

# SECTION III:

## Social Protection as an Instrument to Accelerate Progress toward the MDGs in Africa

### BACKGROUND

#### Definition of social protection

Social protection has been defined in various ways. For instance, the World Bank (2003a) defines it as a set of measures that support society's poorest and most vulnerable members and help individuals, households and communities to better manage risks. Such measures include labor market interventions (labor market regulations, programs, and wage-setting rules), social insurance programs (such as pensions, unemployment and family benefits, and sick pay), social assistance (transfers in cash or kind, subsidies, and workfare), and programs to assist people in need, especially vulnerable groups (disabled people, orphans, and vulnerable children, etc.).

The African Union (2008) defines social protection to encompass a range of public actions carried out by the state and others that address risk, vulnerability, discrimination, and chronic poverty. These include child support, old age pension, and disability allowance. Social protection is seen as a strategy to improve and sustain the social contract that binds citizens to governments and which is

founded on mutually agreed rights and obligations that advance common interests (ECA, 2009a).

The *2010 European Report on Development* provides a good framework for defining social protection as an investment in human development:

“a specific set of actions to address the vulnerability of people's life *through social insurance*, offering protection against risk and adversity throughout life; *through social assistance*, offering payments and in kind transfers to support and enable the poor; and *through inclusion efforts* that enhance the capability of the marginalized to access social insurance and assistance.”

(European Communities, 2010, p. 9).

The current conceptualization of social protection has seen a paradigm shift from public handouts to a provision of risk management instruments, and to informal and market-based arrangements. Such arrangements are geared to help individuals, households, and communities to better manage shocks in a way that promotes human development and reduces vulnerability.

This report sees social protection to be more than a safety-net that protects people from risks and shocks. It is about addressing the main causes of poverty by allowing the marginalized or vulnerable groups to benefit from and productively participate in the economic growth process. For social protection to impact directly on human development, it has to be protective and preventive, and to serve as an instrument of social justice. The need to use social protection mechanisms to fast-track the MDGs in Africa underscores the importance of integrating relevant strategies into countries' national development agendas and to complement them with concrete investment and implementation plans.

### **Momentum for social protection in Africa**

The momentum for social protection, as an instrument of social transformation and development, has been growing. Developing countries' experiences with the recent economic crisis, structural adjustment programs, and globalization since the 1990s have brought to the fore the importance of integrating social protection schemes into social policies to promote human development. At the international level, there has been an increasing clamor for the use of social protection to promote the achievement of the MDGs and related development issues. An important milestone was the adoption in April 2009 of a Universal Social Protection Floor (SPF-I) as one of nine initiatives in response to the global economic crisis. Several international organizations subsequently endorsed the SPF-I, among them the G-20 Labor and Employment Ministers, the ILO's Global Jobs Pact, OECD-Povnet, the Forum of Ministers for Ministries responsible for Social Development, and the International Council on Social Welfare (ILO and WHO, 2009). The G-20's 2010 Seoul Development Consensus

and the September 2010 High Level Meeting on the MDGs also highlighted the importance of social protection in the African context.

As far back as 2003, the World Bank pointed out the important linkage between social protection and the MDGs by concluding that "without due consideration to risks in the development process and the provision of appropriate social risk management mechanisms, including social protection, the MDGs will not be achieved" (World Bank, 2003a). The evidence from many Latin American countries and Southeast Asian countries demonstrates the vital role that social protection can play in facilitating rapid poverty reduction and progress on the MDGs. This presents a compelling argument for adopting such measures in other regions, such as Africa.

At the continental level, political support for investment in social protection has been intensifying. In 2004, the Assembly of Heads of State and Government of the African Union adopted the Ouagadougou Declaration and Plan of Action, which aimed at empowering people, opening up employment opportunities, enhancing social protection, and security through decent work (Taylor, 2009). The March 2006 Livingstone (Zambia) Call for Action proclaimed social protection to be both an empowerment and rights agenda. In September of the same year, the Yaoundé Call for Action advocated comprehensive social protection, focusing on a universal pension especially for the older people (European Communities, 2010). The African Union's Social Policy Framework for Africa (AU, 2008) proposed a minimum package of essential social protection, targeting health-care, and benefits for children, informal workers, the unemployed, old people, and persons with

disabilities. The launch of the African Civil Society Platform for Social Protection added to the impetus growing for pan-African social protection. In 2010, the Khartoum Declaration on Social Policy Action towards Social Inclusion was launched, which sets out a comprehensive approach to social protection in Africa.

The momentum at the subregional level is even more intense in the Southern African Development Community (SADC). Its 2003 Charter of Fundamental Social Rights (Article 10) mandated Member States to ensure that workers be given adequate social protection. This was extended to social services and development social welfare in the 2007 SADC Code on Social Security. While the East African Community (EAC) is committed to improving social protection for persons with a disability, the Inter-Governmental Authority on Development (IGAD) emphasizes the link between social protection and food security. Harmonization of labor laws and child protection constitute the focal areas of the Economic Community of West Africa (ECOWAS), as the application and extension of social health protection are being promoted by the Union économique et monétaire ouest-africaine (UEMOA) (European Communities, 2010).

At the national level, there have been longstanding social protection interventions in some African countries, while other nations are relative newcomers to this agenda. In spite of the growing interest in this area, there is a general tendency to perceive social protection as a safety-net rather than as an investment in human capital and a major strategy for human development, notwithstanding the international and regional calls for a broader perspective.

At the level of the international donor community, there is a growing consensus among development partners that developing countries need to strengthen and formulate social protection policies and mechanisms to deal with increasing vulnerabilities and shocks (World Bank, 2003a; AU, 2008; ILO and WHO, 2009; European Communities, 2010; DFID, 2011). This reinforces the consensus that is unifying all the different national, regional, and international stakeholders on the criticality of social protection issues. This provides an excellent opportunity for Africa to take full advantage of the current support (both financial and technical) to review and institutionalize social protection mechanisms and enhance progress toward the MDGs.

### WHY SOCIAL PROTECTION MATTERS IN ACCELERATING PROGRESS TOWARD THE MDGS IN AFRICA

Over the past decade, Africa has experienced rapid economic growth which began to generate social dividends; indeed, progress has been recorded across most of the MDGs. Improvements in governance, macroeconomic management, and more robust and transparent institutions made this possible. Yet, the continent is still prone to a myriad of potential and recurring shocks requiring ex-ante and ex-post social responses. Some of these include: macroeconomic vulnerability (including the impact of volatile food and fuel prices); perennial situations of fragility and civil conflicts; HIV/AIDS epidemic and other diseases such as TB and malaria; and increased vulnerability to climate change impacts and food insecurity. The erosion of the extended family system (due largely to modernization and migration), which was once the bedrock of the social security system in Africa, has also made people vulnerable. All this requires an institutionalized social protection mechanism to handle the fallout from these shocks.

What has become clear in recent years is that rapid economic growth – as witnessed in Africa over the past decade – has not translated into commensurate progress on poverty reduction and related MDGs. This tends to suggest that economic growth is a necessary but not a sufficient condition to achieve rapid progress on the MDGs. This calls for special, pro-poor interventions that directly address the needs of marginalized and vulnerable people in the short term, as well as protecting them from relapsing into poverty in the longer term, due to economy-wide, community-wide, or household-specific shocks. Such interventions must also ensure that the poor meaningfully participate in the growth process. This underpins the centrality of social protection in accelerating the realization of the MDGs.

Africa is a highly unequal continent, second only to Latin America. The continent is permeated with horizontal inequalities, characterized by the exclusion of certain groups from actively participating in the social, economic, and political processes in society. This inequality has rendered the economic growth impact on social outcomes rather meager. For instance, in 2010, when inequality was discounted from Africa's (excluding North Africa's), potential Human Development Index (HDI), it lost 32.8 percentage points, in contrast to 30.2 percent and 25.1 percent in South Asia and the Latin America and the Caribbean respectively. A similar trend was recorded in life expectancy, education and income indices (UNDP, 2010a). In addition, the drivers of economic growth rest primarily on fairly capital-intensive sectors, with few spillover effects on employment creation and the rest of the economy. The result has been rising income inequality. For instance, in Africa (where comparable data are available) 12 countries recorded a Gini

coefficient<sup>67</sup> of 0.50 and above between 2000 and 2010. Most of these countries are in the Southern Africa subregion and include Namibia (0.74), Comoros (0.64), Angola (0.59), South Africa (0.69), Lesotho (0.53), Liberia (0.53), and Botswana (0.51) (UNDP, 2010a).<sup>68</sup> Addressing inequality through social protection makes growth more inclusive; it builds a more cohesive society and promotes a harmonious citizen–state relationship. This lays the foundation for growth sustainability, reinforces social stability, and deepens political legitimacy.

The disparities in African societies though are not restricted to income but are reflected in the other MDGs as well. Wide variances exist among African countries in access to education and health services. In fact, the lack of social protection forces households to sell assets, reduce their food intake, and take children and wards out of school, thereby perpetuating a vicious cycle of poverty. The data reveal that out-of-school children largely comprise poor female household members, who live in the rural areas. Evidence shows that rural children are twice as likely to be out of school as urban children. In addition, girls in the poorest quintile are 3.5 times more likely to be out of school than girls in the richest quintile and four times more likely to be out of school than boys in the richest quintile. Unequal access to education based on income, gender, and location increases the vulnerabilities of the marginalized (UN, 2010).

67 Gini coefficient is an index of measuring inequality which ranges from 0 to 1. If its value is closer to 1, it shows the distribution of income is highly unequal; if it is closer to 0, it implies income distribution is almost equal.

68 Gini coefficient here may be different from national statistics due to the disparity between national and international statistics; this is an issue which the UN Statistical Commission is currently looking into.

Chronic hunger has irreversible developmental effects, such as stunting growth, creating ill health and low educational performance. Africa, excluding North Africa, registered the highest Hunger Index in 2010 (21.7 percent) after South Asia (22.9 percent). The need to staunch the irreversible developmental effects of malnourishment argues for protection of the most vulnerable in Africa. The case is clear: children from the poorest households are twice as likely to be underweight as those from richer households. Vulnerable employment, lacking the protection of more formal work arrangements, has increased in Africa since the global crisis and women are disproportionately represented in this sector. Similarly, for health-related MDGs (including access to improved water and sanitation), populations living in urban areas and belonging to higher-income groups have better outcomes (ECA, 2009a). The weak status of vulnerable groups has been exacerbated by the global financial, food and energy crises. Moreover, the crises have further marginalized these groups from access to broad-based policies that could alleviate their situation. Unless special interventions are designed for these groups, achieving rapid progress toward the MDGs will be difficult.

Social protection plays a central role in improving the quality of life of individuals and societies. It does this by developing and unleashing human potential, facilitating structural change, increasing stability, advancing social justice and cohesion, and promoting economic dynamism (Bonilla García and Gruat, 2003). The effective implementation of social protection can facilitate the link between economic growth and human development – an issue that has eluded many African countries over the past two decades.

Social protection can help to correct market failures which thus far have not been adequately addressed in Africa.<sup>69</sup> Countries where social protection has been effectively implemented (e.g., Brazil, Mexico, South Africa, and Ghana) have shown it to be an important instrument alleviating poverty and enhancing long-term growth. Social protection provides households with the safeguards that markets and informal networks are incapable of providing.

The foregoing factors make the implementation of social protection not only desirable, but also inevitable in Africa. Specifically, the intensity of poverty and inequality and the structural weaknesses in basic service delivery (especially in education and health) on the continent render the adoption of pro-poor interventions vital for advancing human development. However, the continuously diminishing fiscal space for governments, resulting partly from the effects of the global financial crisis, poses a serious challenge to the realization of the social protection agenda in some countries.

### SOCIAL PROTECTION AS A STRATEGY FOR ACCELERATING PROGRESS: POTENTIALITIES, EXPERIENCES, AND LESSONS

#### **Potential linkage between social protection and the MDGs**

Social protection helps households to even out consumption, build human capital, accumulate productive assets, and participate in the labor market. It takes as its premise that risk,

<sup>69</sup> See Conning and Kevane (2001) on how social protection corrects for market failures and Subbarao (1998) for reciprocal-based sources of assistance from extended families and neighbors.

vulnerability, and deprivation are central to the poverty-generating process (whether transient or chronic poverty) and that addressing these issues will take people out of destitution. The World Bank (2003a) and Barrientos and Shepherd (2003) propose a conceptual framework that tackles the links between vulnerability, poverty, and social protection. They postulate that the impact of risk and vulnerability on welfare is determined by three factors: the risk of an adverse contingency, the realization of that risk, and the behavioral responses of households. People that are chronically poor always face higher risks and are less able to protect their welfare when adverse contingency strikes. Consequently, they are forced to adopt risk-minimizing strategies that can lead to a poverty trap, such as adopting safer but low-return production techniques, and reducing investment in physical and human capital, among others. Social protection is therefore targeted at reducing such risks and the behavioral responses that result from them.

There is a vicious cycle between poverty, low levels of health (including nutrition), and education capital for individuals and societies. This is borne out by the emerging evidence of a far higher incidence of education and health spending among the richest quintile of the population compared to the poorest quintile. For example, in Africa (excluding North Africa) the incidence of health spending of the poorest quintile is one-third that of the richest quintile (World Bank and IMF, 2011). Social protection that is targeted at managing health risks can boost access to healthcare and attend to illness in a timely and sustainable manner, thus helping to maintain the health capital. A similar pathway is applicable to education capital.

In Africa, risk and vulnerability can contribute directly and indirectly to poverty and low social outcomes. The direct route is through the degradation of productive assets, especially during periods of drought, conflicts, and natural disasters (e.g., cyclones and floods). The indirect route is through the risk-mitigation responses of poor households, which consist in reducing investments in physical assets (e.g. the selling of landed property); reducing investments in human capital (e.g., withdrawal of children from school, delaying healthcare or changing health-seeking behavior towards non-orthodox practices, and increased fertility with its repercussions on infant and maternal health); and in low productivity specialization (selection of crops, resorting to informal jobs).<sup>70</sup> Based on this realization, social protection has become an emerging unifying policy among development stakeholders on how to address chronic poverty and promote progress on the MDGs in Africa. *Table 15* presents a matrix of social protection interventions and their potential impacts on the attainment of the MDGs.

<sup>70</sup> See Barrientos and Shepherd (2003) and World Bank (2003a) on how social protection contributes to poverty reduction.

**Table 15: Potential contributions of various social protection interventions to the MDGs**

| Social Protection Intervention                         | MDG 1   | MDG 2   | MDG 3  | MDGs 4-6   | MDG 7   |
|--|---|---|--|--|---|
| Pensions   | Reduces poverty among the aged and disabled.  |   |  | Increases access to health services for the aged.  | Increases access to water and sanitation.   |
| Unemployment benefits                                  | Reduces transient poverty among the unemployed.   |   | Provides temporal financial empowerment to women, enhancing their consumption and access to basic services.        | Ensures health status and "employability."   | Reduces poaching in game reserves and depletion of other natural resources.<br><br>Increases access to water. |
| Fee waivers for health, education and related services | Allows families to access services without a drop in income.  | Contributes to increased school enrollment.   | As girls' education is sensitive to fees in some communities, a waiver contributes immensely to girls' enrollment. | Patronage of health facilities is sensitive to user charges, so a waiver improves access and general health status.  | Increases access to water and sanitation.   |
| Safety nets  | Evens out/ raises incomes.<br><br>Cash transfer to vulnerable children can reduce inter-generational poverty. | Support to physically challenged people and vulnerable children increases enrollment and school attendance.<br><br>Benefits (cash / food) conditional upon school enrollment.<br><br>Creates incentives for families to send children and wards (especially girls) to school. | Contributes to girls' enrollment.<br><br>Special support to women increases their skills and productivity.         | Increases health status of orphans and vulnerable children.<br><br>Transfers to poor households enhance nutrition, resulting in gains in children's weight and height as well as nutritional and health status of women. |   |
| School feeding program                                 | Reduces child poverty, especially hunger.   | Contributes to enrollment rate, attendance, and pupil performance.  | Contributes to girls' enrollment and performance.  | Reduces child morbidity.   |   |

| Social Protection Intervention               | MDG 1   | MDG 2  | MDG 3   | MDGs 4-6  | MDG 7  |
|--|---|--|---|---|--|
| Social funds, including waiving of user fees | <p>Empowers the extremely poor communities to build social infrastructure.</p> <p>Increases available household income for basic consumption.</p> | <p>Contributes to girls' attendance in schools through attention to appropriate sanitation, security, etc. in the construction of school buildings</p> <p>Construction and rehabilitation of school facilities boost enrollment, attendance and reduce class sizes.</p>  | <p>Increases girls' access to schools through the creation of girl-friendly environments (e.g. provision of girls' toilets and special support to female pupils).</p>   | <p>Construction and rehabilitation of health facilities through social funds increase access to primary health services.</p> <p>Social funds that focus on building awareness and advocacy on HIV and AIDS, basic hygiene enhance behavioral changes and health outcomes.</p> <p>Social funds targeted at infants and pregnant women contribute to improved child and maternal health through reduction in morbidity and mortality.</p> | <p>Social funds targeted at tree planting, bio-diversity management, and erosion control promote environmental sustainability.</p> |
| Self-help projects                           | <p>Contribute to construction of feeder roads, bridges, and culverts which increases accessibility to markets and inputs.</p>                     | <p>Construction and rehabilitation of schools increase enrollment, attendance and performance.</p> <p>Parent-Teacher Associations contribute to school management and quality of education.</p> <p>Construction of boreholes/wells increases attendance and learning for children who spend hours on water collection.</p> | <p>Creation of multi-functional platforms in remote communities increases women empowerment.</p> <p>Community support to out-of-school children enhances skills and employment status.</p> <p>Construction of boreholes/wells reduces the time women spend on water collection, which can then be diverted to more productive activities.</p> | <p>Construction and rehabilitation of clinics and maternity centers and drug revolving schemes<sup>71</sup> increase access and make basic health services affordable.</p> <p>Construction of boreholes/wells reduces water-borne diseases and increases household hygiene.</p>   | <p>Community management of local forest reserves reduces deforestation and creates carbon sinks.</p>                               |

71 Drug-revolving schemes are designed to subsidize costly pharmaceuticals for those least able to afford them. After an initial investment of funds, drug supplies are replenished with monies collected from the sales of drugs.

| Social Protection Intervention                      | MDG 1  | MDG 2   | MDG 3   | MDGs 4-6  | MDG 7   |
|---|--|---|---|---|---|
| Labor market policies <sup>72</sup>                 | <p>Can create a more conducive environment for job creation, productivity and wage growth.</p> <p>Public employment programs provide temporary employment, especially in times of economic stress, thereby increasing the income of households in transient poverty.</p> <p>Support to informal workers in the form of skills and access to markets enhances their productivity.</p> <p>Workers' compensation policies and occupational safety policies protect the occupational health (and productivity) of workers and guard against work-related disability.</p> | <p>Addressing child labor can increase school enrollment and literacy rate.</p> <p>Wage increases can boost household spending on education and reduce child labor, thereby increasing primary school enrollment.</p> | <p>Encouraging women's labor force participation creates incentives for female education.</p> <p>Elimination of discrimination against women, physically challenged and ethnic minorities' participation in the labor market and public offices enhances empowerment and gender equality.</p> <p>Labor market policies that encourage women's participation in non-agricultural production can narrow the gap between men and women in recruitment and remuneration policies.</p> | <p>Gender-sensitive labor policies (maternity and paternity leave) promote child-care and give more attention to pre- and post-natal care.</p> <p>Maternity leave allows women to keep their jobs during pregnancy and child-caring stages.</p> <p>Provision of crèches in the workplace enhances exclusive breast feeding and childcare.</p> | <p>Income policy that favors forestry can lead to a better enforcement of environmental laws and regulations.</p> |
| Disability insurance (DI) and social insurance (SI) | <p>DI regularizes income for those temporarily or permanently unable to work.</p> <p>Sick leave safeguards a level of income during periods of illness and facilitates an ability to pay for treatment.</p>  | <p>SI evens out household incomes (protecting them from shocks).</p> <p>SI increases school enrollment and reduces child labor.</p>   | <p>Social insurance targeted at women reduces the impact of vulnerability and promotes gender equality.</p>   | <p>Health insurance makes medical treatment more accessible.</p>  |   |

Sources: World Bank (2003a); Ajakaiye and Odusola (2002); UNICEF and ODI (2009c); and DFID (2011).

72 Specifically, policies such as public works, child labor law, wage increases, policies supporting women's participation in the labor force, skills development program, etc.

## COUNTRY STUDIES: THE IMPACT OF SOCIAL PROTECTION ON THE MDGS

This section reviews the impact of social protection on MDGs, using available quantitative (though limited) and qualitative evidence. Consistent with the matrix described above, the findings of the ECA 2010a case studies<sup>73</sup> demonstrate that most social protection instruments have had a positive impact on the MDGs. The vast majority of such interventions prioritize poverty reduction of a specific vulnerable group, such as the elderly or the food-insecure. The evidence suggests that social protection is having a greater impact on the reduction of poverty and hunger (MDG 1) than on most other Goals, as detailed below.

### Poverty reduction

It is not always easy to establish empirical evidence on the effects of social protection in reducing poverty and enhancing progress toward the MDGs. This is because it is often conceptually and methodologically difficult to separate the impacts of social protection from those of other policies. The pathways through which social protection operates in the lives of poor families are so complex and so intertwined with other factors that few robust measurements of its impact exist. Estimations by the World Bank postulate that social protection interventions could reduce the total poverty headcount rate by 5 to 10 percentage points (World Bank, 2003a, p. 8). A simulation work by Dethier et al. (2010) for 18 Latin American countries shows that a universal minimum pension would substantially reduce poverty among the elderly, from between 25 to 50 percent. DFID's (2011) review further supports this argument: in Brazil, the

introduction of a cash transfer scheme accounted for a 28 percent fall in inequality (Gini Coefficient) between 1995 and 2004. Similarly, cash transfers reduced the poverty gap by 30 percent among beneficiaries of *Progressa-Opportunidades* in Mexico within two years of its launch.

Social protection mechanisms in Africa have assumed various forms, including free provision of tax-funded national health services, voucher instruments; cash transfer schemes, and contribution-based systems such as social health insurance. Empirical studies on how social protection contributes to poverty reduction and other MDGs in Africa are slowly beginning to emerge. *Table 16* provides some good examples from a number of African countries.

The implementation of a universal social pension in **Mauritius** is contributing to the low poverty rate in the country. For instance, the poverty rate for older people living with more than one younger person was 30 percent lower than it would have been without the universal pension (Kaniki, 2007).

Evidence from **South Africa** (Samson et al., 2004) also shows that the social security system reduces poverty, deprivation, and destitution.<sup>74</sup> The South African social grant reduces the poverty headcount by 4.3 percent and the destitution gap by 45 percent. Specifically, the old age pension reduces the poverty gap by 2.5 percent, the disability grant reduces the total Rand poverty gap by 5.1 percent, while extending the child support grant to 18 years

73 The ECA commissioned case studies in nine African countries (Algeria, Ethiopia, Kenya, Mauritius, Malawi, Namibia, Nigeria, Tunisia, and South Africa).

74 Destitution is defined as the bottom 20 percent of the expenditure distribution – the lowest poverty line in the country, based on a poverty threshold of R 180 per person per month (DSD, 2004).

contributes to a 21.4 percent reduction in the poverty gap. Fiszbein and Schady (2009) also found that a child support grant reduced the poverty gap among recipients by 47 percent. Similarly, Samson (2007) shows that South Africa's social grants reduced the poverty gap by 48 percent and the destitution gap by 67 percent, while at the same time supporting human capital development and labor market participation. For instance, Samson found that workers in households receiving social grants have higher labor force participation rates and greater success rates in finding employment than those in households not receiving grants. The comprehensive system of social grants in South Africa has led to several positive outcomes: a reduction of three percentage points in the Gini Coefficient; a doubling of the poorest quintile's share of national incomes;<sup>75</sup> a reduction in poverty from 11.3 percent in 1994 to 5.0 percent in 2006 (Government of South Africa, 2010); and a diminution of hunger and malnutrition.

South Africa boasts the most extensive<sup>76</sup> social protection system in the continent, with a primary focus on the State Old Age Pension (SOAP), disability grant, child support grant, foster child grant, care dependency grant, war veteran's grant and the grant-in-aid. Most of these interventions have proved to be very successful. The social grants have a total coverage of about 14 million (representing about one-third of the total population). However, despite the high level of unemployment in the country (around 23 percent), the absence of unemployment benefits for youths shows that an important vulnerable group has been excluded.

75 See DFID (2011) for more information on this.

76 This is in terms of scope (multiple instruments) and coverage and all unconditional.

Social grants as a share of GDP rose steadily from 1.5 per cent in 2001 to 3.4 per cent in 2007. Although this level is still sustainable given the wide coverage (over 14 million beneficiaries), efforts should be made to ensure that the program remains sustainable for the future. It is important to note that strong political will<sup>77</sup> has been a major factor driving the program's success in South Africa.

**Namibia** operates a multidimensional social protection program encompassing a social pension and disability grant, child welfare grant, school feeding program, war veteran subvention, ad-hoc relief program and resettlement program. Specifically, the appreciable coverage of the old age pension and cash transfer schemes in Namibia has had a high impact on poverty reduction of vulnerable groups, primary school enrollment, gender empowerment, and prevention of diseases. This is consistent with Levine et al. (2011), who conducted a multivariate analysis of the impact of cash transfers on household welfare in Namibia. Using the lower-bound poverty line (adult equivalent income), the report concluded that cash transfers reduced the poverty incidence by 4.3 percent, the poverty gap by 18.4 percent, and poverty severity<sup>78</sup> by 27.5 percent. The effects are substantially higher for adult equivalent

77 Prior to President Thabo Mbeki's regime, poor delivery of social protection interventions was commonplace. His administration made social protection the cornerstone of his election campaign and mobilized the national action plan around it. Today, the delivery rate is adjudged to have reached 80 percent (Samson, 2007).

78 Poverty severity is special form of poverty gap which takes into account not only the distance separating the poor from the poverty line, but also the inequality among the poor. This measure captures households that are further away from the poverty line.

consumption expenditure. The multivariate results show that the old age pension and child maintenance grants have had a significant impact on poverty reduction at 95 percent confidence interval. For the old age pension, for instance, a 1 percent increase in pension reduces poverty by 0.2 percent. The authors conclude that poverty-reducing effects of the child grants are likely to increase further as access is being rapidly expanded. However, the impact in terms of reducing Namibia's high levels of socioeconomic inequality remains limited. (See *Table 16* for more information on Namibia.)

Namibia then offers lessons and experience for other countries to emulate (especially regarding the implementation of social pension and child support) and points to ways of ensuring financial sustainability. However, the implementation of social protection in the country is saddled with coordination challenges and an absence of mechanisms to assess the real impact of the various initiatives.

Social protection contributes to hunger reduction and food security in several African countries. In this regard, **Ethiopia's** Productive Safety Net Program (PSNP) stands out as an enviable success. The PSNP has three core components: labor-intensive public works (for the actively productive population), conditional transfers (for very poor people who cannot participate in other forms of productive work, e.g. pregnant women, nursing mothers, widows, and school children), and unconditional transfers (especially for people with no assets e.g. the destitute) (Desta, 2010). This innovative program still contends with a number of challenges, including a heavy dependence on external support, which could undermine

sustainability, and the absence of a well-developed strategic framework for social protection which translates into weak coordination. Nonetheless, between 2005 and 2008, the PSNP in Ethiopia led to the construction of many community assets: 2.1 million km of stone embankments to prevent soil erosion and improve water conservation; about 1 billion trees planted to restore degraded watersheds and improve soil and water conservation; 7,000 km of small-scale irrigation canals and 191,600 ponds constructed to provide water for agriculture. The program prevented vulnerable people from selling their assets as a result of external shocks, while 55 percent of the beneficiaries affirmed that PSNP had increased their household incomes. It improved food security for 7.8 million who had previously relied on emergency food relief (especially in communities facing chronic shortages).

Evidence from Devereux and Coll-Black (2007) revealed that 75 percent of the beneficiaries<sup>79</sup> of the PSNP program consumed more and better quality food, and 60 percent avoided selling off their productive assets to buy food during periods of shortage. This innovative program contributed to a reduction of around 41 percent in malnourishment between 1990 and 2007. As a result, the hunger index for Ethiopia fell from over 50 percent in 1990 to less than 30 percent in 2008. The cumulative effect of all these positive outcomes was a 30 percent reduction in the country's overall poverty level from 1998 to 2008.

<sup>79</sup> See *Table 16* for the coverage of the program. Specifically, it operates in 300 rural communities with chronic food shortages and provides cash or food for work and unconditional transfer of food to people that were unable to participate in public works.

In the same light, **Malawi's** social protection program has significantly reduced hunger, resulting in a substantial increase in the number of food-secure households, from 67 percent in 2005 to 99 percent in 2009. Furthermore, per capita cereal consumption increased to 285 kg from 170 kg over the same period. The program also helped to stabilize food prices and increase the incomes of beneficiaries.

**Rwanda** provides a notable success story with a system of multiple social mechanisms, including universal health insurance (covering 91 percent of the population), free education, social transfers such as a pension scheme, the Vision 2020 Umurenge Program (VUP), support to survivors of the genocide, and the "one cow per family" program. For instance, the VUP has three components to redirect social protection programs to vulnerable populations: (i) *public works* using community assets to create off-farm employment infrastructure, like watershed management; (ii) the Ubudehe<sup>80</sup> *credit packages* to tackle extreme poverty and foster off-farm employment opportunities, and (iii) *direct support* to expand access to social services or provisions for landless households, as well as encouraging development of appropriate skills. The Rwandan government allocated about 4.7 percent of the budget to the social protection sector in 2009/2010, an amount expected to reach 4.9 percent in 2010/2011 and 5.1 percent in 2011/2012.

The VUP was launched as a pilot scheme in 2008 with the public works component, followed by the cash transfer in 2009 and the credit

80 Ubudehe is a traditional practice with a culture of collective action to solve community problems.

scheme in February 2010. A rapid assessment of the implementation shows that about 55 percent of the beneficiaries saved part of their VUP benefits to buy foodstuffs and productive assets such as livestock and farm inputs.<sup>81</sup> The public works and social grant programs (which constituted 50 percent of the national budget dedicated for social protection) have contributed to a reduction in extreme poverty from 40.6 percent to 9.0 percent among the beneficiaries (European Communities, 2010). The government has linked the success of the program to an overall decrease in extreme income poverty from 39 percent in 2006 to 34.5 percent in 2009. Important lessons from the implementation of this program are the alignment with national strategy, harmonization which provides a good framework for support (e.g. World Bank, EU, and DFID), and a decentralized approach using the Ubudehe mechanism.

### Human capital development

There is evidence that social protection in several countries has contributed to human capital development in Africa, but the relationship is not straightforward. Emerging evidence suggests a minimum threshold support level needed for social protection to have a significant impact on the MDGs; moreover, it could lead to diminishing returns if not well managed.

*Table 16* provides examples of countries that have used various forms of social protection instruments, including those geared to enhancing school attendance and enrollment. For instance,

81 Beneficiaries used the savings to acquire food commodities (53.3 percent) and to purchase productive assets such as livestock (24.5 percent), farm inputs (18.3 percent) and education (13.1 percent) (European Communities, 2010).

in **Ethiopia**, the implementation of public works led to the construction of 4,494 school classrooms to improve education services in rural communities. In **Namibia**, both the cash transfers to Orphans and Vulnerable Children (OVC) and the old age pension increased enrollment. **Malawi** provides a good case for the impact of social protection on education. In addition to contributing to increased school enrollment particularly among dropouts (Baird et al., 2010), cash transfers also increased school enrollment by 5 percentage points among children aged 6–17 (Handa and Stewart, 2008).

The implementation of conditional cash transfers in Africa is not without its difficulties. **Nigeria's** conditional cash transfer targeted women whose children were of primary school age group (requiring a minimum of 80 percent attendance) and patronage of hospital facilities by household members (Aigbokhan, 2010). Yet, social protection in the country is still grappling with targeting, sustainability, monitoring and evaluation, and coordination challenges.

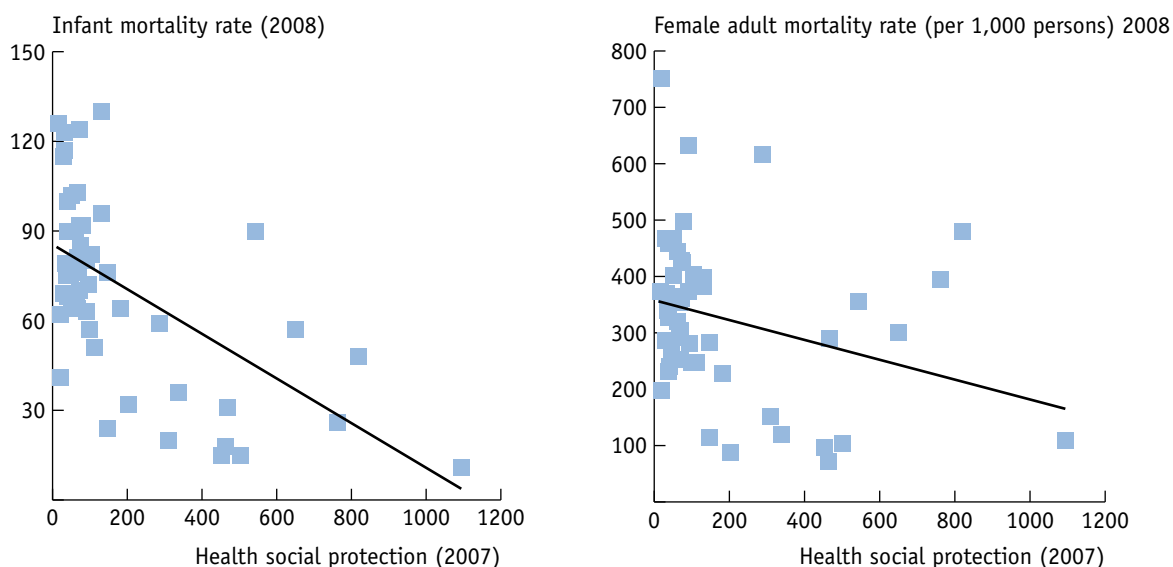
**Malawi** has also been implementing comprehensive social protection programs, including direct welfare instruments (conditional and unconditional cash transfers, school feeding programs, and food aid); productivity-enhancing programs (e.g., public works programs and fertilizer subsidies); and market intervention programs (control of the price of maize, minimum prices for agricultural produce, and maintenance of strategic food reserves). The impact of the agricultural input subsidies has been resounding and well acknowledged among policymakers and analysts. The program covered 1.7 million smallholder farmers in 2009, and contributed to about 26 percent

reduction in poverty over just four years (between 2005 and 2009). Several publications, including government reports, have linked this program to a 32 percent increase in the proportion of food-secure households during 2005–2009, and to a rapid reduction in under-five stunting and wasting among children. In spite of this achievement, the rising cost of operationalizing this program is threatening its sustainability. The cost of subsidy escalated from MK 5.1 billion (2.1 percent of GDP) in 2005/06 to MK 16.3 billion (3.4 percent of GDP) in 2007/08 and to MK 31.0 billion (5.5 percent of GDP) in 2008/09 (Chirwa, 2010).

An econometric analysis of the child support grant in **South Africa** also shows that children that benefited from the program in their first three years of life increased in height-for-age at age three. This is expected to translate into a 3.5 cm height gain as an adult (Aguero et al., 2007). However, the unconditional cash transfer in **Mozambique** did not show any appreciable impact on nutrition (Yablonski and O'Donnell, 2009). They point out that three major factors explaining the impact of cash transfer and children nutrition are: (i) the duration over which the transfer was received, (ii) the age of the recipient (the window period of 0–24 months of age produced the best result), and (iii) the size of the transfer (very low transfers generate limited impact).

UNICEF and ODI (2009c) reveal that countries with higher social health protection<sup>82</sup> also have significantly better U5MRs, MMRs, and antenatal care indicators. Evidence from *Figures 56a* and

82 UNICEF and ODI (2009c) used per capita total health expenditure as a proxy for social health protection.

**Figure 56a and 56b: Correlation between social protection and health outcomes, 2007**

Source: Computations based on UNDP (2010a).

56b supports UNICEF's conclusions on the positive linkage between social protection and health outcomes. Countries that spend more on social protection tend to achieve better health outcomes (reduced infant and female adult mortality rates), especially those that directly support women.<sup>83</sup> As indicated by the elasticity of the slope of Figure 56b, a small increase in social protection spending on women substantially reduces female mortality in Africa. The fact that the relationship is U-shaped indicates some possibility of diminishing returns. The implementation of social protection does not automatically yield the desired results. Investment in social protection will support progress on the health MDGs, provided

such investments are efficiently and effectively managed. More efforts should therefore be focused on improving quality management of the social protection mechanisms.

<sup>83</sup> Analyses from DFID (2011) and European Communities (2010) suggest that there is limited evidence that conditional social protection yields a better result than the unconditional type.

**Table 16: Cases of successful social protection interventions in Africa**

| Country               | Program type and focus   | Coverage   | Impact  |
|-----------------------|--|--|---|
| Namibia <sup>84</sup> | Nutritional support to Orphans & Vulnerable Children (OVC): in 2010; each OVC received N\$30 per month.<br><br>Old age pension (OAP) (60 years and above) N\$500 per month   | 160,000 OVCs in rural areas.<br><br>Beneficiaries of OAP and disability grants rose from 109,894 in 2003 to 130,455 in 2008, representing about 82% coverage of 60 years plus. <sup>85</sup> As at 2009, it represented 4.05% of total expenditure and 1.36% of GDP. | Reduced infant mortality rate and increased primary school enrollment and completion rates. It also reduced child mortality.<br><br>Cash transfer enhanced households' income, which substantially contributed to poverty reduction and gender empowerment while improving their health status (especially MDG 6) and school enrollment (Kaakunga, 2010).<br><br>Cash transfers reduced poverty incidence by 4.3%, the poverty gap by 18.4% and poverty severity by 27.5 % (Levine et al., 2011).                                 |
| Nigeria               | Conditional cash transfer scheme, termed Care of the People (COPE), focusing primarily on female-headed households, physically challenged women, and women in special groups such as those living with HIV (all with children of basic education age); access conditional upon their investing in the human capital of their children. | Phase 1 of the scheme as at 2009 covered 8,850 households (44,250 individuals) with a threshold ranging from US\$ 100 per month for households with one child to US\$ 33.33 for households with more children.   | The cash transfer increased the consumption level of women and hence reduced their poverty level. The scheme, which targets women, was found to have a positive impact on enrollment, school attendance, and use of hospital facilities.  |
| Malawi                | Zomba Conditional Cash Transfer Program  | It targeted 1,230 school girls and 3,805 girl dropouts. It allocates from US\$ 1 to US\$ 5 per month to girls and from US\$ 4 to US\$ 10 per month to their guardians/parents.   | Cash transfers increased school enrollment (particularly among dropouts) and the incidence of unsafe sexual activity was 38% lower among beneficiaries than in the control group (Baird et al., 2010).<br><br>Cash transfers increased school enrollment by 5% among children aged 6–17 (Handa and Stewart, 2008).<br><br>Between 2007 and 2008, illness was reduced by 23% among children participating in the Mchinji unconditional cash transfer program, as against 12.5 percent that did not participate in it (DFID, 2011). |

84 Total social grants (old age pension and disability grant) as a percentage of government expenditure in Namibia increased from 3.1 percent in 2001/02 to about 6 percent in 2008/09. As a percentage of GDP, it rose from 1 percent to about 2 percent during the same period.

85 The level of coverage tends to vary from one report to another due to variation in population projection (see Levine et al., 2011).

| Country  | Program type and focus  | Coverage   | Impact  |
|----------|---|--|---|
| Malawi   | Farm Input Subsidy Program (FISP): A beneficiary household is entitled to either a maize package of fertilizers and seeds or a tobacco package of fertilizers or a cotton package of chemicals and seeds. | Supporting small farm holders to access 2 bags of 50kg fertilizer per year. Approximately, 1.7 million small farm holders are benefiting from the project.   | <p>Substantially increased the number of food-secure households from 67% in 2005 to 99% in 2009 and per capita cereal consumption from 170 kg to 285 kg. over the same period.</p> <p>FISP also helped to stabilize food prices and increase incomes of beneficiaries. Also, the proportion of stunting and wasting among under-five year old children fell from 6.4% and 6.8% respectively in 2005 to 4.9 percent and 5.8 percent in 2007.</p> <p>Overall, poverty fell from 52.4% in 2005 to 39.0% in 2009 (Chirwa, 2010).</p>  |
| Ethiopia | Productive Safety Net Program (PSNP) <sup>86</sup> was designed as a component of the overall government Food Security Program (FSP)  | As at 2009, the program covered 7.56 million chronically food-insecure people in eight regions and 290 districts. This constituted about 10% of the total population. It provides predictable cash and/or food transfers for six months each year. Each household receives up to US\$ 137 in transfers per year, based on 2009 prices. | <p>Rapid expansion of community assets such as roads, dams, erosion control embankments, and schools to mention a few.</p> <p>About 55% of the beneficiaries confirmed that the program had enhanced their real income while about 50% declared that it prevented them from selling their assets during shocks, and more children now stay in schools.</p> <p>The program led to over 30% reduction in the poverty level between 1998 and 2008.</p> <p>It also improved food security by 11% and livestock holding by 7% (European Communities, 2010).</p> <p>PSNP provided food for 7.8 million people suffering from chronic food shortage and 15% of recipients spent unconditional cash transfer on education (DFID, 2011).</p> |

86 The PSNP has three core components: labor-intensive public works (for actively productive population), conditional transfers (for very poor people who cannot participate in other form of productive work, e.g. pregnant women, nursing mothers, widows, school children), and unconditional transfers (especially for people with no assets, e.g. destitute).

| Country      | Program type and focus   | Coverage  | Impact  |
|--------------|--|---|---|
| South Africa | <p>Child Support Grant (CSG)</p> <p>State Old Age Pension (SOAP)</p>                                 | <p>It covered poor children up to 18 years, which extended to 8,765,354 as at 2009. Each beneficiary was taking a monthly stipend of R250 (about US\$ 40.0). It represented 28.85% of total social grants in 2008. It presently covers 20% of total population and 70% of children.</p> <p>It covers South Africans of 60 years and above with a monthly stipend of R1080 (about US\$ 166.0). As at 2009, it covered 2.4 million beneficiaries, representing 5.3% of the total population and 80% of the elderly.</p> | <p>Child support facilitated improved food baskets and nutritional status of the recipients and their households, thus reducing stunted growth which used to be a common phenomenon among the black population during apartheid (Delany et al., 2008).</p> <p>It increased height-for-age at three years with an expected increase of 3.4 cm in height at adulthood (Aguero et al., 2007).</p> <p>It has also contributed to better nutrition, primary school enrollment and completion rates, school attendance and functional literacy. Higher school attendance in householders receiving unconditional transfers was also noted in DFID (2011).</p> <p>SOAP reduced the poverty headcount by 2.5% and the poverty gap by 5.1%. All the seven social instruments together<sup>87</sup> reduced the poverty gap by 4.3% and the destitution gap by 45% (DSD, 2004 and 2006).</p> <p>Comprehensive system of social protection reduced inequality by three percentage points (Samson, 2007).</p> |
| Rwanda       | Vision 2020 Umurenge Program   | It is a three-in-one program consisting in public works, cash transfers, and financial services (credit and savings) involving about 36,000 households. By January 2009 the transfer component had reached 6,800 households in 30 pilot districts.  | In addition to enhancing the monitoring and evaluation system, it has contributed to a reduction in extreme poverty from 40.6% to 9.0% (European Communities, 2010).  |
| Ghana        | <p>National Health Insurance Scheme</p> <p>Livelihood Empowerment Against Poverty program (LEAP)</p> | <p>It covers 67% of the population (formal and informal sector employees).</p> <p>Monthly transfers from GHS 8 (US\$ 6.9) for one dependant up to a maximum of GHS 15 (US\$ 12.9) for four dependants. Targeting one-sixth of the extremely poor within five years, it provides cash transfers to households with orphaned and vulnerable children (OVC) and highly vulnerable elderly and disabled; reaching 26,200 households in May 2009.</p>  | <p>It has reduced out-of-pocket expenditure for health by 50%.</p> <p>It has enhanced access to health services, thereby improving infant and maternal health.</p> <p>This program contributed to Ghana's success in meeting the poverty target before 2015.</p>  |

<sup>87</sup> The system comprises seven different grants: the Old Age Pension (OAP), Child Support Grant (CSG), Disability Grant (DG), War Veterans' Pension, Foster Care Grant, Care Dependency Grant, and Grant in Aid.

| Country | Program type and focus   | Coverage  | Impact   |
|---------|--|---|--|
| Algeria | Social Safety Net Program. This comprises The Flat Support Allowance (AFS) and Activities of General Interest (AIG). | <p>Algeria implements a multidimensional social protection system.</p> <p>The AFS is an aid to heads of families or people living alone without income, disabled or incapacitated, older than 60 years, and female heads of households with no income, regardless of age. Since February 2009, beneficiaries are paid 3000 dinars per month, plus an additional payment of 120 dinars per dependant up to a maximum of 3 people.</p> <p>Activities of General Interest (AIG): works of general interest relating to the maintenance and rehabilitation of the housing facilities in urban and rural development, educational activities, cultural, environmental health, and social, and preparation for self-employment.</p> | <p>Although the assessment of the impact of the program has not been carried out in the ECA case study, there is evidence that many people have benefited from the program. For instance, the number of beneficiaries of the AFS was about 622,000 in 2009. They include 288,000 disabled and 272,000 elderly. More than 300,000 dependants benefited from the addition of AFS. The activities of general interest have benefited more than 270,000 people (Boulahbel, 2010). The impact of social protection on reduction of unemployment was rated to be significant: unemployment reduced from 30% in 2000, to 15.3% and 10.2% in 2005 and 2009 respectively (Kpodar, 2007; Algeria 2010 MDG Report).</p> |
| Kenya   | Home-grown school feeding program  | Conditional transfers to schools for local purchase of food covering 500,000 pupils in 29 arid and semi-arid districts and two Nairobi slum areas.  | The program boosted local food production, increased children's dietary intake, and children's learning capability and school attendance.  |
| Lesotho | Old age pension  | All registered citizens of 70 years and above. It is estimated to cost less than 2.0% of GDP.   | <p>Increased household food and health security and participation of elderly in household and community activities (European Communities, 2010).</p> <p>50% of recipients have increased their spending on health since 2005 (Samson, 2007).</p> <p>48% of old age pensioners confirmed they never went hungry after the introduction of the grant compared to 19% before. Recipients also claimed they bought uniforms, books and materials for their grandchildren (DFID, 2011).</p>   |

Sources: Compilation based on the 2010 ECA case studies from 9 countries; Samson (2007); Holmes and Barrientos (2009); European Communities (2010); Baird et al. (2010); Boulahbel (2010), Chirwa (2010); Levine et al. (2011); and DFID (2011).

## OPPORTUNITIES AND CHALLENGES

### Lessons for policy consideration

The country studies cited above demonstrate a number of important aspects that should inform policy direction for African countries interested in introducing social protection interventions. Many African countries have shown that social protection is feasible if there is strong political will at the national level, linked to solid support from development partners. Nonetheless, there is a need for improvement in a number of areas.

*Fiscal sustainability of social protection mechanisms:* It is important to plan for the sustainability of social protection in Africa. Although the situation remains sustainable in several countries (e.g., South Africa and Namibia), this is not the case for many others, including Malawi, especially on the agricultural subsidy program. Planning for fiscal sustainability includes developing an efficient domestic resource mobilization strategy, the reallocation of budgets, and the judicious use of external support. Conditional and production-based social protection could also lead to financial sustainability. When specific social protection instruments (especially cash transfers) are implemented in isolation of complementary interventions that support livelihoods (such as skills acquisition), exiting from the poverty trap becomes difficult, which compromises sustainability.

Donor-driven social protection has severe resource limitations in terms of the predictability and sustainability of such programs. For this reason, social protection needs to be institutionalized to increase the likelihood of predictable and adequate budgetary allocations. A recent study by

the ILO (2008)<sup>88</sup> provides some guidelines for the implementation of basic social security schemes. A package of social protection that includes the following measures is considered to be potentially sustainable: targeted basic child healthcare support (15 percent of per capita GDP up to US\$ 0.50 a day in purchasing power parity – PPP); targeted income support to the poor and unemployed as well as pensions to the elderly and persons with disabilities (30 percent of per capita GDP up to US\$ 1.0 per day (PPP) paid to 1 percent of working-age population and all people of 65 years and above). However, the relatively low tax-GDP ratio (i.e., approximately 10–18 percent) in several African countries tends to suggest more robust domestic resource mobilization efforts are needed to ensure the long-term feasibility of such projects. In parallel, development assistance will be needed in the short term to supplement domestic resources.

*Social protection strategies as a mutually reinforcing package:* Social protection schemes should not be seen as individual instruments but rather as an integrated agenda. For instance, a “social security” agenda is concerned with delivering social assistance and basic services to vulnerable groups, while a “food security” agenda is concerned with ensuring sustainable livelihoods for the working poor: they are mutually reinforcing. In reality, protection is needed against both “life-cycle risks” (such as in early childhood and old age) and “livelihood risks” (such as unemployment or crop production shocks). When social protection

<sup>88</sup> The study was conducted on 12 low-income countries (including Burkina Faso, Cameroon, Ethiopia, Guinea, Kenya, Senegal, and Tunisia) to determine the cost of a basic social security scheme consisting of universal primary health care, basic old age and disability pension, basic child benefits for the first two children, and provision of 100 day employment guarantee to the poorest decile of the working population.

mechanisms are managed holistically, they tend to generate maximum benefits toward attainment of the MDGs.

*Coordination issues:* Almost all the countries reviewed revealed an absence of effective coordination at both vertical and horizontal levels. This includes inter-governmental and inter-agency collaboration and coordination. Duplication of efforts across similar agencies of the same government or between tiers of governments adds to transaction costs, reduces effectiveness, and impairs results. There is a need for societal and political consensus to support the design, implementation, and evaluation of the program. The case studies have shown that while social protection in those countries has had a positive effect on the MDGs, the outcome has been largely accidental and not a conscious policy effort. In several countries, social protection interventions are generally individual interventions addressing a vulnerable group rather than an instrument for social development; they are therefore not explicitly linked to the MDGs. Forging closer links between such initiatives and MDG outcomes is vital to ensure coherence in national planning and budget execution and to promote coordination and synergies across line ministries. There is a need to acknowledge the transformational potential of social protection instruments and to link this to the overall MDG-based planning process.

*Learning from other social protection mechanisms:* South–South cooperation could play an important role in using social protection to accelerate the MDGs, although it must be remembered that country contexts may differ. Transferability of lessons will depend on the local context and ability to manage implementation challenges.

*Monitoring and evaluation:* Adequate monitoring and evaluation systems need to be developed in order to determine which interventions are successful, to assess impact, conduct cost/benefit analysis, and inform future interventions. For better policy impact, monitoring should be institutionalized and separated from implementation. Greater precision in targeting is necessary to ensure that only those who require social protection benefits receive them. This also helps to minimize the unintended exclusion of deserving beneficiaries.

*Building and sustaining an implementation mechanism:* A gradual process of implementation that allows for a feedback process is important for success. The social protection system should be tested through pilots and then scaled up, once the design features have been fully tested. Other integral parts of effective implementation strategies include the registration of potential beneficiaries, determining eligibility, and establishing payment mechanisms that are based on transparent and accountable processes. An important element of implementation is having the required human resources to manage the process. Effective implementation also calls for the development of national guidelines, focusing on how to coordinate interventions, efficiently target beneficiaries, ensure continuity, and limit wastage. It will also include the establishment and enforcement of a clear set of criteria to select beneficiaries.

*Legitimization:* To ensure the continuity of social protection schemes, social protection as a fundamental right of citizenship has to be legally enshrined. Legitimacy will also ensure the establishment of institutional frameworks, national guidelines, and budget provisions.

*Strengthening capacity for social protection design and delivery:* There needs to be in place adequate institutional and administrative capacity to design, implement, and broaden social protection programs. Governments need to invest in the capacity of those agencies responsible implementing social protection programs. This includes building human and institutional capacity, the provision of complementary services, and monitoring and evaluation. It also requires developing a robust evidence base and an accessible knowledge management system.