and/or promote pathways out of poverty (CPRC, 2008). National Social Protection Strategies are now beginning to be translated into social protection policies and programmes, as in Ghana, Mozambique, Rwanda and Uganda. At a regional level, the Livingstone process,<sup>1</sup> under the leadership of the African Union, has taken forward commitments by national governments to enhance social policy initiatives. International partners have also pushed the new agenda, in the knowledge that emergency aid must be replaced with regular and reliable support for poverty reduction in the region.

Most importantly, a *new wave* of social protection programmes – including the Productive Safety Net Programme (PSNP) in Ethiopia, the Orphans and Vulnerable Children Programme (CT-OVC) in Kenya, the Livelihood Empowerment Against Poverty (LEAP) in Ghana, and the scaling up of the Mchinji Social Transfer Scheme in Malawi, as well as a large number of pilot programmes elsewhere – will provide a knowledge base on the feasibility and likely effectiveness of social protection programmes in low-income countries in sub-Saharan Africa. Furthermore, the extension of social pensions schemes in Southern Africa, and the introduction of the Child Support Grant in South Africa, suggest a consolidation of grant-based social protection (Lund, 2008).

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<sup>1</sup> The Livingstone process refers to the Ministerial Conference that took place in March 2006 in Livingstone, Zambia, where 13 African governments agreed to put together national social protection plans to support elderly and vulnerable groups. Subsequently, the Ministers met in November 2008 in Windhoek to take plans forward. For a detailed account of the Livingstone process, see [www.helpage.org](http://www.helpage.org)

However, the green shoots of institutionalised social protection are at present just that – green shoots. The extension of social protection in the sub-Saharan Africa region is highly diverse, its dynamics are complex, and the challenges to financing and delivery in low-income countries remain significant. In Southern Africa, the extension of grant-based social protection has emerged as a domestic initiative, and is largely tax funded. By contrast, in Middle Africa (Eastern, Western, and Central sub-Saharan Africa), the new programmes are almost entirely funded from international aid, and the design of the programmes reflects in many cases the influence of international organisations.<sup>2</sup> In addition, many of the new programmes are short-term pilots, with limited reach and weak institutionalisation. This reflects the reluctance of some political elites in Africa to embrace social protection policies and the related failure of international organisations to persuade them to do so (Hickey, 2008). In West and Central Africa, most countries are at an early stage in the formulation of social protection strategies, and few programmes are even at implementation stage as yet (Jones, 2009).

The green shoots of social protection are also threatened by recent food, fuel and credit crises. The responses to the food crisis in the region suggest that it may not take much to persuade local elites and international organisations to fall back on the older models of social protection in the region, namely in-kind (usually food) emergency assistance (Harvey, 2007). Oil price volatility has direct, but multidirectional, effects on economic activity and fiscal revenues, helping oil exporters and hurting fuel importers.

The impact of the global crisis on the economies of the region may well restrict fiscal revenues and international assistance – the two main ways of financing the extension of social protection in the poorest countries. Interestingly, the impact of the food, fuel and credit crisis makes a strong case for moving forward with social protection, sooner rather than later. In a recent Regional Economic Outlook, the IMF key message is that ‘it would be desirable, with outside support, to adopt and gradually scale up social safety net programmes, targeting them carefully and building in countercyclical properties’ (IMF, 2009: 38). Moreover, the 2009 G20 Summit in London identified social protection as a key policy response to the impacts of the financial crisis in the global South. It established a two billion US dollar Rapid Social Response Fund to be distributed via the World Bank in the form of localised social protection instruments.

It is important to note that, before the onset of the global crisis, economic and fiscal conditions were moving in the right direction. Many countries in the region showed sustained economic growth for the first time in several decades (IMF, 2009). Revenues from the exploitation of natural resources were beginning to reach levels that could support a measure of optimism regarding the fiscal space for the extension of social protection (Keen and Mansour, 2009). The much discussed shift among international partners, from programme and project aid to direct budgetary support, seemed to be creating the conditions, at least on paper, for national governments to escape from the vagaries of project aid and focus instead on longer-term social protection programmes. The crisis could well change these parameters, but by 2008 it was beginning to look as if the financing for social protection programmes was becoming less of a constraint than fiscal conservatives had assumed.

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<sup>2</sup> An exception here is Ghana’s LEAP programme, which has been financed from debt relief funds.

The paper considers whether social protection in sub-Saharan Africa is poised for a qualitative change, with important implications for poverty reduction in the region and beyond. The paper is organised as follows: Section 0 traces ‘models’ of social protection for sub-Saharan Africa. Section 0 discusses the grant-based Southern Africa ‘model’ of social protection; Section 0 examines the main characteristics of emerging forms of social protection, in what we refer to as the Middle Africa ‘model’. Section 0 examines in more detail the policy process involved, including the role of Northern-based organisations and Southern-based initiatives in pushing forward the social protection agenda. Section 0 discusses the main challenges ahead, especially the issues of financing and institutional capacity. Section 0 concludes with the argument that, for an effective institutional framework for social protection to evolve in sub-Saharan African countries, the present focus on the technical designs of social protection programmes needs to be accompanied by analyses that contribute to ‘getting the politics right’ too.

## 2. ‘Models’ of social protection in sub-Saharan Africa

Social protection has been defined as ‘public actions taken in response to levels of vulnerability, risks, and deprivation, which are deemed socially unacceptable within a given polity and society’ (Conway et al., 2000). The International Labour Office (ILO) divides those public actions into three general categories: social insurance; labour market regulation; and social assistance (ILO, 2001). *Social insurance* includes contributory schemes designed to protect workers and their households against life-course and work-related contingencies, such as maternity, old age, unemployment, sickness and accidents. *Labour market regulations* are legal frameworks aimed at ensuring minimum standards for employment and work and safeguarding workers’ rights. *Social assistance* includes tax-financed policy instruments designed to address poverty and vulnerability (Barrientos and Hulme, 2008).

Sub-Saharan Africa shows a very different evolution of social protection institutions from other developing regions. Until the late 1990s, few countries had managed to establish social insurance institutions covering more than a fraction of workers, largely civil servants (see Appendix 1). Most countries in the region have rates of social insurance scheme coverage below ten percent of the labour force (Barrientos, 2008c). A large agricultural sector and a high incidence of informality have combined to limit the scope of labour market regulation, although some countries do have notional legislation in this area (e.g. minimum wage in Uganda). Few countries apart from South Africa and Namibia have large-scale social assistance institutions. In some countries, such as Zimbabwe and Zambia, public welfare schemes supporting groups in extreme poverty have become marginal.<sup>3</sup>

In this paper we discuss social protection programmes with an explicit focus on poverty reduction. In the last decade, the most significant changes to the social protection systems in the region have concentrated on programmes focused on extreme poverty – hence the focus of the paper. The under-development of social insurance institutions, the

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<sup>3</sup> Bevan traces historically the absence of social protection in Africa, which she aptly describes as ‘in-security regimes’ (Bevan, 2005).

limited reach of labour market regulations, and the persistence of mass poverty in the region suggest that the extension of social protection in sub-Saharan Africa could well develop, starting from social assistance.<sup>4</sup>

Social protection programmes in sub-Saharan Africa show variations in structure and scope across countries, reflecting differences in demographic characteristics, financial capacity, and social and political circumstances. In an attempt to make a broad typological representation, we identify two 'models' of social protection in the subcontinent: the Southern Africa model; and the Middle Africa model (see Table 1).

Whereas the Southern Africa model has evolved around categorical grants for older people, and more recently children, the Middle Africa model is more varied. It also has transfers at its core, but in addition it aims to integrate service provision and utilisation. Kenya's CT-OVC programme combines transfers to households in extreme poverty with conditionalities on health and schooling which borrow from the Latin American human development conditional transfer programmes. Ethiopia's Productive Safety Net Programme (PSNP), on the other hand, combines transfers with work requirements aimed at improving local infrastructure. In fact the PSNP programme has two components: the larger one, which targets food-insecure households with unemployed heads of households, where transfers have a work requirement; and a second component, which provides transfers to households in extreme poverty without work capacity. The Livelihood Empowerment Advancement Programme in Ghana targets separately several categories of households in extreme poverty, combining, where possible, service utilisation and transfers. In Middle Africa, the combination of transfers and services makes diverse programmes into a distinctive model.<sup>5</sup> Even where the programmes focus on pure transfers, as in some of Zambia's pilots, programme objectives highlight health, schooling, and nutrition improvements.

There are also other factors which differentiate the two models. The Southern Africa model is largely delivered by public agencies and enshrined in legislation. As such, the connection between programme entitlements and citizenship rights is to the fore. The programmes grouped under the Middle Africa model tend to have, on paper, a shorter time horizon, and have been proposed as projects rather than policies. Delivery involves a variety of agencies, public organisations, NGOs, and for-profit providers. As noted above, the financing of programmes outside the Southern Africa model is largely by international donors. The scale of programmes in the Middle Africa model is significantly smaller, with the exception of Ethiopia's PSNP.

The countries in the Southern Africa model have higher levels of economic development, revenue collection capacity, and delivery capacity from public agencies. The influence of donors is much weaker among the countries concerned. By contrast, the influence of international donors is very strong in the programmes under the Middle Africa model. In some cases, international partners have helped formulate, finance and deliver social protection programmes. As a result, the domestic political support for these programmes

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<sup>4</sup> It is interesting that in South Africa the effectiveness and support for the grants might have delayed discussion on the introduction of a social insurance scheme (Committee of Inquiry into a Comprehensive System of Social Security for South Africa, 2002).

<sup>5</sup> Although it could be argued that service access and utilisation are available in South Africa, but as separate programmes.

**Table 1. Southern Africa and Middle Africa ‘models’ of social protection**

	Before mid-1990s	Dynamics	After mid-1990s	
	Pure income transfers		Pure income transfers	Income transfers plus services
Southern Africa model	Old age and disability grants in South Africa, Mauritius, Namibia, Seychelles.	<p>Extension of coverage →</p>	Removal of racial discrimination; Adoption of social pensions in Botswana, Lesotho and Swaziland; 1998 CSG in ZA	
	<p>Categorical universal transfers, means-tested in South Africa; Racially segregated in eligibility and benefits</p> <p><i>Politics:</i> Domestically driven by settler elites</p> <p><i>Finance:</i> tax financed</p>		<p><i>Politics:</i> Equity politics in ZA and Namibia; electoral politics in Lesotho; Sub-regional ‘demonstration effect’</p> <p><i>Finance:</i> tax financed</p>	
Middle Africa model	Few countries with public welfare programmes (Zambia, Zimbabwe) ...but emergency food aid dominant	<p>Shift from food aid to social transfers →</p>	Mozambique Food Subsidy Benefit Zambia pilot categorical transfer programmes	Ethiopia PNSP; Kenya CT-OVC; Malawi Social Transfers; Ghana’s LEAP
	<p><i>Politics:</i> food aid externally driven, but exploited by local political elites</p> <p><i>Finance:</i> donor financed</p>		<p><i>Politics:</i> donor driven</p> <p><i>Finance:</i> donor financed</p>	<p><i>Politics:</i> donor driven, but rising government engagement</p> <p><i>Finance:</i> donor financed</p>



is less clear and their long-term sustainability is much more precarious than for the Southern Africa model. However, there are signs of movement in Middle Africa towards the Southern African model. For example, there has always been a significant degree of national political commitment to the PSNP in Ethiopia, despite heavy reliance on donor aid for its functioning. Ghana's much smaller Livelihood Empowerment Against Poverty (LEAP) programme is financed entirely via tax revenues, rather than aid, and was shaped more by technocrats invited from Brazil's Ministry of Social Development than donor agency advice. Indeed, there is growing evidence across the region that such South–South transfers of policy learning are proving more fruitful than the standard donor-directed models of policy formulation.

### **3. The Southern African model**

The Southern Africa model of social assistance, based around categorical grants to older people, can be traced back to the introduction of a social pension scheme in South Africa in the late 1920s. The South African government of that time introduced a non-contributory pension scheme that sought to protect the minority white population against poverty in old age<sup>6</sup> (MacKinnon, 2008).

Eligibility was extended first to 'coloureds' and then to blacks in the late 1940s, but with discriminatory entitlement rules and benefit levels. Over time, the number of black recipients grew as a proportion of the total, and benefit levels converged downwards, until discrimination was finally lifted after the fall of apartheid and subsequent election of a black majority government in 1994. Entitlement to the pension was extended early in 1973 to white and coloured citizens of South West Africa, later Namibia, but this was not extended to blacks there until South Africa's colonial hold was vanquished by the South West Africa People's Organization (SWAPO) in 1990.<sup>7</sup> Botswana introduced a social pension in 1996, and Lesotho in 2004, while Swaziland is in the process of doing so. Mauritius has a longstanding social pension, reaching all older persons (Willmore, 2003). Until 1998, the old age and disability grant in South Africa was the country's largest social assistance programme, but the introduction of another categorical grant, the Child Support Grant, to assist children in poor households, has significantly extended the scope and coverage of social assistance in the country.<sup>8</sup>

The Southern Africa 'model' shows considerable adaptation from its early origins in European welfare (Barrientos, 2008b). The extension of provision to black citizens in South Africa in the 1970s and 1980s reflected a concern with economic deprivation in the 'homelands' and the incentives this provided for internal migration. The grants were intended to inject demand into these areas and to restrict urbanisation amongst blacks. The fall of apartheid gave urgency to policies that could improve equity and integration,

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<sup>6</sup> This scheme was first directed at soldiers, the 'outstryders' who had fought for the Boers in the Anglo-Boer war (Sagner, 2000).

<sup>7</sup> Devereux (2007) tracks the political and policy environment that led to the introduction and extension of social pensions in Southern Africa. He suggests that the extension of the pension to black Namibians was motivated by the need to win 'hearts and minds' in support of the South African military intervention in Angola.

<sup>8</sup> In South Africa, the system of grants also includes other categories of people, veterans, children with disabilities, children in foster care; but these are smaller in coverage and highly specific.

and the grants have played a key role in this respect. More recently, HIV/AIDS has highlighted the role of older people in households left without members of working age. The old age pension and the Child Support Grant are providing effective policy responses to this problem.

A significant factor in the 'longevity' and evolution of the old age grant has to do with the fact that Southern African family structures are very different from the European family structures for which it was originally designed. In European countries, the focus on categorical transfers, and especially pensions, has proved limited in its capacity to reach the 'new poor' – unemployed, single parents, migrants, workers in precarious employment and the young. By contrast, in Southern Africa, family structures have enhanced the effectiveness of a pure income transfer (Møller and Sotshangaye, 1996). In South Africa, old age grants are in practice cash transfers to poor households with older people (Barrientos et al., 2003). Grants are deployed by recipient families to ensure children's schooling, improve health care, and re-allocate productive resources within households (Case, 2001; Duflo, 2003; Posel et al., 2004). The availability of services in what are middle-income countries in Africa means that pure income transfers can ensure access. This cannot be taken for granted in low-income countries elsewhere in Africa, where social service delivery is often very limited. Family structures and the availability of services thus ensure that a grant system can be effective in reducing poverty, and can adapt over time (Woolard and Klasen, 2003).

The Southern Africa 'model' relies on income transfers in the form of social pensions (see Table 2 for details) and child support grants.<sup>9</sup> Non-contributory social pension schemes are *unconditional* and *regular* income transfers that target the elderly in poverty. The South African pension scheme is tax-funded and reaches almost two million beneficiaries, representing about 80 percent of South Africans over the age of 60, and nearly 100 percent of elderly blacks. The scheme is estimated to cost around 1.4 percent of the country's GDP (Barrientos, 2008a). In Namibia, the non-contributory social pension is and was extended in the 1990s to cover the black population. It is reported to have almost 95 percent coverage, although in remote Northern provinces coverage is lower. Such pensions account for an estimated 14 percent of rural incomes, although about half of the eligible recipients are regarded as non-poor. The scheme is tax-funded with an estimated cost of nearly two percent of GDP (Devereux, 2007).

In Mauritius, the non-contributory pension scheme was shifted in 1958 from means-tested to universal, and since 1997 has achieved nearly 100 percent coverage. The system is financed through general revenues, including social security contributions, and costs approximately 1.7 percent of GDP (Willmore, 2003). In the Seychelles, the pension scheme was extended to all older people as part of progressive social policies introduced by the Seychelles People's United Party after the *coup d'état* of 1977 (Campling et al., 2009). The scheme covers 80 percent of the targeted population and costs nearly three percent of GDP (Holmqvist, 2009).

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<sup>9</sup> For a detailed discussion on the history and development of the South African old-age pension scheme, see (Lund, 1993).

**Table 2. Non-contributory pension programmes in Southern Africa**

Country	Age of eligibility	Selection criteria	Monthly income transfer (in US\$)	% of targeted population with pension	Cost as % of GDP
Botswana	65+	age and means test	27	85	0.4
Lesotho	70+	age and citizenship <sup>a</sup>	21	53	1.4
Mauritius	60	age	61-260 depending on age	100	1.7
Namibia	60+	age and citizenship	28	87	2
Seychelles	63	age	165	80	3
South Africa	63+ men <sup>b</sup> 60+ women	age and means test	109	60	1.4
Swaziland	60+	citizenship and means test	14	80	n.a

Source: Pension Watch, available from [www.helpage.org](http://www.helpage.org); Willmore (2003); Campling et al. (2009), and Holmqvist (2009).

a. Excludes four percent of eligible people receiving government pension.

b. Gradual equalisation of age of entitlement for men and women, men to fall to 60.

Lesotho and Swaziland have recently launched their own non-contributory pension schemes. Lesotho's pension scheme was introduced in 2004 as an unconditional income transfer to people aged 70 and older. The programme covers around 70,000 beneficiaries, 60 percent of whom are women, with a cost of about 1.4 percent of GDP (Devereux, 2007). Swaziland introduced a means-tested pension scheme in 2006 that covers people aged 60 and older and has been able to cover 80 percent of the target population.

The Child Support Grant (CSG) was introduced in 1998 in South Africa to cover children below the age of seven. It delivers a monthly benefit of R230 (equivalent to US\$32) to single carers with a monthly income below R2,100 for every registered child. The South African government approved the extension of the CSG to children below the age of 14 in 2002, but for reasons of administrative capacity, coverage of the grant has been expanded in stages: children aged seven and eight in 2003, nine and ten year-olds in 2004, and 11 to 13 year-olds in 2005 (Department of Social Development, 2003b). It covered 8.7 million children. In 2009 the government of South Africa has decided to extend the CSG to adolescents up to the age of 18, in gradual steps in the next three years.<sup>10</sup> The CSG constitutes a very important step forward in moving towards a comprehensive social security system in South Africa. The policy and political processes that led to the introduction of the grant are discussed in Lund (2008) and also briefly in Section 0. These reflect learning about the effectiveness and political embedding of the

<sup>10</sup> In addition to the Child Support Grant, two other grants target childhood poverty. A Foster Care Grant is paid to guardians of children who are legally placed in the care of someone who is not their parent, and a Care Dependency Grant is paid to the carers of children who suffer from severe physical or mental disability and who are cared for at home. These grants are means-tested and, in 2009, covered 474,759 and 107,065 children, respectively. Some of the conditions of entitlement, the completion of the legal fostering process and the evaluation of severe disability, all restrict the coverage of these two grants (Department of Social Development, 2003a).

old age grant, and at the same time about its limitations, since its reach was limited to poor households with an older person.

In considering the future evolution and diffusion of the Southern Africa 'model', several issues emerge. They are identified here and discussed in Section 0 below. There is a sub-regional underpinning for the 'model', as the countries involved have interlocking economies, and large-scale labour migration. In this context, it makes sense to consider social policy instruments that are complementary. The fact that these countries are classified as middle income suggests that they have the resources to finance the grants sustainably into the future. However, a different question is the financial sustainability of the extension of the grant system to other groups. In South Africa, the grants combined absorb around 3.5 to four percent of GDP. In Lesotho, the social pension now absorbs 1.4 percent of GDP following two significant improvements in the level of the benefits paid. How much further the Southern Africa model can be expanded while retaining financial sustainability is a key issue.

#### **4. A new wave of social protection: the Middle Africa model**

Until the turn of the century, the predominant form of protection offered to vulnerable people in middle Africa has been in the form of emergency food-aid and humanitarian responses to problems of food insecurity. Since the 1980s, Angola, Democratic Republic of Congo, Ethiopia, Liberia, Mozambique, Rwanda, Sierra Leone, Somalia, Sudan and Uganda have gone through humanitarian crises (Cramer, 2006). Food insecurity in the region has multiple roots, including political conflict, economic liberalisation, unstable commodity prices and the wider terms of trade. Unpredictable weather conditions exacerbated by climate change, poor growth performance, low investments in agricultural technology and poor infrastructure have also played important roles here. While vital for addressing human suffering in the short term, emergency assistance is ill equipped to address poverty in the longer run.

Over the last ten years, sustained economic growth, debt relief, budget support, and revenues from natural resources in many countries have encouraged a shift, from emergency and humanitarian aid to social protection, across this broad region. It is important to distinguish two separate shifts here: first, a shift from food-aid to cash (or income) assistance in the context of humanitarian emergencies. Second, a shift from emergency aid (whether it is in food, in-kind, or in-cash) to regular and reliable social protection. Ethiopia's PSNP, which supports human and other productive asset accumulation among the poor, is a good example of a shift from emergency aid to regular and reliable social protection (it has not fully shifted out of in-kind provision, as beneficiaries of the PSNP can decide whether they receive food or cash aid).

A handful of countries in Middle Africa have experimented with cash transfer programmes of late. The programmes are diverse in design and implementation. They are small in scale and limited in time. Compared to the Southern Africa 'model', the programmes here are projects, not policies, although many countries have in principle made a commitment to a national policy or strategy on social protection within recently revised PRSPs (e.g. Malawi, Uganda, Zambia). This section describes the main features of these projects and

assesses their future evolution.<sup>11</sup> It will be useful to distinguish two types of programme: those that rely on pure income transfers; and those which aim to link transfers with services.

#### **4.1 Pure income transfers**

Most of the experimentation with pure income transfer programmes has been in the South of Middle Africa. In Zambia, five pilot social transfer schemes have been introduced, starting with the Kalomo District Social Cash Transfer Scheme in 2004, with financial and technical support from GTZ (Gesellschaft für Technische Zusammenarbeit). This has a focus on households headed by the elderly and caring for orphans and vulnerable children. The programme transfers US\$10–14 a month to very poor households with no work capacity, including disabled persons or children. The selection of the households is done by community committees and supervised by the Public Welfare Assistance Scheme. Two further pilots were launched in a remote rural area and an urban area, respectively, to assess the transferability of the scheme to these settings. Later on, a pilot programme was supported by the United Nations Children's Fund (UNICEF) in the five districts with the highest incidence of child mortality. This transfers around US\$10 to households with children. Finally, a further pilot was introduced in one district, providing transfers to all older persons. The pilots have very precarious institutional and financial arrangements, and reflect directly the interest of donors rather than a considered strategy by the government, which has been reluctant to endorse them (Barrientos and Hulme, 2008).

In Malawi, in 2006 the Mchinji Social Cash Transfer Pilot Scheme began targeting the poorest households with school age children and no capacity to work. They are provided with a regular transfer, depending on the number of household members, ranging from US\$4 a month, for single person households, to US\$13 for households with four members or more. The aim of the programme is to reduce hunger and vulnerability among these households, and to ensure that children attend school and have access to basic health care (to both encourage school enrolment and discourage child labour and premature drop-outs). The pilot scheme was managed by UNICEF and the government of Malawi. In 2008 the government expressed its intention to scale up the programme to other areas, with support from donors. By December 2008, the programme covered seven districts, 18,180 households, and over 70,000 individuals (Huijbregts, 2009). The intention is to reach 300,000 households with around one million children in all 28 districts by 2012.

In Mozambique, the Food Subsidy Programme (Programa Subsídio de Alimentos or PSA) reached 103,210 direct beneficiaries and 112,751 indirect beneficiaries in June 2007. The PSA targets the elderly, people with disabilities, people affected by chronic illness, and expectant mothers suffering from malnutrition. The criteria for selection of direct beneficiaries is categorical, combined with a means test. Chronic illness and disability are certified by appropriate health professionals. *Indirect beneficiaries* are the dependants of direct beneficiaries, mainly children and older adults. The transfers are set at US\$3.50 per month for direct beneficiaries, with a US\$1.80 supplement for each extra dependant up to four. The selection of beneficiaries is done on demand: applicants contact the local

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<sup>11</sup> For a detailed description of these programmes, see (Barrientos et al., 2008) and also (Ellis et al., 2009).

'*permanente*' (a community representative of INAS, the public agency managing the programme), who pays a visit to the household and checks eligibility by completing a form. The form goes to the INAS delegation, where the application is assessed. The reach of the programme is limited, reaching around ten percent of chronically and extremely poor citizens. The new Basic Social Protection Law has led to plans for the expansion of the PSA.

In contrast to Southern Africa, transfer programmes are rare in West and Central Africa. Cape Verde introduced a social assistance benefit for chronically poor and disabled citizens and a social solidarity pension in 1995, but currently there are only around 17,000 beneficiaries.

#### **4.2 Income transfers *plus* services**

Income transfer programmes that are linked with service provision have occurred across Middle Africa. In Kenya, the Cash Transfer for Orphans and Vulnerable (CT-OVC) provides bi-monthly transfers to households with orphaned or vulnerable children, with the objective of improving their schooling, nutrition, health and registration. The programme was introduced in 2007 as a pilot programme, but has been scaled up and currently covers around 30,000 households in 37 districts. The government of Kenya plans to move forward with the extension of the programme to reach 100,000 households by 2012. Transfers are conditional on school attendance, health check-ups and nutrition training. It is implemented with technical assistance from UNICEF.

Ghana's Livelihood Empowerment Against Poverty (LEAP) provides cash transfers to households in extreme poverty. It began in March 2008, and now reaches 80 districts and 35,000 households. The programme is managed by the Department of Social Welfare, and its design and implementation was supported by the Africa-Brazil Cooperation Programme on Social Development.<sup>12</sup> The programme provides transfers of between US\$7 and US\$13, depending on household size, for up to three years, and is funded from domestic revenue. Some of the transfers are conditional, for example transfers to orphans and vulnerable children are conditional on their school attendance, basic health-care utilisation and registration. The programme design also includes the provision of complementary services, but that has been difficult to arrange across ministries.

In Ethiopia, the PSNP was introduced in 2005, with the aim of preventing asset depletion among food-insecure households and improving infrastructure, and with the explicit intention of stopping the country's dependency on short-term emergency relief responses. The programme has two components: a labour-intensive public works scheme for food-insecure households with labour capacity; and direct support for labour-deficient households, over three to five years. The transfers to beneficiaries amount to around US\$0.75 per day, and are available between January and June. In addition, a complementary programme aims to provide access to credit and agricultural extension services to improve productivity and food security among PSNP beneficiaries. Five million people are expected to benefit from the programme in food-insecure *woredas*<sup>13</sup>. Transfers are provided in kind or in cash, but recent food prices volatility has made in-kind transfers

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<sup>12</sup> See <http://www.undp-povertycentre.org/ipc/PageAfrica-Brazil.do?id=11> .

<sup>13</sup> *Woredas* are administration divisions of the Ethiopian government. They are integrated by neighborhood associations (or *Kebele*), which are the smallest unit of government.

more attractive to beneficiaries. The PSNP is financed by a consortium of donors who have supported emergency programmes in the past.

The adoption and implementation of the PSNP revealed strong differences in orientation between the Ethiopian government and donors, with the government postponing implementation until the 'productivist' features of the programme were fully incorporated. It is generally recognised that the government had strong expectations that participation in the programme would lead to rapid improvements in food security. This has not proved to be the case. An evaluation of the programme 18 months after its implementation concluded that a comparison of all beneficiaries and a control group revealed very little difference as regards food security (Gilligan, et al., 2008). However, regular beneficiaries of a combination of the PSNP and complementary programmes show an improved asset profile relative to a control group. The government has now engaged with the programme as a longer-term poverty reduction instrument.

In West and Central Africa, several small pilot programmes have been started recently. Sierra Leone introduced the Social Safety Net programme in 2007, providing six-monthly transfers of around US\$62 to 16,000 households. Nigeria has a small conditional transfer programme (Care of the Poor or COPE), which was launched by the National Poverty Eradication programme with funds released from the Heavily Indebted Poor Countries (HIPC) initiative. COPE reaches around 12,500 households in 12 states and the Federal Capital Territory (Holmes, 2008). UNICEF supported a small pilot cash transfer programme in Burkina Faso, aiming to reach children affected by HIV/AIDS. Liberia has started a pilot transfer scheme focused on the poorest households.

The Middle Africa model lacks the degree of coherence of the Southern Africa model, especially as it involves programmes with many different orientations and designs. Nonetheless, some basic characteristics are shared: a focus on extreme poverty and food insecurity; the strong involvement of community organisations in the management and implementation of programmes; the limited degree of institutionalisation and financing, and, in most cases, of political commitment (see Section 0). These reflect the stronger challenges involved in the introduction of social protection programmes in low-income countries.

The likely evolution of the Middle Africa model is also harder to predict. The existing programmes have developed some momentum, but the involvement of donors has not, to date, contributed to making them central to the priorities of political elites. This is not perhaps altogether out of line with the Southern Africa 'model'. After all, it took until the 1950s and 1960s before a sizeable number of black South Africans became entitled to the social pensions; and until 1973 before black Namibians were entitled to the same programme. Nonetheless, we identify three key determinants for the future dynamics of the Southern and Middle Africa models of social protection: the policy process and politics; the financial viability; and the institutional capacity. In the following sections, we discuss these determinants in more detail.

## **5. Political elites, donors and the policy process**

There is much discussion about whether the emergence of social protection as a policy framework in Africa responds to domestic demand or is simply a new donor fad. On the

one hand, the Livingstone process suggests a strong measure of support for social protection from national governments in the region. On the other hand, the proliferation of pilot social protection projects supported and financed by multilaterals and bilaterals suggests the influence of the development industry.<sup>14</sup> The presence of policy commitments on social protection in PRSPs does little to resolve this debate, given the ongoing concerns that such documents are driven as much, if not more, by donor concerns as by national governments. However, a nuanced examination of the processes of policy diffusion and learning in the region reveals the different types of processes occurring in different countries and the opportunities these create for social policy innovation. Moreover, the government versus donor debate is only one aspect of the politics of social protection in Africa. This section looks first at the specific policy processes involved here, before examining the related issue of the politics of social protection in more depth.

### **5.1 Policy processes and learning**

In terms of policy processes and learning, the Livingstone process constitutes an important step forward in expressing the commitment of the national governments in the region to move ahead with the extension of social protection, even if the process itself was funded and facilitated by the UK's Department for International Development (DFID). And while the work of multilaterals and bilaterals in generating awareness and capacity around social protection, and in providing technical support, is generally a very positive step, the proliferation of pilot projects reflects as much the weakness of domestic policy formulation processes in the countries concerned as it does the failings of the 'development industry'.

The debates about 'who' is driving the policy agenda relates to both actors and to ideas and/or models (Hickey, 2008). Often these interact in complex ways. For example, the origins of the Southern Africa 'model' providing categorical means-tested grants to vulnerable groups lie in a transposition of the European model of social assistance to South Africa. We discussed above how the old age grant pension has adapted to, and survived, different policy challenges: economic deprivation in the 'homelands', migration, equity, and HIV/AIDS. The old age grant was a programme originally established to prevent whites falling into abject poverty, and it became the foundation of poverty reduction and equity in South Africa. The process by which this happened was largely driven by domestic political processes and political elites. The Child Support Grant extends support previously restricted to poor households with older and disabled people to children in poor households. It emerges from the same policy and political processes.

The influence of the South African social pension programme has been fundamental in the diffusion of social pensions to the neighbouring countries of Botswana, Namibia, Lesotho and Swaziland, through a 'demonstration effect' in policy diffusion. Local politics are also important. Devereux and Cipyryk (2009), for instance, report that the introduction of the social pension scheme in Lesotho was a determinant factor in the final result of the country's 2007 general election. It is not surprising that upgrades in the level of benefit to the social pension have coincided with electoral processes. Disruption of pension

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<sup>14</sup> The CT-OVC in Kenya provides a classic example. So many donors were involved that its design became excessively complicated. Fortunately, during implementation, this design has been drastically simplified.



payments in Swaziland in 2006 led to the suspension of parliamentary activities until payments were reinstalled. In Southern Africa, the social protection 'model' has shaped, and in turn has been shaped by, domestic political and policy processes, increasingly in terms of ideas about entitlements and citizenship.

In Middle Africa, the involvement of bilateral and multilateral agencies and international NGOs is much stronger. They have exerted significant influence on the emergence of social protection strategies and social protection programmes.<sup>15</sup> The focus on social protection among donors is stronger where emergency aid has been a major agency activity. GTZ was the main international partner in Zambia's Kalomo Social Transfer Pilot. DFID has influenced and financed many of these social protection programmes, particularly Ghana's LEAP. UNICEF has been the main player behind pilot schemes in Zambia, Malawi and Kenya. The Japanese aid agency is supporting a pilot pension scheme in Tanzania. The ILO has been involved in providing technical support for social pension schemes in West Africa, and has also supported community health insurance schemes there. The World Bank has provided technical assistance in several countries, usually in combination with other development partners, as in Ethiopia.

Only recently have South-to-South policy diffusion initiatives begun to take shape in the region. This South-South cooperation appears to be taking off particularly between Brazil and some African countries. The Africa-Brazil alliance was born in 2005 with the explicit objective of promoting knowledge sharing and technical cooperation. In 2007, the government of Brazil provided the government of Ghana with technical assistance in the design of LEAP that has been financially supported by DFID. Nigeria, which is at the design stage of an income transfer programme, has established linkages with Brazil for technical assistance.<sup>16</sup>

The influence of external actors works best where engagement with domestic political and policy processes enables stronger ownership of social protection programmes by national governments, public administrations and political constituencies, and where external knowledge is framed as learning, rather than policy transfer. The influence of international partners did not prevent the government of Ethiopia from shaping the PNSP in ways that supported its own priorities and orientation. In fact, government ownership of the programme strengthened when its own expectations of the success of the programme in graduating households out of poverty proved difficult to achieve.

By contrast, in Zambia the government has been reluctant to scale up any of the four pilot programmes pushed, financed and largely managed by international partners. These contrasting examples demonstrate that the influence of international partners around social protection can be exaggerated, while demonstrating at the same time that the extension of social protection can be thwarted by the lack of attention to domestic political and policy processes. The exclusive focus of some donors on social protection as a

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<sup>15</sup> Where donor agencies are involved, international consultants are influential. The fact that Zambia's Kalomo District Social Cash Transfer Pilot, Malawi's Mchinji Pilot, and Mozambique's predecessor to the Food Security Benefit look similar owes a great deal to the fact that the same international consultant was involved in all three. As another example of policy transfers, a field visit by Malawi UNICEF officers to the Kalomo District pilot helped narrow down the design options for the Malawi Mchinji Pilot.

<sup>16</sup> For more details, see <http://www.undp-povertycentre.org>

means of poverty reduction, without recognition of its medium- and long-term contributions to productivity, has put off African elites, who see economic growth as the priority for national development.

To date, donors have not engaged productively with the politics of social protection in Middle Africa. They have more often proposed new initiatives rather than built on old ones, couched their ideas in terms of welfare rather than growth, and failed to identify powerful political actors to work with (Hickey, 2008). Whereas most governments in Africa place a heavy emphasis on the importance of growth and productivity, those donors seeking to promote social protection in Africa have been slow to show how social protection policies can help support these goals. Instead, they have prioritised partnerships with social development-type actors that lack either the required political clout to establish social protection as a national policy priority or the bureaucratic capacity to roll them out. It is to these political issues that we now turn.

## **5.2 Politics of social protection in Africa**

The extent to which African governments have historically prioritised and offered long-term support for social protection is shaped in part by the issues we have already discussed here in terms of bureaucratic capacity, fiscal space and also external influence (whether via European-style welfarism in Southern Africa or donor-led efforts in Middle Africa).

In terms of *political institutions*, it is notable that the political parties which extended the social pensions in Namibia and South Africa were of the type that has been identified as more likely to be pro-poor, namely parties with strong social movement characteristics (Heller, 2001). Such parties are more likely to have a programmatic political agenda, in these instances informed by social democratic thought, as opposed to being organised as instruments of personalised forms of patronage. Importantly, these southern Africa parties were not only operating within well-established party systems, but were dominant enough within their respective systems to push through fairly radical policies without encountering significant political opposition. Interestingly, these characteristics broadly hold also for at least two countries in Middle Africa, Ethiopia and Uganda, both of which have exhibited pro-poor tendencies, although only the former via social protection. The fact that Ghana has established a government-funded social transfer scheme might reflect in part the growing institutionalisation of programmatic, rather than patronage-based, forms of multi-party politics (Lindert et al., 2007). However, it remains the case that party systems in much of the region are fragmented, weakly institutionalised and patronage-based in ways that make it difficult for pro-poor agendas, or indeed programmatic policy agendas, to gain a foothold.

These and other tendencies are reflected in the *political discourses* within which anti-poverty policies are discussed and formulated in Africa. Whereas it is possible to identify a strong concern in several Southern African states with the state's moral responsibility to protect its poorest citizens (Pelham, 2007), this is not as apparent in some countries further north, where research has identified a prevailing discourse that favours policies for the 'productive' poor rather than protection for the poorest, as in Zambia and Uganda. This is important: unless a political discourse exists within which it is recognised that the poorest are deserving of public action to solve problems of poverty that are not of their

own making, and which identify the state as responsible for delivering on this, national-level and government-owned social protection programmes are unlikely to emerge and be maintained (Hickey, 2008).

The differences between the two regions are perhaps most striking in terms of the *political sociology* that underpins moves to protect the poorest in Africa. Here it seems that the higher rates of urbanisation and also social inequality that can be found in southern Africa might play a significant role. As discussed in Hickey (2008), some observers see high levels of inequality as a pre-requisite for thoroughgoing social protection schemes, such as those in South Africa and Namibia. Here, inequality creates a strongly felt need for social protection, but also makes it much more feasible in terms of (a) avoiding leakage to the non-poor and (b) because the higher levels of income inequality might suggest a more viable tax-base for redistributive policies via higher earners. The Gini coefficient in countries with social pensions in southern Africa is above 0.5. This reflects a level of inequality that is rarely found further north, where concerns over mass poverty militate against a political focus on reaching the poorest via the targeted forms of social protection currently being promoted by most donors in the region. The higher rates of urbanisation that are generally found in southern Africa are also likely to have been significant here, to the extent that 'urban citizens' tend to be stronger advocates for public resources to be expended on social policy than 'rural subjects' (Hickey, 2008, 2009; Mamdani, 2005).

The differences in the forms of politics that underlie each model seem to be significant, at least in terms of the specific 'politics of social protection' framework adopted in this paper. However, there are also some clear signs of overlap across the models rather than within them. For example, there is perhaps less difference between the two models in terms of historical precedence, whereby social protection may prove to be more politically sustainable when built on existing forms of provision. Many countries in Middle Africa also have long-standing social assistance schemes on the books, as with the social pension schemes in Southern Africa. An example here is Zambia's Public Welfare Assistance Scheme, which was originally established to support retiring white civil servants and also those who had fought for the British and Commonwealth forces during the Second World War. We need to be wary of generalising across very different contexts when it comes to politics, where things can change fast and where what appear to be the same features may work in different ways in different contexts. National, regional and international political dynamics are shaping the evolution of social protection in Sub-Saharan Africa, but most often it will be national-level actors who are most important – by their actions or inactions.

## **6. Challenges ahead: Financial sustainability and institutional capacity**

Several challenges confront efforts to extend social protection in sub-Saharan Africa, but especially Middle Africa; here we focus on the two aspects that are of most concern to policy makers and other actors in the region. First, concerns regarding the long-term financial viability of these programmes are often raised by finance ministers, who fear fiscal and especially political pressures once the programmes are incorporated into the budgetary system. Second, there are concerns regarding the institutional capacity for implementation and delivery that may restrict the scope and effectiveness of targeting and, therefore, the magnitude of poverty impact.

## 6.1 Financial sustainability

Governments in the region are naturally concerned about the financial implications of introducing social protection programmes against a context of high poverty incidence and fiscal constraints. Even if social protection programmes could be initially restricted to those in extreme poverty (as in Malawi and Zambia, where programmes target only the poorest ten percent of the population), finance ministers are justified in their concerns that pressures for a rapid escalation of the programmes would generate large and long-term liabilities beyond their budgetary capacity. It is therefore important for those advocating the extension of social protection to articulate precisely the scope and reach of new programmes.

The ILO has undertaken detailed simulations across a range of countries in sub-Saharan Africa, with varying fiscal capacity and macroeconomic conditions, of the budgetary allocations required for different interventions (Behrendt, 2008). It concludes that well designed programmes directed at older and disabled people and children, and covering primary health provision, could be affordable in most countries. Very roughly, their simulations suggest that one percent of GDP could be sufficient to cover a basic pension, two percent of GDP a child-focused transfer, and two to three percent of GDP could finance primary health provision. These cost calculations cover universal programmes (in the sense that they would extend entitlements to all in the respective age or categorical group). If governments adopt targeted programmes instead, the cost calculations would result in significantly lower figures. These are rough averages – demography and development result in a range of country-specific estimates that make the question of financial sustainability more challenging in some countries, but less so in others.

Even if targeted programmes are adopted, a one percent of GDP spend on social protection programmes would be hard to achieve in situations where the room for redistribution and the government tax collection capacity are very limited. In a recent paper, Ravallion (2009) measures redistribution capacity as the marginal rate of tax developing countries would need to apply to the rich (defined as those with incomes above the US\$ poverty line) to eradicate the poverty gap among the poor (the difference between income or consumption and US\$1.25 a day). Not surprisingly, high incidence of extreme poverty in African countries, and low numbers of ‘rich’ people, lead to the finding that taxes would need to be prohibitive to ensure poverty eradication. Figure 1 reports on the marginal tax rates required for individual countries. The majority of countries in Middle Africa would need 100 percent marginal tax rates, or greater.<sup>17</sup>

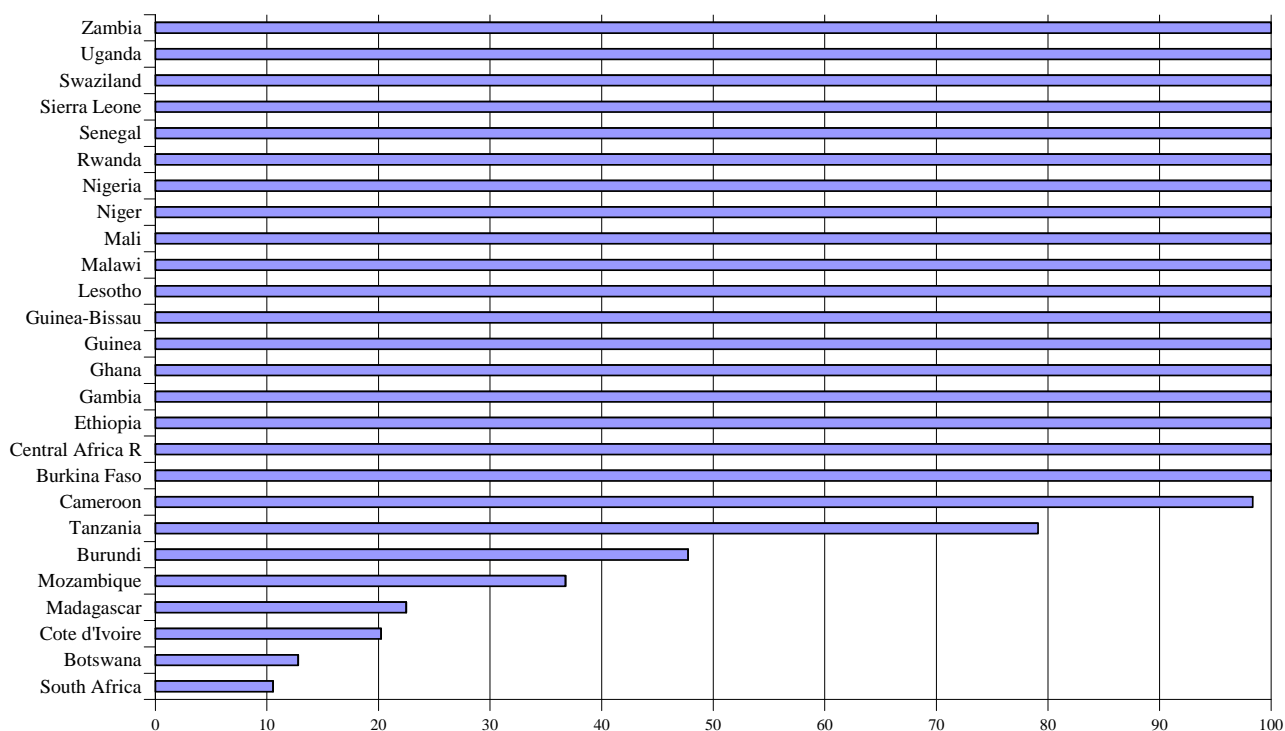
Leaving aside the issue of redistribution, few countries in sub-Saharan Africa have the capacity to collect taxes to support new social protection initiatives. Uganda, for example, collects around 13 percent of GDP in taxes, and a one percent of GDP allocation to social protection would involve a significant expenditure switch or additional resource mobilisation. Raising the ratio of taxes to GDP is a priority for the countries in the region. Experts believe that the key is to improve the efficiency of tax agencies, rather than create new taxes (Warlters and Auriol, 2005).

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<sup>17</sup> An issue with Ravallion’s exercise is that few developing countries have the progressive tax systems he assumes. In most developing countries, both taxes and benefits are regressive, an ‘inverse Robin Hood’ effect (Lindert et al., 2005).

### Figure 1. Redistribution capacity in sub-Saharan countries

Ratio of poverty gap (\$1.25/day) to aggregate incomes of better off groups (income > US poverty line)



Data source: Ravallion (2009)

More positive scenarios result from taking account of the recent economic performance of some economies in the region, as well as the rise in revenues from natural resources, debt relief and budget support. The five years before the 2008 global financial crises defined a marked improvement in the growth performance of many economies in sub-Saharan Africa, which fed into improved fiscal conditions. For some countries, the HIPC process and/or international support for post-conflict reconstruction, has additionally contributed to an improved fiscal space. Ghana, for example, financed the LEAP programme with HIPC debt reductions. For a few countries, natural resource exploitation has substantially improved revenue collection. Table 3 identifies natural resource-rich countries and countries able to benefit from debt relief (Keen and Mansour, 2009). Finally, in some countries reconstruction assistance following conflict, as in Burundi, Cote d'Ivoire, Liberia, Rwanda and Sierra Leone, provide short-term funding opportunities. There is concern that the global crisis will result in a deteriorating fiscal balance. The crisis has particularly affected oil-exporting countries, which show steep reductions in revenue collection (IMF, 2009). This demonstrates the need to be careful not to make long-term social protection programmes depend on volatile revenue sources. Nevertheless, within the very heterogeneous picture of the sub-Saharan region, there are grounds for expecting that a recovery from the crisis might improve the fiscal space needed for low-income countries to achieve a one percent spend on social protection (Barrientos and Niño-Zarazúa, forthcoming).

In low-income countries, international aid could provide a source for financing the set-up costs of introducing social protection programmes and the costs of transfers to

households in the early stages of a programme. The initial costs of programmes involve taking a baseline, commissioning studies on needs and programme design, and introducing new information and financial systems, as well as supporting capacity development and monitoring and evaluation. To the extent that much of this work constitutes a global public good as it improves knowledge on poverty eradication, and there are economies of scale in operational knowhow, there is a strong role for

**Table 3. Indicators of fiscal revenue space**

	Low income	Lower middle income	Upper middle income
	Benin* Burkina Faso* Burundi Central African Republic Comoros Ethiopia* Gambia* Ghana* Guinea-Bissau Kenya Madagascar* Malawi* Mali* Mozambique* Niger* Rwanda* Senegal* Tanzania* Uganda* Zimbabwe	Cape Verde Lesotho Swaziland	Mauritius Seychelles
Resource rich country – oil	Chad Congo (Rep.) Nigeria	Angola Cameroon*	Equatorial Guinea Gabon
Resource rich country – non-Oil	Cote d'Ivoire Guinea Sao Tome and Principe* Sierra Leone* Togo Zambia*	Namibia	Botswana South Africa

\*Countries that have reached the completion point under the enhanced HIPC initiative and have qualified for MDRI relief.

Data sources: IMF (2009); Keen and Mansour (2009).

international assistance in financing these set-up costs.<sup>18</sup> However, it is imperative for the medium- to long-term sustainability of these programmes that they become reliant on domestic sources of finance. Domestic financing of social protection programmes can more easily be achieved progressively. In middle-income countries, mainly located in Southern Africa, the constraints on financing social protection expansion have been felt already in South Africa and Lesotho.

## 6.2 Institutional capacity

Limitations in capacity to formulate, deliver and evaluate transfer programmes are a key constraint in many low-income countries in sub-Saharan Africa. This is why there is such a strong reliance on community management of social protection programmes in middle Africa. Programmes in Malawi, Ethiopia and Zambia rely on community organisations to select beneficiaries, collect and distribute benefits, and review and manage eligibility. Community participation has many advantages, especially as local elites and resources are engaged in poverty reduction. At the same time, community involvement tends to reproduce and/or reinforce social disparities and power relations at the local level (Mansuri and Rao, 2004). In practice, the community engagement is restricted to delivering programmes that are fixed in all key parameters. In most cases, community organisations simply replace resource-poor or absent public agencies.<sup>19</sup>

It is not surprising that policy makers and other actors involved in poverty reduction highlight limited institutional capacity as a barrier to the expansion of social protection in some parts of sub-Saharan Africa. This includes capacity to formulate, design, implement and adapt social protection programmes. These capacities should ideally be available within public agencies, but this is rarely the case for countries in Middle Africa. In addition to the significant role of international consultants, it is a matter of record that current social protection initiatives in Middle Africa involve a mix of providers: public; not for profits; and for profits.<sup>20</sup> Social protection provision in Middle Africa resembles, in many ways, the mixed provision in health care. And the challenges involved in orchestrating these different providers, while retaining an overall coordination and supervision for public agencies, are of roughly the same magnitude.

To date, the issue of capacity building in social protection has not been given the attention it deserves. Barrientos and Hulme (2008: 17) argue that:

a successful extension of social protection will involve the horizontal integration of poverty researchers, policy analysts, political scientist, financial experts, programme managers, information system analysts and developers, accountants and field officers.

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<sup>18</sup> This does not contradict the message from the previous section, as long as funds for supporting social protection programmes are available from a global fund in which no single donor dominates.

<sup>19</sup> In Zambia, for example, there is only one welfare officer for each of the 50 districts. In the absence of community support, the officer would not be able to deliver a transfer programme in addition to their existing portfolio of work.

<sup>20</sup> In Zambia, three pilots were delivered by CARE International, under the supervision of the Public Welfare Assistance Scheme within the Ministry of Women, Communities and Social Service. In Mozambique, INAS delivers the PSA using a large number of community promoters, 'permanentes'. In Zimbabwe, emergency public assistance programmes are delivered by for-profits providers and corporates like Maxwell-Stamp and involved in other countries.

It is unclear how fast we are moving in this direction.

## 7. Conclusion

In this paper we have identified and discussed the two main models of social protection in sub-Saharan Africa: the Southern African model and the Middle African model. The Southern Africa model was in place before the mid-1990s, and has undergone a significant expansion in the last decade, both in social pension schemes and to children in South Africa. The Middle Africa model describes a group of programmes implemented only in the last five years or so. They are a *new wave* of social protection programmes, and include Ethiopia's PSNP, Ghana's LEAP, Kenya's CT-OVC, Zambia's pilot programmes, and the scaling up of the Mchinji Programme in Malawi. In addition, there are several smaller pilot programmes in other countries in West, Central and Eastern Africa, mainly at an experimental stage. The paper argued that these Middle Africa programmes constitute a different model of social programme from the grant-based schemes in Southern Africa. They signal an important shift in policy thinking in Middle Africa, moving from the delivery of emergency humanitarian relief towards regular and predictable programmes providing income transfers and ensuring access to, and utilisation of, basic services. This 'model' of social protection is beginning to take shape, but it is in the earliest stages of development. They are the 'green shoots' of social protection systems in Western, Central and Eastern Africa.

Whether these programmes constitute a short-lived donor fad or the beginnings of the construction of a sub-regional welfare regime is hard to discern at this point. The programmes themselves have emerged from a process of policy engagement with social policy and social protection in sub-Saharan Africa. The Livingstone process provides an indication of the potential for African governments to move ahead with a commitment to the extension of social protection. However, questions about the domestic ownership of the process, and the role of donors, as well as financial and capacity constraints, show that important challenges lie ahead. Compared to the extension of social protection in the Southern Africa model, the programmes under the Middle Africa model have significantly weaker domestic political embedding and institutionalisation.

Finance and delivery capacity are significant challenges in all low-income countries in the region. Before the global financial crisis erupted in 2008, sustained growth and revenues from natural resources and debt cancellation were beginning to create the fiscal space for a gradual expansion of social protection in the majority of countries. Some now fear that the impact of the global financial crisis could delay the prospects of expansion of social protection in the region, although the crisis itself may also provide a strong drive for the extension of social protection. Providing that the global crisis is short in duration, the recovery phase will reinforce favourable revenue prospects for many sub-Saharan African countries. Weak delivery capacity in the region has led to a plurality of providers – public, not for profits, and for profits – mirroring the institutional dynamics and potential difficulties associated with health care. Community involvement in the delivery of pilot programmes may well prove unsuitable for large-scale programmes, which once again reinforces the importance of state-led policy responses.



The experience of welfare regimes in Europe, Asia and Latin America suggests it is highly unlikely that social protection will become a significant instrument of poverty reduction unless the state is centrally involved in rolling out major, long-term programmes of assistance. Following this, there is a pressing need for donors to become more attuned to the politics of social protection in Africa and to align their efforts more adroitly in support of forms of social protection that are likely to foster the growth of political constituencies (elite or mass or combined) that will support the evolution and public financing of long-term social protection policies. Getting the politics right may be as important, or even more important, than getting the initial technical design of programmes right.

## Appendix 1. Contributory pension schemes coverage in sub-Saharan Africa

Country	Year	Covered wage bill/GDP	Contributors/ labour force (Percentage)	Contributors/ working age population
<b>Benin</b>	<b>1996/2004</b>	3.1	4.8	<b>4.2<sup>(2)(3)</sup></b>
<b>Burkina Faso</b>	<b>1993/2003</b>	-	3.1	<b>3.4<sup>(3)</sup></b>
Burundi	1993	5.0	3.3	3.0
Cameroon	1993	5.5	13.7	11.5
<b>Cape Verde</b>	<b>1997/2004</b>	<b>10.2</b>	<b>16.0<sup>(4)</sup></b>	<b>27.4<sup>(4)</sup></b>
Central African Republic	1989	3.9	-	-
<b>Chad</b>	<b>1990/2004</b>	2.3	1.1	<b>1.4<sup>(3)</sup></b>
Congo	1992	-	5.8	5.6
Cote d'Ivoire	1997	7.7	9.3	9.1
<b>Gabon<sup>(1)</sup></b>	<b>1995</b>	-	<b>15.0</b>	<b>14.0</b>
<b>Ghana</b>	<b>1993/2004</b>	5.7	7.2	<b>9.2<sup>(3)</sup></b>
Guinea	1993	-	1.5	1.8
<b>Kenya</b>	<b>1995/2005</b>	6.8	<b>6.7<sup>(4)</sup></b>	<b>8.0<sup>(4)</sup></b>
Madagascar	1993	-	5.4	4.8
Mali	1990	-	2.5	2.0
<b>Mauritania<sup>(1)</sup></b>	<b>1995</b>	<b>6.5</b>	<b>5.0</b>	<b>4.0</b>
<b>Mauritius<sup>(1)</sup></b>	<b>1995/2000</b>	<b>12.1</b>	<b>33.6<sup>(4)</sup></b>	<b>51.4<sup>(4)</sup></b>
<b>Mozambique<sup>(1)</sup></b>	<b>1995</b>	-	<b>2.0</b>	<b>2.1</b>
<b>Niger</b>	<b>1992/2005</b>	5.0	<b>1.2<sup>(4)</sup></b>	<b>1.3<sup>(4)</sup></b>
<b>Nigeria</b>	<b>1993/2004</b>	-	<b>1.2<sup>(4)</sup></b>	<b>1.7<sup>(4)</sup></b>
<b>Rwanda</b>	<b>1993/2004</b>	9.7	<b>4.1<sup>(4)</sup></b>	<b>4.8<sup>(4)</sup></b>
<b>Senegal</b>	<b>1998/2004</b>	-	<b>4.3</b>	<b>4.5<sup>(3)</sup></b>
<b>Sudan<sup>(1)</sup></b>	<b>1995</b>	-	<b>12.1</b>	<b>12.0</b>
<b>Tanzania</b>	<b>1996/2007</b>	1.7	2.0	<b>3.3<sup>(3)</sup></b>
<b>Togo</b>	<b>1997</b>	<b>6.6</b>	<b>15.9</b>	<b>15.0</b>
<b>Uganda</b>	<b>1994/2004</b>	15.0	8.2	<b>9.3<sup>(3)</sup></b>
<b>Zambia</b>	<b>1994/2005</b>	-	10.2	<b>8.8<sup>(3)</sup></b>
<b>Zimbabwe<sup>(1)</sup></b>	<b>1995/2006</b>	-	<b>12.0</b>	<b>14.5<sup>(3)</sup></b>

For sources and notes, refer to Palacios and Pallarés-Millares (2000).

**In bold, updates since the publication of Palacios and Pallares-Miralles (2000).**

Sources for Senegal are: FNR, and IPRESS official publications, and data include both funds.

Sources for Cape Verde are: AP, and INPS official data. Numbers include both systems.

(1) Numbers refer to 'average coverage rate 1990-1999' and source is Bonnerjee (2003).

(2) Data for one scheme only.

(3) Numbers refer to Social Security Indicators, ILO/ISSA database, most recent figures.

(4) Numbers refer to World Bank data, most recent figures.

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