

SOCIAL PROTECTION IN AFRICA: AN OVERVIEW OF THE CHALLENGES

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS

EXECUTIVE SUMMARY

LIST OF ACRONYMS

- 1 INTRODUCTION**
 - 1.1 Methodology**

- 2. BACKGROUND TO SOCIAL PROTECTION IN AFRICA**
 - 2.1 Why Social Protection**
 - 2.2 The Ouagadougou Declaration and Plan of Action**
 - 2.3 Promoting the Decent Work Agenda of the ILO**
 - 2.4 The Livingstone Call for Action and the Yaoundé Declaration**
 - 2.5 Linking Social Protection with Poverty Reduction Strategy Programmes (PRSPs) and Related Development Strategies**
 - 2.6 Defining Social Protection in Africa**

- 3. A CONCEPTUAL FRAMEWORK FOR SOCIAL PROTECTION IN AFRICA**
 - 3.1 Africa's social and economic context**
 - 3.2 Social protection in Africa: concepts, definitions & approaches**
 - 3.3 Adopted values and principles for social protection in Africa**
 - 3.4 Functions of Social Protection**

- 4. AN OVERVIEW OF EXISTING SOCIAL PROTECTION PROGRAMME CHALLENGES**
 - 4.1 Strategic Issues and Challenges: Contributory Social Insurance Schemes**
 - 4.2 Strategic Issues and Challenges: General Social Protection Programmes**

- 5. STRATEGIC OPTIONS FOR SOCIAL PROTECTION REFORMS**
 - 5.1 Policies and Legislation**
 - 5.2 Programme design issues**
 - 5.3 Institutional Arrangements**
 - 5.4 Financial Arrangements**

- 6 RECOMMENDATIONS**
 - 6.1 Adopt a 'rights based' inclusive social protection agenda**
 - 6.2 Review existing policies and programmes against strategic objectives**
 - 6.3 Integrate policy options and reform process**
 - 6.4 Design a comprehensive policy framework and Legislation**
 - 6.5 Decide on urgent priorities**
 - 6.6 Mobilise resources for social protection**
 - 6.7 Build institutional capacity**

REFERENCES

ANNEXURES

- 1 Mapping Social Protection in African Countries: Some Core Dimensions**
- 2 Africa Population and Related Demographic Data**
- 3 Africa Life Expectancy and Mortality Data**
- 4 Regional breakdown of the 2005 headcount index and number of poor for various poverty lines**
- 5 Regional breakdown of headcount index for international poverty lines of \$1.00-\$2.50 a day over 1981-2005**
- 6 Poverty gap index (x100) by region over 1981-2005**

BOXES

- 1 Agreement on Social Protection Achieved in Livingstone**
- 2 Africa Adopts a Definition of Social Protection**

FIGURES

- 1 A Conceptual Framework for Social Protection in Africa: Vivienne Taylor: 2008.**
- 2 A Comprehensive Social Protection System: 3 Pillars**
- 3 Generic financial framework of a social protection system**

TABLES

- 1 Towards a Normative Framework For Social Protection In Africa: Some Core Dimensions**
- 2 Examples of Social Protection Programmes Using 4 Categories**
- 3 Approaches to social protection & the role of social transfers**
- 4 Comprehensive Social Protection Package and Components: A Capability Approach to Poverty & Needs**

AN OVERVIEW OF SOCIAL PROTECTION IN AFRICA

REPORT TO THE AFRICAN UNION

Viviene Taylor¹

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EXECUTIVE SUMMARY

1 INTRODUCTION

Africa's socio – economic context, its demographic challenges as well as its place in the global system prompt a renewed urgency to introduce strategic and practical measures to address poverty, vulnerability and risk.

Increased momentum towards social protection also comes out of global and regional commitments governments made at significant United Nations conferences since the 1990s and leading up to the Millennium Development Conference in 2000 and the subsequent 5 and 10 year review processes.

As a contribution to the process this study provides an overview of different models of social protection measures currently in use in African Union member states. This framework is designed to enable policymakers in Africa to make informed choices on the issues, needs and social development priorities affecting people and limiting the growth and development of the region.

Some challenges and progress are identified and policy direction on the promotion, strengthening and sustaining of social protection in Africa forms part of the recommendations and conclusions.

The terms of reference indicated that a desk top study should be the method used. Accordingly a desk top review of research studies, literature, official policy and documentation was the main method used to survey the current status of social protection in Africa. In addition a set of questions were sent to AU member states government departments dealing with social security to verify and update information and data on social protection.

Key demographic data for each country, human development and poverty indicators and employment and unemployment trends in Africa were obtained through desk top reviews and databases of the United Nations Development Programme-Human Development Report data base and the World Population Bureau Data Base.

The study also draws on recent research undertaken on social protection in the region.

2. BACKGROUND TO SOCIAL PROTECTION IN AFRICA

Significant shifts in thinking are taking place within Africa and elsewhere in the world on how social protection is understood, its links to sustainable economic development and its relevance as a comprehensive response to poverty and capability deprivations. Such shifts are a move away from a residual, incremental, piecemeal safety net or welfare approach to poverty towards social protection as a necessary component of economic growth and human development. A key policy consideration related to such shifts about the importance of social protection is how to promote social protection to ensure it generates inclusive human development and pro poor economic growth in the African social and economic context.

The Constitutive Act of the African Union adopted by the thirty-sixth ordinary session of the Assembly of Heads of State and Government on the 11 July 2000 in Lome, Togo reinforces the need to promote a common agenda to address issues affecting the people of the continent. Articles 3 and 4 of the Constitutive Act emphasise the promotion and protection of human and people's rights in accordance with the African Charter on Human and People's Rights. Explicit mention is made of the intent to promote sustainable development at the economic, social and cultural levels as well as promoting co-operation in all fields of human activity to raise the living standards of African peoples (African Union Constitutive Act, 2000). The Constitutive Act provides the overall framework within which subsequent discussions on poverty, unemployment and vulnerability are put on the agenda.

At its third extraordinary session of the Assembly of Heads of State and Government of the African Union in September 2004 in Ouagadougou, Burkina Faso, poverty and unemployment was high on the agenda.

The Ouagadougou Declaration and Plan of Action (POA) have the overall aim to empower people, open opportunities and create social protection and security for

workers through building a people-oriented environment for development and national growth.

The Ouagadougou Declaration and Plan of Action promote the Decent Work agenda of the ILO including the enhancement of the coverage and effectiveness of social protection for all sectors in society, particularly the poor and vulnerable (African Union, 2007).

Such trends, exacerbated by impacts of economic and financial globalisation processes, add new risks and vulnerabilities onto existing structurally based poverty and unemployment in Africa.

Social protection in the region is gaining momentum and efforts are being made to sustain and expand existing measures to include those currently excluded.

The Livingstone Conference, held in March 2006 was yet another turning point in African governments' commitment to promote social protection as an urgent response to the increasing vulnerabilities of people to chronic and new crises in the region. A call for action was adopted at the meeting and this call is now known as the Livingstone Call for Action on social protection in Africa.

The Livingstone Call for Action recognises that critical to a comprehensive social development agenda is the promotion of an approach that links employment policies and poverty alleviation.

A significant outcome of Livingstone was achieving agreement that a sustainable basic package of social transfers is affordable within current resources of governments with the support of international development partners.

Bilateral and multilateral arrangements with financial institutions and international development partners can influence the potential for policy and programme coherence on social protection within Africa. Efforts to achieve the Millennium Development Goals (MDGs) can also be combined within a comprehensive social protection agenda

The AU defines Social Protection as a "package" of policies and programmes with the aim of reducing poverty and vulnerability of large segments of the population. This it does through a "mix" of policies / programmes that promote efficient labour markets, reduce people's exposure to risks, and contribute to enhancing their capacity to protect and cover themselves against lack of or loss of adequate income, and basic social services.

3. A CONCEPTUAL FRAMEWORK FOR SOCIAL PROTECTION IN AFRICA

Social Protection approaches have policy, analytical, conceptual, institutional and programmatic implications

A conceptual framework is designed and provided as a way of both understanding the issues that determine why social protection is appropriate, the different approaches to social protection, the values, principles and functions of social protection implied by a human rights approach, the challenges in existing programmes and strategic options for reform.

The Social and Economic Context

Social and economic conditions in Africa remain a focus of world-wide attention. Despite progress made in some countries because of stable macro-economic policy environments and slow but steady rates of economic growth, poverty has not reversed.

A quick overview of some of the trends in the region indicates both the scale and depth of the social crises that exists:

- Growing population
- High fertility, maternal and child mortality rates
- Low life expectancy
- Malnutrition and childhood deprivation

- Low attendance of girls in school
- The disintegration of families and the social fabric because of HIV/AIDS
- Low employment, huge under-employment and a large number of informal and rural workers without any social protection coverage.
- Persistent and deepening poverty
- Famine, hunger and recurring food crises
- The lowest productivity growth rates in the world and low GDP growth rates
- Erosion of subsistence agriculture and traditional livelihoods
- Children, women and people in rural areas and the informal sector are without basic social protection in large parts of Africa

Why Social Protection?

Countries in Africa, with both chronic mass based poverty and large social deficits, require more **active social protection systems** that reduce poverty, contribute to asset redistribution and that include measures to address the structural basis of poverty and social exclusion.

In the African region social protection measures include cash transfers, such as pensions for the elderly, grants to children and households, cash for food and public works programmes. In its more comprehensive role social protection measures can include access to nutrition, health care, housing and education. Social protection can consist of a range of public (government funded) measures that gives support to all citizens and helps individuals, households, and communities to better manage risks and participate actively in all spheres of life

Although countries in Africa reflect great variations in social protection arrangements a common feature is the recognition of the significant role of social transfers as a key component of social protection.

Human Rights and the values and principle of social protection

In adopting a human rights approach each member state would need to advance a social protection agenda that gives effect to rights and entitlements of citizens to social protection.

Adopting the values and principles of a human rights framework for social protection implies that if a right exists, **governments have an obligation** to make sure it is fulfilled. In a region where the resources to redress rights are limited and where even material resources such as food is scarce **the political will and commitment to actualise rights to social protection** become critical. Principles of equity and equality, solidarity, inclusion, subsidiarity, participation, accountability, access to information and to resources are important in social protection measures.

A human rights approach to social protection requires countries to reach consensus on **what constitutes a socially acceptable minimum package of social protection below which no one should fall.**

Bilateral and multilateral arrangements with financial institutions and international development partners can influence the potential for policy and programme coherence on social protection within Africa. Efforts to achieve the Millennium Development Goals (MDGs) can also be combined within a comprehensive social protection agenda.

In countries that have introduced **unconditional cash transfers significant impacts are made in reducing destitution and deprivation of the poorest** as well as in increasing levels of consumption and productivity. The local economic activity increased consumption generates leads to positive returns.

The design and development of social protection systems requires **a coherent policy framework that includes long term strategies.** Implementing long term strategies in a phased approach based on transparency and democratic governance with multiple stakeholders enhances institutional sustainability.

High maternal mortality rates and low attendance of girls in school indicates that barriers to access to health and education are real and influence the life choices of girls and women in multiple ways.

Social protection has 5 general functions and objectives:

It has a **protective** function when measures are introduced to save lives and reduce levels of deprivation in a society. Social protection has a **preventive** function because it seeks to assist people from falling into deeper poverty or becoming vulnerable to risks and contingencies arising from natural disasters, crop failure, accidents and illness. The **promotive** function of social protection aims to enhance the capabilities of individuals, communities and institutions to participate in all spheres of activity. The **transformative** function focuses on reducing inequities and vulnerabilities through changes in policies, laws, budgetary allocations and redistributive measures. Social protection also has a **developmental and generative** function by increasing consumption patterns of the poor, local economic development and enabling poor people to access economic and social opportunities.

4. AN OVERVIEW OF EXISTING SOCIAL PROTECTION PROGRAMME CHALLENGES

This section provides an overview of the main challenges in existing social protection arrangements in fifty (50) African countries

Information obtained from the countries reviewed suggests that the focus is on social security programmes of the contributory type that apply to salaried workers only. Wide ranging, regular non-contributory social protection provided by the state seems to be rudimentary or absent.

Contributory Social Protection

Contributory social insurance schemes vary from country to country (eg: contribution rates payable by employers and workers to finance the different schemes; length of

maternity and sickness leave with benefits; pensionable ages, which may or may not be equal for males and females within each country; definition of survivors, etc).

Across most countries in Africa, formal sector waged workers either in the government civil service or employed by business are able to contribute to social insurance. They constitute the minority of the economically active population in the countries reviewed. A common issue is the lack of coverage for agricultural and informal sector workers, who constitute the majority of those employed in most of the countries.

In many of the countries statutory retirement ages for salaried workers exceed (or are very close to) their life expectancies. This is particularly conspicuous for males, who often have lower life expectancies than females. This has been exacerbated by declining life expectancies linked to HIV/AIDS and related illnesses.

Provision for unemployment (for former salaried workers) is generally absent. Only some countries make provisions for the payment of pension benefits to their own insured nationals residing in other countries.

The social insurance systems that are predominant in many African countries tend to discriminate against women, thus aggravating other aspects of gender bias.

Non Contributory Social Protection Measures

Exclusion from social and economic processes in the form of access to health care, education, food, waged work and income contribute directly to the multi dimensional poverty being experienced by over 55 percent of Africa's population.

The **lack of a common understanding of social protection and the absence of a coherent policy framework for social protection** in the region is reflected in the uneven responses to poverty and vulnerability and social inequities in most countries.

An urgent and strategic issue is **the need to update information on what is currently being implemented** by governments, civil society organisations, traditional and informal support systems in Africa.

The majority of **the poorest are defined by poverty that locks them into rural and squatter communities** without access to income, to basic health and education, to social services and to social infrastructure. **They are women, children, people in rural areas, the disabled and the elderly.**

Targeting and Means Tests

Evidence shows that the administration of means tests and categorical targeting are costly and inefficient in reaching the poorest. Significant reductions in poverty are achieved in low income countries through universal approaches to social provision and the sharing of such experiences within Africa can help governments to avoid costly mistakes.

Government social transfers in the form of social old age pensions introduced for example in countries such as South Africa have increased the income of the poorest 5 per cent of the population by 50 per cent.

The **lack of access to basic health care services affects** the lives of millions of the poorest people, especially children, women, the elderly and people living with disabilities and in post conflict zones.

In Africa **cash transfers contribute greatly to the empowerment of women, and help those infected by HIV/AIDS and other debilitating diseases.** Pilot programmes sponsored by donors and operated by nongovernmental agencies in Eastern and Southern African countries illustrate the potential of cash and employment programmes and with government interventions these programmes can be scaled up and produce multiplier social and economic effects.

Mainstreaming social protection strategies across government and non-governmental organisations requires significant institutional and financial capacity that can be developed over time.

5. STRATEGIC OPTIONS FOR SOCIAL PROTECTION REFORMS

Institutions, resources, state power and the capacities of government institutions to implement social protection policies differ across countries.

Implementing a social protection agenda is feasible and practicable even in low income countries in Africa.

The policies, institutions and financing arrangements need to be clear, simple and implementation can be phased in ways that build on what works in existing programmes and processes.

The State has an important role to play in establishing an enabling institutional and regulatory framework to make it possible for people to understand their rights and entitlements to social protection.

The role of the private sector, especially that of employers, as well as the role of civil society organisations is critical in promoting equitable and socially responsive social protection measures.

Policies and legislation on social protection should include benchmarks as well as targets for the delivery of social provision that prioritise the needs of all, especially those currently excluded.

A critical strategic programme design issue relates to the sequencing of reforms and the time frames for delivery of social provision.

Formal institutions to address poverty and vulnerability through social protection are essential. The design of social protection programmes must be underpinned by strong government commitment and leadership from **a dedicated top government department or inter-departmental task team working across sectors within and outside of government.**

An important challenge that needs to be addressed at national regional and sub-regional levels is **the expansion of institutional capacity of national and sub regional entities.**

Financing social protection is possible with appropriate commitment. An effective way for governments and multilateral institutions to promote a comprehensive approach to a basic package of social protection is to increase their support for essential health, education and social transfers.

A generic financial framework for existing social protection systems allows governments to review existing and potential financial arrangements including the tax system, the incidence of tax, inequities in the subsidies and concessions made to contributory social transfers the need for dedicated social protection funds at regional and national levels. Including both contributory and non contributory systems in a generic framework it is easier to calculate the total costs to the country of providing social protection and to make arrangements for sustaining financial allocations.

6 RECOMMENDATIONS

The extent to which there are changes in concentrations of power, in formal and informal rules, structural arrangements and resource allocations to take up policy issues and address policy mandates on poverty are issues that are central to transforming social protection.

Adopt a 'rights based' pro poor social protection agenda: Three processes are important to the realisation of the African Union's definition of social protection. The first is the process of reviewing and revising the official understanding and definition of social protection so that it is understood across all government, civil society and business sectors. The second is the development of a collective vision for reform of social protection, including strategic objectives that prioritise the rights of the poor, the vulnerable and those who are at risk of falling into deeper poverty and insecurity. The

third is to agree to the values, principles and norms or standards against which strategic objectives can be benchmarked.

Review existing policies and programmes against strategic objectives: A rigorous assessment of existing policies and programmes is required. Existing policies and programmes must be assessed against the revised vision and understanding of social protection adopted at national level as well as by the AU.

Integrate policy options and reform process: Significant reforms to existing policies and programmes can be introduced in a systematic, participatory and planned process. Integration of strategic social protection options as part of an ongoing reform process creates an environment for the introduction of short, medium and long term policy and programme changes into a time frame that is realistic.

Design comprehensive policy frameworks and appropriate legislation: There are legal frameworks in place for the protection of salaried workers in the formal sector in most countries in Africa. The codification of the right to social protection for all is an important initial step in building a road map towards a social protection framework in Africa. This framework should incorporate basic rights to food, education, health care, shelter, and income support.

Prioritise the most vulnerable and at risk within an inclusive approach: In all countries the needs of children, of women, of the elderly, of communities that are removed from access to health care, education, waged work, (including former combatants, internally displaced people and refugees) require urgent measures to prevent further human devastation and social fragmentation.

Mobilise resources for social protection: Funding requirements for social protection programmes have to be calculated and adequate arrangements must be put into place to ensure financial sustainability of programmes.

Build **institutional capacity to provide information and databases** that are accessible. Research and monitoring and programme evaluation capacity building are also essential tools required for social protection.

LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AU	African Union
CSG	Child Support Grant (South Africa)
DFID	Department for International Development (United Kingdom)
ECP	Estratégia de Combate á Pobreza (<i>English: Strategy to Combat Poverty</i>), Angola
EDPRS	Economic Development and Poverty Reduction Strategy
EPRI	Economic Policy Research Institute (South Africa)
GDP	Gross Domestic Product
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HIPC	Insurance Public Corporation
HPI	Human Poverty Index
IFAD	International Fund for Agricultural Development
ILO	International Labour Organisation
IMF	International Monetary Fund
ISSA	International Social Security Association
LHDCs	Low Human Development Countries
LUPPP	Luanda's Urban Poverty Programme
MASAF	Malawi Social Action Fund (Malawi)
MDGs	Millennium Development Goals
MHDCs	High Human Development Countries
NEPAD	New Partnership for Africa's Development
NGOs	Non-governmental organisations
NSSF	National Social Security Fund
OECD	Organisation for Economic Co-operation and Development
OVC	Orphans and Vulnerable Children
PEPs	Public Employment Programmes
PFA	Pension Fund Administrators
POP	Population
PNUD	Programa das Nações Unidas para o Desenvolvimento (<i>English: UNDP</i>) .
PSNP	Productive safety Net Programme (Ethiopia)
PRGF	Poverty Reduction and Growth Facility
PRSP	Poverty Reduction Strategy Paper
PVA	Poverty and Vulnerability Assessment
SADC	Southern Africa Development Community
SASSA	South African Social Security Agency (South Africa)
SSSPs	Social security service providers
SSW	Social Security Worldwide
TASAF	Tanzania Social Action Fund
TB	Tuberculosis
TOR	Terms of Reference
UN	United Nations

UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNDP	United Nations Human Development Programme
WTO	World Trade Organisation

1 INTRODUCTION

Africa's socio-economic context, its demographic challenges as well as its place in the global system prompt a renewed urgency to introduce strategic and practical measures to address poverty, vulnerability and risk. Evidence based understandings on the role and appropriateness of social protection in low income countries have spurred the adoption of social protection as a central pillar of social policy designed to both reduce poverty and promote sustainable economic development.

Increased momentum towards social protection also comes out of commitments governments made at significant United Nations conferences since the 1990s and leading up to the Millennium Development Conference in 2000 as well as subsequent 5 and 10 year review processes. In the African region the Constitutive Act of the African Union creates an environment for renewed focus on social development concerns. Initiatives are currently underway to map existing responses to poverty and vulnerability in the region and to identify what is required to implement a coherent and systematic social protection programme.

As a contribution to the process this study provides a conceptual framework for social protection based on compelling research evidence of approaches to social protection. As an entry point to situate social protection within the range of social priorities that policymakers face a conceptual framework is provided. This framework is designed to enable policymakers in Africa to make informed choices on the issues, needs and social development priorities affecting people and limiting the growth and development of the region. Different conceptions of social protection, approaches and functions as well as debates are examined as a part of the conceptual framework.

The study situates social protection within both a historical understanding of what makes the social and economic context for Africa's people distinct and it provides an entry point for policymakers to address complex social protection challenges in a phased and systematic manner. An overview of different models of social protection measures currently in use in African Union member states is also included in the Report.

Some challenges and progress are identified and policy direction on the promotion, strengthening and sustaining of social protection in Africa forms part of the recommendations and conclusions.

1.1 Methodology

The terms of reference specified that a desk top study be the method used. Accordingly a desk top review of research studies, literature, official policy and documentation was the main method used to survey the current status of social protection in Africa. In addition a set of questions were sent to AU member states government departments dealing with social security to verify and update information and data on social protection. Among the difficulties in undertaking a desk top review on social protection in Africa is that available information and data — both quantitative and qualitative -- is limited, fragmented and dispersed. Official government data on existing social protection measures was hard to obtain making it difficult to identify and cover critical social protection issues related to financing and expenditure patterns.

Attempts were made to obtain current information and data from AU member states directly² but the responses from government departments were very few. Despite these difficulties data and information was obtained from recent research undertaken by DFID, UNICEF, UNDP, the ILO and others. Drawing on the literature and recent research this report provides an overview of social protection models in use in AU member states.

Key demographic data for each country, human development and poverty indicators and employment and unemployment trends in Africa were obtained through desk top reviews and databases of the United Nations Development Programme-Human

² Letters from Adv. Bience P. Gawanas (AU Commissioner for Social Affairs) and from Professor V Taylor explaining the objectives of the study were sent to:

- 1) Fax numbers provided by the AU Secretariat for the relevant Ministries
- 2) Electronic addresses obtained from: a) the respective governments' websites; b) Embassies in South Africa, whose addresses appear on the South African Department of Foreign Affairs websites; c) Ministries addresses that appear on the Europa World Year Book 2007 & letters were sent to electronic addresses of government departments.

Development Report data base and the World Population Bureau Data Base. Data and information on current social protection programmes, legislative frameworks, and beneficiaries and services provided, in African Union member states was obtained from databases of the International Social Security Association, the International Labour Organisation and the World Bank website.

Data on social security for salaried workers was obtained via the International Social Security Association (ISSA)/ Social Security Worldwide (SSW) website library and from the International Labour Organisation (ILO/natlex) website. The study also draws on African Union Commission / Division of Social Affairs statistical documents such as “The State of the African Population” and DFID sponsored research undertaken on social protection in the region and other international research reports.

As regular salaried workers in the formal economy constitute a minority in the countries under consideration (less than 10% of the active labour force), insurance based social security is of minor significance in its direct coverage of the populations in most of the countries reviewed. Details for other types of social assistance, whether formal or informal systems or ongoing programmes provided with the assistance of Non-Governmental Organisations (NGOs) and international development agencies, were drawn from papers, reports, news articles, UNICEF, UNDP, World Bank Reports and internet searches. Additional research over a longer time period is required to elaborate on the many technical issues subsumed within social protection.

2. BACKGROUND TO SOCIAL PROTECTION IN AFRICA

2.1 Why Social Protection

There are significant shifts in thinking within Africa and elsewhere in the world about how social protection is understood, its links to sustainable economic development and its relevance as a comprehensive response to poverty and capability deprivations. Such shifts are a move away from an incremental, piecemeal safety net or residual welfare

approach to poverty towards social protection as a comprehensive developmental policy that is seen as a necessary component of growth and human development.

Research based evidence shows that countries with comprehensive social protection systems were, over time, able to build inclusive social and economic processes with the participation of their poorest citizens. Today, many of these countries are leading industrial nations with highly developed economies and significantly higher human development indicators (ILO, 2008; Townsend, 2007).

Recent studies of countries in Africa that have introduced social protection programmes reinforce such evidence and demonstrates that government led social protection programmes are both necessary for sustained economic growth and is affordable in low income countries when considered as part of a package of measures supported by the international community (DFID, 2006; Pal et al, 2005).

The lessons from these studies confirm that when social protection is located as a critical component of social policy and development, it has the potential to address multiple dimensions of poverty, to reduce inequities and inequalities and to play a role in the national economic growth agenda. A key policy consideration related to such shifts in thinking is not whether countries should have social protection programmes but rather how to promote social protection to ensure it generates inclusive human development and pro poor economic growth.

Strategic and deliberate policy choices are now being considered by African Governments about what provisions should constitute the basic package of social protection, how to determine and benchmark the level at which provisions are made, what instruments would be required to monitor and evaluate programmes and how to build implementation capacity at national, local and sub-regional levels. These and other questions are an important part of the strategic social protection agenda that is a focus of the African Union and key development partners.

The **Constitutive Act of the African Union** adopted by the thirty-sixth ordinary session of the Assembly of Heads of State and Government on the **11 July 2000 in Lome, Togo** reinforces the need to promote a common agenda to address issues affecting the

people of the continent. **Articles 3 and 4 of the Constitutive Act emphasise the promotion and protection of human and people's rights in accordance with the African Charter on Human and People's Rights.** Explicit mention is made of the intent to promote sustainable development at the economic, social and cultural levels as well as promoting co-operation in all fields of human activity to raise the living standards of African peoples (African Union Constitutive Act, 2000). The Constitutive Act provides the overall framework within which subsequent discussions on poverty, unemployment and vulnerability are put on the agenda.

In the next section of the report a brief background is provided on processes and recent initiatives that contribute to shifts in thinking on the importance of social protection as a means to reduce poverty and promote sustainable economic development in Africa.

2.2 The Ouagadougou Declaration and Plan of Action

At its third extraordinary session of the Assembly of Heads of State and Government of the African Union in September 2004 in Ouagadougou, Burkina Faso, poverty and unemployment was high on the agenda. The outcome of the meeting was a Declaration on Employment and Poverty Alleviation in Africa, a Plan of Action, and a follow-up mechanism for implementation, monitoring and evaluation.

The Ouagadougou Declaration and Plan of Action (POA) have the overall aim to empower people, open opportunities and create social protection and security for workers through building a people-oriented environment for development and national growth. The POA is based on mobilising resources for implementation of the plans of action at the national, regional, and international levels. It recognises the need to address social development, poverty alleviation and employment creation in a coherent and integrated manner (African Union, 2007).

The Ouagadougou Declaration and POA – is today considered the blueprint of the AU strategy on social development. It places emphasis on the need for action at the national, regional, and international levels. The Declaration also highlights the need to

enhance the capacity of Regional Economic Communities (RECs) to promote productive employment and social protection within the framework of regional and inter regional cooperation in Africa. Member States of the AU and Regional Economic Communities (RECs) are designated as the principal bodies responsible for the implementation of the Declaration and the Plan of Action, with the AU Labour and Social Affairs Commission as the coordinator of the implementing mechanism (African Union, 2007). The linking of poverty reduction, productive employment and social protection in the POA relate directly to the decent work agenda of the ILO.

2.3 Promoting the Decent Work Agenda of the ILO

The Ouagadougou Declaration and Plan of Action support the continuing efforts made to promote the Decent Work development agenda of the ILO including the enhancement of the coverage and effectiveness of social protection for all sectors in society, particularly the poor and vulnerable (African Union, 2007). Referring to decent work as “work that not only provides a sufficient level of income but also ensures social security, good working conditions and a voice at work” the World Employment Report (2004-05:24) highlights the extent to which millions of workers and their families, especially in Africa, are doomed to a life of poverty.

Empirically observable changes in global employment patterns reflect disturbing trends in relation to poverty and waged work. The World Employment Report (2004-2005) estimates that 49.7 per cent of the world’s workers are not earning enough to lift themselves and their families above the crude US\$2 a day poverty line and that 19.7 per cent of employed persons in the world are currently living on less than US\$1 a day.

Not surprisingly the numbers of working poor increased in low income countries with Sub-Saharan Africa having the largest share estimated at 55.8% in 2003. These trends also indicate that increasing numbers of people work in hazardous conditions and are not able to provide adequately for themselves or their households. Alongside these trends social security institutions are facing serious difficulties in fulfilling their mandates due to high levels of unemployment and fund management issues.

Furthermore, social security (in the form of work based social insurance) is increasingly being delinked from waged work as labour markets evolve and global markets extend (Taylor, 2007).

The social dimensions of economic globalisation processes highlight shifts in transnational production patterns that create new risks and vulnerabilities onto existing structurally based poverty and unemployment in Africa. As more workers are being pushed into informal and casual labour the guarantee of long term secure employment with pensions on retirement and health care are less available. In this context social protection is considered an essential part of the decent work agenda in Africa to ensure the human security of workers in the formal and informal sectors. Social protection because it is broader than typical social security measures, can offer safeguards that protect all workers (regulated and unregulated) into a comprehensive system of social provision.

The need for a comprehensive approach to work and rights is clearly reflected in the Universal Declaration on Human Rights as well as in recent studies.³ The promotion of "opportunities for women and men to obtain decent and productive work, in conditions of freedom, equity, security and human dignity"⁴ becomes a critical building block of the approach to social protection of the ILO and the AU. Amartya Sen (2000), the Nobel laureate in economics, asserts that this goal must include "all workers", irrespective of their sectors, whether they are waged or unwaged, male or female, unregulated, self-regulated and home workers.

A comprehensive approach to social protection ensures that different parts of the working population whose fortunes do not always move together are not neglected in furthering the interests and demands of other vulnerable groups⁵.

³ See for instance Amartya Sen on Work and Rights, in *International Labour Review*, Vol 139 (2000), No 2, ILO and Guy Standing: *Beyond the New Paternalism: Basic Security as Equality*, Verso/International Labour Organisation, London, 2002.

⁴ Sen, Work and Rights 2000: 120

⁵ Sen, Work and Rights 2000: 120

This is an important reason why social protection in the region is gaining momentum and efforts are being made to sustain and expand existing measures to include those currently excluded.

2.4 The Livingstone Call for Action and the Yaoundé Declaration

The Livingstone Conference, held in March 2006 was yet another turning point in African governments' commitment to promote social protection as an urgent response to the increasing vulnerabilities of people to chronic and new crises in the region. A call for action was adopted at the meeting and this call is now known as the Livingstone Call for Action on social protection in Africa. Significant consensus was reached on the need to implement more widely throughout Africa programmes such as social pensions and cash transfers to vulnerable groups including children, older people and people living with disabilities. An important meeting in Yaoundé also played a significant role in prioritising action on social protection.

In line with the Ouagadougou Declaration and Plan of Action, the Livingstone Call for Action recognises that critical to a comprehensive social development agenda is the promotion of an approach that links employment policies and poverty alleviation. The Call for Action adopts the guiding principle that social protection is embedded in both a human rights and an empowerment agenda.

BOX 1: AGREEMENT ON SOCIAL PROTECTION ACHIEVED IN LIVINGSTONE

- Social protection programmes, including social transfers and cash transfers, when combined with other social services, directly reduce poverty and inequality.
- Importantly it was agreed that a sustainable basic package of social transfers is affordable within current resources of governments and with support from development partners.

Programmatic issues that were considered crucial to the implementation of this agenda included the affordability of social protection systems and its complementary role with other services. A significant outcome of Livingstone was achieving agreement that a sustainable basic package of social transfers is affordable within current resources of governments with the support of international development partners.

2.5 Linking Social Protection with Poverty Reduction Strategy Programmes (PRSPs) and Related Development Strategies

The last two decades have seen governments implementing a range of initiatives including poverty reduction strategy papers and programmes to address poverty and social inequalities. Attempts to address the Millennium Development Goals (MDGs) by 2015, especially MDG 1 on income poverty and hunger are falling short of expectations within sub-Saharan Africa. A few countries have elaborated a national strategy of social protection within the framework of their poverty reduction strategy. For example Senegal has done this in 2006 with the cooperation of the World Bank. In this way countries are beginning to link social protection and economic development policies and strategies.

Despite these attempts to link economic and social objectives through poverty reduction programmes the outcomes fall short of achieving the MDGs by 2015 at current rates of implementation. Furthermore, in many countries social protection and poverty reduction initiatives are spread across different sectors in governments making it programmatically difficult to monitor their inputs and social and economic outcomes. Promoting policy coherence and integrating the multiple programmes that are underway in governments across Africa is necessary to ensure effective use of resources in order to meet the needs of the poorest and most at risk.

Bilateral and multilateral arrangements with financial institutions and international development partners can influence the potential for policy and programme coherence on social protection within Africa. Efforts to achieve the Millennium Development Goals (MDGs) can also be combined within a comprehensive social protection agenda. These goals form an important part of the development agenda and need to form a

significant part of the benchmarks against which the implementation of a comprehensive basic package of social protection measures are monitored. The second generation of country PRSPs could include both MDG targets as well as the priorities that have come out of AU consultative processes on social protection.

2.6 Defining Social Protection in Africa

Social protection and its role in achieving the MDGs as well as the recognition of its contribution to national economic growth resulted in the AU adoption of a working definition. The Ouagadougou Declaration and Plan of Action and the commitments of the African Union Heads of States and Governments are captured in Box 2. The AU's working definition on social protection calls for an extension of social protection schemes to all categories of workers and their families. The definition reflects an intention to allow for a mix of programmes that could for instance include systems designed to meet the needs of informal, rural workers whose contributions could be subsidised by governments. A mix of programmes could also include health, education and access to basic services such as water and sanitation.

BOX 2: AFRICA ADOPTS A DEFINITION OF SOCIAL PROTECTION

The AU understands Social Protection as a "package" of policies and programmes with the aim of reducing poverty and vulnerability of large segments of the population. This it does through a "mix" of policies/programmes that promote efficient labor markets, reduce people's exposure to risks, and contribute to enhancing their capacity to protect and cover themselves against lack of or loss of adequate income, and basic social services (African Union documents, 2007).

The AU definition of social protection places emphasis on a "mix" of policies / programmes that promote efficient labour markets, reduce people's exposure to risks, and contribute to enhancing their capacity to protect and cover themselves against lack

of or loss of adequate income, and basic social services (African Union, 2007). Table 1 examines some normative policy dimensions arising from AU processes.

Table 1. Constructed by: Vivienne Taylor				
TOWARDS A NORMATIVE FRAMEWORK FOR SOCIAL PROTECTION IN AFRICA: SOME CORE DIMENSIONS				
Policy Agreements / Commitments	Core Strategic Themes	Values & Principles	Core Focus	Linkages with Global & Regional Commitments / Responsibility
AU Constitutive Act of 2000 & Related Policy documents	Social protection as a contributor to growth, as a human right and to promote a common agenda on poverty	contribute to inclusion of poorest citizens in decent & productive work reduce inequalities	Social transfers /cash programmes to women, the elderly, people with disabilities, children and other vulnerable sectors	Decent Work Agenda of ILO, MDGs, WSSD Commitments, African Charter on Human Rights, Universal Declaration on Human Rights and the Rights of Children etc.
March 2006 Livingstone and Yaounde Calls for Action on Social Protection	Integrated employment policies and poverty alleviation in Africa -Affordability of social protection systems, and complementary with other services -a sustainable basic package of social transfers	social protection is both a right and is part of an empowerment agenda a way to directly reduce poverty and inequality Complement health, education & basic service.	promote social security for vulnerable groups in Africa social pensions and cash transfers to vulnerable groups including children, older people and people living with disabilities should be implemented more widely throughout Africa	Integration of the employment and social protection agendas within the context of the national PRSPs, especially second generation PRSPs and MDGs.
Ouagadougou Declaration on Employment and Poverty Alleviation in Africa September 2004	Employment and poverty alleviation The need for action at the national, regional, and international levels Promote productive employment and social protection dimensions within the framework of regional and inter regional cooperation in Africa.	to empower people, open opportunities and create social protection and security for workers in formal and informal sectors of the economy.	Address pervasive and persistent poverty, unemployment, and under-employment Enhance and expand coverage and effectiveness of social protection for all sectors in society, particularly the poor and vulnerable Focus on workers in the formal economy as well as agricultural workers, seasonal and domestic workers in the informal economy. The focus is also on strengthening and expanding the reach of existing measures.	Links to AU Constitutive Act. AU to enhance the capacity of the Regional Economic Communities (RECs). Resource mobilisation with Development Partners. Promote decent Work agenda of the ILO Member States of the AU <u>and Regional Economic Communities (RECs)</u> are the principal bodies for the implementation of the Declaration and the Plan of Action; AU Labour and Social Affairs Commission-coordinator of the implementing mechanism.
Johannesburg Declaration	Expedite poverty reduction	Prevention, mitigation and enabling dimensions	reduce exposure to risks & enhance capacity to protect against hazards	WSSD, MDGs + Second Generation PRSPs; Regional social policy processes

Since the adoption of the Constitutive Act of the AU in 2000 a number of meetings and declarations have emerged that add to the understanding of social protection and the normative dimensions contained within this understanding. A human rights approach to social protection with related principles and values emerges as a strong policy orientation. The categories of people in the region that are affected by poverty, vulnerabilities to both subjective (age/life cycle and gender related) and objective (work, ecological, structural conditions, global and regional economic processes) conditions are also identified.

As a first step in AU processes of implementing a common agenda and approach to social protection in Africa a conceptual framework is provided based on research and lessons of experience in Africa (Taylor, 2000). This conceptual framework is discussed in section 3 of the report. The main purpose of the conceptual framework is to ensure that African countries have both a common agenda as well as an agreed policy approach. Adopting an agreed conceptual framework ensures that member states are responsive to the demographic context and the social and economic challenges of unemployment and insecurity of livelihoods as well as vulnerability, risk and poverty. Moreover elaborates the adopted values and principles that are relevant for Africa and facilitates a systematic and coherent review of existing national processes taking into account the need for institutional reforms and capacity development for social protection.

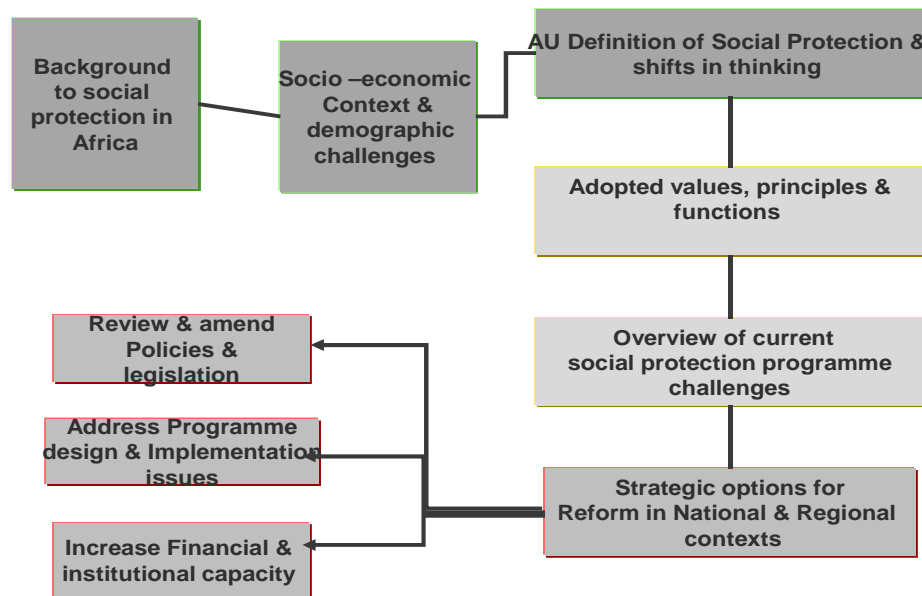
3. A CONCEPTUAL FRAMEWORK FOR SOCIAL PROTECTION IN AFRICA

Social Protection approaches have policy, analytical, conceptual, institutional and programmatic implications. The conceptual framework in Figure 1 provides a way of both understanding the issues that determine why social protection is appropriate, the different approaches to social protection, the values, principles and functions of social protection implied by a human rights approach, the challenges in existing programmes and strategic options for reform.

Social protection can be applied in many different contexts to achieve any number of objectives. It is necessary to situate the concept within an understanding of the processes that led to the adoption of social protection as an organising framework with certain adopted values and principles agreed by members of the African Union.

Recent reports suggest that as many as 38 countries in the AU have agreed to implement social protection (Helpage International, 2008).

Figure 1: A Conceptual Framework for Social Protection in Africa: Vivienne Taylor: 2008.



Shifts in thinking on the relevance of social protection are discussed in the section that follows. The challenges of the social and economic context and issues that influence approaches and decision-making on social protection are also examined. Concept clarification, adopted values and principles that are implicit in the AU’s definition of social protection and the strategic options for reform are covered in the sections that follow.

3.1 Africa's social and economic context

Social and economic conditions in Africa remain a focus of world-wide attention. Despite progress made in some countries because of stable macro-economic policy environments and slow but steady rates of economic growth, poverty has not reversed. A quick overview of some of the trends in the region indicates both the scale and depth of the social crises that exists. Emphasis on regional cooperation with regard to social policy and social protection⁶ and more recently, deeper regional integration takes place against a backdrop of continuing economic and social crises. There are complex internal and external factors which contribute to persistent economic and social crisis and that determine national and regional responses to social protection and development in the region.

Attempts to respond to the social situation are piecemeal and *ad hoc* and as a result have limited impact. The structural bases and chronic features of poverty remain persistent and erode the value of limited gains made over the last two decades especially in advancing democracy and in processes of reconstruction and development.

Some demographic features

Africa's demographic features are critical to the challenges of addressing poverty using social protection as an instrument. The region has a growing population with estimates of 900 million and a total fertility rate between the period 2000 to 2005 averaging around 5, estimated to be the highest of any region in the world (refer to **Annexure 1** on selected population and related demographic data drawn from the Population Reference Bureau (PRB) 2007 World Population Data Sheet).

High fertility, maternal and child mortality rates

Disturbingly the poorest countries reflect even higher than average fertility rates with Chad, 6.5, Mali, 6.7, Burkina Faso, 6.4, Sierra Leone, 6.5 and the Niger 7.5. Alongside such high fertility rates the region has very high child mortality and maternal mortality rates, large rural populations, high incidences of illiteracy, lagging women's rights and

⁶ The Johannesburg meeting in 2007 placed emphasis on the important role of regional social policies.

very low agricultural productivity resulting in low market values of women's time (Sachs, 2008).

Low life expectancy

Life expectancy at birth is an important indicator of countries' human development as well as their ability to sustain economic growth (refer to **Annexure 2** on selected life expectancy and mortality drawn from the Population Reference Bureau (PRB) 2007 World Population Data Sheet). Life expectancy at birth in countries such as Algeria, Cape Verde, Egypt, Libya, Mauritius, Morocco, Reunion, the Seychelles and Tunisia is relatively high ranging from 70 to 76 years. These countries have also introduced significant measures to address vulnerability through a range of programmes (in Algeria, for example, a cash transfer reaches over 7.4 million low income poor people).

Countries such as Botswana, Lesotho, Malawi, Swaziland, Zambia and Zimbabwe reflect alarmingly low indicators of life expectancy ranging between 33 to 40 years. Other countries in the Southern African region also have disturbingly low life expectancy. The impacts of HIV and AIDS and other preventable infectious diseases account for such low life expectancy in these countries.

In countries where life expectancy is so low insurance through private arrangements is generally not a viable option. Significant government and intergovernmental intervention is essential to improve life expectancy at birth and in the process to increase the viability of social insurance schemes.

Malnutrition and childhood deprivation

Selected indicators of African countries also reveal the significant extent of under 5 malnutrition and mortality rates. Under-five mortality rates of the poorest one fifth of the population in Burkina Faso, Benin, Guinea, Cameroon, Malawi, Mali Mozambique, Niger, Rwanda, Uganda, and Zambia are exceptionally high. Such trends have a direct bearing on the ability of these countries to lift themselves out of chronic and intergenerational cycles of poverty.

Economic Impacts of Childhood malnutrition & deprivation

Inadequate early childhood nutrition contributes to long-term health and education problems, leading in turn to lower productivity through poorer health and higher absenteeism in the work place (Food & Agricultural Organisation, 2003). In addition, conditions resulting from childhood deprivation lead to long term strains on a nation's health and education systems, draining resources that could efficiently target other social priorities.

Making the case for **economic security achieved** through both private and public (government) social protection measures, international studies demonstrate that **more than half of additional income (remittances, public transfers, pensions etc) is allocated by poor families to increased food consumption** (Pinstrup-Andersen & Padya-Lorch, 2001). The resulting **improvements in health and nutrition directly improve not only the well-being but also the productivity of the very poor**. Indeed increased household expenditure on food increases local economic growth.

The social and economic impacts of girls' enrolment in school

Despite increasing enrolments of girls at schools in some instances attendance is very low. Little or no access to formal public health systems, reproductive health and social safety nets make the challenges more complex (Sachs, 2008: 191-192). Access to primary and secondary schooling as well as skill and vocational training continue to be a barrier to the development of children, especially that of girls. As such they remain barriers to the reduction of poverty of girls and women and reinforce gender inequities. The World Bank estimates that for **each additional year of schooling, a woman's income increases by 10-20 percent, agricultural productivity increases by 10 percent, infant mortality drops by 10 percent, and the return on investment in deferred health care expenses is 25 percent**⁷. Promoting access to schooling and keeping children in school, especially girls, is good for human development, economic growth and labour productivity. Making it possible for girls to attend school is also vital to their social empowerment and contributes to reductions in gender imbalances.

⁷ Summers, Lawrence H. (1992). "Investing in All the People: Educating Women in Developing Countries." <http://www.worldbank.org/html/extdr/hnp/hddflash/hcnote/hrn002.html>

Impacts of HIV/AIDS on family and social structure

The devastating impacts of HIV/AIDS and other infectious diseases continue to erode the coping mechanisms of people in Africa. Even more significant is the silent revolution that is taking place in changes to African family structures and broader social structures. Normal family structures with parents, children and grandparents are changing in large parts of Southern Africa.

In some of the worst affected areas hit by poverty and HIV/AIDS there are skip generation households (children and grandparents with parents missing), child headed households (without either parents or grandparents) and orphans who have no extended family support systems. The social implications are significant and include role displacement with the burden of care falling onto children who have no access to health care, emotional and physical support, education and other essential resources to cope.

The HIV/AIDS epidemic exacerbates existing conditions. Approximately 11 million children are estimated to have become AIDS orphans in the region (UNICEF, 2008). Such estimates are sure to influence the social development of households, communities and the region as a whole.

Labour Market Issues: Low Employment and Persistent and deepening poverty

High levels of all forms of poverty remain persistent. Recent studies show that the proportion of people living under the US\$1 a day measure and who are in working poverty stayed the same and total poverty has increased (**Annexures 3, 4 and 5** show head count poverty and poverty gap index by Chen, Shaohua and Ravallion, 2008). The World Employment Report (2004) notes that those regions that have managed to increase productivity levels in the longer run *and* have managed to create employment opportunities for their growing labour forces are better able to reduce working poverty and overall poverty. Indeed they are more likely to reach the target of the first Millennium Development Goal of halving the proportion of people living on less than US\$1 by 2015.

In Southern Africa, where the proportion of the labour force in full time employment is low, income poverty affects close to forty percent of the population. Open unemployment in most countries is viewed typically as an urban phenomenon concentrated in population categories such as school-leavers. At the very time when large numbers of young people are entering the labour market, economies are growing slowly or even contracting. Where jobs are being created these require a set of skills and experience not readily available in the labour market in the region (Taylor, 2004).

The employment situation in the region is further aggravated by cutbacks in public-sector employment as a result of economic stabilisation and longer-term restructuring efforts (sometimes termed economic structural adjustment programmes). This leaves the vast majority of workers in the region to seek a living in the many different activities that make up the informal economy. Wage disparities, and more generally income disparities, already very large between the formal and informal sectors, have dramatically increased. Income inequalities also reflect inequalities in land ownership, assets and access to education and health care (Taylor, 2004).

Africa's demographic and socioeconomic context is best understood when viewed against the poverty gap in **Annexure 5**. Sub-Saharan's poverty gap index shows almost no change in the period 1981 to 2005 with a distance below the poverty line of 36.6 in 1981 and 36.4 in 2005. The poverty gap index is the proportion of the population living below the poverty line. The simple head count index illustrates this as well by showing that while in 1981 Sub-Saharan Africa had 50.8% of its population living below \$1.25 a day in 2005 there were 50.4%.

Famine, hunger and recurring food crises

Alongside economic insecurity as a result of structural crises, the region is facing the most severe food crisis yet. Some countries reversed from being exporters of agricultural commodities to becoming importers contributing to the unavailability of food. According to the Food and Agriculture Organisation (FAO) some 16.7 million people were in need of emergency food assistance in the early part of the 2000s. For example during 2002 Malawi, Zimbabwe, Zambia and Lesotho declared national

disasters because of the extent of famine in their countries. Swaziland and Mozambique, Darfur and countries in East and West Africa also face a precarious situation.

The food crisis in the region is not a recent phenomenon. Contributory factors include environmental factors such as natural disasters and poor land use, bad public policies at both national and international levels affecting agricultural production and lack of income to buy seeds, grow food and purchase food (Taylor, 2004). These trends can be reversed through appropriate social protection measures. For instance increases in food availability accounted for a 26 percent reduction in child malnutrition in developing countries between 1970 and 1995 (International Food Policy Research Institute, 2002). Increased food availability and female education together accounted for almost a 70 percent reduction in child malnutrition (Smith and Haddad, 2000).

Economic challenges: Low productivity growth rates and low GDP growth rates

Sub-Saharan Africa requires a GDP growth rate of over 8 per cent to reach its' MDG targets. This is unlikely without significant concerted action of a social protection type led by governments. With the lowest productivity growth rates in the world, low GDP growth rates, and high unemployment rates the economic development prospects are not good. Low economic growth and deepening poverty are likely to remain a social and economic feature of most countries unless social protection approaches are introduced that expand the social capacity of people and stimulate economic opportunities for the poor. The situation of almost stagnant employment-to-population ratios (with the number of jobs being created far lower than the active population growth) making it extremely difficult for young entrants into the labour market to find work (World Employment Report, 2004-05: 32).

Women- subsistence agriculture, traditional livelihoods & labour market trends.

Three trends are evident when it comes to labour in Africa. The first is the erosion of subsistence agriculture and traditional livelihoods. The second is the informalisation of labour especially that of women's labour, resulting in increasing their risks and

vulnerabilities to exploitation. The third is the casualisation of labour with women being a predominant part of the informal and casual labour force. In Africa it is women who are food producers, household food providers, and who process and prepare food for families. In countries such as Benin, 70 percent of women live in rural areas where they carry out 60-80 percent of the agricultural work and undertake up to 44 percent of the work necessary for household subsistence. Work based insecurity limits economic opportunities for the poorest, especially for women. It also stifles social entrepreneurship.

Such trends highlight the need to use comprehensive and decisive policy action to address poverty and social inequities within Africa by extending existing social protection measures to include informal and agricultural workers and women who work as care givers in households and communities.

Against this context conceptual clarity on the approaches to social protection, the principles and the programme instruments is essential to advancing an agenda that is responsive to poverty, vulnerability and that is developmental.

3.2 Social protection in Africa: concepts, definitions & approaches

Clarifying Concepts

Terms such as social security, safety nets and social protection are used interchangeably but have very distinct meanings. Safety nets and social security for example are concepts that have been around for some time and are understood as responses to vulnerability and risk in times of crisis. The term 'social protection' is more comprehensive and has recently gained currency as a key aspect of social policy in Africa.

Social protection sits at one end of a category of social policies and interventions that protects individuals, families, and communities against economic crises and other forms of vulnerabilities as well as promotes growth and human development. Sitting at the other end of the spectrum, emergency relief measures in the form of food or basic

health services are included in what is known as safety nets. Safety nets are mainly temporary interventions in response to economic and social crises or natural disasters. Safety nets, while fulfilling some gaps in situations of crises nevertheless are generally not designed to address structural conditions such as those that mark Africa's socio-economic context.

Historically **social security** gained formal recognition in 1944 when the International Labour Conference saw it as the (right of a) "basic income for all in need of such protection and [require] comprehensive medical care" (International Labour Organisation, 2001:56). Social security has its conceptual roots in Europe and took as its basic assumption that social security would develop around formal sector employment. As a result, social security is often described as measures to protect against "loss of (formal wage) income". Emerging in the context of social contracts between workers, employers and the state, social security played a significant role in promoting social inclusion and economic regeneration in Europe.

Social security typically includes two aspects, namely social assistance and social insurance. **Social assistance** refers to government funded or publicly provided basic protection (in cash or kind benefits) to relieve poverty, especially of those people experiencing vulnerabilities due to age, disability and disasters. In Africa this type of provision is usually allocated according to means tested qualifying criteria and takes the form of emergency relief as a last resort to people in dire circumstances.

Social insurance refers to a contributory system of regulated private sector provision and is concerned with the spreading of income over the life cycle or the pooling of risks related to health and income replacement usually of waged formal sector employees. Both social assistance and social insurance require a legislative and regulatory framework that determines who receives what benefits and under what conditions.

The role of government in social assistance programmes usually includes both providing targeted social transfers as well as funding them. In relation to social insurance, governments usually provide the regulatory framework and are required to monitor the

governance of social insurance schemes to safeguard the interests of the members who contribute to such schemes.

In this study we find that those who are covered by social insurance are a small proportion of mainly government employees and those who have access to full time permanent employment in the formal sector of the economy. They form a small proportion of the working population and are in relatively secure employment. Since they have the means to contribute to social insurance they are generally not considered to be at risk or vulnerable.

The vast majority of Africa's economically active population does not have the means to contribute to social insurance. There are two main reasons why social insurance as a measure will have little impact on poverty and risk coping in Africa. First, the contributory-social insurance bias inherent in employment benefit schemes has limited effect in the context of high and persistent levels of unemployment and growing informal and casual work. In such an environment, there is little possibility of insuring oneself against the "contingency or risk" of unemployment because full time regular paid work is not the norm and workers have insufficient income to insure themselves through typical employer-employee based schemes.

As shown by poverty and unemployment trends in Africa, the entire environment is one of uncertainty, in which work based insurance is impossible. Attempts to get all of the working poor and excluded to contribute to work based insurance systems are certain to fall short in the context of high levels of income poverty and unemployment (Taylor 2007). In this context a mix of alternative social protection systems designed for low income earners in the informal and rural sectors of the population underwritten by governments maybe more appropriate. The strengthening of informal community based systems would be a viable option.

Second, typical work based social insurance systems and social assistance schemes are not designed to respond to new risks to people resulting from growing unemployment and underemployment, macro economic shocks, financial crises, famine and hunger and other disasters. Moreover in war ravaged countries large numbers of disabled people

are living in dire circumstances. Alongside continuing social and economic devastation the impacts of HIV/AIDS exposes the region to increased risks and vulnerabilities.

The AU's emphasis on reducing poverty and vulnerability of large segments of the population through a mix of policies could support the extension of social protection to those in the informal sector and to agricultural workers. Typical social insurance schemes, government social assistance schemes and schemes that are community based could co-exist and offer a range of alternatives that combine to reduce people's exposure to risks.

Social Protection as a touchstone of social policy

Social Protection is a significant touchstone of social policy. It is an important policy instrument through which governments are able to give concrete expression to commitments to address poverty, unemployment, vulnerability and risk. Countries in Africa, with both chronic mass based poverty and large social deficits, require ***active social protection systems*** that reduce poverty, contribute to asset redistribution and that include measures to address the structural basis of poverty and social exclusion (Taylor 2007).

As a response by governments and communities to risk, vulnerability or deprivation social protection aims to provide minimum standards of well-being to people in dire circumstances enabling them to live with dignity (United Nations Commission on Social Development 2000). Such a measure requires social consensus on what constitutes minimum standards to protect the essential components for human well being.

Social protection is seen as a foundation at a societal level for reducing inter-generational poverty, promoting social justice and social cohesion, developing human capabilities and generating economic dynamism and social entrepreneurship. It incorporates the possibilities to respond to absolute deprivation and vulnerabilities of the poorest. It also includes responses to the needs of those who experience transient crises and insecurity as a result of downside economic and political risks (Taylor Report [CSSS], 2002 & Report of the Commission on Human Security, 2003).

What do social protection measures include?

In the African region the most common social protection measures include social transfers, such as pensions for the elderly, grants to children and households, cash for food and public works programmes. In its more comprehensive role social protection measures can include access to nutrition, health care, housing and education. Social protection can consist of a range of public (government funded) measures that gives support to all citizens and helps individuals, households, and communities to better manage risks and participate actively in all spheres of life. Today in some countries in Africa it includes government subsidised social assistance such as cash and social transfers to those in need, basic health and education and access to social opportunities and economic activities (South Africa for example). Table 2 below provides an example of the range of social protection programmes depicted by UNICEF (2008).

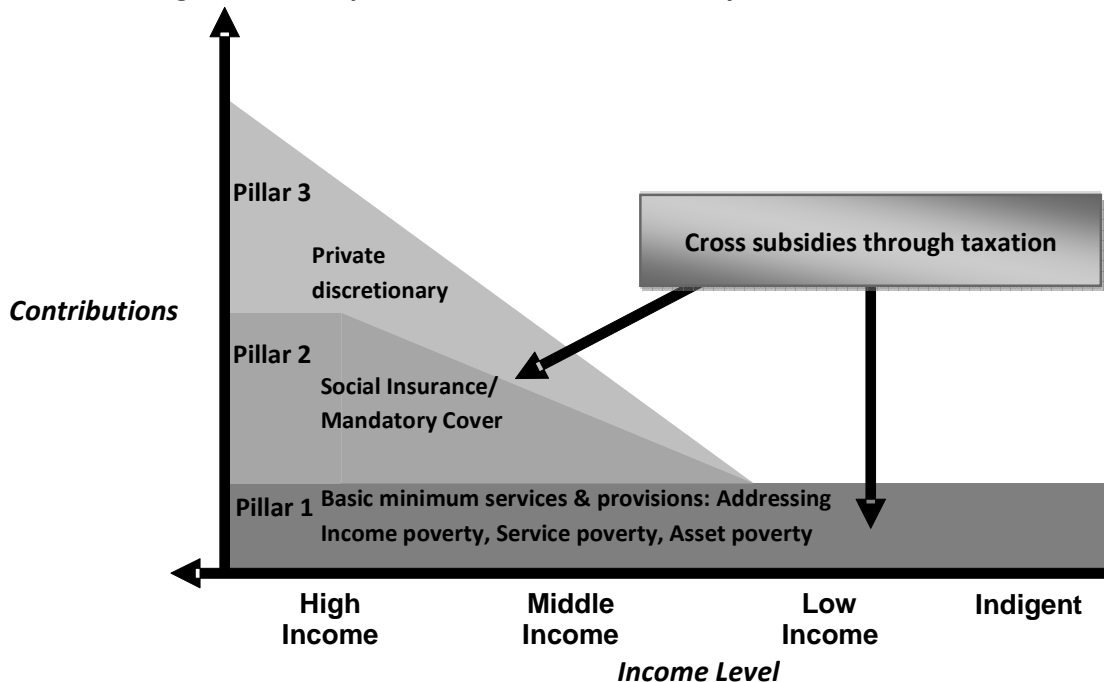
Table 2: Examples of Social Protection Programmes Using 4 Categories (UNICEF, 2008)

Transformative	Promotive	Preventive	Protective
Social Protection Legislation. Legislative and regulatory reform measures.	Second chance education, skills training.	Contributory social insurance schemes – pensions, sickness, maternity & disability benefits.	Public employment schemes – public works programmes.
Sensitisation campaigns.	Integrated early childhood development.	Universal social pensions in the form of government social grants.	Feeding programmes – at schools and clinics for example.
Social communication to promote behavioural change	Primary & secondary schooling.	Universal child allowances	Child and family protective services
Strengthening the legal system to protect the vulnerable	Conditional cash transfers.	Health insurance in the form of contributions by workers and employers.	Cash transfers
Implementation of the Convention on the Rights of Children.	Asset building and livelihood development.	Savings and credit schemes – burial societies	Fee waivers
		Disaster /crop insurance	Family support services
			Humanitarian relief.

Social Protection as a Guaranteed Social Minimum

Used to achieve optimal social and economic objectives the first pillar of social protection can become a guaranteed social minimum within a human rights approach that protects and empowers all, but especially the most indigent to move out of poverty. Figure 2 below (drawn from input made to South African Government, 2003) illustrates how this first pillar becomes a springboard and ensures that together with social insurance (pillar 2) and other discretionary provisions (pillar3) a social protection system can work to address the needs of the poorest (indigent) while also ensuring that as income levels increase people are able to move into other contributory programmes (pillars 2 & 3) to better protect themselves from risk, adversity and chronic and transient poverty. Importantly, it also shows that just as social insurance rests on risk pooling of members and the principles of social solidarity and cross subsidies, these operating principles are essential for a basic minimum package of social protection for all.

Figure 2: A Comprehensive Social Protection System: 3 Pillars



The principles of social solidarity and cross subsidisation are discussed in greater detail later in the report.

Important changes in social protection approaches

Despite great variations in social protection arrangements in Africa there is increasing consensus on the significance of cash transfers as a response to poverty and as a contribution to economic and social development. Indications are that some 38 countries in Africa have committed themselves to expanding social protection programmes of the social /cash transfer type as a response to poverty, vulnerability and a means to ensure sustainable development (HelpAge International, 2008). As Samson et al (2006: 3) note there are important changes in the approaches being used in social protection and there is increasing awareness of the significant role social transfers play in achieving its' functions. These are identified and their functions are spelt out in Table 3.

Table 3: Approaches to social protection & the role of social transfers

Transformative Social Protection	Social Risk Management	Role of social transfers
Protective	Risk coping	Social transfers provide cash income to enable households to address the worst consequences of poverty. Even short term public works projects or temporary transfers provide important protective value enabling households to cope at least temporarily with circumstances of poverty.
Preventive	Risk mitigation	Social Transfers can prevent poverty shocks from devastating households, mitigating the adverse consequences. Employment guarantee schemes and targeted programmes include many elements of risk insurance, helping to keep households from sinking deeper into poverty.
Promotive and transformative	Risk reduction	Social transfers strengthen the economic power of households, potentially enabling workers to negotiate higher wages. Transfers support accumulation of assets, particularly human capital. Public works programmes create productive infrastructure. The macroeconomic stabilisation effects of transfer programmes reduce the intensity of poverty shocks.
Source: Devereux & Sabates-Wheeler (2004), McCord, 2005, Samson et al 2004, World Bank, 2001 cited in Samson et al 2006: 3		

Integrating Social and Economic Opportunities through Social Protection

Other approaches to social protection that are being adopted in some countries such as South Africa emphasise the need to address issues of equity and the multiple

deprivations that keep people trapped in poverty. Recognising that initial social and economic conditions matter in dealing with structural inequalities, Amartya Sen (1999) promotes the adoption of the capability approach to enhance individual and collective freedoms of people from poverty and deprivations. Adopting Sen's approach to addressing multiple deprivations through a development paradigm Table 4 below illustrates how key components of social protection can work in complementary ways to improve poverty and progressively improve developmental outcomes, especially that of social and economic opportunities. Similarly Naila Kabeer⁸ (2008) identifies the generative potential of social protection to promote development and lift the poor out of poverty. These alternatives to typical social security and social safety net programmes offer countries in Africa options that are much broader and are more appropriate to the socio economic conditions.

As can be seen from Table 4 social protection incorporates developmental strategies and programmes designed to ensure, collectively, at least a minimum acceptable living standard for all. It can embrace traditional measures of social insurance, social assistance and social services, but goes beyond these to address causes of poverty and inequality through an integrated policy approach including many developmental initiatives undertaken by governments. Using such an approach increases the long term sustainability of social protection through increasing educational opportunities, enhancing health and promoting livelihood and economic development opportunities.

Table 4 also illustrates that different government sectors such as health, education, housing and social welfare or social development can provide complementary services **by mainstreaming** the adopted values, principles and functions of social protection into their specific programmes. Mainstreaming the values and principles as well as the approach to social protection within government departments operating at national and local levels would enhance social protection measures, provide strategic direction across governments as a whole and allow for better redirection of government social expenditure to those who are the most in need and most excluded.

⁸ Naila Kabeer, 2007, *Bridging the disconnect: towards a 'generative model' of social protection*, keynote address at the South Asian Symposium on Social Protection, IDS.

**TABLE 4: COMPREHENSIVE SOCIAL PROTECTION PACKAGE AND COMPONENTS:
A CAPABILITY APPROACH TO POVERTY & NEEDS**

Dimensions of Poverty & Needs to be addressed	Who benefits	Key components of Social Protection
Income poverty	Universal / Targeted to the poor	<ul style="list-style-type: none"> • Cash transfers to children, women • Income support for income poor households • Cash transfers to disabled, elderly • Mass based Public Works Programmes for economically active unemployed
Capability poverty	Universal - targets the poorest	<ul style="list-style-type: none"> • Basic and adequate publicly-provided healthcare • Free primary and secondary education • Water and sanitation • Accessible and affordable public transport • Access to affordable and adequate housing • Access to jobs and skills training
Asset poverty	Prioritises the poorest	<ul style="list-style-type: none"> • Access to productive work and income – generating assets such as land and credit • Access to social assets such as community infrastructure
Vulnerability & special needs	Eligibility criteria based on vulnerability & special need indicators	<ul style="list-style-type: none"> • Cash transfers and social services to people with disabilities, the elderly, children, orphans, feeding schemes, treatment & care of HIV/AIDS affected people
Social insurance	Eligibility based on contributory ability	<ul style="list-style-type: none"> • Cover for old age, survivors', disability, unemployment, and health needs

Adapted from Taylor Report: 2002

3.3 ADOPTED VALUES AND PRINCIPLES FOR SOCIAL PROTECTION IN AFRICA

Human Rights

African Union member states adopted values located within a human rights approach to social protection at Livingstone. Advancing social protection within a human rights approach will make a qualitative contribution to existing initiatives underway to reduce poverty and to meet the Millennium Development Goals (MDGs). The African Charter on Human Rights as well as the Universal Declaration of Human Rights, Article 22 enshrines the right to social security. The International Covenant on Economic, Social and Cultural Rights also incorporates this right in Article 9⁹ and the Convention on the

⁹ Articles 22 and 25 of the Universal Declaration of Human Rights (“Everyone, as a member of society, has the right to social security”), the Convention on the Rights of the Child (art 26), the ILO Convention no. 102 (Minimum Labour Standards), the International Covenant on Economic, Social and Cultural Rights and others refer to elements of social protection and social security as human rights.

Rights of the Child places specific emphasis on the right of children to social security in Article 26¹⁰. Together these offer a multidimensional approach to social protection.

Enabling Macro Policy Environment

In adopting a human rights approach each member state would need to advance a social protection agenda that gives effect to rights and entitlements of citizens to social protection. A rights based approach to social protection requires **an enabling macro policy environment** to ensure that all citizens are able to meet their fundamental human needs. Moreover, legislation and regulations that guide the programme design and implementation and monitoring of social protection would need to be consistent with the rights and commitments agreed to by governments. Macro-economic policies and trade policies need to go beyond concerns related to stabilisation. Compelling research evidence shows that when economic and social policy objectives are designed to work together they have the potential to stimulate local economic development and improve living standards. An enabling macro policy framework that integrates social and economic objectives could lay the basis for the progressive and phased realisation of the right to social protection in all member states.

Political Will and Commitment

Adopting the values and principles of a human rights framework for social protection implies that if a right exists, **governments have an obligation** to make sure it is fulfilled. In a region where the resources to redress rights are limited and where even material resources such as food is scarce **the political will and commitment to actualise rights to social protection** become critical.

Realising the right to basic social protection requires an understanding of the core components of social protection, its specific and general social and economic functions

¹⁰ See also other articles: Article 18. 3. States Parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible; Article 26. 1. States Parties shall recognise for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realisation of this right in accordance with their national law; Article 26. 2. The benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child.

and its programmes. Since social protection includes many stakeholders such as civil society organisations, community self help and mutual support networks, the private business sector, international and national development partners and donors, institutional space needs to be created to ensure organised participation in all processes. The roles and responsibilities of the various stakeholders in helping to secure, protect, promote, or ensure social protection and their relation to the state would also need to be specified.

A Socially Acceptable Minimum to Generate Sustained Development

Importantly, in taking a human rights approach to social protection African countries are beginning to reach consensus on **what constitutes a socially acceptable minimum package of social protection below which no one should fall**. Agreeing on a social minimum for people may seem particularly difficult in times of acute economic and social stress characterised by situations of chronic poverty, internal conflict and sudden economic downturns. Yet evidence shows that even with relatively low income and limited resources, states that guarantee a social minimum on primary expenditures such as access to economic activity, education, social transfers and social services and health care, can achieve remarkable results in the expansion of human capabilities and economic development¹¹.

Optimal Policy Outcomes

Countries that have introduced social transfers in the form of cash benefits are beginning to see results in terms of the primary objectives of reducing destitution and deprivation of the poorest as well as development gains in increasing levels of consumption and productivity. In addition the highly labour-intensive nature of health care and basic education makes such expenditures comparatively cheap in the early stages of economic development, when labour costs are low, with the rewards going well beyond the direct enhancement of people's quality of life and also including improved productive capabilities that can greatly facilitate the process of economic expansion on a widely shared basis.

¹¹ Amartya Sen, Development as Freedom, 1999.

Access to Resources and other Means

African governments clearly have the historical base, the political mandate, and the social and economic imperatives to expand existing social provisions to provide comprehensive basic social protection measures to the vulnerable and poor. However while national governments may have the commitment to promote social protection they also require the means to implement programmes. Access to resources that safeguard and ensure a social minimum for Africa's poorest people requires concerted action at both regional and global levels. It may also require governments' to redirect existing resources and to develop partnerships with international and national donors to ensure long term sustainability of resources for social protection.

Social Solidarity and Cross Subsidisation

In large parts of Africa intergenerational (younger members contributing to older members) solidarity to sustain social protection is being eroded because of the impact of HIV/AIDS, labour market trends with younger and new entrants into the labour market unable to find formal waged work and changes in production patterns as an outcome of globalising processes.

Interdependence of societies, of countries and of peoples means that social solidarity and subsidiarity as principles have wider relevance. These principles could, for example, require governments, the private sector and individual citizens to uphold values of cross subsidies/subsidiarity across income categories, across race/ethnic categories, gender, age and other divides to promote social solidarity and social equity.

The principle of subsidiarity would thus have both a normative aspect in ensuring all who need social protection are able to access it and an operational or institutional dimension in ensuring cross-subsidies from the rich to the poor within countries and also between countries.

Financial and Institutional Sustainability

The design and development of social protection systems requires a coherent policy framework that includes long term strategies. Implementing long term strategies in a

phased approach based on transparency and democratic governance with multiple stakeholders enhances institutional sustainability. A set of measures to ensure effective oversight and financial controls of programmes is also an important guiding principle.

Reducing Vulnerability and Poverty

Social protection with its multidimensional focus is responsive to those who are experiencing absolute deprivation and those who are vulnerable because of age (children and the elderly), gender discrimination (women and girls are under-represented in social insurance schemes), and health and disabilities. Social protection also incorporates measures for those who are at risk of falling into poverty because of disasters and financial crises.

Gender Equity & women's economic empowerment

High maternal mortality rates and low attendance of girls in school indicates that barriers to access to health and education are real and influence the life choices of girls and women in multiple ways. The removal of these barriers is vital to the promotion of gender equity. On the economic front, women tend to be a dominant group in the informal economy and in unwaged care work making their livelihoods insecure. Women with low level casual jobs with little income are precluded from contributing to social insurance. Access to health care and education, to regular waged work and to productive opportunities can reduce institutional and structural inequalities and promote women's empowerment.

Adequacy of Coverage

Low coverage of those in greatest need as well as means testing and categorical targeting (e.g., the elderly and the disabled) act as barriers to social protection. It also promotes social exclusion and disaffection. Governments need to ensure that a basic package of social measures is available and accessible to those who need it and is adequate to enable individuals and households to use these measures as a springboard out of poverty.

3.4 Functions of Social Protection

Social protection measures provide income (cash) and/or consumption (food) transfers to the poor, protects the vulnerable against livelihood risks and enhances the social status and rights of socially excluded and marginalised people (Devereux and Sabates-Wheeler, 2004). Social protection in contemporary society is understood to have 5 general functions and objectives.

It has a **protective** function when measures are introduced to save lives and reduce levels of deprivation in a society. Protective measures include emergency relief (food parcels), feeding schemes in schools and clinics, HIV/AIDS treatment and care, social assistance in the form of cash transfers to children, the elderly and disabled people.

Social protection has a **preventive** function because it seeks to assist people from falling into deeper poverty or becoming vulnerable to risks and contingencies arising from natural disasters, crop failure, accidents and illness. Programmes designed to achieve preventive objectives include support to community disaster management projects, subsidies to farmers, unemployment and health insurance, and support to community savings schemes. Preventive programmes can also include basic social services, health care and education.

The **promotive** function of social protection aims to enhance the capabilities of individuals, communities and institutions to participate in all spheres of activity. Measures that promote the well-being of all can include school-feeding schemes, participating in public works programmes that create community assets and social infrastructure, conditional cash transfers that require children to be sent to school and clinics.

The **transformative** function focuses on reducing inequities and vulnerabilities through changes in policies, laws, budgetary allocations and redistributive measures. The aim is to ensure social, economic and political inclusion of the poorest by removing barriers and reinforcing access to rights (Devereux and Sabates-Wheeler, 2004).

Social Protection as a Contributor to Growth

Social protection also has a **developmental and generative** function. Countries that have introduced cash transfer programmes are producing social and economic developmental outcomes. For example, UNICEF (2008) reports that in Zambia 28% of cash transfers in a pilot scheme are spent on investments and households do not sell their assets for food. In Malawi cash transfers resulted in a 4 percentage point increase in school enrolment among children under-10 years and a 36 percentage point decline in child labour. In South Africa, transfers contribute to boosting local economic consumption and growth and encourages job seeking behaviour.

4. AN OVERVIEW OF EXISTING SOCIAL PROTECTION PROGRAMME CHALLENGES

This section provides an overview of the main challenges in existing social protection arrangements in fifty (50) African countries (refer to the Annexure that maps social protection in the various regions and identifies some core dimensions and strategic challenges in each country). **Four (4) countries** were reviewed in **the North African region**, namely Algeria, Egypt, Libya Arab Jamahiriya and Sudan. In **the Central African region** nine **(9) countries** were examined. These included Burundi, Cameroon, Central African Republic, Chad, the Congo-DRC, Equatorial Guinea, Gabon, Rwanda and Sao Tome E Principe. **Seventeen (17) countries** were examined in **West Africa** and included Benin, Burkina Faso, Cote D'Ivoire, Mali, Mauritania, Niger, Cape Verde, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Nigeria, Togo, Sierra Leone, Republic of Congo and Senegal. In **East Africa** six **(6) countries** were included in the study and included Kenya, Tanzania, Uganda, Eritrea, Ethiopia and Djibouti. **Fourteen (14) countries in the Southern African region** were covered and included Angola, Botswana, Comoros, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Zambia and Zimbabwe.

4.1 Strategic Issues and Challenges: Contributory Social Insurance Schemes

Information obtained from the countries reviewed suggests that the focus is on social security programmes of the contributory type that apply to salaried workers only. Wide ranging, regular non-contributory social protection provided by the state seems to be rudimentary or absent. The International Social Security Association categorises **contributory social insurance schemes** into:

- Old age, disability and survivors benefits (old age pensions and/or allowances, disability pensions and survivors' pensions).
- Sickness and maternity benefits (cash benefits +/- medical benefits for workers and dependents).
- Work injury (medical & cash benefits for temporary disability; permanent disability pensions for insured persons and pensions for survivors in case of death (eg: widows/ widowers/ orphans; parents/grandparents are included in some countries).
- Family benefits

An overview of the countries indicates that in general **governments** only seem to contribute to some of these different contributory schemes **as an employer** of public servants. There is some **state funding** in the provision of family allowances and sickness and maternity benefits for example in Chad. However, it is not known whether these benefits apply only to salaried workers and their dependents or to the wider (non-salaried) population.

Contributory social insurance schemes vary from country to country (eg: contribution rates payable by employers and workers to finance the different schemes; length of maternity and sickness leave with benefits; pensionable ages, which may or may not be equal for males and females within each country; definition of survivors, etc). Unemployment rates are not available for all countries and even when these are available there is no indication of the definition of unemployment, under-employment, self-employment and informal employment. This presents a problem for the interpretation of the data, as often official definitions mask the extent of unemployment.

Given the extent of poverty in the countries reviewed these schemes are at best only providing a measure of social security to a minority. Nevertheless, it is pertinent to highlight some of the challenges and issues in the social insurance environments.

Inadequate social insurance coverage of agricultural and domestic workers

The sectors to which contributory schemes are applicable vary from country to country. A common issue is the lack of coverage for agricultural workers, who constitute the majority of those employed in most of the countries. Where agricultural workers are covered is not clear and data is only specifically included in a few countries. Other categories of workers who are included only in some schemes in a few countries include, for instance, domestic salaried workers in South Africa and Guinea, tenant farmers and sharecroppers in Cape Verde; and convicts working in prison workshops in Cote d'Ivoire and Madagascar. Self-employed workers are excluded in most countries in Africa. In these instances provisions are made for their voluntary adherence through voluntary higher rate of payments.

Statutory Retirement Ages

In many of the countries statutory retirement ages for salaried workers exceed (or are very close to) their life expectancies. This is particularly conspicuous for males, who often have lower life expectancies than females. This has been exacerbated by declining life expectancies linked to HIV/AIDS and related illnesses. This raises a number of concerns. Firstly, older retired workers may never receive pensions or disability benefits from the contributions they have made. Eligible survivors require the capacity to overcome logistical problems (eg: transport) and administrative and bureaucratic requirements to claim and receive their entitlements.

Migrant Workers – the need for sub-regional social protection agreements

Provision for unemployment (for former salaried workers) is generally absent. Cote d'Ivoire reportedly initiated an 'embryonic programme providing benefits for retrenched workers for economic reasons only (D'Haeseleer & Berghman, 2003) but there is no confirmation if this is still in existence. Unlike Cote d'Ivoire schemes in other countries do not seem to address the rights of foreign workers to contributory social insurance.

This omission is likely to affect thousands if not millions of workers in Africa because of the high rate of migrant populations in the region.

Only some countries make provisions for the payment of pension benefits to their own insured nationals residing in other countries. Countries such as Botswana, Namibia and South Africa have a significant population of migrant workers. While migrant workers can participate in social insurance schemes in the host country exceptions do exist. For example in South Africa non-citizens are expected to return to their countries of origin at the end of their contracts and are not allowed to be members of unemployment insurance schemes (van Kerken and Olivier, 2003). A further restriction is imposed by the principle of territoriality which requires that benefits be paid in the host country (Vonk, 2002). Where workers can be paid in their country of origin, the lack of portability of benefits is a major obstacle to the maintenance of social security rights.

Benefit levels

Adjustments to pensions and benefits are either not mentioned or are seemingly carried out through a range of mechanisms (eg: every 12 months in the Cape Verde; by decree in Chad; according to the minimum wage in Mali; according to resources available in Cote d' Ivoire). In some instances the last adjustments were made as far back as the 1990's. The right to access social protection especially through contributory schemes is seriously undermined when such schemes do not dispense adequate benefits to provide an effective buffer against poverty and enable beneficiaries to meet their basic needs without the risk of sliding into deeper poverty.

Maternity leave varies between countries. For example Mali seems to provide for paid paternity leave (3 days). Some countries (eg Chad, Cot d'Ivoire, Madagascar and Mali) have a range of benefits for salaried women (eg: pre-natal, birth, child and or maternity allowances) which are conditional (eg: medical examinations).

Social Insurance: biased against women

The social insurance systems that are predominant in many African countries tend to discriminate against women, thus aggravating other aspects of gender bias. With few exceptions, women's labour in the home (caring for children, the elderly, or people with

disabilities) is not recognised as “labour” by employment-related social insurance or assistance programs. Wage rates and earnings are typically lower, conditions of employment more precarious, and occupational choices more limited for women than for men. This leads to discrimination against women in terms of their lack of access to pension and other employment-related entitlements. In the event of a family breakup or the death of a woman’s husband, affected women are often not entitled to present or future unemployment or pension benefits.

4.2 Strategic Issues and Challenges: General Social Protection Programmes

Poverty an outcome of social exclusion

Exclusion from social and economic processes in the form of access to health care, education, food, waged work and income contribute directly to the multi dimensional poverty being experienced by over 55 percent of Africa’s population. Excluded from both social development processes and from work based social insurance programmes the majority remains in poverty and are especially vulnerable for many reasons.

First, they are mostly self-employed or family workers, which exclude them from work based social insurance schemes in which employers contribute. Even when they become wage earners in the informal sector, employers often are unable or unwilling to contribute to their social protection. Second, the poor are unlikely to save enough to self-insure themselves or to contribute to informal insurance because most of their earnings go into food and essential household consumption. Third, credit mechanisms and private insurance is often unavailable due to high transaction costs and asymmetric information that act as barriers to access – reinforcing social exclusion. Finally, those who are excluded and are most vulnerable include women, children, the elderly, former combatants in post conflict zones and the disabled. They have limited or no voice to demand the changes that are needed in order to improve their security and social integration.

The wide ranging consultative processes facilitated by HelpAge International with civil society organisations in the region are important in establishing connecting points among those who are excluded, and governments, the private sector, non-governmental organisations involved in

development and the donor community. The strategic challenge is how to use these connecting points to promote the direct participation of people who are currently outside of social insurance and social assistance programmes so that they can develop new partnerships based on shared responsibility to advance an inclusive social protection agenda.

Conceptual clarity on social protection and policy framework

The lack of a common understanding of social protection and the absence of a coherent policy framework for social protection in the region is reflected in the uneven responses to poverty and vulnerability and social inequities in most countries. Principles and values that guide programme intervention also need to be clearly understood. An agreed framework would ensure systematic and organised steps that can be mainstreamed across government and intergovernmental initiatives to reduce poverty and vulnerabilities. Such a policy framework would need to include the values, standards and approaches to be used and the implementation, monitoring and evaluation mechanisms at regional, sub-regional and national levels.

Asymmetric Information and disjointed approaches

Great variations exist in the way countries have structured their social protection systems in Africa. Government interventions are uneven, piecemeal and range from short term emergency relief of a welfare type to approaches that target special categories of people considered to be vulnerable or at risk because of age, disabilities or gender inequities. Based on available data it would seem that in the majority of countries social assistance schemes are poorly documented and developed.

An urgent and strategic issue is the need to update information on what is currently being implemented by governments in Africa. Some information is available on recent pilot initiatives of a social transfer type in Eastern and Southern African countries. Such information is useful in documenting the lessons learned from such programmes. They are usually donor supported and implemented in partnership with NGOs. As valuable as these initiatives are in demonstrating what is possible, the strategic challenge remains

how to scale up such pilot projects in the absence of accurate data on government capacity, and financial and institutional capacity.

Gaps in non-contributory social assistance provision.

Across most countries in Africa, formal sector waged workers either in the government civil service or employed by business are able to contribute to social insurance. They constitute the minority of the economically active population in the countries reviewed. The majority of the poorest are defined by poverty that locks them into rural and squatter communities without access to income, to basic health and education, to social services and to social infrastructure. They are **women, children, people living in rural areas, the disabled and the elderly.**

There are estimates of approximately 80% of older women and men who do not have regular income and who are said to work in the informal sector until they are incapacitated (Helpage International, 2008). Elderly women (60 years and older) despite their vulnerability due to aging and poverty are often the primary carers of children affected by HIV/AIDS and adult migration and are not usually included in donor –supported development and emergency programmes (Wiman, Voipio and Ylonen, 2006). Projections are that increasing numbers of elderly will live in poverty and fall into deeper poverty if they remain outside of the social protection system.

Social Assistance in the form of Cash Transfers: an effective social protection measure to address poverty and enhance economic growth

Government social transfers in the form of social old age pensions introduced for example in countries such as South Africa have increased the income of the poorest 5 per cent of the population by 50 per cent. Together with other cash transfers to special categories the overall impact of the South African social security system on poverty has been to reduce the “destitution gap” by 47 per cent. Positive outcomes of the impacts of cash transfers implemented as pilot projects and supported by donors in countries such as Zambia, Namibia reinforces the effectiveness and efficiency of such interventions.

Social assistance in the form of non-contributory old age pensions or cash transfers to income poor older people is considered an investment. Research shows that such transfers have the potential to empower older persons and enables them to better contribute to family and community life.

Making the case for cash transfers some social policy analysts point out that investment in social grants through a non-contributory old age pension results in positive social and economic outcomes for recipients and dependents or household members. Illustrative of such outcomes are Brazil where pension recipients are estimated to reduce household poverty by 21% and South Africa where pension recipients reduce household poverty by 11%.

Compelling evidence on the significant impact cash transfers make in reducing the poverty gap and increasing consumption and local economic development comes out of research in South Africa, Zambia, Namibia and Tanzania. In South Africa more than 50% of households would fall below a minimum subsistence (poverty) line in the absence of existing government cash transfer programmes.

Cash transfers contribute significantly to the empowerment of women, and help those affected by HIV/AIDS and other debilitating diseases. On the government level cash transfers are an essential policy instrument for poverty reduction, promotion of household well-being and support critical economic objectives (EPRI, 2006:1). Wide ranging research undertaken in countries in Africa finds that “Poverty reproduces itself generation after generation, challenging policymakers to take imaginative and bold steps to transform their nations. Social transfers are increasingly acknowledged as an active tool to reduce this inter-generational poverty” (EPRI, 2006:1).

Research findings in South Africa highlights the multiplier effects non contributory old age pensions have in poor households. For example girls in households with a social pension recipient are on average 3-4 centimetres taller than girls of the same age living in households without a social pension recipient. Moreover indications are that working age adult members of households with a pension recipient are more likely to look for work. In Lesotho findings show that 18% of social pension recipients use their

pension to create cash jobs for others. In Tanzania the ILO estimates that a non contributory cash transfer in the form of a social pension would reduce poverty in Tanzania by 40% (Wiman, Voipio and Ylonen, 2006).

As Kaseke (2004) notes low coverage of the poorest and the rudimentary nature of social assistance programmes in Africa is largely due to inadequate budgetary support for social protection. As a result only a few of the intended beneficiaries are provided with limited short term relief. Huge gaps in social assistance coverage mean that the most vulnerable and those at risk of falling into deeper poverty are unable to meet the most basic survival needs. Providing social grants to the poor elderly, to children living in poor households and to the disabled would result in social and economic developmental outcomes. Estimates by the ILO that social pension and disability cash transfers are affordable and would absorb less than 4% of GDP reinforce the need for governments in Africa to adopt measures that have multiple benefits (Wiman, Voipio and Ylonen, 2006).

A disturbing feature in most countries is the lack of employment opportunities for **younger job seekers (between 18-35 years)** leaving millions of households without the expectation of getting out of poverty.

People's perception of being excluded from social and economic benefits and services generates internal conflict, displacement, violence and crime. Services that are inaccessible and unavailable may be perceived as discriminatory along race, ethnic, spatial and gender divisions. The political and social cost of inaction in such situations ultimately outweighs the financial cost of providing basic social protection for all. Overwhelming evidence on the value of cash transfers is available and shows that the injection of even a small cash transfer into poverty stricken households becomes a lifeline out of desperation.

Self help and mutual support networks complement Government intervention

The majority of the poor are trapped in a cycle of deprivation that is transmitted across generations. Unable to cope they rely on mutual support and remittances for survival. Many are also pushed into high risk and exploitative situations to eke out an existence.

Informal social protection arrangements such as community-based savings schemes, burial societies and other systems of mutual support provide short term relief at critical times but they cannot be a substitute for government social provision. The depth and extent of poverty in countries in Africa require scaling up government intervention as well as providing support to strengthen local self help and other community based initiatives that are responsive to the needs of the poorest.

Means testing and universal provision

Arguments against universal access to social transfers turn on the issue of resource constraints experienced in low income countries. The typical view is that in order to align the number of beneficiaries to available resources governments have to be very selective in the allocation of social assistance benefits and provision is allocated in accordance with means testing. Kaseke (2007) notes that in many countries the narrow means-testing used in order to reach the intended beneficiaries of social assistance, has the opposite effect and keeps those who are the most in need out of the system.

The poorest people, especially those who live in remote rural areas have problems in submitting the necessary documentation to meet the criteria for means testing. UNICEF (2008) and Samson et al (2006) provide evidence to show that the disadvantages of administering means tests far outweigh the advantages and act as a barrier to accessing social protection benefits. The criteria according to which benefits and rights are distributed in a country is the most direct way through which governments are able to promote nation building and inclusion or social marginalisation. Universal schemes do not discriminate against people because they do not stigmatise the poor or vulnerable are easier to administer, more transparent and are least likely to create disincentives. Research based evidence shows that the administration of means tests and categorical targeting are costly and inefficient in reaching the poorest. Indeed, significant reductions in poverty are achieved in low income countries through universalistic approaches to social provision and the sharing of such experiences within Africa can help governments to avoid costly mistakes (Ghai 1999; Mehrotra and Jolly 1997a, 1997b).

In countries such as Mauritius, Lesotho, South Africa and Namibia there is a *de facto* mixture of both universal and targeted social protection policies with universal social pensions for example having multiplier effects across poor households in reducing poverty. In the more advanced industrial countries, overall social policy *itself* has been universalistic, and targeting has been used mainly as an instrument for making universalism effective – for example providing income support to women in households to ensure that extra benefits are directed to low-income groups within the context of a universal policy design (Ghai 1999; Mehrotra and Jolly 1997a, 1997b).

In many countries in Africa it is the majority of the economically active who are not in waged formal sector work and who are income poor. They usually do not fall into the designated categories of those who are vulnerable such as children, women, the disabled and the elderly. They become disaffected because they are excluded from the labour market, are unable to provide for themselves and their families and are part of the working poor. For example the child support grant in South Africa is accessible to income poor children under the age of 16 years. Unemployed workers between 16 years and 60 years in the case of women and 65 in the case of men in South Africa do not qualify for any social transfers and without any income support they remain outside of economic and social opportunities.

Access to Health Care

The lack of access to basic health care services affects the lives of millions of the poorest people, especially children, women, the elderly and people living with disabilities and those in post conflict zones. Given the low level of waged formal sector employment private health care is not a viable option for the majority. As a critical element of Pillar 1 in a social protection system, universal publicly provided primary and essential health care services should be Governments' responsibility. As the primary provider of health services governments' should focus on prevention and health promotion¹². Health services would thus be part of the non contributory publicly funded social transfers available to all (refer to Figure 3).

¹² ILO, *Declaration of Alma Ata*, 1978

The Global Commission on Macroeconomics and Health estimates that the cost of achieving health security is an additional \$14 per person per year (US dollars, 2002 prices) in the least-developed countries, and an additional \$22 per year in low-income countries according to the timelines listed. By spending \$30-\$45 per person per year, governments can prevent most of the premature deaths that result from major diseases and maternal complications and also provide a basic level of primary care.

The capacity to advance a social protection agenda

Among the many strategic issues and challenges confronting governments in the region is that of advancing a comprehensive social protection agenda at national, sub-regional and regional levels in a phased and systematic way. Mainstreaming social protection strategies across government and non-governmental organisations requires significant institutional and financial capacity. In many countries basic institutional arrangements are in place and existing programme infrastructure may be used to incrementally expand a social floor to provide a mix of social protection measures that work together to address poverty, promote development and reduce risk and vulnerabilities.

5. STRATEGIC OPTIONS FOR SOCIAL PROTECTION: TOWARDS A ROAD MAP FOR PROGRAMME REFORMS.

Institutions, resources, state power and the capacities of government institutions to implement social protection policies differ across countries. There are also changes in the size, scope and activities of government at different levels. In the institutional realm, changes, (such as the downsizing of the public sector as part of government cost cutting measures) influence the delivery of social services to people and relegate issues of equity and redistribution to the background. The context for social policy transformation is complex. However, implementing a social protection agenda is feasible and practicable even in low income countries in Africa. The policies, institutions and financing arrangements need to be clear, simple and implementation can be phased in ways that build on what works in existing programmes and processes.

5.1 Policies and Legislation

Experiences in the region indicate the need for a greater emphasis on the normative and institutional reform of governance processes in relation to social policy and social protection as an instrument. Examining procedures, rules, norms and values or ethical principles of governance in relation to social protection is important. This type of scrutiny provides entry points for amendments to policy frameworks where these are required and advocacy related to greater representation and substantive participation of historically excluded groups in transforming social protection.

Social protection requires both public and private action. The State has an important role to play in establishing an enabling institutional and regulatory framework to make it possible for people to understand their rights and entitlements to social protection. The effectiveness of social protection is closely connected to the extent to which governments are able to provide accountable, transparent and effective mechanisms for social protection.

Governments need to ensure that the regulatory frameworks take account of the changes associated with globalisation, of the growing influence of trans-national actors such as trans-national corporations – in particular to promote enhanced social responsibility and accountability of the private sector in social protection regimes. Moreover, governments need to ensure partnerships with the international community to promote the mainstreaming of social protection policy into existing and revised social policies at national, regional and international levels. Policies and legislation on social protection should include benchmarks as well as targets for the delivery of social provision that prioritise the needs of all, especially those currently excluded.

5.2 Programme design issues

Many governments in Africa experience the challenge of implementing social protection programmes. For some the policy and even budgets may be in place but the public infrastructure to implement such programmes are lacking. Bearing in mind three

common major constraints in African countries (lack of accurate information, lack of administrative capacity and lack of fiscal capacity) measures could be introduced in ways that balance 'what is desirable with what is feasible' so that programmes can be sustained without creating unrealistic expectations.

Governments need to make strategic decisions on what programmes would best achieve the agreed policy priorities related to poverty reduction and the needs of those who are especially vulnerable such as children, women, the elderly, the disabled and those working in the informal sector.

A critical strategic programme design issue relates to the sequencing of reforms and the time frames for delivery of social provision. Changes to existing programmes and the introduction of new programmes can be incorporated into short, medium and long term plans and should synchronise with government and donor planning cycles. Programme design issues include decisions who would be involved in planning the programme, what would be the key concerns, who are the programme beneficiaries, how would the programme be implemented, monitored and evaluated in terms of process and achieving its objectives.

5.3 Institutional Arrangements

Formal institutions to address poverty and vulnerability through social protection are essential. The design of social protection programmes must be underpinned by strong government commitment and leadership from a dedicated top government department or inter-departmental task team working across sectors within and outside of government.

Mainstreaming social protection into a comprehensive package requires government departments to work together to identify policy priorities, budget requirements and instruments. It also requires integrating social protection programmes into national development strategies and incorporating the multiplicity of often uncoordinated,

short-term donor driven projects, under a simple nationwide programme that can be sustained over prolonged periods.

Governments together with civil society should identify the strategic priorities for social protection especially in relation to the institutional arrangements and the design of programmes. Systems to ensure the effective monitoring and evaluation of programmes will improve the outcomes for the recipients. The costs of social protection could be reduced through improvements in their governance, administration and efficient implementation.

An important challenge that needs to be addressed in trying to map both the understandings of social protection as well as issues that will influence future policy direction of social protection at regional and sub- regional levels is the limited institutional capacity of national and sub regional entities.

5.4 Financial Arrangements

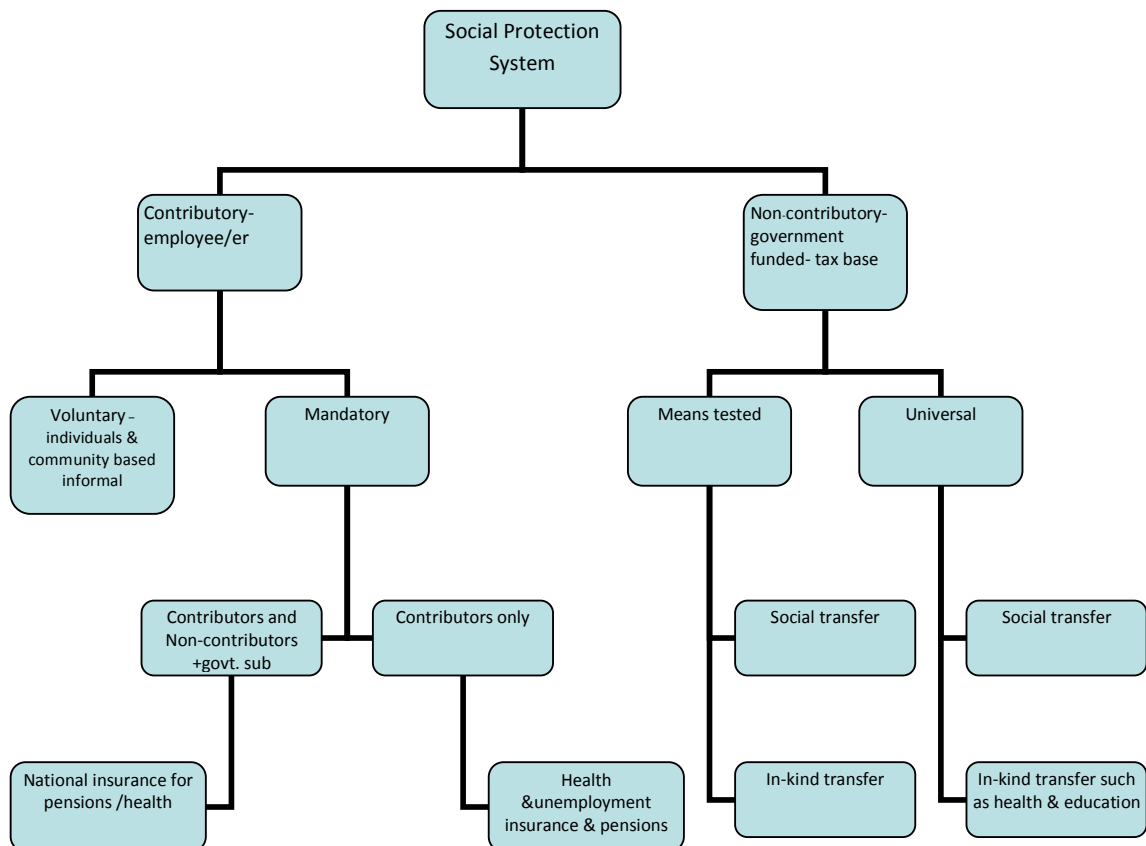
Financing social protection is no longer a matter of resource constraints but rather of political choice. A significant ILO study on the affordability of social protection in low income countries found that a universal social pension for older people and those with disabilities set at a level of US\$ 0.50 per day, a universal children's allowance and a social transfer to the poorest 10% of the population is affordable. In the 7 low income African countries in which the study was undertaken it was found that the cost of the programme fell below 1% of national income (Pal et al, 2005 and DFID, 2006 cited in Samson et al 2006). Combined with donor support governments are able to meet the costs of social transfer programmes that would make a significant impact on poverty and vulnerability in the region.

An effective way for governments and multilateral institutions to promote a comprehensive approach to a basic package of social protection is to increase their support for essential health, education and social transfers. Appropriate levels of a basic package of social protection measures should be maintained, even through economic downturns. Financial arrangements are not only about the availability of money to meet social protection priorities but also about the ability of government

departments and state entities to manage finances in an accountable, responsible and efficient manner. Financial procedures and allocations must be transparent and free from potential leakage and mal-administration.

Figure 3 illustrates a generic financial framework for existing social protection systems used in countries (refer to Taylor Report, 2002 on South Africa). Including both contributory and non contributory systems in a generic framework it is easier to calculate the costs to the country of providing social protection. It would also be possible to factor in what the contributory system gets from tax concessions for retirement or health care and whether these tax concessions or cross subsidies reinforce inequities between those in formal waged work, the working poor and those without income. Governments could also weigh the advantages and disadvantages of different tax options, funding requirements and cost efficiencies for specific programmes.

Figure 3: Generic financial framework of a social protection system



6. RECOMMENDATIONS

The extent to which there are changes in concentrations of power, in formal and informal rules, structural arrangements and resource allocations to take up policy issues and address policy mandates on poverty are issues that are central to transforming social protection (Taylor, 2007). Given the background to social protection in Africa and the social and economic context the recommendations in this section focus on the strategic priorities that are common to most countries.

6.1 Adopt a ‘rights based’ developmental social protection agenda

Three processes are important to the realisation of the African Union’s definition of social protection within a human rights framework. The first is the process of reviewing and revising the official understanding and definition of social protection so that it is understood across all government, civil society and business sectors. The second is the development of a collective vision for reform of social protection, including strategic objectives that prioritise the rights of the poor, the vulnerable and those who are at risk of falling into deeper poverty and insecurity. The third is to agree to the values, principles and norms or standards against which strategic objectives can be benchmarked.

6.2 Review existing policies and programmes against strategic objectives

A rigorous assessment of existing policies and programmes is required. This can be undertaken by a Government appointed task team that includes representation from all stakeholders and sectors. Existing policies and programmes must be assessed against the revised vision and understanding of social protection adopted at national level as well as by the AU. Identify the gaps by examining the existing policies and programmes against the demographic, social and economic trends. Prioritise policy options especially focusing on those who remain excluded from existing social protection measures.

6.3 Integrate policy options and reform process

Significant reforms to existing policies and programmes can be introduced in a systematic, participatory and planned process. Integration of strategic social protection options as part of an ongoing reform process creates an environment for the introduction of short, medium and long term policy and programme changes into a time frame that is realistic. It also ensures that all stakeholders and participants are aware of the issues of feasibility, sustainability and the developmental progression towards the ultimate policy objectives.

6.4 Designing a policy framework and Legislation

Just as contributory social protection measures have a legal framework in place for the protection of workers in the formal sector, the codification of the right to social protection for all within national constitutions and regional and sub regional policy agreements is important. Once a legal framework is in place, civil society and individual citizens can together with government and the business sector mobilise resources and agree on compliance mechanisms.

This framework should incorporate basic rights to food, education, health care, shelter, and income support. Primary education and health care that is free for all and the elimination of gender disparities at all levels are key to a pro poor and empowerment agenda.

6.5 Deciding on urgent priorities

In all countries the needs of children, of women, of communities that are removed from the opportunities to access health care, education, waged work, the elderly, former combatants, internally displaced people and refugees require urgent measures to prevent further human devastation and social fragmentation.

6.6 Mobilising resources for social protection

Funding requirements for social protection programmes have to be calculated and adequate arrangements must be put into place to ensure financial sustainability of

programmes. Consideration should be given to the redirection of expenditure to social protection priorities and the expansion of national government budgets through partnerships with the donor communities and international agencies. Options such as the use of dedicated taxes for education and health care, income support and other measures can be considered alongside the establishment of a Social Protection Fund for Africa that ring fences aid and other donor support for specific high priority social programmes.

6.7 Build **institutional capacity to provide information and databases** that are accessible. Research and monitoring and programme evaluation capacity building are also essential tools required for social protection.

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MAPPING SOCIAL PROTECTION IN AFRICAN COUNTRIES: SOME CORE DIMENSIONS#

AU POLICY FRAMEWORK ON SOCIAL PROTECTION - CORE STRATEGIC THEMES & BENCHMARKS

- Social protection as a response to poverty, vulnerability and risk.
- Social Protection as a contributor to economic growth and human development.
- Social Protection as a means of inclusion of poorest citizens in decent & productive work.
- Social Protection as a means of reducing inequalities.
- MDG to eradicate extreme poverty and hunger as a part of the social protection agenda
- MDG to promote gender equality and empower women as a part of social protection.
- MDG to reduce child mortality within child sensitive social protection programmes.
- MDG to combat HIV/AIDS within a comprehensive package of social protection measures that include access to health care, education and decent waged work.

#Data used for these countries was obtained from a number of sources and could not be verified against the latest official data.

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
SELECT NORTH AFRICAN COUNTRIES*			
1. ALGERIA	Total Pop: 32.9m Pop < 1\$/day : 2% Pop below national poverty line: 22.6%	Government, non-contributory: 7.4 million poor in receipt of income support since 1992 to help with reductions in food subsidies Contributory Private sector: Social Insurance	Legislative and regulatory framework for social protection is in place. Reforms made in 1990 expanded provision to poor and female household heads. Adequacy of provision: relieves income poverty of

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	<p>Unemployment rate: 15.3%</p> <p>Female unemployment rate as % of male rate: 103</p> <p>HPI rank: 51 out of 177</p> <p>HDI value: 0.733</p> <p>HDI rank: 104 out of 177</p> <p>Adult Illiteracy rate: 30.1%</p> <p>Children underweight: 10%</p>	<p>-Old Age pension (men aged 60; women and veterans aged 55)</p> <p>-Retirement age 60 or older</p> <p>-Disability pension to insured employees</p> <p>-Survivor pension</p> <p>-Death grant to insured employees but given to surviving spouse or eldest child</p> <p>- Family Allowances provided to non agricultural employees with employers contributing 25% and government 75% to fund children up to 17 years and 21 years if student or disabled.</p>	<p>significant numbers of poor</p> <p>Coverage: No provision to poor unemployed families without children. No provision to agricultural workers. Criteria not targeted to all needy groups.</p> <p>Criteria for Income Support: -Families earning less than 3,000 dinars get 600 dinars/month for first five children and 300 dinars/month thereafter</p> <p>Equity (Gender): Female unemployment is higher than that of male</p> <p>Monitoring and Evaluation: Data on the process and mechanisms are not available.</p> <ul style="list-style-type: none"> • Over 20% of population below the poverty line • Unemployment at over 15% is high • Adult illiteracy of 30% • Child malnutrition
2. EGYPT	<p>-Total Pop: 73.4m</p> <p>-Pop below 1\$/day 3.1%</p> <p>-Pop below national poverty line: 16.7%</p> <p>-unemployment rate: 11%</p> <p>-Female unemployment rate as % of male rate:</p>	<p>Government: Family allowance - 10% of the legal minimum wage is paid for each child regularly</p> <p>Private sector: Social Insurance</p> <p>-Old Age pension age 60 with at least 120 months for contribution</p> <p>-Old age settlement, age 60 but exclusion on a number of grounds, i.e. imprisonment, emigration etc.</p> <p>-Disability pension to insured employees based on contributions</p>	<p>Legislation and Regulatory frame work in place</p> <p>Government, Employers and NGOs provide services and benefits.</p> <p>Limited data and programme information is available</p> <p>Coverage: Non-contributory social protection, covering 10% but specific cover for unemployed</p> <p>Equity (Gender): there is more female joblessness</p> <p>Monitoring and Evaluation tools and processes not clear.</p> <ul style="list-style-type: none"> • Address poor households without children

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	311 -HPI rank: 48 out of 177 -HDI value: 0.708 -HDI rank: 112 out of 177 -Adult Illiteracy rate: 28.6% -Children underweight: 6%	-Survivor pension: The deceased should have been a pensioner or was eligible for a pension at the time of death -Funeral grant paid to surviving spouse or eldest child	<ul style="list-style-type: none"> • Illiteracy, female unemployment and child nutrition require intervention.
3. LIBYA ARAB JAMAHIRIYA	-Total Pop: 6.2 m -Pop below 1\$/day N.A. -Pop below national poverty line: N.A. -unemployment rate: N.A. -Female unemployment rate as % of male rate: N.A. -HPI rank: N.A. -HDI value: 0.818 -HDI rank: 56 out of 177 -Adult Illiteracy rate:	The Social insurance system covers all Libyan residents. -Old-age pension: Qualifying criteria is based on age 65 for men and 60 for women -Disability pension: Insured employees qualify -Survivor pension: Only if the deceased was a pensioner or was eligible for a pension at the time of death will this benefit be available.	Only employees are covered, but no data available on provision to vulnerable groups Adequacy of information: -Limited data and programme information is available Coverage:- All persons residing in Libya Monitoring and Evaluation: Measures and tools are not clear. <ul style="list-style-type: none"> • Malnutrition of children under 5 years is an issue and close to 16% illiteracy requires attention. • Government programmes for special categories of vulnerable people such as the disabled and unemployed are required.

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	15.8% -Children underweight: 5%		
4. SUDAN	<p>-Total Pop: 38.6m -Pop below 1\$/day N.A. -Pop below national poverty line: N.A. -unemployment rate: N.A. -Female unemployment rate as % of male rate: N.A. -HPI rank: 69 out of 177 -HDI value: 0.526 -HDI rank: 147 out of 177 -Adult Illiteracy rate: 39.1% -Children underweight: 41%</p>	<p>Government provision on non-contributory basis for poor persons, families of those killed in war (martyrs) and pensioners Private sector contributory: Social Insurance -Old-age pension: Age 60 with at least 20 years of contributions. -Early pension: Paid from age 50 with at least 20 years of contributions. -Old-age settlement: Paid at the normal retirement age to an insured person who is ineligible for the old-age pension; -Disability pension: Paid for a permanent total disability to an insured employee. -Survivor pension: Paid for the death of an insured person or a partially disabled pensioner to eligible survivors -Death grant: Paid for the death of the insured or a pensioner.</p>	<p>-Regulatory and legislative framework required for coordination of NGOs, faith-based organisations, community organisations, international organisations and the government in gathering information, resource mobilisation and its allocation or provision -Administrative: - The role played by non-governmental organisations (NGOs) in delivering social services has been critical. -Subsidising agricultural production especially the small farmers and subsistence farmers; -Strategic provision of social protection focusing on geographical and communities affected by poverty, HIV/AIDS; -Increased resources to women headed households. Adequacy of information: -Limited data and programme information makes it difficult to check available social programmes and their impact to date. Coverage:-not known how many on non-contributory social protection system are being covered. Compulsory insurance cover to all public employees of central, regional and local governments, those in state enterprises, in the private sector and semi-state sector. Other categories are designated by the Council of</p>

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			<p>Minister on the recommendation of the Minister of Health.</p> <ul style="list-style-type: none"> • Improvements in health, education and income are urgent to address the low human development status • More than 40% under 5 year child malnutrition and 39% adult illiteracy requires priority action within a social protection framework. • State funding for medical care through the National Corporation for Health Insurance Act, 1997
CENTRAL AFRICAN COUNTRIES			
5. BURUNDI	<p>-Total Pop: 8.5m -Pop below 1\$/day : 54.6% -Pop below national poverty line: 36.4% -unemployment rate: 14 -Female unemployment rate as % of male rate: 88 -HPI rank: 69 out of</p>	<p>-Non-Contributory Government Provision: -Primary education enrolment increased to nearly 100% since “free school policy” in 2005 -Healthcare for pregnant women and children under 5 years is free. Private contributory schemes: Social insurance -Old-age pension: Age 60 with at least 15 years of coverage. -Old-age settlement: Paid to an insured person aged 60 or older who does not meet the qualifying conditions for an old-age pension</p>	<p>The role played by NGOs in delivering social services has been critical. On the part of the government, there has been fragmentation. A serious lack of basic infrastructure in large areas affects service delivery. Households rely on subsistence agriculture and coffee exports. Access to information: -There is limited data and programme information available to the public. -This makes it difficult to determine what social provision exists.</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	<p>177 -HDI value: 0.413 -HDI rank: 160 out of 177 -Adult Illiteracy rate: 40.7% -Children underweight: 45%</p>	<p>-Disability pension: Paid for a loss of physical or mental capacity of at least 66% and has at least 3 years of coverage -Survivor pension: Paid to eligible survivors if the deceased qualified for a pension, was a pensioner -Survivor settlement: Paid to eligible survivors if the deceased did not meet the qualifying conditions for a pension.</p> <p>DFID (Burundi) provides direct support (£5.1m) through Catholic Relief Services for 30,000 orphans and vulnerable children (OVCs), providing improved access to education, social support services and medical care.</p>	<p>Coverage:-Non-contributory social protection is limited Post war reconstruction. Poverty and deprivation arising from war and structural conditions require priority attention. 81% of population live below the poverty line. 2006/7 PRSP identified need to design policies and programmes to address disparities and introduce social transfers. Address HIV/AIDS; more than 800 000 orphans and children affected by HIV/AIDS Increase share of national budget on pro-poor expenditure progressively to 27.4% of GDP to eliminate poverty Expand access to social services Build on existing civil society involvement in social service delivery.</p>
6. CAMEROON	<p>-Total Pop: 17.8m -Pop below 1\$/day : 17.1% -Pop below national poverty line: 40.2% -unemployment rate: 7.5 -Female unemployment rate as % of male rate: 82 -HPI rank: 64 out of</p>	<p>Non-Contributory Government Provision: with head count poverty at over 60% and a high poverty gap at 23.4% urgent action is required. PRSP in 2003 focused on health, social services and education to address poverty. Private sector: Social Insurance -Old-age pension: aged 60 with at least 20 years of insurance coverage -Old-age grant: aged 60 (age 50 for early retirement) and ineligible for the old-age pension, at least 12 months of contributions</p>	<p>Adequacy of information: -There is limited data and programme information</p> <ul style="list-style-type: none"> • Legislative and regulatory framework for contributory social insurance provision is in place. • Policies and procedures for non-contributory social protection are required. • Programmes to implement objectives of PRSP should be designed. • Increased pro-poor budget expenditure to address, health, education and social transfers required at

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	177 -HDI value: 0.532 -HDI rank: 121 out of 177 -Adult Illiteracy rate: 32.1% -Children underweight: 18%	-Disability pension: paid to insured employees -Survivor pension: The deceased was a pensioner or met the pension requirements at the time of death or had at least 180 months of insurance coverage -Survivor grant: The deceased met the requirements for the old-age grant.	9.6% of budget as a percent of GDP. <ul style="list-style-type: none"> • Adequacy of information: poor and data on provision not available. • Coverage: majority of the poor excluded.
7. CENTRAL AFRICAN REPUBLIC	-Total Pop: 4.3m -Pop below 1\$/day : 66.6% -Pop below national poverty line: N.A. -unemployment rate: N.A. -Female unemployment rate as % of male rate: N.A. -HPI rank: 98 out of 177 -HDI value: 0.384 -HDI rank: 161 out of 177 -Adult Illiteracy rate: 51.4% -Children	Non-Contributory Government Provision: Family Allowance benefit Private sector: Social Insurance Old Age Pension: Age 55 (men) or 50 (women) with 20 years of coverage and 60 months of contributions during the last 10 years. -Pension is payable overseas only if there is a reciprocal agreement Old-age allowance: Age 55 with at least 12 months of coverage but ineligible for an old age pension. Disability pension: A loss of 2/3 of earning capacity with 5 years of coverage, including 6 months of contributions in the year preceding the onset of disability. Survivor Pension: The insured person met the requirements for a pension or was a pensioner at the time of death. Survivor settlement: Paid to the survivor if the insured person did not meet the requirements for a	Administrative: Ministry of Public Administration, Labour, Social Security and Professional Training provide general supervision of social security programmes. The Central African Social security Office administers the programme. Reforms to legislative framework are required to promote coordination. Access to information & data: Dispersed and inadequate Coverage/Targeting:-Social insurance: employed people including government officials, members of public groups, students in professional schools, trainees and apprentices (even if non-salaried), members of religious orders, and domestic workers Income Threshold: In terms of Family Allowance Benefit :1,200 CFA francs/month/child; Prenatal allowance: 1,200 CFA francs/month for 9 months; Young Family Allowance: A lump sum of 10,000 CFA francs for each of the first three births. <ul style="list-style-type: none"> • Provision of free primary health care to all and

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	underweight: 24%	<p>pension</p> <p>Sickness and Maternity: covers employed women and after six months of insured employment, that is when one can enjoy the benefits</p> <p>Work Injury: covers only employed people and members of producers' cooperatives.</p> <p>Family Allowances: coverage is for employees and social beneficiaries with one or more children. The child must be under age 15 (age 18 if an apprentice; age 20 if a student or disabled).</p>	<p>nutritional programmes for women and children to reduce malnutrition and increase mortality rates.</p> <ul style="list-style-type: none"> • Education and adult literacy programmes to address more than 50% illiteracy among adults. • Majority of the poor not covered through government provision.
8. CHAD	<p>-Total Pop: 10.8m</p> <p>-Pop below \$1/day: N.A.</p> <p>-Pop below national poverty line:64%</p> <p>-unemployment rate: N.A.</p> <p>-Female unemployment rate as % of male rate: N.A</p> <p>-HPI rank: 108 out of 177</p> <p>-HDI value: 0.388</p> <p>-HDI rank: 162 out of 177</p> <p>-Adult Illiteracy rate:</p>	<p>Non-Contributory Government Provision: Un-conditional cash transfers and loans for food security programme: first phase 1991-2000; targeting" disadvantaged households, farmers (female farmers) livestock breeders and Nomads" in Northern Guéra. The target was 15 000 households. Current status of the project is unknown.</p> <p>Private sector: Social Insurance System</p> <p>-Old age, disability and survivors Pensionable ages for men and women (both at 55) exceed their respective life expectancies (49 and 51.8 respectively</p> <p>-Sickness and maternity</p> <p>-Work Injury</p> <p>-Family allowances depending on employers contribute</p>	<p>Legislation and regulations for social insurance are in place.</p> <p>Adequacy and access to information limited and difficult.</p> <p>Coverage:-The majority of the population are in the informal sector thus are excluded from Social insurance.</p> <ul style="list-style-type: none"> • Low human development indicators require significant government intervention in health, education and social infrastructure. • Adult illiteracy over 15 years old of 74% is a challenge. • Rural and agricultural population without cover require cash transfers or agricultural subsidies to promote household farming and livelihood support funded by the government.

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	74.3% -Children underweight: 37%		
9. CONGO (DRC)	<p>-Total Pop: 62.6m</p> <p>-Pop below \$1/day: 75%</p> <p>-Pop below national poverty line: N.A.</p> <p>-unemployment rate: N.A.</p> <p>-Female unemployment rate as % of male rate: N.A.</p> <p>-HPI rank: 88 out of 177</p> <p>-HDI value: 0.411</p> <p>-HDI rank: 163 out of 177</p> <p>-Adult Illiteracy rate: 32.8%</p> <p>-Children underweight: 31%</p> <p>-60% of children enrolled in school</p> <p>-Infant mortality: 1 850 per 100 000</p>	<p>Contributory Social insurance system</p> <p>-Old-age pension: The annual benefit is equal to 1/60 of the insured's average monthly covered earnings times the number of months of contributions.</p> <p>-Old-age settlement: A lump sum is paid equal to 10 times the annual pension, based on the number of complete years of insurance coverage.</p> <p>-Disability pension: The annual benefit is equal to 1/60 of the insured's average monthly covered earnings in the 3 years before the disability began times the number of months of contributions.</p> <p>-Survivor pension: 40% of the insured's pension is paid to an eligible widow(er).</p>	<p>Social protection legislation is non-existent. Government social provision not available.</p> <p>-Government's goal is by 2015 restore and exceed level of social protection before the crisis began. This includes the establishment of suitable social Protection measures for the poorest.</p> <p>Coverage:-Majority of the poor are in the informal sector and are agrarian based and are not covered by any provision.</p> <ul style="list-style-type: none"> • One of the poorest countries in the region with huge gaps in provision for the poorest • The role of NGOs and donors is important in providing welfare and could be strengthened.

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	live births		
10. EQUATORIAL GUINEA	<p>-Total Pop: 0.5 m -Pop below \$1/day N.A.</p> <p>-Pop below national poverty line: N.A. -unemployment rate: N.A. -Female unemployment rate as % of male rate: N.A. -HPI rank: 66 out of 177 -HDI value: 0.411 -HDI rank: 125 out of 177 -Adult Illiteracy rate: 13% -Children underweight: 19% -39% of children under 5 years are malnourished.</p>	<p>Contributory scheme: Social insurance</p> <p>-Old-age pension: Age 60 with 120 months of contributions at least, including 60 months in the 10 years before retirement.</p> <p>-Disability pension: The insured must be assessed with a substantial inability to perform all types of work or a total inability to perform usual work with at least 60 consecutive months of contributions immediately before the disability began.</p> <p>-Survivor pension: The deceased had at least 60 months of contributions or was a pensioner at the time of death.</p> <p>-Funeral allowance: Paid for the death of the insured employed to the surviving relative.</p> <p>-Cash sickness and maternity benefits: given to an insured employee that had contributed at least for 12 months.</p> <p>-Orphan's pension: All orphans' pensions combined are equal to 20% of the deceased's earnings; 40% for full orphans and for half orphans if the widow's pension ceases.</p>	<p>Legislation and regulations are in place for contributory schemes. No comprehensive policy framework for social protection provided by government.</p> <p>Coverage: - social insurance covers only employees or those dependent on the employee.</p> <ul style="list-style-type: none"> • Providing free primary health care and education, feeding schemes at schools as well as cash transfers to the poorest will help to reduce poverty and vulnerability.
11. GABON	-Total Pop: 1.3 m	Government-Non-contributory scheme=family	Legislative and regulatory framework for social

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	<p>-Pop below \$1/day: N.A</p> <p>-Pop below national poverty line: N.A.</p> <p>Unemployment rate: N.A.</p> <p>-Female unemployment rate as % of male rate: N.A.</p> <p>-HPI rank: 49 out of 177</p> <p>-HDI value: 0.677</p> <p>-HDI rank: 127 out of 177</p> <p>-Adult Illiteracy rate: 16%</p> <p>-Children underweight: 12%</p>	<p>allowances scheme</p> <p>Under this measure, the State guarantees the same benefits allocated under the contributory scheme for family benefits for the social groups concerned, i.e.:</p> <ul style="list-style-type: none"> -a flat rate birth subsidy of XAF 8,000; -family allowances equal to XAF 7,000 a month for each dependent child; and -an allowance of XAF 20,000 payable once a year to cover the costs of schooling <p>Contributory scheme: Social insurance</p> <p>-Compulsory health insurance scheme will provide sickness and maternity coverage for a large part of the population, mainly for: government employees; members of constitutional institutions; salaried workers in the private and semi-private sectors; employees of the State and public administrations; self-employed workers;</p> <p>Pupils and students not covered as dependents.</p>	<p>protection in place</p> <p>Access to information: - Information is not adequate or easily accessible</p> <p>Coverage:- - targets individuals aged 16 and older with dependent children and income below the legal minimum wage</p> <ul style="list-style-type: none"> • Relatively large percentage of the population is over 65 years. • Health Insurance and family Benefits' measures are being rolled out • Measures and tools to evaluate programmes not clear
12. RWANDA	<p>-Total Pop: 9.3m</p> <p>-Pop below \$1/day: 60.3%</p> <p>-Pop below national poverty line:60.3%</p> <p>-unemployment</p>	<p>Contributory scheme: Social insurance</p> <ul style="list-style-type: none"> -Old-age pension: Age 55 to age 65 with 15 years of coverage -Old-age settlement: Age 55 and ineligible for the old-age pension. -Disability pension: The insured must be assessed 	<p>Legislative and regulatory framework for contributory schemes. An Economic Development and Poverty reduction Strategy (EDPRS) is under way – started in 2007.</p> <p>Rwanda plans to extend coverage of vulnerable persons from 12% to 20% and to ensure that 75% of stakeholders</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	rate: 0.6 -Female unemployment rate as % of male rate:38 -HPI rank: 78 out of 177 -HDI value: 0.452 -HDI rank: 174 out of 177 -Adult Illiteracy rate: 35.1% -Children underweight: 23%	with a loss of at least 50% of earning capacity and have 5yrs of coverage, including 6 months of contributions in 12 months before disability began -Survivor pension: Paid to eligible survivors if the deceased was a pensioner, met the qualifying conditions for an old-age pension or a disability pension, or had 180 months of coverage at the time of death. -Survivor settlement: Paid to eligible survivors if the deceased did not meet qualifying conditions for a pension.	see these safety nets as successful. The strategy estimates that total investment of approximately US\$140 per capita per year is needed for MDGs -related interventions. With the extent of poverty and the small size of the private sector, the bulk of these investments would have to come from the public sector. There is a need for government to provide a basic package of health, education, income transfers and social services.
13. SAO TOME and PRINCIPE	-Total Pop: 0.2 m -Pop below \$1/day: N. A. -Pop below national poverty line: N.A. -unemployment rate: N.A. -Female unemployment rate as % of male rate:	Contributory scheme: Social insurance -Old age, disability and survivors pension, men aged 62 and women aged 57 -Sickness and maternity: Cash sick & maternity benefits for insured person; special leave (if child is sick) -Work Injury: Temporary disability benefits; Permanent disability pensions; Funeral grant;	Legislation is in place for contributory social insurance. Access to Information: Attempts to access the Ministry of Labour, Solidarity, Women and Social Affairs for information proved unsuccessful Coverage: Voluntary coverage for self-employed for old age, disability and survivors. Self-employed persons and domestic workers are excluded from sickness and maternity schemes. Self-employed persons are excluded from work injury

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	<p>N.A. -HPI rank: 39 out of 177 -HDI value: 0.654 -HDI rank: 144 out of 177 -Adult Illiteracy rate: 15.1% -Children underweight: 13%</p>	<p>Survivors pensions</p> <p>Government provides compulsory education for 4 years. Health care is also provided.</p>	<p>The majority of the population live in rural areas and many are employed in the agricultural sector. Social provision for poor rural based agricultural workers is a gap and should be considered as a part of the social protection programme.</p>
WEST AFRICAN COUNTRIES			
14. BENIN	<p>-Total Pop: 9.0 m -Pop below \$1/day: 30.9% -Pop below national poverty line: 29 -unemployment rate: N.A. -Female unemployment rate as % of male rate: N.A. -HPI rank: 100 out of</p>	<p>Contributory scheme: Social insurance</p> <p>Old Age Pension Disability pension Survivor Pension Maternity Benefits Work Compensation Family Allowance Programme</p>	<p>Legislation and regulations for social insurance through work based systems are in place Administrative: Social Insurance programme is administered by private companies. Adequacy of information: Due to inadequate information on programmes, it has been difficult to find out how many people or what percentage of the population is covered.</p> <ul style="list-style-type: none"> • Social provision in the form of health care, education, social services and cash transfers can make a significant impact on poverty malnutrition and adult

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	<p>177 -HDI value: 0.437 -HDI rank: 158 out of 177 -Adult Illiteracy rate: 65.3% -Children underweight: 23%</p>		<p>literacy.</p>
15. BURKINA FASO	<p>-Total Pop: 14.8m -Pop below \$1/day: 27.2% -Pop below national poverty line:29% Head count poverty: 52% -HPI rank: 106 out of 177 -HDI value: 0.37 -HDI rank: 159 out of 177 -Adult Illiteracy rate: 76.4% -Children underweight: 38% - Primary school</p>	<p>Contributory scheme: Social insurance -Old-age pension: Age 56 (blue-collar workers), age 58 (white-collar workers), age 60 (managers), or age 63 (Doctors and teachers in private higher education), with at least 180 months of coverage. -Old-age settlement: as above -Disability pension: The insured must be younger than the normal retirement age. -Survivor pension: The deceased met the qualifying conditions for old-age or disability pension, was a pensioner, or had at least 180 months of coverage at the time of death.</p>	<p>Legislation and regulation exists for contributory schemes. Data and information is only available for social insurance by private sector Due to inadequate information on programmes, it has been difficult to find out how many people or what percentage of the population is covered Coverage:- only those in formal employment</p> <ul style="list-style-type: none"> • Strategic issues relate to provision of education, health care and cash transfers to the poorest. • Rural poverty and food security could be addressed through agricultural support and subsidies for family and household farms and livelihoods. • School feeding schemes as a short term programme to address child malnutrition and reduce school drop out rate.

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	completion rate: 25%		
16. COTE D'IVOIRE	<p>-Total Pop: 20.2 m</p> <p>-Pop below \$1/day: 14.8%</p> <p>-unemployment rate: N. A.</p> <p>-Female unemployment rate as % of male rate: N.A.</p> <p>-HPI rank: 92</p> <p>-HDI value: 0.432</p> <p>-HDI ranks 164 out of 177</p> <p>-Adult Illiteracy rate of 15years and older: 51.3%</p> <p>-Children underweight: 17%</p>	<p>Contributory scheme: Social insurance</p> <p>-Old age, disability and survivors pension</p> <p>Pensionable ages for men and women (both at 55)</p> <p>-Sickness and maternity benefits</p> <p>-Work Injury</p> <p>Non-Contributory: The government has introduced Public Employment Programmes (PEP) for rural youth as part of its PRSPs.</p> <p>Informal credit associations provide funds to poor.</p> <p>30 micro finance institutions provide funds to 20 000 clients.</p>	<p>Administrative: Responsibility of the Social Insurance Institute, national Insurance Fund and Ministry of Solidarity, Social Security and Disabled.</p> <p>In 1989 less than 9% of the economically active population was covered by insurance.</p> <p>Number of laws and regulations in place for contributory schemes.</p> <p>-Due to inadequate information on programmes, it has been difficult to find out how many people or what percentage of the population is covered</p> <p>Coverage:- Contributory social insurance systems: employed persons in the private sector; special system for civil servants. Rural peasants, rural non-farm workers, informal sector workers in urban areas and those outside the workforce are excluded from coverage.</p> <p>Recent reforms have extended coverage for old age to some categories of agricultural workers, and some self-employed workers may also voluntarily contribute towards work injury schemes.</p> <ul style="list-style-type: none"> • Large rural population and an increase of 40% in temporary employment means people are trapped in poverty.

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
17. MALI	<p>-Total Pop: 12.3m -Pop below \$1/day: 36.1% -Pop below national poverty line: 63.8% -unemployment rate: 8.8 -Female unemployment rate as % of male rate: 153 -HPI rank: 107 out of 177 -HDI value: 0.38 -HDI rank: 162 out of 177 -Adult Illiteracy rate: 76% -Children underweight: 33%</p>	<p>Contributory scheme: Social insurance -Old-age pension: pensionable Age 58 for both men and women with 13yrs of contribution -Disability pension: The insured must be assessed with a loss of at least 50% of earning capacity and have 5yrs of coverage, including 6 months of contributions in 12 months before disability began -Survivor pension: Paid to eligible survivors if the deceased was a pensioner, met the qualifying conditions for an old-age pension or a disability pension -Sickness and Maternity: available to employees -Family Scheme is available to employees with one or more children -Work Injury: reserved for employees</p>	<p>Legislation and regulations in pace and cover work based insurance Administration: The Ministry of Social Development, Solidarity and the Ministry for the promotion of women, Children and Family are key agents for social provision. Adequacy of information: Data is available on insurance schemes not on government provision.</p> <ul style="list-style-type: none"> • 71% of working population is in the informal sector. • Insurance cover is voluntary • Workers in the agricultural sector are covered as temporal and seasonal workers for work injury only • Adult illiteracy, income poverty and child malnutrition are also key challenges.
18. MAURITANIA	<p>-Total Pop: 3 m -Pop below \$1/day: 25.9% -Pop below national poverty line: 46.3% -unemployment</p>	<p>Contributory Social insurance - Family allowances: The child must be younger than age 14 (age 21 if an apprentice, a student, or disabled). The parent must work 18 days a month or be the widow of a beneficiary. -Old-age pension: Age 60 for men and 55 for women</p>	<p>Legislation and regulations for work-based social security are in place. -Effective redistribution of resources need to be seriously considered Adequacy of information: Due to inadequate information on programmes, it has been difficult to find</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	rate: N.A. -Female unemployment rate as % of male rate: N.A. -HPI rank: 87 out of 177 -HDI value: 0.55 -HDI rank: 141 out of 177 -Adult illiteracy rate: 48.8% -Children underweight: 32%	with at least of 20yrs of coverage - Old-age settlement: paid at age 55 for men and 55 for women if they don't qualify for old-age pension. - Disability pension: Paid if the insured is assessed with a permanent loss of at least 2/3 of earning capacity and has at least 5 years of coverage, including 6 months of contributions in the last 12 months. - Survivor pension: Paid to eligible survivors if the deceased was a pensioner, met the qualifying conditions for an old-age pension or a disability pension, or had 180 months of coverage at the time of death. - Survivor settlement: Paid to eligible survivors if the deceased did not meet qualifying conditions for a pension.	out how many people or what percentage of the population is covered <ul style="list-style-type: none"> • Subsidies to small farmers and subsistence farmers to promote livelihoods could be part of social protection measures to promote economic growth and food security. • Provision of services to communities and people affected by HIV/AIDS within a social protection strategy. • Government could consider strengthening informal social protection systems • Coordination of civil society, government and international initiatives within a coherent social protection framework is required.
19. NIGER	-Total Pop: 14.2m -Pop below \$1/day: 60.6% -Pop below national poverty line: 63% -unemployment rate: N.A. -Female unemployment rate as % of male rate:	Contributory scheme: Social insurance -Old age pension: given to both men and women aged 58 for civil service auxiliary agents; insured individuals reaching the age of 60 are entitled to an old-age pension if they have been registered with the National Social Security Fund for at least 20 years; they can prove at least 60 insured months over the 10 years preceding the pension qualification date; and they have ceased all paid activity.	Policy and legislation: The Niger government is currently examining a draft decree, which, if adopted, will increase pensions substantially. The pension increase has been under study since 1996 for two reasons: firstly to increase the purchasing power of pensioners following the devaluation of the CFA franc (XOF); and secondly, to put pensioners on the same level as civil servants who received a 22 per cent increase on their quarterly payments. Data and information is only available for work based

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	<p>N.A. -HPI rank: 104 out of 177 -HDI value: 0.374 -HDI rank: 172 out of 177 -Adult Illiteracy rate: 71.3% -Children underweight: 40%</p>	<p>-An insured individual becoming disabled before the age of 60 is entitled to a disability pension if that person has been registered with the National Social Security fund for at least five years</p>	<p>social insurance by the private sector. Adequacy of information: Due to inadequate information on programmes, it has been difficult to find out how many people or what percentage of the population is covered Coverage: Employees in full-time permanent paid work.</p> <ul style="list-style-type: none"> • Provide a basic package of health, education and income support to all who are not covered by the work-based insurance scheme.
20. CAPE VERDE	<p>-Total Pop: 0.5m -Pop below \$1/day: N.A. -Pop below national poverty line: N.A. -unemployment rate: N.A. -Female unemployment rate as % of male rate: N.A. -HPI rank: 38 out of 177 -HDI value: 0.736 -HDI rank: 102 out of 177</p>	<p>Contributory scheme: Social insurance -Old age, disability & survivors' pension (pensionable age men (65) & women (60) -Sickness & maternity benefits -Medical benefits for insured & dependents -Work Injury -Family & nursing allowance for insured employee -Funeral grant for insured or some dependents</p> <p>Non-Contributory Government Provision A minimum social pension of €27 per month to 7500 people considered the most vulnerable; and 11400 people receive €28.50 per month in terms of the pension programme.</p>	<p>Administrative: The Ministry of Labour, Solidarity and the Family is key policy and regulatory authority. Legislation and regulations for work-based insurance schemes are in place. Access to information: - Information is not easily accessible Coverage: The number of pensioners recently estimated to increase by 2000, bringing the total number of beneficiaries to 23,000 people.</p> <ul style="list-style-type: none"> • A policy framework on social protection is necessary to ensure those not covered through work based insurance are included in government provision.

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	-Adult Illiteracy rate: 18.8% -Children underweight: 14%		
21. GAMBIA	-Total Pop: 1.5 m -Pop below \$1/day: 59.3% -Pop below national poverty line: 57.6% -HPI rank: 94 out of 177 -HDI value: 0.502 -HDI rank: 134 out of 177 -Adult literacy rate of 15 years and older was 37% -Children underweight: 17%	Contributory scheme: Social insurance Provident fund: Employees aged 18 to 54 Pension scheme: Employees aged 20 to 54 in quasi-government institutions and in participating private companies. Exclusions: Casual workers -Old-age pension: is given to those aged 55 with at least 10 years of contributions. -Disability pension: Incapacity for work due to a disability and with at least 10 years of contributions. -Survivor pension schemes: is lump sum equal to twice the deceased's annual salary and is payable if the deceased was still contributing, irrespective of the number of contributions	Legislation and regulations for work-based insurance schemes are in place but require review. Old Age, Disability and Survivors Schemes are administered by the Social Security and Housing Finance Corporation. <ul style="list-style-type: none">• People in the informal and agricultural sectors are not covered by social protection measures.• Children, women and the elderly remain vulnerable and at risk.• Between 2000 and 2005 government expenditure on education dropped from 2.7% to 2% of GDP• In 2004 health expenditure was 1.8% of GDP• Social protection in the form of health, education and cash transfers to the poorest can reduce the poverty gaps significantly and promote local economic development through increased consumption.
22. GHANA	-Total Pop: 23.0m -Pop below \$1/day: 44.8% -Pop below national poverty line: 39.5%	Contributory scheme: Social insurance -Old-age pension: Age 60 (ages 55 to 59 for underground mine workers, steel mill workers, and employees working in other types of hazardous employment) with at least 240 months of	Legislation and regulations for work-based insurance are in place but require review. Employers and employees contribute to the Social Security and National Insurance Trust (SSNIT) which is overseen by the Ministry of Finance and economic

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	<p>-HPI rank: 65 out of 177</p> <p>-HDI value: 0.553</p> <p>-HDI rank: 135 out of 177</p> <p>-Adult Illiteracy rate: 42.1%</p> <p>-Children underweight: 22%</p>	<p>contributions.</p> <p>-Early pension: A reduced pension is payable from ages 55 to 59.</p> <p>-Old-age grant: Payable to insured persons at the normal retirement age with less than 240 months of contributions.</p> <p>-Disability pension: Money given to the permanently disabled employee with 12 months of contributions in the last 36 months and incapable of any gainful employment. The disability must be certified by a qualified and recognised medical officer and the regional medical board.</p> <p>-Disability grant: is a lump sum of money paid if the insured person is ineligible for the pension.</p> <p>-Survivor pension: is an amount of money payable for the death of the insured person before retirement or a pensioner younger than age 72. Eligible survivors are dependents designated by the insured person.</p> <p>Government programmes; Schooling is free and compulsory and health care provision is improving. Malnutrition and illiteracy have reduced. Government covers cost of health care for the aged, the poor, and children up to 18 years old whose parents contribute to SSNIT.</p>	<p>Planning.</p> <p>Ghana has gaps in coverage of social protection programmes for categories of the poor.</p> <p>Adequacy of information: Due to inadequate information on programmes, it has been difficult to find out how many people or what percentage of the population is covered</p> <p>Coverage: N/A</p> <ul style="list-style-type: none"> • Gaps exist in provision for the elderly, agricultural and informal workers. • A national database on who receives what benefits is required. • Comprehensive review of all programmes against MDGs and demographic trends is required.
23. GUINEA	-Total Pop: 10.1m	Private contributory scheme: Social insurance	Administrative:

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	<p>-Pop below \$1/day: N.A.</p> <p>-Pop below national poverty line: 40%</p> <p>-HPI rank: 103 out of 177</p> <p>-HDI value: 0.456</p> <p>-HDI rank: 167 out of 177</p> <p>-Adult Illiteracy rate: 70.5%</p> <p>-Children underweight: 26%</p> <p>-Unemployment: N/A</p>	<p>-Old-age pension: pensionable Age 55 for both men and women</p> <p>-Disability pension: The insured must be assessed with a loss of earning capacity</p> <p>-Survivor pension: Paid to eligible survivors if the deceased was a pensioner, met the qualifying conditions for an old-age pension or a disability pension</p> <p>-Sickness and Maternity: available to employees</p> <p>-Family and Nursing allowance is available to employees with one or more children</p> <p>-Work Injury: reserved for employees</p> <p>-Free schooling.</p>	<p>-Central database of all social protection measures is required.</p> <p>-Unemployment and under-employment statistics are not available.</p> <p>-Despite free schooling adult illiteracy rate appears very high at 70.5% and as a result adult education is required. Special Programmes designed to address child malnutrition such as school feeding schemes and support households in the form of subsidies for farming could be considered.</p>
24. GUINEA BISSAU	<p>-Total Pop: 1.7 m</p> <p>-Pop below \$1/day: N/A</p> <p>-Pop below national poverty line: N/A</p> <p>-unemployment rate: N/A</p> <p>-Female unemployment rate as % of male rate: N/A</p>	<p>A Social Assistance Fund was established through Decree No 32/75 but details on what this provides and who benefits are not available. Social support systems provide limited ad hoc assistance.</p>	<p>Administrative Systems: N/A</p> <p>-</p> <p>-The establishment of a central data base on social protection provision and beneficiaries is essential.</p> <p>Government social protection measures could include a basic package of health care, education and other cash and in-kind transfers targeting the most vulnerable and at risk.</p> <p>An assessment of the social situation and existing</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	<p>-HPI rank: 99 out of 177</p> <p>-HDI value: 0.374</p> <p>-HDI rank: 167 out of 177</p> <p>-Adult Illiteracy rate: N/A</p> <p>-Children underweight: 25%</p>		<p>measures that provide assistance is required. This information would also reveal who is covered and who is not.</p> <p>The institutional and financial capacity for the review, design and implementation of social protection and financing of social protection is required.</p>
25. LIBERIA	<p>-Total Pop: 3.8 m</p> <p>-Pop below \$1/day: N/A</p> <p>-Pop below national poverty line: N/A</p> <p>-unemployment rate: N/A</p> <p>-Female unemployment rate as % of male rate: N/A</p> <p>-HPI rank: N/A</p> <p>-HDI value: N/A</p> <p>-HDI rank: N/A</p> <p>-Adult Illiteracy rate: 48.1%</p>	<p>Since 1939 free and compulsory education has been provided for children between 7 – 16 years. However civil war and conflict destroyed many educational facilities and material/supplies. Health care is provided by the state with religious institutions and private clinics also offering services. The International Red Cross and other aid organisations offer relief.</p>	<p>The country is in a period of post conflict reconstruction and development.</p> <p>An assessment of the social and economic context and demographic trends is required as a basis to prioritise the provision of social protection to those who are vulnerable and at risk.</p> <p>A policy framework for social protection is required. Such a framework could include a package of basic measures to address health, education, food security and work based social protection.</p> <p>Reconstruction and development programmes designed to promote both social investment and economic growth could become part of the social protection framework.</p> <p>In the short to medium term social provision targeting children and women would ensure sustained human development within households and communities.</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	-Children underweight: 26%		
26. NIGERIA	<p>-Total Pop: 144.4 m</p> <p>-Pop below \$1/day: 70.8%</p> <p>-Pop below national poverty line: 34.1%</p> <p>-unemployment rate: N/A</p> <p>-Female unemployment rate as % of male rate: N/A</p> <p>-HPI rank: 80 out of 177</p> <p>-HDI value: 0.47</p> <p>-HDI rank: 173 out of 177</p> <p>-Adult Illiteracy rate: 30.9%</p> <p>-Children underweight: 29%</p>	<p>The Pension Reform Act of 2004 provides for contributory pension schemes for the public and private sector.</p> <p>Contributory scheme: Social insurance</p> <p>-Old-age; Disability and Survivor pension: Employees contribute at a rate of 3.5 per cent of gross pay and employers now pay 6.5 per cent of gross pay.</p> <p>-Unemployment benefits: The Nigeria Social Insurance Trust Fund ensures that the 10% combined rate of contribution is used to provide existing retirement benefits as well as to finance future unemployment benefits of workers.</p> <p>A universal basic education scheme provides compulsory education for all children between ages 6 – 15 years.</p>	<p>Administration: A National Pension Commission (NPC) is the regulatory authority for pensions. The NPC provides uniform rules, regulations and minimum standards and supervises all operators in the Nigerian pension industry. A Social Protection Strategy was initiated in 2004. In 2006 the Nigerian National Health Conference recommended the passing of the National Health Bill. Public expenditure on health as a percentage of GDP was 1.7% in 2004.</p> <p>Primary health care is largely inaccessible. 131 million citizens do not have adequate access to health care. Per capita health expenditure in 2005 was \$9.44. This is well short of the recommended level of \$34. Nigeria accounts for 10% of the world's maternal deaths in childbirth.</p> <p>Plans are in the pipeline to extend unemployment benefits to self-employed persons.</p> <p>The new Pension Reform Act provides for the establishment of pension funds administrators to regulate and oversee management and investment concerns.</p> <p>Nigeria's social protection strategic activities focus on 4 aspects:</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
			<p>1. Child protection to curb child trafficking and child labour, the removal of girls from school and sexual exploitation.</p> <p>2. Social assistance in cash or in kind benefits.</p> <p>3. Labour market programmes to promote waged work</p> <p>4. Social insurance through work based contributory measures requires review.</p> <p>Multi stakeholder dialogue on social protection is required to guide the design, implementation and monitoring of social protection reforms.</p>
27. TOGO	<p>-Total Pop: 6.6 m</p> <p>-Pop below \$1/day: N/A</p> <p>-Pop below national poverty line: 32.3%</p> <p>-unemployment rate: N/A</p> <p>-Female unemployment rate as % of male rate: N/A</p> <p>-HPI rank: 83 out of 177</p> <p>-HDI value: 0.512</p> <p>-HDI rank: 152 out of</p>	<p>Current law regulating social security is Ordinance No 39-73 of 12 November amended in 2001 and this law provides for a social security code.</p> <p>Contributory scheme: Social insurance</p> <p>-Old-age pension: Age 55 (age 50 if prematurely aged) insured person has at least 30 years of actual coverage, including at least 10 years of contributions</p> <p>-Old-age settlement: Age 55 and does not satisfy the qualifying conditions for the old-age pension. The insured must have at least 12 months of coverage.</p> <p>-Disability pension: The insured must be assessed with a loss of at least 2/3 of earning capacity and have at least 5 years of coverage</p> <p>-Survivor pension: The deceased met the pension</p>	<p>Togo intends to implement a social protection programme to assist the vulnerable, including children and people in the informal sector.</p> <p>In partnership with donors the Togo government is to develop and implement a Poverty Reduction Growth Facility (PRGF). The PRGF aims to reduce infant and child mortality by 15% and increase school attendance rate by 95% by 2012.</p> <p>The expansion of social assistance to the vulnerable, especially children, is part of a consultative process with UNICEF and other UN agencies.</p> <p>A multi stakeholder dialogue on social protection reforms</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	177 -Adult Illiteracy rate: 46.8% -Children underweight: 25%	requirements, was a pensioner at the time of death, or had at least 180 months of coverage. -Survivor settlement: If the deceased did not satisfy the qualifying conditions for a pension but had at least 12 months of coverage – survivors get a benefit.	is necessary to work out how the reforms will be designed, implementation mechanisms will be put into place and what the respective roles of government, the private sector, civil society and donors will be.
28. SIERRA LEONE	-Total Pop: 5.3 m -Pop below \$1/day: 57% -Pop below national poverty line: 70.2% -unemployment rate: N.A. -Female unemployment rate as % of male rate: N.A. -HPI rank: 102 out of 177 -HDI value: 0.336 -HDI rank: 175 out of 177 -Adult Illiteracy rate: 65.2% -Children	Contributory scheme: Social insurance -Old-age pension: Persons qualify for this benefit at age 60 (men and women) if they made at least 180 months of contributions to the scheme. Employment must cease before the benefit is paid. Military and police force personnel retire at age 55 and must at least contribute for 180 months before they qualify for a pension. -Old-age grant: Paid from age 55 if the insured does not meet the qualifying conditions for a work based old-age pension. -Disability pension: This benefit is payable if the insured is permanently and totally incapable of further employment and should have contributed to the scheme for at least 5 years. -Survivor pension: The deceased met the qualifying conditions -Survivor grant: The deceased did not meet the qualifying conditions for a pension	The country is going through a period of post conflict reconstruction and development with significant declines in poverty and human development requiring comprehensive social protection measures. Primary education is partially free but not compulsory resulting in the combined gross enrolment ratio for primary, secondary and tertiary education in 2005 of 44.6%. Total public expenditure on education in 2000-2001 was 3.8% of GDP and between 2002 and 2005 it rose to 4.6% of GDP. This is not adequate to deal with the education deficits and social infrastructure needs of the country. High infant mortality rates and a significant number of children being underweight reflect a health system unable to cope. Public expenditure on health between 2002 and 2005 was estimated at 1.9% of GDP. A National Social Security and Insurance Trust Act No. 5 of 20 July 2001 was passed and provides guidelines for social security schemes and sets details for minimum

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	underweight: 27%		benefits against prescribed qualifying criteria. Social protection measures for small scale peasant farmers and their work force through community based and government supported measures could reduce risk and vulnerability of large sectors of the rural population.
29. REPUBLIC OF THE CONGO	<p>-Total Pop: 62.6 m</p> <p>-Pop below \$1/day: N/A</p> <p>-Pop below national poverty line: N/A</p> <p>-unemployment rate: N/A</p> <p>-Female unemployment rate as % of male rate: N/A</p> <p>-HPI rank: 88 out of 177</p> <p>-HDI value: 0.411</p> <p>-HDI rank: 163 out of 177</p> <p>-Adult Illiteracy rate: 32.8%</p> <p>-Children underweight: 31%</p>	<p>Private contributory scheme: Social insurance</p> <p>-Old-age pension: Age 55 (age 50 if prematurely aged), registered with the National Social Security Fund during the last 20 years, and has at least 240 months of coverage, including 60 months of contributions in the last 10 years.</p> <p>-Old-age settlement: Paid if the insured does not satisfy the qualifying conditions for a full or partial pension.</p> <p>- Disability pension: The insured must be assessed with a loss of at least 2/3 of capacity for any work, registered with the National Social Security Fund for at least 5 years, and have at least 6 months of contributions in the year before the disability began.</p> <p>- Survivor pension: The deceased met the qualifying conditions for a pension or was a pensioner at the time of death.</p> <p>-Survivor settlement: Paid if the deceased was insured but did not satisfy the qualifying conditions for a pension.</p>	<p>The Government indicates a commitment to addressing poverty.</p> <p>Pro-poor public expenditure in the national budget increased from 26.6% in 2005 to 38.8% in 2007.</p> <p>Public expenditure is used to improve health and education infrastructure.</p> <p>Government intends to assist vulnerable groups through a social assistance programme.</p> <p>This programme will include:</p> <ul style="list-style-type: none"> • A disabled integration assistance fund • A solidarity fund for the most vulnerable • State pension reforms are recommended

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
30. SENEGAL	<ul style="list-style-type: none"> -Total Pop: 12.4 m -Pop below \$1/day: 17% -Pop below national poverty line: 33.4% -unemployment rate: N/A -Female unemployment rate as % of male rate: N/A -HPI rank: 97 out of 177 -HDI value: 0.499 -HDI rank: 156 out of 177 -Adult Illiteracy rate: 60.7% -Children underweight: 17% 	<p>Contributory scheme: Social insurance Coverage: For 1996, the following rates and modalities of payment were decided: XOF 1,000 per month for the first six children; and XOF 750 per month for the next four children. Family benefits are payable for a maximum of ten children per beneficiary.</p> <p>Public health and education provision is limited and available. Other forms of social provision such as small scale cash or in-kind transfers to poor people are provided on an ad hoc basis by the nongovernmental and faith based sectors.</p>	<p>Administrative: An Act of March 1997 has amended the Social Security Code. The Social Security Fund was converted into a Social Provident Institution through an Act of 1991. The Governing Board of the Social Security Fund determines contribution rates and ceilings within the limits set jointly by the Minister responsible for Social Security and the Minister of Finance.</p> <p>Public Expenditure on health in 2004 was estimated at 2.4% of GDP. A Health Insurance Act passed in 2000 sets the terms according to which employers of more than 10 employees are required to insure health cover.</p> <p>Food production on communal lands is hampered by the high costs of irrigation and a lack of agricultural support to households and small farmers.</p> <p>A comprehensive social protection strategy that ensures access to education for boys and girls as well as health care will facilitate poverty reduction and sustained growth in the long term.</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
EAST AFRICAN COUNTRIES			
31. KENYA	<ul style="list-style-type: none"> -Total Pop: 36.9 m -Pop below \$1/day: 22.8% -Pop below national poverty line: 52% -Unemployment rate: N/A -Female unemployment rate as % of male rate: N/A -HPI rank: 60 out of 177 -HDI value: 0.521 -HDI rank: 137 out of 177 -Adult Illiteracy rate: 26.4% -Children underweight: 20% 	<p><u>Non-contributory systems</u></p> <p>Government introduced a cash transfer programme in 17 districts targeted at very poor families with children in 2006.</p> <p>-Families with orphaned or vulnerable children are also targeted. Payments are made every 2 months.</p> <p>-Objective of Kenya Cash transfer: encourage fostering and retention of OVCs within families and communities and promote their human capital development through regular cash transfers to households living with OVCs</p> <p>Transfer size: Ksh 1,000 (US\$13.86) for households with 1-2 OVC, Ksh 2,000 (US\$22.72) with 3-4 OVCs, and Ksh 3,000 (US\$42.58) with 5 or more OVCs</p> <p>-The aim is to scale up the programme up to reach 300,000 of the most vulnerable children in Kenya by 2011</p>	<p>Administrative: The Ministry of Home Affairs and the National AIDS Control Council oversee the Cash Transfer Programme to Orphans & vulnerable children.</p> <p>-Kenya has not had social protection provisions that adequately reach workers in both the formal and informal sectors. However, plans are now underway to extend basic income replacement support measures and other protections to more workers.</p> <p>-The government is converting the existing National Social Security Fund (NSSF), a provident fund for workers, into a more comprehensive national social insurance pension plan.</p> <p>-A high head count poverty rate of close to 50% and low primary school completion rate of 53% could be addressed through a comprehensive basic social protection package that is responsive to health care, education and work based income support to the most vulnerable and at risk.</p> <p>-The National Health Insurance Fund is being restructured to provide universal compulsory health insurance coverage for every citizen but how this will be implemented to meet the needs of those without regular paid work is not clear.</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
32. TANZANIA	<ul style="list-style-type: none"> -Total Pop: 38.7 m -Pop below \$1/day: 37% -Pop below national poverty line: 35.7% -unemployment rate: 5.1 -Female unemployment rate as % of male rate: 132 -HPI rank: 67 out of 177 -HDI value: 0.467 -HDI rank: 176 out of 177 -Adult Illiteracy rate: 30.6% -Children underweight: 22% 	<p>Non-Contributory Social Protection</p> <ul style="list-style-type: none"> -Tanzania Social Action Fund (TASAF) acting for the government provides cash Grants to vulnerable groups for income support nationwide; Cash transfers are provided to poor and food insecure households that help able-bodied persons; and Grants to vulnerable groups for income generation activities. <p>Contributory Social Insurance</p> <ul style="list-style-type: none"> -Old-age pension: men and women at age 60 with at least 180 months of contributions; or at any age if a person is leaving the country permanently. -Old-age grant: Age 60 with less than 180 months of contributions. -Disability pension: The insured must be assessed with a loss of at least 2/3 of earning capacity and have at least 180 months of contributions. -Disability grant: Paid if the insured does not satisfy the qualifying conditions for a pension. -Survivor pension: The deceased satisfied the qualifying conditions for an old-age or disability pension at the time of death. -Survivor grant: Paid if the deceased was a pensioner at the time of death. 	<p>The Tanzanian government refers to social protection in the National Strategy for Growth and Reduction of Poverty as the fulfilment of human rights.</p> <p>The TASAF is designing a pilot Conditional Cash Transfer (CCT) project with the aid of community management committees and social funds to respond to poverty and vulnerability.</p> <p>The Social security system in Tanzania has a relatively broad net and includes those employed in the private and government sector, organised cooperatives and self-employed persons.</p> <p>Despite the broad net there are estimates of up to 15 million potentially eligible people being excluded from income support, health services, and other basic social protection measures.</p> <p>A Multi-sectoral Social Protection Framework is part of a planned reform measure designed to introduce programmes that would reach by 2010: 40% of eligible older persons 20% of people with disabilities and A greater number of orphans and vulnerable children.</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
33. UGANDA	<p>-Total Pop: 28.5 m</p> <p>-Pop below \$1/day: N.A.</p> <p>-Pop below national poverty line: 37.7%</p> <p>-unemployment rate: 3.2</p> <p>-Female unemployment rate as % of male rate: 156</p> <p>-HPI rank: 72 out of 177</p> <p>-HDI value: 0.505</p> <p>-HDI rank: 154 out of 177</p> <p>-Adult Illiteracy rate: 33.2%</p> <p>-Children underweight: 23%</p>	<p>The Legislative Framework that regulates social security is the National Social Security Fund Act No. 8 of 1985.</p> <p>Contributory Social insurance Programmes:</p> <p>-Old-age benefit: Age 55; age 50 if retired from full-time employment.</p> <p>-Disability benefit: The fund member must have a permanent total disability for any work or a permanent partial disability resulting in a serious loss of earning capacity.</p> <p>-Survivor benefit: Paid for the death of the fund member before retirement.</p> <p>-Old-age benefit: A lump sum is paid equal to total employee and employer contributions, plus accrued interest.</p> <p>-Survivor benefit: A lump sum is paid equal to total employee and employer contributions, plus accrued interest.</p> <p>PEAP as the government led programme on social protection prioritises access to basic services, including the provision of adult literacy.</p> <p>-Social Assistance in the form of cash transfers is provided to: to war veterans, disabled veterans and relatives of war veterans</p>	<p>Uganda's Poverty Reduction Action Plan (PEAP) defines social protection as a cross cutting issue designed to help address risk and vulnerability and to protect the vulnerable and poor from sinking deeper into poverty.</p> <p>From 2008 the Government of Uganda intends to pilot a cash transfer programme targeting the 10% poorest households. -The pilot will operate in six districts and will cover 9,000 households. - Eligible households must contain children under 18, elderly persons over 60, disabled or chronically ill members.</p> <p>Uganda has achieved a significant reduction in poverty over the last decade due to improvements in access to education and improved health services. Improvements in education and health care can be correlated with improved labour productivity and economic growth.</p> <p>Including a comprehensive approach to social protection within PEAP has enabled the country to reduce poverty from 56% in the early 1990s to 31% in 2008.</p> <p>A strategic issue for implementation is the number of goals included in PEAP – at 35 – these are said to be far too many to monitor and implement efficiently.</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
34. ERITREA	<p>-Total Pop: 4.5 m</p> <p>-Pop below \$1/day:</p> <p>-Pop below national poverty line: 53%</p> <p>-Unemployment rate: N.A.</p> <p>-Female unemployment rate as % of male rate: N.A.</p> <p>-HPI rank: 76 out of 177</p> <p>-HDI value: 0.483</p> <p>-HDI rank: 165 out of 177</p> <p>-Adult Illiteracy rate: 50% (estimates)</p> <p>-Children underweight: 40%</p>	<p>It can be assumed that those persons working in the public sector and those with regular paid jobs in the private sector contribute to typical social insurance arrangements that would provide benefits on retirement, disability or death.</p> <p>Government expenditure on education between 2002 and 2005 was 5.4% of GDP.</p> <p>Health expenditure in the public health system is estimated at 1.8% of GDP while private health expenditure is 2.7 % of GDP.</p>	<p>Due to inadequate information on policies and programmes, it has been difficult to find out how many people or what percentage of the population is covered through social insurance or social protection measures.</p> <p>A database on programmes, beneficiaries and demographic trends is required.</p> <p>Around one-third of Eritrean households is female-headed and is among the poorest sector of society. Female-headed households have been identified as most vulnerable and in need of special interventions.</p> <p>Households headed by elderly persons without pensions and any other means of survival are also highly vulnerable especially to food insecurity.</p> <p>A comprehensive basic package of social protection measures that include access to primary health care, education, basic services and cash and in kind transfers such as feeding schemes, agricultural support to subsistence farmers would reduce poverty, vulnerability and promote economic growth.</p>
35. ETHIOPIA	<p>-Total Pop: 77.1 m</p> <p>-Pop below \$1/day: 81%</p> <p>-Pop below national</p>	<p>No documentary evidence exists of a government or public social protection system. Government expenditure on education between 2002 -2005 was estimated at 6.1%of GDP.</p>	<p>-Small-scale farmers make up about 85percent of Ethiopia’s population with coffee being their most important source of rural income</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	<p>poverty line: 44.2% -unemployment rate: N.A. -Female unemployment rate as % of male rate: 312 -HPI rank: 105 out of 177 -HDI value: 0.406 -HDI rank: 166 out of 177 -Adult Illiteracy rate: 44.2% -Children underweight: 38%</p>	<p>Health expenditure by government was estimated at 2.7% of GDP in 2004. The country has a number of pieces of legislation designed to regulate Social Insurance provision for persons employed in the public and private sector. These include: The Public Servants’ Pensions Proclamation, No199 &209 of 1963; the Public Servants Pension Proclamation No. 5 of 1974; Employees of Government Owned Undertakings Pension Proclamation No.49 of 1975 and more recently the Social Security Agency Re-establishment Proclamation No.495 of 2006.</p> <p>Contributory Social insurance -Old-age pension: is given to people aged 60 with at least 10 years of service and have contributed. -Old-age settlement: is given to people aged 60 but do not meet the qualifying conditions for the old-age pension. -Disability pension: The insured employee must be assessed as incapable of normal gainful employment -Survivor pension: given to eligible person whose deceased relative had met the contribution conditions for the old-age pension or was a pensioner at the time of death. -Survivor settlement: given to eligible survivors if the deceased had less than 10 years of service and</p>	<p>The absence of a comprehensive government public social protection system means that large numbers of poor persons are excluded from any form of social protection.</p> <p>The Office of the Prime Minister oversees Social security arrangements and a Board and General Manager administers programmes through a Social Security Authority.</p> <p>The social insurance system does not make provision for self-employed people or people working in the informal sector.</p> <p>A database of social security/social protection measures and beneficiaries is required so that information is available to ensure accountability and effective management of the contributory social insurance environment.</p> <p>Small scale coffee farmers form an important part of the economy and social protection measures should be extended to them as well as their employees.</p> <p>Social fragmentation, child labour, early marriages of young girls and a breakdown of traditional coping strategies place women and children at risk and increase</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
		contributions and was not eligible for a pension.	<p>their vulnerability to deepening levels of poverty.</p> <p>Urgent consideration should be given to a review of the social insurance and social assistance programme within the framework of comprehensive social protection.</p> <p>-</p>
36. DJIBOUTI	<p>-Total Pop: 0.8 m</p> <p>-HDI rank: 59 out of 177 countries</p> <p>-HDI value: 0.516; ranks 149 out of 177</p> <p>-Children underweight: 15%</p>	<p>Law No. 135/AN/97 introduced in 1997 established the basis for “the reform of the social security system. This law was introduced to replace a social benefit fund and the inter-enterprise medical service. The aim was to promote state disengagement in social security and the reduction of state control.</p> <p>The Country Strategy Paper of 2002-2004 indicates that reforms to Djibouti’s pension funds have been underway as part of overall structural reforms in the country.</p> <p>Health accounts for 9% of government’s total expenditure. The National Health Development Plan focuses among a range of issues on reproductive health, the control of malaria, tuberculosis, and HIV/AIDS.</p> <p>The Ten Year Education Master Plan (2000-2010) and the Action Plan for 2000-2005 make education compulsory for up to 9years.</p> <p>An Action Framework for the Promotion of Girls</p>	<p>The National Health Development Plan and the Ten Year Education Master Plan are central in promoting the MDGs and in reducing deprivations in health and education.</p> <p>Reforms to the Social Security system introduced as part of the IMF’s structural adjustment process have reduced and in some cases done away with government social assistance benefits. Non contributory social pensions have been discontinued, family benefits for pensioners have been discontinued and family allowances are now available for 3 children instead of 6.</p> <p>Information and data on the current state of social protection is difficult to find.</p> <p>Since structural adjustment reforms came into effect there are reports of growing poverty and unemployment.</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
		<p>Education has also been adopted. Education accounts for 20.5% of total government expenditure.</p> <p>Contributory Social Insurance Law No. 154/AN/02 came into effect in 2002 and provides for the functioning of the Organisme de protection sociale (Organisation for Social Protection). It sets the basis for retirement regime for salaried workers within a contributory framework. It allows for voluntary insurance and a range of benefits such as family allowances, compensation for work related injuries.</p> <p>Non contributory Social assistance measures have been discontinued.</p>	<p>A strategic issue concerns the need to promote multi-stakeholder dialogue with workers, employees, government and civil society organisations to discuss and agree on what form social protection should take and on the respective roles of government, the private sector and community based systems.</p>
SOUTHERN AFRICAN COUNTRIES			
37. ANGOLA	<p>-Total Pop: 16.1 m -Pop below \$1/day: N.A. -Pop below national</p>	<p>The Ministry of Social Assistance and Reintegration and the Ministry of Public Administration, Labour and Social Security are responsible for programmes and policies related to social protection.</p>	<p>Parliament has recently approved the Social Protection Bill. This lays the foundation for the country's framework for social services and focuses on workers, on poverty, on risk reduction and on vulnerability of various sectors of</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	<p>poverty line: N.A. -unemployment rate: N.A. -Female unemployment rate as % of male rate: N.A. -HPI rank: 89 out of 177 -HDI value: 0.446 -HDI rank: 157 out of 177 -Adult Illiteracy rate: 32.6% -Children underweight: 31%</p>	<p>Emphasis is placed on the implementation of social policies that protect the most vulnerable and that guarantees their rights and promotes their development.</p> <p>The aims of Angola's social policies refer to: Policy making to promote social assistance for the most vulnerable groups and establish strategies for their implementation; Guarantee assistance to the elderly who are not protected by the social security system. Licence and monitor institutions for assistance to the elderly; Support, the social integration of low income families in need jointly with other social actors; Promote the return and social integration of displaced populations to their areas of origin.</p> <p>Lei 13/02 is the law covering assistance to War Veterans and Disabled persons.</p> <p>Lei No.7/04 of 2004/10/15 is Lei de Bases de Protecçao Social (Bases for the Social Protection Act) and it aims to provide maternity,</p>	<p>the population. Angola has steadily moved to address the social and economic hardships being experienced by its citizens. Recent policy and legislative reforms provide the framework within which workers, the vulnerable and those at risk are able to receive assistance.</p> <p>The Strategy to combat poverty (ECP) appears to be well supported by the International Donor Community and especially the UN.</p> <p>Information on the numbers of citizens requiring assistance and the numbers actually receiving assistance is not available and until there is a reliable database of those in need and those being helped it is difficult to identify the gaps in social protection measures.</p> <p>Information on Government Expenditure on social protection including health care, education, social assistance and the social services is not available.</p> <p>The country is reliant on significant donor funding and institutional support from international NGOs.</p> <p>Alongside initiatives to increase the national revenue base for social protection there is an urgent need to develop local Angolan capacity to design, implement,</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
		<p>unemployment and survivors benefits to workers. The law makes provision for self-employed and dependent workers.</p> <p>The Strategy to Combat Poverty of 2003 revised in 2005 is a response to the MDGs, NEPAD's goals and SADC's Strategic Plan for Regional Development (2003).</p> <p>The Fund for Social Assistance (FAS) provides support for poverty reduction activities in rural areas and Luanda's Urban Poverty Programme (LUPPP) focuses on Luanda. The programme aids the process of sanitation and related service delivery, strengthens institutions that support the informal sector and economic opportunities for the poor. Funded by DFID it is implemented by 3 international NGOs.</p> <p>Other Programmes include UNDAF 2005-2008 Framework for UN Assistance to promote the ECP priorities – with a total budget of US\$289 million provided by the UN.</p> <p>The World Bank funds the Third Social Action Fund with US\$55 million credit and UNICEF supports the Back to school programme reaching 500 000 children with funding for 29 000 teachers provided nationally by the Government.</p>	<p>monitor and evaluate social protection services.</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
		A range of community services such as rehabilitation, day care for children, social assistance, vocational training and family allowances are provided to citizens.	
38. BOTSWANA	<p>-Total Pop: 1.8 m</p> <p>-Pop below \$1/day: 28%</p> <p>-Pop below national poverty line: N.A.</p> <p>-unemployment rate: 23.8%</p> <p>-Female unemployment rate as % of male rate: 123</p> <p>-HPI rank: 63 out of 177</p> <p>-HDI value: 0.654</p> <p>-HDI rank: 119 out of 177</p> <p>-Adult Illiteracy rate: 18.8%</p> <p>-Children underweight: 13%</p>	<p>A Legislative and policy framework is in place for the provision of both non-contributory and contributory social protection measures.</p> <p>Non-Contributory Social Protection System</p> <p>Old age pension: All citizens of Botswana-(Universal pension scheme) aged 65 or older and residing in Botswana receive 166 pula (USD 26) every month.</p> <p>Orphan care benefit: all orphaned citizens of Botswana younger than age 18 receive a benefit.</p> <p>Coverage: <i>Orphan care benefit:</i> The Department of Social Services reports that 50,235 orphans were registered as of June 2005 and an estimated 90 percent receive assistance from the Government of Botswana</p> <p>Disability Benefit: Cash benefit is provided to registered destitute disabled persons under the destitute programme.</p> <p>Contributory Social Insurance:</p> <p>Permanent disability: A person who is totally disabled receives a lump sum payment that is equal to 60 months of that persons insured earning. The</p>	<p>The country has a decentralised health care system and primary school education is available and accessible.</p> <p>The significant impacts of HIV/AIDS have weakened the health system's to respond.</p> <p>Initiatives underway through the Social Services have seen an increasing number of beneficiaries receiving social assistance especially those who are categorised as vulnerable and at risk.</p> <p>Unemployment and job opportunities as a result of the recent closure of the diamond mines will increase economic hardship for many.</p> <p>A central data base that provides information on what social protection programmes are in existence, who qualifies for assistance and what is the gap between need and service provision is needed.</p> <p>Expanding and strengthening existing measures to respond to the MDGs is a key issue.</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
		<p>minimum benefit is 16 000 pula (USD 2508) and the maximum 250,000 pula (USD 37,984).</p> <p>Partial disability: A partial disability benefit is paid according to the degree of disability</p> <p>Survivor benefits for dependents: These benefits are available to citizens residing in Botswana.</p> <p>Orphan programme provides assistance for the loss of one parent (single parent) or both parents (married couple), or whose parents whereabouts unknown.</p> <p>Non-Contributory Destitute Programme: Botswana provides a monthly cash benefit of 61 pula (USD 9,2) and monthly food rations of 172 pula (USD 26,13) to all destitute residents, including those unable to support themselves because of old age, disability or a chronic health condition and needy children younger than the age of 18 with a terminally ill parent.</p>	<p>Local institutional capacity to design, implement, monitor and evaluate social protection programmes is also required.</p>
39.COMOROS	<p>Total Pop: 0.8 m</p> <p>-Pop below \$1/day: N.A.</p> <p>-Pop below national poverty line: N.A.</p> <p>-unemployment rate: N.A.</p> <p>-Female</p>	<p>Law No 67/17/IT-C (1967), regulates conditions of employment and work and the labour contract.</p> <p>Contributory social insurance system: Provides benefits to workers for occupational diseases and work accidents.</p> <p>Reforms were proposed in 1997 to further develop</p>	<p>Information on the status of social protection provision is not easily available.</p> <p>A database of the policy framework and the types of provision available to citizens is necessary before an assessment of gaps in social protection can be determined.</p> <p>Despite government expenditure on health and education the indicators reflect that the returns are not</p>

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	<p>unemployment rate as % of male rate: N.A.</p> <p>-HPI rank: 61 out of 177</p> <p>-HDI value: 0.561</p> <p>-HDI rank: 123 out of 177</p> <p>-Adult Illiteracy rate: N.A.</p> <p>-Children underweight: 25%</p>	<p>and expand the social security system by introducing an old age insurance scheme (beyond the occupational diseases and accidents' schemes. No information is available on whether this happened.</p> <p>In 2003 health accounted for 6% of total government expenditure.</p> <p>Schooling is officially compulsory for 10 years but school enrolment rates are low especially for females at both primary and secondary levels. Education was estimated to account for 24.1% of total government expenditure and 3.9% of GDP in 2005.</p>	<p>good. A review of the health and education system and service delivery issues would appear to be a priority.</p> <p>In 2007 the government was negotiating a Poverty Reduction and Growth Facility (PRGF) programme with the IMF. Proposals in the PRGF included reform of the tax system and the privatisation of state enterprises such as telecommunications and petroleum companies. The status of the PRGF is not clear.</p> <p>A pilot initiative on health care insurance led by the International Centre for Development and Research (CIDR) a French organisation in the village of Mnoungou was introduced. It had 865 members who made contributions to a Village Social Security Scheme. No other information is available on this informal system.</p>
40. LESOTHO	<p>Total Pop: 2 m</p> <p>-Pop below \$1/day: 36.4%</p> <p>-Pop below national poverty line: N.A.</p> <p>-Unemployment rate: 39.3%</p> <p>-Female unemployment rate as % of male rate: 153</p>	<p>Recent reforms to the Social Security system have resulted in government funded social pensions.</p> <p>Non-contributory social protection</p> <p>-Lesotho introduced universal non-contributory social pension to people of 70 years and older. The pension pays M150 (US\$25) per month to beneficiaries.</p> <p>The cost to the government of the Social Old age pension is M117 million per year estimated at 1.4% of national income.</p> <p>The old age pension programme does not require</p>	<p>Increasing policy and programme attention is being given to the need for improvements to social protection in Lesotho.</p> <p>Social insurance cover is available and provided to those who are employed in the Public and Private sectors. Those who are living in chronic poverty and who are food insecure are outside of a formal system. The introduction of a universal social old age pension reduces the risk and vulnerability of those who are 70years and older but leaves those who are elderly and without paid work in poverty.</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	<p>-HPI rank: 71 out of 177</p> <p>-HDI value: 0.549</p> <p>-HDI rank: 138 out of 177</p> <p>-Adult Illiteracy rate: 17.8%</p> <p>-Children underweight: 20%</p>	<p>donor funding.</p> <p>The Lesotho government is considering lowering the recipient age limit from 70 to 65 and this will enable some 49,000 more older people to receive the pension at the cost of M88 million per year</p> <p>Contributory Social insurance</p> <p>Workers and employers in the Public and private sector contribute to pensions and benefits for Old-age, invalidity and survivors' benefits.</p>	<p>Social Provision in the form of primary health care, education and feeding schemes for children could also be used to reduce poverty and promote human development.</p>
41. MADAGASCAR	<p>Total Pop: 18.3 m</p> <p>-Pop below \$1/day: 61%</p> <p>-Pop below national poverty line:71.3%</p> <p>-unemployment rate: 4.5%</p> <p>-Female unemployment rate as % of male rate: 160</p> <p>-HPI rank: 75 out of 177</p> <p>-HDI value: 0.533</p> <p>-HDI rank: 139 out of 177</p> <p>-Adult Illiteracy rate:</p>	<p>Social Protection reforms were introduced in the post election disputes of 2002. Social protection in Madagascar aims to help the poor and most vulnerable in society (individuals, families and communities) to better manage the risks of loss of income or capital.</p> <p>Social Protection as a programme was adopted under the country Poverty Reduction Strategy Paper (PRSP)</p> <p>Various Pieces of Legislation regulates social insurance for employed persons through social insurance schemes.</p> <p>Contributory Social Insurance</p> <p>Old age, disability and survivors- Decree No. 69-145 and Law No. 94-026 (Social Protection Code) provides benefits for Old age pensioners - Age 60 (men) or age 55 (women) with at least 15 years of</p>	<p>The Old Age, Disability & Survivors scheme and the Family scheme cover employed persons, including agricultural salaried workers, domestic workers, merchant seamen, the clergy, presidents and directors of private companies, managers of limited companies and employed taxi drivers.</p> <p>Unemployed workers (formerly employed) are covered for a maximum of 6 months under certain conditions.</p> <p>Excluded are the self-employed, farmers, casual agricultural workers working less than 3 months per year. There is a special system for civil servants</p> <p>Chronic poverty and malnutrition especially among children and the elderly reinforce the need for accessible and efficient health and education services.</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	29.3% -Children underweight: 42%	<p>coverage.</p> <p>Solidarity Allowance- insured persons who do not meet the qualifying conditions for the full or partial old-age pension at age 60 (men) or age 55 (women). Sickness and maternity benefits – Decree No. 63-124 (Family Benefits and Work Injury Code) and Law No. 94-026 (Social Protection Code) Disability pension - Age 55 (men) or age 50 (women and merchant seamen) with at least a 60% loss of working capacity and with at least 10 years of coverage. Survivor pension – Benefits are paid if the deceased was a pensioner or was at least age 55 (men) or age 50 (women) at death.</p> <p>Non- Contributory Social Assistance Safety nets programmes in the education Assistance for the poorest in the health sector Nutrition programmes Labour-intensive urban infrastructures work programs diversified enough in term of cost Responses to natural disasters at high cost</p>	<p>According to the national budget estimates allocations for education dropped from 3.3 in 2005 to 2.7 in 2007 and further decreases are projected for 2010. The health sector accounted for 6.3% of the budget in 2005 and 6.7% in 2007.</p> <p>The cost of other social services and publicly funded social benefits are not available. Data and information on existing social protection measures and the numbers of beneficiaries in receipt of services is not available.</p>
42. MALAWI	Total Pop: 13.2m -Pop below \$1/day: 20.8%	Malawi has changed its National Safety Net Programme and has adopted a Social Protection System	Most Malawians depend on agriculture, but agricultural vulnerability is extremely high due to erratic rainfall, inequality in landholdings, constrained access to input,

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	<p>-Pop below national poverty line: 65.3%</p> <p>-unemployment rate: N.A.</p> <p>-Female unemployment rate as % of male rate: N.A.</p> <p>-HPI rank: 79 out of 177</p> <p>-HDI value: 0.437</p> <p>-HDI rank: 169 out of 177</p> <p>-Adult Illiteracy rate: 35.9%</p> <p>-Children underweight: 22%</p>	<p>Cash transfer and public works programmes are included in this system.</p> <p>Transfers in the form of subsidised agricultural products are also provided to the poorest people. Cash transfers reach 278 000 households and provide cash of MK550 (\$7) per household, vouchers valued at MK550 (\$7) and commodity parcels worth MK3750 (\$49).</p> <p>The Mchinji Social Cash Transfer Scheme funded by UNICEF and the Malawian government is implemented by the Department of Poverty and Disaster Management Affairs and the Mchinji District Assembly. It is a pilot programme aimed at empowering the poor to contribute to social and economic growth. The ultra poor and work constrained households benefit from this project and approximately 4200 households have benefited. Benefits are allocated per person in a household -1 person hh receives 4 US\$; 2 people hh 7 US\$; 3 people hh 10 US\$ and 4 + person hh 13 US\$</p> <p>A Public Assistance Fund (PAF) is a small cash transfer made to individuals including orphans and vulnerable children (OVC).</p> <p>Oxfam implemented a Cash Transfer programme for 6,000 households in one district</p> <p>Concern Worldwide implemented a “food plus cash” transfer for 5,000 households in three</p>	<p>limited diversification and weak market.</p> <p>Malawi has been in a state of chronic and overlapping social and economic crises for an extended period. Despite the scale and depth of poverty, food insecurity and unemployment compelling evidence suggests that cash transfers as interventions in poor households have provided a springboard for local development.</p> <p>The positive outcomes attained with cash transfers in poverty stricken households and the lessons learned about implementation provide the impetus for expansion. The Government plans to expand the Mchinji Scheme to 5 other districts.</p> <p>Alongside the scaling up of cash transfer programmes to reduce poverty and related vulnerabilities there is a need to review existing social protection programmes, identify the gaps and design, implement and monitor a comprehensive social protection policy and strategy that is responsive to immediate, medium term and long term development needs.</p> <p>Initiatives to promote local institutional capacity for implementation, monitoring and evaluation are also essential.</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
		<p>districts.</p> <p>Malawi also runs a Public Works Programme called Malawi Social Action Fund (MASAF) funded by DFID, the EU, USAID and World Bank</p> <p>Contributory Social Insurance Workers in the public and private sector contribute jointly with their employers to pension schemes, disability, maternity benefits and survivors' benefits.</p>	
43. MAURITIUS	<p>Total Pop: 1.2 m</p> <p>-Pop below \$1/day: N.A.</p> <p>-Pop below national poverty line: N.A.</p> <p>-unemployment rate: 9.6%</p> <p>-Female unemployment rate as % of male rate: 284</p> <p>-HPI rank: 27 out of 177</p> <p>-HDI value: 0.804</p> <p>-HDI rank: 65 out of 177</p>	<p>Non-Contributory -Government Social Assistance Social provision is administered by government in the form of cash allowances to poor and vulnerable groups.</p> <p>A Guardian's Allowance of Rs1,283/month is provided</p> <p>Child's Allowance to the value of Rs750 per month per child less than 10yrs; Rs804 per month for children aged 10 and over is received.</p> <p>An Inmates Allowance is financed by government to the value of Rs397/month</p> <p>A Carers' Allowance for beneficiaries of Basic Retirement Pension financed by government to the value of Rs1 620</p> <p>Basic retirement Pension: 60 and below 90yrs receive Rs2,571; 90 and below 100yrs receive Rs7,647; 100 and above receive Rs8,680</p>	<p>Legislation and policy related to social insurance and social assistance is in place. Mauritius appears to have a well developed social security system.</p> <p>Information on policy reforms and social protection measures are not available.</p> <p>There is a need for an accessible central data base that includes policy, regulations and the types of social protection measures available to citizens.</p> <p>Information on budget allocations for social protection was not available.</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	<p>-Adult Illiteracy rate: 15.7%</p> <p>-Children underweight: 15%</p>	<p>A Basic Widow's Pension is provided to widows under the age of 60 to the value of Rs 2 315 per month.</p> <p>-Basic Invalid's Pension to the value of Rs2 315 is provided to those between 15 and 60yrs and certified as medically unfit by a medical doctor.</p> <p>Basic Orphan's Pension: given to those up to age 15 or 20 if in fulltime education</p> <p>Contributory Social insurance Provisions such as pensions, invalidity and survivors benefits as well as unemployment insurance are typical work related benefits for those in fulltime formal employment in the private and public sectors.</p> <p>-Basic Retirement Pension: given to citizen aged 60 or over</p> <p>-Guardian's Allowance: given to guardian of an orphan</p> <p>-Child's allowance: given to children of beneficiaries of Basic Widow's Pension or Basic Invalid's Pension; child under 15yrs or 20 if in fulltime education and payable not to more than 3 children</p>	
44. MOZAMBIQUE	<p>Total Pop: 20.5 m</p> <p>-Pop below \$1/day: 36.2%</p>	<p>Mozambique's social protection strategy focuses primarily on subsidised education and basic health with diffused activities geared to address food</p>	<p>Mozambique has introduced significant social protection reforms to address poverty, vulnerability and risk. There are specific pieces of legislation that regulate the</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	<p>-Pop below national poverty line: 69.4</p> <p>-unemployment rate: ...</p> <p>-Female unemployment rate as % of male rate: ...</p> <p>-HPI rank: 101 out of 177</p> <p>-HDI value: 0.384</p> <p>-HDI rank: 171 out of 177</p> <p>-Adult Illiteracy rate: 61.3%</p> <p>-Children underweight: 24%</p>	<p>insecurity.</p> <p>In the period 1990 to 1997 the Office for Assistance of Vulnerable Populations (GAPVU) launched a cash transfer programme. This was closed and a reformed programme called the National Institute for Social Action (INAS) was established.</p> <p>The social assistance programme targets the 'most vulnerable and those living in absolute poverty' through:</p> <ul style="list-style-type: none"> • The INAS cash transfer food subsidy programme provides assistance to heads of poor households, people who are unable to work, people with disabilities, older persons and undernourished pregnant women. Estimates are that INAS reaches 1% of the population. In 2005 69 000 household heads were reached and 160 000 people benefited. • The National Programme against HIV/AIDS provides cash transfers of +/- US \$100/year and home-based care for affected individuals. This programme reaches 5,500 people. • Social Benefits for Work Programme , • Minimum Income for School Attendance - 	<p>Contributory Social Insurance arrangements for salaried workers. These are:</p> <ul style="list-style-type: none"> ❖ Law No. 4/2007 – on Compulsory Social Security, defines the basis for and organises the system for social protection – guarantees the subsistence of workers in situations with no or diminished capacity to work, of their survivors in case of death and supplementary. ❖ Laws 46/89 and 45/90 – approves the norms for application of procedures relative to the social security law – defines the conditions of registration, the administrative and financial organisation of the Institute for National Social Security, and the eventualities of and contributions to the Institute (sickness, death, old age, disability and survival income subsidies). ❖ Laws 25/91 and law 4/87 – create the National Health Service and regulates employer's obligations for hospitalisation of workers and their dependents. <p>The National Social Security Institute administers the Social Insurance schemes. The Social Protection Law was recently extended to include self-employed workers. Since the majority of Mozambique's workers subsist in the informal sector this would at least provide some protection for those who can afford to contribute to social insurance schemes.</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
		<p>the MISA cash transfer- a pilot programme that provides minimum income for school attendance (MISA) by government under the Ministry of Education, the ILO and UNCTAD. It focuses on rural poor households with children of school age (especially targeting girls). The pilot reaches approximately 5,000 families with US\$2 per month per child. This programme prioritises girls to increase school enrolment ratios of girls.</p> <p>Contributory Social insurance Old age, disability & survivors' pension (no further information is available)</p>	<p>Financing Social Expenditure: - According to reports (EPRI, 2006) PARPA projected an almost doubling of government expenditure on social protection between 2001 and 2005. National expenditure in 2005: education (19.9%), health (12.7%), infrastructure (18.7%), good governance (8.9%), while only 0.6% was allocated to social protection (1.2% had been projected by PARPA). While in 2000 education, health and social assistance accounted for almost 40% of total government expenditure (18.4%, 14.4 and 6.6, respectively), indicating a decrease in social expenditure between 2000 and 2005. No details are available on how the 2005 expenditure was allocated amongst the various social assistance programmes.</p> <p>Livelihood insecurity and food insecurity are on the rise and there is a need to ensure the expansion and sustainability of existing social assistance programmes especially of the cash transfer and food subsidy types.</p>
45. NAMIBIA	<p>Total Pop: 2.1 m -Pop below \$1/day: 34.9% -Pop below national poverty line: N.A. -unemployment rate: N.A. -Female unemployment rate</p>	<p>Namibia's Social Security system has been undergoing various reforms since independence. The Legislation and regulations in place no longer discriminate on the basis of race. In 1994 and 1998 social security legislation was amended to ensure employees received unemployment, sickness, maternity and other work related benefits.</p> <p>Non-Contributory -Government Social Assistance</p>	<p>Administratively the Ministry of Women Affairs and Child Welfare oversees Child Maintenance and Foster Care grants. The Ministries of Labour and Health and Social services introduced a National Code on HIV/AIDS and Employment.</p> <p>Existing policies and social security legislation in Namibia should be reviewed to align with a comprehensive social protection framework that is consistent with the country's Constitution and the AU's working definition.</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	<p>as % of male rate: N.A. -HPI rank: 58 out of 177 -HDI value: 0.65 -HDI rank: 143 out of 177 -Adult Illiteracy rate: 15% -Children underweight: 24%</p>	<p>-Old age pension -This pension is also given to war veterans, the aged, blind and disabled persons. -Maintenance Grant: given to the biological parent with a child under 18yrs, whose gross-income is less than N\$500 a month. -Disability Grant: given to those 16yrs or above who have been medically diagnosed as being disabled or persons with full-blown AIDS and certified by medical doctor.</p> <p>Basic Income Grant (BIG) pilot in Namibia In January 2008, in the Otjivero-Omitara area 100 kilometres east of Windhoek the Namibian Basic Income Grant Coalition launched a project that provides a Basic Income Grant (BIG) of N\$100 to all residents below the age of 60 years receive a Basic Income Grant of N\$100 per person per month, without any conditions being attached. The grant is being given to every person registered as living in Otjivero-Omitara in July 2007, whatever their social and economic status. The project was designed and implemented by the BIG Coalition and comprises the Council of Churches (CCN), the Namibian Union of Namibian Workers (NUNW), the Namibian NGO Forum (NANGOF) and the Namibian Network of AIDS Service Organisations (NANASO).</p>	<p>The Otjivero –Omitara BIG pilot is said to be the first universal cash-transfer pilot project in the world. The findings from this project could play a critical role in policy decisions on social protection of the Namibian Government. It could highlight the financial and institutional feasibility of the Namibian Government's NAMTAX recommendation of a BIG for Namibia. Provided to all as a right of citizenship the BIG would have positive social, economic and nation building outcomes for the people of Namibia. It would also become one of the most direct ways of reducing poverty and inequality.</p> <p>Local institutional capacity needs to be developed to design, develop, implement, monitor and evaluate social protection programmes.</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
		Funds for the project were raised from civil society and donors. The pilot phase of the project ends in December 2009. Evaluations of the project indicate significant improvements in the overall quality of life of the people, improvements in local economic development and increasing social participation and social cohesion.	
46. SEYCHELLES	<p>Total Pop: 0.1 m</p> <p>-Pop below \$1/day: N.A.</p> <p>-Pop below national poverty line: N.A.</p> <p>-unemployment rate: N.A.</p> <p>-HDI value: 0.843</p> <p>-HDI rank: 50 out of 177</p> <p>-Adult Illiteracy rate: 8.2%</p> <p>-Children underweight: 6%</p>	<p>The Seychelles Government social protection system includes health care, education and social welfare. The 1987 Social Security Act covers old age, disability and death benefits for employees, the self-employed and the unemployed.</p> <p>The Contributory Social Insurance System covers salaried workers during contingencies experienced during their lifecycle. It includes:</p> <p>-Old age pension at age 63 for citizens who resided in Seychelles for at least 5 years immediately before date of retirement. The pension scheme includes full time workers (with 25 or more working hours per week) with an option for part-time workers and the unemployed to join voluntarily.</p> <p>-Old age benefit paid from age 60 but no later than</p>	<p>Information on specific programmes was difficult to access.</p> <p>A central data base with information on social protection policies, programmes, qualifying criteria for certain provisions, benefits and beneficiary profiles would be invaluable. It would enable citizens who are currently outside the system of social protection to find out what is available and how they can access it.</p> <p>Lessons of experience from Seychelles would also be helpful to other small Island states.</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
		<p>63.</p> <ul style="list-style-type: none"> -Old age settlement: paid if the insured does not qualify for old age benefit. -Migration allowance: paid if insured is migrating permanently -Disability pension: must be assessed with loss of ¾ of earning capacity and the person must have resided in Seychelles for at least 5yrs -Dependent's supplement: paid for a family whose income is less than the official family subsistence level 	
47. SOUTH AFRICA	<p>Total Pop: 47.9 m</p> <ul style="list-style-type: none"> -Pop below \$1/day: 10.7% -Pop below national poverty line: 40% -unemployment rate: 29.6% -Female unemployment rate as % of male rate: N/A -HPI rank: 55 out of 177 -HDI value: 0.674 -HDI rank: 148 out of 177 	<p>South Africa has a well established social security system that has been going through a period of extensive reforms post 1999. The government is adopting an approach that is consistent with comprehensive social protection and at a policy level sees health care, education, work related benefits, social assistance and programmes to address poverty as part of its response.</p> <p>The South African Government has adopted a human rights and developmental approach to Social protection in keeping with the Constitution of the Republic of South Africa, 1996- Act 108 of 1996. Various pieces of legislation are in place to regulate social assistance and social insurance including medical aid, unemployment Insurance and pension fund arrangements.</p>	<p>Non-contributory social protection measures are funded by the government with oversight provided by the Department of Social Development implementation by South African Social Security Agency (SASSA)</p> <p>Adequacy of information: Social Assistance Programmes are part of a regularly updated Social Pensions Data base and the Government has a website that provides all the necessary information to the public. Information to persons who lack the technology and are illiterate is not as well designed.</p> <p>Coverage: South Africa has a well established private sector contributory (employer-employee) benefit system for those in full time permanent jobs.</p> <p>Huge gaps exist in the social protection of the unemployed, jobless, persons working in the informal sector</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	<p>-Adult Illiteracy rate: 17.6%</p> <p>-Children underweight: 12%</p>	<p>Non-Contributory Social Assistance in the form of Cash Transfers for categories below:</p> <p>Child Support Grant (CSG). The grant aims at alleviating child poverty & is paid up to the age of 16 to the carer of the child living in income poor households. The take up of this grant has increased over the last 4 years and today reaches millions of children.</p> <p>Social Old Age Pension- is provided to income poor elderly.- females 60 years and above and males 65 years and older</p> <p>War Veteran Pension- Those who fought in wars</p> <p>Disability Grant-is paid to medically diagnosed income poor disabled between the ages of 18 and 60 if female and 18 and 65 years if male.</p> <p>A grant for income poor AIDS patients is also provided</p> <p>A Care dependency Grant – is paid for the care of disabled children between the ages of 1 and 18 years</p> <p>A Foster Care Grant- is paid for the care of children who are placed by Court in foster care and who are between the ages of 0 and 18 years. Extension orders from Court can ensure that the grant is paid</p>	<p>Government funded Social Assistance programmes in the form of cash transfers are the most efficient and extensive anti poverty strategies. Cash transfers today reach close to 11 million people.</p> <p>Despite the extensive cash transfer programmes because of South Africa’s history of apartheid and social exclusion large numbers of untrained people remain jobless and live in extreme poverty. Estimates are that close to 30% of working age adults are in chronic poverty because of structural unemployment.</p> <p>Poverty: In the absence of cash transfers / social grants over 50% of households would fall below a minimum subsistence line of R401 per adult (set in 2002). Existing social assistance programmes reduced the poverty gap by 23% in 2002.</p> <p>Inequality: Cash transfers combined with access to primary health care, primary education, free basic services such as water and sanitation and housing has reduced inequality at the bottom end.</p> <p>Government cannot be implementer and arbiter of disputes and corruption in the social protection system. A Social Protection Commission / Board appointed by Parliament to provide oversight of SASSA would ensure</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
		<p>until the age of 21 years if still in school.</p> <p>Documents needed for Social grants</p> <ul style="list-style-type: none"> +A 13 digit south African ID book +Proof of residence +Proof of marital status: marriage certificate, divorce order and agreement and death certificate of the late spouse (if widow/er) +Proof of income and assets of the applicant as well as his/her spouse. +Bank statements for a period of 3 consecutive months +income and assets of the applicant as well as his/her spouse. +Bank statements for a period of 3 consecutive months +Proof of private pension +Interest/dividends earned on investments and bank accounts. +Explanation of any deposits and credits in the bank accounts. +If unemployed, an Unemployment Insurance Fund membership card (blue card) or discharge certificate from the previous employer. +Medical history and report for a disability grant +Proof of war service in the case of war veterans. +Birth certificate- reflecting the ID number (13 digit) i.r.o of each child. 	<p>good governance and accountability.</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
		+Proof of income of the foster child concerned +An order of the Children’s court +Proof of regular school attendance, if the child/ren are of school going age Contributory Social insurance There is also private retirement pensions Unemployment Insurance Fund (UIF) Health Insurance, Provident Fund Disability, sickness and maternity benefits. A Road Accident Fund	
48. SWAZILAND	Total Pop: 1.1 m -Pop below \$1/day: 47.7% -Pop below national poverty line: N.A. -unemployment rate: N.A. -Female unemployment rate as % of male rate: N.A. -HPI rank: 73 out of 177 -HDI value: 0.547 -HDI rank: 151 out of	<p>The Swaziland National Provident Fund was set up in 1974 as a savings scheme to provide benefits for employed persons who retire in old age or because of disability. All employers in the private sector, agricultural and industrial sectors are obliged to contribute to the fund with employees contributing half the total amount.</p> <p>Public Service employees with more than 10 years of service are eligible for pensions on retirement.</p> <p>The Ministry of Health & Social Welfare provides social welfare services and targeted relief to assist people with disabilities and other special needs.</p>	<p>Social protection measures are in the formative stages.</p> <p>Information on the policy and legislative framework for social security is difficult to access. Information on the administrative arrangements, the programmes and the beneficiaries was also not available. This makes it difficult to determine who falls through the system.</p> <p>Given the low human development ranking of the country it can be assumed that with the exception of salaried workers a large proportion of the extremely poor are excluded from social protection.</p> <p>An assessment of the social situation especially of the elderly, of women and children would help to determine</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	177 -Adult Illiteracy rate: 20.4% -Children underweight: 10%	<p>These services are provided with the assistance of voluntary welfare agencies and religious organisations. Details of specific programmes, the categories of people who benefit and the costs of these programmes could not be accessed.</p> <p>Contributory Social insurance for salaried workers is offered on retirement, for injury or medically determined permanent incapacity and survivor's benefit. Those who contribute jointly with their employers to insurance are able to access the following:</p> <ul style="list-style-type: none"> -Old age pension at age 50 & a Retirement grant after age 45 -Disability pension -Survivor benefit -Funeral Grant -Sickness and Maternity benefit. 	<p>levels of vulnerability in Swaziland.</p> <p>The extent to which kinship and traditional helping and support systems are intact and are being used is unclear. Government could review the informal system and extend and strengthen existing social support in the short to medium term to the most vulnerable.</p>
49. ZAMBIA	<p>Total Pop: 11.5m</p> <ul style="list-style-type: none"> -Pop below \$1/day: 63.8% -Pop below national poverty line: 68% -unemployment rate: 12% -Female unemployment rate 	<p>The Zambian Government through its Ministry of Labour and Social Security and the Ministry of Community Development and Social Services has a policy and legislative process to address the social protection needs of its citizens.</p> <p>Contributory Social insurance</p> <p>The Zambia National Provident Fund (ZNPF) was transformed into a National Pension Scheme</p>	<p>-The Ministry of Labour and Social Security and National Pension Scheme Authority (NAPSA) administers and implements social security.</p> <p>The Ministry of Community Development and Social Services oversees welfare and social service provisions.</p> <p>NGOs and Church based Organisation play a critical role in partnering with donors and the government address the vulnerability of the population due to HIV/AIDS and</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
	<p>as % of male rate: 92 -HPI rank: 96 out of 177 -HDI value: 0.434 -HDI rank: 177 out of 177 -Adult Illiteracy rate: 32% -Children underweight: 20%</p>	<p>Authority (NAPSA) to create pension schemes for people in specific industries such as mining and insurance.</p> <ul style="list-style-type: none"> -Old age pension: paid from age 55 with at least 180 contributions paid -Early retirement pension is payable from 50 yrs with at least 180 paid contributions - Old age settlement: if the insured does not satisfy conditions for old age pension - Disability pension: insured person proved to be incapable to work due to disability - Disability settlement: if insured person does not qualify for disability pension -Survivor pension: insured was receiving old age or disability at the time of death -Funeral grant: paid if the deceased had at least 12 months of contributions in 36months before death <p>The Government had in place a National Poverty Reduction Plan that aims to reduce poverty through rural development, increased infra –structure investment, human resource development and targeted anti-poverty programmes.</p> <p>Kalomo Pilot Project benefits poorest households with ZMK 30,000 (US\$6) but ZMK 40,000 (US\$8) for poor households with children in the Kaloma District.</p>	<p>related problems.</p> <p>Significant retrenchments and unemployment as a result of declines in the mining sector, downsizing in the public sector and limited job opportunities means that large numbers of people are excluded from the social security provisions.</p> <p>Casual workers, the self-employed and workers in cooperatives are excluded from social security provisions such as insurance and compensation for injuries on duty.</p> <p>The Kaloma Pilot Social Cash Transfer Programme targets poor households headed by the elderly caring for orphans. As a pilot project funded by GTZ and overseen by the Ministry of Community Development & Social Services it provides cash to 2,400 households. Targeting the most destitute the results show improvements in the quality of life of the household members.</p> <p>Since the project is a pilot funded through donor support the strategic issues are how to sustain the project in the long term, how to expand its reach beyond geographical targeting and how to determine the value of the transfer against inflation.</p>

	SOME DEMOGRAPHIC DETAILS	CURRENT SOCIAL PROTECTION INTERVENTIONS / PROGRAMMES	STRATEGIC ISSUES & CHALLENGES
50. ZIMBABWE	<p>Total Pop: 13.1 m</p> <p>-Pop below \$1/day: 56.1%</p> <p>-Pop below national poverty line: 34.9%</p> <p>-unemployment rate: 6%</p> <p>-Female unemployment rate as % of male rate: 63</p> <p>-HPI rank: 91 out of 177</p> <p>-HDI value: 0.513</p> <p>-HDI rank: 155 out of 177</p> <p>-Adult Illiteracy rate: 10.6%</p> <p>-Children underweight: 17%</p>	<p>Zimbabwe has a number of fragmented schemes under separate laws. Contributory Social Insurance is designed to provide worker Compensation benefits, Pension and Provident Fund benefits and sickness and disability benefits.</p> <p>Non Contributory State assistance is provided in the form of Disability grants, welfare assistance and compensation for war victims as well as support to war veterans.</p> <p>International and national non-governmental and Church based organisations provide extensive support to poor communities. This support is provided as emergency relief in the form of food, health care supplies and food for work programmes. UNHCR and UNICEF also provide humanitarian assistance.</p>	<p>Zimbabwe's capacity to introduce social protection measures is affected by the ongoing civil conflict and political instability.</p> <p>The country is on the brink of a negotiated political accord that could provide the space for a comprehensive review of the social and economic situation.</p> <p>Reconstruction and development would have to incorporate strategies to address social protection issues, the extensive debt servicing, hyper inflation, breakdown of the health and education systems as well as the need for basic services such as water and sanitation.</p> <p>In the immediate term food shortages and health supplies and facilities are an urgent priority to respond to malnutrition, cholera and HIV/AIDS.</p> <p>As in other countries children, orphans and the elderly are bearing the brunt of the impacts of a country torn apart by internal conflict and state failure.</p>

Note 1: Adult illiteracy rate is calculated for all those 15 years and older.

Note 2: Children underweight is measured for children 5 years and below.

Sources: * Demographic details from UNDP Human Development Database –figures calculated for 2005

Sources: * Demographic details from UNDP Human Development Database –figures calculated for 2005

HDI ranks are out of 177 countries with HDI 1 having achieved the highest level of human development and HDI 177-the lowest.

ANNEXURE 2

AFRICA POPULATION AND RELATED DEMOGRAPHIC DATA

Country	Population Mid-2007	Women All Ages, 2005	Pop. Age <15 (%)	Youth Ages 10-24 (% of total pop.) 2006	Pop. Age 65+ (%)
Algeria	34 100 000	16 300 000	30	33	5
Angola	16 300 000	7 400 000	47	33	2
Benin	9 000 000	3 600 000	44	33	3
Botswana	1 800 000	900 000	38	37	3
Burkina Faso	14 800 000	7 000 000	47	34	3
Burundi	8 500 000	3 700 000	45	35	3
Cameroon	18 100 000	8 300 000	42	34	3
Cape Verde	500 000	300 000	38	35	6
Central African Republic	4 300 000	2 000 000	43	34	4
Chad	10 800 000	4 600 000	46	32	3
Comoros	700 000	400 000	42	33	3
Congo	3 800 000	2 000 000	42	33	3
Congo, Dem. Rep. of	62 600 000	28 300 000	47	33	3
Cote d'Ivoire	20 200 000	8 400 000	41	35	3
Djibouti	800 000	400 000	39	33	3
Egypt	73 400 000	37 500 000	33	31	5
Equatorial Guinea	500 000	300 000	42		4
Eritrea	4 900 000	2 200 000	43	33	2
Ethiopia	77 100 000	37 300 000	43	33	3
Gabon	1 300 000	700 000	26	34	5
Gambia	1 500 000	800 000	42	31	3
Ghana	23 000 000	11 000 000	40	33	4
Guinea	10 100 000	4 400 000	46	32	3
Guinea-Bissau	1 700 000	800 000	48	32	3
Kenya	36 900 000	16 600 000	42	35	2
Lesotho	1 800 000	1 000 000	39	39	5
Liberia	3 800 000	1 800 000	47	33	2
Libya	6 200 000	2 800 000	30	31	4
Madagascar	18 300 000	9 200 000	45	32	3
Malawi	13 100 000	6 400 000	46	33	3
Mali	12 300 000	7 000 000	48	34	4
Mauritania	3 100 000	1 600 000	40	31	4
Mauritius	1 300 000	600 000	24	24	7
Mayotte	200 000		42		2
Morocco	31 700 000	15 800 000	30	30	5
Mozambique	20 400 000	10 100 000	43	33	3
Namibia	2 100 000	1 000 000	41	36	3
Niger	14 200 000	6 400 000	48	32	3

Country	Population Mid-2007	Women All Ages, 2005	Pop. Age <15 (%)	Youth Ages 10-24 (% of total pop.) 2006	Pop. Age 65+ (%)
Nigeria	144 400 000	64 600 000	45	34	3
Reunion	800 000	400 000	27	25	7
Rwanda	9 300 000	4 500 000	46	36	3
Sao Tome and Principe	200 000		42		4
Senegal	12 400 000	5 300 000	44	34	4
Seychelles	100 000		25		8
Sierra Leone	5 300 000	2 700 000	42	31	4
Somalia	9 100 000	5 400 000	45	30	3
South Africa	47 900 000	23 200 000	32	31	4
Sudan	38 600 000	17 400 000	41	32	4
Swaziland	1 100 000	600 000	41	41	4
Tanzania	38 700 000	19 300 000	44	34	3
Togo	6 600 000	2 600 000	43	33	3
Tunisia	10 200 000	5 000 000	26	30	6
Uganda	28 500 000	13 900 000	50	34	3
Western Sahara	500 000		31		2
Zambia	11 500 000	5 500 000	46	36	2
Zimbabwe	13 300 000	6 500 000	41	39	3
TOTAL	943 700 000	445 800 000			

Sources: Population Reference Bureau (PRB), 2007 World Population Data Sheet,
<http://www.prb.org/Datafinder.aspx>

ANNEXURE 3

AFRICA LIFE EXPECTANCY AND MORTALITY DATA

Country	Life Expectancy at Birth, Both Sexes (years)	Life Expectancy at Birth, Males (years)	Life Expectancy at Birth, Females (years)	Mortality Rate, Under 5, Poorest Fifth	Mortality Rate, Under 5, Richest Fifth	HIV/AIDS Among Adult Population, Ages 15-49, 2005/2006 (%)
Algeria	72	71	74			0.1
Angola	41	39	43			3.7
Benin	56	54	57	198	93	1.2
Botswana	34	35	33			24.1
Burkina Faso	51	49	52	239	155	2
Burundi	49	47	50			3.3
Cameroon	50	50	51	199	87	5.4
Cape Verde	71	68	74			-
Central African Rep.	43	42	45	193	98	6.2
Chad	51	49	52	171	172	3.5
Comoros	64	62	66	129	87	<0.1
Congo	52	51	53			5.3
Congo, Dem. Rep.	45	44	46			3.2
Cote d'Ivoire	51	49	53	190	97	4.7
Djibouti	54	53	55			3.1
Egypt	71	68	73	98	34	<0.1
Equatorial Guinea	49	48	51			3.2
Eritrea	57	54	59	152	104	2.4
Ethiopia	49	48	50	159	147	1.4
Gabon	57	56	58	93	55	7.9
Gambia	58	57	59			2.4
Ghana	59	58	59	139	52	2.3
Guinea	54	52	55	230	133	1.5
Guinea-Bissau	46	44	48			3.8
Kenya	53	53	53	136	61	6.1
Lesotho	36	35	36			23.2
Liberia	45	44	46			-
Libya	73	71	76			-
Madagascar	57	55	59	195	101	0.5
Malawi	40	40	40	231	149	12.7
Mali	53	51	55	248	148	1.3
Mauritania	62	61	64	98	79	0.7
Mauritius	72	69	76			0.6
Mayotte	74	72	76			-
Morocco	70	68	72	112	39	0.1
Mozambique	43	42	44	278	145	16.1

Country	Life Expectancy at Birth, Both Sexes (years)	Life Expectancy at Birth, Males (years)	Life Expectancy at Birth, Females (years)	Mortality Rate, Under 5, Poorest Fifth	Mortality Rate, Under 5, Richest Fifth	HIV/AIDS Among Adult Population, Ages 15-49, 2005/2006 (%)
Namibia	52	50	53	55	31	19.6
Niger	56	57	55	282	184	0.7
Nigeria	47	46	47			3.9
Reunion	76	72	80			-
Rwanda	47	47	48	246	154	3
Sao Tome & Principe	64	63	66			-
Senegal	62	60	64	181	70	0.7
Seychelles	72	67	77			-
Sierra Leone	48	48	49			1.5
Somalia	48	46	50			0.9
South Africa	51	49	53	87	22	18.8
Sudan	58	56	59			1.6
Swaziland	33	33	34			25.9
Tanzania	50	49	51	160	135	6.5
Togo	58	56	60	168	97	3.2
Tunisia	74	72	76			0.1
Uganda	47	47	47	192	106	6.7
Western Sahara	65	63	67			-
Zambia	38	38	37	192	92	17
Zimbabwe	37	38	37	100	62	18.1

Sources: Population Reference Bureau (PRB), 2007 World Population Data Sheet,
<http://www.prb.org/Datafinder.aspx>

**REGIONAL BREAKDOWN OF THE 2005 HEADCOUNT INDEX AND NUMBER OF POOR
FOR VARIOUS POVERTY LINES**

(a) Headcount index (% living below poverty line)

Region	Poverty line in 2005 prices				
	\$1.00	\$1.25	\$1.45	\$2.00	\$2.50
East Asia and Pacific	9.5	17.9	20.6	39.7	52.4
Of which China	8.1	15.9	16.6	36.3	49.5
Eastern Europe and Central Asia	3.4	5.0	6.5	10.6	14.7
Latin America and Caribbean	5.0	8.2	10.9	17.9	24.1
Middle East and North Africa	2.0	4.6	7.6	19.0	30.9
South Asia	23.7	40.3	52.3	73.9	84.4
Of which India	24.3	41.6	53.9	75.6	85.7
Sub-Saharan Africa	39.2	50.4	57.9	72.2	79.9
Total	16.1	25.7	31.5	47.6	57.6

(b) Number of poor (millions)

East Asia and Pacific	179.8	336.9	388.6	748.3	987.2
Of which China	106.1	207.7	216.5	473.7	645.6
Eastern Europe and Central Asia	16.0	23.9	30.9	50.1	69.5
Latin America and Caribbean	27.6	45.1	59.9	98.7	132.9
Middle East and North Africa	6.2	14.0	23.2	58.0	94.3
South Asia	350.3	595.5	772.2	1091.6	1246.4
Of which India	266.5	455.8	590.3	827.7	938.0
Sub-Saharan Africa	299.1	384.2	442.0	551.0	609.9
Total	879.0	1399.6	1716.8	2597.8	3140.2

Source: Chen, Shaohua and Ravallion, Martin: The Developing World is Poorer Than We Thought, but No Less Successful in the Fight against Poverty, Policy Research Working paper 4703, The World Bank, Washington, August 2008, p31

**REGIONAL BREAKDOWN OF HEADCOUNT INDEX FOR INTERNATIONAL POVERTY LINES
OF \$1.00-\$2.50 A DAY OVER 1981-2005**

(a) % living below \$1.00 a day

Region	1981	1984	1987	1990	1993	1996	1999	2002	2005
East Asia and Pacific	68.7	51.9	39.4	40.6	36.1	24.7	23.7	19.7	9.5
Of which China	73.5	52.9	38.0	44.0	37.7	23.7	24.1	19.1	8.1
Eastern Europe and Central Asia	0.7	0.5	0.4	0.8	2.1	2.5	3.4	3.7	3.4
Latin America and Caribbean	7.4	9.1	8.4	7.1	7.3	7.9	7.9	6.6	5.0
Middle East and North Africa	3.6	2.7	2.9	2.3	2.2	2.3	2.6	2.0	2.0
South Asia	41.9	38.0	36.6	33.6	28.6	28.9	26.9	26.5	23.7
Of which India	42.1	37.6	35.7	33.3	31.1	28.6	27.0	26.3	24.3
Sub-Saharan Africa	39.5	43.6	42.8	45.9	44.3	47.1	45.6	41.6	39.2
Total	41.7	35.0	29.9	29.8	27.0	23.6	22.8	20.7	16.1

(b) % living below \$1.25 a day

Region	1981	1984	1987	1990	1993	1996	1999	2002	2005
East Asia and Pacific	78.8	67.0	54.4	56.0	51.2	37.1	35.5	29.6	17.9
Of which China	84.0	69.4	54.0	60.2	53.7	36.4	35.6	28.4	15.9
Eastern Europe and Central Asia	1.6	1.2	1.0	1.5	3.8	4.5	5.4	5.6	5.0
Latin America and Caribbean	12.3	13.9	12.4	10.7	10.8	11.5	11.6	10.1	8.2
Middle East and North Africa	8.6	6.8	6.9	5.4	5.2	5.3	5.8	4.7	4.6
South Asia	59.4	55.6	54.1	51.1	46.1	46.9	44.1	43.8	40.3
Of which India	59.8	55.5	53.6	51.3	49.4	46.6	44.8	43.9	41.6
Sub-Saharan Africa	50.8	54.7	53.4	54.9	54.8	57.5	56.4	52.7	50.4
Total	52.0	47.1	41.8	41.6	38.9	34.8	33.7	31.0	25.7

(c) % living below \$2.00 a day

Region	1981	1984	1987	1990	1993	1996	1999	2002	2005
East Asia and Pacific	92.9	88.9	81.4	80.1	75.7	64.4	61.5	53.1	39.7
Of which China	97.8	92.9	83.7	84.6	78.6	65.1	61.4	51.2	36.3
Eastern Europe and Central Asia	8.2	6.3	5.5	6.7	10.9	12.4	13.5	12.6	10.6
Latin America and Caribbean	24.5	27.1	23.9	21.4	21.2	22.6	22.5	21.0	17.9
Middle East and North Africa	28.7	24.9	25.0	22.0	21.9	22.3	23.7	19.6	19.0
South Asia	86.6	84.8	83.8	82.2	79.2	80.0	77.4	77.1	73.9
Of which India	86.6	84.8	83.8	82.6	81.7	79.8	78.4	77.5	75.6
Sub-Saharan Africa	72.0	74.4	72.8	73.5	73.7	75.8	75.6	73.6	72.2
Total	69.4	67.6	64.1	63.1	61.4	58.4	57.1	53.6	47.6

(d) % living below \$2.50 a day									
East Asia and Pacific	95.4	93.7	89.6	87.4	83.6	75.0	71.5	63.3	52.4
Of which China	99.4	97.4	92.4	91.6	86.5	76.4	71.7	61.6	49.5
Eastern Europe and Central Asia	15.7	12.9	11.8	12.5	16.3	19.0	19.7	18.1	14.7
Latin America and Caribbean	31.0	34.8	30.7	27.9	27.7	29.4	29.2	27.8	24.1
Middle East and North Africa	41.3	37.1	37.1	33.7	33.8	34.9	35.9	31.8	30.9
South Asia	92.6	91.5	90.8	89.9	88.3	88.7	86.8	86.5	84.4
Of which India	92.5	91.5	90.8	90.2	89.9	88.7	87.6	86.9	85.7
Sub-Saharan Africa	79.5	81.2	79.8	80.6	80.5	82.2	82.1	80.7	79.9
Total	74.8	74.0	71.7	70.5	69.3	67.2	65.9	62.5	57.6

Source: Chen, Shaohua and Ravallion, Martin: The Developing World is Poorer Than We Thought, but No Less Successful in the Fight against Poverty, Policy Research Working paper 4703, The World Bank, Washington, August 2008, p 32-33

ANNEXURE 6

POVERTY GAP INDEX (X100) BY REGION OVER 1981-2005

(a) \$1.25									
Region	1981	1984	1987	1990	1993	1996	1999	2002	2005
East Asia and Pacific	36.7	25.4	19.2	19.0	16.8	11.1	10.8	8.8	4.4
Of which China	39.3	25.6	18.5	20.7	17.6	10.7	11.1	8.7	4.0
Eastern Europe and Central Asia	0.4	0.3	0.2	0.4	1.1	1.3	1.8	1.8	1.7
Latin America and Caribbean	4.1	4.5	4.3	3.6	3.9	4.0	4.1	3.5	2.7
Middle East and North Africa	1.8	1.4	1.5	1.2	1.1	1.1	1.3	1.0	1.0
South Asia	19.9	17.5	16.5	15.1	12.5	12.5	11.7	11.5	10.3
Of which India	19.6	17.2	15.8	14.6	13.6	12.4	11.7	11.4	10.5
Sub-Saharan Africa	20.9	23.7	23.2	24.6	24.3	26.4	25.1	22.5	20.8
Total	21.7	17.1	14.5	14.2	12.9	11.2	10.9	9.8	7.7
(b) \$2.00									
Region	1981	1984	1987	1990	1993	1996	1999	2002	2005
East Asia and Pacific	55.8	45.9	38.2	38.1	35.0	26.6	25.5	21.3	13.6
Of which China	59.3	47.3	38.2	40.9	36.6	26.3	25.6	20.6	12.2
Eastern Europe and Central Asia	1.9	1.4	1.2	1.7	3.4	3.9	4.6	4.5	4.0
Latin America and Caribbean	9.5	10.6	9.5	8.3	8.4	8.9	8.0	7.9	6.6
Middle East and North Africa	8.0	6.7	6.8	5.7	5.6	5.6	6.2	4.9	4.8
South Asia	41.2	38.4	37.2	35.5	32.2	32.6	31.0	30.8	28.7
Of which India	40.8	38.2	36.7	35.3	34.1	32.4	31.3	30.8	29.5
Sub-Saharan Africa	36.6	39.6	38.7	39.9	39.7	41.9	41.0	38.7	36.4
Total	36.9	32.8	29.5	29.1	27.4	24.9	24.2	22.4	18.9

Note: The poverty gap index is the mean distance below the poverty line as a proportion of the line where the mean is taken over the whole population, counting the non-poor as having zero poverty gaps.

Source: Chen, Shaohua and Ravallion, Martin: The Developing World is Poorer Than We Thought, but No Less Successful in the Fight against Poverty, Policy Research Working paper 4703, The World Bank, Washington, August 2008, p36