



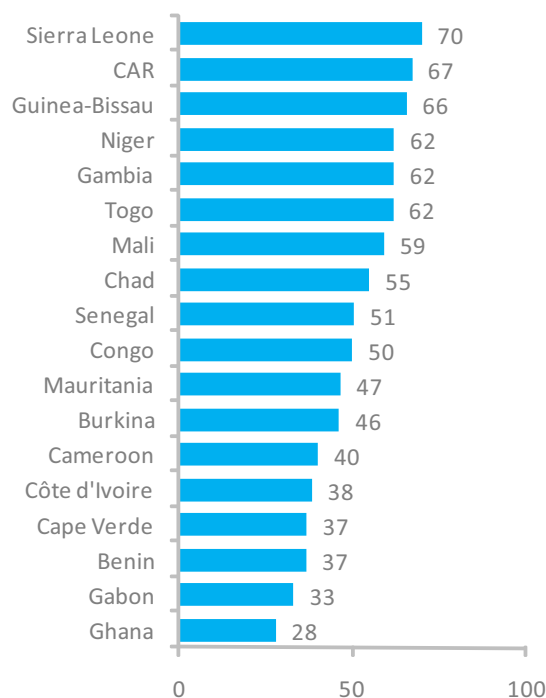
Strengthening social protection for children in West and Central Africa

In many of the countries of West and Central Africa, more than half the population lives below the officially defined absolute poverty line and as much as a quarter of the population lives in extreme (food) poverty (see Figure 1). Child poverty is even more widespread, because of higher fertility among the poor, in a region where children under 18 account for 51% of the population and one-third of these children are less than five years old.

Poor households are particularly vulnerable to adverse shocks and stresses. The types of risks they face include natural disasters such as droughts, floods, locusts and failed harvests; economic risks, such as the recent global food, fuel and economic crises, as well as longer-term economic difficulties; political risks, such as civil wars and instability; poor health, including HIV and AIDS; and social risks such as discrimination, violence and abuse. The poor have limited resources to cope with shocks, such as assets, savings, insurance, access to credit or new livelihood opportunities, and often have to resort to negative coping strategies, such as the sale of assets or the withdrawal of children from school.

Children are especially vulnerable because of their physical and psycho-social immaturity, especially in the first few years of life. They have specific needs and face specific risks, such as life-threatening diseases and under-nutrition in the first years of life, non-attendance or withdrawal from school, child labour and

Figure 1. Poverty rates in West and Central Africa (based on national poverty lines)



Source: National household surveys.

other forms of exploitation and abuse. Furthermore, deprivations and lost opportunities in childhood have lifetime consequences, increasing the likelihood of poverty in adulthood and the transmission of poverty to the next generation.

The risks facing children are not exclusively economic. Social and cultural factors also play a role and, at the household level, vulnerability is often a complex interplay of different factors, including gender relations, discrimination and power imbalances. Children, because of their dependence on adults, can be vulnerable to adverse intra-household dynamics, including abuse, as well as one of the greatest risks of all – the disintegration or loss of the family environment, the basic social unit for the care and upbringing of children. This is particularly important in the context of the HIV and AIDS crisis, in certain war-affected countries and in areas with high rates of migration.

Social protection, which is generally understood to include social transfers, social insurance, social welfare services and related legislation, is now increasingly seen as an important component of poverty reduction strategies and efforts to reduce vulnerability to shocks and stresses. It can play a particularly important role in addressing the specific vulnerabilities of children. Social protection measures can improve children's nutrition, strengthen the utilisation of basic health and education services and reduce households' need to resort to child labour. In turn, these increased household investments in children improve life-course capacities, helping individuals to escape from poverty in adulthood and thereby break the intergenerational transmission of poverty

This briefing paper, which is based on one of several reports from a research programme on social protection and children in West and Central Africa, reviews the current state of social protection in the region and explores the options for strengthening child-sensitive social protection systems in West and Central African countries¹.

Child poverty in West and Central Africa

As noted above, children are overrepresented among the poor. Beyond income poverty, children in the region also suffer high rates of deprivation in terms of nutrition, health, access to clean water and sanitation and education. As Table 1 shows, most of these indicators are worse than in Eastern and Southern Africa. Indeed, West and Central Africa has the highest child mortality rates of any region in the world, as well as the lowest school enrolment, attendance and achievement rates. Progress towards the Millennium Development Goals (MDGs) has been very slow.

Children also suffer widespread problems of abuse, exploitation and violence. The region has high levels of child labour, trafficking and commercial sexual exploitation, and many children have been affected by war, especially in countries such as the Central African Republic (CAR), Chad, Congo, Côte d'Ivoire, Democratic Republic of Congo (DRC), Liberia and Sierra Leone. Many girls in the region suffer from harmful traditional practices such as early marriage and female genital cutting.

Although children in the poorest households (in income or consumption expenditure terms) usually suffer the most chronic and severe deprivations, there is often only a slight difference in the incidence of child deprivation among households in the bottom 40-60% of the income distribution in the region. In some countries, children in only the top few percentiles have significantly better standards of living and security from risk. While 43% of the region's population now lives in urban areas and there is significant urban poverty, particularly in informal peri-urban areas, rural areas remain worse off by most indicators of childhood deprivation. For example, the mean rural-urban ratio of child stunting is 36% to 23% (across 14 countries for which DHS data are available for the past decade).

¹ The studies on social protection and children in West and Central Africa were sponsored by the West and Central Africa Regional Office of UNICEF and carried out by the Overseas Development Institute (ODI) in London, with the participation of researchers from the region. This briefing paper is based on the report on 'Strengthening Social Protection for Children, West and Central Africa', by Rebecca Holmes and Tim Braunholtz-Speight, which was published jointly by UNICEF and ODI in June 2009.

social exclusion

reduction of poverty

Table 1. Social development indicators in sub-Saharan Africa

	Eastern and Southern Africa	West and Central Africa
Underweight prevalence – moderate and severe (%) (2000-2007)	28	28
Wasting – moderate and severe (%) (2000-2007)	7	10
Stunting – moderate and severe (%) (2000-2007)	40	36
Primary school net attendance ratio (%) (2000-2007)	66	61
Male %	66	66
Female %	66	56
Gender parity	1	0.88
Under-5 mortality rate (1990)	165	206
Under-5 mortality rate (2007)	123	169
Infant mortality rate (under 1) (1990)	101	116
Infant mortality rate (under 1) (2007)	80	97
Maternal mortality ratio (2005, adjusted)	760	1,100
% of population using improved drinking water sources (2006)	56	59
% of population using adequate sanitation facilities (2006)	27	34

Source: UNICEF, The State of the World's Children 2009.

Existing social protection in West and Central Africa

Informal safety nets in the form of kinship-based solidarity are deeply rooted in the traditional cultures of West and Central Africa. However, these are being undermined by urbanisation, modernisation and changes in the nature of the family. Modern social security systems have been established in all countries, but these provide only a limited range of benefits and essentially cover only those employed in the formal sector (and their families). In most countries this is less than 10% of the population. There is no social security coverage for the vast majority of poor households, who gain their livelihoods in small-scale agriculture and the informal sector.

Extending social protection to the poor is a major challenge, although it is increasingly being addressed as part of national poverty reduction strategies (PRSPs). Some countries, including Burkina Faso, Cape Verde, DRC, Ghana, Mali and Senegal, have also developed national social protection strategies, policies or plans.

Given the diverse range of economic, social, political and environmental risks in the region, it is not

surprising to see a wide range of social protection objectives and priorities in these policy documents. For example, Ghana, Sierra Leone, Burkina Faso, Cameroon and Mali emphasise the importance of addressing social risks, such as social exclusion and social marginalisation. Senegal takes a life-cycle approach to risk and vulnerability. Cameroon, the DRC, Ghana and Senegal focus on extending social protection to the informal economy. Chad, Senegal and Guinea specifically address the risk of natural disasters. In some countries, such as Senegal, Mali and Ghana, there is a strong focus on reducing health-related risks, including the risks associated with HIV and AIDS.

Children are mainly visible in the PRSPs and social protection strategies as a 'vulnerable group' that faces particularly serious risks and deprivations. Many of the PRSPs focus on the potential for social protection programmes to reduce childhood poverty and vulnerability by improving nutrition and overcoming financial barriers of access to health and education services, as well as addressing problems of violence, exploitation and abuse.

Only a few countries have started to translate these general commitments to social protection into operational programmes. Most of these remain small pilot initiatives with limited resources. These include cash transfer programmes, school feeding programmes, health insurance schemes and various fee exemptions aimed at facilitating access to essential health services and basic education and small preventive and responsive child protection programmes.

The governments of Cape Verde, Ghana, Nigeria and Sierra Leone have launched cash transfer programmes, and smaller pilots have been launched in Burkina Faso and Mali. Several of these programmes (Ghana, Nigeria, Burkina Faso and Mali) focus in particular on children, while other key target groups (in Cape Verde, Ghana and Sierra Leone) include extremely vulnerable old people and the severely disabled.

School feeding programmes have been set up in several West and Central African countries, primarily as an incentive for school attendance.

Small mutual health organisations (MHOs) have been established at community level to provide health insurance for families outside the formal sector. However, coverage of these schemes is low: they have reached only 2-4% of the population at most, leaving the vast majority uninsured – a key reason for the much lower use of health services by the poor. Only one country, Ghana, has so far succeeded in establishing a broader health insurance system, heavily subsidised by the state: the National Health Insurance Scheme (NHIS), which by the end of 2008 had registered 45% of the population. Even there, coverage is lower among the poorer deciles of the population, owing to the cost barrier of registration fees and insurance premiums.

Another approach has been to introduce fee waivers for specific population categories, such as children under five or pregnant women, or for certain high-priority services, such as deliveries, caesarean sections or malaria

treatment. However, difficulties have been experienced in implementing waivers in a number of countries.

Social welfare services to address problems of violence, exploitation and abuse of children are extremely weak across the region, with very limited resources, a dearth of trained social workers and poor coordination.

In short, a huge challenge remains to build and implement a more extensive social protection system that would address the multiple deprivations, vulnerabilities and risks facing children and their families across the region.

Strengthening social protection in the region

Whilst the country contexts are diverse, a number of common factors make it especially difficult to build effective social protection systems in West and Central Africa. These include: i) the extensive nature of poverty and the phenomenon of ‘top inequity’; ii) tight constraints on fiscal space, except in the oil producer countries; and iii) weak governance and administrative capacity, especially in the so-called ‘fragile states’.

Extensive nature of poverty and vulnerability

One of the most distinctive characteristics of this region is the scale of monetary poverty. National poverty data, based on consumption expenditure measures of absolute poverty (a basket of food and non-food items required for basic survival), show that poverty is not concentrated in a small, marginalised or ‘left-behind’ part of the population, but is a broad phenomenon, often encompassing the majority of the population. West and Central African countries demonstrate ‘top inequity’ in many key deprivation indicators, since only individuals in the top quintile (based on a wealth or asset index) are appreciably better off, while the differences in deprivation are fairly small for those in the bottom three or four quintiles². For example, the under-five mortality rate in sub-Saharan Africa is almost as high in the second and third quintiles as it is in the lowest quintile – a stark contrast with the situation elsewhere in the world.

² See A. Hodges (2008), ‘Perspectives for Social Protection in West and Central Africa’. Paper presented at conference on ‘Social Protection for the Poorest in Africa: Learning from Experience’, Kampala, Uganda, 8-10 September.

This has important implications for the design of social protection programmes. A universal approach may be more appropriate in a context where the majority of the population lives below the poverty line, especially given administrative weaknesses that make targeting burdensome and costly. The informal nature of the economy also makes targeting difficult, with high exclusion risks. However, a universal approach may not be politically feasible or fiscally affordable. Countries that have launched cash transfer programmes to date have opted to target a small minority of ultra-poor, focusing in particular on extremely vulnerable categories such as OVC, the destitute elderly and persons with severe disabilities.

On the other hand, more universal approaches have been adopted by some governments to improve equity in access to essential health services. For example, owing to the difficulties faced by the poor in paying for health insurance, the government of Ghana has provided free NHIS membership to all pregnant and post-partum women and made a commitment (now awaiting implementation) to provide free NHIS membership for all children regardless of their parents' registration status. Other West and Central African countries have introduced more limited free services through tax-based financing, either for children under five or for specific interventions.

Fiscal space

The region has a mix of oil-rich and resource-poor countries. Many countries run persistent overall fiscal deficits and remain heavily dependent on aid, whereas a handful of oil-rich countries have been enjoying unparalleled surpluses because of high world oil prices. Many countries have competing priorities for available resources, not just between social protection and basic social services, but with infrastructure and other pressing needs for economic growth, creating difficult choices about trade-offs.

The low-population oil-rich countries appear to have the fiscal space for introducing quite extensive social protection systems, even considering the risks of future oil revenue downturns and the need to build up reserves

for the future and avoid boom-bust cycles. However, the limited political commitment to social expenditure in some of these countries, along with governance and capacity weaknesses, poses a real challenge for developing more effective social protection systems.

The low-income countries on the other hand face fiscal constraints on embarking on major new spending programmes, especially as they often have competing priorities for basic social service delivery, infrastructure and support to agriculture and other productive sectors. Nonetheless, Ghana's Livelihood Empowerment Against Poverty (LEAP) cash transfer programme could be scaled up to cover all extreme households for less than 1% of GDP. Interestingly, it is in some of these low-income countries (for example, Burkina Faso, Ghana, Mali and Senegal) that the political commitment to social protection is highest and that the most progress has been made.

Governance and administrative capacity

Poor governance and low administrative capacity characterise most countries in the region. The World Bank classifies 14 of the 24 countries as 'fragile states'. Corruption is pervasive in many countries and most score poorly on Transparency International's Transparency Perceptions Index: in 2008, out of 180 countries overall, all but four West and Central African countries were in the bottom 80 and 13 were in the bottom 40³.

In terms of administrative capacity, the ministries responsible for social protection are among the weakest, with low levels of funding and relatively little influence vis-à-vis ministries of finance. Social protection programmes are often dispersed across different ministries and coordination among them is usually weak⁴. Moreover, there is a dearth of qualified and experienced social workers for delivering programmes. In short, there are serious capacity constraints for the implementation and scaling-up of social protection programmes, as well as institutional risks that could lead to the diversion of resources or the manipulation of eligibility criteria in targeted programmes.

³ www.transparency.org/policy_research/surveys_indices/cpi/2008

⁴ M. Temin (2008), Expanding Social Protection for Vulnerable Children and Families: Learning from an Institutional Perspective. Working Paper. Washington, DC: IATT on Children and HIV and AIDS, Working Group on Social Protection.

Any social protection programme therefore would have to minimise the administrative burden by avoiding complex programme designs and burdensome eligibility processes. Furthermore, it is not enough to design and roll out individual programmes. Attention has to be given to systemic capacity building, including, where necessary, the rationalisation of organisational mandates, the strengthening of coordination mechanisms to achieve effective complementarity among programmes, investments in management information systems and M&E frameworks and the training, recruitment and motivation of social workers and other staff.

Conclusions

The heightened vulnerability of children, the seriousness of child deprivations in the region, the weight of children in the population, the slow progress towards the MDGs and the importance of childhood investments for long-term poverty reduction – all these are strong arguments for giving specific attention to children in the design of social protection policies and programmes in West and Central Africa.

Apart from informal traditional mechanisms, which are insufficient and weakening, social protection provision remains very limited in the region. In most countries, social security coverage extends only to the formal sector workforce. Apart from private schemes and very small MHOs, health insurance is almost non-existent, except in Ghana. Social assistance programmes and social welfare services are small, fragmented and under-funded; where they have been set up, cash transfer programmes are still at the stage of small pilots.

The strengthening of social protection provision requires a four point agenda. First, deeper analysis of poverty and the complex nature of deprivations, vulnerability and risks, especially among children, is needed, as well as a stock-taking of existing social protection mechanisms, including their coverage, financing and institutional arrangements.

Second, where this has not already been done, countries need to develop national social protection policies or strategies, and to incorporate a strong focus on vulnerability and social protection into their PRSPs. Where these policies already exist, implementation plans are needed, based on an understanding of the fiscal, political and institutional opportunities and challenges. This is critical for the development of a broad political consensus on what needs to be done and for mobilising the required resources.

The third point is to move on to the design and roll-out of specific operational programmes. So far, Ghana is the only country in the region to have made significant progress in this direction. Operationalisation requires careful analysis of the potential impacts, cost and affordability of programmes, as well as attention to design issues such as targeting, conditionality, delivery mechanisms, financing arrangements and capacity building requirements.

Fourth, and equally important, it is crucial to set up robust M&E frameworks, so that the lessons of these programmes can be learned. This is vital for generating evidence on the impacts and cost-effectiveness of programmes, without which it will be difficult to build broader political support and to mobilise the budgetary resources needed for national scale-up.

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