The 2010 ERD Report:

PROMOTING RESILIENCE THROUGH SOCIAL PROTECTION

OUTLINE REPORT

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Table of contents

Executive summary

The provision of social protection is particularly relevant for developing countries. Scarce resources and unfavorable geographic and climate conditions makes these countries particularly vulnerable to adverse shocks, generating recurrent states of emergency of long-lasting consequences. The current global crisis is just one further shock adding to recurrent risks faced in these countries.

Scarce resources mean that households have very limited assets to protect themselves against adverse shocks, but also that society can only provide limited social insurance. Still, at the village or regional level some informal forms of social protection have been historically developed, with important differences between countries on the size, coverage and effectiveness. However, when shocks are common to a whole village (or region, or country) the situation may turn out to be intractable within the boundaries of the affected area, because the standard safety nets triggered in case of need cannot function properly, given limited resources. This means that, even if in principle communities (countries) could be able to build their own resilience, some shocks would require support at a higher level (national, or international).

ERD2010 maintains that in a world where global shocks are getting increasingly severe and hitting more people, the resilience of a socioeconomic system is fundamental for a country's development path. And strengthening resilience should be a central objective of both national development strategies and of international development assistance. ERD2010 emphasises the importance of the national governments' concerns regarding social policy, though identifying also a role for donors to support and complement these initiatives. Donors' contribution could simply take the form of insurance against macroeconomic shocks (e.g. given fuel, climate or large financial shocks) or supporting the emergence of social protection systems at the national or local level (e.g. pilot and demonstration projects, capacity building) at the micro level. The inevitable trade off between donors' intervention and countries' ownership could be resolved by an appropriate design and implementation mechanisms, limiting the possible interferences with domestic policies while maximizing the existing complementarities.

ERD2010 takes the view that social protection is not only a coping mechanism dealing with shocks, but also a pro-poor development tool, helping to unlock opportunities for growth and poverty reduction and strengthening institutional capacity and human capital to exploit these opportunities.

The focus of ERD2010, as already in 2009, is on Sub-Saharan Africa, because this region appears to be particularly lagging behind in the sphere of the provision of social protection, being at the same time more vulnerable than other developing areas. More people live below the poverty line, more people die of HIV or malaria, income distribution is very unequal, more people depend on volatile agriculture, the climate changes threaten to bring about more dramatic natural disasters, state institutions are often unrecognized or illegitimate, economies are less diversified and violent conflict is rife. In the aftermath of the three crises (food, fuel and financial) which in a short time span have hit the world economy, Sub Saharan Africa has little resources to react.

The EU, together with other donors, should pursue a development policy which reinforces social protection and, in particular, can help Sub Saharan African countries to build resilience through social protection, and come out of vicious circles and poverty traps. However, any action can interfere with ownership; furthermore, ODA can itself become a source of vulnerability, if the initial commitments in terms of amounts, targets and time horizon are not fulfilled.

Building on past experiences, learning from mistakes in the provision and especially in the

implementation of social policy measures, the EU has to set its own priority areas of intervention and account for the differences in the institutional capacity in Sub-Saharan Africa. ERD2010 aims at analyzing best practice in social protection schemes across the developing world (including Africa), assessing their relevance for the different contexts in Africa, and proposing a policy agenda for national government and the international community to strengthen social protection mechanisms in Africa.

Part 1 - The context: shocks, insecurity and fragility

Introduction

ERD2009 emphasized the need of customizing development policies to the different contexts. It has shown that the impact of external shocks (e.g. global financial crisis) is felt differently at country level, because of different degrees of vulnerability and resilience (capacity to cope with shocks). It has highlighted that there are important consequences of the global financial crisis also at the micro level: worsening in income distribution and in the conditions of the poor, and that countries in situation of fragility, characterized by low degree of social protection, are the least equipped to cope with external shocks. Furthermore, it has stated that risk sharing capacities depend on the nature of the shock, whether it is idiosyncratic or global. The report concluded that it is key to enhance resilience at the country level.

Against this background, given that in the medium to long run development strategies should aim at reducing vulnerability, it is important to shed light on possible social protection mechanisms, especially those having a long term impact on the population. These mechanisms have often proven effective to address the multiple factors that generate chronic poverty and rising vulnerability.

In Sub Saharan Africa, there is a lack a “formal social protection”, even if the region has a relatively long history with respect to safety nets. The informal sector is more important than in other continents, the capacity to mobilize domestic resources is, however, in general substantially lower.

ERD2010, with the aim of enhancing the resilience of Sub Saharan countries, focuses on the role of formal and informal mechanisms of social protection both in responding to shocks (short term) and in addressing structural vulnerabilities and poverty traps (long term). Specific interventions, targeting the most vulnerable sector of the populations, are increasingly considered necessary complements of more traditional pro-growth policies, especially in the face of emerging unstable global socio-economic scenarios.

Social protection is usually defined as the set of public and private mechanisms that prevent individuals and households from suffering the worst consequences of some negative shocks and/or chronic need (see Appendix to Chapter 2 for a discussion of the different existing definitions). It is often considered a double-dividend policy for development: it is an effective input for economic growth and directly reduces poverty making growth more pro-poor (Ferrera et al., 2001; Weber, 2006; OECD, 2009).

After the discussion of different forms of vulnerability (Chapter 2), ERD2010 analyses the responses to vulnerability through a detailed assessment of the different potential interactions between formal and informal networks (Chapter 3). Chapter 4 is the core chapter since it reviews the most successful lessons learned in Latin America and other regions (including Africa) and tries to emphasise the mistakes, if any, in the design and/or implementation of social protection programmes. Chapter 5 concludes drawing the policy implications.

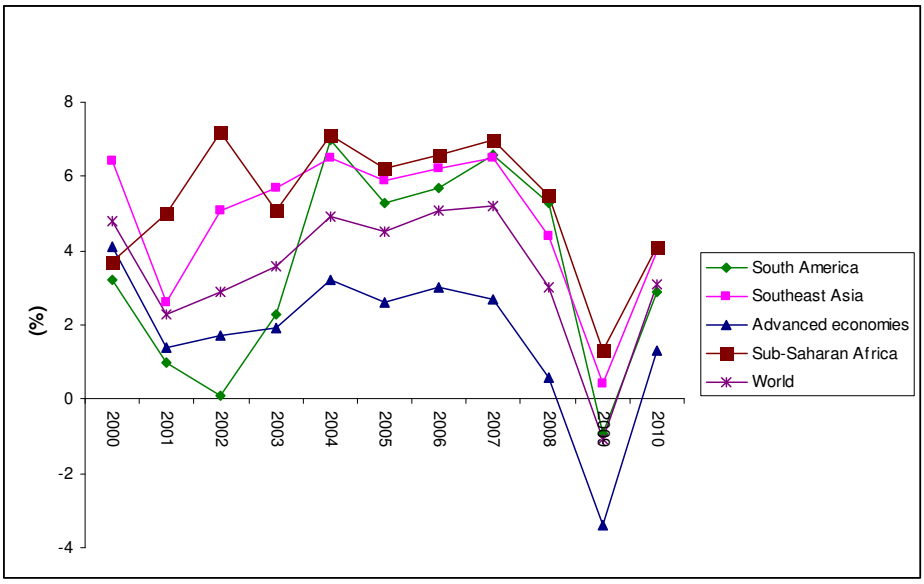
Chapter 1 – Recent Developments in the world economy

1.1 The world economy in the aftermath of the crisis

Over the past few years, the world has been experiencing unprecedented crises: food, fuel and financial. The Financial crisis started with the bursting of the real estate bubble but then quickly spilled over into liquidity problems for financial institutions. The impact has been heterogeneous, yet no region has escaped its wrath (fig. 1.1). The world economy is slowly recovering from the negative effects.

High-income countries have been severely hit. Even though the United States has been the epicenter, Japan and the European Union have suffered the most, due to less efficient policy responses and more modest stimulus packages. Emerging economies, such as China, have reacted promptly, showing an ability to jump back to pre-crisis levels. Developing countries, too, have been hit, albeit with a lag, but the impact of the crisis has been felt differently according to the degree of openness of their financial markets, the combined effects of commodity prices changes, and their dependence on export markets.

Figure 1.1 Real GDP growth, annual % change



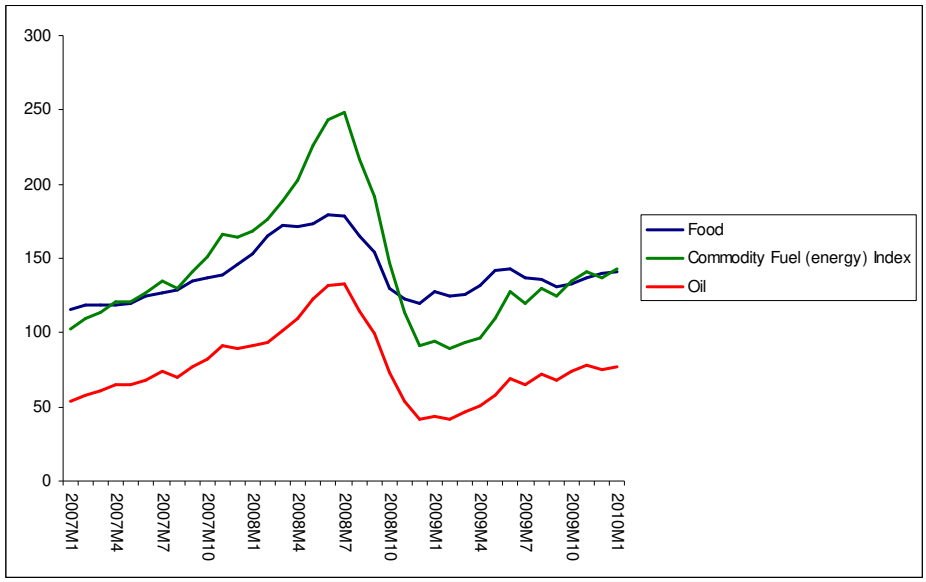
Source: IMF World Economic Outlook, October 2009

Yet the latest International Monetary Fund (WEO, January 2010 update) estimates show that the end of 2009 was characterized by a faster global recovery than expected, driven primarily by the launch of stimulus packages and expansionary monetary policies.

Global production and trade – which have recorded the sharpest decline in decades, even worse than during the Great Depression (Eichengreen and O'Rourke, 2009) – started to recover at the end of 2009 and are expected to improve further in 2010.

At the same time, prices of key commodities started rising again following the recovery, which has increased demand by emerging economies (fig. 1.2).

Figure 1.2: Commodity price index (2005=100)



Source: IMF World Economic Outlook, October 2009

In response to the crisis, central governments put in place substantial fiscal stimulus programs over the past year. The United States and China launched the two largest packages, amounting respectively to $787 and $585 billion. Globally, the total fiscal stimulus projects have been estimated to $2.4 trillion, corresponding to approximately 4% of global GDP in 2008.

Some countries have included measures targeted at protecting the most vulnerable members of their societies in their fiscal programs. Zhang et al. (2009) estimate that social protection programs represent on average 25% of fiscal stimulus programs, amounting to $653 billion, or about 1% of world GDP in 2008.

For some emerging and developing countries, in particular, the absence of currency crises – as outlined by Addison et al. (2010) – has guaranteed more space for social protection in fiscal stimulus programs. China, for instance, has issued a cash payment to 74 million people and has extended rural health insurance. Many developing countries, including Bangladesh, Honduras, Indonesia, Peru and Vietnam, have committed to strengthening their spending on public health, education, employment and social security as a consequence of the economic crisis, while others have asked international organizations to help implement new programs.

1.2 The impact of the crisis in Sub-Saharan Africa

After a decade of sustained economic growth, the combined impact of the closely linked food, fuel and financial crisis resulted in a sharp decline in Sub-Saharan Africa's growth in 2009.

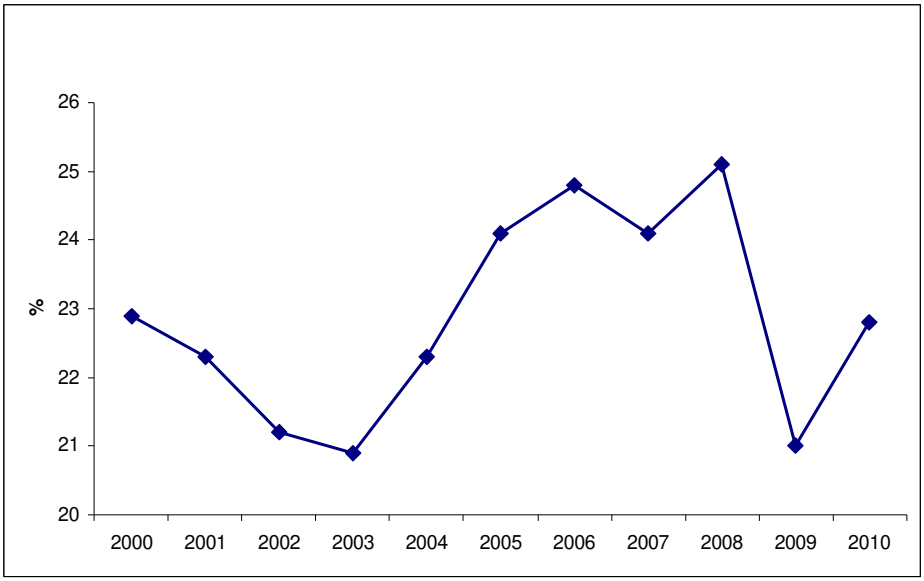
Real GDP growth dropped from an annual average of 6% during the period 2002-08 to 1.6% in 2009. Latest estimates from the IMF project a recovery in 2010, when the GDP of the region is expected to rise by 4.3 percentage points (+0.2% compared to October 2009 projections).

The effect of the global financial crisis in SSA has been larger than initially expected, even though less severe than that of the fuel and food crises. External capital flows - on which African countries are heavily dependent - shrank as a consequence of the crisis. Efforts to scale up aid are also at risk. Aid flows are expected to increase in 2010, yet not to levels promised in 2005 at the Gleneagles and Millennium +5 summits. Most countries are on target to reach their commitments, even though several large donors are

underperforming. According to a 2009 report issued by the UN Secretary-General's MDG Gap Task Force (Sept. 2009), there is a $29.3 billion gap in additional annual global ODA. Africa will be particularly hit. Countries committed an additional $25 billion in aid per year for Africa by 2010. But only $7.6 billion ODA was budgeted into DAC donor spending by the end of 2008. This leaves a gap for Africa of $17.4 billion.

Domestic resources were also reduced after a rise in the last decade (fig. 1.3). Given the high dependency on trade taxes, furthermore, Sub-Saharan African countries were particularly vulnerable to external shocks through the trade channel (ERD, 2009). Recent African Development Bank estimates show that the region has lost about $15 billion in trade taxes, corresponding to 4.6% of government revenues (Addison et al., 2010).

Table 1.3: Gov. Revenues, excl. grants (% of GDP)



Source: IMF World Economic Outlook, October 2009

Even though GDP has fallen less than in other regions, the social impact is likely to be more significant, as a consequence of lower income levels and higher poverty levels and vulnerability. The impact varies between and within countries, and its magnitude is difficult to assess because of the scarcity of data and lag. According to Chen and Ravaillon (2009), the financial crisis together with the spikes of food and fuels prices will increase the number of poor people by between 53 and 64 million in 2009, based on estimates of those living with less than $2 a day and $1.25 respectively. Sub-Saharan African countries are expected to lose at least $50 billion in income in 2009. Infant and child mortality are also projected to rise. Friedman and Schady (2009) estimate that the crisis could induce between 30,000 and 50,000 excess infant deaths in Sub-Saharan Africa. IFPRI projects that the prevalence of under nourishment among children in Sub-Saharan Africa will step up from a fifth in 2005 to a fourth in 2020.

Poor women—heads of households, farmers, factory workers, informal service providers and IDPs and refugees—caught up in wars are the most vulnerable to shocks. Recent research from UNRISD (2009) points out that women as heads of household increase their workload and have less time to rest and care for the family's health and the sick.

World Bank research already shows household income declines in Uganda and a fall in income from

agriculture in Madagascar, where girls are first to be pulled out of schools. The global collapse in demand led to job losses in many industries. AfDB (2009) reports that in Sub-Saharan Africa there will be 27 million new poor, 28 million more vulnerable jobs, mainly in mining but also in manufacturing, and 3 million more unemployed following the crisis. Recent assessments indicate high work-hour reductions, which force workers to move to lower productivity activities or to the informal sector, with its high unemployment rate and income insecurity.

As pointed out in ERD (2009), "the impact on individual households depends on assets availability, income diversification, savings and local safety nets, such as funeral associations. .....The combination of assets and insurance mechanisms shapes coping strategies of the households in Sub Saharan countries. Families are likely to sell assets to cope with the crisis, to withdraw children from school, to reduce reliance on health care and to cut food expenditure, shifting to lower quality products with fewer calories" (p. 119). This situation produces a vicious circle that undermines the chances of younger generations to move out of poverty. Indeed, there is a bad chance that children will not go back to school once the crisis is over—or will not recover the learning gaps from their lack of attendance. And the declines in food consumption among children can lead to irreversible effects.

As a result of good growth performance over the last decade that was characterized by a strong macroeconomic position in terms of fiscal balances, external debt and stock of foreign exchange, many African countries have been able to mobilize domestic resources in response to the crisis and adopt counteracting measures, on the lines of developed countries. Countries have adopted a variety of measures to reduce the negative impact of the crisis, including measures targeting the social sector.

Zhang et al. (2009) report that South Africa has devoted 56% of its stimulus package to social protection programs, including improvements in health and education, social grants, public works, nutrition and prevention of HIV.

Similarly, 39% of Kenya's stimulus package has been distributed among social protection programs, especially in the health and education sectors. Additional social spending commitments have been reallocated to fund food imports and enhance stocks as a response to the country's current food crisis.

Based on a case study with 10 countries – including Benin, Ghana, Kenya, Nigeria, Uganda and Zambia - ODI (2009) reports that some social protection programs do exist, such as food and cash transfers, in-kind transfers in the agriculture sector, scholarships and subsidies, but that in general measures have not been substantial enough to counter the crisis.

This can be due to the fact that much of the large scale effects of the crisis are not yet visible.

Some countries, like Ghana and Angola, have planned an increase in social expenditures, with the latter targeting the most vulnerable sectors of the society by increasing the amount of social expenditures to 33 percent of total national expenditures.

Nigeria and Zambia, on the other hand, due to negative impact of the crisis on their budgets, have had to implement cuts in the social sector.

Box: Human development in the world: a long run view

(to be revised)

Chapter 2 – Shocks, risks and poverty traps

High downside risk to income and livelihoods is part of life in developing countries, not least in Africa. Recurring shocks, such as linked to climate, economic fluctuations, conflict, disease and many other forms leave families and communities vulnerable to severe hardship. This chapter will document the nature of these shocks in Africa and how they still lead to short term, transitory as well as permanent and long-term consequences.

Vulnerability refers to the presence and extent of a threat of poverty, and even to life itself. The Chapter will argue that despite sophisticated informal mechanisms to deal with risk and its consequences, high risks and poorly functioning markets and social protection mechanisms leave large parts of the population vulnerable, often to even deeper poverty than they find themselves in now. Limited social protection forces people to spend more scarce resources to reduce their own vulnerability. Risk and shocks cause poverty, and stifles the ability of the poor to help themselves escaping poverty traps.

2.1 The adverse effects on development of vulnerability

Shocks affect people's assets and incomes, or affect people's command over essential commodities and services, such as via price shocks. Much of the available evidence – particularly on Africa- has documented the impact of shocks affecting rural communities, mostly linked to agricultural shocks or health. This evidence has shown that shocks don't just have temporary transitory impacts but often lead to permanent consequences in the form of persistent poverty and even poverty traps. Shocks don't just tend to lower incomes, consumption, nutrition and health during a crisis, but they tend to force people to run down their productive assets, lead them into unsustainable debt and often also destroy human capital in the form of health and withdrawal of children from school. Shocks and people's attempt to cope with them in the short run can have high costs in the long-run. Vulnerability will lead people to avoid taking risk, and limit their ability to take advantage of opportunities. Building on a growing evidence base, this section will document these costs, and focus on the specifically vulnerable groups, such as rural communities with limited options for diversification, those with limited assets in the form of financial or human capital. Specific demographic groups are also vulnerable, most notably young children, not least as any nutritional deprivation in early life tends to have permanent irreversible consequences.

Many studies suggest that in the absence of financial markets for borrowing against unexpected events, poor communities rely on self-insurance by using investment in assets as the main insurance substitute against income shocks. In rural communities, especially in Africa, these assets consist principally of stored grains and livestock. The latter in particular can provide an effective buffer stock against negative income shocks since, unlike land or buildings, they are mobile, hence more easily liquidated in local markets when needed. However, consumption smoothing by asset depletion depends on the degree of risk-aversion of the household, and that in turn is largely determined by the proximity of the household's income to the subsistence consumption level. Wealthier households can afford depleting asset to smooth consumption in response to a negative shock and still remain above the subsistence level. On the other hand, households that are close to or below that level often resist selling assets since their scope for asset depletion, without inviting long-term destitution, is far more limited. Hence the poor rely on an "asset-smoothing" response based on drawing down on consumption to retain critical assets. In the event of a weather-related covariate shock, agents with different initial, pre-shock asset levels face different risk incentives. Those close to the subsistence level are more risk averse and likely to invest in food stocks (e.g. grain) as protection against

food price increases, since the risk of plummeting asset prices due to covariation with a negative income shock makes sale of asset as a means of buying food unattractive. However, this strategy comes at a cost since investment in grains cannot contribute to production and hence higher earnings. By contrast, households with higher initial asset levels can afford such a risk without going below the critical asset level. They can invest in livestock and benefit from its contribution to their income when shocks are positive.
The level that bifurcates asset-smoothing and consumption-smoothing households is known as poverty trap: it is the threshold of asset endowments that once crossed under, makes poverty a permanent feature of an individual or his household's life.

When asset-smoothing strategy breaks down, SP can encourage the poor to investing in productive asset. The advantages of a SP programmes designed to enable the poor to maintain that critical asset level are two-fold. It is a strategy of poverty reduction based on preventing the agents from falling into the poverty trap, but it simultaneously addresses the problem of risk-aversion due to vulnerability and thus enables the vulnerable to benefit from periods of positive income shocks by switching from grain to productive investment in order to achieve higher income growth, and contribute to development through increased productivity. If food security is the paramount concern of the poor, as in many parts of Africa, then SP schemes based on direct food transfers may prove effective, especially if conditioned on parents keeping children at school or taking girls for health clinic checks.

2.2 Types and severity of shocks and the scope for risk sharing

This section will develop the nature of risks faced, and document the evidence on particular types of shocks. Different shocks have typically different consequences for the poor, but the nature of the shocks also affect the most appropriate responses, including the scope to support measures to limit the incidence of shocks, the scope for strengthening informal or more traditional support structures, the scope for market-based responses, including insurance, savings and credit, or state-led interventions. Useful distinctions are idiosyncratic shocks, affecting specific individuals in a community or larger geographical area, rather than everyone, compared to covariate (or systemic) shocks (affecting large groups or even all people in a community or geographical area).

2.2.1 Idiosyncratic shocks at the individual household level (health, employment, exogenous changes in household composition)

In most communities across the world, including in the poorest communities, households try to handle idiosyncratic shocks, such as health or employment shocks using responses such as drawing down their savings, selling assets, or going into debt as well using informal mutual support systems within families, clans and communities. Typically, the evidence suggests that these responses are at best imperfect and that hardship often follows. Nevertheless, in terms of appropriate policy responses, strengthening these response mechanisms via supporting informal systems, the development of appropriate financial instruments or state-led responses that complement the existing mechanisms are options to be considered. The chapter will document the nature of the various idiosyncratic shocks, and offer a systematic discussion of various responses in particular settings and circumstances, to provide entry points for appropriate interventions and assess how these shocks are offset by community networks.

2.2.2 Idiosyncratic shocks at the community level (geographically contained shocks)

What emerges from evidence on negative shocks is that for the poor the labour market and non-farm earning are the first line of defense. But when such a shock is of covariate type, it will be correlated with the

labor market earnings. Indeed the failure of the labour market to provide the poor adequate non-farm earnings when most needed is a common feature of communities suffering from negative shocks. This suggests SP schemes offering dependable, long-term employment can play a crucial role in insulating consumption from negative income shocks, and encouraging a shift in the behaviour of the poor towards investment in productive assets. When food security drives asset-smoothing, as in SSA, then SP is likely to enhance its effectiveness by making food transfers conditional on work performed. Subsection 2.2.2 will evaluate the use of informal social protection schemes in this context.

2.2.3 Systemic shocks (climate change, natural disasters, violent conflicts, macroeconomic shocks, HIV pandemic etc.)

Systemic shocks are harder to handle via informal responses. Examples are large climatic shocks, macroeconomic fluctuations and price shocks, violence or epidemics, such as HIV-AIDS. If all members of a community are affected, responses from selling assets locally to mutual support systems are rarely effective. In this case, risk can only be handled through international interventions.

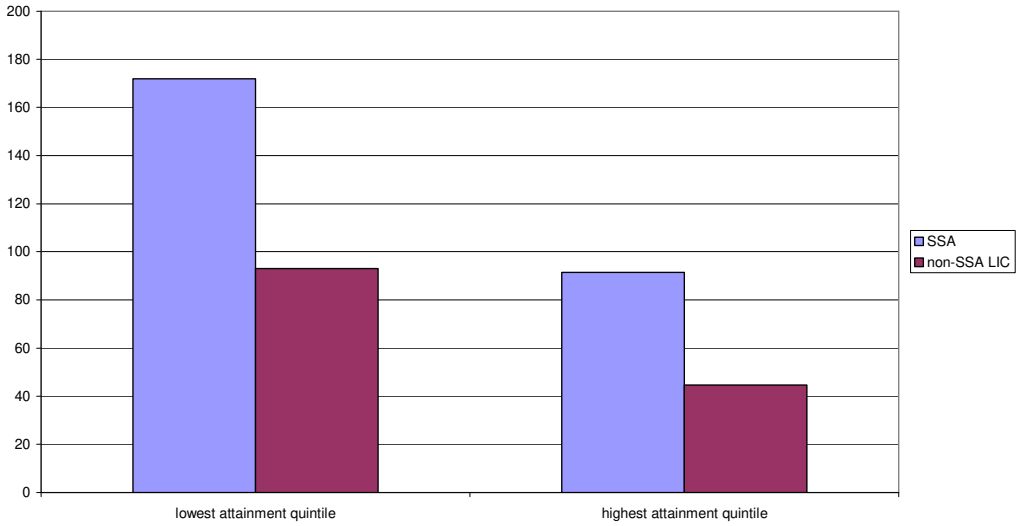
2.2.4 Frequency, extent and correlation between shocks

The extent, frequency and correlation of shocks are also crucially relevant for determining the appropriate responses. Informal or market-led responses are not just most suitable for idiosyncratic shocks, but also more suitable for relatively recurring, reasonably small, frequent and uncorrelated risk. Within a carefully designed institutional framework, and appropriate measures to support inclusion of the poorest, informal and formal insurance and other finance instruments (such credit and savings) could handle these responses reasonably well. The less frequent, the larger and the more correlated the risks, the financial costs of using market-led responses will go up, risking the failure of the systems, while the consequences for those exposed will be higher. This increases the importance of state-led, guaranteed and universal responses for such risks, as well as the role of aid and donors to provide support to reinsure these risks.
Even so, rather than focusing on specific interventions that respond to shocks, an important trade-off exists between reducing the consequences of shocks and measures that allow for incomes and in general for living conditions that are less vulnerable. This is especially relevant for sub-Saharan Africa and this will be discussed in the third section.

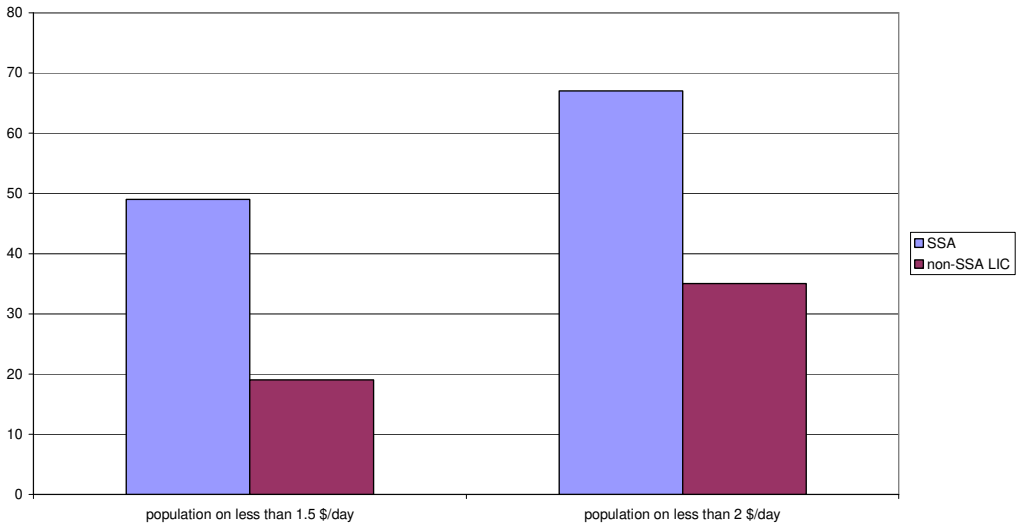
2.3 What makes SSA more vulnerable?

It is widely recognized that the slow progress of most SSA countries towards the achievement of the MDGs represents to date the greatest concern and the main challenge ahead to the UN commitment of halving world poverty by 2015. The most recent evidence available from the HDR 2009 (figures 2.1.i-2.3.iii) shows that, on aggregate, SSA is still lagging considerably behind other low income regions of the world in a number of dimensions including under-five child mortality, the proportion of people living with less than 1.5 dollars a day and life expectancy at birth.

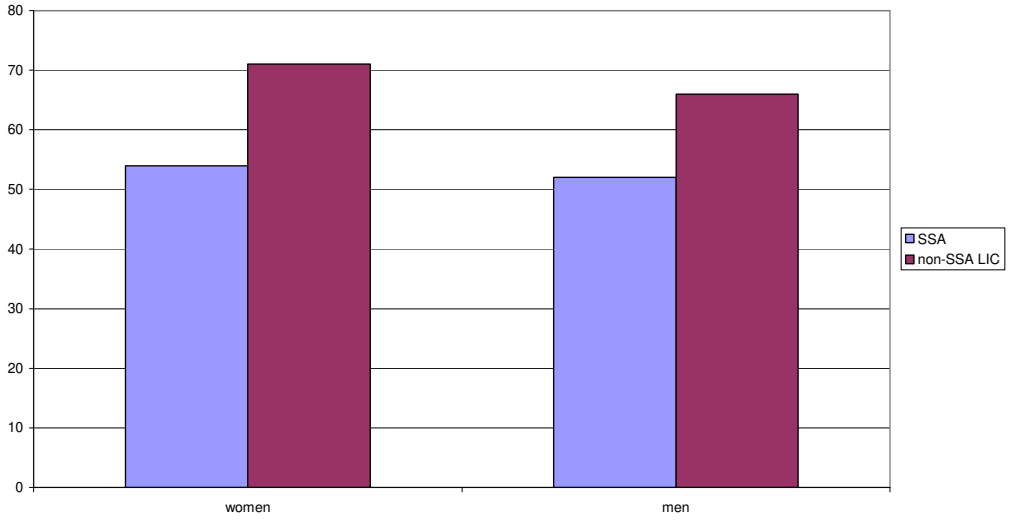
Under-five child mortality (per '000 live births), by mother's education
Source: HDR 2009



Population in poverty (%)
Source: HDR 2009



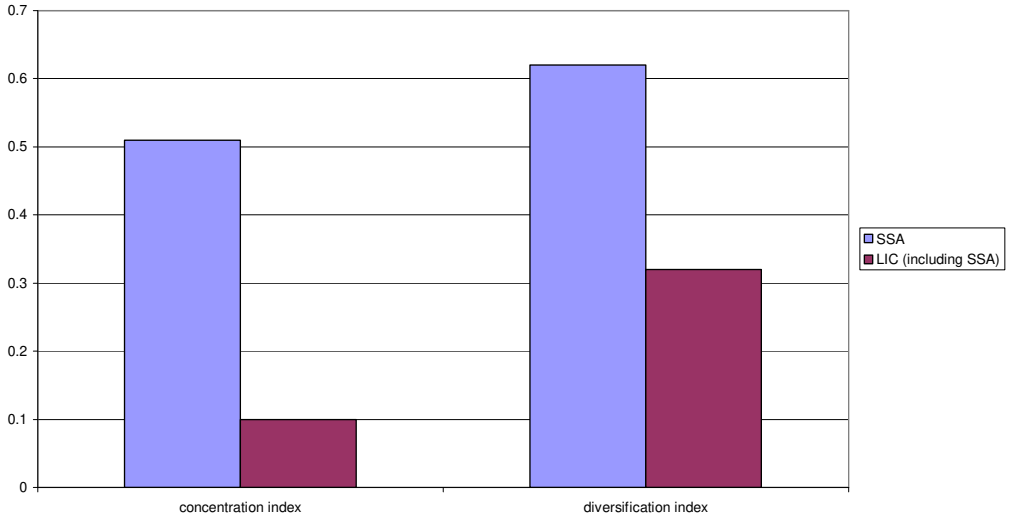
Life expectancy at birth (years)
Source: HDR 2009



The high vulnerability of the population living in SSA is in large part the consequence not just of the presence of high risk, but also of the nature of its economic, social and political development. First, limited economic diversification is a key factor, and results in high vulnerability of large parts of the SSA population. In most countries in the region, the majority of households and not least the poor depend on self-employment either in smallholder agriculture or the informal sector. While undoubtedly households organize their lives to manage the risk that surrounds them, it makes them particularly vulnerable to the vagaries of climate and the market. Furthermore, and not least in agriculture, the limited diversification makes rain-fed agricultural risks highly covariate, increasing the scope and costs of offering social protection against these risks. Similarly, even if wage employment is generally limited, it is similarly dependent on a small number of activities in each country, with only a limited number of dynamic employers, highly dependent on international and domestic macroeconomic circumstances.

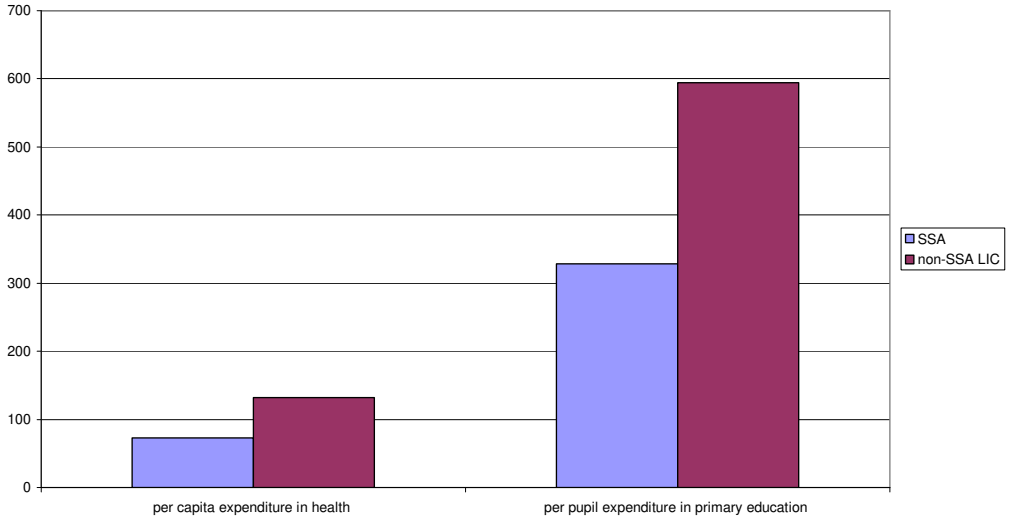
On an aggregate level, the reliance of most SSA economies on a few (in some countries, just one) primary products compounded by a relatively high concentration of destination markets – most SSA countries export to just one geographical area - make export revenues and GDP growth more unstable and volatile than in other countries (figure 2.3.iv). This has direct implications for social protection. The fact that a large amount of government revenues in most of SSA come – beside foreign aid - from extraction rents and royalties and/or exports of primary commodities have resulted in weaker state apparatuses given the lower need to raise revenues through taxation (Fearon and Laitin, 2003). Without a modernization of state bureaucracies the stepping up of state-led social protection can remain a daunting task in the region.

Export concentration/diversification
Source: UNCTAD Handbook of Statistics 2009

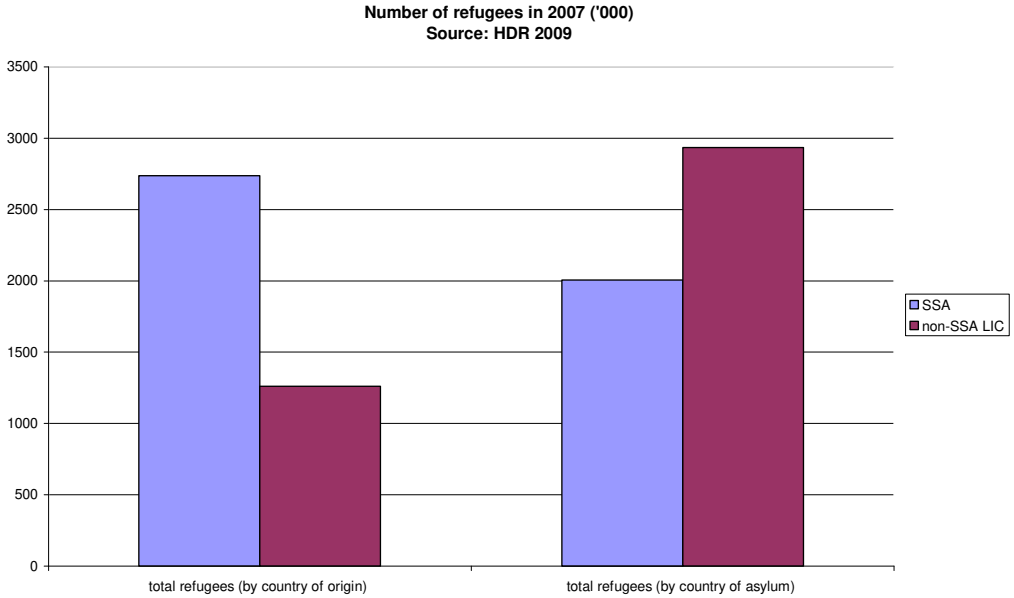


General economic development, and the transformation of the economy from agricultural-based economies to a more diversified economy, less reliant on self-employment and agriculture, will be important to sustainably reduce the vulnerability of its population. Social protection can play a relevant role in it, and it may contribute to economic growth in these economies. In 2006, per capita public expenditure on health and primary education in SSA was on average still only about half the amount spent by governments in other LIC countries (figure 2.3.v). However social protection is by no means sufficient for reducing vulnerability and substantial complementary and integrated support will be required for such economic transformation. It also highlights the need to find an appropriate trade-off between offering resources to stimulate social protection now, or even to identify those interventions that provide both social protection and contribute to growth and transformation of both people's lives and the economy.

Per capita public expenditure (PPP US $)
Source: HDR 2009



Second, the political circumstances in sub-Saharan Africa increase the vulnerability of its population. Much vulnerability stems from conflict: intrastate violent conflict is rife in the region and it is a major cause of loss of lives and livelihoods. According to recent evidence from the UNHCR reported in the HDR 2009, there are twice as many refugees of SSA origin–even excluding the internally displaced1- compared to other LIC (figure 2.3.vi). SSA has come to be identified so much with conflict that most cross-country studies on the causes of civil war found in the economic literature include a SSA regional dummy in the model as a residual catch-all determinant of the likelihood of violent outbreaks. While violent conflict cause substantial hardship per se, other shocks such as large scale droughts have in recent decades rarely if ever resulted in large scale starvation and famine, unless in countries with conflict. Social protection measures may play a small but relevant part in reducing conflict and creating legitimacy in post conflict-environments. In any case, conflict is a serious constraint in delivering social protection against non-conflict related risks, and a major cause of the high vulnerability of sub-Saharan Africa.



Last but not least, HIV/AIDS is another major source of vulnerability for SSA countries. According to the latest epidemic update by UNAIDS Sub-Saharan Africa remains by far the most heavily affected region of the world accounting for 22.4 (67%) of the total 33.4 million adults and children living with HIV as well as for 71% of all new HIV infections in 2008. A calamity of such scale has colossal social and economic consequences given that its prevalence is highest among the economically active population: permanent loss of household income when breadwinners are taken ill or die, increase in household expenditure on medical expenses, removal of children from school (for caring purposes, to reduce educational expenses and/or to provide replacement household labour). HIV/AIDS has clear implications for social protection in terms of family support (e.g. cash transfers to orphaned households), prevention in averting new infections (e.g. HIV counselling and testing, provision of condoms at subsidized prices) and treatment (e.g. subsidized antiretroviral drugs).

Box: Decolonization and long run economic performance: latin America and Africa

(to be revised)

[1] *If one includes official estimates of IDPs in the Sudan, Congo and Zimbabwe the gap becomes much higher.*

Part 2 – Social protection in LDCs: theory and practice

Chapter 3 – Responses to vulnerability: Social protection in LDCs

3.1 Risk-based versus other conceptualizations of Social Protection: Refining the scope of the analysis

The case for Social Protection and Social Risk Management for reducing risk and vulnerability comes from the recognition of pro-poor growth as an important objective.2 The poor can participate in and benefit from growth in four ways: as farmers and entrepreneurs, as workers, as consumers, and as potential recipients of tax-funded services and transfers. In order for these benefits to be realised, it is important that exposure to hazards is minimised, and the ability to manage the consequences of the hazard are increased. Hence, for increases in pro-poor growth, public and private actions which improve the risk management ability of the poor are required. Such public and private actions come under the ambit of social protection.

Recent work illustrates how risks and shocks can decapitalise the poor, and trap them in impoverished positions from which they are unable to escape (Carter et al, 2004). Once households fall below critical asset-thresholds they become trapped into survival coping strategies and have difficultly building up their assets. Social protection mechanisms can provide an important function in keeping vulnerable households from falling below a certain asset threshold. This will mean that these households are more easily able to enter virtuous asset accumulation strategies, rather than asset eroding paths. This will have pro-poor growth effects at the local and national levels. Dercon (2004) states that evidence from many contexts, including Ethiopia, points to risk-induced poverty persistence and possibly even 'poverty traps.' Poverty traps are situations from which no escape is possible using own means and resources, even if there is substantial growth in the economy. He concludes that risk is a cause of poverty traps, of untapped profitable opportunities and of lower growth. Therefore, public action to reduce vulnerability is good for equity and efficiency/growth.

In order to establish a 'risk and vulnerability' agenda at the centre of current development discourse this section will argue that a case must be made that connects the growth-promoting arguments and the poverty reducing arguments in a pro-poor growth argument for risk and vulnerability. This case can be made in a number of ways, as illustrated below. Tackling risk and vulnerability within a pro-poor growth agenda:

- Minimizes exposure to shocks (in other words, vulnerability). As a forward-looking perspective on anticipating when, where and whose shocks (economic, political, health, nature, violent) will most affect, this improved agenda will accentuate a perspective on avoidance and prevention. Examples include avoiding settlement in low-lying areas, the use of condoms in HIV areas, regulation of cross-border financial flows, and planning for smooth democratic transitions;
- Enables consumption smoothing by minimizing the transitory impacts of shocks. When shocks hit, behaviour changes as households and communities struggle to adapt. Consumption is often affected—particularly of food. When consumption and income levels move strongly together, we

[2] *Managing Risk and overcoming Vulnerability: the role of Pro-Employment Growth and Social Protection: Wouter van Ginneken (2005, draft)*

know that households are very vulnerable. Even when credit is available to smooth consumption, the debts tend to persist for a long time;

- Can counteract asset-depletion and the occurrence of poverty traps by minimizing the long-term impacts of shocks. When consumption changes are not enough to ride the shock, not only households' physical assets will have to be sold, but also human capital assets will be irremediably depleted: children will have to be pulled from school with permanent consequences for their future earning power, girls may receive less resources than boys before and during a shock, permanently affecting not just their own future health, but also the future of children born to unhealthy mothers. These asset depletions undermine the ability of the households to weather the next shock and lead to a downward spiral of resilience. By tackling physical and human capital asset depletion, SP can infact address also concerns of social justice and exclusion of particular groups in society;
- Promotes innovation and risk-taking activities because there is less need for individuals to adopt risk strategies that smooth income, but do not maximize it. Income diversification, crop diversification, livelihood diversification—all are sensible responses to very risky situations. But they deny the gains from specialization and tend to inhibit innovation and risk taking;
- Focuses policies on asset accumulation and investment. A focus on risk and vulnerability forces us to think more about the ways in which people grow their incomes. Enabling people to become less vulnerable through improved risk management encourages greater productive risk taking which can lead to higher entrepreneurial activity, investment and growth effects at an economy-wide level;
- Focuses policies on breaking the cycle of deprivation across generations. It also stimulates thinking that is more lifecourse intergenerational in perspective. Poverty analysis tends to be more static with its focus on levels and gaps.

3.2 Formal and informal Social Protection

3.2.1 How can formal and informal complement each other?

To be written

3.2.2 Possible crowding out between formal and informal SP and its welfare effect

While some attention has been given to the **possible 'crowding-out problem'** there remains a large knowledge gap concerning the extent and nature of this problem. Put simply, if (as it is widely believed) non-state, informal mechanisms for coping with risk (eg. the extended family) are being overstretched, what can the Government do to alleviate this caring burden without crowding out this valuable source of social protection? Although little is known empirically about when and why public action crowds out private action there are some successful examples to draw upon of formal-informal partnership like social housing facilitating extended families. If a trade off between the two exists, then the sensible policy question must be: how can we mobilize and support rather than undermine these increasingly fragile systems? The answer will require an understanding of how local social networks and systems of support are constructed and maintained.

3.3 Formal instruments/channels of SP: Coverage, politics, economic efficiency, effectiveness, cost, development impact, and political economy

This section provides an overview of the different ways in which social protection can be provided. While the recent literature rightly puts most emphasis on the state-led initiatives that provide transfers to the poor (to protect against risks and enhance capabilities), for theoretical as well as national policy purposes it is

critical to consider the entire spectrum of social protection and what traditionally has been called social security: social security for the 'modern' sector has traditionally been and continues to form a large part of national public policies, group-based insurance is central to many non-state efforts to provide services and organisation, and household or community responses form typically the bulk of the resources in the context of weak state support for people's livelihoods. The purpose of this section is thus to provide an overview of these different mechanisms, understand them in their historical contexts, design and impact, and highlight the interaction between different channels. [3]

3.3.1 Social protection for the 'modern sector' and its limitations

The independence of states in Africa and Asia was followed by optimistic projects of modernization, which included the provision of social security to the 'modern sector', which was expected to grow and absorb 'surplus labour' as development proceeded, but for the time created a dualism in terms of entitlements of the population, often deeply gendered.[4] Communist regimes also created dual provisions, notably China where different sets of systems were created for urban and rural populations.

Since the 1980s it has been recognized that this modern sector is not growing and in many instances has been shrinking, both as a consequence of economic decline, and because of employers' strategies towards informalisation. As a result, coverage is low.[5] However, this channel of social protection remains important for a number of reasons:

- it continues to be among the aspirations of national governments, and often critical for their political survival;
- it often forms a substantial part of government budgets, which typically is the hardest to reform;
- it tends to be regressive in terms of transfers and difficult to reform because of vested interests;
- it can interact with other channels of social protection (e.g. the model for extension as in Brazil and South Africa, or hinder the development of bottom up approaches such as in Self Employed Women Association's (SEWA) case[6]).

Against this background, reforming the existing formal social protection sector could also be considered as an instrument to free up resources for other programs.

3.3.2 State-led transfers: cash, kind, conditional-unconditional

This refers to the 'new generation' of social protection instruments, or the old category of 'social assistance' which until recently was regarded as impractical and too expensive. This distinguishes itself from the other channels by its focus on the poor, variously defined and often targeted to specific groups (disabled, elderly, etc.), and for being non-contributory transfers led by the state (national or decentralized).

Three sets of organizational issues have been highlighted as relevant in the literature:

- targeted vs universal, with a preference for / focus on transfers to reach particular groups, with increasing sophistication in targeting methods and evaluation;
- cash vs in-kind, with recently a preference for cash benefits, while technically dependent on food availability, prices and markets (as highlighted by Michael Lipton);
- conditional (CCTs) vs unconditional, with many of the new experiments using some form of conditionality such as attendance of schools or health facilities.

[3] See also Juetting 1999, with a framework to assess the different providers (organised slightly differently than proposed here).
[4] Theoretically this was recognised with the 'discovery' of the informal sector by Keith Hart in 1969, in Kenya.
[5] Refer her to ILO research/documentation.
[6] http://www.sewainsurance.org/vimosewapubli.htm

Although CCTs attempt to "kill two birds with one stone" there are in practice often trade-offs between different redistributive and human capital objectives as well as between different types of human capital goals. While important efforts focus on transparency, entry/exit into these schemes is still problematic.

3.3.3 Group-based SP: risk sharing, insurance, micro-insurance

Group-based social protection has received relatively little attention in the recent social protection literature, mainly because of the limited potential this is thought to have for a poverty agenda. Yet there are important reasons to include group-based channels of social protection:

- the history of European welfare states has been driven by initiatives of groups, sectors, localities, etc- before being unified with the formation of nation state[7];
- micro-health insurance schemes are promoted in Africa, for example by German and French agencies, and the ILO. SEWA in India is a fascinating example of a membership-based organization of relatively poor women that has experimented with health insurance;
- micro-finance schemes function as a group-based insurance mechanisms, and have been extremely successful in cases like the Grameen Bank in Bangladesh;
- religious organizations are key actors for social security[8];
- getting access to existing (social) health insurance is critical for the poor in many countries, including the US and South Africa.

3.3.4 The market as provider of social protection?

With the advent of liberalization, market-based systems for social protection have gained in popularity. Much experience has been gained particularly in Latin America, with growing consensus of the need for mixed systems (public-private partnerships) to ensure universalism (e.g. World Bank on pensions). In health, typically the largest sums of money go through the private sector. The advent of new technologies is facilitating the entry of new providers and agents. The new Dutch health system is a good example of public-private partnerships for social protection. Its hybrid nature was critical to get consensus on a system with – finally – universal coverage. This subsection will also evaluate the role of capital markets in hedging food shocks related to climate (e.g. crop market in Uganda).

3.3.5 Household/community responses to vulnerability and their limitations

In environments with widespread poverty, household and communities and their assets typically provide the most important resource for people's security and protection against risks.[9] It is exactly the limitations of such security mechanisms that call for group or state- provided social protection. But it is critical not to ignore the existing informal mechanisms:

- the loss of traditional forms of security are often the drivers of new channels, such as the loss of access to land (as documented currently in China);
- new forms of informal channels emerge as old ones disappear, such as remittances when the old moral economy declines;

[7] This is not to suggest this history is directly relevant for Africa, but we do need to ensure we reflect on the diverse histories of Europe, and how these structure perceptions about social protection in Africa.

[8] Quershi 1985, Weidnitzer, 1998

[9] Contributions include Abraham and Platteau 1995, Benda-Beckmann et al. 1988, van Ginneken 1997.

- it is important that social provisions do not crowd-out (but crowd-in) existing informal systems; examples of good practice include social housing that facilitates extended families, small pensions to widows in India that enhances their status within families.

3.4 Tradeoffs of vulnerability responses

3.4.1 Design issues:

Conditional vs Unconditional

There is considerable debate around the merits of whether or not to apply conditions to social transfers from an empirical, political and moral perspective. Schubert and Slater point out that conditionalities can only be effective if there is adequate infrastructure in place to support such programmes, and points to this as an explanation for the contrasting use of conditional programmes between Africa and South America (Schubert and Slater 2006). If the quality and quantity of service provision is lacking – as is the case in many African countries – then applying conditions such as attending health-care appointments or enrolling children in school may be futile and will achieve little impact. However, if the supporting infrastructure is in place and effective – as is the case in many South American countries – then ensuring certain actions are undertaken by recipients of the transfer may achieve significant desirable outcomes.

A further "practical" consideration relates to the administrative capacity of those responsible for implementing the programmes. If conditions are applied to transfers it is essential that the required actions of the transfer recipients are monitored. Such administrative burdens may distract energies and resources away from efforts to reform and enhance weak services such as healthcare and education. The complexity of conditional transfers also require a sophisticated level of interplay between local and central actors and often involve coordination between multiple authorities. Such arrangements also tend to increase the financial burden of the projects and may have efficiency implications.

A second criticism that is often made of conditional transfers is the cost/affordability of such schemes. The obvious need for extra administration in conditional schemes suggest that money spent on monitoring compliance to conditions could, in fact, be better spent on providing larger or more numerous transfers to a greater number of those who are in need. Adato and Hoddinott highlight the example of Mexico's Progresa programme in which for every dollar transferred to the poor a further $1.34 were spent on administrative costs. Of course, whether these costs continue to be so high once administrative systems and the identification of beneficiaries are established is open to debate (Adato and Hoddinott 2007).

Thirdly there is the moral argument. Conditions can be regarded as paternalistic in the same way as donors insist on conditions when providing budget support. Such an arrangement is at risk of diminishing the sense of social inclusion that is a fundamental objective of social protection programmes. In addition, it is often those most in need of social protection programmes that find conditions the most expensive and burdensome.

In response to such criticisms however, advocates of a conditional approach point to the evidence of success that such conditional transfers have achieved in bringing about increased investments in human capital. Barrientos (2007) points to evidence that suggests there can be substantial gains in household investment in human capital as demonstrated by the impact of the Oportunidades programme in Mexico. The unacceptably high level of school drop out rates has been addressed to a significant extent by the programme that has seen an increase by about 1 percentage point for boys in primary school (from a base of 90-94%) to as much as 9.3% for girls (from a base of 67%). Clearly, it is difficult to make a convincing

argument for or against the effect of conditions without the benefit of counterfactuals. This chapter will seek to shed light on the efficiency and effectiveness of CCTs as a social protection mechanism on the basis of an extensive review of case studies from different sectors and regions.

Universal vs Targeted

Similar arguments based on effectiveness, efficiency and political implications can be found in the debate on whether to use targeted programmes.

Targeting social protection programmes is a means to an end – where the end is ensuring that poor households are the ones who benefit from social protection programmes. On balance, existing evidence suggests that targeted programmes, as currently practiced around the developing world, do indeed deliver a greater share of programme benefits to poor households.

While the evidence suggests that targeting generally increases the share of benefits going to poor people, there are exceptions. Coady, Grosh and Hoddinott (2004a, 2004b) analyzing a group of 85 programs note that in their sample, 14 per cent of the programmes considered were regressive – that is, the poorest 20 per cent of households received less than 20 per cent of programme benefits - a figure that rises to 25 per cent if self-targeted food subsidies are included. Further, targeting does not mean that all poor households will be included – there can be errors of exclusion related to the inability of the programme to correctly identify potential beneficiaries. Poor targeting reflects bad design – resources are transferred to individuals who were not in fact poor – or bad implementation. Successful targeting requires that programme administrators know who the poor are and where, and how, they can best be reached. It also requires the ability to identify these individuals, households or groups.

In terms of efficiency, the increased costs of targeted programmes may be to the detriment of the impact that a transfer can achieve. In 2005 research was undertaken to calculate the cost of establishing a means tested targeted Child Support Grant in South Africa. It was estimated that one application was at an administrative cost of R18.77 (US$2.85) while the cost to the applicant was on average a further R25 (US$3.8) and required six hours of time to complete the process. When this is scaled up to include all those children eligible for the grant the cost is about R223.8 million (US$34.01 million) using inflation-adjusted cut-offs (Budlender et al 2005). Such an estimate illustrates the potential inefficiencies of targeted programmes and can be used to justify the call for universal programmes.

This section will also address trade off related to formal /informal; cash versus in kind transfers; Political economy tradeoffs; design and implementation.

Table 3.1 Issues in success of Social Protection (preliminary)

	Design	Targeting	Delivery	Financial sustainability	Political commitment
Formal sector protection	Public sector led	Limited to labour elite	Corporatist principles	Highly costly	Critical to elite support
State-led transfers	State-led	Specific groups (varied methods)	State mechanisms, targeting focus	Much less costly than thought?	Charitable, patronage
Group-based	Local and small organisations	Group membership	Locally organised, membership	Self-financing, state subsidy an option	Enhances social capital
Market	Private organisations	Abiity to pay	Private, individualised	Market principle, but with government liability	Pressure from private agents in insurance and health
Community-based	Informal, co-variate risks	Not,incluson-exclusion dynamics	Within communities	High, but coverage very low	None, but ideology of self-support underwrites

3.5 Which tradeoffs are more relevant for SSA?

To be written

Appendix: Social Protection: a note on definitions

There is growing recognition that poverty and deprivation in developing countries cannot be eliminated solely through economic growth. Specific interventions, thus targeting the most vulnerable sectors of the population, are increasingly considered necessary complements to more traditional pro-growth policies. This convinction has been reinforced by the recent unstable global socioeconomic scenarios[10]. Social protection (SP) has been defined in a variety of ways: a set of private and public actions, a policy approach, a human right, a conceptual framework. Each nuance sheds light on different aspects of SP that together form a complex whole of rules, actors, and actions. However, from the ERD perspective, a precise (necessarily conventional) definition of SP is necessary.

Three main conceptual bases ground the definition of SP. Following in the tradition of the International Labour Organization (ILO), some authors define SP as a human right. The rights-based approach considers citizens as 'rights-holders' and states as 'duty-bearers.' SP then can be seen as a development of more conventional social rights, such as equality, inclusion and non-discrimination (ILO, 1953, ILO 2000, Piron, 2004). A second, partly independent, justification of SP is the World Bank definition of Social Risk Management. From this point of view, SP is the best response, in terms of poverty alleviation, to increasingly unstable scenarios due to global market integration and climate changes (The World Bank, 2003, 2004). The last (again only partly independent) base for the definition is the approach that sees SP as an efficient ingredient to pro-poor economic growth. This last view is shared by a number of authors and has gained centrality in many international organizations' agenda (Ferrera et al. 2001, Weber, 2006, Barrientos and Hulme 2008, OECD, 2009, The World Bank 2003). These three partly overlapping approaches lead to a number of SP definitions that present some heterogeneity but many substantial similarities. However, in all cases implementation of the theoretical definition needs a precise understanding of the scopes of SP and a detailed definition of the actions that can deliver these outcomes.

The goal of SP is to protect individuals and households vulnerable to risk and in chronic need.

10 *See: Holzmann and Jorgensen (2001), The World Bank (2003), The Caribbean Development Bank (2005), DFID (2005), Sabates-Wheeler and Haddad (2005), Weber (2006), Kabeer (2008), Barrett et al (2008), OECD (2009).*

'Vulnerability' is the most frequently recurring concept in all definitions of social protection. It is the main focus of the World Bank definition but is also a central issue in the majority of the others. As defined by Alwang et al. "*A household is said to be vulnerable* [when it is in the condition of being at risk] *of future loss of welfare below socially accepted norms caused by risky events. The degree of vulnerability depends on the characteristics of the risk and the household's ability to respond to risk*." Alwang et al. (2002, p. 6). 'Chronic need' is also part and parcel of many SP definitions. In particular chronic need is included in SP definitions that do not confine SP to short-term support to cope with temporary shocks but to a "*broader vision that sees social protection as having both short-term and long-term roles in poverty reduction*" (Barrientos et al., 2005). The two-fold scope of SP suggests that SP should include all public and private mechanisms that prevent individuals and households from suffering the worst consequences of some negative shocks and/or chronic need. However, almost any public intervention could be considered more or less directly part of a this type of SP system. Thus education policy, pension system, health care, and many other development policies will fall into this general definition of SP.

Separately considering different broad strategies that protect vulnerable and deprived household helps refine the definition SP. Many authors have identified three channels through which SP works. The World Bank has proposed a classification in which prevention, mitigation, and coping form the Social Risk Managment conceptual framework (The World Bank, 2003). Prevention includes all of the policies that aim at reducing the probability that risks occur. Mitigation includes programs that reduce the severtity of consequences of possible future shocks. Coping refers to the policies that deal with the consequence of shocks ex-post. Guhan (1994) has presented a similar classification, where the three components are: protection, prevention, and promotion. The protection component of SP is constituted by policies that protect minimum welfare condition levels of people who are in difficulty. Prevention is granted by policies that prevent vulnerable individuals from falling below an acceptable welfare standard. Finally, policies aiming at reducing individuals' vulnerability in the future are the promotion component of SP (Ellis et al., 2009). Guhan underlines how these three categories represent three concentric (partly overlapping) circles, from wider to narrower domains of SP specificity. "*The outer circle of promotional measures would include the whole array of macro-economic, sectorial and institutional measures of major importance for poverty reduction, operating at the macro and meso levels...Middle circles would consist of what have come to be known as direct measures for poverty alleviation, such as asset redistribution, employment creation, and food security. The inner circle would contain specific measures for the relief from or protection against deprivation to the extent that the latter is not, or cannot be, averted through promotion and preventive approaches*." (Guhan, 1994). In Guhan's perspective, a definition of SP is therefore a choice of how wide (specific) the circle of policies should be. Different institutions and academics, depending on their focus, have more or less widened the SP circle, from the more restrictive definition[11], which includes only safety nets, to very wide definitions that consider a vast range of development policies[12]. Other authors simply define SP as a set of policy categories: safety nets, social insurance, minimum standard enforcement, and community development policies. At the core of SP definitions are always safety nets and insurance systems. More controversial is the inclusion of services, such as health, education, and community development programs. Note also that some definitions precisely circumscribe SP, while others do not clearly define the border between SP and other development policies. A good example of a precise definition comes from the Asian Development Bank, which defines SP as not being "*activities that are usually associated with other sectors such as rural* development, basic infrastructure, health, and education." Weber (2006, p. 16).

All definitions underline how SP actions are not governments' prerogative but that a number of actors play a role in delivering SP. Again different authors have more or less enlarged the set of actors and actions included in SP. Norton et al. (2001) or Cook and Kabeer (2009) focus on the role of public policies, EUROSTAT (2009) includes private actors but restrict the kind of actions that should be considered SP. Other authors have widened the SP players, stressing the importance of informal and semiformal channels. Literature in development has underlined the lack of market institutions and public provisions that have generally led individuals and households to develop semi-formal and informal insurance mechanisms against

11 *Samson et al. for example stress on the fundamental role of social transfer programs in al components of SP.*

12 *Shepherd et al. for example claim "A social protection approach goes well beyond well established concepts of safety nets, social insurance and social assistance, as it suggests a reconsideration of a range of public policies and societal processes from the perspective of risk and vulnerability." Shepherd et al. 2004.*

risks (Ellis, 1998). Hence, it is largely agreed that when SP is defined in a developing context particularly attention should be devoted to the evaluation of informal and semi-formal actors. A list of active SP participants includes: individuals and households, extended families, local communities, NGOs, market institutions, governments, and international organizations.

International organizations

ADB (2006)

The set ot policies and programs that enable vulnerable groups to prevent, reduce and/or cope with risks that:

- *are targeted at the vulnerable groups;*
- *involve cash or in-kind transfer;*
- *and are not activities that are usually associated with other sectors such as rural development, basic infrastructure, health, and education.*

Weber, (2006), p. 13

CBD (2005)

All interventions from public, private, voluntary organisation and social networks, to support communities, households, and individuals, in their efforts to prevent, manage, and overcome a defined set of risks and vulnerabilities.

The Caribbean Development Bank (2005), p. 2

FAO (2009)

By increasing access to assets and providing transfers when shocks occur, social protection programs can play an important role in insuring poor households. Social protection programs encompass a wide range of interventions, from publicly provided health and life insurance and safety nets to child nutrition programs and cash transfers […] social protection can help insure very poor households for whom market-based solutions are likely to be out of reach or for risks that are so widespread they would be difficult for private financial organizations to manage.

Vargas Hill and Torero (2009), p. 3

ILO (1952)

Convention n. 102/1952 of the International Labour Organization (ILO) "The Social Security (Minimum Standards) Convention" establishes minimum standards for all nine branches of social security. These are: i) medical care, ii) sickness benefits, iii) unemployment benefits, iv) old-age benefits, v) employment injury benefits, vi) family benefits, vii) maternity benefist, viii) invalidity benefits, and ix) survivors' benefits. Convention No. 102 does not prescribe how to reach these objectives but suggests three ways: i) universal schemes, ii) social insurance schemes, iii) social assistance schemes.

www.ilo.org

IMF (2001)

Government outlays on social protection include expenditures on services and transfers provided to individual persons and households and expenditures on services provided on a collective basis.

Expenditures on individual services and transfers are allocated to groups though expenditures on collective services are assigned to groups. Collective social protection services are concerned with matters such as formulation and administration of government policy; formulation and enforcement of legislation and standards for providing social protection; and applied research and experimental development into social protection affairs and services.

IMF, 2001 Annex to Chapter 6 p. 106

OECD (2009)

Policies and actions which enhance the capacity of poor and vulnerable people to escape from poverty and enable them to better manage risks and shocks. Social protection measures include social insurance, social transfers and minimum labour standards.

OECD, (2009), p. 12

UN (2000)

There are substantial differences among societies in terms of how they approach and define social protection. Differing traditions, cultures and organisational and political structures affect definitions of social protection, as well as the choice about how members of society should receive that protection. In the context of this report social protection is broadly understood as a set of public and private policies and programmes undertaken by societies in response to various contingencies to offset the absence or substantial reduction of income from work; to provide assistance for families with children as well as provide people with health care and housing. This definition is not exhaustive; it basically serves as a starting point of the analysis in this report as well as a means to facilitate this analysis.

UN ECOSOC, 2000 p. 4

USAID (2008)

Public intervention that seeks to enable poor and vulnerable households to increase their ability to manage risk thereby allowing them to contribute to, partecipate and benefit from economic growith.

Cited in Cook and Kabeer (2009) p. 7

World Bank (2003)

The World Bank in the last decade has suggested a development strategy called “social risk management”. Social risk management is a possible definition of SP with a specific focus on vulnerability. Traditionally, social protection has included policies that provide social safety nets, social funds, labor market interventions, and social insurance (including pensions). Social risk management (SRM) is a new conceptual framework that views social protection as a set of public measures that support societies poorest and most vulnerable members and help individuals, households and communities better manage risks.

A collection of measures to improve or protect human capital, ranging from labour market interventios, pubicly mandated unemployment or old-age insurance to targeted income support. Social protection intervetions assist individuals, households, and communities to better manage the income risks that leave people vulnerable.

The World Bank (2004)

Governmental agencies

EUROSTAT (2008)

Social protection encompasses all interventions from public or private bodies intended to relieve households and individuals of the burden of a defined set of risks or needs, provided that there is neither a simultaneous reciprocal nor an individual arrangement involved.

The list of risks or needs that may give rise to social protection is, by convention, as follows:

1. Sickness/Health care

2. Disability

3. Old age

4. Survivors

5. Family/children

6. Unemployment

7. Housing

8. Social exclusion not elsewhere classified.

EUROSTAT, 2008 p. 9

DFID (2005)

The sub-set of public actions carried out by the state or privately that address risk, vulnerability and chronic poverty.

DFID divides SP policies in 3 subsets:

- *Social insurance comprises individuals pooling resources by paying contributions to the state or a private provider so that, if they suffer "shock" or permanent change in their circumstances, they are able to receive financial support [...].*
- *Social assistance involves non-contributory transfers to those deemed eligible by society on the basis of vulnerability or poverty.*
- *Setting and enforcing minimum standards to protect citizens wthin the workplace, although this is difficult to achieve within the informal economy.*

DFID, (2005), p. 6

Academic literature

Norton, Conway and Foster (2001)

The public actions taken in response to levels of vulnerability, risk and deprivation which are deemed socially unacceptable within a given polity or society.

Norton et al., (2001), p. 7

Devereux and Sabates-Wheeler (2004)

Social protection describes all public and private initiatives that provide income or consumption transfer to the poor, protect the vulnerable against livelihood risks, and enhanche the social status and rights of the marginlalised; with the overall objective of reducing the economic and social vulnerability of poor, vulnerabie and marginalised groups.

Devereux and Sabates-Wheeler, (2004), p. 7

Piron (2004)

A rights-based approach is normative and based on the international human rights framework, which considers citizens as 'rights-holders' and states as 'duty-bearers'. A number of human rights principles, such as equality, non-discrimination, inclusion, participation and accountability, are derived from this framework. Under a rights-based approach, states are obligated to provide laws, regulatory frameworks, programmes and policies which will all enhance the ability of households to manage risks and improve their standard of living. States should also respect human rights (i.e. not violate them directly) and provide protection from violations by third parties. Minimum standards need to be provided, such as a basic form of education, primary healthcare and basic foodstuff. Under this approach, citizens are empowered to take their own

decisions, mobilise, claim their rights and entitlements, and hold the state to account. Inclusion and participation in decision-making processes are key.

Piron 2004 (cited in Sheper et al. (2005) p. 8)

Barrientos et al. (2005)

Barrientos et al distinguish between two possible definitions of social protection:

One can identify a contest between two different visions of social protection. One is a narrow vision: social protection is a means of providing short term assistance to individuals and households to cope with shocks while they are temporarily finding new economic opportunities that will rapidly allow them to improve their situation. The other is a broader vision that sees social protection as having both short term and long term roles in poverty reduction: helping people to conserve and accumulate assets and to transform their socio-economic relationships so that they are not constrained from seizing opportunities by bonding or clientelism. In cases where people are dependent on others, because of age, infirmity or disability, then this broader vision envisages long term forms of social assistance such as grants and non-contributory pensions. The narrow vision sees a clear distinction between social protection and livelihood promotion, while the broad vision sees them as being closely related.

Barrientos et al. (2005) p. 4

Ellis, Devereux and White (2009)

Viewed through the lens of risk and vulnerability, [...] social protection can be interpreted as offering the potential means for addressing the multiple factors causing persistent poverty and rising vulnerability.

Ellis et al., (2009), p. 7-8

Chapter 4 – Social protection: Lessons learned around the globe

This chapter describes the design, targeting, delivery, actual impact (on poverty, and risk reduction), and financial sustainability of SP protection. In the first place, it summarizes the experiences of Social protection programs across the globe and in particular of conditional cash transfer programs in Latin America (the problems and limits to formal sector social protection programs, and the experience of informal sector programs). Secondly, it also summarizes the experiences of existing Social protection programs in Sub-Saharan Africa; in particular, the cash transfer programs in South Africa, namely the social pension programs and the child grants as well as Africa's experiences with micro insurances

The main questions we answer are: what lessons from the SP protection programs from outside of Africa can be learned with respect to the effects on welfare and with respect to the applicability of Social protection programs in Sub-Saharan Africa? What can be learned from already existing (successful and unsuccessful) Social protection programs in Sub-Saharan Africa for other Sub-Saharan African countries?

4.1 Success stories and failures: existing schemes in developing countries

This section analyses the main social protection schemes in the developing regions according to their main structure and main effects on: Poverty and inequality; Gender; Education and health; Incentives; Public finance and administrative issues. The aim is to provide an overall assessment of the recent and most glaring social protection systems.

a) Conditional Cash Transfer programs

The most famous example of these developing-country-designed integrated poverty programs is the Mexican program on education, health and nutrition (PROGRESA). The program provides cash transfers to very poor households conditional on the children's school attendance. This means that poor families are paid to send their children to school and to health clinics. PROGRESA builds on the understanding that health, undernutrition, and education are very closely interlinked on the fight for poverty reduction. It has turned out to be a very successful instrument to increase the nutritional status and educational outcomes of children. The program is also more effective to increase school enrolment per dollar spent than building new schools. The International Food Policy Research Institute (IFPRI) has intensively studied the impacts of PROGRESA. The integrated approach of the program has turned out to be highly successful resulting in large improvements in the well-being of the participations.

The lessons from PROGRESA have been spread through the Latin American countries in recent years. Similar approaches are, for example, the Bolsa-Familia Program in Brasilia, Familias por la Inclusión Social Argentina, Chile Solidario, Familias en Acción in Colombia, Superemonos in Costa Rica, Programa de Asignación Familiar in Honduras, Programa de Avance Mediante la Salud y la Educación in Nicaragua, and Proyecto 300 in Uruguay. Conditional cash transfer program in Latin America focusing on health, nutrition and education turned out to be key components of successful policies to end poverty.

b) Public works programs

Public works programs have been important program interventions in developing countries for many years. Public works are particularly effective at addressing the issue of vulnerability to poverty and in crisis situations. Public works programs have significantly mitigated the effects of negative covariate and idiosyncratic on poor households. Often, these programs provide unskilled manual workers with short-term employment on projects such as road construction and maintenance, irrigation infrastructure, reforestation,

and soil conservation. In recent years, public works programs have been used in several countries (for example, Bangladesh, India, Ethiopia, Kenya, Zimbabwe, South Africa, Tanzania, and Ghana).

c) Social grants

Social grants are important instruments for social protection. Unlike conditional cash transfers, social grants are not tied to specific conditionality in order to receive the transfers. Social grants do not only provide households with income transfers, they also support second-order effects that further accelerate the reduction of poverty. In particular, households that receive social grants are more likely to send young children to school, provide better nutrition for children, and look for work more intensively and successfully than do workers in comparable households that do not receive social grants. Literature shows that social grants programs can be effectively targeted and that they are one of the most pro-poor government expenditure.

d) Micro-credit and insurance programs

Micro-credit and insurance programs can be seen as important elements of strengthening social safety nets of the poor. Both formal as well as informal credit, saving and insurance programs can encourage poor households to save part of their earnings and/or invest in productive assets and insure against idiosyncratic as well as covariate negative shocks. The most prominent example of micro-credit programs is the Grameen Bank. The main forms of micro insurances are health insurances, which have been established also in Sub-Saharan African countries such as South Africa and Ghana.

e) Food related programs

Many safety net programs in South Asia use food as a mechanism to transfer resources to the poor and vulnerable sections of society. However, several challenges confront food-based programs. The extent to which food-based programs target households in real need of food remains questionable. Furthermore, the impact of food-based programs on food prices in the local areas is also a matter of concern.

This assessment of existing social protection schemes will be accompanied by case studies of particular programs such as the social pensions and child grants in South Africa.

BOXES (case studies):

1. Case Study, Social grants in South Africa.

South Africa has one of the highest levels of measured income inequality in the world. In order to fight poverty and inequality South Africa has implemented a successful system of social grants. In particular, South Africa's social security system is a system of targeted social grants. The social security system of South Africa consists of five main grants: the State Old Age Pension, the Disability Grant, the Child Support Grant, the Foster Child Grant and the Care Dependency Grant.

The effectiveness of South Africa's social security system, in terms of targeting and benefiting poor households, is widely recognized. For example, in 2003, 6.8 million people, out of a total population of 45 million, received some form of social grant. In 2003, the costs of the social grant system in South Africa represented 10.2% of total government spending, which was 3.1% of the GDP.

Results from the South African Labour Force Survey show that the social security system performs well in terms of targeting the poor. For example, households eligible for State Old Age Pension reported significantly better weight-for-height indicators for girls. In addition, households that receive public pensions both have higher expenditure shares on food and education, and lower expenditure shares on alcohol, tobacco and entertainment than other households.

South Africa's experience with social security has provided important lessons for countries concerned with eradicating poverty and reducing inequality. For example, one important pre-condition for financing the social grant systems was the high degree of initial inequality, which creates a situation whereby those individuals in the upper end of the income distribution can afford the taxes required to pay for social grants.

2. Case studies on Ethiopia, Ghana, Mozambique, Republic of Congo, Rwanda.[13]

[13] *Refer to the list of commissioned papers.*

4.2 Possible lessons from existing African Programs

Following the experiences of existing social protection schemes and the results of the case studies, this chapter also addresses the question of the lessons that can be learned from the revived programs for social protection in terms of:

a) Design
b) Targeting
c) Delivery
d) Financial Sustainability
e) Political commitment

In addition, it will also evaluate the discrepancies between intended and actual outcome.

The success of each social protection programs depends very much on their design features. For example, the level of the wage rate in public works programs is a critical design feature. One problem that arises is that self-selection can be encouraged if the wage paid by the public works program is below the market wage for unskilled labor.

Many existing social safety nets suffer from the shortcoming that they often fail to reach the intended target group. For example, many food subsidy programs are inefficiently managed and fail in reaching the very poor, especially those living in rural areas. A typical problem is that the better-off urban poor benefit disproportionably more from food subsidies than the worse-off rural poor, because the rural population is harder to reach. One solution to reach the very poor in rural areas is the introduction of conditional cash programs. However, many Sub-Saharan African countries lack the required infrastructural pre-conditions for a successful implementation of Social Protection programs.

This means for example that conditional cash transfer programs need to be accompanied by broader development packages including the development of infrastructure in order to allow the poor to get access to markets, safe water, and electricity. In addition, especially in rural areas, social protection programs need to be accompanied by integrated rural development programs such as the provision of credit and some temporary employment schemes.

Table 4.1 – Issues on social protection programs – some examples (in progress)

	Design	Targeting	Delivery	Financial Sustainability	Political Commitment	Intended Outcome	Actual Outcome
South African Social Pensions	Public sector program	Men 65+, women 60+, Basic means test to exclude the richest	Centralized delivery mechanisms (direct transfers, cash payouts)	At around 2% of GDP and about 7% of Govt. expenditures costly, but affordable	Very high	Social security of elderly, poverty alleviation	Contributed to poverty and inequality reduction, improved investment in education and health of children, some disincentive effects for adults living with pensioners
National Rural Employment Guarantee Act (NREG) - India	Act of Government, rights-based States specific implementation (as CSS) State Employment Guarantee Council District/block level officers	All rural households (ie universal) Self-targeting, through wage rate (minimum wage)	- Local Gram Panchayat - other agencies, PSUs, NGOs - Job card holders - Special provisions women - Social audits by Gram Sabha	Entirely tax financed (centre-state division of cost, no predetermined allocation)	- Builds on Maharasthrata scheme which had urban elite support - National scheme followed strong advocacy, initiated as part of social commitment Congress government ('inclusive growth')	Hundred days of wage employment	Results differ per locality Also: creation rural infrastructure

4.3 Can successful experiences from other contexts be replicated in SSA?

In this section we address the fiscal and financial feasibility of social protection programs in Sub-Saharan Africa. The main question is whether countries in Sub-Saharan Africa have the capacities to adopt successful social protection programs from other regions (and also between Sub-Saharan African countries). For example, this section should deal with the question of whether conditional cash transfer programs like PROGRESA are applicable in Sub-Saharan Africa; whether social grant systems such as implemented in South Africa can also be introduced in other Sub-Saharan African countries; or whether public work programs which are feasible in India, can serve also as appropriate mechanisms to cope with short term unemployment in Sub-Saharan Africa subject to the trade off described at the end of chapter 3.

4.3.1 Lack of capacities

The main constraint in implementing public works programs in much of Africa is a lack of capacity in terms of a) Funding; b) Infrastructure; c) Institutions; d) Local administration; e) Community participation; f) Sound technical assistance; g) Understanding and acknowledgment of social structures and communities.

While the cost of such programs can be manageable for most of the middle income countries, low income countries would probably need financial assistance both to finance the programs but also to provide the pre-conditions of successful implementations. This means that Social protection programs in many Sub-Saharan African countries would also need complementary improvements of the infrastructure such as the increase of the number and quality of clinics and schools as well as the building of better roads to rural areas. In addition, the administrative infrastructure in rural areas in Sub-Saharan Africa will be one of the most challenging issues. For example, disbursing transfers to beneficiaries electronically might be problematic.

4.4 For which countries are the Social protection programs affordable?

It is not surprising that some of the most effective income transfer programs are in countries like Brazil, Namibia and South Africa. These countries show a sizable situation of initial inequality, which means that there is scope for redistribution of resources from the richer to the poorer population subgroups. Overall very poor countries showing also little potential for redistribution are thus lacking the capacity for sustainable financing opportunities of social protection programs.

This section will provide an assessment of potential public capacities to finance social protection programs such as the social grant system in South African or the PROGRESA program in Mexico. Based on available data mainly from the ILO and the IMF, this section will provide an analysis of the sizes and allocation of budgets of various countries in Sub-Saharan Africa which are compared to countries where Social protection programs have been successfully implemented.

For example, the budget for the PROGRESA program in 2005 was about $2.8 billion, which represented less than 0.4 % of the Mexican gross national income. It has been estimated that about one fifth of the Mexican population has benefited from the program. In 2003, the social grant system in South Africa represented 10.2% of total government spending, which was 3.1% of the GDP by reaching roughly 15% percent of the population. One of the critical questions to be analyzed in this context would be whether other Sub-Saharan Africa countries can afford such a percentage share of the GDP (or the budget of the general government) to reach a similar share of the population, especially in the face of often higher poverty rates in many Sub-Saharan Africa (than in South Africa) while facing a lower tax base and public budget to be allocated.

For instances, estimated from the ILO shows that public expenditure on social protection and heath care as percentage of GDP varies considerably between Sub-Saharan Africa and other developing regions. While countries in Latin America show public expenditure on social protection and heath care as shares of the GDP of around 10%, countries in Sub-Saharan Africa show, on average, only a share of around 4 to 5 %. Thus, a detailed analysis of the size, and the structure of the public expenditures and budget would reveal important insights into the state capacity for redistribution and for the analysis of the affordability of social protection programs in Sub-Saharan African countries.

TYPES OF SOCIAL SECURITY PROGRAMS IN SUB-SAHARAN AFRICA

		Sickness and maternity				
	Old age, disability, and survivors	Cash benefits for both	Cash benefits plus medical care	Work injury	Unemployment	Family allowances
Benin	●	b	c	●	d	●
Botswana	e	d	d	●	d	c
Burkina Faso	●	b	●	●	d	●
Burundi	●	d	d	●	d	●
Cameroon	●	b	●	●	d	●
Cape Verde	●	●	●	●	d	●
Central African Republic	●	b	●	●	d	●
Chad	●	b	c	●	d	●
Congo (Brazaville)	●	b	●	●	d	●
Congo (Kinshasa)	●	d	c	●	d	●
Côte d'Ivoire	●	b	●	●	d	●
Equatorial Guinea	●	●	●	●	d	●
Ethiopia	●	d	d	●	d	d
Gabon	●	b	●	●	d	●
Gambia	●	d	d	●	d	d
Ghana	●	d	c	●	d	d
Guinea	●	● (f)	●	●	d	●
Kenya	●	d	g	●	d	d
Liberia	●	d	d	●	d	d
Madagascar	●	b	●	●	d	●
Malawi	d	d	g	●	d	d
Mali	●	b	●	●	d	●
Mauritania	●	b	●	●	d	●
Mauritius	●	d	g	●	●	●
Niger	●	b	●	●	d	●
Nigeria	●	d	g	●	c	d
Rwanda	●	d	d	●	d	d
Sao Tome and Principe	●	●	c	●	d	d
Senegal	h	b	●	●	d	●
Seychelles	●	●	c	●	c	d
Sierra Leone	●	d	d	●	d	d
South Africa	● (i)	●	c	●	●	●

Sudan	•	d	d	•	d	d
Swaziland	•	d	d	•	d	d
Tanzania	•	b	•	•	d	d
Togo	•	b	c	•	d	•
Uganda	•	d	d	•	d	d
Zambia	•	d	g	•	d	d
Zimbabwe	•	d	g	•	d	d

Source : ISSA (INTERNATIONAL SOCIAL SECURITY ASSOCIATION).*Social Security programs throughout the World :Africa,2009*, p.17-18.

a. Coverage provided for medical care, hospitalization, or both

b. Maternity benefits only

c. Coverage is provided under other programs or through social assistance

d. Has no program or information is not available .

e. Old-age and orphan's benefits only

f. Maternity benefits are financed under family allowances

g. Medical benefits only

h. Old-age and survivor benefits only

i. Old-age and disability benefits only, survivor benefits provided under Unemployment

Part 3 – Policy Implications and conclusions

Chapter 5 – Policies and Conclusions

5.1 A role for national governments in developing social protection programs

5.2 Role of international donors

5.3 EU possible comparative advantage

Message: Building an EU perspective, setting a stable framework while avoiding fragmented actions, implementing simple but efficient mechanisms

The aim of the European Report of Development is to provide guidelines to the design and implementation of EU development policies, accounting for EU peculiarity. The EU has a wide array of policies in the hand of different DGs in the European Commission, as well as often uncoordinated policies in 27 individual actors: a richness that can backfire, and which thus needs to be properly addressed and harnessed.

It is important to single out those aspects related to social protection - among the one listed in section 3- on which the EU can have an impact, considering both its comparative advantages and the possible spillover on social protection (and unintended effects) arising from different EU policies (e.g. trade policy lowers mobilization of domestic resources, agricultural policy can affect the most vulnerable countries and groups).

A potential advantage of the EU is related to its historical experience in the establishment of permanent social protection systems (individual country experiences, regional integration). The EU cannot export its own model of social protection. However, saying 'model' can serve both as an inspiration (in a way to introduce a minimum of social redistribution in unequal societies), and as a warning (as the sustainability of some EU policies is now being challenged by demographic trends and budgetary constraints). Drawing from its own experiences and expertise the EU can thus respond to the demand of technical and political assistance to design long term, sustainable, projects aimed at financing social protection

In addition, being the largest international donor, the EU has a key role in ensuring that external funding in the form of budget support is provided in a way that allows developing countries to plan their expenditures reasonably in advance and have enough funds to finance social protection. It is important to assess how external support can complement domestic social protection policies (avoiding a possible crowding out). A lesson learned from experience in Latin America is that setting a stable framework can even be more important than getting more funds. ERD should assess whether this is also true for Africa

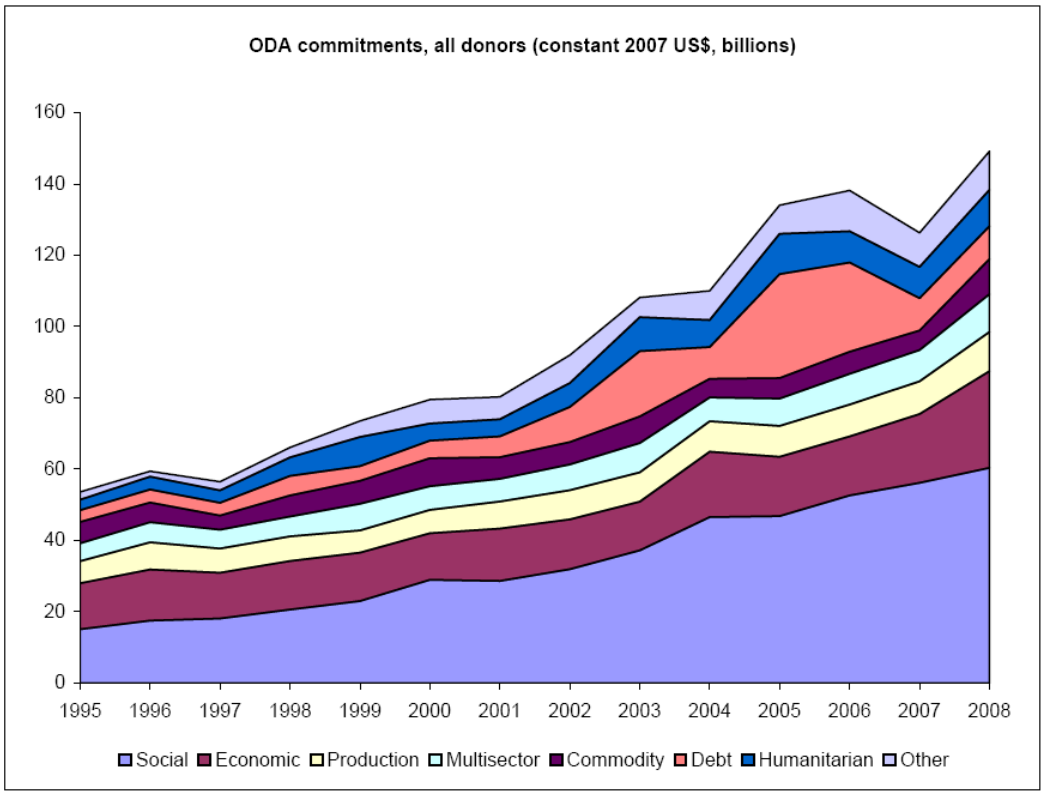
The EU is committed to the international aid effectiveness agenda, as enshrined in the Paris Declaration and the Accra Agenda for Action. Moreover, it has taken its own further steps with the adoption of the EU Code of Conduct on complementarity and division of labour, and with the implementation of the EU Fast Track Initiative (which currently takes place in 18 SSA countries). Within this framework, the EU and its member states are arguably well placed to provide joint budget support in a predictable and efficient fashion. They have a responsibility to implement their commitments in order to minimize the burden of aid management for partner countries and to maximize the impact of aid resources.

The concluding section will also have an extensive critical review of EU development policies on social protection.

Appendix: Trends in international Aid in the social sector

Aid by donor

Aid flows are expected to grow in 2010. Yet, commitments from donors fall short of the promises they made in 2005 at Gleneagles and Millennium +5 summits. How have donors fared in the past? And, most relevant to social protection, what have been their sectoral priorities?

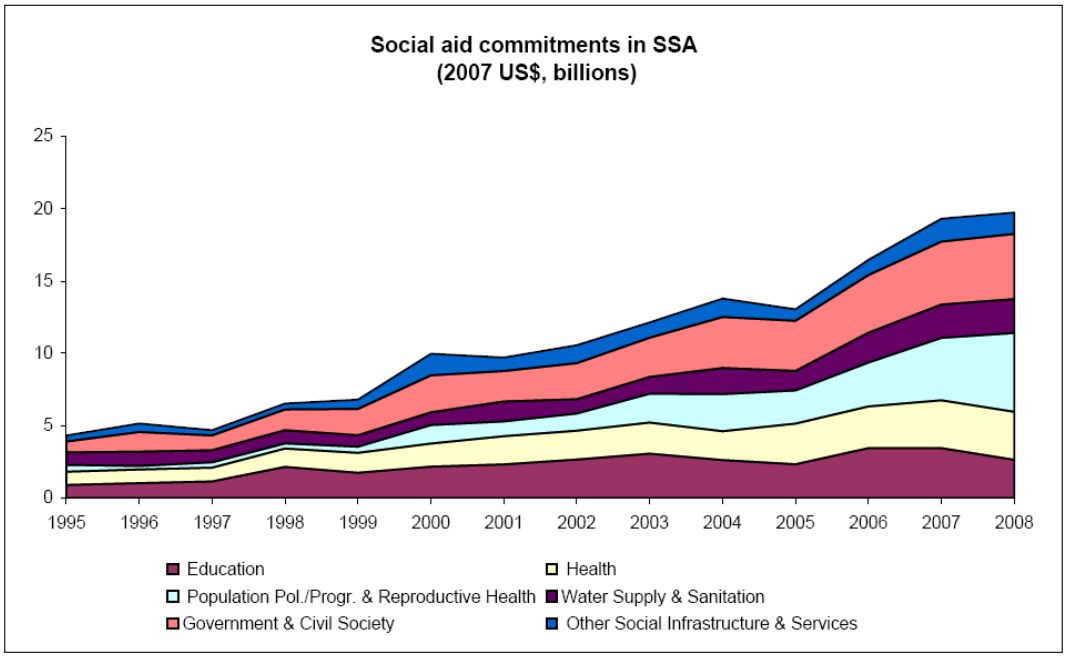


In 1995, the earliest year with enough data coverage, total ODA commitments were approximately $53 billion (in constant US dollars). At 28 percent, social infrastructure and services (education and health) was the largest sector, followed by economic infrastructure and services at 24 percent (transport, energy, and banking), and the production sector (agriculture, industry, and tourism) at 12 percent. In 2008, the order of the sectors remained the same, but their relative importance changed. The social sector made up 40 percent of total sectoral aid, while the economic sector was 18 percent, and production at 7 percent.

Aid in Sub-Saharan Africa

Social Infrastructure and Services has remained in Sub-Saharan Africa, both in size and relative importance, the largest sector. In 2008, it made up 42 percent of total commitments in the region. This trend is mirrored across the globe, and is especially true in Latin America and the Caribbean where the sector made up 55 percent of total commitments. Even in East Asia and the Pacific, where economic infrastructure and services played a more important role in the past, commitments to education and health are of paramount importance in aid commitments.

Social aid in Sub-Saharan Africa



The priorities of aid flows within the social sector have changed on the continent over time. In 1995, Government and Civil Society was the largest sub-sector, making up a quarter of ODA commitments. By 2008, Population and Reproductive Health was largest. These results are not homogenous across the regions. In 1995, Government and Civil Society was and still remains the highest social sectoral priority in Latin America and the Caribbean, albeit making up a smaller piece of overall social commitments by 2008. In East Asia and the Pacific, Education makes up a quarter of social ODA.

Appendix: The state of the Art of Social Protection in SSA

SOCIAL SECURITY PROGRAMS IN SUB-SAHARAN AFRICA					
	Old age, disability, and survivors	**Sickness and maternity**	**Work injury**	**Unemployment**	**Family allowances**
Benin	First law: 1970; Current law: 2003 (social security), amended 2007. Type of program: social insurance system Coverage: Employed persons; managers of companies (under certain conditions).Voluntary coverage for persons previously insured for at least 6 consecutive months. Exclusions: Self-employed persons, agricultural workers, cooperative members, informal sector workers, apprentices, interns, and students at technical schools. Special system for civil servants. Source of funds : employee (3.6% of gross earnings), employer (6.4% of gross payroll).	First law: 1952; Current law: 1998 (labor code) and 2003 (social security). Type of program: social insurance system. Maternity benefits only. No statutory benefits for sickness. Coverage: employed women; managers of companies under certain conditions. Exclusions: Self-employed persons, agricultural workers, cooperative members, informal sector workers, apprentices, interns, and students at technical schools. Special system for civil servants. Source of funds: employer (02.% of gross payroll).	First law: 1959.Current law: 2003 (social security), with 2007 amendment. Type of program: Social insurance system. Coverage: employed persons, managers of companies (under certain conditions), apprentices, interns, students at technical schools, cooperative members, nonsalaried managers of cooperatives and their assistants, local authority employees, and some civil servants on secondment. Exclusions: Self-employed persons, agricultural workers, and informal sector workers. Source of funds: employe (1% to 4%of gross payroll, according to the assessed risk).	No program or no information available	First law: 1955 ; Current law: 2003 (social security), with 2007 amendment. Type of program: employment-related system. Coverage: employed persons, managers of companies (under certain conditions), local authority employees, and some civil servants on secondment. Exclusions: Self-employed persons, agricultural workers, cooperative members, informal sector workers, apprentices, interns, and students at technical schools. Special system for civil servants. Source of Funds: employer (8.8% of gross payroll).
Botswana	First and current law: 1996 (universal pension and orphan care). Type of program: Universal old-age pension and orphan care benefit system. Coverage Old-age pension: All citizens of Botswana aged 65 or older. Special system for public-sector employees. Orphan care benefit: All orphaned citizens of Botswana younger than age 18. Source of Funds: the government covers the total cost	No statutory benefits are provided. The amended 1982 Employment Act provides for up to 14 days of paid sick leave a year. The amended 1984 Employment Order requires employers in designated areas to pay maternity benefits to female employees. The maternity benefit is equal to at least 25% of wages or 0.5 pula for each day of absence, whichever is greater, and is paid for 6 weeks before and 6 weeks after the expected date of childbirth; may be extended for an additional 2 weeks in the event of complications arising from pregnancy or childbirth. The 1982 Employment Act requires employers in designated areas to provide certain medical services to employees and their dependents, including transportation to the nearest hospital.	First law: 1936; Current law: 1977 and 1998. Type of program: employer-liability system. Coverage: employed persons, including government and local authority employees and armed forces personnel. Exclusions: Casual workers, family labor, and self-employed persons. Source of funds: employer, (the total cost is met through the direct provision of benefits or the payment of insurance premiums).	No statutatory benefits are provided. Under the amended 1984 Employment Order, employees with 60 months of continuous employment are entitled to a severance benefit from their employer.	Botswana provides monthly cash benefits (61 pula) and monthly food rations (equal to 172 pula) to all destitute residents, including those unable to support themselves because of old age, disability, or a chronic health condition; needy children younger than age 18 with a terminally ill parent; or orphans or abandoned children younger than age 18 not covered by the orphan care program.

Burkina Faso	First law: 1960; Current law: 2006 (social security). Type of program: social insurance system. Coverage: employed persons, self-employed persons, apprentices. Voluntary coverage for persons previously insured for at least 6 consecutive months is possible.Exclusions: temporary workers.Special system for civil servants. Source of funds: insured person (5.5% of covered earnings, 11% odf declared eanings for voluntary contributions and self-employed), employer (5.5% of covered payroll).	First law: 1952; Current law: 1981 (maternity benefit) and 2006 (social security). Type of program: Social insurance system. Maternity benefits only. Coverage: Employed women.Exclusions: Self-employed women.Special system for civil servants. Voluntary private health insurance programs are available .Source of funds: employer (under family allowance).	First law: 1959; Current law: 2006 (social security). Type of program: Social insurance system. Coverage: employed persons, including temporary workers, membersof cooperatives, students in training centers, and apprentices.Exclusions: Civil servants and self-employed persons. Source of funds: employer (7% of covered payroll).	No program or no information available	First law: 1955; Current law: 2006 (social security). Type of program: employment-related system. Coverage: employed persons and social insurance beneficiaries.Exclusions: Self-employed persons.Special system for civil servants.. Source of funds: employer (7% of covered payroll)
Burundi	First law: 1956 ; Current law: 2002 (pensions). Type of program: social insurance system. Coverage: salaried workers covered by the labor code, military personnel, and contract workers from the civil service and public utility commission. Exclusion: self-employed. Voluntary coverage possible for the previously insured Source of funds: insured person (2.6% of monthly earnings, 3.8% if in arduous work, 6.5% if voluntary), employer (3.9% of monthly payroll, 5.7% on behalf of employees in arduous work).	The 1993 Labor Code provides for sick and maternity leave. The labor code (1993) requires employers to pay 66.7% of wages for sick leave for up to 3 months each calendar year and to provide medical care for workers and their dependents. It also requires employers to pay 50% of wages for maternity leave of up to 12 weeks (14 weeks in the event of complications arising from pregnancy or childbirth), including at least 6 weeks after childbirth, if the woman has at least 6 months of service during the year before the expected date of childbirth. The 1984 provision established a medical assistance program to provide medical, surgical, maternity, hospitalization, dental, and pharmaceutical services to the low-income population. The 1980 law (health insurance) provides for medical benefits for civil servants and members of the armed forces.	First law: 1949, Current law: 2002 (pensions). Type of program: social insurance system. Coverage: salaried workers covered by the labor code, including agricultural workers, apprentices, trainees, and military and police personnel. Exclusion: self-employed. Source of funds: employer (3% of covered monthly payroll).	No program or no information available	First law: 1971; Current law: 1977 (family benefits). Type of program: employment-related system. Coverage: salaried workers covered by the labor code and apprentices .Exclusion: self-employed. Special system for civil servants. Source of funds: employer.

Cameroon	First and current law: 1969 (pensions), implemented in 1974, with 1984 and 1990 amendments.Type of program: Social insurance system.Coverage: eployed persons. Exclusions: Self-employed persons. Voluntary insurance for previously covered workers (not yetimplemented). Special system for civil servants.Source of Funds : Insured person: (2.8% of covered earnings) ; Employer: 4.2% of covered payroll.	First law: 1956; Current law: 1967, with 1995 amendment.Type of program: Social insurance system. Maternity benefits only.Coverage: Employed women. Exclusions: Self-employed women.Source of Funds: employer (See source of funds under Family Allowances) Cash sickness benefits: No statutory benefits are provided.The labor code requires employers to provide some paid sick leave.Cash maternity benefits: The insured must have at least 6 consecutive months of employment and be in insured employment on the date of childbirth.	First law: 1960; Current laws: 1978 (compulsory insurance) and 1991 (private administration).Type of program: Social insurance system.Coverage: employed persons; tenant farmers and sharecroppers; members of cooperative enterprises; apprentices and trainees; certain categories of volunteer workers; and certain categories of self-employed persons, including family members employed by them. Exclusions: Company managers, owners, and shareholders. Special system for civil servants.Source of Funds: self-employed person (6% of covered monthly earnings): employer (2% of covered monthly payroll for salaried employees or 6% of covered monthly payroll for all other workers) .	No program or no information available	First law: 1956; Current law: 2006 (social security).Type of program: Employment-related system.Coverage: Employed persons and social insurance beneficiaries. Exclusions: Self-employed persons.Source of Funds: Employer (12% of covered payroll)
Cape Verde	First law: 1957; Current laws: 2003 (self-employed persons), with amendments; 2004 (employed persons), with amendments; and 2007 (labor code).Type of program: Social insurance system.Coverage Employed persons in the private and public sectors (including civil servants first employed after December 31, 2005); and certain business owners, employees of cooperatives, and self-employed persons. Special systems for civil servants (first employed before January 1, 2006), central bank employees, and municipal agents (first employed before January 1, 2008); and certain business owners, employees of cooperatives, and self-employed persons.Source of Funds: Insured person (3% of gross monthly earnings); Self-employed person (10% of gross monthly earnings); Employer (7% of gross monthly payroll).	First law: 1976; Current laws: 2003 (self-employed persons), with amendments; 2004 (employed persons), with amendments; and 2007 (labor code).Type of program: Social insurance system.Coverage: employed persons in the private and public sectors. Voluntary coverage for cash benefits for business owners, employees of cooperatives, and self-employed persons. Business owners, employees of cooperatives, self-employed persons, pensioners, and recipients of social insurance benefits are covered for medical benefits. Special systems provide cash benefits for civil servants and certain business owners, employees of cooperatives, and self-employed persons.Source of Funds: Insured person (4% of gross monthly earnings) ; Voluntary contributors (8% of gross monthly earnings for cash benefits); Employer (4% of gross monthly payroll).	First law: 1960; Current laws: 1978 (compulsory insurance) and 1991 (privateadministration).Type of program: Social insurance system.Coverage: Employed persons; tenant farmers and sharecroppers; members of cooperative enterprises; apprentices and trainees; certain categories of volunteer workers; and certain categories of self-employed persons, including family members employed by them. Exclusions: Company managers, owners, and shareholders. Special system for civil servants.Source of Funds: self-employed person (6% of covered monthly earnings); employer (2% of covered monthly payroll for salaried employees or 6% of covered monthly payroll for all other workers).	No program or no information available	First law: 1956; Current law: 2006 (social security).Type of program: Employment-related system.Coverage: Employed persons and social insurance beneficiaries. Exclusions: Self-employed persons.Source of Funds: Employer (12% of covered payroll).

Central African Republic	First law: 1963; Current law: 2006 (social security). Type of program: Social insurance system. Coverage: Employed persons, including employees of the national public service and local authorities, students in professional schools, trainees, and apprentices. Voluntary coverage for self-employed persons. Exclusions: Agricultural, temporary, and occasional workers.	First law: 1952; Current law: 2006 (social security). Type of program: Social insurance system. Maternity benefits only Coverage: Employed women. Exclusions: Self-employed women. Source of Funds: Employer (See source of funds under Family Allowances).	First laws: 1935 and 1959; Current law: 2006 (social security). Type of program: Social insurance system. Coverage: Employed persons and members of producers' cooperatives. Exclusions: Agricultural, temporary, and occasional workers and self-employed persons. Source of Funds: employer (3% of covered payroll).	No program or no information available	First law: 1956; Current law: 2006 (social security). Type of program: Employment-related system. Coverage : Employed persons and social insurance beneficiaries. Exclusions: Self-employed persons.Insured person: None. Source of funds: Employer (12% of covered payroll.The employer's contributions also finance maternity benefits).
Chad	First and current laws: 1977 (pensions) and 1978 (old age, disability, and survivors).Type of program: Social insurance system.Coverage: Salaried workers regulated by the labor code. Exclusions: Self-employed persons. Special system for civil servants.Source of Funds: Insured person (2% of gross earnings); Employer (4% of gross payroll).	First law: 1952; Current law: 1966.Type of program: Social insurance system. Maternity benefits only.Coverage Employed women. Exclusions: Self-employed women. No statutory benefits are provided. The labor code requires employers to provide paid sick leave.	First law: 1935; Current law: 1966, implemented in 1970.Type of program: Social insurance system.Coverage Employed persons. Exclusions: Self-employed persons. Special system for civil servants.Source of Funds: Employer (2.5% of gross payroll).	No program or no information available	First law: 1956: Current law: 1966.Type of program: Employment-related system.Coverage: Employed persons. Exclusions: Self-employed persons. Special system for civil servants.Source of Funds: Employer (6% of covered payroll); Government (A subsidy from earmarked taxes. Government contributions also finance maternity benefits).
Congo (Brazaville)	First law: 1962; Current law: 1986 (social security). Type of program: social insurance system. Coverage: employed persons, excluding the self-employed. Source of funds: insured person (4% of covered earnings) and employer (8% of covered payroll)	First law: 1956; Current law: 1986 (social security). Type of program: social insurance system. Maternity benefits only. Coverage: employed women, excluding the self-employed. Source of funds: employer (under Family allowances).	First law 1959. Current law 1986 (social security). Coverage: employed persons, members of workers' cooperatives, apprentices and students of technical colleges. Excludes the self-employed. Source of funds: employer (2.25% of payroll) .	No program or no information available	First law: 1956; Current law: 1986 (social security). Type of program: employment-related system. Coverage: employed persons. Exclusion: self-employed. Source of funds: employer (10.03% of payroll).
Congo (Kinshasa)	First law: 1956; Current law: 1961 (social security). Type of program: social insurance system. Coverage: employed persons, including household and casual workers, sailors, and public-sector employees not covered by a social security program. Voluntary coverage for no employed persons who were previously insured for at least 5 years and who request to be covered in the 6-month period after insured employment ceases. Exclusions: Self-employed persons. Special system for civil servants. Source of funds: insured person (3.5% of gross earnings); employer (3.5% of gross payroll).	No statutory benefits are provided. The labor code requires employers to pay for maternity and sick leave. Medical care is available for the old and the disabled in government facilities.	First law: 1949; Current law: 1961 (social security). Type of program: social insurance system. Coverage: employed persons, including household and casual workers, sailors, apprentices, students in vocational and craft schools, and public-sector employees not covered by a social security program. Exclusions: Self-employed persons. Source of funds: employer (1.5% of gross payroll).	No program or no information available	First law: 1951; Current law: 1961 (social security). Type of program: employment-related system. Coverage: employed persons and social insurance beneficiaries in the Katanga province, excluding the self-employed. Source of funds: employer (4% of gross payroll).

Côte d'Ivoire	First law: 1960; Current law: 1999. Type of program: social insurance system. Coverage: employed persons in the private sector, excluding the self-employed. Special system for civil servants. Source of funds: insured person (3.2% of covered earnings); employer (4.8% of covered payroll).	First law: 1955; Current law: 1999. Type of program: social insurance system. Cash maternity and maternity benefits only. Coverage: Employed women, including temporary, fixed-term, and daily public-sector workers.Voluntary coverage is possible.Special system for civil servants.. Source of funds: employer (0.75% of covered payroll).	First law 1957. Current law 1999. Type of program: social insurance system. Coverage: Employed persons, seamen, members of cooperatives, nonsalaried managers of cooperatives and their assistants, chairmen and managing directors of certain companies, apprentices, technical college students, and prisoners workingin prison workshops.Voluntary coverage for self-employed persons for all work injury benefits except for the temporary disability benefit. Source of funds: employer (2% to 5% of covered payroll).	No program or no information available	First law: 1955; Current law: 1999. Type of program: employment-related system. Coverage: employed persons in the private sector with one or more children.Exclusions: Self-employed persons.Special system for civil servants. Exclusion: self-employed. Source of funds: employer (5% of covered payroll).
Equatorial Guinea	First law: 1947 ; Current law: 1984, implemented in 1990. Type of program: Social insurance system. Coverage: employed persons, including civil servants and military personnel. Exclusions: Self-employed persons. Source of Funds: insured person (4.5% of gross earnings. The insured person's contributions also finance sickness and maternity benefits, work injury benefits, and family allowances). Employer (21.5% of gross payroll. The employer's contributions also finance sickness and maternity benefits, work injury benefits, and family allowances) ; government (at least 25% of annual social security receipts. Government contributions also finance sickness and maternity benefits, work injury benefits, and family allowances).	First law: 1947; Current law: 1984, implemented in 1990. Type of program: Social insurance system. Coverage: employed persons, including civil servants and military personnel; the insured's family members; pensioners; and persons with disabilities. Exclusions: Self-employed persons. Source of Funds: see source of funds under Old Age, Disability and Survivors.	First law: 1947; Current law: 1984, implemented in 1990. Type of program: Social insurance system. Coverage: employed persons, including civil servants and military personnel. Exclusions: Self-employed persons. Source of Funds: see source of funds under Old Age, Disability ans Survivors.	No program or no information available	First law: 1950 ; Current law: 1984, implemented in 1990. Type of program: Social insurance system. Coverage: employed persons, including civil servants and military personnel. Exclusions: Self-employed persons. Source of Funds: see source of funds under Old Age, Disability, and Survivors.
Ethiopia	First law and current law: 1963 with amendments (public employees). Type of program: social insurance system. Public-sector employees only, including military and police personnel and employees of government-owned enterprises.Exclusions: Self-employed persons. Source of funds: insured person (4% of basic salary) ; employer (6% of payroll for civilians, 16% for military).	No statutory benefits provided. The public service amendment proclamation (2002) and the labor proclamation (2003) require employers to provide paid sick leave for up to 3 months. 100% of earnings is paid for the first month; 50% of earnings for the second and third months.The public service amendment proclamation (2002) and the labor proclamation (2003) require employers to provide paid maternity leave for up to 45 days after childbirth; thereafter, sick leave may be paid in the event of complicationsarising from childbirth.	First law and current law: 1963 (public employees), with 2003 amendment. Type of program: social insurance system. Coverage: Public-sector employees only, including military and police personnel and employees of government-owned enterprises.Exclusions: Self-employed persons.. Source of funds: see old age, disability, survivors.	No program or no information available	No program or no information available

Gabon	First laws: 1963, 1978, and 1983. Current laws: 1975 (social security), 1976 (coverage), and 1996 (state pension).Type of program: Social insurance system.Coverage: employed persons, household workers, and state contract workers not covered under a special system. Special systems for self-employed persons, civil servants, members of parliament, hospital personnel, military personnel, judges, justice and penitentiary workers, and certain categories of state contract workers.Source of Funds: insured person (2.5% of covered earnings; 2% for state contract workers);	First law: 1952 (labor code); Current laws: 1975 (social security), 1976 (coverage), 1995 (health), 2007 (health care), and 2007 (health insurance).Type of program: Social insurance and social assistance system. Maternity and medical benefits only.CoverageSocial insurance: Employed persons and their dependents.Special system for civil servants, military personnel, self-employed persons, and state contract workers.Social assistance: Economically vulnerable persons are citizens and residents of Gabon aged 16 or older who earn less than the monthly legal minimum wage.The monthly legal minimum wage is 80,000 CFA francs.Source of FundsSocial insurance : employer (2% of covered payroll for medicines, 1.5% for hospitalization, and 0.6% for medical examinations).Social assistance: government (t he total cost is financed through revenues from a tax on cell phone companies and commercial remittancestransactions; general revenues cover any deficit).	First law: 1935; Current laws: 1975 (social security) and 1996 (state pension).Type of program: Social insurance system.Coverage: employed persons, including members of cooperatives, apprentices, and students; and prisoners working in prison workshops. Special systems for civil servants, military personnel, self-employed persons, and state contract workers.Source of Funds: employer (3% of gross payroll).	No program or no information available	First law: 1956; current laws: 1975 (social security), 2000, and 2002.Type of program: Employment-related system.Coverage: employed persons and pensioners. Special systems for civil servants, military personnel, self-employed persons, and state contract workers.Source of Funds: employer (8% of covered payroll).The government subsidizes family allowances for low-income families.
Gambia	First law: 1981 (provident fund), implemented in 1982; Current law: 1987 (pension scheme).Type of program: Social insurance and provident fund system.Coverage. Pension scheme: Employed persons aged 18 to 60 in quasi-government institutions and participating private companies.Exclusions: Self-employed persons.Provident fund: Employed persons aged 18 to 60 in the private sector. Exclusions: Casual workers and self-employed persons.Special system for civil servants covered by the 1950 Pensions Act and armed forces personnel.Source of FundsProvident fund: insured person (5% of basic salary) and employer (10% of basic salary).Pension scheme: employer (15% of payroll).	No program or no information available	First law: 1940 (workmen's compensation); current law: 1990 (injuries compensation), implemented in 1996. Type of program: Employer-liability system.Coverage: employed persons in central government and public enterprises, local government authorities, and the private sector. Exclusions: Self-employed persons, armed forces personnel,casual and household workers, and family members living in the employer's home.Source of Funds: employer (1% of covered payroll).	No program or no information available	No program or no information available

Ghana	First law: 1965; Current law: 1991 (social security). Type of program: social insurance system. (A new scheme was adopted in 2008 and has yet to be implemented). Coverage: employed persons. Voluntary coverage for self-employed persons and no employed previously insured persons. Special system for armed forces personnel. Source of funds: insured persons (5% of earnings, 17.% of declared income for the self-employed), employer (12.5% of payroll).	First and current law: 2003 (health insurance). Type of program: social insurance system. Medical benefits only. Coverage: all citizens of Ghana. Source of funds: see old age, disability, survival. The government covers the cost of the aged, the needy and children up to 18, provided that both parents have paid the annual contribution.	First law 1940. Current law 1987 (workmen's compensation), with 1988 and 1994 amendments. Type of program: employer liability system. Coverage: employed persons. Exclusions: Armed forces personnel, self-employed persons, casual workers, employers' family members, and agricultural employees working in enterprises with less than five workers. Source of funds: the total cost of met through the direct provision of benefits or the payment of insurance premiums.	No program or no information available	No program or no information available
Guinea	First law: 1958; Current law: 1994 (social security). Type of program: social insurance system. Coverage: employed persons including agricultural and householdworkers, apprentices, interns, and students at technicalschools.Voluntary coverage for persons previously insured for atleast 6 consecutive months. Exclusion: self-employed persons. Special systems for civil servants and armed forces personnel Source of funds: insured person (2.5% of covered earnings) and employer (4% of covered payroll).	First law: 1960; Current law: 1994 (social security). Type of program: Social insurance system, maternity benefits only. Coverage: employed persons, including agricultural and household workers.Voluntary coverage for persons previously insured for at least 6 consecutive months. Exclusion: self-employed. Source of funds: insured person (2.5% of coverd earnings for sickness benefits only), employer (4% of covered payroll for sickness benefits only). Maternity benefits are financed under Family allowances.	First law: 1932; Current law:1994 (social security). Type of program: Social insurance system. Coverage: employed persons, including agricultural and householdworkers, apprentices, interns, and students at technicalschool and excluding self-employed persons. Special system for civil servants. Source of funds: employer (4% of covered payroll).	No program or no information available	First law: 1956; Current law: 1994 (social security). Type of program: employment-related system. Coverage: employed persons, including agricultural and household workers.and excluding the self-employed. Special system for civil servants and armed personnel. Source of funds: employer (6% of covered payroll)
Kenya	First law and current law: 1965 (social security fund). Type of program: provident fund system. Employed persons, traders, self-employed persons, and some workers in the informal sector, including farmers. Voluntary coverage is possible. Exclusions: Some types of casual workers. Special pension system for public-sector employees.. Exclusion: some types of casual workers. Source of funds: insured person (5% of monthly earnings); employer (5% of monthly payroll).	First law: 1966 (hospital insurance); Current law: 1988. Type of program: Social insurance system. Medical benefits only. Coverage: employed persons earning at least 1,000 shillings a month, including public-sector employees and self-employed persons; the dependents of insured persons. Voluntary coverage for persons earning less than 1,000 shillings a month. Source of funds: insured person (variable monthly contribution) .	First law: 1946; Current law: 1974 (worksmen compensation), 2007 (work injury and employment). Type of program: employer-liability Coverage: employed persons in the public and private sectors. Exclusions: Nonmanual employees earning more than 4,000 shillings a month, self-employed persons, casual workers, and family labor. Source of funds: employer (the total cost is met through the direct provision of benefits ot insurance premiums).	No program or no information available	No program or no information available

Liberia	First law: 1972 ; Current law: 1988. Type of program: social insurance and social assistance system. Coverage: public sector employees and employees of firms with five or more workers. Voluntary coverage is possible Source of funds for social insurance system: insured person (3% of earnings); employer (3% of payroll). The system of social assistance covers the needy elderly, the disabled and unemployed persons. The total cost is met by the government.	No program or no information available	First law 1943 (workmen compensation). Current law 1980 (mployment injury). Type of program: social insurance system. Coverage: employed and self-employed persons.Exclusions: Casual workers, family labor, and household workers. Source of funds: self-employed (average contribution is 1.75% of declared earnings) ; employers (average contribution is1.75% of payroll).	No program or no information available	No program or no information available
Madagascar	First and current law: 1969 (social insurance) and 1994 (social protection). Type of program: social insurance system. Coverage: Employed persons, including household and salaried agricultural workers, merchant seamen, members of the clergy, presidents and directors of private companies, managers of limited companies, and employed taxi drivers. Exclusions: Self-employed persons; farmers and casual agricultural workers working less than 3 months a year. Special system for civil servants.. Source of funds: insured persons (1% of covered earnings), employer (9.5% of covered payroll).	First law: 1952; Current laws : 1963 (family benefits) and 1994 (social protection). Type of program: social insurance system. Maternity benefits only. Coverage: employed women, including household and salaried agricultural workers. Exclusions: Self-employed women; casual agricultural workers working less than 3 months a year. Source of funds: employer (under family allowance)	First law 1925. Current laws 1963 (family benefits) and 1994 (social protection). Type of program: social insurance system. Coverage: employed persons, including household and salaried agricultural workers, merchant seamen, members of the clergy, presidents and directors of private companies, managers of limited companies, employed taxi drivers, students, apprentices, tobacco growers, members of cooperatives, and prisoners working in prison workshops. Exclusions: Self-employed persons. Special system for civil servants.. Source of funds: employer (1.25% of covered payroll)	No program or no information available	First law: 1952; Current laws: 1963 and 1994. Type of program: employment-related system. Coverage: employed persons, including household and salaried agricultural workers, merchant seamen, members of the clergy, presidents and directors of private companies, managers of limited companies, employed taxi drivers, students, and apprentices. The insured must reside in Madagascar or France. Unemployed workers are covered for a maximum of 6 months under certain conditions. Exclusions: Self-employed persons; farmers and casual agricultural workers working less than 3 months a year. Special system for civil servants.Source of funds: employer (2.25% of covered payroll).
Malawi	No statutory benefits are provided. Special system for public sector employees only.	No statutory cash benefits. Some medical services are provided free at government health centers and hospitals	First law 1946. Current law 1990 and 2000. Type of program: Employer liability system. Coverage: employed persons only. Exclusions: Casual workers, self-employed persons, family workers, and armed forces personnel.Source of funds: employer (the total cost is met through the direct provision of benefits or the payment of insurance premiums).	No program or no information available	No program or no information available

Mali	First law: 1961; Current laws: 1999 (social insurance), with 2003 and 2006 amendments; and 1999 (voluntary coverage), implemented in 2004.Type of program: Social insurance system.Coverage: employed persons. Voluntary coverage for self-employed persons. Special system for civil servants, magistrates, and armed forces personnel.Source of Funds: insured person (3.6% of gross earnings); self-employed person (voluntary contribution of 9% of wage class earnings, according to five wage classes); employer (5.4% of gross payroll).	First law: 1952; Current laws: 1999 (social insurance); and 1999 (voluntary coverage), implemented in 2004.Type of program: Social insurance system. Maternity and medical benefits only.Coverage: employed persons. Voluntary coverage for self-employed persons. Special system for civil servants, magistrates, and armed forces personnel.Source of Funds: self-employed person (voluntary contribution of 2% of wage class earnings, according to five wage classes), employer (2% of gross payroll.)	First law: 1932; Current laws: 1999 (social insurance); and 1999 (voluntary coverage), implemented in 2004.Type of program: Social insurance system.Coverage: employed persons, including temporary and seasonal workers, members of production cooperatives, non salaried managers of cooperatives and their assistants, apprentices, students at technical schools, managers of companies under certain conditions, and prisoners working in prison workshops. Voluntary coverage for self-employed persons. Special systems for civil servants and seamen.Source of Funds: self-employed person (voluntary contributions of between 1% and 4% of gross earnings, according to the assessed degree of risk); employers (1% to 4% of gross payroll, according to the assessed degree of risk).	No program or no information available	First law: 1955; current laws: 1999 (social insurance); and 1999 (voluntary coverage), implemented in 2004.Type of program: Employment-related system.Coverage: employees with one or more children. Voluntary coverage for self-employed persons. Special system for civil servants.Source of Funds: self-employed person (voluntary contribution of 8% of wage class earnings, according to five wage classes); employer (8% of gross payroll). Government: Provides subsidies to cover any deficits; contributes as an employer for public-sector employees who are not civil servants.
Mauritania	First law: 1965; Current law: 1967 (social security). Type of program: Social insurance system. Coverage: Wage earners, including temporary and occasional workers, seamen, household workers, trainees, apprentices, and technical college students. Voluntary coverage for persons previously insured for at least 6 consecutive months. Exclusions: Self-employed persons. Special systems for civil servants and armed forces personnel. Source of Funds: Insured person (1% of covered earnings); Employer (2% of covered monthly payroll)	First laws: 1952 (cash maternity benefits) and 1963 (medical benefits). Current laws: 1967 (cash maternity benefits) and 1976 (medical benefits). Type of program: Social insurance system. Cash maternity and medical benefits only. Coverage. Cash sickness benefits: No statutory benefits are provided. Cash maternity benefits: Employed women. Medical benefits: Employed persons covered under the labor code and their dependents. Source of Funds: Employer (2% of covered monthly payroll)	First law: 1932. Current law: 1967 (social security). Type of program: Social insurance system. Coverage: Wage earners, including temporary and occasional workers, seamen, household workers, trainees, apprentices, and technical college students. Exclusions: Self-employed persons. Special systems for civil servants and armed forces personnel. Source of Funds: Employer (3% of covered monthly payroll; 2.5% of gross monthly payroll if the employer provides medical care and temporary disability benefits). .	No program or no information available	First law: 1965. Current law: 1967 (social security). Type of program: Employment-related system. Coverage: Employed persons. Exclusions: Self-employed persons.Special systems for civil servants and armed forces personnel. Source of Funds: Employer (8% of covered monthly payroll).

Mauritius	First law: 1950; Current law: 1976 (national pensions), with amendments.Type of program: Universal and social insurance system.CoverageBasic pension (universal): All persons residing in Mauritius.Earnings-related pension (social insurance): All private-and public-sector employees older than age 18 and citizens of Mauritius; noncitizens with valid work permits who have resided in Mauritius for at least 2 years.Voluntary coverage under the earnings-related program for those not covered compulsorily, including self-employed and no employed persons.Special systems for public-sector employees and certain occupations with equivalent private programs.Source of FundsBasic pension (universal): the government covers the total cost.Earnings-related pension (social insurance): insured person (3% or 5% of earnings); self-employed person (voluntary monthly contributions of 80 rupees to 520 rupees); employer (6% of payroll; 8.5% of payroll on behalf of employees contributing at the higher rate; 10.5% of payroll for millers and large employers in the sugar industry); government (any deficit). .	No statutory benefits are provided.The 2008 Employment Rights Act requires employers to provide up to 15 days of paid sick leave to employees who have been in their continuous employment for at least 12 months.The 2008 Employment Rights Act requires employers to provide 12 weeks of paid maternity leave (at least 6 weeks after the expected date of childbirth) or 5 days of paid paternity leave to employees who have been in their continuous employment for at least 12 months.Medical services are available free to the population at government clinics and hospitals.	First law: 1931; Current law: 1976 (national pensions), with amendments.Type of program: Social insurance system.Coverage: all employees aged 15 or older in insured employment. Exclusions: Self-employed persons and persons working exclusively on weekends or public holidays. Special systems for public-sector employees and certain other occupations.Source of Funds : employer (see Old Age, Disability, and Survivors)	First law: 1931; Current law: 1976 (national pensions), with amendments.Type of program: Social insurance system.Coverage: all employees aged 15 or older in insured employment. Exclusions: Self-employed persons and persons working exclusively on weekends or public holidays. Special systems for public-sector employees and certain other occupations.Source of Funds: employer (see Old Age, Disability, and Survivors)	First and current laws: 1961 (family allowances) and 2003 (social aid).Type of program: Social assistance system.Coverage. Family allowances: Needy families with three or more children. Social aid benefits: Needy individuals and families. The government covers the total cost.
Niger	First and current law: 1967 (old age, disability and survivors), with 1989, 1998 a,d 2008 amendments. Type of program: employed persons, technical students, and apprentices.Voluntary coverage for persons previously insured for at least 6 consecutive months.Exclusions: Self-employed persons.Special system for civil servants. Source of funds: insured persons (1.6% of covered earnings), employer (2.4% of covered payroll).	First law: 1952; Current laws : 1965 (family and maternity benefits), with 1969 amendment. Type of program: social insurance system. Maternity benefits only. Coverage: employed women, excluding the self-employed. Source of funds: employer (under family allowance)	First law 1961. Current law 1965 (work injury benefits) with 1967 amendment. Type of program: Social insurance system. Coverage: employed persons, including self-employed persons, technicalstudents, apprentices, members of production cooperatives, no salaried managers of cooperatives and their assistants, managers and directors of commercial enterprises,and prisoners working in prison workshops.Voluntary coverage for all work injury benefits is possible, except for the temporary disability benefit. Source of funds: self employed person (2% of covered annual earnings), employer (2% of covered payroll).	No program or no information available	First law: 1955; Current law: 1965 (family and maternity benefits), with 1969 amendment.Type of program: Employment-related system.Coverage: employees and social insurance beneficiaries with one or more children. Exclusions: Self-employed persons. Special system for civil servants.Source of Funds: employer (11% of covered payroll)..

Nigeria	First law: 1961 (provident funds); current law: 2004 (pensions). Type of program: mandatory individual account system. Coverage: all federal public-sector employees, public sector employees in the federal capital territory and private sector employees working in firms with five or more workers. Special system for civil servants. Source of funds: insured persons (7.5% of gross salary, 2.5% of gross salary for military personnel), employer (7.5% of gross salary, 12.5% of gross salary for military personnel).	No statutatory cash benefits for sickness an maternity are provided. The Labour Code and the 1999 Health insurance Decree require employers to provide some benefits. Limited free medical are is available to the population through public clinics and hospitals.	First law: 1942 (workmen's compensation), with 1957 and 1987 amendments. Type of program: employer liability system. Coverage: manual workers and no nmanual employees (including government employees) with earnings below a ceiling. Exclusions: Agricultural employees or handicraft employees of commercial enterprises normally employing fewer than 10 workers, casual workers, self-employed persons, Source of funds: employer (the total cost is met though the direct provision of benefits by the employer or the payment of insurance premiums).	No statutatory benefits are provided. The 2004 Pension Reform Act provides enabling legislation to introduce a social insurance program for unemployment benefits.	No program or no information available
Rwanda	First law: 1956; Current laws: 1974 and 2003. Type of program: social insurance system. Coverage:Salaried workers, including permanent, temporary, and occasional workers; professional and in-service trainees; apprentices; civil servants; political appointees; and government officials. Voluntary coverage for self-employed persons and for personswho were previously insured for at least 6 consecutive months and had mandatory coverage in the last 12 months. Source of funds: insured persons (3% of covered earnings, 6% for the voluntary contributions), employer (3% of covered payroll).	No statutatory benefits are provided. The labor code requires employers to pay 100% of wages for sickness benefits up to 30 days and 66.7 % of wages for maternity leave up to 12 weeks.	First law 1949. Current laws: 1974 and 2003. Type of program: Social insurance system. Coverage: employed persons, excluding the self-employed. Source of funds: employer (2% of gross monthly payroll).	No program or no information available	No program or no information available

Sao Tome and Principe	First law: 1979; Current law: 1990 (social security). Type of program: Social insurance system. Coverage: employed persons, including civil servants and military personnel. Voluntary coverage for self-employed persons. Exclusions: Household workers. Source of Funds: insured person (4% of gross earnings); self-employed person (voluntary contributions of 7.5% of declared earnings, according to six earnings classes) ; employer (6% of gross payroll). Contributions finance old-age, disability, and survivor benefits; sickness and maternity benefits; and work injury benefits.	First law: 1979; Current law: 1990 (social security). Type of program: Social insurance system. Cash benefits only. Coverage: employed persons, including civil servants and military personnel. Exclusions: Self-employed persons and household workers. Source of Funds: see source of funds under Old Age, Disability,and Survivors.	First law: 1979; Current law: 1990 (social security). Type of program: Social insurance system. Coverage: employed persons, including civil servants and military personnel. Exclusions: Self-employed persons. Source o funds: see old age, disability and survivors.	No program or no information available	No program or no information available
Senegal	First law: 1952 (cash maternity benefits) 1973 (medical benefits) ; Current law: 1973 (cash maternity benefits), 1975 (medical benefits)and 1991 (administration). No statutory cash benefits are provided. Cash maternity benefits for employed women and non-employed women married to insured men.Special system for civil servants and armed forces personnel. Medical benefits for employed persons, excluding the self-employed. Health mutual insurance companies provide medical benefits to informal-sector workers in certain areas. Source of funds: insured person (up to 3% of gross monthly earnings), employer (up to 3% of gross monthly payroll).	First law: 1952 (cash maternity benefits) 1973 (medical benefits) ; Current law: 1973 (cash maternity benefits), 1975 (medical benefits)and 1991 (administration). No statutory cash benefits are provided. Cash sickness benefits: No statutory benefits are provided.Cash maternity benefits: Employed women and nonemployed women married to an insured man.Special system for civil servants and armed forces personnel.Medical benefits: Employed persons, including apprentices, seasonal workers, and temporary workers who work at least 3 months a year for the same enterprise.Exclusions: Self-employed persons.Health mutual insurance companies provide medical benefits to informal-sector workers in certain areas. Source of funds: insured person (up to 3% of gross monthly earnings), employer (up to 3% of gross monthly payroll).	First law 1932. Current laws : 1973 (social security) and 1991 (administration). Type of program: social insurance system. Coverage: Employed persons, including seamen; apprentices; trainees; technical students (except those attending technical universities);members of cooperatives; nonsalaried managers of cooperatives and their assistants; certain company managers;temporary, casual, and daily workers; and prisoners working in prison workshops.Voluntary coverage for certain categories of self-employed person without mandatory coverage, including farmers.Source of funds: self-employed (voluntary contributions of 1%, 3% or 5% of covered payroll according to the assessed risk) ; employers (1%, 3% or 5% of covered payroll according to the assessed risk).	No program or no information available	First law: 1955; Current law: 1973 (social security) and 1991 (administration). Type of program: employment-related system. Coverage: employees, including seamen, and social insurance beneficiaries,including the widow of an insured man and pensionersreceiving the work injury total disability pension. Unemployed persons are covered for up to 6 months after leaving insured employment.Exclusions: Self-employed persons.Special system for civil servants.Source of funds: employer (7% of covered payroll).

Seychelles	First law: 1971 (provident fund). Current laws: 1987 (social security), implemented in 1988, with 1990 and 1994 amendments; and 2005 (Seychelles pension fund), with 2007 amendment.Type of program: Universal and social insurance system.CoverageSocial security fund: All citizens residing in Seychelles territory and resident foreign employees who contribute to the Seychelles pension fund. Special systems for the employees of three companies in the banking and industrial sector. Seychelles pension fund: All full-time and part-time employees in the public and private sectors. Voluntary coverage for self-employed persons. Exclusions: Casual workers.Source of FundsInsured person (2.5% of monthly earnings) ; Self-employed (contributions made through the tax system); Employer (20% of gross monthly wages); Government (Contributes as an employer and guarantees the pension benefits. Makes contributions out of the general budget).	First law: 1979; Current law: 1987 (social security), implemented in 1988, with 1990 and 1994 amendments.Type of program: Social insurance system. Cash sickness and maternity benefits only.Coverage: Employed and self-employed persons.Source of Funds: See source of funds under Old Age, Disability, and Survivors.	First law: 1970 (employer liability); Current law: 1987 (social security), implemented in 1988.Type of program: Social insurance system.Coverage Employed persons. Exclusions: Self-employed persons.Source of Funds: See source of funds under Old Age, Disability, and Survivors.	Under the 1980 Unemployment Fund Act, the social security fund provides subsistence income for unemployed persons.The social security fund provides wages for registered unemployed and young persons who work on approved projects, including the unemployment relief scheme	No program or no information available
Sierra Leone	First and current law: 2001 (social security). Type of program: social insurance system. Coverage: employees in the public and private sectors.Voluntary coverage for the self-employed and for persons who leave insured employment.Sources of funds: insured person: (5% of monthly salary; voluntary contributorspay 15% of monthly income), employer (10% of monthly payroll,) government (2.5% of monthly income for all employees; 10% of monthly income for all civil servants, teachers, and military and police force personnel).	No statutory benefits are provided.Employers provide medical care for employees and their dependents through collective agreement	First law: 1939 Current law: 1962 (workmen's compensation), with 1962, 1969, and 1971 amendments. Type of program: employer-liability system.Coverage: employed persons, excluding agricultural employees working on plantationswith fewer than 25 workers, household workers, self-employed persons, casual workers, family labor, and home-based workers.Source of funds: employer (the total cost is met through direct provision of benefits or the payment of insurance premiums, government (an approved annual contribution).	No program or no information available	No program or no information available

South Africa	First laws: 1928 (old age), 1936 (blindness), and 1946 (disability).Current law: 2004 (social assistance), with 2008 amendment. Type of program: social assistance system. Coverage: persons with limited means who are citizens of South Africa, permanent residents, or refugees with disabilities (for disability benefits only). Source of Funds: Government to cover for the full cost.	Current laws: 2001 (unemployment insurance); and 2003 (health). Type of program: social assistance system. Medical benefits only. Sickness and maternity benefits for eligible insured workers working more than 24 hours a month, the unemployed, and workers with earnings reduced to no more than 1/3 of the regular wage. Medical benefits for old-age pensioners and disbility pensioners.	Current law: 1993, with 1997 amendment. Type of program: Employer-liability system. Coverage: employed persons, including some contract workers and military personnel. The total cost is met through the payment of insurance premiums.	First law: 1937, Current laws: 1966 (unemployment), 2001 (unemployment insurance) and 2002 (contributions). Coverage: all employees working for more than 24 hours a month, including household and seasonal workers and employees in national and provincial governments. Sources of funds: insured person (1% of covered earnings), employer (1% of the insured covered earnings), government (25% of total employee and employer contributions).	Current law: 2004 (social assistance). Type of program: Social assistance system (means tested). Coverage: low-income persons caring for children younger than age 18.Source of funds: the government is to care for the total cost.
Sudan	First law: 1974 ; current law: 1990 (social insurance), with 2004 amendment. Type of program: social insurance system. Coverage: employed and self-Exclusions: Household workers, family labor, home-based workers, farmers and foresters, and unpaid apprentices.Special system for civil servants and police and armed forces personnel. Source of funds: insured persons (8% of gross monthly earnings), self-employed person (25% of declared monthly income), employer (17% of gross monthly payroll).	No statutory cash benefits are provided.Under the 2004 Health Insurance Act, the Health Insurance Fund manages a special health insurance system for public-sector employees and insured pensioners.	First law: 1947; current law: 1990 (social insurance), with 2004 amendment.Type of program: Social insurance system.Coverage: employed and self-employed persons.Exclusions: Household workers, family labor, home-based workers, farmers and foresters, unpaid apprentices, and prisoners working in prison workshops.Special systems for civil servants and police and armed forces personnel.Source of Funds : self-employed person (25% of declared monthly income), employer: (2% of gross monthly payroll).	No program or no information available	No program or no information available

Swaziland	First and current laws: 1974 (providient fund)a nd 2005 (social assistance). Type of program: Provident fund and social assistance system. Coverage: Provident fund: Employed persons.Voluntary coverage for employees not compulsorily covered and for members of religious organizations.Exclusions: Self-employed persons, household workers,casual employees, and foreign workers. Special system for civil servants. Social assistance: Citizens of Swaziland Source of Funds. Provident fund: insured person (5% of covered earnings), employer (5% of covered payroll).The government covers the total cost of social assistance.	No program or no information available	First law 1963. Current law : 1983. Type of program: Employer liability system. Coverage: employed persons in the private and public sectors, aprrentices, trainees. Exclusions: self-employed, household and casual workers. Source of funds: employer (the total cost is met through the payment of insurance premiums)	No program or no information available	No program or no information available
Tanzania	First and current laws: 1964 (provident fund) and 1997 (social insurance). Type of program: social insurance system.Coverage: employed workers in the private sector (except in private companies covered by the parastatal special system), organized groups (such as cooperative members) in the formal sector, and public employees and self-employed persons not covered under the parastatal special system. Voluntary coverage is possible. Exclusions: household workers. special contributory systems for employees of parastatal organizations.Source of funds. Insured person (10% of gross earnings; voluntary contributors pay 20% of declared income but no less than 20% of the legal minimum wage). Employer: (10% of gross payroll). The employer's contributions also finance cash maternity benefits, medical benefits, funeral grants, and work injury benefits.	First and current law: 1997 (social insurance), implemented in 2005.Type of program: social insurance system. Cash maternity benefit and medical benefits only. Coverage: employed workers in the private sector (except in private companies covered by the parastatal special system), organized groups (such as cooperative members) in the formal sector, public employees, and self-employed persons not covered under the parastatal special system. Voluntary coverage is possible. Exclusions: Household workers. Special system for certain employees.Source of Funds. insured persons, self-employed person and employers (see old age, disability and survivors).	First law: 1948.Current law: 1997 (social insurance), implemented in 2002.Type of program: Social insurance system.Coverage: employed workers in the private sector (except in private companies covered by the parastatal special system), organized groups (such as cooperative members) in the formal sector, and public employees and self-employed persons not covered under the parastatal special system. Exclusions: household workers. Special system for certain employed workers. Sources of funds: see Old Age, disability and survivors.	No statutory benefits are provided.The Labor Code requires employers to provide severance pay to employees with continuous service of at least 3 months.	No program or no information available.

Togo	First law: 1968; Current law: 1973 (social security), with 2001 amendment. Type of program: Social insurance system. Coverage: employed persons, including salaried agricultural workers and household workers. Exclusions: Self-employed persons. Special systems for civil servants and armed forces personnel. Source of Funds: Insured person (4% of gross earnings. Voluntarily insured persons contribute based on average gross earnings in the last 3 months of salaried activity); employer (8% of gross payroll).	First law: 1956 ; current law: 1973 (social security). Type of program: Social insurance system. Maternity benefits only. Coverage: employed women, including agricultural salaried workers, household workers, and casual or temporary workers. Exclusions: Self-employed women, cooperative members, apprentices, and students. Special systems for civil servants and armed forces personnel. Source of Funds : employer (under family allowance).	First law: 1964; current law: 1973 (social security). Type of program: Social insurance system. Coverage: employed persons, including under certain conditions agricultural salaried workers, household workers, casual and temporary workers, and civil servants temporarily assigned to work for a public company. Exclusions: Self-employed persons. Special system for civil servants. Source of Funds: employer (2.5% of gross payroll).	No program or no information available	First law: 1956; Current law: 1973 (social security), with 2001 amendment. Type of program: Employment-related system. Coverage: employed persons, excluding sellf-employed persons, cooperative members, apprentices, and students. Special systems for civil servants and armed forces personnel. Source of Funds: employer (6% of gross payroll).The employer's contributions also finance maternity benefits.
Uganda	First law: 1967 ; Current law: 1985 (social security fund). Type of program: Provident fund system.Coverage: persons aged 16 to 54 employed in firms with five or more workers. Voluntary coverage is possible. Exclusions: temporary employees and self-employed persons. Special systems for public-sector employees, military and prison personnel, and government teaching service employees.Source of Funds : insured person (5% of gross monthly earnings), employer (10% of gross monthly payroll).	No program or no information available	First law: 1946; Current law: 2000 (workers' compensation). Type of program: Employer-liability system. Coverage: employed persons, including government employees.Exclusions: Active members of the armed forces and self-employed persons.Source of funds: employer (the total cost is normally met through insurancepremiums) .	No program or no information available	No program or no information available

Zambia	First law: 1965 (provident fund); Current law: 1996 (pension scheme), implemented in 2000. Type of program: Social insurance system. Coverage: employed persons. Voluntary coverage for self-employed persons and some categories of informal-sector workers who were previously covered for at least 60 months. Exclusions: Workers younger than age 16, older than age 55, or earning less than 15,000 kwacha a month; armed forces personnel. Special system for employees of the national public service and local authorities. Source of funds: insured person (5% of covered earnings, 10% of covered earnings for voluntary contributors); employer (5% of covered payroll).	First law: 1973 ; Current law : 1994.Type of program: Medical benefits only. No statutory cash benefits are provided. Medical benefits: resident citizens of Zambia. Source of funds: the government covers most of the cost of medical benefits.	First laws: 1929 (employer liability) and 1963 (compulsory insurance); Current law: 1994. Type of program: Employer-liability system. Coverage: employed persons, including casual workers, household workers, apprentices, and public-sector employees not covered by the special system. Exclusions: Self-employed persons. Special system for public-sector employees. Source of funds :employer (the total cost is met through contributions fixed annually according to the assessed degree of risk).	No program or no information available	No program or no information available
Zimbabwe	First law: 1993. Current laws: 1995, 1998, 2001, 2002, 2003, and 2008.Type of program: Social insurance system.Coverage : all employed persons between ages 16 and 65 who are citizens or residents of Zimbabwe. Exclusions: self-employed persons.Source of funds: insured person (4% of monthly earnings); employer (4% of monthly payroll).	No statutory cash benefits are provided.The Labor Relations Act requires employers to provide a maternity benefit. The maternity benefit is equal to 100% of wages and is paid for at least 21 days before and 77 daysafter the expected date of childbirth.A health care program provides free primary health care for low-paid workers.Government and mission hospitals serve rural areas; government and private hospitals and doctors serve urban areas.	Current laws: 1990, 1998, and 2008.Type of program: Employer-liability system. Coverage: all employed persons in the private sector. Exclusions: self-employed persons and household workers. Special system for civil servants.Source of funds: employer (the total cost is met through insurance premiums).	No program or no information available	No program or no information available

SOURCE: ISSA. *Social Security Programs Throughout the World: Africa, 2009*

International Programs

	ILO	UNICEF	WORLD BANK	WFP
Benin	Combating child labour including through promoting OVC schooling. Technical support for policy on HIV and the workplace. Promoting extension of health protection to groups in informal sector and rural areas. Supporting programs to combat child labor including incentive for school attendance by OVC's. Review of social protection expenditures.			
Botswana	Supporting social health insurance for the poorest by covering their contributions to existing scheme through a reinsurance fund. Training on HIV/AIDS and referrals for care through construction industry. Integration of AIDS prevention and antidiscrimination measures into national occupancy safety and health schemes. Technical support for policy on HIV and the workplace. Promoting integration of AIDS prevention and antidiscrimination measures into national occupational safety and health schemes. Actuarial reviews and policy guidance on extension of coverage.	Assessment of NGO's/FBOs/ and CBOs conducted and service delivery strengthened; drafting of Children's Bill 2008.		
Burkina Faso	Assisting orphans due to AIDS in remote areas. Technical support for policy on HIV and the workplace. Promoting extension of health protection to groups in informal sector and rural areas. Costing of social protection.	Several activities are foreseen for 2010, such as an interministerial training on social protection in January, a national forum on social protection in early 2010, technical support to the government on social protection for the new PSRP, research on the impact and efficiency of existing social protection programmes, and a possible study visit in the region.		
Burundi		Technical assistance to proposal (round 8) on "Community capacity building for the protection of the rights, the support and economical impact reduction of HIV/AIDS among PLWHA and OVCs"; National Plan of Action for OVC (2008-2013) validated focused on integrated assistance through community-based child protection mechanisms.		Individual rations provided to 8300 patients on ART. National Strategic Plan in the fight against HIV/AIDS for the period 2007-2011 includes nutritional support
Congo (Brazaville)	Assisting orphans due to AIDS in remote areas. Technical support for policy on HIV and the workplace. Project provides business skill development to women and vulnerable groups including those affected Promoting extension of health protection to groups in informal sector and rural areas.	White Paper on social protection.		Provision of food vouchers to create incentives for testing and adherence; 1700 ART patients receive complimentary food support; OVC take home ration to orphans
Congo (Kinshasa)		Ministry of Social Affairs capacity building; Integrated social protection scheme in Katanga; SFAI (School Fee Abolition Initiative); development of the National Strategic Plan on OVC. Maestro tool piloted.		Individual rations provided to ART patients so as to improve treatment outcomes and adherence.
Côte d'Ivoire				Home-based care support to 3200 PLHIV

Ethiopia	Assisting orphans due to AIDS in remote areas. Technical support for policy on HIV and the workplace. Project provides business skill development to women and vulnerable groups including those affected by HIV/AIDS. Training on HIV/AIDS and referrals for care through cooperatives and enterprise support groups for PLHIV (on the topic of nutrition for employees on ART). Promoting integration of AIDS prevention and antidiscrimination measures into national occupational safety and health schemes. Supporting a project to assist HIV/AIDS orphans in remote areas. Costing of social protection. Actuarial reviews and policy guidance on extension of coverage. Studies of transport and cross border issues.	Cash transfers programmes in areas not covered by the PSNP. Multi-country study participant: social transfer scale-up with Save-UK. The key out puts of the social protection platform will be a draft national social protection policy that will feed also into the revision of the national development plan.		Food support to Pre-ART patients and ART patients in urban areas; rations to 450 OVC beneficiaries who had over 80% school attendance.
Ghana	Cash transfer: Pilot test of expanded child and maternal benefits funded through Global Social Trust provides US$10 per month to poor women who are pregnant or who have under-five children conditional on routine medical checkups. Combating child labour incl. through promoting OVC schooling. Technical support for design of training on HIV/AIDS and referrals for care through business coalitions for the informal sector. Technical support for policy on HIV and the workplace. Supporting programs to combat child labor including incentive for school attendance by OVC's. Modelling exercises: demographic and financial projections of social security systems including implications of HIV/AIDS on pensions and health care. Actuarial reviews and policy guidance on extension of coverage.	Support and technical assistance to LEAP (Livelihood Empowerment Against Poverty) UNICEF on monitoring and evaluation& targeting; baseline assessment & impact evaluation forthcoming. ILO 5-year study of additional conditionality for antenatal care and child care in exchange for additional funds (1 district).		
Guinea		Technical assistance to Government safety net programme, piloting social cash transfers		

Kenya	Project provides business skill development to women and vulnerable groups (including those affected by HIV/AIDS). Multiple training initiatives including on HIV/AIDS and referrals for care through cooperatives. Promoting integration of AIDS prevention and antidiscrimination measures into national occupational safety and health schemes. Costing of social protection.	UNICEF recently supported the preparation of a social protection strategy and national social protection policy. Rooted in this social protection policy are various components of Basic Social Security that are relevant to the Social Protection Floor (including UNICEF's contribution of USD 24million to OVC Cash Transfer Programme upto 2013). UNICEF in collaboration with Ministries of Finance, Planning and other stakeholders notably World Bank, DFID and University of Nairobi intend to carry out the impact of multiple crises on children and women. implementation of the OVC-CT program; community based psychosocial support & child protection mechanisms - Area Advisory Councils, where vulnerable children/families are identified, registered and linked with social services; supporting move from institutionalization. Maestro tool on assessing CP systems piloted. Multi-country study participant: social transfer scale-up with Save-UK.	World Bank is providing support to the GOK-UNICEF OVC Cash Transfer programme to a tune of USD 50 million for 2009-2013 period and has also worked closely with UNICEF in giving technical assistance to the development of the social protection strategy and policy.	Food support to 6000 patients
Liberia	Technical support for policy on HIV and the workplace. Project provides business skill development to women and vulnerable groups including those affected by HIV/AIDS. Promoting integration of AIDS prevention and antidiscrimination measures into national occupational safety and health schemes. Training on HIV/AIDS and other issues in HIV/AIDS corridors.	Desk study on feasibility of cash transfers with all UN, government, others; technical assistance on SFAI (School Fee Abolition Initiative) policy.		2000 patients on ART and TB treatment received food support.
Madagascar	Technical support for policy on HIV and the workplace. Training on HIV/AIDS and referrals for care through cooperatives.			Food support to PLHIV in urban areas until they are food secure.TB patients receive daily or weekly food rations as part of nutritional safety net program; 8,600 beneficiaries in food-secure areas through daily feedings.
Malawi	Technical support for policy on HIV and the workplace. Support to business training and employment creation in corridors with high HIV rates (ILO SIDA Project). Income generating activities for PLHIV, job creation in high risk corridors, microcredit and vocational training. Training on HIV/AIDS and referrals for care through women's entrepreneurial associations. Training road transport workers on HIV/AIDS risks. Building capacity for prevention and management of HIV/AIDS in the informal sector and small business associations.	Mchinji pilot cash transfer program expanded to 7 districts; building Ministry of Women and Child Development capacity on HR with USG + operationalising NPA; 1,600 Community based care centres providing integrated services to vulnerable children/families- technical & financial assistance (capacity strengthening); strengthening capacity of DSWO (District Social Work Offices?). Multi-country study participant: social transfer scale-up with Save-UK.		WFP provides primary school take-home rations; DOTS (Directly Observe Treatment Short Course) patients in 4 districts receive rations; Food support to the chronically ill in 4 districts.

Mozambique	Support to business training and employment creation in corridors with high HIV rates (ILO SIDA Project). Income generating activities for PLHIV, job creation in high risk corridors, microcredit and vocational training. Training on HIV/AIDS and referrals for care through cooperatives and women's entrepreneurial associations. Study of noncontributory pensions, HIV/AIDS and the world of work.Support the design of the implementation plan of the National Basic Social Security Strategy and associated new programmes including a new productive Social assistance Program and the definition of regular cash transfers mechanisms non contributory system. Support policy dialogue and technical assistance on creating the fiscal space to raise public expenditure on Social protection. Support for improved efficiency in the delivery of Social protection benefits. Participate in an Advocacy Strategy to promote SP in the National Development Agenda	Impact evaluation of PSA: cash transfer to poorest elderly and disabled with a view to expansion. Community, district and provincial committees for OVC, vulnerable children/families are identified, registered and linked with social services; Children's Act. Multi-country study participant: social transfer scale-up with Save-UK.Support MMAs and the Ministry of Planning and Development in operationalising the Basic Social Protection strategy, including through the provision of technical assistance for costing, design and vulnerability studies.Support MMAS/INAS in designing child-focused social protection measures and with strengthening the current capacity of the social welfare system, with a specific focus on the inclusion of children as beneficiaries.Finalise the impact assessment of PSA Programme, together with the Ministry of Women and Social Action and the International Policy Centre (IPC-IG/Brazil).		Feasibility study on cash, voucher and food in Social Protection programming. Food support to 17,500 ART patients. Social Assistance programme provides support to community based organizations and other service delivery groups in their assistance to OVC and government work to enhance social-assistance programmes for the most vulnerable groups.
Niger	Actuarial reviews and policy guidance on extension of coverage.			
Nigeria	Technical support for policy on HIV and the workplace. Modeling demographic and financial projections of social security systems including implications of HIV/AIDS on pensions.	Report on the Impact assessment of the crises on poor and vulnerable households in Nigeria, particularly, women and children, the response of the Nigerian government and development partners to the crises, including recommendations. 5 workshops to disseminate findings of report		
Rwanda	Promoting extension of health protection to groups in informal sector and rural areas.	Child protection networks to identify children at risk, monitor school attendance and access to health care, HIV testing of children of sex workers, assisting implementation of VUP (social protection) program; monitoring and evaluation framework, OVC Spending Assessment, Situation Analysis verification conducted. Mutelle with broadest coverage in SSA but not UNICEF. Multi-country study participant: social transfer scale-up with Save-UK.	Funding Vision 2020 Umurenge Programme', SP strategy including 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.	4000 patients receive food support.
Senegal	Project channels funding of benefits for PLHA through a microinsurance fund linked to national fund. Project provides business skill development to women and vulnerable groups including those affected by HIV/AIDS. Promoting integration of AIDS prevention and antidiscrimination measures into national occupational safety and health schemes. Promoting extension of health protection to groups in informal sector and rural areas. Costing of social protection. Modeling demographic and financial projections of social security systems including implications of HIV/AIDS on social security.	Partnership established with ILO to undertake a Social Budgeting Exercise. Discussion with World Bank and other partners to design Training Modules on Social Safety Nets. A Social Protection UN-Agencies Group was launched.		Cash transfer and voucher programme

Sierra Leone	Technical support for policy on HIV and the workplace. Support for expansion of national health insurance and promoting social health protection for the poor (P4 Health Initiative). Promoting integration of AIDS prevention and antidiscrimination measures into national occupational safety and health schemes. Training on HIV/AIDS in selected corridors.	4100 PLHIV receive food support.		
South Africa	Technical support for policy on HIV and the workplace. Income generating activities for PLHIV, job creation in high risk corridors, micro credit and vocational training. Training on HIV/AIDS and referrals for care through women's entrepreneurial associations. Training road transport workers on HIV/AIDS risks. Study of non-contributory pensions, HIV/AIDS and the world of work. Research on integration of local economic development and social protection.	Studies to consolidate evidence on Child Support Grant; 400 Community Child Care forums country-wide, where vulnerable children are identified and linked with essential services; database of organizations providing child care services for government use.		
Somalia				700 ART patients receive food support at 18 centres.
Swaziland				Food distribution to ART patients and monthly food distribution to families; primary school take-home rations; Food support provided to 15,000 HIV affected families.
Tanzania	Project channels funding of benefits for PLHA through a m icroinsurance fund linked to national fund. Technical support for policy on HIV and the workplace. Support to business training and employment creation in corridors with high HIV rates (ILO SIDA Project). Costing of social protection. Study of the vulnerability of informal economy workers and operators. Modeling demographic and financial projections of social security systems including implications of HIV/AIDS. Actuarial reviews and policy guidance on extension of coverage. Case study of a scholarship program for children made vulnerable HIV/AIDS.	With support from a Task Force (led by UNICEF), the government has developed a National Social Protection Framework (NSPF), which is now awaiting Cabinet approval before it can start implementation. Social protection, furthermore, is explicitly recognized as a key policy priority in the country's current five-year poverty reduction strategy (coming to an end in June 2010), which also contains a few concrete indicators to measure progress in this area. Some challenges remain - at present, there are a few tax-financed pension and health insurance schemes that cover a limited portion of formal sector employees with relatively limited benefits, a host of patchy, fragmented and largely uncoordinated programmes targeting different categories of vulnerable people and mostly relying on NGOs and/or community structures and volunteers, and even some small cash transfer pilots, including one covering 1000 households in 3 districts that is being implemented by TASAF with support from the World Bank. UNICEFis also working on the development of a UN Joint Programme on Social Protection, which is expected to be launched in the coming months and where UNICEF has been designated as the Managing Agent.		
Togo	Technical support for policy on HIV and the workplace.			

Uganda	Combating child labour including through promoting OVC schooling. Technical support for policy on HIV and the workplace. Social transfers to encourage regular ARV treatment, ARV uptake, STD treatment. Training on HIV/AIDS and referrals for care through microinsurance schemes. Supporting programs to combat child labor including incentive for school attendance by OVC's. Training of health care workers on occupational health and safety. Study of challenge of providing social protection to mitigate HIV/AIDS induced child labour.Studies of transport and cross border issues.	Community-based child protection structures; cash transfer pilot planned; two year national OVC work plan and budget to help OVC national implementation unit (NIU).		
Zambia	Combating child labour including through promoting OVC schooling. Technical support for policy on HIV and the workplace. Income generating activities for PLHIV, job creation in high risk corridors, microcredit and vocational training. Supporting programs to combat child labor including incentive for school attendance by OVC's. Supporting training of parliamentarians to direct attention to the needs of PLHA and people with disabilities in national policy. Case study on cooperatives and enterprises, and CBO's responses to HIV/AIDS in the informal sector. Modeling demographic and financial projections of social security systems including implications of HIV/AIDS. Studies of transport and cross border issues.	New child support grant for skip generation households; Community welfare assistance committees to identify vulnerable households and link them to social services (public works, cash transfers, school support). Stakeholder input to finalise NPA and M&E framework. Impact evaluation of cash transfers.		Provides vouchers to support ART (Antiretroviral Treatment)
Zimbabwe	Technical support for policy on HIV and the workplace. Income generating activities for PLHIV, job creation in high risk corridors, microcredit and vocational training. Training on HIV/AIDS and referrals for care through women's entrepreneurial associations and small enterprise development corporation. Promoting integration of AIDS prevention and antidiscrimination measures into national occupational safety and health schemes. Supporting programs to combat child labor including incentive for school attendance by OVC's. Training road transport workers on HIV/AIDS risks.	Support to cash transfer programme administered by CRS; BEAM to cover school fees for the poor revitalized financed via UNICEF; Out-of-School Adolescents (OSA) project to mitigate AIDS' impact; Young People We Care (YPWC) programme linking OVC, youth and HBC; Beitbridge Center for unaccompanied children; report on Children and Women's Rights; multi-year, multi donor pooled fund, POS for OVC NPA. 29 NGOs and 150 CBOs/FBOs assisted 110,000 OVC with basic needs.		Food support provided to 20,200 patients and their households.

Source: http://www.socialsecurityextension.org/gimi/gess/RessShowRessource.do?ressourceId=16012

Note: The other major donors' figures are available on the ERD website

African Law. Access to legal sources

In order to fully assess the functioning of a social security system it is necessary to address it from a variety of points of view. As per the legal one, the two main formants are statute law and case-law. Depending on the historical development of the country concerned, statutory law is more relevant than case-law in civil law countries, while the opposite holds normally true for common law countries.
It is for this reason that the main legal sources relating to Sub-Saharan African are presented here. First of all Constitutions are to be taken into account as they set the fundamental principles on which a country is grounded, and very often reference is made to basic right relating to social security (equality, dignity, non-discrimination, protection against disability, right to work, etc.). Secondly, statute law is to be taken into account. Not all the countries covered by the ERD have comprehensive and reliable repositories for accessing legal sources, therefore only those for which information is available are listed here. Finally courts' decisions, i.e. case-law, need to be taken into account as they show how the law in the books is actually implemented in a society, and for this reason, when electronic databases are available, reference is made to them.
Finally, a very interesting program concerning the harmonisation of national labor laws in some 17 Sub-Saharan African countries is presented. An harmonised Labor Code is going to be approved very soon and for the purpose of the ERD it will be very important to take into account this experiment as it represents one of the most advanced contemporary example of a combined effort to systematise organically different national laws into one *corpus* of norms which will bind equally all the countries concerned.

Key sites

These sites can be used as a general starting-point for research

Constitutions

Constitution Finder
Alphabetical list of constitutions, charters, amendments, and other related documents for all countries where the text is available online. Produced by the University of Richmond.

General African legal websites

Worldlii – Africa
Provides links to free websites containing general legal information on Africa and for each country within the region. Provides links to primary resources (case law, legislation and constitutions) for each country, where available.
Intute - Africa
Provides access to primary and secondary resources for Africa.
World Legal Materials from Africa
Contains links to constitutional, government and parliamentary sites. Created by the Legal Information Institute, Cornell University.
African Studies Center
Links to African legal materials created by the African Studies Center at the University of Pennsylvania
Legalbrief Africa
Produced weekly for the International Bar Association. Delivers important African legal news to lawyers across Africa and the world

Case Law and Legislation

The following sites provide access to primary materials for most countries.
African International Courts and Tribunals
Provides information on the different African International Courts and Tribunals, including any recent news and basic documents such as Treaties.
Global Courts
Provides access to Supreme Court decisions for certain countries.
Droit Francophone
Gateway to free legal information from the French-speaking world. Provides links to international resources (treaties) and primary materials (legislation and cases). Browse by region. In French only.
Global Legal Information Network (GLIN)
Database of laws, regulations, and other legal sources from all member countries at the U.S. Library of Congress
Kituo Cha Katiba: East African Centre for Constitutional Development
Provides access to materials such as constitutions, treaties, legislation and case law for East Africa. Also contains full text reports on the findings of the research centre based at Makerere University.

East Africa

Ethiopia

Federal Supreme Court of Ethiopia
Official website containing full text of judgements, reports, articles and news.

Uganda

Courts of Judicature
Provides access to case reports and news. Also contains information on the Supreme Court, Court of Appeal and the High Court.

West Africa

Benin Republic

Benin Governmental Portal
Official website of the Benin Government. Provides access to codes, legislation and the constitution. (In French)

Burkina Faso

Juri Burkina
Contains full text of selected legislation from the Court of Appeal, Constitutional Counsel and the State Counsel. (In French)

Ghana

Parliament of Ghana
Provides access to the constitution and current Hansard. Also contains details of current bills and legislation (although no direct access).

Nigeria

Judgements of the Supreme Court of Nigeria
Provides access to the full text of Supreme Court Judgments from the Nigeria Internet Law Reports (NILR)
Supreme Court Act
Provides access to the full text of the Nigerian Supreme Court Act of 1990.
Nigeria Law
Provides access to the text of the constitution, selected legislation and judgments from the Supreme Court of Nigeria. Also includes information about the Court of Appeal and High Courts.

Senegal

Codes
Government website containing the full text of Codes (In French)

Central Africa

Congo (Democratic Republic)

JuriCongo: Portail du Droit Congolais
Provides access to legislation and selected case law. (In French)

Gabon

Constitutional Court
Contains the full text of the constitution and selected legislation relating to the Constitutional Court (In French)

Southern Africa

South Africa

Carrow's South African Law Links
Provides access to a wide range of websites and databases both free and subscription based. Contains links to up-to-date legislation, treaties and full text of annual reports, research reports and discussion papers.
Southern Africa Legal Information Institute
Provides access to a wide range of legal databases, including Constitutional Court, Supreme Court of Appeal, and legislation all with full text access.
Constitutional Court of South Africa
Provides access to constitutional documents and full judgments of all cases since 1995.
Supreme Court of Appeal of South Africa
Contains the full text of judgments of the Supreme Court since 1999.
Unwembi's Resource of South African Government Information
Provides access to the full text of legislation from 1993 onwards. Also includes White papers and Green papers, Commission reports and Regulations
Acts Online
Provides full text access to a wide range of legislation, including amendments and Regulations.
South African Government
Contains Legislation, Bills, Regulations, Consultative Documents, White Papers, Green Papers,

Constitutions (past and present) and Parliamentary documents.

Lesotho

Government Bills and Acts

Contains the full text of Bills and Acts in pdf format.

Malawi

Judiciary of Malawi

Contains selected full text judgments of the High Court on civil and criminal matters.

Zimbabwe

Parliament of Zimbabwe

Provides access to the full text of Acts and Legislation on certain topics.

Zambia

Laws of Zambia

Provides access to the full text of the 1996 compilation of the laws of Zambia made freely accessible on the on the Institute of Human Rights Intellectual Property and Development Trust (HURID) Website.

Zambia Legal Information Institute

Provides access to the Constitution, rules and , to the full judgements of court rulings, selected acts, legal commentary, and a legal directory. Includes Supreme Court, High Court, Industrial Relations Court, Land Tribunal and Revenue Tribunal cases. Also provides links to foreign legal information in and outside of Africa.

Zambian Legislature

Provides access to the full text of Zambian legislature updates from 1996 to 2001.

Angola

Recent Legislation

Full text of recently adopted Angolan legislation.

Madagascar

Haute cour constitutionnelle de Madagascar

Provides access to the constitution and full text of the legal decisions of the Constitutional Court. (In French)

Mauritius

Supreme Court

Provides access to the full text of the judgements of the Supreme Court. (You do not need a login and password).

Legislation

Provides access to acts, bills and regulations.

Law and codes of Mauritius

Provides access to the full text of Legislation.

The Harmonisation of African Law and African Labour Law: OHADA

Website: http://www.ohada.com/index.php?newlang=english

OHADA is the French acronym for "Organisation pour l'Harmonisation du Droit des Affaires en Afrique" translated in English as the "Organization for the Harmonisation of Business Law in Africa" is an organisation created on October 17, 1993 in Port Louis (Mauritius). The OHADA Treaty is made up today of 16 Africans states. Initially fourteen African countries signed the treaty, with two countries subsequently adhering to the treaty (Comoros and Guinea) and a third the Democratic Republic of Congo) due to adhere shortly. However the Treaty is open to all members, whether or not members of the Organisation of African Unity (O.A.U). Member countries: Benin, Burkina Faso, Cameroon, Central Africa, Comoros, Congo, Ivory Coast, Gabon, Guinea, Bissau Guinea, Equatorial Guinea, Mali, Niger, Senegal, Chad, Togo.

Pursuant to article 53 of the OHADA Treaty, any Member State of the African Union
may become a member, if it wishes to do so.

The following uniform laws have already been adopted by the Council of Ministers:

1. General commercial law,
2. Corporate law and rules concerning different types of joint ventures,
3. Laws concerning secured transactions (guarantees and collaterals),
4. Debt recovery and enforcement law,
5. Bankruptcy law,
6. Arbitration law,
7. Accounting law.
8. Law regulating contracts for the carriage of goods by road.

The next regulations to be harmonized are **labor law** and consumer sales law; the process of their harmonization is well under way.

See: Barthélemy Mercadal, About the Value of the Law Created by the Treaty on the Harmonization of Business Law in Africa, http://www.ohada.com/fichiers/newsletters/764/compte-rendu-seminaire-chine-B.Mercadal.pdf

Data Appendix: Demographic and Economic Data for SSA African Countries

Country	GDP per capita[1]	Public expenditure on health[1]	Public expenditure on education [1]	Informal employment[2]		Aid allocated to social sectors[1]
	US$, 2007	% of total government expenditure, 2006	% of total government expenditure, 2000-2007	% of non-agricultural employment	Last year available	% of total aid, 2007
Angola	3,623	5,0	..			78,4
Benin	601	13,1	17,1	92,9	(1990-94)	51,6
Botswana	6,544	17,8	21,0			72,2
Burkina Faso	458	15,8	15,4	77	(1990-94)	35,1
Burundi	115	2,3	17,7			30,8
Cameroon	1,116	8,6	17,0			11,5
Cape Verde	2,705	13,2	16,4			44,7
Central African Republic	394	10,9	..			22,5
Chad	658	9,5	10,1	95,2	(1995-99)	26,1
Comoros	714	8,0	24,1			68,8
Congo	2,030	4,0	8,1			39,5
Congo, Dem. Rep.	143	7,2	..	59,6	(1980-84)	38,4
Côte d'Ivoire	1,027	4,1	21,5			55,3
Djibouti	997	13,4	22,4			46,5
Equatorial Guinea	19,552	7,0	4,0			84,5
Eritrea	284	4,2	..			56,1
Ethiopia	245	10,6	23,3			53,9
Gabon	8,696	13,9	..			49,6
Gambia	377	8,7	8,9			72,5
Ghana	646	6,8	..			45,6
Guinea	487	4,7	25,6	86,7	(1995-99)	53,8

Guinea-Bissau	211	4,0	..			34,8
Kenya	645	6,1	17,9	71,6	(1995-99)	54,0
Lesotho	798	7,8	29,8			64,0
Liberia	198	16,4	..			43,9
Madagascar	375	9,2	16,4			28,6
Malawi	256	18,0	..			48,4
Mali	556	12,2	16,8	81,8	(2000-07)	39,6
Mauritania	847	5,3	10,1	80	(1985-89)	37,8
Mauritius	5,383	9,2	12,7			43,8
Mozambique	364	12,6	21,0	73,5	(1990-94)	46,2
Namibia	3,372	10,1	21,0			68,9
Niger	294	10,6	17,6	62,9	(1975-79)	37,4
Nigeria	1,118	3,5	..			38,9
Rwanda	343	27,3	19,0			53,9
Sao Tome and Principe	916	12,2	..			49,0
Senegal	900	6,7	26,3	76	(1980-84)	52,0
Seychelles	8,560	8,8	12,6			39,4
Sierra Leone	284	7,8	..			28,7
Somalia	..	4,2	..			23,8
South Africa	5,914	9,9	17,4	50,6	(2000-07)	62,8
Sudan	1,199	6,3	..			24,1
Swaziland	2,521	9,4	..			56,8
Tanzania	400	13,3	..			31,0
Togo	380	6,9	13,6			75,9
Uganda	381	10,0	18,3			50,8
Zambia	953	10,8	14,8	58,3	(1990-94)	57,5
Zimbabwe	261	8,9	..			50,7
AFRICA	1,349					
SUB-SAHARAN AFRICA	..			72		

Country	Population below income poverty line (%)			Gini index[1]	Total Population[1]	Stock of Total Refugees by country of origin[1]	Stock of Total Refugees by country of asylum[1]
	$1.25 a day, 2000-2007	$2 a day, 2000-2007	National poverty line, 2000-2006		millions, 2007	thousands, 2007	thousands, 2007
Angola	54,3	70,2	..	58,6	17,6	186,2	12,1
Benin	47,3	75,3	29,0	38,6	8,4	0,3	7,6
Botswana	31,2 [4]	49,4 [4]	..	61,0	1,9	0,0	2,5
Burkina Faso	56,5	81,2	46,4	39,6	14,7	0,6	0,5
Burundi	81,3	93,4	68,0	33,3	7,8	375,7	24,5
Cameroon	32,8	57,7	40,2	44,6	18,7	11,5	60,1
Cape Verde	20,6	40,2	..	50,5	0,5	0,0	..
Central African Republic	62,4	81,9	..	43,6	4,3	98,1	7,5
Chad	61,9	83,3	64,0	39,8	10,6	55,7	294,0
Comoros	46,1	65,0	..	64,3	0,6	0,1	0,0
Congo	54,1	74,4	..	47,3	3,6	19,7	38,5
Congo, Dem. Rep.	59,2	79,5	..	44,4	62,5	370,4	177,4
Côte d'Ivoire	23,3	46,8	..	48,4	20,1	22,2	24,6
Djibouti	18,8	41,2	..	40,0	0,8	0,6	6,7
Equatorial Guinea				..	0,6	0,4	0,0
Eritrea	..	..	53,0	..	4,8	208,7	5,0
Ethiopia	39,0	77,5	44,2	29,8	78,6	59,8	85,2
Gabon	4,8	19,6	..	41,5	1,4	0,1	8,8
Gambia	34,3	56,7	61,3	47,3	1,6	1,3	14,9
Ghana	30,0	53,6	28,5	42,8	22,9	5,1	35,0
Guinea	70,1	87,2	40,0	43,3	9,6	8,3	25,2
Guinea-Bissau	48,8	77,9	65,7	35,5	1,5	1,0	7,9
Kenya	19,7	39,9	52,0	47,7	37,8	7,5	265,7

Lesotho	43,4	62,2	68,0	52,5	2,0	0,0	0,0
Liberia	83,7	94,8	..	52,6	3,6	91,5	10,5
Madagascar	67,8	89,6	71,3	47,2	18,6	0,3	0,0
Malawi	73,9	90,4	65,3	39,0	14,4	0,1	2,9
Mali	51,4	77,1	63,8	39,0	12,4	1,0	9,2
Mauritania	21,2	44,1	46,3	39,0	3,1	33,1	1,0
Mauritius	..	..	..	..	1,3	0,1	0,0
Mozambique	74,7	90,0	54,1	47,1	21,9	0,2	2,8
Namibia	49,1 [4]	62,2 [4]	..	74,3	2,1	1,1	6,5
Niger	65,9	85,6	63,0	43,9	14,1	0,8	0,3
Nigeria	64,4	83,9	34,1	42,9	147,7	13,9	8,5
Rwanda	76,6	90,3	60,3	46,7	9,5	81,0	53,6
Sao Tome and Principe	..	..	..	..	0,2	0,0	0,0
Senegal	33,5	60,3	33,4	39,2	11,9	15,9	20,4
Seychelles	..	..	..	..	0,1	0,1	..
Sierra Leone	53,4	76,1	70,2	42,5	5,4	32,1	8,8
Somalia	..	..	..	..	8,7	455,4	0,9
South Africa	26,2	42,9	..	57,8	49,2	0,5	36,7
Sudan	..	..	..	..	40,4	523,0	222,7
Swaziland	62,9	81,0	69,2	50,7	1,2	0	0,8
Tanzania	88,5	96,6	35,7	34,6	41,3	1,3	435,6
Togo	38,7	69,3	..	34,4	6,3	22,5	1,3
Uganda	51,5	75,6	37,7	42,6	30,6	21,3	229,0
Zambia	64,3	81,5	68,0	50,7	12,3	0,2	112,9
Zimbabwe	..	..	34,9	50,1	12,4	14,4	4,0
AFRICA				..	964,5	2,859,7	2,468,8
SUB-SAHARAN AFRICA				..	751,8	1,764,2	2,041,8

Country	HDI[1]	Life expectancy index[1]	Education index[1]	Gender empowerment measure (GEM)[1]	Child Dependency Ratio[1]	Old Age Depencency Ratio[1]
	2007	2007	2007	2007	2010	2010
Angola	0,564	0,359	0,667	..	84,5	4,7
Benin	0,492	0,601	0,445	..	79,7	6,1
Botswana	0,694	0,473	0,788	0,550	52,1	6,1
Burkina Faso	0,389	0,462	0,301	..	90,0	3,9
Burundi	0,394	0,418	0,559	..	63,9	4,7
Cameroon	0,523	0,431	0,627	..	73,2	6,4
Cape Verde	0,708	0,769	0,786	..	58,7	6,8
Central African Republic	0,369	0,361	0,419	..	72,3	6,9
Chad	0,392	0,393	0,334	..	88,4	5,5
Comoros	0,576	0,666	0,655	..	64,7	5,2
Congo	0,601	0,474	0,736	..	71,8	6,8
Congo, Dem. Rep.	0,389	0,377	0,608	..	91,0	5,2
Côte d'Ivoire	0,484	0,531	0,450	..	72,6	7,0
Djibouti	0,520	0,501	0,554	..	58,2	5,4
Equatorial Guinea	0,719	0,415	0,787	..	72,2	5,1
Eritrea	0,472	0,570	0,539	..	74,1	4,5
Ethiopia	0,414	0,496	0,403	0,464	80,5	6,0
Gabon	0,755	0,584	0,843	..	59,2	7,2
Gambia	0,456	0,511	0,439	..	76,4	5,2
Ghana	0,526	0,525	0,622	..	65,5	6,3
Guinea	0,435	0,538	0,361	..	78,8	6,1
Guinea-Bissau	0,396	0,375	0,552	..	79,0	6,4

Kenya	0,541	0,477	0,690	..	78,5	4,8
Lesotho	0,514	0,332	0,753	0,591	67,9	8,4
Liberia	0,442	0,548	0,562	..	78,2	5,7
Madagascar	0,543	0,582	0,676	0,398	78,0	5,6
Malawi	0,493	0,456	0,685	..	90,1	6,1
Mali	0,371	0,385	0,331	..	82,2	4,3
Mauritania	0,520	0,526	0,541	..	67,5	4,6
Mauritius	0,804	0,785	0,839	0,538	31,5	10,7
Mozambique	0,402	0,380	0,478	..	83,0	6,2
Namibia	0,686	0,590	0,811	0,620	60,7	6,1
Niger	0,340	0,431	0,282	..	104,7	4,1
Nigeria	0,511	0,378	0,657	..	77,7	5,8
Rwanda	0,460	0,412	0,607	..	76,8	4,5
Sao Tome and Principe	0,651	0,673	0,813	..	72,2	6,9
Senegal	0,464	0,506	0,417	..	79,8	4,4
Seychelles	0,845	0,797	0,886	..	..	..
Sierra Leone	0,365	0,371	0,403	..	79,5	3,4
Somalia	..	0,412	..	..	85,7	5,2
South Africa	0,683	0,442	0,843	0,687	46,6	7,1
Sudan	0,531	0,548	0,539	..	67,0	6,4
Swaziland	0,572	0,339	0,731	..	67,1	5,9
Tanzania	0,530	0,500	0,673	0,539	85,8	6,0
Togo	0,499	0,620	0,534	..	69,5	6,3
Uganda	0,514	0,449	0,698	0,591	99,9	5,2
Zambia	0,481	0,326	0,682	0,426	91,0	6,0
Zimbabwe	..	0,306	0,789	..	70,0	7,3
AFRICA	0,547	0,482	0,608		71,5	6,1
SUB-SAHARAN AFRICA	0,514	0,441	0,597		79,1	5,7

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ERD 2010 Events' proposal

Type of event: Internal brainstorming/Research Workshop

Dates: 6-7 May 2010

Place: Florence

Themes: Poverty and inequality

Notes: One day during an interdisciplinary conference on "Contemporary approaches to inequality in the social sciences" organised by the Max Weber Programme at the European University Institute

Type of event: International Conference

Dates: 17-18 June 2010

Place: Paris

Themes: Social Protection: Learning from different experiences

Notes: Two day conference sponsored by France Ministry of Foreign Affairs.

Type of event: International Conference

Dates: 27-30 June 2010

Place: Dakar

Themes: Social Protection

Notes: Hosted by the UNDP regional office in Dakar

Type of event: International Workshop

Dates: Beginning/Mid September 2010

Place: Florence

Themes: Presentation of the draft chapters of the Report

Notes: An international workshop during which all the team members should present the preliminary findings of their contribution for the final Report.