



SOCIAL PROTECTION IN **Africa**

Overview for Policymakers
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The Academy of Science of South Africa (ASSAf) was inaugurated in May 1996. It was formed in response to the need for an Academy of Science consonant with the dawn of democracy in South Africa: activist in its mission of using science and scholarship for the benefit of society, with a mandate encompassing all scholarly disciplines that use an open-minded and evidence-based approach to build knowledge. ASSAf thus adopted in its name the term 'science' in the singular as reflecting a common way of enquiring rather than an aggregation of different disciplines. Its Members are elected on the basis of a combination of two principal criteria, academic excellence and significant contributions to society.

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The following African Science Academies endorsed the booklet:
African Academy of Sciences, Benin, Botswana, Cameroon, Ghana, Kenya, Mauritius, Network of African Science Academies, Nigeria, Sudan, Tanzania, Uganda, Zambia, Zimbabwe



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Acronyms

AMASA	Annual Meeting of the African Academies of Science
ASSAf	Academy of Science of South Africa
AIDS	Acquired immunodeficiency syndrome
AU	African Union
CSDA	Centre for Social Development in Africa
CSG	Child Support Grant (South Africa)
DFID	Department for International Development (UK)
GDP	Gross domestic product
HSNP	Hunger Safety Net Programme (Kenya)
ILO	International Labour Organisation
LEAP	Livelihood Empowerment Against Poverty (Ghana)
MDGs	Millennium Development Goals
NGOs	Non-governmental organisations
OVC	Orphans and vulnerable children
PSNP	Productive Safety Net Programme (Ethiopia)
SASSA	South African Social Security Agency
SDGs	Sustainable Development Goals
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme

This booklet provides an overview of social protection in Africa, with a primary focus on non-contributory social protection, which includes cash and in-kind assistance and public works programmes. It highlights the key issues in social protection in Africa and provides several case studies to illustrate the diversity of programmes, which seek to address the overarching goal of reducing poverty and inequality.

This publication was prepared for the 12th Annual Meeting of African Academies of Science (AMASA) to be held in Johannesburg, South Africa, in November 2016. The AMASA meetings, held annually, are informed by the global socio-economic, cultural and scientific realities in Africa. Each meeting aims to attract academics, policymakers, civil society and the media in Africa to raise pertinent African issues related to the predetermined theme. This year, the theme of AMASA is Poverty Reduction; a fitting theme given the topic of this booklet.

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Social protection aims to ensure a basic level of well-being, enabling people to live with dignity. Governments introduce social protection policies to meet social, economic and political objectives. These include addressing poverty and inequality, the promotion of economic growth and social stability, and political legitimacy (Devereux, 2015).

Social protection is one of the most recent, yet fastest-growing sectors in social policy in low and middle-income countries. At least 50 countries in Africa have non-contributory social protection programmes targeting poor and vulnerable households and individuals (Honorati *et al.*, 2015). Evidence of the successful impacts of social protection programmes has encouraged a growing number of governments to develop, strengthen and allocate larger financial resources to social protection systems. Yet, in spite of the impressive rise of social protection over the past two decades, coverage remains low and more than 70% of Africans lack access to any form of social protection (Garcia & Moore, 2012; ILO, 2014). Social protection provides governments with a concrete route to addressing the socio-economic challenges facing African countries, but much more investment and advocacy are urgently needed to reach those who are currently excluded.

Key messages for policymakers

- 1 The mandate for social protection in Africa was endorsed by the African Union in its Social Policy Framework (2009).
- 2 Implementing a social protection agenda is feasible and affordable in low and middle-income countries.
- 3 The design of social protection programmes should build on clear policies, strong institutions and transparent financing arrangements.
- 4 Key design features of social protection programmes include:
 - selection of a suitable social protection instrument;
 - appropriate targeting and delivery mechanisms;
 - financial affordability;
 - administrative capacity at the national and local levels;
 - rigorous monitoring and evaluation methods.
- 5 Implementation can be phased in ways that build on existing programmes and processes.
- 6 Social protection can promote gender equality, empower women and reduce social exclusion.
- 7 Government commitment and strategic coordination are essential.
- 8 Social protection should be seen not as a narrow social sector concern, but as part of an overall development strategy, to be designed and implemented in synergy with complementary investments in health, education, nutrition, livelihoods support, agriculture and other productive sectors.
- 9 In designing social protection programmes, the synergies between formal and informal social protection need to be identified in ways that facilitate the involvement of communities in social development.
- 10 Social protection policies are most effective when they are combined with other social and economic policies to sustainably address poverty and inequality.



What is social protection?

Defining concepts

What is social protection?

Previously, the term social security was more widely used. However, the term, social protection, has gained currency in social development circles and is an 'umbrella concept' that covers a wider range of public and private initiatives including community and indigenous support systems to protect people against social and economic risk. Social protection measures "provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups" (Devereux & Sabates-Wheeler, 2004, p. iii).

The African Union (AU) understands social protection as a package of policies and programmes to reach large segments of the population. Several functions of social protection contribute toward the overall goal of poverty and vulnerability reduction (Box 1).

Box 1: The functions of social protection (Devereux & Sabates-Wheeler, 2004, p. 10)

Protective	to provide relief from deprivation, often in emergency situations
Preventive	to reduce potential negative effects of shocks before they occur
Promotive	to support livelihoods through investments in assets or human capital
Transformative	to address concerns of social equity and inclusion of excluded groups/minorities

Broad definitions of social protection may include health care, access to basic services and labour activation policies (See section below on social protection floors). However, in this booklet we refer to two main components of social protection: **social assistance** (non-contributory social protection) and **social insurance** (contributory social protection) (Box 2). The focus is particularly on non-contributory social protection since this is the area of greatest growth in Africa. Non-contributory social protection refers to interventions which do not require monetary contributions by beneficiaries. Public works programmes are included. Transfers can be in the form of cash or other forms of in-kind support e.g. food aid or seeds as an agricultural input.

Box 2: Examples of social protection instruments (European University Institute, 2010, p. 33-34)

Social assistance (non-contributory)	Social insurance (contributory)
Social pensions and other old age benefits	Contributory pension schemes
Child grants	Health insurance
Disability benefits	Disability insurance
School-feeding programmes	Work injury insurance
Public works programmes/employment guarantee schemes	Unemployment insurance
Cash transfer programmes	
Emergency relief	
Health insurance waivers	

What are cash transfers?

Cash transfers are non-contributory programmes which provide cash benefits to individuals or households on a regular basis. Unconditional cash transfers are distributed on the basis of the application of eligibility requirements such as age or the application of a means test. Conditional cash transfer programmes are subject to specific behavioural requirements, such as regular school attendance or use of health-care services. Although there are significant variations in social protection arrangements across Africa, there is a common recognition that social transfers are a key component of social protection.

What are social protection floors?

The social protection floor advocated by the International Labour Organisation (ILO) promotes comprehensive and rights-based social protection strategies established at a national level to guarantee everyone a minimum level of access to basic services and income security. The approach was adopted by all 183 member states of the ILO in 2012 (ILO, 2012). The ILO's approach is ambitious, and the social protection floor agenda promotes a two-pronged strategy, which includes a basic set of social guarantees for all and the subsequent progressive extension of social security to as many people as possible as countries gradually expand their fiscal and policy capacity (Bachelet, 2011). The minimum package of essential social protection is intended to cover: essential health care and benefits for children, informal workers, the unemployed, older persons and persons with disabilities (ILO, 2012).

Why is social protection in Africa important?

Socio-economic context

Many opportunities and challenges face the African continent. In many countries macro-economic and governance indicators have improved over the past 20 years, together with some declines in poverty. Yet the region remains vulnerable, with recurring conflicts, persistent high levels of poverty, vulnerability to food insecurity and climate change, high maternal and child mortality rates, malnutrition and childhood deprivation, low attendance of girls in school, high prevalence of HIV/AIDS, low employment, high under-employment and large informal sectors. Many Africans live, work and study in hazardous environments that constantly threaten their livelihoods. Food, fuel, financial and health crises have also weakened existing buffer systems such as mutual support networks and remittance flows, forcing households to sell assets, reduce nutritional intake and take children out of school, thereby deepening their poverty. Despite variations across the continent, levels of poverty and inequality remain extremely high in many countries, with further threats posed by the impacts of climate change (Beegle *et al.*, 2016; Schaeffer *et al.*, 2015).

In the face of these challenges, social protection is increasingly being recognised by governments in Africa as an important intervention to reduce poverty, inequality and vulnerability (Devereux *et al.*, 2015). Social protection can also spread the benefits of growth to those most vulnerable and most excluded, thus improving social cohesion. It could also serve to developing the great economic and human potential that exists in populations on the continent. Evidence from several countries has shown that well designed and delivered social protection programmes can be affordable in a range of contexts, both in stable middle-income countries, such as Mauritius, and in low-income post-conflict fragile countries, such as Rwanda (European University Institute, 2010).

The development of social protection in Africa

Across the region, there is substantial variation in historical trajectories. In southern African countries (and some eastern African states, such as Kenya), tax-funded social protection systems have their roots in colonial systems linked to formal labour markets. In many other cases, social protection in Africa has evolved out of donor-supported humanitarian relief interventions, such as food aid and public works. In North African countries, social assistance programmes have been substantially scaled up in the wake of the Arab Spring uprisings in 2011. There is also a long history of public works programmes in Africa, whereby historically rural people are paid in food or cash to build or maintain community infrastructure. More recently public works programmes have been introduced in the environmental and social sectors (Lieuw-Kie-Song *et al.*, 2010; McCord, 2009). The past two decades have seen gradual shifts away from short-term piece-meal safety nets towards comprehensive long-term social protection strategies, reflecting the necessity

of providing “predictable funding for predictable needs” (Ellis *et al.*, 2009, p. 9). Globally, increased momentum towards social protection has been supported by commitments that governments have made at significant United Nations (UN) conferences, symbolised by the Millennium Development Goals (MDGs) (2000) and the Sustainable Development Goals (SDGs) (2015). As a continent, the AU has made the promotion of social protection a central part of its mandate (Box 3).

Box 3. AU key milestones towards a pan-African consensus on the need and scope for social protection

2000	The Constitutive Act of the AU (Lome, Togo) put poverty, unemployment and vulnerability on the agenda in order to raise the living standards of African peoples.
2004	The Ouagadougou Declaration and Plan of Action committed governments to strengthen the coverage and effectiveness of social protection for all sectors in society, particularly the poor and vulnerable.
2006	The Livingstone Call for Action and the Yaoundé Declaration prioritised social protection in the region, to be realised through programmes, such as cash transfers for vulnerable groups including children, older people and people living with disabilities. It was agreed that a basic package of social transfers was affordable within current resources of governments with the support of international development partners.
2008	The Social Policy Framework for Africa (Windhoek, Namibia) agreed on the need for comprehensive long-term national social protection action plans, to be implemented gradually. A consensus was reached that a minimum package of essential social protection should cover essential health care, benefits for children, informal workers, the unemployed, older persons and persons with disabilities.
2010	The Social Ministers' Khartoum Declaration on Social Policy Action towards Social Inclusion reaffirmed the commitment to “the acceleration of implementation of relevant social protection measures to directly benefit the well-being of the Family in Africa”, with an emphasis on persons with disabilities, children and the elderly.

Non-contributory social protection programmes in Arica: Overview of programmes

Social protection programmes have proliferated. In the last 15 years the number of non-contributory programmes in African countries has almost tripled (Cirillo & Tebaldi, 2016). In brief (European University Institute, 2010, p. 72):

- There has been a significant increase of targeted programmes, aimed at poor and vulnerable groups (particularly children, the elderly, people with disabilities and ‘poor households’), though many remain in a pilot stage.
- Safety nets are still important and widespread as a response to emergencies.
- The expansion of social protection is constrained by the limited formal wage employment among the poor.
- Large-scale schemes, such as social pensions in southern Africa, and national safety net programmes in eastern Africa are spreading.

Many African countries have made progress towards comprehensive social protection systems, through legislation and the establishment of delivery institutions. Burkina Faso, Ghana, Kenya, Mozambique, Rwanda, Sierra Leone, Tunisia and Uganda, among others, have adopted, or are in the process of adopting social protection strategies as national development agendas. Several programmes have achieved substantial coverage; for example, cash transfers in South Africa reach 16 million beneficiaries, over a third of the population. In 2015, the Ethiopian Productive Safety Net Programme (PSNP) was accessed by 10 million beneficiaries, and has inspired similar social protection systems which combine public works and cash transfers programmes in Madagascar, Mali, Mauritania, and Niger (Honorati *et al.*, 2015). Several southern African and island states (Botswana, Lesotho, Mauritius, Namibia, Seychelles, South Africa, Swaziland) have non-contributory universal or very broadly targeted social pensions, and in some cases child grants and disability benefits, as legislated rights. Other countries have initiated efforts to reform their pension systems to expand coverage and consolidate different schemes, such as Cape Verde, Nigeria, Sierra Leone and Zambia. Following successes in Ghana and Rwanda, countries including Benin, Burkina Faso,

Côte d'Ivoire, Gabon, Mali, Senegal and Tanzania are reforming their social protection strategies to implement universal health coverage (European University Institute, 2010). In several North African countries with high levels of social inequality, political volatility has triggered increased investment in social assistance and a reform of subsidy-dependent strategies (Devereux, 2015). Several programmes have been lauded as innovative and context-specific social protection responses to their countries' needs (some examples are listed in Box 4).

Box 4: Social protection programmes in Africa: Snapshots

Lesotho's Old Age Pension was established in 2005. It is a nationwide, state-financed, unconditional non-contributory scheme available to all registered citizens over 70 years (and who do not receive any other form of pension benefit). The monthly transfer equivalent to USD40 reaches more than 85 000 beneficiaries. Programme expenditure was 2.39% of GDP in 2012.

Rwanda's Vision 2020 Umurenge Programme (VUP) was established in 2007 as a leading programme in the government's National Economic Development and Poverty Reduction Strategy. It consists of three core initiatives to redirect social protection programmes to vulnerable populations: (1) public works; (2) the Ubudehe micro-finance scheme; and (3) direct support through an unconditional cash transfer. The programme uses decentralised community-based targeting to provide direct support to poor families without labour capacity and public employment to poor families with labour capacity. The programme reached over 300 000 individuals and households in 2014/5. Programme expenditure in the fiscal year 2014/2015 was USD 39.9 million, shared between the Rwandan state and international donors.

Ethiopia's Productive Safety Net Programme (PSNP) was established in 2005 to improve food security and to support livelihoods for rural households. It consists of an unconditional cash transfer component and is Africa's largest public works programme. Chronically food-insecure households are identified via geographic targeting and community-based targeting and benefits are paid in food, cash or a combination of both. It has an annual budget of US\$900 million (predominantly financed by international donors) and reached 10 million beneficiaries in 2015.

Kenya's Home Grown School Feeding Programme was established in 2008 to improve school attendance and increase national food production. It is a conditional cash transfer targeting food-insecure children in primary schools in semi-arid areas which are experiencing low enrolment and high dropout rates. In 2013, 729 000 children were reached. Programme expenditure was USD4.6 million (2013).

Ghana's National Health Insurance Scheme Fee Exemptions was established in 2003 to improve the population's access to affordable health-care services. It uses means-tested targeting to identify very poor, pregnant women or existing beneficiaries of the Livelihood Empowerment Against Poverty (LEAP) cash transfer programme. Eligible beneficiaries are then entitled to exemption from payment of a health insurance premium and access to health-care benefits. The programme reached 6.7 million beneficiaries in 2014.

Morocco's Cash Transfer for Children (Tayssir Programme) was established in 2008 to reduce attrition from and dropout rates in schools. It provides monthly cash transfers (conditional and unconditional) to parents of children at selected schools in rural areas. In 2013/4, the programme reached 825 000 students. Programme expenditure was ≈USD86 million.

Sources: Cirillo & Tebaldi, 2016; European University Institute, 2010; Garcia & Moore, 2012

Which types of social protection intervention are most common?

Many programmes have multiple components. To a much greater extent than other global regions, the predominant form of social protection in Africa is unconditional cash transfers, followed by public works programmes and conditional cash transfers (Cirillo & Tebaldi, 2016). A survey conducted by United Nations Children's Fund (UNICEF, 2016) found that only 22% of programme components enforced conditionalities for beneficiaries. The most popular types of conditionalities are related to children's school attendance and health checks, while only a few programmes ask beneficiaries to undertake activities related to birth registration and children's nutrition. Compared to the trends in other continents such as South America,

programmes have been introduced only with 'soft' conditions, to encourage certain behaviours with low levels of sanctions for non-compliance. This takes into account that adherence requires many factors that are often beyond the beneficiaries' control (ILO, 2014). Food-for-work schemes, micro-finance programmes, educational fee waivers, unconditional in-kind transfers, asset and input transfers (in-kind transfers with a productive role, such as seeds, fertilisers, livestock) and subsidies (such as fuel, agricultural and food subsidies) are less common.

Despite differences in the region, two broad models of social protection are evident, based on countries' level of economic development (Devereux *et al.*, 2015). Middle-income countries (for example South Africa and Botswana) are more established with greater social protection coverage. This includes formal social insurance schemes and labour market interventions. Low-income countries and fragile states generally have more limited financial and institutional capacity, with large proportions of the population in need of social protection. Middle-income countries' governments have focused more on developing rights-based and tax-funded long-term social transfers that target age-based vulnerability, such as the Old Age Grant and Child Support Grant in South Africa. In low-income countries, development partners (donor agencies, multilateral financial institutions and international non-governmental organisations, NGOs) have played a strong role in advocating for social protection. Programmes are often short term and focused on combating food insecurity and on building human capital. These differences are reflected in the characteristics of cash transfer programmes (Box 5). However, there is overlap between the categories. While programmes in low-income countries have often been fragmented, and lacked domestic coordination, some countries, such as Lesotho, are moving towards more comprehensive social protection strategies.

Box 5 Cash transfer programmes: Differences between middle and low-income countries

Programme characteristics	Middle-income countries	Low-income countries
Aims of programme	Poverty alleviation	Food security; human capital; emergency response
Duration of programme	Short term	Long term
Coverage	Wide-scale coverage of vulnerable and poor population	Limited coverage of select vulnerable groups
Targeting	Universal or near-universal coverage of eligible groups	Limited target group
Community involvement	Limited	Often involved in targeting, monitoring payment distribution
Conditionalities	Rare	Sometimes
Legislation	Yes, rights-based programmes	Limited
Monitoring systems	Established; appeals mechanisms in place	Variable quality and sometimes very weak
Funding	Government	Donor or government/donor
Complementary programmes	Usually part of a social assistance system	Usually stand-alone

Source: Adapted from Garcia & Moore, 2012, p. 50

What is the size of cash transfers?

There is considerable variation in the value of cash transfers, which in part reflects differences in the cost of living between countries. The wealthiest countries provide the largest transfers through their social pensions, equivalent to US\$100 monthly or above (in 2012) (Garcia & Moore, 2012). Amounts can be compared in terms of households' consumption, expenditure, poverty lines or average incomes. Examples include:

- Kenya's cash transfer for orphans and vulnerable children (OVC) was equivalent to approximately 20% of poor Kenyan households' expenditures in 2009.
- Malawi's Zomba cash transfer was set to equal approximately 15% of eligible households' total monthly consumption in 2010.
- Mauritius's Old Age Pension was worth approximately 20% of the average wage in the country in 2008.
- Mozambique's Food Subsidy Programme was equivalent to 4-6% of the country's minimum wage in 2007.

- South Africa's Old Age Pension and Disability Grant were equivalent to 1.75 times median income in 2010.
- Senegal's Child-focused Social Cash Transfer equalled about 14% (in 2009) of the average food basket value in households with four adults.
- Zambia's Kalomo Social Cash Transfer Programme base transfer of approximately USD10 per household (in 2007) was considered insufficient to cover the poverty gap, but enough to pull people from extreme poverty.

What is the institutional location and who funds social protection programmes?

A survey of non-contributory social protection programmes across Africa found that 40% of programmes are implemented with the financial or technical support of external agencies or NGOs (Cirillo & Tebaldi, 2016). With regard to the governments and agencies involved in designing and implementing programmes, a review of sub-Saharan African countries' cash transfer programmes conducted in 2012 found that these were located within a wide range of institutional homes (Garcia & Moore, 2012), and that as national income levels decrease, programmes are increasingly located outside government departments. The study calculated that overall 55% of programmes were located within government departments, most commonly within social welfare departments (34%), followed by social security departments (9%), then health-related departments (5%), education-related departments (2%) or other departments (5%).

Closely related to institutional location and national income status are funding trends. Upper middle-income countries tend to fund their own programmes. Approximately half of the programmes in lower middle-income countries are funded exclusively by governments, and almost one-third are funded entirely by non-governmental sources. The organisations that most frequently fund cash transfer programmes include the Department for International Development (DFID-UK), the World Bank and UNICEF.

How much do social protection programmes cost?

Countries at all levels of income are investing in social protection. Across the continent, average social protection expenditure (including health) has increased from 2.7% in 1990 to 5.2% of GDP in 2010/11 (ILO, 2014). It is typically the highest in the North African countries with high spending on fuel and food subsidies (11.73% of GDP in Egypt and 5.36% of GDP in Algeria excluding health care in 2011) (ILO, 2014). Programme costs depend on the coverage, size and type of the programme, administrative costs and monitoring costs. Costs vary widely and are often disproportionately higher at the beginning of a programme. Botswana's national pension was estimated to cost 0.26% of GDP in 2015 (Cirillo & Tebaldi, 2016). In 2009/2010, Namibia's social pension was estimated to cost 1.36% of GDP and the total cash transfer system cost 2% of the country's GDP and 6% of its budget (Garcia & Moore, 2012). The South African grant system costs 3.2% of GDP (RSA, 2016). The majority of cash transfer programmes are of a smaller size (with annual expenses of US\$10 million or less in 2012) (Garcia & Moore, 2012).

Social protection in Africa: Reviewing the evidence

Recent studies evaluating social protection programmes in Africa have shown that when social protection is 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 (Honorati *et al.*, 2015; Taylor, 2008). Evaluations have enabled improvements to the design features and delivery systems, and learning from existing programmes in order to scale up coverage and impact. Evaluations also contribute to enhancing accountability and evidence that could lead to political strengthening of programme credibility. Evaluations are however costly and often limited budgets are available to conduct the research needed to demonstrate effects or to assess delivery processes to improve efficiency and effectiveness.

While challenges exist, global reviews have highlighted the success of social protection in meeting a broad range of developmental goals (Box 6). Summaries of international evidence are listed below with examples from evaluations of African programmes.

Poverty and inequality reduction. Evidence consistently shows a reduction in poverty measures, and an increase in household food expenditure. These reductions are recorded particularly as a result of cash

transfer programmes (Bastagli *et al.*, 2016; Honorati *et al.*, 2015; ILO, 2014). Higher levels of social protection expenditure are also associated with lower levels of inequality (ILO, 2014). In South Africa, non-contributory grants have reduced the poverty gap by more than one-third (Woolard *et al.*, 2011). In Mauritius, social protection programmes have contributed to a reduction in poverty levels by over 50% (Honorati *et al.*, 2015). During the 2011 drought in East Africa, Ethiopia's Safety Net Programme protected many poor and food-insecure families from starvation (World Bank, 2012). Impacts on poverty and inequality have been limited (e.g. in some northern African countries) where social assistance has had low coverage, low benefit levels, inefficient targeting and poor or absent monitoring and evaluation systems (Devereux, 2015). Implementation issues, such as delays in transfer payments in Ghana's LEAP, can reduce the extent of poverty reduction outcomes (Honorati *et al.*, 2015).

Nutrition and food security. Social protection programmes have frequently shown significant positive impacts on food security and dietary diversity (Bastagli *et al.*, 2016). For example, households receiving a child grant in Lesotho were significantly less likely to be malnourished than similar children not receiving the transfers, and reported improvements in household food security and dietary diversity (Honorati *et al.*, 2015). In Malawi, 93% of beneficiaries of the Mchinji pilot Social Cash Transfer Programme targeted at the poorest reported that their food consumption improved over a six-month period compared to only 10% in a control group. Seventy-five per cent of beneficiaries of the Ethiopian PSNP consumed a higher quantity and quality of food. Mozambique's *Programa Subsídio de Alimentos* (Food Subsidy Programme) increased the proportion of households' food expenditure by 22%, with larger effects for female-headed households (Garcia & Moore, 2012). In Ghana, a public works programme had a positive impact on food consumption expenditure and food security for children (Honorati *et al.*, 2015). While transfer programmes raise consumption levels of food (as well as health, education, and hygiene), evaluations from Africa, Latin America, and Asia all show no impact of transfer programmes on the consumption of alcohol, tobacco, and gambling (Honorati *et al.*, 2015).

Health. Social protection can contribute to better and more equal health outcomes (ILO, 2014). Recipients of cash transfer programmes have reported increased utilisation of health services (particularly where conditions are attached) and improvements in self-reported health outcomes (Bastagli *et al.*, 2016; Garcia & Moore, 2012). After two and half years, households participating in conditional cash transfer programmes in Tanzania were healthier, reported fewer sick days from school or work, and increased levels of investment in health insurance (Honorati *et al.*, 2015). An evaluation of Malawi's Social Cash Transfer pilot found that after receiving transfers for six months, children and adults in beneficiary households experienced improved health (Garcia & Moore, 2012). In Ghana, user fee exemptions for pregnant women led to a significant reduction in the maternal mortality rate (ILO, 2014).

Education. Social protection programmes, including cash transfers and school feeding programmes, have been shown to lead to higher school enrolment and attendance rates, fewer school dropouts and less child labour (Bastagli *et al.*, 2016; ILO, 2014). In Lesotho, cash transfer programmes helped increase the levels of expenditure on schooling, clothing, and footwear for children and to retain children in primary school, particularly boys who would have otherwise dropped out (Honorati *et al.*, 2015). In Malawi, the conditional Zomba Cash Transfer Programme targeting young girls in school and recent dropouts led to substantial increases in school enrolment, with beneficiaries 3-4 times more likely to be in school than those not in the programme (European University Institute, 2010). In South Africa, early receipt of the Child Support Grant was associated with completion of significantly more grades of schooling compared with children who enrolled in the programme at a later age (Heinrich *et al.*, 2012).

Gender. Cash transfers can contribute to the empowerment of women through increased decision-making power, but may also reinforce traditional gender roles (Bastagli *et al.*, 2016; Plagerson & Ulriksen, 2013). Cash transfers can delay marriage, lead to decreased likelihood of early pregnancy and reduce the incidence of relationships that are transactional (Bastagli *et al.*, 2016). Typically cash transfers provide greater benefits to women, compared to their male counterparts. A South African study found that the Child Support Grant enhanced women's power and control over household decision-making in financial matters, general household spending and child well-being, but also noted that that women continue to bear the greatest burden of care. The authors concluded that to ensure optimal benefits for child well-being, women's empowerment and to transform unequal social relations of power, the cash transfer needs to be integrated with other public programmes that strive for gender equality for poor women (Patel *et al.*, 2015). Efforts are being made by some African countries to ensure that social protection programmes are gender sensitive. In Ethiopia, provision is made for childcare at PSNP work sites. In Kenya, where discrimi-

nation on the basis of gender was identified as a barrier to accessing social protection services, gender mainstreaming has since been established as a guiding principle of the Kenya National Social Protection Policy. Social protection is playing an important role in mitigating the impact of HIV/AIDS. In Malawi, young women in receipt of transfers were found to spend more time in school and to have a lower HIV/AIDS prevalence rate than those in control groups (Omilola & Kaniki, 2014).

Productive outcomes. Though not the primary aim of non-contributory social protection programmes, predictable cash transfers can enhance households' investment in agricultural and non-agricultural activities to generate income and can spark positive spillover effects in local economies (Bastagli *et al.*, 2016; ILO, 2014). In Lesotho, findings show that 18% of social pension recipients use their pension to create cash jobs for others. In South Africa and Mozambique, studies have shown a positive association with work-seeking behaviour (Garcia & Moore, 2012; Plagerson & Ulriksen, 2013). Home-grown school feeding programmes in Sudan and Kenya have been linked with local food production and stimulated local livelihoods and agriculture. The From Protection to Production Project conducted in several African countries found that cash transfer programmes have led to multiplier effects on local economies of targeted communities ranging from USD 1.73 in Zimbabwe to USD 2.50 in Ghana for each US dollar transferred, as a result of beneficiaries spending their transfers, often on goods or services in the local economy. In Sierra Leone, participation in a public works programme significantly increased the likelihood of creating new or expanding existing enterprises (Honorati *et al.*, 2015).

Community empowerment and citizen accountability. Community involvement and human rights approaches to social protection are contributing to citizen empowerment outcomes (Devereux, 2013). In Lesotho, the Cash and Food Transfer Pilot Project instituted help desks where people could lodge complaints. The Hunger Safety Net Programme (HSNP) in Kenya has a rights charter that specifies the responsibilities of administrators and beneficiaries, and rights committees for applicants to take up complaints with (Mwasijaji *et al.*, 2016). South Africa's National Development Plan argues for introducing social audits to its social grants programmes (NPC, 2011). Malawi's Social Action Fund Project provides a channel for citizen feedback through a community scorecard process to assess whether services are benefiting the poor. The process gives communities a central role in assessing the performance of services and public agencies and in providing citizen feedback to service providers on their performance (Devereux, 2013).

Box 6. Useful references describing social protection programmes and reviewing impact evidence

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Social protection in Africa: Key issues

As the social protection sector is flourishing, it is also changing rapidly. Some of the current debates about the character and direction of social protection in the African context are related to: the adoption of rights-based approaches, universalism and targeting, gender, institutionalisation, affordability, and labour market and other linkages.

Rights-based approaches to social protection

The affirmation of the right to social security imposes on legislators a duty to act, and on citizens a legitimate expectation to receive access to basic social security. Several countries are promoting social protection as a nationally legislated entitlement in line with agreements reached by the African Union. The South African Constitution affirms that “everyone has the right to have access to social security, including, if they are unable to support themselves and their dependents, appropriate social assistance” (Article 27(1)). It also specifies that the state has a duty to take “reasonable legislative measures, within its available resources, to achieve the progressive realisation of each of these rights” (Article 27(2)). Similarly, in Kenya, the Constitution (2010) states that “the State shall provide appropriate social security to persons who are unable to support themselves and their dependents” (Article 43(3)). This right to social protection is supported by a National Social Protection Policy (2012) and a National Social Assistance Act (2013). But most states do not yet provide for a specific right to social security.

Universalism and targeting

Both universal and targeted approaches can be used in social protection schemes, and may be combined within national strategies, for example in Mauritius, Lesotho, South Africa and Namibia. Targeted approaches seek to identify the poorest and allocate scarce resources according to priority of need within constrained budgets. Universal access to social protection is promoted as a citizenship-based entitlement that avoids discrimination and some of the administrative costs of targeting.

Box 7. Different targeting methods

Means testing is based on an assessment of income, assets and/or wealth of applicants. Those below a certain threshold are defined as eligible.

Proxy indicators are based on factors such as location (geographic targeting), age and gender that are deemed to be strongly correlated with well-being or deprivation.

Categorical targeting is based on the identification of groups of vulnerable people (such as orphans or people living with disabilities).

Self-targeting is based on voluntary participation in the programme, often requiring participants to identify themselves as eligible for support.

Community-based targeting relies on an eligibility assessment conducted by the community where a programme is implemented.

Universal targeting applies to everyone, or everyone in a particular category.

Source: Adapted from European University Institute, 2010

Targeting generally increases the share of benefits going to poor people, but this depends on effective design and implementation capacity, in particular to avoid the exclusion of the poorest. Life cycle related categorical targeting approaches, e.g. in childhood or in old age, can be a best-fit solution to the inherent problems of narrow poverty targeting. The assumptions that inform targeting decisions should be made explicit and transparent to assess the extent to which some groups are included or excluded. For example, it might be incorrectly assumed in some contexts that migrant households are better off and should not qualify.

Gender

In the past, gender has been neglected in social protection. However, gender equality and women's empowerment are increasingly being acknowledged as being central to social protection aims. The UN's SDGs of 2015 explicitly promote social protection as a vehicle for achieving improved gender equality outcomes (UN, 2015). Social protection is relevant to gender in various ways: poverty affects more women than men; on average, women work for fewer years, for lower wages, and in more insecure environments; women carry a disproportionate reproductive and care burden; and women live longer than men. Some social protection measures are aimed at women, for example through maternity benefits. However, social insurance systems that are predominant in many African countries tend to discriminate against women, for example through a narrow focus on the formal labour market in which women are under-represented (Taylor, 2008). Many family and child support programmes have directly or indirectly targeted female recipients, based on evidence that women spend money in ways that have more beneficial impacts on children.

Social protection programmes have been shown to address female poverty to some extent, by reducing the gender poverty gap and by improving health and education outcomes for girls and women (Bastagli *et al.*, 2016). Having even small resources can boost women's bargaining power in the household – and their confidence, self-esteem and sense of control over financial decision-making and in bringing about changes in life circumstances (Patel *et al.*, 2012). Yet social protection may also reinforce women's traditional role within the household and buttress gender inequalities. Therefore, careful attention needs to be given to the design of social protection programmes and their underlying beliefs about the role of women in mothering, care and in community work. The application of a gender lens in the design of social protection programmes is critical. It is important to find ways to support women and men in their care roles. Supportive family and household level interventions are recommended. Links to other programmes and complementary interventions – such as health, food security and education, home and community-based care services and rights and awareness training – need to be strengthened.

Conditional vs unconditional cash transfers

Conditions have advantages and disadvantages that are context-specific. The aim in selecting the most effective design is to optimise the potential to combat short-term poverty by ensuring that minimum consumption needs are met, while supporting households to invest in human capital, which will reap long-term benefits. In many contexts, it is the receipt of income that will produce the required impacts, in which case unconditional cash transfers are most appropriate and easiest to administer. There are two main potential advantages of conditional cash transfers (European University Institute, 2010). The first is that they can be used when marginal households are investing in suboptimal levels of human capital (for example lower rates of school enrolment for girls than boys). Second, from a political perspective, conditions may help to enlist the support of non-beneficiaries, if these sections of the population view these programmes as 'giving something for nothing'. However, even when these conditions exist, the costs of imposing conditions should be weighed against the benefits they are expected to generate (Garcia & Moore, 2012). It is important to consider that conditions may impose additional burdens on beneficiaries, such as time spent by mothers ensuring that conditions are met, filling in forms, and queuing at schools or clinics. Also when behavioural conditions are applied such as health checks, beneficiaries should not be penalised because they lack access to a clinic close to home.

Cash or food?

Cash transfers have become the dominant form of social protection in African countries, compared to in-kind transfers. But in some contexts, for example with high inflation, food shortages or natural disasters, food transfers may be preferable. Box 8 summarises the advantages and disadvantages of cash vs food transfers. Some social protection initiatives combine cash and in-kind transfers, such as the PSNP in Ethiopia.

Box 8: Advantages and disadvantages of cash vs food transfers

Cash		Food	
<i>Advantages</i>	<i>Disadvantages</i>	<i>Advantages</i>	<i>Disadvantages</i>
More cost-efficient than food	Limited donor resources are available	Donor food surpluses are available	High transport and storage costs
Allows more beneficiary choice	Decreased value because of inflation	Immediately increases food availability	Losses from spoilage and theft
More fungible than food	Can be used for non-food consumption	Directly addresses nutritional deficits	Less easily exchanged than cash
Encourages production	Usage favours men	Lower security risk	Disincentive effects on production
Stimulates local markets	Heightened security risk	Usage favours women, children, older persons	Competes with local markets and trade

Source: Devereux, 2002, p.12

Institutionalisation

The strengthening of national systems-building is central to the development and sustainability of social protection programmes. This requires a move away from fragmented, externally-funded and managed projects towards systems which are efficiently coordinated within and across government institutions and development partners. Institutional features matter in the efficient and effective delivery of social protection programmes and to ensure that there are no leakages due to maladministration. Good governance and administration are central to the legitimacy of the programmes. Other factors such as the institutional location of the programme are also important to its success.

While social departments are the most likely to lobby for social protection, they may lack negotiation power with more powerful finance ministries, particularly if these view social protection measures as expensive handouts. Conversely, the location of the social pension within the Ministry of Finance in Lesotho has been identified as a factor ensuring its success (Devereux & White, 2010). Officials and agencies with the responsibility for social protection also play a key role; the effectiveness of the schemes depends on their capacity to implement them. In Kenya, the recently formed Ministry of Labour, East Africa Cooperation and Social Protection has the mandate to coordinate social protection across many small and fragmented programmes. In South Africa, the establishment of the South African Social Security Agency (SASSA) to centralise the implementation of the grants system, has improved implementation and insulated the programme from changes in political leadership over time (Pauw & Mncube, 2007).

Affordability

Social protection can be achieved at an affordable rate and expanded gradually (European University Institute, 2010; Honorati *et al.*, 2015; ILO, 2010). The ILO estimated the cost in several low-income countries (Burkina Faso, Cameroon, Ethiopia, Guinea, Kenya, Senegal, Tanzania) of a package of basic social protection benefits, to include free basic health care, a child benefit, targeted income support to the poor and unemployed, and pensions for disability and old age. The costs of the elements of the basic package (inclusive of administration expenses) are estimated to be between 5% and 12% of GDP in the countries in which the calculations were conducted (European University Institute, 2010). While this would require a considerable increase on existing social security spending, elements of the package, particularly universal non-contributory pensions, are affordable for almost all African countries (ILO, 2010).

Social protection programmes can be financed in a variety of ways, including national government revenues, and aid from international donors. Particularly in low-income countries, where the majority of the population is in need of social assistance, and only small proportions contribute to the tax base, there are real challenges in expanding the domestic resource base, and reforming the tax system (Devereux *et al.*, 2015). Donors can provide financial support to fund initial costs or recurrent expenditure, but the use of domestic revenues is preferable as it creates a sense of responsibility and accountability of governments and politicians to the citizenry. Domestic social protection financing flows from national government rev-

venues, including natural resource revenues, direct taxes, social security contributions, taxes on goods and services, and taxes on trade (Ulriksen, 2014). Governments can also reallocate money from other areas that receive high levels of funding (such as military budgets and energy subsidies) to social protection (European University Institute, 2010; ILO, 2014).

Labour market linkages and provisions for informal workers

An enabling macro-policy framework that integrates social and economic objectives can lay the foundation for the incremental realisation of social protection, with the potential to improve living standards and stimulate local economic development (Taylor, 2008). From this perspective, social protection should be linked to active labour market policies that improve the employability and earnings of those who have traditionally remained excluded from formal employment.

Workers in the informal sector and self-employed workers typically do not qualify for social insurance or social assistance. A combination of strategies is required to address their needs, which take into account the insecure nature of informal employment and the limited ability of poor workers to contribute. Provisions may include the extension of social insurance coverage to those who work informally in ways suited to each context. Social assistance measures may also act as a bridge towards extending social insurance over the longer term in different sectors and in the strengthening of informal community-based systems. An example is Ghana's Social Security and National Insurance Trust, which created the Informal Sector Fund. Previously, the social security system excluded 80% of the nation's labour force. The Informal Sector Fund, piloted in 2005 and established in 2008, enabled participants to use their retirement savings as collateral and to have access to micro-credit for productive purposes. In some contexts, it may well be possible to integrate formal sector social insurance programmes into a larger legal and social protection framework, to include groups otherwise excluded. As a result of legislative changes, domestic workers in South Africa, have been able to register with the Unemployment Insurance Fund (European University Institute, 2010).

Health-care coverage is a priority for many in informal employment and may be another area for innovative initiatives. Moving towards universal health care is likely to require a suitable mix of compulsory contributory social insurance schemes, with mechanisms to include the informal economy population, and tax-based social assistance for those whose incomes preclude their own contributions, combined with tax and aid-based funding of health-care infrastructure and administrative costs.

Technology

Straightforward delivery mechanisms are important for programmes to be successful. The use of innovative technology to disburse payments has increased. Biometric smartcards have been used in Namibia to overcome difficulties in identifying beneficiaries without appropriate documentation. This allows beneficiaries to withdraw their pension from either fixed or mobile payment units using their smartcard and fingerprints. Mobile phones have been used in Kenya to transfer cash to nomadic or hard-to-reach beneficiaries and now are used more generally to send, receive and save money. These progressive methods have been praised for their efficiency and cost-effectiveness, and in some cases for their ability to give the poor access to formal financial infrastructure. But they can be expensive initially, and the costs may be out of reach for small programmes (European University Institute, 2010). Technology has also been harnessed for the management and integration of social protection programmes. In Kenya, the Single Registry software platform was recently launched to harmonise and monitor fragmented state and non-governmental schemes and to increase capacity to rapidly respond to crises (Mwasiaji *et al.*, 2016).

Informal social protection

Traditional or indigenous informal systems of protection continue to exist in many African countries in the absence of formal systems or where these are inadequate. Extended families, households and communities are the main sources of social support. Different types of informal or non-state social protection systems exist such as communal and co-operative forms of self-help or mutual aid to manage risk and to support people in times of hardship. These may include savings and rotating credit schemes, co-operative arrangements and micro-insurance, such as funeral societies. Other strategies include sharing of responsibilities. *Letsema*, a southern Sotho word means working together for a common goal such as when families share work in the fields on a rotational basis (Patel, 2015). These informal systems provide material and non-material support, consumption smoothing in times of economic shocks. Local community development initiatives spearheaded by non-governmental organisations also exist although coverage may be

limited. Although informal provision is under strain in many countries and is thought to be a safety net with holes, there is nevertheless limited acknowledgement of these initiatives. How informal provision may work together with public, private and developmental assistance remains a challenge. The design of social protection will need to focus more closely on realising the synergies between formal and informal social provision as countries attempt to establish social minima.

Frequently asked questions

Are cash transfers not just handouts (won't they lead to dependency)?

A fear of creating dependency in contexts with limited public resources has created political resistance to expanding social assistance. Media and political entities can tend to emphasise potential negative effects of cash transfers. Do cash transfers lead to disincentives? From this point of view, handouts, especially to working age adults, are believed to create perverse behavioural incentives leading to able-bodied individuals choosing dependency on the state over work. Examples would be if farmers stopped farming in expectation of receiving food aid, or if young women deliberately become pregnant in order to receive child grants. Research has shown that there is no basis to either of these assumptions (Devereux & White, 2010; Makiwane, 2010). On the contrary, many positive incentives of social protection programmes in Africa have been listed. These findings suggest that appropriate and context-sensitive programme design can ensure that disincentives do not occur or are minimised.

How can a programme make sure that people graduate out of it?

It is commonly assumed that as poor people are assisted to move smoothly up the income ladder until they are no longer poor, there is a magical point when the safety net can just be removed (Devereux, 2013). However, given the structural and precarious nature of livelihoods, such an expectation is unrealistic. The complexity of addressing poverty and vulnerability highlights rather the need for social protection interventions to be integrated with national-level macro-economic policies that are inclusive and that speak to local economic development efforts.

Conclusion

Social protection is a key component of economic and social policy. It is a social investment which can foster both economic and social dimensions of human development, and realise the right to social security. It may relieve immediate hardship and can yield long-term human capital benefits. Economists point to social protection's role in stimulating domestic demand for goods and in enhancing inclusive growth and sustainable development (ILO, 2014, p.2). Social protection also serves as a vehicle towards achieving wider societal goals and may promote social and political stability. Social protection is most effective when it forms part of overall, integrated national development strategies, and is harnessed with other strategies for achieving poverty and inequality reduction (Bhorat, 2015).

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. Each country can design and gradually extend appropriate interventions, within its available resources. Many African countries are experimenting with innovative social protection strategies and there is much learning that may be shared between countries to build social protection systems that are suited to specific country conditions. While the evidence base is improving, there is scope for ongoing evaluation of social protection programmes particularly longitudinal studies to strengthen knowledge and evidence-based policies and intervention. The building of research capacity on the continent and investing in rigorous monitoring and evaluation are crucial to finding solutions to the challenges facing policymakers. Fostering a culture of critical reflection on current programmes and learning from best practice in the Global South, are also needed.

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