



**Centre for
Social Protection**

Social Protection in Sub-Saharan
Africa: A Regional Review

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Social Protection in Sub-Saharan Africa: A Regional Review

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Institute of Development Studies

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Ford Foundation Social Protection Scoping Study

Regional chapter: Sub-Saharan Africa

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1. INTRODUCTION

Social protection has established itself firmly on the policy agenda in most African countries. This is an appropriate moment to take stock of social protection initiatives in Africa – what is being delivered and what challenges remain in the extension of social protection to all poor and vulnerable Africans.

How is social protection understood in Africa? Definitions in policy and strategy documents range from old-style safety nets against natural disasters to partly articulated risk management systems, to wider-ranging conceptualisations that incorporate social insurance and labour market interventions – though not measures that aim at ‘social transformation’ or ‘social rights’ (see Box 1).

Box 1. Definitions of ‘social protection’ in Africa
<p><i>“Social Protection comprises a range of public actions taken to assist people, households and individuals against shocks and risks. Social protection measures typically include labour market interventions, public works schemes, pensions, insurance and targeted transfers such as income support.”</i></p> <p style="text-align: right;"><i>Ghana – Social Protection Strategy [draft] (2005)</i></p>
<p><i>“Social Protection in Kenya is defined as: policies and actions aimed at enhancing the capacity of the poor and vulnerable to better manage their livelihoods and welfare.”</i></p> <p style="text-align: right;"><i>Kenya – National Social Protection Strategy [draft] (2009)</i></p>
<p><i>“Social Protection: Policies and practises that protect and promote the livelihoods and welfare of the poorest and most vulnerable people and cushion the livelihoods of poor people vulnerable to risks and shocks.”</i></p> <p style="text-align: right;"><i>Malawi – Social Protection Policy [draft] (2007)</i></p>
<p><i>“Social protection refers to policies and practices that protect and promote the livelihoods and welfare of people suffering from critical levels of poverty and deprivation and/or vulnerable to risks and shocks.”</i></p> <p style="text-align: right;"><i>Zambia – Fifth National Development Plan (2006)</i></p>

This paper explores how the commitments made in national social protection policies and strategies are being translated into programmes and projects by African governments, with support from their ‘development partners’ – bilateral and multilateral donors, international and local NGOs. The paper is organised as follows. **Section 2** provides a brief ‘situation analysis’ in three parts – main sources of vulnerability (food insecurity, HIV and AIDS, conflict); poverty and vulnerability factors affecting each age-cohort (children under five, school age children, adolescents, working-age adults, older persons); and approaches to social protection in Africa (social security, emergency relief, social transfers). **Section 3** reviews the types of social protection provided to each age-cohort, from therapeutic and supplementary feeding for under-5s to contributory or non-contributory pensions for older persons. **Section 4** analyses topical features of the social protection agenda in Africa, starting with politics and policy processes, and continuing with questions of financial affordability and political sustainability. Two **Annexes** list relevant Ford Foundation grants in Africa, and selected social protection interventions, organised by age-cohort.

2. SITUATION ANALYSIS

This section describes the context of vulnerability in sub-Saharan Africa, first at the aggregate level and then in relation to different population cohorts through the life-cycle. This is followed by a brief discussion of different approaches to social protection in Africa, from emergency relief to predictable social transfers.

2.1 The vulnerability context in Africa

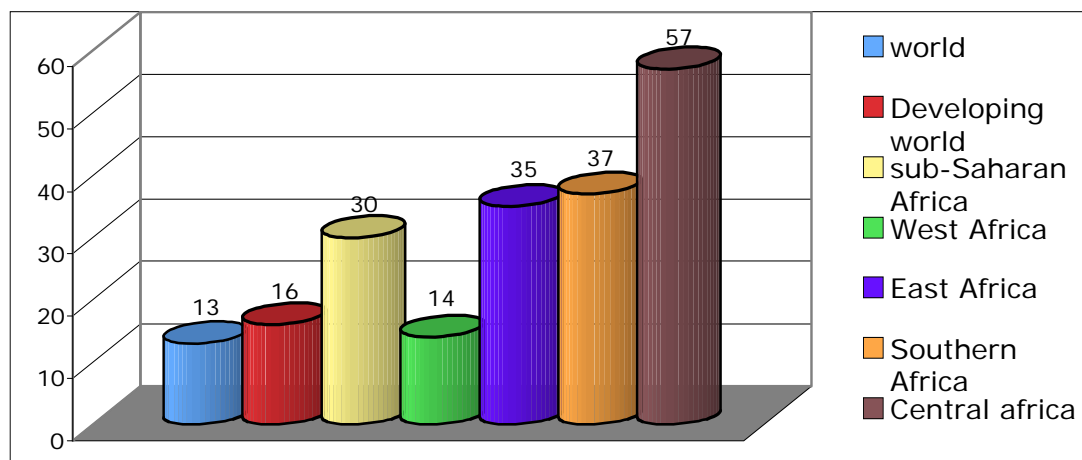
People living in sub-Saharan Africa face a unique set of challenges. Three of the most significant are discussed here: food insecurity, HIV and AIDS, and conflict. Different age-sex cohorts experience these shocks and processes differently; these disaggregated impacts are explored further in the next sub-section.

2.2.1 Food insecurity

Food insecurity is a major problem region-wide in sub-Saharan Africa, and has worsened steadily in recent decades – the absolute number of malnourished Africans was 88 million in 1970, but this had risen to 200 million by 2000 (Rosegrant 2006). The impacts of under-nourishment are felt throughout the population as hunger affects susceptibility to disease, labour capacity and ability to work. The effects can be particularly devastating for children and infants – low birth-weight babies and stunted children face physical and cognitive impairments, which restrict their development and their lifetime earnings potential.

Figure 1 illustrates the prevalence of under-nutrition – a proxy indicator for chronic food security – in sub-Saharan Africa, which at 30% is more than double the global rate of 13%. Interestingly, although food crises tend to be concentrated in the Horn of Africa, Central Africa displays the highest prevalence of undernourishment (57%), followed by Southern Africa (37%) and East Africa (35%), and is lowest in West Africa (14%).

Figure 1. Prevalence of under-nourishment in Africa, 2007



Source: FAO 2008: Food Security Statistics

Smallholder agriculture still dominates rural livelihoods in most African countries, but agriculture is a low-return and highly risky activity. Average yields of maize in Malawi, for instance, are about one-third the yields of rice in India and one-ninth the yields of wheat in the United States (FAOSTAT 2008). While cereal yields have doubled or trebled in Asia and the United States since the 1960s, yields per capita have stagnated or declined in most Africa countries. Factors explaining this include low levels of investment in agricultural research, technology and rural infrastructure (transport, water, markets and communications); and inappropriate or inconsistent policies regarding land tenure, agricultural subsidies, marketing and extension services.

Although famines are less frequent and less severe than in the past, vulnerability to famine persists in the Horn of Africa, Southern Africa and West Africa – Ethiopia, Malawi and Niger have all suffered food crises that claimed thousands of lives since the year 2000. Recurrent droughts or floods and

the unpredictable impacts of climate change are making agriculture-based livelihoods riskier than ever. The combination of chronic food insecurity and acute vulnerability elevates the need for both emergency relief and longer-term social protection for millions of rural Africans.

The ongoing global food crisis has significantly exacerbated this situation. FAO estimates that since 2003-05, an additional 75 million people worldwide have fallen into chronic hunger, 24 million of whom live in sub-Saharan Africa (FAO 2008: 2-7). Analysis of the causes of the crisis continues, but it is mainly attributed to complex interactions between several global commodity markets including petroleum, biofuels and cereals for cattle feed, as well as related policy changes in major grain exporting countries that reduced market supplies at a time when climate shocks cut grain reserve stocks for two consecutive years. These shocks and trends were exacerbated by fears around climate variability, which significantly affected production potential in the medium term.

Policy responses to the crisis by sub-Saharan African governments were limited – an estimated 22% did nothing at all. Those that did respond employed a range of policies, including reducing taxes on foodgrains (43%), increasing stocks in grain reserves (21%), imposing export restrictions (18%), and applying price controls or providing consumer subsidies (32%) (FAO 2008: 32). The challenge of establishing appropriate policy interventions can be significant, with immediate, medium and longer term needs all requiring different focus and competing for prioritisation. The FAO questions the prudence of some of the most popular interventions, arguing that they could exacerbate the problem by pushing prices higher both locally (e.g. imposing price controls) and internationally (e.g. restricting exports to world markets), or challenge a government's ability to respond to the crisis (e.g. lowering taxes, thereby limiting government revenue needed to respond to the crisis) (FAO 2008: 32).

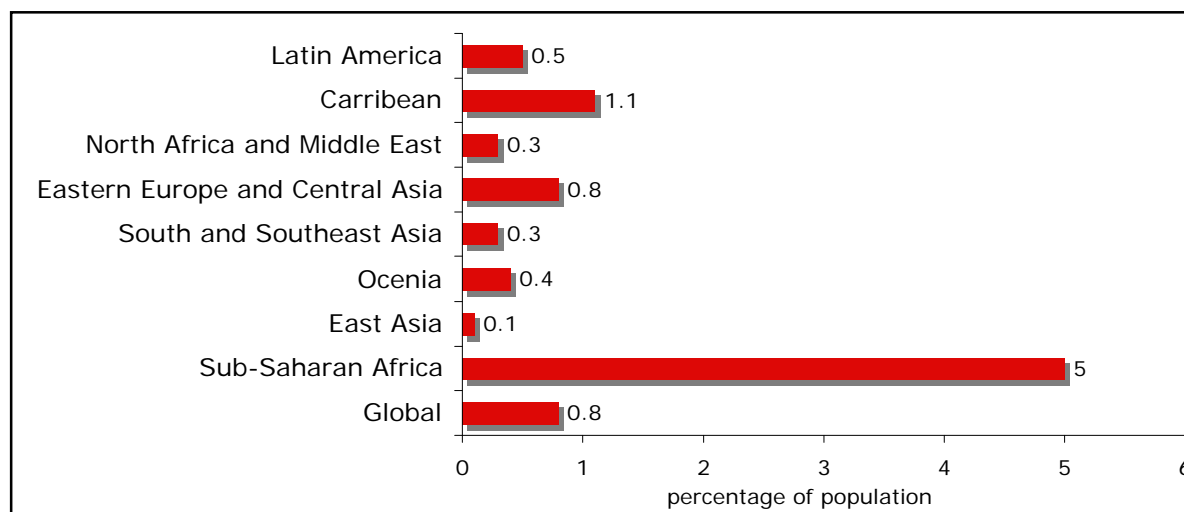
The global prevalence of undernourishment also increased in 2007, following 15 years of steady decline (FAO 2008), reflecting the difficult decisions that households have to make when the cost of feeding a family has risen to 80% of total income for some impoverished households. Fewer meals are consumed, cheaper food is substituted for more nutritious staples and health and education expenditures are often cut significantly. This could set back developmental outcomes by up to seven years, according to World Bank President Robert Zoellick, due to years of physical and intellectual development being lost and the risk of a shift in development resources away from long-term development programming towards intensified emergency efforts.¹

Social protection is often lauded as a key response to the crisis by providing immediate emergency efforts to those who are hardest hit, but debates continue as to the most appropriate interventions in an increasingly uncertain economic environment. A range of responses including cash transfers, food aid, food stamps, therapeutic and school feeding are all examples of possible interventions that may assist households to cope with the immediate crisis. But the implications can be far-reaching in terms of institutional impacts on long-term development efforts due to tough choices regarding budget allocations, and the potential for fragile markets to respond negatively to cash interventions. There is a call for an integrated and comprehensive approach at global level to bring international commodity markets into check, and to support countries that have rising numbers of poor and vulnerable citizens.

2.2.2 HIV and AIDS

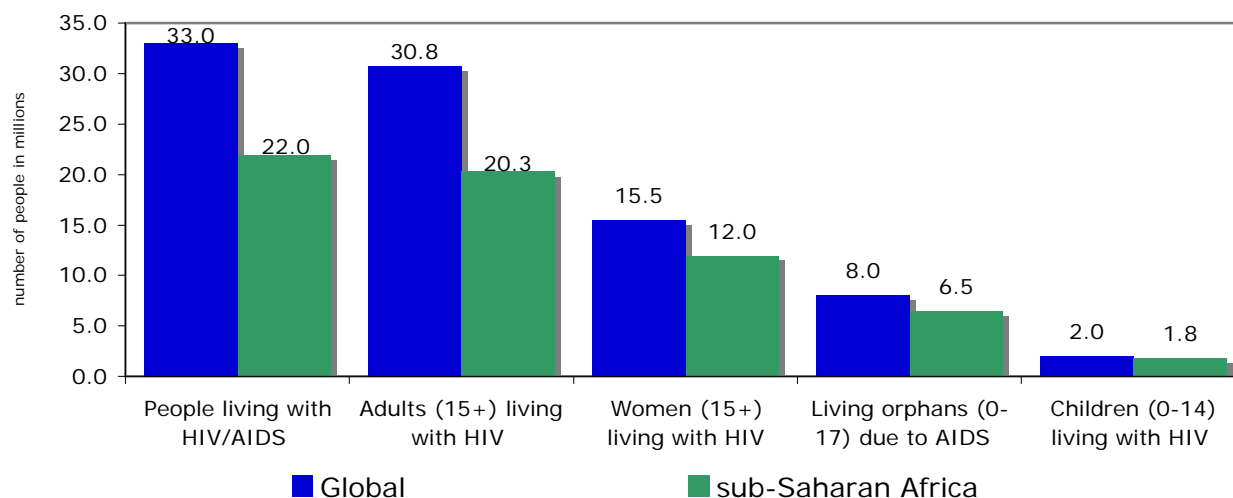
Sub-Saharan Africa is the most heavily AIDS-affected region in the world, accounting for 67% of the global population living with HIV and 72% of AIDS deaths in 2007. An estimated 5% of adults in Africa are HIV-positive, whereas the global prevalence rate is only 0.8% (Figure 2).

¹ Source: <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:21726628~pagePK:64257043~piPK:437376~theSitePK:4607,00.html> (accessed 24 March 2009).

Figure 2. Global adult (15–49) HIV prevalence rates, 2007

Source: UNAIDS (2008)²

Within Africa, Southern Africa has the highest national prevalence rates, ranging from 15-40%, followed by East Africa (6-9%) and West Africa (2-6%). HIV and AIDS prevalence tend to be higher among women than men, averaging 60% in sub-Saharan Africa (UNAIDS 2008: 4-8). The impacts of HIV and AIDS have been devastating in a range of areas. Approximately 12 million African children under 18 years of age have lost either one or both parents to AIDS, and almost 2 million children under 15 are HIV-positive, mostly through peri-natal transmission (Figure 3).

Figure 3. Numbers of people living with HIV/AIDS globally and in sub-Saharan Africa

Source: UNAIDS (2008)

Although some countries provide anti-retrovirals (ARVs) and financial support, these programmes reach a very limited number of people in need, and most HIV-positive persons depend heavily on community and extended family support. Parents often become carers to sick children and then

² For a direct link to the data sheets see: http://data.unaids.org/pub/GlobalReport/2008/jc1510_2008_global_report_pp211_234_en.pdf (accessed 20 March 2009).

guardians to orphans, creating immense stress on these older people with limited earning capacity, leading to increased numbers of children and families living in poverty as household resources are expended on health-seeking behaviour and funeral expenses. Economic sectors that depend on heavy physical labour, such as agriculture, are highly vulnerable to the impact of lost labour. At the macro-economic level, standard economic models suggest that growth in Africa may be slowed by 0.5–1.5% over 10–20 years, with this effect being concentrated in high-prevalence countries.

2.2.3 Conflict

Between 1980 and 2000, as many as 28 countries in sub-Saharan Africa went to war – either with their neighbours or internally (civil war or ‘communal violence’ (Cramer 2006)). Long-running civil wars or instability have been associated with humanitarian crises in southern Africa (Angola, Mozambique), East Africa (Ethiopia, Somalia, Sudan (south Sudan and Darfur)), central Africa (DRC, Rwanda, Uganda), and West Africa (Liberia, Sierra Leone). “Sub-Saharan Africa stands out from other developing regions by the sheer number of conflicts and the massive impact on lives and livelihoods” (Luckham 2001).

Conflict can be devastating for economic activity in rural areas – fields of crops are burnt, granaries and livestock are seized, farmers are conscripted, disabled or killed, trade is disrupted (e.g. during Ethiopia’s civil war in the late 1980s, markets were held at night to evade aerial bombardment). For this reason, armed conflict is a significant determinant of poverty, even in resource-rich countries where struggles over oil or ‘blood diamonds’ actually sparks or perpetuates violence and instability.

Conflict also poses a range of challenges to the provision of public services – education, health, and social protection – to populations in conflict situations. Predictable social transfers can be delivered only in contexts of peace and stability; the challenge of delivering non-emergency social assistance in ‘fragile states’ has yet to be overcome.

Conflict is responsible for displacing millions of people, which raises issues regarding citizenship and entitlements, due to influxes of refugees or mass movement of internally displaced persons (IDPs). In 2006 there were 2.4 million refugees in sub-Saharan Africa, and at least 6.8 million IDPs (UNHCR 2006: 1). Refugees and IDPs need access to services and social assistance to ensure their survival. Displacement or migration also raises questions about the ‘portability’ of social protection – can someone who received social grants still claim these after being forced to move far from their home, possibly even into a neighbouring country?

2.2 Poverty and vulnerability through the life-cycle

This section presents summary information on poverty and vulnerability in Africa, disaggregated by life-cycle cohort. Garcia and Gruat (2003) identified three ‘life-cycle phases’:

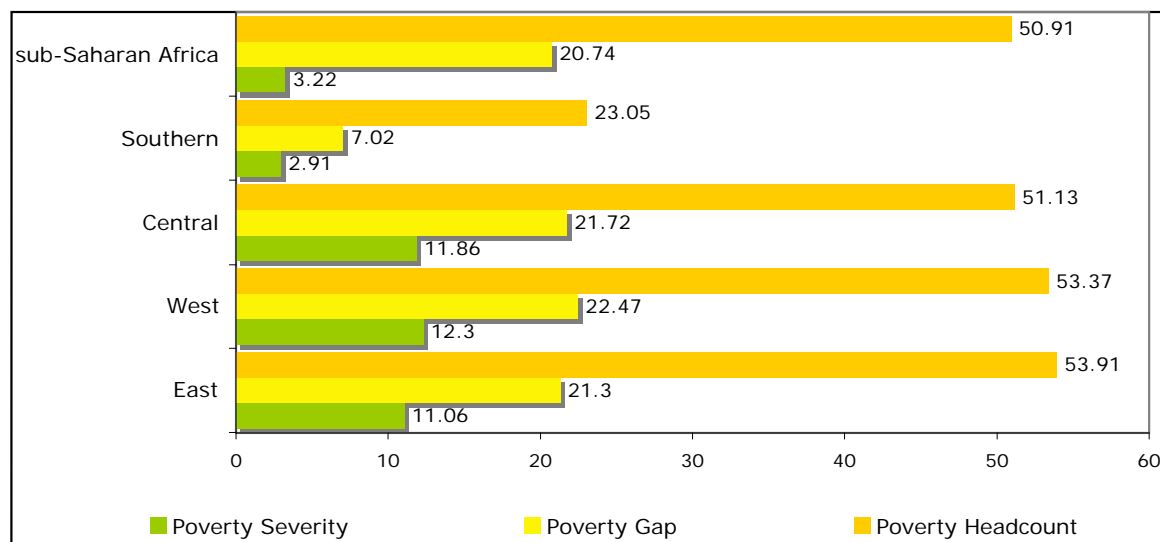
- First phase: Before working years (peri-natal, infancy, childhood, adolescence)
- Second phase: During working years (including active disability where possible)
- Third phase: After working years (active ageing, ageing, death).

For our purposes, five life-cycle stages are preferred to Garcia and Gruat’s three phases:

- Stage 1: Children under five
- Stage 2: School age children
- Stage 3: Adolescents
- Stage 4: Working-age adults
- Stage 5: Older persons

Poverty statistics for Africa reveal the extent to which poverty and the vulnerabilities discussed above affect the entire continent – statistics from 2005 show that more than 50% of the population were subsisting below a poverty line of PPP \$1.25 a day, with the poverty gap and poverty severity estimated at 20.74 and 3.22 respectively. These statistics are consistent across West, Central and East Africa, but are considerably lower – roughly half – in southern Africa (Figure 4).

Figure 4. Poverty measures in sub-Saharan Africa, 2005



Source: World Bank PovcalNet. All poverty measures are calculated at 2005 PPP of \$1.25 a day.

2.2.1 Children under five

Progress on child-related MDGs in sub-Saharan Africa is limited, with evidence of stagnation or even deterioration in key indicators of child well-being in many countries in recent decades. The under-five child mortality rate (U5MR) in sub-Saharan Africa (SSA) was 160 per 1,000 live births as of 2006 – a 14% reduction since 1990, but still the highest of any region in the world. Child deaths occur mainly in West Africa (42%) and East Africa (30%), followed by Central Africa (18%), Southern Africa (8%) and North Africa (2%). An estimated 43% of under-five deaths in Africa occur in just three countries: the DRC, Ethiopia and Nigeria. Out of 46 countries in SSA, 24 are registering no progress, or even increases, in under-five mortality rates. Only 4 countries (all of them very small) are on track to reach the 4th Millennium Development Goal (MDG-4) of reducing child mortality by two-thirds: Cape Verde, Eritrea, Mauritius and the Seychelles (UNICEF 2008b: 4-7).

Neonatal diseases account for 25% of deaths in WHO's Africa Region, led by pneumonia (20%), malaria (18%) and diarrhoeal diseases (17%). Under-nutrition is associated with up to 50% of child deaths. Under-nutrition is most acute in the Sahel and the Horn of Africa, owing to a combination of chronic and acute food insecurity. Environmental health (water and sanitation) is a major contributor to the challenge. Other causes are AIDS – especially in Southern Africa – and measles. Nearly 90% of global AIDS-related paediatric cases and deaths occur in SSA. HIV and AIDS is the biggest killer of under-fives in South Africa, where it is responsible for half of these deaths (UNICEF 2008a: 5-14).

Major impediments to improvements include: deeply entrenched and widespread chronic poverty, the complex economic and social impacts of HIV and AIDS and civil conflict, inadequate physical infrastructure and low capacities of national health systems. The vast majority of neonatal, infant and child mortality could be averted with preventive health care and techniques (e.g. bed-nets for malaria, immunisation against killer childhood diseases). Other deaths could be prevented through

simple interventions, such as oral rehydration, better nutrition for children and mothers, supplements and better hygiene.

Vital registration services are absent from much of Africa, especially in rural areas. Children whose births are not registered might be denied citizenship rights, including access to public services. Even where registration services are available, many parents do not see the link between citizenship and access to services. Conversely, evidence suggests that the numbers of children who are registered at birth are strongly correlated with outcomes such as receiving immunisation, health care, and having a mid-wife present at birth, which is positively correlated with education (UNICEF 2008a: 19).

2.2.2 School-age children

School-age children are severely – though indirectly – affected by HIV and AIDS, which has negative impacts on child labour and on children's education. Children as young as 5 years old take on more responsibilities when a parent is sick to make up for the lost labour, and this often results in delayed enrolment or children being withdrawn from school (Foster 2005: 14). Often households disintegrate after one or both parents die from AIDS, and the surviving siblings are distributed among different households (Foster 2005: 15). Traditional fostering systems in Africa take care of large numbers of orphans. It is important to ensure that social protection programming supports rather than damages the positive features of these systems, but it is also important to assist these systems where they are overstretched (Edstrom 2007: 103).

On average there is no significant wealth difference between orphan and non-orphan households in Africa, as many orphans are taken in by relatives of similar economic status (Foster 2005: 17). Many relatives go to considerable lengths and great expense to keep orphans in school, but a study in both rural and urban areas of Mozambique found that children who are not biological offspring of the household head were significantly less likely to attend school. This effect is most prevalent in poorer households, and is less prevalent in wealthier households where resources are not constrained (Nhate *et al.* 2005: 4).

A study of households in Blantyre, Malawi found that a much larger percentage of orphans live in households that are classified as food insecure, and that there were clear associations between underweight and stunting in children and household food security status. 40% of households with more than one orphan were classified as food insecure with child hunger. Households with chronically sick members were also found to be more food insecure (Rivers *et al.* 2004: xi).

2.2.3 Adolescents

Almost half (48%) of orphans in SSA are aged 12-17 years (Miller 2006: 20). African teenagers are increasingly taking on responsibilities of caring for younger siblings, but they face many challenges. Child-headed households are prone to economic and social disintegration (Foster 2005: 15). Keeping children together in a child-headed household keeps siblings together, and can be a means of retaining control over family land and assets (Foster 2005: 15). A study in Uganda found that 29% of child-headed households were staying together mainly to protect their inheritance, and that relations between child-headed households and their neighbours were better than with the extended family from whom they were trying to protect their land and homes (Luzze 2002, cited in Foster 2005: 25). Land inheritance is a particular problem when children are orphaned at a young age. Loss of parents' land to other relatives inhibits their ability to own land in the future (Edstrom 2007: 104).

Adolescents are especially at risk during civil conflict, which afflicts many African countries as noted above. Conflict displaces people, who set up makeshift shelters where water-borne diseases like cholera are rife, killing numerous children. Acute respiratory diseases, malaria, malnutrition and measles account for 60-80% of reported deaths in refugee and IDP camps (UNICEF 1996: 20).

Hunger, poverty and orphanhood often push teenagers to join the army or militia groups; also because they feel safer in the protection of fighters. Children who become child soldiers are directly vulnerable to the risks of frontline conflict, physical and sexual abuse. Their education is disrupted, and girls who are raped or sexually abused during conflict may be unable to marry afterwards. Child soldiers face major problems reintegrating into society after demobilisation. Reintegration of child soldiers into school can be particularly difficult, as these children are often aggressive and unwanted in the classroom by teachers. Separate skills training courses for ex-soldiers may be required, but recovering from the psychological damage can take years.

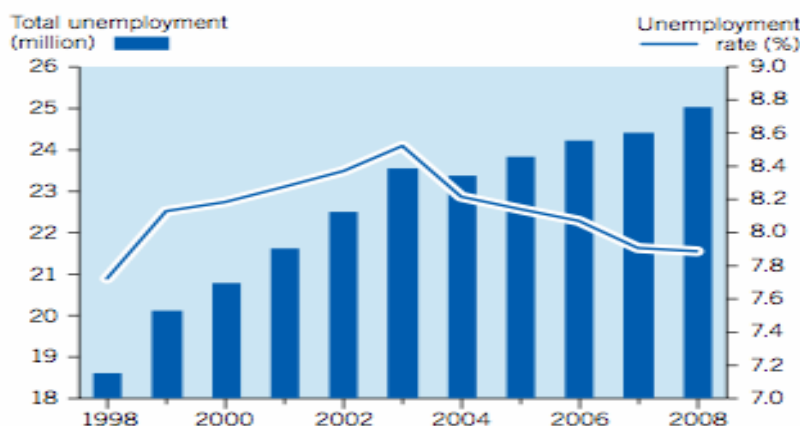
Teenagers are often overlooked in social protection targeting processes, which “misses important opportunities for addressing gendered inter-generational poverty dynamics in the reproduction of poverty and HIV-related vulnerability” (Edstrom 2007: 103). The value of family allowance benefits appears to be higher on average in countries with high orphan prevalence (Miller 2006: 21), but adolescent heads of child-headed households can rarely access these grants. In South Africa, children under 16 years old cannot access Child Support Grants for the care and support they are providing to siblings (Edstrom 2007: 104). No countries with high orphan prevalence rates offer a funeral grant that would relieve some of the economic pressure posed by AIDS (Miller 2006: 20).

2.2.4 Working-age adults

Poverty is strongly correlated with unemployment or under-employment. In Africa, unemployment is high in relatively urbanised countries (e.g. South Africa, Zambia), while under-employment is more of an issue in countries where agriculture is the dominant livelihood sector. Seasonality in agricultural production creates periods of heavy labour (the farming season) and periods of low activity (the slack season) in rural communities. Farmers needing cash or food face a choice during the farming season between looking for casual work on neighbouring farms (but neglecting their own fields, with implications for their harvest and household food security), and tending their fields (but going short of food during the hungry season). Limited off-farm employment opportunities mean that seasonality is responsible for much of Africa’s hunger, especially in East and Southern Africa – less so in Central Africa where agricultural seasonality is less pronounced (Devereux *et al.* 2008).

Figure 5 shows the unemployment rate as a percentage of population, as well as the total number of unemployed people in sub-Saharan Africa. Although the total has risen consistently during the last 10 years (from 18 to 25 million), the prevalence of unemployment has remained within a 1% range (between 7.8 and 8.6%) and has actually been falling since 2003.

Figure 5. Unemployment rates in sub-Saharan Africa



Source: ILO (2009: 43)

According to a recent study in Botswana and Swaziland, women who lack sufficient food are 70% less likely to perceive that they have personal control in sexual relationships, 50% more likely to engage in intergenerational sex, 80% more likely to engage in 'survival sex', and 70% more likely to have unprotected sex than women who receive adequate nutrition (UNAIDS 2008: 11). Female caregivers (for partners and other relatives with HIV or AIDS) reduce their involvement in social and other activities by about half in order to provide care (Foster 2005: 13). Social support available to a husband when his wife is sick is greater than *vice versa*, because caring is stereotypically seen as a woman's responsibility. Widows are also socially vulnerable. In Malawi, a bereaved woman who refuses to remarry a brother of her deceased husband can be driven out of the village and forced to give up her children – they 'belong' to the husband's family (Ntozi 1997, cited in Foster 2005: 15).

Taking care of orphaned children can often be a drain on family resources. Moreover, carers who do not have official proof that they are fostering orphans can be denied access to foster grants, where these exist (Foster 2005: 22). A study of 771 HIV/AIDS affected households in South Africa – all eligible for at least one social grant – found that fewer than 16% were accessing these entitlements (Steinburg *et al.* 2002, cited in Foster 2005: 22). Informal safety nets provided by extended family and neighbours continue to be the most common means of coping in much of Africa.

2.2.5 Older persons

Older persons face heightened risks of ill-health and poverty as their labour capacity declines and they become dependent on others for support. Throughout rural Africa, access to health care is constrained for older persons, who rarely have health insurance. The vulnerability of older persons has been magnified by the impacts of HIV and AIDS, which can be devastating not just emotionally, but also financially and physically. Because of AIDS many older persons have lost the support they thought they would get from their children in old age, and instead are left having to care for their sick children and orphaned grandchildren. Older carers in rural Africa typically have very little income and few assets; they are often the only adults left in the family; they are caring for many children; and they have limited potential to earn money. Very often all the family's savings and assets have gone on paying for health treatment for the sick, or on funeral expenses.

Older women (and women generally) are more likely than men to be carers because of gender roles around caring, and they are also dealing with extreme emotional grief after losing their children, yet psycho-social counselling is rarely available. Older people generally lack information on how to care for people with HIV/AIDS and information on how to prevent it, because they are not the targeted audience for information campaigns (HelpAge 2002).

In 2000 the mean age of heads of households with orphans in West and Southern Africa was 49 years. Many countries in southern Africa have social pension schemes, however, eligibility for these schemes does not start until 60 years or older – in Lesotho it is 70. This leaves an average gap of 11 years or longer before carers for orphans start receiving social benefits (Miller 2006: 19).

2.3 Approaches to social protection in Africa

Social protection in sub-Saharan Africa takes several forms. Three of the most prevalent are briefly discussed here: social security, emergency relief, and social transfers. However, the definition of social protection in Africa remains unresolved. It is unclear, for instance, whether formal social security systems and emergency relief interventions should be classified as 'social protection' or not. It might be argued that social protection is a substitute for social security – with 'predictable social transfers' filling the gap until comprehensive social security systems are introduced – whereas emergency relief is also needed, because of the failure or absence of effective social security and insurance markets among poor populations in low-income countries.

2.3.1 Social security

Most countries in Africa have formal social security schemes for public sector workers and private sector employees. Many of these schemes were modelled on social security systems in European countries, and introduced by colonial administrations in the early decades of the twentieth century. Social security typically includes unemployment insurance, disability provision and old age pensions. Government workers receive civil service pensions on retirement, either paid by the state or through employee contributions, while private sector workers have access to contributory private pensions.

The main limitation of these schemes is their limited coverage. Formally employed workers in the public and private sectors, mostly living in urban centres, are covered, but this rarely extends beyond 10% of the population. The majority of citizens – rural smallholder farmers, informal sector workers, the self-employed – are not covered at all. A major challenge is the extension of social security to these ‘uncovered’ groups, who typically comprise the poorest and most vulnerable sections of the population. Arguments against ‘extending social security to all’ include unaffordability, remoteness and administrative capacity constraints. One recent development is the launch in September 2008 of a Southern Africa Regional Liaison Office by the International Social Security Association (ISSA), with the aim of extending social security to the 80% or more of Africans who are not covered by occupational social security schemes.

2.3.2 Emergency relief

Much social protection in Africa has been delivered in the form of humanitarian relief in response to emergencies such as conflict, or following natural disasters such as drought. Chronically food insecure countries like Ethiopia have become chronically dependent on emergency food aid over several decades – at least 4 million Ethiopians have received food aid every year since the 1990s. The dominance of food aid in these humanitarian interventions, which usually target smallholder farming families, raises concerns about the disincentive effects on food production and local trade. If civil conflict is endemic or erratic weather leads to recurrent harvest failures, relief programmes become institutionalised, emergency appeals become ‘protracted relief and recovery operations’ (PRRO) (World Food Programme) or ‘relief to development’ programmes (USAID), and emergency food aid is incorporated into longer-term interventions – public works projects, school feeding schemes – with broader social protection objectives. The design of emergency relief interventions has provided the model on which many predictable social transfer programmes in Africa are based.

2.3.3 Social transfers

In African countries where financial and administrative capacity constraints make comprehensive social security systems unfeasible at this time, social transfer pilot projects are being introduced to provide social assistance to poor and vulnerable families. Most of these projects are financed by bilateral or multilateral donor agencies, and are implemented by international NGOs, sometimes with government involvement but often ‘off budget’ – outside of government structures and programmes. Social protection in Africa is in fact dominated by ‘social cash transfers’, which are usually delivered unconditionally but sometimes with a labour requirement (cash-for-work).

Because donor-supported cash transfer pilot projects attract substantial amounts of financial and technical resources, and because their small scale allows for intensive interactions with recipient communities, evaluations are invariably positive, with positive impacts being recorded on a range of outcome indicators. But concerns are often raised about whether these projects are sustainable, how to scale up coverage from the local (e.g. district) to the national level – given the magnitude of the need in poor countries with large ‘uncovered’ populations in terms of social security – and how to effect the transition from a donor-funded, NGO-implemented delivery model to an institutionalised, permanent, government-run programme.

There are also several positive examples of government-run social transfer programmes. These include 'social pensions' – more accurately, unconditional cash transfers targeted at older citizens – which were introduced in South Africa in 1928 and Namibia in 1973, but more recently have been adopted by Botswana (1996), Lesotho (2004) and Swaziland (2005). Other government programmes include disability grants (South Africa and Namibia), poverty-targeted social assistance schemes ('Destitutes Support' in Botswana, 'Food Subsidy Programme' in Mozambique, 'Public Welfare Assistance Scheme' in Zambia), and child-focused schemes ('Child Support Grant' in South Africa).

Interestingly, although donors insist that they are determined to 'scale up' their small-scale pilot projects to national programmes, donors provide no financial or technical support to the majority of these government-led initiatives. When the Government of Lesotho announced it was introducing an Old Age Pension in 2004, donors and the international financial institutions tried to discourage this, arguing that Lesotho was too poor and could not afford a non-contributory pension scheme. In fact, this scheme has proved to be highly successful – well managed, politically popular and fiscally sustainable, with many positive impacts on social pensioners (Ellis *et al.* 2009).

Table 1 provides a partial list of recent or ongoing social transfer projects and programmes in Africa. One striking feature is the prevalence of the national government as lead actor or partner in many of these programmes, though this can be misleading as many programmes are designed and financed by donors but institutionally located in, and (wholly or partly) implemented by, a government ministry. Projects that are run by donors and international NGOs entirely outside of government structures are increasingly rare.

Table 1. Selected social transfer programmes in Africa

Country	Programme	Agencies
Botswana	Old Age Pension (OAP)	Government
	Destitutes Support	Government
Ethiopia	Productive Safety Net Programme (PSNP)	Government + donors
	Meket Livelihood Development Project	NGO (Save the Children)
Ghana	Livelihood Empowerment Against Poverty (LEAP)	Government + donors
Kenya	Hunger Safety Net Programme (HSNP)	Government + donors
	Cash Transfers for Vulnerable Children	Government + donors
Lesotho	Cash & Food Transfers Pilot Project (CFTPP)	NGO (World Vision)
	Old Age Pension (OAP)	Government
Malawi	Food & Cash Transfers project (FACT)	NGO (Concern Worldwide)
	Dowa Emergency Cash Transfers (DECT)	NGO (Concern Worldwide)
	Social Cash Transfer Pilot Scheme	Government + donors
Mozambique	'Food Subsidy Programme' (PSA)	Government
Namibia	National Pension Scheme (NPS)	Government
	Disability Grant	Government
South Africa	Child Support Grant	Government
	Old Age Pension	Government
	Disability Grant	Government
Swaziland	Emergency Drought Response (EDR)	NGO (Save the Children)
	Old Age Grant (OAG)	Government
Zambia	Social Cash Transfer Pilot Project (5 districts)	Government + donors
	Public Welfare Assistance Scheme (PWAS)	Government

3. LIFE-COURSE MAPPING OF EXISTING MEASURES

This section reviews the range of social protection measures in Africa, following the disaggregation by age cohort as introduced above.

3.1 Children under five

The most common interventions to protect vulnerable infants and young children are therapeutic or supplementary feeding schemes.

3.1.1 Therapeutic feeding

Across Africa, therapeutic feeding is a standard intervention to treat malnourished children under five years old. Food is given to boost nutrition status, while severely malnourished children are typically admitted to therapeutic feeding centres for periods of up to 30-days. Recently, community-based therapeutic care (CTC) has been introduced, pairing home visits by community health workers with the use of ready-to-use therapeutic foods, reducing the need for children and their carers to travel long distances and remain in centres for long periods of time. CTC programmes have increased the coverage of treatment from one in four to three in four of children in need. Malawi is institutionalising CTC in its Essential Health Care package.³ Therapeutic feeding falls closer to the ‘emergency relief’ end of the social protection spectrum. Most therapeutic feeding schemes are implemented by governments in partnership with the World Food Programme, but other donors, including UNICEF and the EU, also provide support.

3.1.2 Supplementary feeding

Supplementary feeding programmes are one of the oldest and still most widespread nutritional interventions in Africa. The objective of emergency and non-emergency supplementary feeding is to prevent malnutrition-related mortality among high-risk groups, mainly children under five (the largest vulnerable group), pregnant and lactating women, and infirm older persons. Targeted programmes treat moderately malnourished individuals, while blanket programmes provide supplementary food to at-risk groups in an effort to prevent deterioration in nutritional status. Children under five are often targeted for preventive supplementary feeding because nutritional deficits in early childhood are irreversible and can have lifelong consequences.

Box 2. Supplementary feeding in Niger

“In Niger, more than 800 nutritional feeding centres serve more than 400,000 children a year – one of the largest programmes of its kind in the world. Once a fortnight, mothers receive two rations of fortified flour, a mix of maize, soya, oil and sugar. The first ration (3 kilograms) is known as the ‘treatment’ ration and is set aside for the malnourished child. The second (6 kilograms) is known as the ‘protection’ ration and is given to the child and his or her siblings – at least those who are under five – because a mother can hardly give food to one of her children without feeding the others. More than 85% of children will be well and fit again after the supplementary feeding.”

Source: http://www.unicef.org/wcaro/2009_2823.html (accessed 17 November 2008)

Supplementary feeding can either be provided as dry take home rations, or prepared at feeding centres and distributed on-site. Most of these programmes are financed and delivered by Ministries

³ Source: Concern Worldwide: <http://www.concern.net/what-we-do/programmes/health/community-therapeutic-care.php> (accessed 28 November 2008).

of Health in partnership with United Nations organisations (UNICEF, World Food Programme) and international NGOs.⁴

3.2 School-age children

A few countries in southern Africa with well functioning government social welfare systems deliver child support and foster care grants. Several other countries in southern Africa and East Africa are experimenting with regular cash transfers for vulnerable children. A more conventional (but often controversial) intervention that benefits school-age children directly is school feeding schemes.

3.2.1 Child benefits

South Africa is the only country in sub-Saharan Africa that provides a child benefit to poor families. The Child Support Grant (CSG) transfers the equivalent of US\$ 20 per month for each child under 14 years of age (to be raised to 18 years during 2009), to households whose monthly income is means tested as less than US\$ 80-110 (depending on living conditions). This is a government-run social welfare programme, funded out of general tax revenue. The cash is transferred to the child's primary carer, and is unconditional so it benefits the entire family. An evaluation in 2004 found statistically significant positive impacts of the CSG, in terms of household-level poverty reduction and human capital outcomes for children, including improved school attendance, which was more pronounced for girls than for boys, thereby redressing gender disparities in access to education (Samson *et al.* 2004). This is a successful and popular programme, but it is controversial because of (unsubstantiated) allegations that it encourages teenage pregnancies by poor girls in order to access the grant.

3.2.2 Foster care grants

One response to the rising numbers of orphans and vulnerable children in southern Africa has been the introduction or expansion of social grant schemes that transfer cash to carers in several countries, including Botswana, Namibia and South Africa.

- Botswana's 'Orphan Care Benefit' is a package of support provided to all 'full orphans' (one who has lost both parents, or one parent in a single-parent household) under 18 years of age residing in Botswana. The benefit is given to the orphan's carer, or to an orphan acting as household head to siblings. The benefit consists of a monthly food basket worth roughly US\$ 30, schooling expenses (uniform, transport, sports and tour fees), clothing, rent and other payments as required. The funded entirely by the Government of Botswana.⁵
- Namibia has three grants targeted at children: a maintenance grant, a foster parent grant, and a 'place of safety' grant. In addition, the Government of Namibia disburses a small-scale Cash Transfer Programme for Orphans and Vulnerable Children. All these grants are administered by the Department of Social Welfare.⁶
- South Africa's 'Foster Child Grant' is paid monthly to every foster parent, providing the carer has a court order proving that s/he is legally fostering the child. This grant is means tested, and is paid only to households with an income of less than US\$ 1,200 per annum. The grant is worth up to US\$ 60 per month. It is administered by the government and funded out of tax revenue.⁷

⁴ Source: <http://www.ennonline.net/fex/02/sf3.html> (accessed 17 November 2008).

⁵ Source: <http://www.socialsecurity.gov/policy/docs/progdesc/ssptw/2006-2007/africa/botswana.html> (accessed 27 November 27, 2008).

⁶ Source: <http://www.undp-povertycentre.org/cctafrika.do#namibia> (accessed 28 November 2008).

⁷ Source: <http://www.ssa.gov/policy/docs/progdesc/ssptw/2006-2007/africa/southafrica.html>.

3.2.3 Child-focused cash transfers

Several countries that do not yet have formal child benefits or foster care grants are piloting child-focused cash transfer programmes on a small scale, with the intention of increasing their coverage over time. These countries include Kenya, Lesotho and Zambia.

- The government of Kenya is implementing a cash transfer pilot project for vulnerable children, with financial and technical support from several donors including UNICEF, DFID, SIDA and the World Bank. The project started in 2004 and is scaling up incrementally, with an intention to achieve national coverage by 2015. The main target group is households with AIDS orphans, and the cash transfer each month is approximately US\$ 13 for households with one vulnerable child, US\$ 20 for two vulnerable children, and US\$ 27 for households caring for three or more vulnerable children (Pearson and Alviar 2006).
- One component of Lesotho's National Policy on Orphans and Vulnerable Children (OVC) is a cash transfer that is intended to foster the protection, care and support of OVC.⁸
- Zambia is piloting an unconditional 'social cash transfer' scheme in five (of 72) districts, targeting mostly 'skip generation' households headed by older people who are caring for orphans and vulnerable children. The payments are equivalent to roughly US\$8 per month per household. The scheme is supported by several donors including DFID, GTZ and UNICEF, NGOs including CARE, and the Ministry of Community Development and Social Services (MCDSS).⁹

3.2.4 School feeding

School feeding schemes usually provide one nutritious meal to all (or poor) learners, in participating primary schools. School feeding schemes are typically implemented by governments through the Ministry of Education, but they receive food and other assistance from the World Food Programme and other donors. The objectives of free school meals schemes are both nutritional and educational: to enhance household food security and reduce child hunger, but also to improve school enrolment, attendance and performance by learners in assessments or examinations. Evaluations have found more significant positive impacts of school feeding on education access than nutritional outcomes. For instance, the guarantee of a meal at school encourages parents to keep sending their children to school even following a livelihood shock. On the other hand, the nutritional impact of free school meals can be diluted if they substitute for meals the child would have eaten at home.

School feeding schemes have been implemented at one time or another in most African countries. They have often been controversial, because they are perceived as perpetuating dependence on imported food aid and because they distort and interfere with the delivery of education services. Recent trends have included sourcing food from local farmers ('home-grown school feeding'), and employing people from local communities (usually women) as cooks to provide meals to schools.

Phase 1 (2006–2011) of a multi-country initiative is currently underway under the auspices of the New Partnership for Africa's Development (NEPAD), involving Ethiopia, Ghana, Kenya, Malawi, Mali, Mozambique, Nigeria, Senegal, Uganda and Zambia, and supported by donors including the Netherlands, Canada, the USA, WFP, FAO and IFAD. In Malawi, girls and AIDS orphans are given take-home rations in addition to the in-school feeding, to encourage carers and parents to send their daughters to school, in order to narrow gender gaps in education access. In Kenya, the programme

⁸ Source: <http://www.undp-povertycentre.org/cctafrika.do#lesotho> (accessed 28 November 2008).

⁹ Source: <http://www.undp-povertycentre.org/cctafrika.do#zambia> (accessed 28 November 2008).

is expected to benefit more than 2 million children during phase one – in its first year, enrolment more than doubled in participating schools.¹⁰

3.3 Adolescents

Government-run programmes to support adolescents are often related to labour markets, namely providing vocational training and facilitating access by the youth into the job market.

3.3.1 Youth training and employment

Many African countries have implemented programmes that aim to address the economic and social problems of unemployed youth by providing vocational training, apprenticeships, employer subsidies and so on. However, these interventions have typically achieved limited success, either because they are poorly designed and under-funded, or because they do not address the youth's real needs.

For example, the government of Ghana is implementing a 'Youth Employment and Job Creation Programme', a labour market intervention that aims to address the problem of youth unemployment in Ghana. Unfortunately, the effectiveness of this programme is constrained by several problems – lack of initial capital, ineffective trade associations, and weak access to markets, which has hindered youth who participated in the programme from accessing employment after receiving training.¹¹

3.4 Working-age adults

Support to the working-age population divides into (1) support for people who are actively engaged in pursuing a livelihood but who remain poor and vulnerable (employment creation programmes for the unemployed or underemployed, or assistance to small farmers); (2) social assistance to people who are chronically poor, whether or not they are able to work; and (3) social grants to adults who are unable to work due to illness or disability.

3.4.1 Employment programmes

Public works programmes have a long and controversial history in Africa. Food-for-work projects have been implemented in Ethiopia and other countries at least since the 1960s, with cash-for-work and inputs-for-work being more recent variations. Arguments in favour of public works include: they avoid 'dependency' on grants by requiring participants to work; they create useful assets (e.g. rural roads, irrigation and other infrastructure); they can transfer skills that participants could use to find regular employment; they are 'self-targeting' because of the work requirement and payment of food rations or low wages; they provide the dignity of work rather than the indignity of handouts; and gender quotas are often applied to ensure that women have access to public works employment.

Arguments against public works are often the reverse of arguments made in favour – evaluations have found that the assets created are typically low quality and rarely maintained after the project ends; widespread unemployment means that even below-market wages are not sufficiently low to achieve 'self-targeting'; the skills transferred do not facilitate entry into the labour market; and gender quotas can impose additional burdens on women who are already working much harder than men. Moreover, access to public works employment is unpredictable, erratic and usually short-term, so this is not an effective safety net since it does not allow participants to plan around guaranteed periods of employment and predictable streams of income. Despite these discouraging findings,

¹⁰ Source: <http://www.un.org/ecosocdev/geninfo/afrec/vol20no4/204-food-in-schools.html>.

¹¹ Source: http://www.ghanadistricts.com/home/?_=37&PHPSESSID=9ea0142b481e3be39415d7f15ec7dc92.

most African governments continue to prefer public works to unconditional cash or in-kind transfers, believing that public works create useful assets and minimise the risk of 'dependency' on handouts.

Since 2005, the Productive Safety Net Programme (PSNP) in Ethiopia has been the biggest public works programme in Africa, with 7-8 million beneficiaries. The PSNP provides up to 30 days of employment per month for six months each year, paid in either cash or food and timed to coincide with the peak period of underemployment in farming communities. Evaluations have found that the PSNP has contributed to improved food security, consumption smoothing and asset protection in participating households. However, the transfers are too small – especially cash transfers, which have lost much of their purchasing power as food prices have risen – to allow real income growth and asset accumulation.

3.4.2 Agricultural subsidies

Support to farmers in the form of subsidised access to agricultural inputs (fertiliser, seeds, seasonal credit) is often discussed in the ongoing debate about the boundaries of social protection. The case against including agricultural subsidies under the social protection umbrella argues that there is a clear distinction between 'livelihood protection' and 'livelihood promotion' interventions, and that agricultural subsidies fall squarely in the latter category. The case for 'productivity-enhancing safety nets' notes that there are two ways to address food gaps in poor farming households – bridging consumption deficits with food aid or cash transfers, or intervening pre-emptively to reduce food production deficits by enhancing access to inputs. Subsidising production is a more cost-effective and 'developmental' approach to protecting household food security than subsidising consumption.

Agricultural input subsidies were a major component of the 'old social protection agenda' in most African countries, which also included guaranteeing 'floor' prices for farm produce, subsidising food prices for consumers, and maintaining 'strategic grain reserves' to stabilise food supplies and prices during the annual hungry season (Devereux 2008). During the 1980s, these policies were criticised by 'Washington consensus' thinking, which argued that they interfered with markets, that they were costly and inefficient, and that they had become significant sources of patronage and corruption. Accordingly, despite resistance from African governments, agricultural marketing parastatals were 'commercialised' or closed down, grain reserves were scaled back and subsidies were abolished.

Two consequences of agricultural liberalisation in many countries were (1) constrained access to agricultural inputs and (2) rising food insecurity. A survey in Malawi found that consumption levels were 13% lower in households whose access to fertiliser declined in the 1990s. In response, in the late 1990s, DFID funded free handouts of fertiliser and seed to all 2.8 million smallholder households in rural Malawi. 'Starter Packs' added 100-150kg to each household's annual maize production and boosted the national harvest by 16%. The programme cost about US\$ 20m, considerably less than equivalent volumes of food aid or cash transfers, which would each have cost over US\$ 100m (Levy 2005). However, the programme was phased out by 2003, and in 2005 the government of Malawi reintroduced input subsidies, with the objective of raising maize yields and reducing food insecurity among poor farming families. Evaluations have confirmed that the targeted input subsidy programme has increased the national harvest and enhanced household and national food security, as intended. Although donors remain sceptical, they have started to support the programme in Malawi. Several other African countries are considering reintroducing input subsidies, and even the World Bank has moderated its earlier hostility – it is now cautiously in favour of 'smart subsidies' (World Bank 2007).

3.4.3 Social assistance to the poor

A small number of governments in Africa – Botswana, Ghana, Rwanda, South Africa, Zambia – provide regular transfers of cash and/or food to their poorest citizens, as a form of social welfare.

The government of Botswana implements a 'Destitutes Support' programme, which provides a monthly package of cash and food to all destitute citizens who are unable to support themselves because of old age, disability or chronic illness. Orphans who are not covered under Botswana's Orphan Care Benefit and children with a terminally ill parent are also eligible. Applicants are means tested and beneficiaries must have been assessed and approved by their local council. Benefits can only be claimed in person at post offices, commercial banks or the Social Services Office, although older persons may appoint a proxy to collect benefits on their behalf, at which time a life certificate no more than 3 months old must be shown.¹²

Ghana has recently launched the 'Livelihoods Empowerment Against Poverty' (LEAP) social grants pilot programme. LEAP aims to provide regular cash transfers, psychosocial support and other complementary services to groups that have been identified by the Ghana Living Standards Survey as extremely poor. These include: extremely poor subsistence farmers and fishers; extremely poor citizens over 65; carers of OVG, especially children affected by AIDS and with severe disabilities; incapacitated/extremely poor people living with HIV and AIDS (PLWHA); pregnant women/lactating mothers with HIV/AIDS.¹³ This is a government-owned programme that receives some financial and technical assistance from donors including the World Bank and DFID.

The government of Rwanda is piloting the 'Vision 2020 Umurenge Programme', a social protection strategy that has four main components: public works for community infrastructure development; individual transfers; credit and training for small business investment; and direct support to labour-poor beneficiaries to increase their access to basic services (IMF 2008). The pilot phase started in 2008, and is receiving support from DFID, the World Bank and other donors.

The South African government has a programme called 'Social Relief of Distress' which provides temporary assistance to adults who are unable to meet their family's basic living costs. Cash transfers are given monthly for three months, although in exceptional circumstances this period may be extended.¹⁴

The government of Zambia's Public Welfare Assistance Programme (PWAS) provides an in-kind transfer such as food, clothing, education and health services to beneficiaries who are not able to meet their basic needs. Older people, OVC and people living with HIV and AIDS are the most common recipients of the transfer. This is a participatory programme: beneficiary targeting, needs assessment and resource allocations are all undertaken by the community. The PWAS has two main objectives – to assist people in need, and to build capacity to overcome poverty and vulnerability at the community level. PWAS is implemented in every province of Zambia, but erratic and insufficient funding (only about US\$5 million per year) limits its coverage – less than half of beneficiaries are actually reached. The programme is implemented by the Ministry of Community Development and Social Services, and is funded by the government of Zambia plus bilateral and multilateral donors – GTZ, DANIDA and UNICEF (Barrientos and Holmes 2008: 91).

3.4.4 Social assistance to the chronically ill

In Malawi, the NGO CARE International is implementing a 'Safety Net for Chronically-ill affected Households', with funding from USAID, under the I-Life consortium. The project uses community-based targeting to identify eligible households, defined as those with chronically ill members who are unable to meet their basic needs. Beneficiaries receive a food basket every month. The objectives are to maintain nutritional status by meeting the calorie and protein needs of infected persons, to

¹² Sources: <http://www.undp-povertycentre.org/cctafrika.do#botswana>; and <http://www.mlg.gov.bw/PGContent.php?UID=497> (both accessed 27 November 2008).

¹³ Source: http://www.ghanadistricts.com/home/?_=61&sa=5459.

¹⁴ Source: <http://www.ssa.gov/policy/docs/progdesc/ssptw/2006-2007/africa/southafrica.html>.

ease the time and resource constraints of care-givers, and to allow other household members to pursue productive livelihoods. The project runs from 2004-2009 in 7 districts.¹⁵

3.4.5 Disability grants

Some countries provide regular cash grants to working-age adults who are unable to work because of physical or mental disability. The Government of Kenya has designed and implemented a Cash Transfer for the Elderly and People with Disabilities, targeting extremely poor citizens over 70 years old or those who have a severe disability. It aims to provide some kind of relief from poverty, while enhancing basic rights of people with disabilities. The transfer is equivalent to US\$15 per month.¹⁶

Lesotho offers a monthly cash transfer to people with disabilities, as well as a separate safety net for vulnerable groups, in which people with disabilities are listed amongst eligible beneficiaries, as they are in Botswana's Destitutes Support Programme (RHVP 2007: 6).

South Africa's Disability Grant is means tested, and is paid to all poor adult citizens who can prove that they are incapable of supporting themselves for months than six consecutive months. The grant is also paid to poor citizens over 35 years old who are diagnosed with a terminal illness, except for those who are long-term patients in a state institution. The value of the Disability Grant is approximately US\$ 87. It is funded by the government out of tax revenues.¹⁷

3.5 Older persons

When workers retire from paid employment they must survive on their savings, support from their family, or pension schemes. Formal sector retirees usually have access to contributory pensions, but informal sector workers and smallholder farmers (who comprise the majority of poor people in Africa) do not. 'Social pensions' are an increasingly popular instrument for delivering social protection to older persons in African countries. Both variants are discussed here, as are grants to war veterans.

3.5.1 Contributory pensions

Formal social security provision exists in most African countries. Contributory pensions are possibly the most widely prevalent among the standard social security instruments, since they currently operate in at least 34 countries. They tend to be restricted to formal sector workers, and are often accessible only to civil service employees. The most common financing modality is a combination of regular contributions deducted from employees' salaries, supplemented by a contribution by the employer. Across 34 pension schemes in Africa, the average contribution by employees is 4.1% and the average contribution by employers is 7.2%. Benefits are paid on retirement, which ranges from 50 to 70 years, with an average age of 58.8 years for men and 57.9 years for women. Often a minimum period of service is required before the employee becomes eligible for the pension. The mean service period in African schemes is 14 years but 7 countries require 20 years of service (Miller 2006).

In Ghana, for example, the Social Security and National Insurance Trust (SSNIT), pays about US\$ 5 per month to every participating worker after they retire, which is widely perceived as inadequate to meet pensioners' basic needs. The SSNIT fund is financed through contributions by employees and

¹⁵ Source: **Malawi: Summary of Social Protection Schemes** (January 2007) http://www.wahenga.net/index.php/country_pages/malawi (accessed 18 November 2008).

¹⁶ Source: <http://www.undp-povertycentre.org/cctafrika.do#kenya> (accessed 28 November 2008).

¹⁷ Source: <http://www.ssa.gov/policy/docs/progdesc/ssptw/2006-2007/africa/southafrica.html> (accessed 28 November 2008).

employers. It reaches only an estimated 6.2% of the working population, mainly in the formal sector. Efforts to reach out to the informal sector and the poor have had very little success to date. Less than 1% of contributors to the SSNIT are informal sector workers, and self-employed small farmers are completely excluded (Ould el Hadj and Diakhate (n.d.)). Similar challenges confront the contributory pension scheme in Senegal, which is administered by the Ministry of Civil Service and covers 8% of the working population, again overwhelmingly in the formal sector. Including secondary beneficiaries, this pension scheme reaches an estimated 12.3% of the national population, but the poor and self-employed are excluded (Ould el Hadj and Diakhate (n.d.)).

3.5.2 Social pensions

Social pensions can be defined as regular, unconditional cash transfers to older citizens, whose eligibility is determined mainly by age but sometimes also by individually assessed poverty status (in the case of means tested schemes). Seven countries in sub-Saharan Africa currently provide social pensions to their older citizens: Botswana, Lesotho, Mauritius, Namibia, Senegal, South Africa and Swaziland, while Zambia is pilot testing an age-targeted cash transfer in one district. Most of these schemes are found in southern Africa, and the most recent were introduced in 1996 (Botswana), 2004 (Lesotho) and 2005 (Swaziland) – which also have the three highest rates of HIV-prevalence in the world.

Social pensions are popular with African governments because they provide assistance to a group whose vulnerability is uncontroversial, and because older persons in AIDS-affected countries have lost the support of their children in old age and have assumed additional child-care responsibilities. The average pensioner in southern Africa supports 4-5 other individuals, mostly children. Social pensions are also relatively inexpensive – because population distributions are pyramid-shaped, older persons comprise a small percentage of the total and a social pension needs to reach much fewer people than, say, a child support grant. In Lesotho, costs have been further contained by setting the age of eligibility unusually high, at 70 rather than 65 or 60. Nonetheless, social pensions in Africa to date are confined to countries that have small populations (except South Africa) and unequal distributions of wealth and income. The challenges of extending social pensions to very poor countries with large populations, such as Ethiopia or Sudan, seem insurmountable at this time.

3.5.3 War Veteran grants

Some countries provide regular cash grants to soldiers who fought in the Second World War, though as this is a dwindling number many of these programmes are being phased out. Botswana's World War II Veterans Allowance is paid to the veterans themselves, their surviving spouses, or children who have not yet attained the age of 21 if both parents are deceased. This allowance is also paid to surviving spouses of veterans of World War I. The allowance amounts to US\$ 37 per month.¹⁸

South Africa's War Veteran's Grant is paid by the Department of Social Security to all veterans who are disabled and/or over 60 years old, unless they are living in a state institution. The monthly grant is equivalent to US\$ 84, the same as the social pension. To prevent 'double dipping', eligibility rules state that either the War Veteran's Grant or the social pension can be claimed, but not both,¹⁹

¹⁸ Source: <http://www.mlg.gov.bw/PGContent.php?UID=497> (accessed 28 November 2008).

¹⁹ Source: <http://www.ssa.gov/policy/docs/progdesc/ssptw/2006-2007/africa/southafrica.html> (accessed 28 November 2008).

4. KEY DEBATES

Key debates discussed in this section include policy processes around social protection in Africa, financial affordability and political sustainability.

4.1 Politics and policy processes

Social protection has risen rapidly up the policy agenda in Africa recently, driven by a combination of deepening food insecurity and vulnerability, a perception that ‘developmental’ interventions have largely failed to reduce poverty, and government and donor impatience with recurrent humanitarian crises and appeals for aid. This last point has also motivated a shift away from ‘emergency food aid’ towards ‘predictable cash transfers’, which have become the dominant instrument of the ‘new social protection agenda’.

Nonetheless, this is a contested agenda. Many African governments are reluctant to introduce national cash transfer programmes, fearing their cost, the administrative complexity of delivery, and possible negative impacts on beneficiaries (‘dependency’ on grants rather than self-reliance, and the erosion of informal community support mechanisms). The cash transfers agenda is often perceived as donor driven. As noted above, governments often prefer to invest in agricultural production (through input subsidies) or employment creation (through public works programmes). Social cash transfers, especially to economically inactive population groups, are regarded as an unaffordable luxury in poor countries. Donor efforts to scale up their cash transfer pilot projects and institutionalise them in government ministries in Malawi, Zambia and elsewhere have not yet succeeded.

On the other hand, there are encouraging cases where African governments have taken the lead in introducing national cash transfer programmes, such as social pensions – recently adopted by Botswana, Lesotho and Swaziland, with no donor support. Many countries already have incipient social welfare schemes, delivering regular cash grants to destitute persons, war veterans, or orphan carers. Unfortunately, these schemes rarely receive financial or technical support from donors, so they are small in relation to needs, grossly under-resourced and have limited coverage and impact.

A recent paper argues that the rapidly evolving social protection agenda in Africa is shaped by three sets of factors (Devereux and White 2008):

- **technocratic** (‘what works’): building the evidence base about social protection impacts;
- **political** (‘what’s popular’): the political impacts (vote-winning potential) of social protection;
- **ideological** (‘what’s right’): realising universal rights (to food, health, etc.) for the poor.

4.1.1 The technocratic agenda

The evidence for positive impacts of cash transfers is accumulating rapidly. Evaluations in Ethiopia, Lesotho, Malawi, Mozambique, Swaziland, South Africa and Zambia all confirm that cash transfers are used mainly for meeting basic needs (food, groceries, health) but also for investment (education, agriculture, business), as well as asset protection and, to a limited extent, asset accumulation. In contrast to food aid, cash transfers stimulate production, trade and markets. The main limitation of cash transfers is that they are susceptible to – and might even contribute to – price inflation, which undermines their purchasing power. The recent surge in global commodity prices has exacerbated this risk, and has provoked some innovative approaches to maintain access to food: index-linking cash transfers to local food prices (Malawi), transferring a package of food plus cash (Swaziland), or transferring cash when prices are low and food when prices are high (Ethiopia).

4.1.2 The political agenda

Social protection programmes are susceptible to politicisation, for instance if benefits are diverted towards constituencies that support the ruling party, or to population groups whose votes are being sought in upcoming elections. On the other hand, politicisation is not necessarily negative – if social protection becomes a campaigning issue, for instance, this can give vulnerable groups a political voice that was previously denied to them. This happened to small farmers in Zambia during the 2006 elections, when the ruling party pledged to raise the fertiliser subsidy to 60% in a (successful) effort to win rural votes. Older persons in Lesotho have benefited similarly from a ‘positive politicisation’ of the Old Age Pension, which was a determinant of voting decisions during the 2007 general election, according to exit surveys. After the main opposition party pledged to double the pension level if elected, the ruling party responded by promising to review the pension, and after winning re-election they did in fact raise it by 33%. In Swaziland, a disruption to Old Age Grant payments in 2006 led to Parliament being suspended for a week, after angry pensioners confronted their MPs, who insisted that a government task team resolve the matter before normal business in Parliament was resumed.

It is inconceivable that any of the government-run social pension programmes in southern Africa – in Botswana, Lesotho, Namibia, South Africa and Swaziland – could be revoked, partly because they have become part of the political discourse in each country, and partly because they are recognised as rights of citizenship, underpinned by legislation. Sometimes, as in Namibia, the universal right to a social pension is supported by the Constitution. When the Namibian government attempted to introduce means testing for the social pension in the late 1990s, wealthier Namibians who faced exclusion from the scheme challenged this as an unconstitutional form of discrimination.

4.1.3 The ideological agenda

Many advocates of social protection argue that poor and vulnerable people have a right to social protection, which accountable duty-bearers have a responsibility to uphold. But most emergency food aid and cash transfer pilot projects are ‘discretionary’ interventions, delivered by donors and international NGOs on a limited scale in those countries and districts where they are operational. Moreover, these international actors are unaccountable to the local population. This is problematic for social protection that is premised on delivering predictable support to vulnerable people for as long as required, perhaps even permanently. Donors face budget constraints and political pressures that determine where and how they intervene, they operate on project cycles that rarely exceed five years, and their policies and priorities are subject to regular review and change.

Introducing ‘rights-based’ thinking to social protection in Africa has taken two forms to date. Firstly, projectised interventions are adopting principles and ‘good practices’ that govern the relationship between donors and beneficiaries. This might involve setting up a ‘Help Desk’ (as in a World Vision cash transfer project in Lesotho) or a ‘grievance procedure’ (as on Ethiopia’s Productive Safety Net Programme), that allows people who feel unfairly excluded to complain, or beneficiaries who waited too long or failed to receive their full entitlements to register this and have their complaint followed up. Kenya’s ‘Hunger Safety Net Programme’ has established ‘Rights Committees’ and drafted a ‘Programme Charter of Rights and Responsibilities’ which sets out standards for programme delivery – e.g. the maximum distance that beneficiaries should have to walk and the maximum time they should wait to receive their transfers.

The second approach is to encourage national governments to take responsibility for delivering social protection as a ‘citizenship right’ to all citizens. When this has happened – as with Swaziland’s Old Age Grant, discussed above – citizens can mobilise around their entitlements, in a way that is impossible with externally-driven projects. Civil society is an important actor in this effort. In South Africa, the ‘Treatment Action Campaign’ successfully forced the government to deliver anti-retro-

virals free of charge to all HIV-positive citizens, and the ongoing 'Basic Income Grant' (BIG) campaign is exhorting the government to give a universal monthly cash transfer to all citizens.

The consequences of these developments are subtle but fundamental: policy-makers are taking a beneficiary perspective and attitudes are shifting: social protection is no longer seen as a benevolent handout for which beneficiaries should simply be grateful, but an entitlement that can be claimed.

4.2 Affordability and sustainability

One reason why many African governments are nervous about introducing comprehensive social protection programmes, especially those that require institutionalising predictable social transfers, is their cost. Programmes such as social pensions cannot be introduced as a three-year or five-year project – once in place, they need to be permanent, preferably backed up by legislation that gives eligible citizens legal entitlements that they can claim from the state. But regular cash transfers to large numbers of people are expensive, and represent a sizeable allocation of public resources that in most African countries are severely constrained. Governments often argue that their limited budgets should be invested in productive sectors (agriculture, industry, trade), not social sectors – especially not 'welfare handouts' to the incapacitated poor.

Moreover, in contexts where the fiscal base is small (very few tax-payers) and chronic poverty is widespread (i.e. large numbers of potential beneficiaries), domestic resources might be inadequate to finance comprehensive social protection, and donor funding is needed – which also gives them power to influence the design of social protection strategies. The debate around social protection in Africa is more often than not about sustainable financing strategies.

Two counter-arguments can be advanced against the view that social protection is unaffordable in poor countries. Firstly, the International Labour Organisation (ILO) has done extensive modelling to demonstrate: (1) that a minimum package of social protection (e.g. social pensions plus targeted child support grants) is fiscally affordable even in low-income countries; and (2) that social protection and social security schemes do not retard economic growth but are actually associated with higher rates of growth over time, in Africa and across the world (Cichon *et al.* 2004). More generally, the evidence is accumulating that well-implemented social protection programmes can contribute to achieving all of the Millennium Development Goals (MDGs) – not only reducing poverty and hunger, but promoting access to education and health care, and even enhancing gender equality (Samson *et al.* 2007).

Secondly, several low-income countries have successfully introduced social protection programmes with no external assistance and financed these entirely out of domestic resources (although these resources might include general budget support from bilateral and multilateral donors). Examples include the social pensions recently introduced by the governments of Lesotho and Swaziland, and a government-run cash transfer programme to vulnerable groups in Mozambique called 'GAPVU' or 'INAS'. This evidence suggests that the main constraint on social protection is not lack of financial resources, but the absence of political will.

Social protection programmes need to be politically as well as financially sustainable. Programmes that are home-grown rather than imported – i.e. conceived, implemented and financed by national politicians and policy-makers rather than introduced, managed and paid for by international donors and NGOs – tend to be more successful at mobilising domestic political constituencies. This is because a domestically driven policy agenda is responding to strategic calculations about citizen needs and electoral popularity; it is not being pushed onto a reluctant government by donor partners who believe in social protection but have no stake in national political processes. As noted above, social pensions and fertiliser subsidies in southern Africa have proved extremely popular, and have become politically irreversible in several countries.

An important signal of high-level government commitment to social protection was made in Zambia in 2006, when the President of Zambia declared that social protection is a basic human right and is affordable even in very poor countries, and 13 African leaders signed the 'Livingstone Call for Action' (Box 3), recognising the multiple benefits of social protection and calling for increased investment in the design and delivery of social protection programmes throughout Africa. This followed soon after a Commission for Africa report in 2005, which argued that: "Donors should commit to long-term, predictable funding of [social protection] strategies with US\$2 billion a year immediately, rising to US\$5 to 6 billion a year by 2015" (Commission for Africa 2005: 68). More recently, the Southern Africa Development Community's Parliamentary Forum (SADC-PF) has taken an interest in social protection, with the launch of a series of 'Policy Dialogues on Poverty and Social Transfers' in Johannesburg in March 2009, involving MPs from 11 countries.

Box 3. The Livingstone Call for Action	
<p>The conference noted that:</p> <ul style="list-style-type: none"> • Social protection is both a rights and an empowerment agenda. • The Universal Declaration of Human Rights and other human rights conventions establish that social security for all and social protection for the vulnerable is a basic human right. • The guarantee of basic social protection strengthens the social contract between the state and citizens, enhancing social cohesion. • Considerable evidence exists that social transfers have played a key role in reducing poverty and promoting growth. • A sustainable basic package of social transfers is affordable within current resources of governments and international development partners. • Transfers, when complemented with other social services, are a way to directly reduce poverty and inequality. • Addressing generalised insecurity and inequality through social protection is proven to be an integral part of the growth agenda, particularly when provided alongside services promoting economic activity. • The provision of cash directly to poor people enhances economic growth. Transfers are used for both investment and consumption. • The provision of transfers increases human capital by helping people to keep healthy educate their children, and support HIV/AIDS affected families. • Transfers can stimulate local markets, benefiting the whole communities. 	<p>Delegates called for:</p> <ul style="list-style-type: none"> • Greater cooperation between African and other countries in the sharing and exchange of information, as well as experiences and action on social protection and cash transfers. • Social transfer programmes, including the social pension and social transfers to vulnerable children, older persons and people with disabilities and households to be a more utilised policy option in African countries. • National and international commitment to social protection, and to the building of consensus within different Ministries and institutional coordination in order to agree national plans. • African governments to put together costed national social transfer plans within 2/3 years that are integrated within National Development Plans and within National Budgets, and that development partners can supplement. • Increased investment in institutional and human resource capacity and accountability systems. • Reliable long term funding for social protection, both from national budgets and development partners. • The institutionalization of a bi-annual conference on social protection under the auspices of the African Union.
<p>Source: African Union (2006)</p>	

5. **FORD FOUNDATION ACTIVITIES IN AFRICA** ²⁰

Social protection is a relatively new stream of work for Ford Foundation globally, and within Africa is only explicitly addressed by the Southern Africa office.²¹ However, all three Ford offices in Africa do work on issues that relate strongly to social protection concerns – access to services, human rights, and a focus on the most marginalised and vulnerable people (see Table 2). In some senses this could be seen as an agenda that reflects the concerns of social protection broadly defined – if anything, a more progressive agenda than the current preoccupation in African social protection programmes with ‘social cash transfers’. All three offices see their role as supporting ongoing initiatives and identifying gaps where Ford can make a contribution, rather than setting the agenda.

Table 2. Work-streams of Ford Foundation regional offices in Africa, 2009

<p>West Africa</p> <ul style="list-style-type: none"> • economic development portfolio • sexuality and reproductive health portfolio – an integrated approach to mitigating the risks and vulnerabilities to reproductive health, including HIV and AIDS • human rights portfolio – e.g. housing, security
<p>East Africa</p> <ul style="list-style-type: none"> • access and rights to natural resources, with a focus on land policy • market-based livelihoods – addressing rural poverty by strengthening business skills and access to financial services • women’s rights, with a focus on gender-based violence; and rights of marginalised communities • building civic participation – building infrastructure to allow civil society to do its work effectively; and working with public interest media
<p>Southern Africa</p> <ul style="list-style-type: none"> • good governance and civil society • socio-economic rights • sexuality and reproductive health and rights, and HIV and AIDS • economic activities for the rural poor • increasing access to high education • assets and social protection (a new exploratory stream of work)

Source: Interviews with Ford Foundation regional staff, March 2009

Appendix 1 lists a number of Ford Foundation-assisted projects in Africa that could be broadly classified as social protection.

5.1 **West Africa**

The social protection debate has been slower to start in West Africa than elsewhere, and there appears to be little political will to engage seriously with social protection in the region at this time. Ford West Africa has just prepared a new strategy, but social protection does not feature as a theme

²⁰ This section is largely based on interviews conducted with Ford Foundation staff in the West Africa regional office (Adhiambo Odaga), the East Africa regional office (Dr. Joyce Nyairo and Dr. Susan Kaaria), and the Southern Africa regional office (Halima Mohammed and Paula Nimpuno).

²¹ Apart from Southern Africa, only the New York and Indonesia offices have prioritised social protection as a work-stream.

or work-stream, partly because governments seem resistant to the term. Social insurance is more popular with governments than social assistance, and several countries are implementing sizeable microfinance schemes. Ford is striving to build support for micro-insurance schemes in the region, especially for health care and agriculture.

Ford also has a work stream on good governance in West Africa and works on the right to security, which they hope to extend into a discussion on a rights-based approach to social protection. Many Ford-supported activities address HIV and AIDS – prevention, mitigation, advocacy to combat stigma. The Social and Economic Rights team is working on social housing, as a response to slums being razed for development and displacing the poor. All these activities could qualify as social protection, even though they are not labelled as such. (*“The issues we work on are often social protection-focused – we just don’t call it that.”*)

5.2 East Africa

The Ford regional office argues that there is little discussion of social protection in the East Africa region, either among the public or in the media, and little political appetite for serious engagement with social protection, beyond an ongoing preoccupation with national and household food security. Recurrent droughts and humanitarian crises tend to focus policy attention on emergency responses, though there has recently been a recognition that food insecurity is chronic and requires more systematic responses. These include multi-annual social transfers – e.g. the Productive Safety Net Programme (PSNP) in Ethiopia and the Hunger Safety Bet Programme (HSNP) in Kenya – as well as a renewed interest in agricultural input subsidies to enhance food production.

The East Africa office recently went through a reprioritisation exercise and identified 6 work-streams, none of which addresses social protection directly. (*“We thought that our comparative advantage came out in other areas.”*) However, several thematic work-streams could be considered as social protection, especially those that are concerned with social and economic rights – land policy and rights to natural resources, rights of marginalised communities, women’s rights (reproductive health and gender-based violence).

5.3 Southern Africa

The Ford Southern Africa office has adopted social protection as a new, ‘exploratory’ work-stream, requiring an initial phase of mapping existing programmes, scoping and gap identification. The focus is an asset-based approach to social protection, and on identifying mechanisms of moving people from dependence on social transfers to economic productivity and self-reliance. Preliminary results from the mapping exercise suggest that there are no comprehensive programmes that cover the range of interventions needed to achieve social protection as well as livelihood promotion outcomes. Ford is interested in furthering a debate around this comprehensive approach in southern Africa, looking beyond social transfers towards transformational interventions that build assets and rights.

Social protection is high on the policy agenda in many southern African countries, and is widely debated and discussed in the media. Much of the regional office’s work is in South Africa, where one preoccupation is with enhancing the access of the poor to social benefits. South Africa is currently implementing social security reforms, and Ford is engaging with this agenda. Unusually, this regional office is also interested in cross-border issues, such as the portability of formal and informal social protection by migrants.

The Ford Southern Africa office identified a number of comparative advantages for their involvement in social protection programming.

“We have worked from the rights perspective for a number of years – especially programmes that work on the right to access services for marginalised populations. We have strong links with organisations doing work in this sector, and we have funded a number of civil society organisations that are involved in social transfer schemes in southern Africa. Ours is a broad discussion, looking at graduating out of the benefit system and supporting a social protection system that offers comprehensive support rather than just social transfers. Not many organisations are focusing on the full continuum of interventions. They either talk about social transfers, or they talk about market interventions and support; not necessarily how the two are interlinked or the fact that the beneficiaries are often the same.”

6. CONCLUSION

The need for social protection is arguably greater in sub-Saharan Africa than in any other region, not necessarily in terms of numbers but certainly in terms of the depth of poverty and the range of vulnerability factors that Africans face. Half of the continent’s population live in chronic poverty. The prevalence of undernourishment – a proxy for hunger – is double in Africa than in the ‘developing world’ as a whole, and was exacerbated by the global food crisis of 2008. Three African countries – Ethiopia, Malawi and Niger – have suffered mass mortality famines in the last decade. Adult HIV-prevalence is six times higher in Africa than the global average, and 80% of all children orphaned by AIDS are African. Conflict continues to affect several countries – notably DRC, Somalia and Sudan – disrupting livelihoods, causing death and disability, and displacing millions of people into refugee camps or neighbouring countries.

Social protection in Africa has conventionally been dominated by humanitarian relief and food-based ‘safety nets’. But the emerging social protection agenda in Africa is dominated by social assistance, specifically unconditional cash transfers, partly as an alternative to decades of emergency food aid that has had little discernible impact on poverty or food insecurity, and partly in an attempt to galvanise moribund local economies through sustained injections of purchasing power. In some countries, mostly in southern Africa, governments have taken the lead and introduced their own welfarist programmes, such as social pensions and support to families affected by HIV and AIDS. But many governments remain sceptical about ‘handouts’ to poor citizens, preferring to invest scarce public resources directly in productive sectors (e.g. through agricultural input subsidies).

In other countries, there is a genuine partnership between governments and donors in delivering social transfers – examples include the ‘Productive Safety Net Programme’ (PSNP) in Ethiopia, which reaches eight million Ethiopians every year, and the ‘Livelihood Empowerment Against Poverty’ (LEAP) programme in Ghana. Elsewhere, the social protection agenda is widely perceived as being donor-driven, with agencies led by DFID, UNICEF and the World Bank either supporting governments or funding international NGOs (CARE, Concern, Oxfam, Save the Children) to deliver ‘social cash transfers’ to targeted clusters of poor citizens.

Most of these programmes are expensive and require sustained financing on a large scale for an indefinite period of time. It would therefore be inappropriate for Ford Foundation to support social transfers directly, except perhaps to endorse them and possibly to offer technical assistance. What then is an appropriate role for Ford in social protection in Africa? A ‘transformative’ approach to social protection (Sabates-Wheeler and Devereux 2008) focuses on rights and social justice, and this resonates with Ford’s focus on economic and social rights, and with “looking beyond social transfers”. Transformative social protection also implies mobilisation to claim entitlements and rights from the state, which implies working with local civil society organisations – as Ford already does. Pushing the social protection debate in Africa “beyond transfers” to address issues of social justice might be the niche where Ford can make its most valuable contribution.

There are three areas where Ford Foundation regional offices in Africa could focus their energies in support of promoting a broader approach to social protection.

1. **Access to services:** It is important to link the delivery of social protection to the delivery of basic services, especially education and health, but also social welfare and child protection services. Specific aspects requiring attention include community-based monitoring of service delivery and quality of services, building local accountability and good governance in service provision. This agenda relates directly to Ford's engagement with access to services and good governance in its Africa offices.
2. **Civil society engagement:** As discussed above, in several African countries civil society is under-represented in domestic social protection debates. Ford could support ongoing initiatives to mobilise civil society, specifically the 'Africa Civil Society Platform for Social Protection'. Recognising the variable capacity of civil society to influence government policy, there is an urgent need to think through strategies for influencing government in contexts where civil society is weak or absent. This agenda resonates with Ford's interest in strengthening civic participation.
3. **Promoting economic and social rights:** Cash transfers are dominating the social protection agenda in Africa, but these transfers are delivered as social assistance, they are not grounded in entitlement-based claims or citizenship rights. Shifting the social protection debate requires moving beyond social transfers, to 'transformative' issues such as women's reproductive health, housing and land rights, and migrants' rights to social protection. These are already areas where Ford is actively engaged in West Africa, East Africa and Southern Africa.

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APPENDIX 1 – FORD FOUNDATION GRANTS IN AFRICA

	West Africa	Eastern Africa	Southern Africa
<i>Equitable development</i>	<ul style="list-style-type: none"> Promoting judicial reforms to promote human rights for indigenous people 		
<i>Access to healthcare and services</i>	<ul style="list-style-type: none"> instituting an emergency health fund for select Nigerian NGOs STI/HIV/AIDS prevention, care and support activities in prison communities across Nigeria strengthen the capacity of reproductive health NGOs, with a focus on developing and implementing safe motherhood interventions in hard-to-reach communities 	<ul style="list-style-type: none"> improve service delivery to people with Down's syndrome and increase the information flow among their key families, caregivers, etc. provide specialized services to people with intellectual disabilities in Nairobi HIV-prevention and care programmes for sexual minorities addiction prevention counselling, training and outreach programs 	<ul style="list-style-type: none"> promote a comprehensive approach to social security for children, improve service delivery and promote access to education address the problem of teenage pregnancy in rural KwaZulu Natal and reduce its incidence legal advice and services to women who have been victims of gender-based violence
<i>Equal access to housing</i>	<ul style="list-style-type: none"> staffing and capital costs for a street children residence and rehabilitation centre in Lagos 	<ul style="list-style-type: none"> community organizing and policy advocacy on rights of access to land and housing for the urban poor in slum communities of Nairobi 	<ul style="list-style-type: none"> help poor communities access information on the provision of public housing and use it to make the process fairer and more transparent
<i>Agriculture</i>		<ul style="list-style-type: none"> train agricultural extension personnel in household food security in Tanzania 	<ul style="list-style-type: none"> strengthen small-scale farmers' ability to organize and establish seed banks and access organic and fair trade markets
<i>Microfinance</i>	<ul style="list-style-type: none"> training, TA & MIS to the microfinance sector to help them tailor products production and dissemination of financial literacy and IPR toolkits for micro and small entrepreneurs a study and forum on microfinance best practices in Nigeria counselling, training and micro-enterprise development to improve 		<ul style="list-style-type: none"> build members' capacity to improve livelihoods and eradicate poverty improve the ability to identify, screen and train loan recipients from low-income groups establish a certificate course in microenterprise and development at the University of Limpopo a conference on client protection in the microfinance sector in Eastern and Southern Africa host a conference on integrating microfinance

	West Africa	Eastern Africa	Southern Africa
	<p>the reproductive well-being of women in rural northern Nigeria</p> <ul style="list-style-type: none"> develop and pilot MIS for microfinance institutions and prepare training materials 		<p>into formal financial markets</p> <ul style="list-style-type: none"> microfinance product addressing the long-term economic vulnerability associated with a death in the family among the poorest households planning phase of a comprehensive training and education program to build microenterprise and community-based economic development practice in Southern, Eastern and West Africa regions innovative micro-insurance products that would provide a safety net for poor households
<p><i>Equality, Human Rights and transformational agendas</i></p>	<ul style="list-style-type: none"> advocacy to enhance accountability on funds for HIV/AIDS for PLWHA integrated program of research, public education, legal advocacy and capacity building to promote widows' and adolescents' reproductive rights in Nigeria 	<ul style="list-style-type: none"> To promote the human rights of people living with HIV/AIDS in Uganda and Tanzania; an another for Burkina Faso, Mozambique and Sudan enable the East African Sexual Health and Rights Initiative to promote lesbian, gay, bisexual and transsexual health and rights human rights education training in primary and secondary schools in Kenya education, networking and research to empower civil society organizations and enhance social justice and democracy workshops and media campaigns to observe the International Down Syndrome Day advocacy against violation of women's rights in Africa produce and air radio programs to create awareness of the Protocol on the Rights of Women in Africa training and mentoring to develop young leaders committed to gender equality, social justice and social transformation 	<ul style="list-style-type: none"> protect and advance the fundamental human rights of people living with or affected by HIV/AIDS research, networking, public education and other activities to advance the socioeconomic rights of children bringing together research, natural resource enterprise and an HIV/AIDS awareness campaign to sustain the resource base and increase job opportunities for South Africans support training for the South African Police force on the intersections between violence against women and HIV/AIDS address stigma and discrimination and promote rights of lesbian, gay, bisexual and transgender individuals in South Africa's Muslim community collaborative program to improve media coverage, public analysis and political debate on the societal, economic and governmental implications of the HIV/AIDS pandemic in Southern Africa research, training, legal representation and public education to help marginalized rural

	West Africa	Eastern Africa	Southern Africa
		<ul style="list-style-type: none"> produce documentaries to convey messages of political and social change and human rights build alliances between men and women's organizations on women's rights support to shaping a positive public discourse on safe abortion expand the space for dialogue and organizing for sexual minorities regional program to address obstetric fistula from a human rights and equity perspective radio program on women's rights 	<p>communities exercise their land rights</p> <ul style="list-style-type: none"> empower the rural poor, strengthen civil society and promote social change encourage men and boys to act against gender-based violence and HIV/AIDS program to combat domestic abuse and violence through group-based, psycho-educational interventions targeting the perpetrators as well as the victims build the capacity of religious leaders and organizations to promote positive change around sexual and reproductive health, human rights, gender-based violence, HIV/AIDS and hate crimes
<i>HIV/AIDS information</i>	<ul style="list-style-type: none"> information to adolescents on sexual health and HIV/AIDS media and community advocacy for VCT and rights for PLWHA research and community advocacy to combat stigma for PLWHA HIV/AIDS prevention and safe motherhood promotion activities in rural southeast Nigeria 	<ul style="list-style-type: none"> research on the influence of HIV/AIDS on primary school participation among vulnerable school children in Sub-Saharan Africa and to organize a symposium on HIV/AIDS and education study the impact of the present AIDS funding environment in Tanzania upon medium sized, local nongovernmental organizations working in the field of HIV/AIDS initiative to help universities in six sub-Saharan countries understand and respond to the needs of HIV-positive students and staff improving education sector's response to HIV/AIDS 	<ul style="list-style-type: none"> community education, technical assistance and expanded services to reduce the transmission of HIV/AIDS and mitigate the epidemic's impact in poor, remote communities in Zimbabwe empower at-risk youth and caregivers, build their self-confidence and self-esteem and help them counter the effects of the illness support school- and community-based program to transform gender norms among boys and girls in the North West Province of South Africa
<i>Community development, participation & governance</i>	<ul style="list-style-type: none"> leadership development for women to hold governments to account on social and economic policy leadership training for PLWHA to engage in national response 	<ul style="list-style-type: none"> build the field for effective philanthropy and social investment in East Africa develop a resource centre and publish a magazine on child rights and alternative family care for vulnerable children 	<ul style="list-style-type: none"> promote male involvement in addressing the challenges of HIV/AIDS, poverty and gender-based violence in KwaZulu Natal ensure the sustainability of social capital development programs in the garment and

	West Africa	Eastern Africa	Southern Africa
	<p>programmes</p> <ul style="list-style-type: none"> increasing the participation of women in peace-building activities in Cote d'Ivoire, Sierra Leone and Liberia support for a program of STI/ HIV/ AIDS prevention, care and support activities in prison communities across Nigeria 	<ul style="list-style-type: none"> community training, public education, networking and legal aid clinics to combat gender violence against and change cultural attitudes that legitimize it in Kenya enhancing civic engagement of non-state actors in Kenya and East Africa strengthen advocacy and activism networks, facilitate inclusive civic participation in constitutionalism participatory mapping of vulnerability and marginalization in poor communities in East Africa 	<p>fashion industry</p> <ul style="list-style-type: none"> support to increase community participation in local governance and work with municipal governments in KwaZulu-Natal to improve service delivery build community philanthropy in Southern Africa dialogue between the private and public sectors and the Greater Alexandra Township community to plan a comprehensive community-based response to the HIV/AIDS pandemic strengthen community responses and job creation opportunities in natural resource-dependent communities in the Eastern Cape Province
<i>Training and services for the marginalised and excluded</i>	<ul style="list-style-type: none"> training and TA to services for blind people in Nigeria 		<ul style="list-style-type: none"> pilot project to improve and expand the provision of legal services for indigent farm dwellers and rural citizens strengthen the capacity of sex workers in South Africa to address the rights, social and health issues they face establish a time bank and community exchange system to enable low-income city dwellers to pay for municipal services with work explore linkages between tourism and indigenous industries support to address issues of urbanization and equity, with special reference to the urban poor and marginalized communities
<i>Access to education</i>	<ul style="list-style-type: none"> research and advocacy to get participation of disadvantaged groups in higher education in Nigeria 	<ul style="list-style-type: none"> research to document and analyze the educational pipeline for girls and young women in Kenya, Uganda and Tanzania initiative to increase girls and young 	<ul style="list-style-type: none"> train the trainers of educators for multilingual education in Southern Africa harmonize and standardize Southern African languages and produce literature for basic

	West Africa	Eastern Africa	Southern Africa
		<p>women's access to education in the semi-arid regions of Kenya</p> <ul style="list-style-type: none"> • design of and initial training for student loan schemes in East Africa • secure access to greater educational opportunity for the Batwa who live in the Kisoro, Kabale and Kanungu districts of Uganda 	<p>education and literacy enhancement</p>
<p><i>Business and skills training and livelihoods improvement</i></p>	<ul style="list-style-type: none"> • SME forum focussing on transitioning from informal to formal sectors and women entrepreneurs – mostly Nigeria • Programme capacity building and training of mentors for low-income graduates • support for research, produce refinement, design and marketing assistance to West African artisans • leadership training for small and medium entrepreneurs in Nigeria 	<ul style="list-style-type: none"> • support to implement a natural resource management plan that promotes ecotourism in the Kijabe Group Ranch and guides the long-term development of the natural assets base • support for networking, training and information dissemination to help dryland communities adopt production techniques and marketing strategies that improve their lives and livelihoods • improve local communities' livelihoods through participatory forest management • improve natural resource management and conservation knowledge for community and private asset protection/creation • testing methods for promoting livelihood opportunities for rural youth in Kenya's Kakamega district • making conservation core to livelihood security in Eastern Africa • train coastal communities in Kenya on new fishing technologies and provide them with fishing equipment to restore livelihoods destroyed by the tsunami 	<ul style="list-style-type: none"> • refine, document and disseminate an integrated livelihood model of agriculture, enterprise development and HIV/AIDS education in rural villages in Kwazulu Natal • strengthen small-scale farmers' ability to organize and establish seed banks and access organic and fair trade markets • investigate the use of public works programs as a means of addressing livelihoods & social protection in the context of chronic poverty • improve livelihoods by strengthening linkages between rural communities and tourism hubs in Mozambique • pilot learning program on hetero-sexism and diversity to promote equality, tolerance, respect and acceptance of lesbian, gay, bisexual, transsexual and intersexual individuals in KwaZulu-Natal • promote economic development opportunities for and the sustainable use of natural resources by crafters in Mozambique • improve poor people's livelihoods and environmental sustainability by developing a vibrant natural products sector in Southern Africa • implement a network of Africa safari lodges as engines for local economic development and

	West Africa	Eastern Africa	Southern Africa
			<p>sustainable rural livelihoods in Southern Africa</p> <ul style="list-style-type: none"> • investigate the commercial uses and marketability of the marula fruit and its potential as a livelihood source for ex-mineworkers • community organizing on land and natural resources to increase community access to private investment ventures in tourism and fisheries • savings and credit group-based financial services program for the rural poor; develop the program's life skills training component; and contribute to a small grants program for farmers • product and market development of non-timber forest products in communities with marginal agricultural potential • develop a programme to increase the local and rural impact of tourism • develop and demonstrate a replicable approach for building local agribusiness run by black South African entrepreneurs and build the capacity of local intermediaries to carry out the replication • explore the feasibility of an equity investment fund for natural resource-based small and medium enterprises • research on the potential of value chain approaches for rural poverty reduction, small and medium enterprises and community development, and sustainable natural resource management • study existing natural plant product processing enterprises and associated community partnerships and develop models of successful ones

	West Africa	Eastern Africa	Southern Africa
<i>Developmental information</i>	<ul style="list-style-type: none"> support the production and dissemination of developmental messages through an African lens 		
<i>Youth programming and skills training</i>	<ul style="list-style-type: none"> support to reduce the incidence of HIV/AIDS and other sexually transmitted infections among out-of-school adolescents and provide youth with income-earning and leadership skills reproductive health and economic empowerment interventions among poor youth in south-eastern Nigeria integrated program of health education workshops, peer counselling and livelihood skills training to advance the reproductive health & economic well being of poor youth in Middle Belt Nigeria behaviour change communication activities to improve the reproductive health and economic status of poor youth in the middle-belt of Nigeria entrepreneurship, civic and health educational and mentoring activities to advance youth reproductive health in the Niger Delta research, publications, training and policy advocacy to advance the reproductive health of women and youth in Nigeria capacity building and outreach activities to increase youth access to reproductive health and vocational services in northwest Nigeria 	<ul style="list-style-type: none"> establish social support structures for vulnerable youth in Nairobi's Pumwani community and provide training to develop their asset-building capacity establish a youth volunteer program and community knowledge centres to serve as local networking hubs in Eastern Africa dryland communities support for youth development and adolescent health projects in Nairobi's Kibera slum support for youth-led health and livelihood activities in the Buruburu slum district of Nairobi provide vocational skills training for out-of-school children orphaned by the HIV/AIDS in Kariobangi slums training and mentorship programmes for different CSO participation support for a youth-led football league for girls in Kilifi district and its peer information service on sexual and reproductive health issues training for counselling for youth and high school students general support, program and construction costs for an income-generating youth training institute mainstream youth participation in governance, human rights and social justice work in Kenya 	<ul style="list-style-type: none"> develop and pilot financial literacy programs to promote a culture of savings among young people training, mentoring and outreach to assist disadvantaged artists and youth in Johannesburg's inner city mobilize and engage poor, marginalized youths in rural Zimbabwe to develop livelihood and risk-reduction skills and to cope with HIV/AIDS-related loss train unskilled young men and women from communities surrounding game reserves as field guides and help place them in the ecotourism industry support to design and implement accessible financial services for the poor in Kwa-Zulu Natal engage a diverse cross-section of South African youth in dialogue with respect to economic empowerment and development

	West Africa	Eastern Africa	Southern Africa
<i>Women's economic empowerment</i>	<ul style="list-style-type: none"> integrated health education, entrepreneurship training and microfinance services to promote women's economic self-sufficiency and reproductive health in Edo State, and for organizational development 	<ul style="list-style-type: none"> support to empower rural women and girls through capacity building for sustainable development train women and youth in Nairobi in income generating activities 	
<i>Emergency response</i>		<ul style="list-style-type: none"> train disaster response teams and coastal communities in Zanzibar and Dar es Salaam on rescue techniques and to counsel families of victims of the 2004 tsunami 	<ul style="list-style-type: none"> emergency legal and humanitarian assistance to displaced refugees, asylum seekers and undocumented migrants following xenophobic attacks in South Africa
<i>Post-conflict</i>		<ul style="list-style-type: none"> support community based organizations that deal with gender-based violence and HIV/AIDS in conflict and post-conflict settings emergency aid to women in danger of rights violations and for activities of women working in conflict and post-conflict situations in Africa 	
<i>Child protection</i>			<ul style="list-style-type: none"> regional conference addressing the constraints faced in providing community-based care to orphans and other vulnerable children regional conference to pool resources and knowledge with respect to the case of orphaned and vulnerable children pilot project on the effectiveness of school versus family-based interventions to keep HIV/AIDS orphans in school research, advocacy and training programs to promote and protect children's rights and prevent child abuse

Source: Ford Foundation website regional grants pages (<http://www.fordfound.org/regions>; accessed 5 November 2008).

APPENDIX 2 – SOCIAL PROTECTION PROGRAMMES IN AFRICA BY LIFE-CYCLE STAGE

Life-cycle	Male and Female	Female specifically	Disabled/ Socially excluded
Under fives	<ul style="list-style-type: none"> Kenya's Cash transfers for orphans and vulnerable children Senegal Family Allowances Therapeutic feeding programmes 	<ul style="list-style-type: none"> Supplementary feeding for pregnant and lactating women & under 5s 	
School-age	<ul style="list-style-type: none"> School Feeding Programmes around Africa (NEPAD) South Africa's Child Support Grant South Africa's Foster Child Grant 	<ul style="list-style-type: none"> School feeding in Malawi 	<ul style="list-style-type: none"> South Africa's Care Dependency Grant
Adolescents	<ul style="list-style-type: none"> Ghana Youth Job Corps Programme or Youth Unemployment Programme 		
Early working years / young families	<ul style="list-style-type: none"> Ethiopia PSNP Rwanda's Vision 2020 Umerenge Programme 	<ul style="list-style-type: none"> Family Allowances 	
Ageing working years	<ul style="list-style-type: none"> Ghana's Livelihoods Empowerment Against Poverty (LEAP) social grants pilot South Africa's Social Relief of Distress 	<ul style="list-style-type: none"> Supplementary feeding for pregnant and lactating women & under 5s 	<ul style="list-style-type: none"> South Africa's Disability Grant Kenya's Arid and Semi-arid Lands programme
Seniors	<ul style="list-style-type: none"> Universal pensions in Lesotho, Namibia, Botswana Contributory pensions in Ghana, Senegal Means tested non-contributory pension South Africa South Africa's War Veteran's Grant 		<ul style="list-style-type: none"> - South Africa's Grant-in-aid
Everyone	<ul style="list-style-type: none"> Ghana's National Health Insurance Mutual Micro-insurance Organisations and Community Based Health Organisations Universal survivor benefits in Botswana, Mauritius, Seychelles, South Africa 		