FORMAL AND INFORMAL SOCIAL PROTECTION IN SUB-SAHARAN AFRICA

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ABSTRACT
This paper assesses developments in the provision of formal social protection in Africa. Formal social protection is defined to include actions taken by the public sector (alone or in conjunction with other parties such as non-governmental organisations and donors) and private sector arrangements that have legal backing. The focus of the discussion will be on the provision of formal social protection by the state. Social protection in many African countries is not new. The development of formal social protection in several of these countries can be delineated into three phases. The paper also considers what the effect of a scaling up of formal social protection will have on informal social protection arrangements. Informal social protection encompasses those arrangements and actions taken by an individual or by groups of individuals which are not guided by formal legal regulations, but which are not necessarily contravening these laws and regulations.

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Introduction

Several definitions and conceptualisations of social protection abound. The World Bank in its 2001 paper on developing a social protection strategy for Africa defines social protection as:

“interventions that assist poor individuals, households and communities to reduce their vulnerability by managing risks better” (p 4).

In the first poverty reduction strategy paper of Mali, a similar conceptualisation of social protection was adopted in which social protection was presented as “a collective system for managing risks faced by individuals” (Government of Mali, 2002). Dfid takes a broader perspective. Social protection is defined as:

“public actions – carried out by the state or privately – that: a) enable people to deal more effectively with risk and their vulnerability to crises and changes in circumstances (such as unemployment or old age); and b) help tackle extreme and chronic poverty” (Dfid 2006 p. 1).

Other African countries take a similar broad perspective. Benin, in its poverty reduction strategy paper of 2003, states that:

“social protection comprises all systems and measures that provide social assistance and various social services to the different social and professional groups” (Republic of Benin, 2002).

In Tanzania’s National Social Protection Framework document, social protection is defined as:

“traditional family and community support structures, and interventions by state and non-state actors that support individuals, households and communities to prevent, manage, and overcome the risks threatening their present and future security and well-being, and to embrace opportunities for their development and social and economic progress in Tanzania” (United Republic of Tanzania, 2008, p. 5).

In the social policy framework document prepared by the African Union,

“interventions under a social protection framework include social security measures and furthering income security; and also the pursuit of an integrated policy approach that has a strong developmental focus, such as job creation, equitable and accessible health and other services, social welfare, quality education and so on” (African Union, 2008, p. 17).

Countries, households and individuals in Africa have to deal with the instability of the global economy, conflict, disease, the vagaries of the weather and climate change. Vulnerability to poverty is high. Households that are not classified as being poor at a point in time have a high probability of becoming poor in the future. In Ghana, even though the poverty headcount was 39.5% in 1998/99, it was estimated that the incidence of vulnerability to poverty was 49.5% (Appiah-Kubi et al, 2008). The focus of social protection must extend beyond better management of risks in order to include those individuals and groups who have difficulty in making ends meet from one day to the next, not because of exposure to negative shocks but because they are old, or have disabilities, or have slipped into poverty because of lost opportunities or because of social inequalities that result in them being locked into exploitative relationships.

Devereux and Sabates-Wheeler (2004) conceptualise social protection as having four dimensions. It must contain preventive measures that help to manage shocks, for example, pensions and health insurance. Second, the social protection strategy should have a protective element. This would involve the provision of assistance to those who are unable
to work and the provision of social services to targeted groups such as orphans and abandoned children. The third dimension is measures to promote income-generation and capabilities. Under this heading would fall the provision of subsidised inputs, micro-finance and school-feeding programmes. The fourth dimension is transformative measures which “seek to address concerns of social equity and exclusion...” (p. 10). This is a very broad conceptualisation of social protection that extends beyond the realm of risk management to embrace income generation and changes in the legal and regulatory frameworks. The advantage of this conceptualisation of social protection is that it brings within its ambit the various categories of the poor, the excluded and the vulnerable. The disadvantage of this, however, is that the line between social protection and the overall development strategy of a country can become quite blurred.

The objective of this paper is to assess developments in the provision of formal social protection in Africa. Formal social protection is defined in this paper to include actions taken by the public sector (alone or in conjunction with other parties such as non-governmental organisations and donors) and private sector arrangements that have legal backing. The focus of the discussion will be on the provision of formal social protection by the state. A second objective of the paper is to consider what the effect of a scaling up of formal social protection will have on informal social protection arrangements. Informal social protection encompasses those arrangements and actions taken by an individual or groups of individuals which are not guided by formal legal regulations, but which are not necessarily contravening these laws and regulations. Dfid, for example, defines informal protection as “either actions to minimise risks or transfers between individuals or households to cope during difficult times” (Dfid 2006, p. 6).

Social protection in many African countries is not new. This paper argues that the development of formal social protection in several of these countries can be delineated into three phases. Even though poverty reduction strategy papers may be described as a conditionality of the enhanced HIPC (Heavily Indebted Poor Countries) Initiative managed by the International Monetary Fund and the World Bank, the production of these papers has provided the opportunity to create space for social protection on the policy agenda.

The next section of this paper presents a discussion on formal social protection within the three phases that will be proposed. This will be followed by discussion on informal social protection arrangements. The objective of this section is to highlight some features of informal social protection arrangements. The discussion will make use of qualitative data, in particular, life history data from Ghana.1 The final part of the paper will consider the implications of a scaling up of formal social protection on informal social protection.

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1 This is data from a project on Vulnerability and Chronic Poverty in Ghana funded by the Chronic Poverty Research Centre. Data was collected from almost 70 respondents in six of the 10 administrative regions in Ghana using the life history methodology. This paper will make use of a select number of the life histories.
Formal Social Protection

Based upon the categorisation of social protection interventions into four groups, i.e., preventive, protective, promotive, and transformative, it may be argued that the provision of social protection interventions in some African countries is not new. The development over time of the provision of social protection by the state in several African countries can be divided into three phases. The delineation into these three phases is informed by the content of the social protection interventions and whether a coherent social protection policy framework exists to situate the interventions.

Phase 1: Independence to circa 2000

Almost all African countries have provided social protection measures that can be classified as preventive. Pensions have been provided to salaried workers mainly in the formal sector. However, even though a large number of African countries provide social security pensions to workers, the coverage within many countries was - and still remains - quite limited, since workers in the large informal sector tend to be excluded. Thus, there was little, if any, provision of pensions to groups in which the incidence and depth of poverty is high, for example, food crop farmers.

Protective measures include the provision of social services to targeted groups. Some African countries were quite ambitious in their social services programmes by providing universal free primary education (and, in some countries, tertiary education) and health services. In Ghana, for example, the Education Act of 1961 made primary education compulsory and tuition-free. Parents who did not send their children to school were liable to a fine. In Nigeria, free primary education was provided in the then Western and Eastern regions in the mid-1950s and extended to the rest of the country in the mid-1970s.

The provision of agricultural input subsidies is an example of promotive measures of social protection provided in some African countries. In Ghana, for example, general subsidies were provided on insecticides and fertilisers used in agriculture.

During this phase, the mechanisms used to deliver social protection were largely social services and social insurance. As already mentioned, in some countries, for example, Ghana, the provision of social services was not targeted, but universal. Social insurance, however, was limited largely to formal sector workers. There were a few social assistance programmes that provided transfers in cash or in kind on a regular and predictable basis. Social assistance programmes were limited both in terms of the number of countries that had them and in the proportion of the eligible population that benefited from them. For example, Mozambique's food subsidy programme (an unconditional transfer) began in 1990. Malawi began distributing free seeds and fertiliser to all rural farmers in 1998, and Zambia introduced the distribution of agriculture inputs to targeted vulnerable farmers in 2000. A report on social protection in Togo states that "since independence the Togolese government has offered some form of social security to a privileged minority working in the formal sector and social assistance to a few people or groups conventionally defined as vulnerable (widows, orphans, handicapped)" (Bendokat and Tovo, 1999, p.6).

Social protection was not provided within the context of a clearly-defined social protection framework. The problem, though, with many of the interventions such as subsidised education and health care was that they were situated within a context of

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2 Compulsory primary education has been impossible to achieve and is still an objective.
achieving growth and development targets with insufficient emphasis on who was to benefit from the subsidies, who was part of the growth and development process and who was not.

The policy of free universal primary or basic education would pre-suppose that all children of school-going age would be able to access primary education. Indeed, in Ghana, for example, there was a surge in primary school enrolment when the Education Act 1961 was introduced. However, the slow down in growth in African economies beginning in the late 1970s was accompanied by a decline in the government revenue base. The real value of resources allocated of education, health and agricultural subsidies declined.

The structural adjustment programmes of the 1980s introduced user charges for basic social services and cost recovery measures to reduce the burden of financing the provision of basic social services on the government budget. Subsidies on agriculture inputs were removed. The immediate effect of these reforms in education, health and agriculture was to dismantle some of the major elements of the publicly-provided social protection in African countries. Whilst the structural adjustment programmes dismantled the social service programmes of some African countries, it brought to the fore the issue of targeting subsidies to benefit the poor, the deprived and the excluded. An example of the response to the impact of the introduction of user charges in health on access by the poor is the introduction of the fee exemption policy for the poor and indigent in Ghana.

Phase II: Poverty Reduction Strategy Papers and Social Protection

The second phase in the development of formal social protection in Africa can be described as the transition phase. The years 2000-2004 may be described as the relevant years for this phase. This is the period that saw the production of poverty reduction strategy papers by several African countries. Poverty reduction strategy papers were a component of the enhanced Heavily Indebted Poor Countries (HIPC) Initiative, which was introduced in 1996 to reduce the debt of poor countries to sustainable levels. It came under a lot of criticism, one of which was the failure to link debt-relief to poverty reduction. The HIPC Initiative underwent a review process by the staffs of the International Monetary Fund and the World Bank and a modified Initiative, referred to as the Enhanced HIPC Initiative was introduced in July 1999 (IMF and IDA, 1999). In order to benefit from debt-relief under the enhanced HIPC Initiative, a country has to prepare a poverty reduction strategy paper. The preparation and monitoring of the implementation of the poverty reduction strategy paper was expected to be participatory. The period 2000-2004 saw the preparation of poverty reduction strategy papers by several African countries eligible for debt relief under the Enhanced HIPC Initiative.

The preparation of the poverty reduction strategy papers in the early years of the Twenty-first century has provided the opportunity to create space for social protection in the policy agenda. Several of the first generation poverty reduction strategy papers contained some elements of social protection. In Ghana, Burkina Faso, Mali, Malawi, and Senegal, for

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3 In Malawi, for example a fertiliser subsidy removal programme was implemented over a period of eight years beginning in 1987.
4 The economic difficulties countries faced had begun the process of eroding the value and coverage of the social service programmes.
5 This discussion is based on the review of poverty reduction strategy papers of Benin, Burkina Faso, Cameroon, Chad, the Gambia, Ghana, Guinea, Mali, Malawi, Mozambique, Niger, Nigeria, Sierra Leone, Tanzania and Zambia. The choice of countries was determined by access to the poverty reduction strategy paper documents.
example, the provision of social protection and protecting the vulnerable was one of the pillars or the objectives of the poverty reduction strategy.

Those strategy papers which did explicitly discuss a social protection strategy raised two major concerns about the situation that prevailed at the time. The first issue was the lack of a coherent strategy for the public provision of social protection. This is a concern in Mali’s 2002 poverty reduction strategy paper, in which it is reported that there is a lack of a national vision. Similar concerns were expressed in Guinea’s poverty reduction strategy paper, in which it was stated that there was a need to define a social protection policy. In several of the poverty reduction strategies, therefore one of the objectives was to develop a social protection policy or strategy.

The second issue was that of the limited coverage of public provision. For example, Mali’s poverty reduction strategy paper of 2002 remarks on the limited coverage, low quality of what was provided, as well as the resource constraint. Zambia in its first PRSP (Poverty reduction strategy paper) bemoaned the very small amounts budgeted for social welfare and the fact that disbursements were usually a fraction of what had been budgeted. In Guinea, it was reported that publicly provided social protection covered less than 2 percent of the population. An objective of its strategy under social protection was to develop a social protection policy that would facilitate a gradual extension of coverage. Other countries, which did not explicitly set out social protection as an objective, for example, Burkina Faso and Chad, proposed an expansion in the coverage of social security and other safety net interventions. Cameroon, in its poverty reduction paper of 2003, aimed at extending its social protection to the informal sector and to rural dwellers, and also aimed at improving existing benefits such as pensions and family allowances. Examples of non-contributory pensions are limited on the continent. Examples are the pension schemes in Botswana, Lesotho, Mauritius, Namibia, the Seychelles and South Africa.6

Almost all the first-generation poverty reduction strategy papers reviewed identified vulnerable groups. In some cases, the definition of “the vulnerable” was so broad that it literally incorporated almost the entire population with the exception of able-bodied males between the ages of 16 and 60 years. For example, Senegal’s poverty reduction strategy paper of 2002 identified children, women, the handicapped, the elderly, young people, displaced persons and refugees as being vulnerable. Ghana’s list of vulnerable groups was much longer. Thirteen groups were identified, ranging from rural agricultural producers, to children living in difficult situations, drug addicts, and the residents of urban slums. Malawi’s poverty reduction strategy paper of 2002 is one of the few that differentiates between the transient and chronic poor and articulates measures to address the two groups. Malawi and Ghana are examples of the few first generation African poverty reduction strategy papers that explicitly establish targets for their social protection interventions.

Many of the planned social protection strategies in the first generation poverty reduction strategy papers contained some, but not always all, the elements of social protection, i.e., promotive, preventive, protective and transformative (see Table 1). Thus, for example, Senegal envisioned the establishment of a social welfare coverage system for the elderly, consolidation and enforcement of social investment programmes, improvement of primary health care and aimed to reach the children of the poor and of the excluded persons, the enhancement of women’s rights through outreach efforts directed at all sections of the population and the provision of school cafeteria and toilet facilities in poor areas (Republic of Senegal (2002).

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6 See Nino-Zarazua et al. (2010) for a summary of the evolution of these schemes.
### Table 1: Examples of Planned Social Protection Interventions in Some First Generation Poverty Reduction Strategy Papers

<table>
<thead>
<tr>
<th>Country</th>
<th>Preventive</th>
<th>Promotive</th>
<th>Protective</th>
<th>Transformative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benin</td>
<td>Set up social-security systems for all social-professional groups</td>
<td>Expansion of community-based program (PBC) for the rehabilitation of disabled people.</td>
<td>Creation and strengthening of capacities of the local committees for combating trafficking in children</td>
<td>Reform of the national service pension system through adoption of an action plan to eliminate its deficit and ensuring its financial viability in the medium term.</td>
</tr>
<tr>
<td></td>
<td>Construction and equipment of three schools for the blind and partially sighted, three orphanages and three special centres for the elderly.</td>
<td>Increased provision for the indigent and the abandoned elderly people.</td>
<td>Strengthening of the PBC for nutritional monitoring of mothers and children.</td>
<td></td>
</tr>
<tr>
<td>Cameroun</td>
<td>Extending social protection to other population categories, notably the informal sector, rural dwellers, and self-employed professionals, tradesmen, and artisans;</td>
<td></td>
<td>Create new institutions to ensure rigorous management and laws to pave the way for reforms.</td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td>Targeted distribution of inputs for the capital-constrained poor, and public works programmes for the land-constrained poor</td>
<td>Direct welfare transfers for the poor who cannot be supported by any of the other three programmes. These include groups like the chronically ill, the elderly and orphans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senegal</td>
<td>Targeted nutrition interventions for malnourished children and vulnerable pregnant and lactating mothers.</td>
<td>Ensure adequate social, health, and nutritional coverage for the children of vulnerable families;</td>
<td>Enhance women’s rights through outreach efforts directed at all parts of the population, dissemination of legal texts, etc.;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ensure the school enrolment and training of school age children who lack parents or guardians;</td>
<td>Facilitate the acquisition by the handicapped of the means of production in order to help them develop income-generating activities and integrate themselves into the existing networks of economic and social mobility;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cameroon envisaged the establishment of an institutional, legal and regulatory framework to guarantee the rights and social protection of targeted groups (Republic of Cameroon, 2003). Malawi’s planned social protection strategy comprised social safety nets targeted at the transient poor and welfare transfers to the chronically poor (Government of Malawi, 2002). In Burkina Faso, in the absence of a social protection strategy, the major focus was to reduce vulnerability in agriculture. Some of the interventions included activities to maintain soil fertility, and campaigns to improve animal health (Ministry of Economy and Finance, 2000). The social policy framework of the African Union reports that:

“There is an emerging consensus that a minimum package of essential social protection should cover: essential health care, and benefits for children, informal workers, the unemployed, older persons and persons with disabilities” (African Union, 2008, p.18).

The social protection interventions planned in the first generation poverty reduction strategy papers covered most, if not all, of these areas. In some countries, for example, Senegal, planned interventions covered all the areas listed in the document of the African Union.

The Rationale for a Social Protection Strategy

The objective of the public provision of social protection in African countries is to assist the vulnerable and excluded groups and thereby reduce chronic poverty and exclusion. An extract from Tanzania’s National Social Protection Framework illustrates this point:

“The national focus of social protection is to address comprehensively structural and multi-causal vulnerabilities that can lead to persistent poverty and generalized insecurity.” (United Republic of Tanzania, 2008, p. 1).

The rationale for the provision of social protection can be situated within the context of evidence that suggests that growth may be necessary, but not sufficient, for poverty reduction. This is the position presented in Zambia’s poverty reduction strategy paper of 2002 in which it states that:

“Equity alongside growth is important. In particular, direct interventions aimed at certain categories of poor people, particularly the core poor and vulnerable, are often needed even with a growing economy” (Ministry of Finance and National Planning, p.17).

The poor must contribute to the growth process as well as benefit from it. The rationale for social protection is not always only within the context of improving upon the living conditions of the vulnerable and excluded as an end in itself. Tanzania’s national social protection aims to build:

“the capabilities of the poor to engage in production so that they become effective participants in and beneficiaries of the growth process” (United Republic of Tanzania, 2008, p.2).

Ghana’s second poverty reduction strategy paper recognises that a significant proportion of the population cannot contribute effectively to economic growth. The lack of social protection in the informal sector was identified as hampering private-sector development. A coherent social policy framework is thus needed to achieve the objective of economic growth. In Burkina Faso, the goal of social protection actions is to remove obstacles to the participation of disadvantaged and vulnerable groups in the development process.

Phase III: Second Generation Poverty Reduction Strategy Papers to the Present

All the second-generation poverty reduction strategy papers reviewed have incorporated social protection more boldly and explicitly. The second-generation poverty
reduction strategy papers intend to extend coverage of social safety nets (for example, Mali and Senegal), extend coverage of medical insurance (for example, Senegal and Benin), introduce specific initiatives for targeted groups (Mali) and change legal laws for improved social security (for example, Mali). Ghana’s second poverty reduction strategy paper envisaged the preparation of the social protection policy framework. It envisaged the provision of conditional and unconditional transfers to identified groups and subsidies to the elderly, pensioners, small-scale farmers and people living with disabilities (Republic of Ghana, 2005). Mozambique targeted persons with disabilities, children at risk of social exclusion and the elderly in absolute poverty for support. Some of the planned interventions were the provision of food subsidies and income-generating activities (Republic of Mozambique, 2006).
Table 2: Social Assistance in sub-Saharan African Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Year Started</th>
<th>Description</th>
<th>Objectives</th>
<th>Target</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Botswana</td>
<td>1996</td>
<td>Old Age pension</td>
<td>Support vulnerable groups</td>
<td>Citizens aged 65 years and above, Registered</td>
<td>65-74% of target population</td>
</tr>
<tr>
<td></td>
<td>1999</td>
<td>Provide food relief baskets, psychological counselling, facilitate exemption</td>
<td>Relief for destitutes and orphans</td>
<td>Orphans</td>
<td>53,395 orphans in 2007</td>
</tr>
<tr>
<td></td>
<td></td>
<td>from school fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>2008</td>
<td>Relief for Households in selected regions affected by HIV/AIDS</td>
<td></td>
<td>Poor households in selected regions</td>
<td>32,250 households in 2009</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>2003</td>
<td>Cash for work and cash transfers to households with members who cannot work</td>
<td>Help vulnerable households meet essential food expenditure in bad years, invest in assets. Diversify</td>
<td>Food insecure households</td>
<td>Half of Meket District</td>
</tr>
<tr>
<td></td>
<td></td>
<td>to households with members who cannot work or should not work</td>
<td>livelihood options</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2005</td>
<td>Employment of chronically food insecure in public works programme. Uncondi-</td>
<td>Prevent asset depletion of food insecure households.</td>
<td>Food insecure households</td>
<td>11% of the population</td>
</tr>
<tr>
<td></td>
<td></td>
<td>tional transfer of cash or food to vulnerable households with no able-bodied</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>members.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ghana</td>
<td>2008</td>
<td>Conditional cash transfer programme</td>
<td>Supplement incomes of 'dangerously poor households'. Link them to services so that over time they</td>
<td>The extreme poor</td>
<td>26,200 households in 2009</td>
</tr>
<tr>
<td></td>
<td>2007</td>
<td>Conditional cash benefit for indigent pregnant women (Pilot)</td>
<td>can 'leap' out of poverty.</td>
<td></td>
<td>3,200 households</td>
</tr>
<tr>
<td>Kenya</td>
<td>2004</td>
<td>Pilot cash transfer to households living with orphans and vulnerable children</td>
<td>Encourage fostering and retention of orphans and vulnerable children with their families and</td>
<td>Poor households fostering orphans and vulnerable</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>communities</td>
<td>children aged 0-20 years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2009</td>
<td>Transfers to households vulnerable to hunger (Pilot)</td>
<td>To alleviate extreme hunger and poverty in Kenya. Develop a mechanism for regular transfer of cash to</td>
<td>Persons aged 55 years and over</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>the most vulnerable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesotho</td>
<td>2007</td>
<td>Cash transfers for some groups and food and cash for others (Pilot)</td>
<td>Increase capacity for cash transfer programming, inform future policy and practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2004</td>
<td>Universal non-contributory pension for persons aged over 70 years</td>
<td></td>
<td>Citizen aged 65 years and above</td>
<td>3.8% of population in 2005</td>
</tr>
<tr>
<td>Liberia</td>
<td>2010</td>
<td>Cash transfers to households without work capacity (Pilot)</td>
<td>Reduce poverty, hunger and starvation in labour constrained and extremely poor households</td>
<td>Households without an adult who can work</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>Year Started</td>
<td>Description</td>
<td>Objectives</td>
<td>Target</td>
<td>Coverage</td>
</tr>
<tr>
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<td>-----------------------------------------------------------------------------</td>
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<td>---------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Malawi</td>
<td>2006</td>
<td>Cash transfers to extremely poor rural households (Pilot)</td>
<td>Reduce poverty, hunger, and starvation in ultra poor households that are labour constrained, increase school enrollment, generate lessons learned</td>
<td>51,410 households in 2008</td>
<td></td>
</tr>
<tr>
<td>Mali</td>
<td>1995</td>
<td>Improve livelihoods of vulnerable and marginal groups through temporary employment creation</td>
<td>Provide opportunities to vulnerable groups to attain improved livelihoods</td>
<td>10% of the economically active over the period 1998-2003</td>
<td></td>
</tr>
<tr>
<td>Mauritius</td>
<td>2002</td>
<td>Provides women in poor families with a conditional cash transfer</td>
<td>Encourage school attendance and reduce drop out rates in areas with high poverty level</td>
<td>Implemented in 5 villages in 2 regions</td>
<td></td>
</tr>
<tr>
<td>Mozambique</td>
<td>1958</td>
<td>Universal cash transfer to the elderly</td>
<td></td>
<td>Person aged 60 years or over</td>
<td></td>
</tr>
<tr>
<td>Namibia</td>
<td>1949</td>
<td>Old age benefit</td>
<td>Prevent poverty amongst the elderly and disabled</td>
<td>Persons aged 60 and over, disabled persons aged 16 and over, persons with AIDS</td>
<td>20,438 beneficiaries in 2008</td>
</tr>
<tr>
<td>Nigeria</td>
<td>2007</td>
<td>Universal cash transfer project (Pilot)</td>
<td>To provide a citizenship-based basic income</td>
<td>Children with disabilities under 16 years</td>
<td>86,086 beneficiaries</td>
</tr>
<tr>
<td>Nigeria</td>
<td>2008</td>
<td>Cash transfers, skills training and micro-enterprise start up funds to households that keep their children in school</td>
<td>Increase school attendance, antenatal care for pregnant women, sanitation skills for household heads</td>
<td>Households headed by women, the elderly, physically challenged or transient poor.</td>
<td>8,850 households across the country</td>
</tr>
<tr>
<td>Nigeria</td>
<td>1998</td>
<td>Means tested cash grant to households with children aged 0-17 years</td>
<td>Reduce poverty and vulnerability amongst children</td>
<td>Households with children that have incomes below a critical level.</td>
<td>15.6% of the population</td>
</tr>
<tr>
<td>South Africa</td>
<td>1928</td>
<td>Means tested non-contributory pension</td>
<td>Prevent poverty in old age</td>
<td>Persons above 60 years</td>
<td>2.2 million</td>
</tr>
<tr>
<td>South Africa</td>
<td>1928</td>
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</tr>
<tr>
<td>Swaziland</td>
<td>2005</td>
<td>Old age grant</td>
<td></td>
<td>Citizens aged 60 years and over</td>
<td></td>
</tr>
<tr>
<td>Tanzania</td>
<td>2007</td>
<td>Cash transfers to households poor households</td>
<td>Reduce extreme poverty and vulnerability</td>
<td>Households in lowest 10% quintile in 4 districts</td>
<td></td>
</tr>
</tbody>
</table>

Although not always clearly articulated in the poverty reduction strategy papers, some countries have implemented cash and in-kind transfer programmes for targeted sections of the population (see Table 2). In several of these countries, social assistance programmes were introduced in the period since 2005.

The main thrust of formal social protection in several African countries has traditionally been provision of subsidised services in education, health, agriculture, and emergency services. Social assistance programmes that trigger a transfer to an individual or to a household when a negative event occurs or when a critical condition is reached - for example, the loss of income due to a poor harvest or due to a disability - have been introduced more recently. They are not prevalent across the sub-continent and, when they do exist, they do not have widespread coverage. Nino-Zarazua et al (2010) identify two models of social protection provision in sub-Saharan Africa. The first is the Southern African model, which originated with the provision of social pension schemes and is characterised by income transfers and child support grants. The Middle Africa model – which covers countries in West, East and Central Africa, Zambia and Zimbabwe - had very few income transfer programmes but, since the mid-1990s, has begun to implement these programmes as well as to emphasise service provision.

**Experience with Formal Social Protection**

The poverty reduction strategy papers, and their accompanying action plans and monitoring and evaluation plans, contain the intentions and objectives of the state and how these are to be achieved. Implementation depends on the will and commitment to achieve the objectives, the adequacy of financial resources, the availability of the requisite human capacity and whether the institutions for implementation exist. The spate of poverty reduction strategy papers produced in the first years of the Twenty-first century was because this was the only way to access debt relief under the enhanced HIPC Initiative. This raises the question of how committed countries are to the implementation of the strategies in the documents. A comparison of the strategies outlined in the poverty reduction strategy paper with the actual implementation reported in the annual progress reports reveals a gap between the objectives and the actual implementation. In Senegal, for example, although the progress report on the implementation of the poverty reduction strategy during 2004 mentions that the HIPC Initiative increased the available resources, it also notes that:

“other priority sectors such as sanitation, social development (especially target programmes for vulnerable groups) have received very little attention”  (Ministry of Economy and Finance, 2005, p.63).

Nigeria’s National Economic Empowerment Strategy contains a very broad and generalised strategy for targeted vulnerable groups (Nigeria National Planning Commission, 2004). The progress report on implementation of the strategy makes no comment on programmes to target the poor. A review of the annual progress reports on implementing poverty reduction strategies finds that, for some countries, there are gaps in reporting social protection over the years. It is not clear whether this can be attributed to weaknesses in monitoring or because the planned interventions were not carried out.

Where programmes have been implemented the interventions have reached a limited number of beneficiaries (see Table 3). In those countries where progress has been made in extending the coverage and the scope of publicly-provided social protection, some challenges have been experienced. A 2004 assessment of the social protection interventions in Malawi found that, although coverage of the targeted input programme had increased, the beneficiaries were largely the better off farmers. The experience of Malawi highlights the importance of improving upon targeting indicators. Identifying groups by using broad definitions, such as the elderly, widows and orphans, may not necessarily result in the needy and vulnerable being reached because of the heterogeneity within these groups (Ministry of Economic Planning and Development, 2004). Administrative and technical
capacity skill gaps are a constraint. This is problematical when social protection interventions involve more than one actor.

On a positive note, however, several countries - for example, Ghana, Malawi, Mozambique, Senegal, Uganda and Tanzania - have developed social protection framework documents and strategies.

**Table 3: Examples of Formal Social Protection Interventions in Selected African Countries**

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Action Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>2003</td>
<td>The Solidarity Fund contributes CFA F 15 million annually to purchase school supplies for 4,000 needy pupils.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Payment of school fees of 8,800 orphans and children at risk</td>
</tr>
<tr>
<td></td>
<td>2004</td>
<td>5,024 disadvantaged school-age children provided with school supplies and materials</td>
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<tr>
<td></td>
<td></td>
<td>493 girls trained at the girls’ production and training centre were provided with production kits,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>111 needy and socially excluded beneficiaries received foodstuffs and articles of prime necessity</td>
</tr>
<tr>
<td></td>
<td>2006</td>
<td>Training in artisan skills provided to 101 street children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>300 handicapped people equipped with mobility equipment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6,000 orphans provided school supplies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spot assistance was provided to eighty seven (87) disadvantaged people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The family allowance per child was doubled</td>
</tr>
<tr>
<td>Benin</td>
<td></td>
<td>Exemption from primary school tuition payment for girls</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The adoption and implementation of laws and regulations on the protection of children</td>
</tr>
<tr>
<td>Cameroun</td>
<td>2006</td>
<td>1183 minors in need of social protection were identified and taken care of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Care of 1500 street children in specialised institutions</td>
</tr>
<tr>
<td>Gambia</td>
<td>2002</td>
<td>Three disabled organisations were supported to set up small scale business for the benefit of its members</td>
</tr>
<tr>
<td></td>
<td>2004</td>
<td>666 benefited from food a relief assistance fund</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Food rations distributed to persons living with HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cash disbursed to three disabled organisations as part of the financial protection for the poor in accessing health.</td>
</tr>
<tr>
<td></td>
<td>2007</td>
<td>School feeding programme established in targeted regions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Education sponsorship of 1500 needy children</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Training in child protection provided to police, teachers and health workers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provision of residential care for vulnerable children</td>
</tr>
<tr>
<td>Ghana</td>
<td>2004</td>
<td>A total of 537 persons with disability were provided with employable skills</td>
</tr>
<tr>
<td></td>
<td></td>
<td>85 persons with disability were assisted to be self employed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A total of 1551 paupers were assisted with the payment of hospital bills and related expenses.</td>
</tr>
<tr>
<td></td>
<td>Post 2004</td>
<td>Introduction and Expansion of School Feeding Programme</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Introduction of National Health Insurance Scheme</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Implementation of conditional cash transfer programme for the very poor and vulnerable</td>
</tr>
<tr>
<td>Mali</td>
<td>2003</td>
<td>Financial assistance to victims of fires occurring at the Sékéré market and at the Badalabougou fishing camp;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breast cancer diagnosis benefiting 300 women, with 12 patients taken into care</td>
</tr>
</tbody>
</table>

Evidence from the evaluation of formal social protection programmes finds that these programmes encourage consumption and investment. The Productive Safety Net Programme in Ethiopia has not discouraged investment in trees or livestock (Andersson, Mekonnen and Stage, 2010). Households with health insurance in Senegal were less likely to sell assets or to borrow from friends (Asfaw and Jutting, 2007). Households with health insurance in Uganda were also less likely to sell assets. It was found that having health insurance did not crowd out other coping strategies. This was explained by the difficulty which some households faced in paying the health premium. They had to take out loans to pay the premium (Dekker and Wilms, 2009). An evaluation of the KwaWazee pension fund in Tanzania, which provides a pension to older people and a child benefit for orphaned children, finds that the older people receiving the pension were more likely to save, were less likely to sell assets and were more likely to have a more varied diet compared to persons who were not in receipt of the pension (Hofman, Heslop, Clacherty and Kessy (2008).

Informal Social Protection

When there are shocks - for example, illness shocks, death of an income-earning member of the household, harvest shocks - recourse is usually made to coping strategies and informal social arrangements because public social protection mechanisms are non-existent or weak in providing the necessary assistance to households.

The organisational infrastructure within which informal social protection is provided is through social networks. These social networks may be classified as family networks and other networks. Family networks comprise persons who are linked through lineage. An example of this is Enda, the extended family network in Eritrea (Habtom and Ruys (2007).

The other social networks that provide mutual assistance may be defined by residence in a community or membership of an ethnic group or profession, or by friendship, for example. An example of a social network that is not family-based which provides social protection is burial or funeral societies.

The Family

The family is an important institution for informal social protection. In a study in three districts in Eritrea, it was found that over 80 percent of the respondents reported receiving assistance from the extended family when they were ill. The family in Africa is traditionally distributed across more than one household. Thus, the social network based upon the family can straddle more than one location. Using qualitative data from South Africa, du Toit and Neves (2009a p.12) illustrate the “fluidity, porosity and spatially ‘stretched’ nature of African households”. Transfers in cash or in kind occur when a family member is faced with a crisis. Household composition can change in response to a crisis as family members move between households.

Social protection arrangements provided by families can also be classified upon the basis of protective, preventive and promotive measures. Remittances to aged persons are an example of a protective measure. Transfers when someone suffers a health shock are one example of a preventive measure, and the payment of the school fees of a child, or a relative or having a child reside in the household of another family in order to attend school are examples of promotive measures.

The data collected by using life histories in Ghana reveal several interesting dimensions of informal social protection mechanisms. The story of Mansa (see Text Box 1) illustrates the importance of the family network for the provision of social protection. Although the family is an important medium for the provision of social assistance and social insurance, several factors determine the extent to which recourse can be made to the family. The family, as a source of assistance, depends on its size and composition. If most
of the adult family members are deceased, then an individual or household facing difficulty is unlikely or unable to make recourse to family members for support. A second determining factor is the capacity of family members to help. The third factor is willingness to provide assistance. This depends on the strength of the links between the person requesting assistance and the potential benefactor. The willingness to provide help can also decline when there is greater frequency of assistance requests. When there is migration and a failure to stay in touch, family ties become weakened and the sense of obligation to assist a family member is lessened. Among the Dagomba of northern Ghana, for example, sisters can - by tradition - take the daughter of their brother to live with them. In several

**Text Box 1 A Life History**

Mansa is 45 years old. She earns a living from the sale of cooked food to school-children. She has three children aged between 19 and 25 years of age. She lives with her children and her 70 year-old mother. She was one of 20 children from the same father. Her father was a farmer and her mother traded in onions. Mansa completed about 8 years of education.

She lives on the coast in a low-lying region that is known for flooding. As a child, the farms would get flooded, and, during these periods, they would not be able to cultivate any crops. She had uncles living in Accra, and, during these times, they would send money to help them out. When she was 12, the flooding was widespread and the house they lived in got flooded. It took six to eight months for the water to be completely drained from the fields. They lost some of their livestock. This was a difficult period which lasted for two years. Sometimes, they had to go without food. They survived on contributions from family members and sometimes her father had to borrow. The livestock that was lost was not replaced.

She began helping her father on his rented farm when she was about 10 years old, and continued to do so until she was about 30 years old. She was not paid for the work that she did. She ended her education when she was 16 years old. She stopped school because she found it difficult to understand her lessons. She worked for her father for three years on his farm, and then decided to become an apprentice in dressmaking because she saw others going into the trade. However, she did not complete her because one of her father's labourers got her pregnant. Her father bought her a sewing machine and she began sewing commercially on the premises of her father's house. She began saving from the earnings, with the intention of opening a sewing shop. She kept the savings at home, instead of in a bank, because she did not know much about saving in a bank. However, her savings at home were stolen. She used part of her earnings from her sewing business to buy cloth and jewellery. Her sewing business was not successful because customers did not pay for their garments. On one occasion, a customer was dissatisfied with her workmanship and she had to replace the cloth. She closed down her sewing business after two years.

She was not properly/formally married to the man who had made her pregnant. She went on to have two more children with him. However, her partner was never successful in the things he put his hands to. He was not able to provide regular support for the upbringing of the children, and she decided to end the relationship. She was not in a position to acquire much in the way of assets because she had the responsibility of looking after three children. She still lived in her family home and thus benefited from the foodstuffs from the farm. When she ended the sewing business, she became a farm labourer on other people's farms in order to earn some money. In addition to this, she would by fruit for resale.

When her father died, they had to give up the farm because the landlord increased the rent and they could not afford to pay what the landlord was asking. Things became difficult for her.

Her mother suffers from arthritis. Mansa's siblings send her money to help her look after her mother.
With the change in weather conditions, the challenge they faced in farming was no longer floods but long spells of insufficient rain. During these periods, their stocks of food would run down/diminish. Her maternal uncle, who had a maize farm would send them maize and they would obtain loans from other family members. The income she made from selling fruits also supplemented the household’s resources.

Three years ago, there was a severe drought. They ran out of whatever food stocks they had and depended on loans from family members. The fruit trade was not generating enough income. At the onset of the drought, her application to cook for schoolchildren was approved. Her aunt, who traded in utensils, sold her the cooking utensils she needed on credit. She bought the plates for serving the food to the children on credit. One of her half-sisters gave her a loan to buy the ingredients. The income from cooking for the school children tided them over the period of the drought.

She no longer works as a labourer picking pepper because she has knee and waist problems. She no longer sells the fruit. She earns enough to be able to pay the school fees of her last child who is still in school. She is not able to save much.

1) Not her real name

life history accounts, the women reported that they had either spent part of their childhood with a paternal aunt or else their daughters had been taken away to stay with their paternal aunts. Neither the daughter, nor the mother of the child had much say with regard to whether the child could be taken. When asked why they had to live with their paternal aunts, all the respondents stated that it was to “strengthen family ties”. A brother is unlikely to ignore a request for assistance from his sister, if his daughter is living with her.

Another way in which the institution of the family is used for insurance is through one’s own children. In the context in which there is no publicly-provided pension, one’s child is/becomes one’s insurance in old age. In several focus group discussions across Ghana, children were listed - by both men and women –as being part of their assets. The importance of children as insurance in one’s old age is illustrated by 75-year-old Selassie. She had had nine children and had lost all but one of them, including almost all of her grandchildren. She did not know where her surviving child was. In her old age, she no longer had the strength to farm and the property that had been given to her by her late husband was being claimed by her step-children. She lives off the largesse of her nephew.

The experience of Dzibodzi further illustrates the risk associated with depending on children as an investment/asset. Dzibodzi is a 52-year-old woman who has five children. Her first husband deserted her and her second husband does not provide for her. Her children do not remit to her. Even though she has access to family land, she does not farm because she does not have enough money to buy seeds. She trades in vegetables and works on other people’s farms. She does not have health insurance because she cannot pay the premium. Thus, even though Dzibodzi has living adult children, they have not provided her with the expected assistance. The death of adults through HIV and AIDS has created a generation gap in affected families and has severely eroded the role of the family as a provider of insurance through one’s children.

The life histories reveal that the process of providing assistance can adversely impact the benefactor. Amina used the proceeds from the sale of her corn to provide money to her widowed sister who needed to pay for the legal fees in her bid to claim the estate of her
deceased spouse. Her sister was successful in her legal claim, but was slow to repay Amina the money that she had been lent. Amina's sister passed away and the surviving children became the Amina's responsibility. Thus, the effect of an idiosyncratic negative event on one household can have trickle down negative effects on the benefactor.

**Other Mutual Assistance Groups**

Burial societies are an example of social network groups that provide mutual assistance. They can be found across the continent. In a study on burial societies in Botswana, Ngwenya (2003) describes burial societies as:

> “a relatively autonomous, historically-distinct local multi-aid institution which may be based on occupation or gender and whose goal is to provide social welfare support...to a member or member's family that is experiencing conditions of distress due to death” (p, 12).

This description can be applied to most burial societies or funeral associations across the continent. They have a long history in some countries. In Harare, there is documentary evidence of the existence of these groups in 1919 (Hall, 1987). In Botswana, work-based and ethnic-based funeral societies emerged in the 1990s, whilst community-based societies have been in existence for a longer time and are inter-generational (Ngwenya, 2003). Some burial societies, for example, funeral associations in Ethiopia, may focus solely on providing assistance during time of a death, whilst others, for example, burial societies in Harare, will pay for hospital fees, assist the unemployed and organise social gatherings (Dercon et al. (2004), Hall, (1987), LeMay-Boucher (2007)). Burial societies in urban communities sometimes function as a means for the members to maintain ties with their family in their village (Hall, 1987).

There are risks associated with membership of burial societies. Thomson and Posel (2002), in a study on the management of risk in burial societies in South Africa, identify the mis-management of funds, the rise in mortality amongst the members of the society, and administrative inefficiency, as the reasons why the expected payment may not be made to a member.

Burial societies are not always inclusive. Entry fees and monthly subscriptions can exclude the very poor. Eligibility criteria may also be another excluding factor.

**The Interplay between Formal and Informal Social Protection**

The public provision of social protection in sub-Saharan Africa is not new. However, the discussion on public social protection in this paper has revealed that its scope, in terms of mechanisms and its beneficiary coverage in many countries are narrow. The spread of social assistance programmes that provide conditional or unconditional transfers in cash or in kind, and the production of social protection policy frameworks and strategy documents are the new dimensions of social protection in several sub-Saharan African countries. These

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7 The use of the entire proceeds from the sale of corn is equivalent to using up the capital of the business. This is because many women start a business by buying their goods on credit from their suppliers.
programmes require a greater focus on social protection issues and the need to target the very poor and vulnerable in a way that the provision of universal free primary education programmes and free primary health care programmes do not.

Some poverty reduction strategy papers and social protection policy frameworks recognise the importance of the role of informal social protection arrangements, and are cognisant of the stress on informal social protection mechanisms due to HIV/AIDS and urbanisation, for example, and the impact upon families. In Chad’s first poverty reduction strategy paper, the proposed social protection strategy has three types of intervention, one of which is:

“to support existing and efficient informal mechanisms such as mutual insurance of risk and response to deal with disaster or chronic dangers” (Republic of Chad, 2003, p. 71).

It is interesting to note that, in the action plan matrix of the document, no government organisation was listed as being responsible for implementing this. Tanzania’s national social protection framework intends to encourage social protection arrangements that build on informal social protection practices, whilst, at the same time, recognising that some informal arrangements place undue burden on some categories of people, in particular, women.

There have been concerns that a scaling up of formal social protection will displace informal social protection and have an adverse impact on the welfare of the poor and vulnerable. However, a scaling up of formal social protection will not necessarily have negative effects on the welfare of the poor and vulnerable for the following reasons. First, the apparent crowding out of informal social transfers when a formal transfer is received does not imply that the informal social transfer system has been weakened. Assessment of the resource flows in the family network may find that the injection of the public transfer has caused a re-direction of flows within the network, which eventually proves to be welfare-enhancing for the entire network (du Toit and Neves 2009b). A case study from South Africa illustrates this (du Toit and Neves, 2009b); the receipt of a state pension made it possible for a son to reduce remittances to his mother. This reduced demand on his income made it possible for him to reduce his hours at works so that he could further his education. The formal qualification acquired improved his chances for promotion, and, as he moved up the job ladder, his income increased. The improvement in his income provided him with the resources to assist his brother and to fund the education of his sister-in-law, younger sister and his wife. Thus, the receipt of the state pension by his mother allowed for a re-allocation of resource flows within the family network in a manner that had a positive impact for other members of his family. Rather than weaken informal social arrangements, evidence from South Africa suggests that social protection can “strengthen social networks, increasing creditworthiness” (Goudge et al., 2009). Receipt of a regular cash transfer can be considered as a form of collateral. This, of course, assumes that the formal social protection interventions are designed to be a substitute for informal mechanisms, and not to be additional to them.

Informal social protection can be fraught with uncertainty. Family members may not be in a position to provide assistance at the time that it is required. Expected payments from informal arrangements may not always be received on time (Thomson and Posel, 2002). Formal social protection that is predictable and reliable can complement informal social protection arrangements. The small size of some informal social groups may increase the incidence of covariate risk and can limit the size of the payout received by members of the group. Consequently, Bhattamishra and Barret (2010) recommend that social protection programmes,

“support community-based mutual insurance groups to tap into commercial reinsurance markets necessary for sustaining large correlated losses” (p. 929).
Informal social protection mechanisms are not always inclusive. The very poor can be excluded if access to the informal social protection mechanism requires contributions in cash or in-kind. Thus, a scaling up of publicly-provided social protection that has an effective targeting mechanism is more likely to reach the very poor and the most vulnerable. Cash transfers to the very poor could provide the wherewithal for them to participate in informal arrangements and thus widen their range of options when they are hit by a shock (Bhattamishra and Barret (2010).

Formal social protection mechanisms are needed to extract the poor and vulnerable from exploitative relationships that make it difficult from them to escape from the poverty trap. Some informal social protection mechanisms lock the poor and vulnerable into exploitative relationships that make it difficult for them to change their circumstances. For example, the re-distribution of land in Ethiopia has resulted in poor households having more land than they can cultivate, whilst the reverse is the case for the non-poor households. The poor households do not have sufficient resources to purchase input and labour. Contractual arrangements involve, for example, the provision of labour, seed and oxen by the non-poor households in exchange for half of the output of the produce of the poor households. It is observed that:

"while contractual arrangements help the poor, they also keep them in the vicious cycle of low production and debt. The poor household gets only half the crop effectively cultivating less than a ...plot size described as a ‘starvation plot’” (Adams and Kebede, 2005, p.13).

Formal social protection programmes must be designed to reduce the incidence of the poor and vulnerable in these type of relationships.

It cannot be expected that the informal social arrangements will not change with the expansion of formal social protection interventions. A change in the quantities transferred within the networks, the purpose for which the transfers will be provided, and who within network receives transfers, should be expected. The case study from South Africa is one such example of these changes when there is an injection of formal social protection resources into a network. This is an example of what may be described as a positive effect of formal social protection on informal networks. On the other hand, however, the provision of formal social protection could undermine informal social arrangements if some members of the group drop out or are no longer committed to make regular payments. This will be a problem if the formal social protection mechanism is not a substitute for the informal social protection arrangements.

**Conclusion**

Upon the basis of the broad definition of social protection provided by Devereux and Sabates-Wheeler (2004), this paper has argued that social protection is not new in Africa. What is new is the development of social protection policy frameworks and the introduction, in more countries, of social assistance measures that provide conditional and unconditional transfers to targeted sections of the population, usually upon a pilot basis.

Poverty reduction strategy papers were a conditionality for accessing debt-relief from the enhanced HIPC Initiative. However, they did provide the opportunity to put social protection on the policy agenda in a carefully-thought-out manner. The social protection measures in the first generation poverty reduction strategy papers of several African countries may be considered as a wish list without an organising framework. The observation made in several of them about the lack of a vision and a policy framework is confirmation of this. National social protection policy frameworks have been prepared largely with/through donor funding. The challenge is whether formal social protection will be sustained if there is a shift in the focus of donor interest and support. This will require the political will to dedicate a certain amount of revenue to social protection interventions. Some sub-Saharan African countries have universal social pensions. This suggests that it
can be replicated in other countries. It is critical, however, to ensure that investments in the required institutional framework are made, for example, through the provision of identity cards.

The formal social protection interventions are being introduced into a social system that already has its own informal social protection arrangements. The family is an important institution in the provision of informal social protection. However, the family as an institution is being put under stress because of HIV/AIDS and urbanisation. This makes the development of sustained, predictable formal social protection mechanisms critical.

It cannot be expected that the informal social arrangements will not evolve with the expansion of formal social protection interventions. As formal social protection programmes are further developed and expanded in African countries, it is critical that research is undertaken to understand the effect it is having on informal social protection arrangements better. This is important in order to inform the design of any and all subsequent public formal social protection interventions.
References


Official Documents