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Social Protection in Sub-Saharan Africa: Getting the Politics Right

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Summary. — This paper provides an overview of the recent extension of social protection in sub-Saharan Africa. It identifies two main "models" of social protection in the region: one based on age-based income transfers in the middle income countries in Southern Africa, and another more diverse and incipient group of programs providing a mix of poverty-based transfers in the low income countries in Eastern, Central, and West Africa. It concludes that for an effective institutional framework for social protection to evolve in sub-Saharan Africa, the present focus on the technical design of programs needs to be accompanied by analyses that contribute to also "getting the politics right."

Key words — social protection, poverty, social assistance, social policy, Sub-Saharan Africa

1. INTRODUCTION

Interest in social protection, and particularly social assistance, has grown rapidly in sub-Saharan Africa over the last decade. Social protection is now widely recognized as an effective policy framework to address the extreme deprivation and vulnerability which characterizes the region (Commission for Africa, 2005). The expansion of existing income transfer schemes and the emergence of new social protection initiatives by national governments in partnership with donors suggest a shift in anti-poverty policy thinking in the region. At the same time, the expansion of social protection programs has been restricted so far to a few countries, mainly in Eastern and Southern Africa; and new initiatives in low income countries lack strong and sustainable institutional bases. Are countries in sub-Saharan Africa about to embark on a rapid expansion of social protection as has been the case in South Asia and Latin America? Or is social protection a(nother) donor fad likely to peter out and be quietly forgotten when donors move to the next new game in town? Are the current green shoots the foundations of sub-Saharan Africa's emerging social protection systems? What evidence is there of genuine political support for social protection among national political actors in Africa and what drives this support? The main objective of this paper is to take stock of recent developments and assess the likely dynamics of social protection in the region. Three determinants are identified as key for the future dynamics of social protection in the region: the politics and the policy process; financial viability, and institutional capacity. These are discussed in detail in Sections 5 and 6.

There is much policy interest and activity on social protection in sub-Saharan Africa. It is encouraging that many countries have designed and developed national social protection strategies, often in the context of a more comprehensive version of their Poverty Reduction Strategy Papers (PRSPs). While first generation PRSPs focused primarily on developing a profile of poverty, second generation PRSPs have looked deeper into the factors that drive households and communities into poverty, and at a wider range of policies that could prevent them from falling into poverty and/or promote pathways out of poverty (CPRC, 2008). National Social Protection Strategies are now beginning to be translated into social protection policies and programs, as in Ghana, Mozambique, Rwanda, and Uganda.

At a regional level, the Livingstone process, [1] under the leadership of the Africa Union, has taken forward commitments by national governments to enhance social policy initiatives. International partners have also pushed the new agenda in the knowledge that emergency aid must be replaced with regular and reliable support for poverty reduction in the region.

Most importantly, a *new wave* of social protection programs, including the Productive Safety Net Program (PSNP) in Ethiopia, the Orphans and Vulnerable Children Program (CT-OVC) in Kenya, the Livelihood Empowerment Against Poverty (LEAP) in Ghana, and the scaling up of the Mchinji Social Transfer Scheme in Malawi, as well as a large number of pilot programs in Liberia, Malawi, Nigeria, Tanzania, and Zambia, will provide a knowledge base on the feasibility and likely effectiveness of social protection programs in low income countries in sub-Saharan Africa (Barrientos, Niño-Zarazúa, & Maitrot, 2010). Furthermore, the extension of social pensions schemes in Southern Africa, and the introduction of the Child Support Grant in South Africa, suggest a consolidation of grant-based social protection (Lund, 2008).

However, the green shoots of institutionalized social protection are at present just that, green shoots. The extension of social protection in the sub-Saharan Africa region is highly diverse, its dynamics are complex, the challenges to financing and delivery in low income countries remain strong, and there are significant challenges in terms of ensuring political commitment to social protection. In Southern Africa, the extension of age-based grants has emerged as a domestic initiative, and largely tax funded. By contrast, in Eastern, Western, and Central sub-Saharan Africa, a variety of new poverty- and vulnerability-based transfer programs are to an important extent funded from international aid, and the design of the programs reflects in many cases the influence of international organizations. [2] In addition, many of the new

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programs are short term pilots, with limited reach and weak institutionalization, a fact that reflects the reluctance of some political elites in Africa to embrace social protection policies (Hickey, 2008) and the related failure of international organizations to persuade them to do so (Hickey, Sabates-Wheeler, Guenther, & Macauslan, 2008). In West and Central Africa, most countries are at an early stage in the formulation of social protection strategies and few programs are even at implementation stage as yet (Jones, 2009).

The green shoots of social protection are also threatened by recent food, fuel, and financial crises. The responses to the food crisis in the region suggest it may not take much to persuade local elites and international organizations to fall back on the older models of social protection in the region, namely subsidized inputs and in-kind (usually food) emergency assistance. Oil price volatility has direct, but multidirectional effects on economic activity and fiscal revenues, helping oil exporters and hurting fuel importers. Interestingly, the impact of the food, fuel, and financial crises makes a strong case for moving forward with social protection, sooner rather than later. In a recent Regional Economic Outlook, the IMF key message is that "it would be desirable, with outside support, to adopt and gradually scale up social safety net programs, targeting them carefully and building in countercyclical properties"(IMF, 2009, p. 38). Moreover, the United Nations has endorsed the Social protection Floor Initiative as response to the global financial crisis, and the 2009 G20 Summit in London identified social protection as a key policy response to the impacts of the crisis in the global south, and established a two billion US dollar Rapid Social Response Fund to be distributed *via* the World Bank in the form of localized social protection instruments.

It is important to note that, before the onset of the global financial crisis, economic and fiscal conditions were moving in the right direction. Many countries in the region showed sustained economic growth for the first time in several decades (IMF, 2009). Revenues from the exploitation of natural resources were beginning to reach levels that could support a measure of optimism regarding the fiscal space for the extension of social protection (Keen & Mansour, 2009). The much discussed shift among international partners from program and project aid, to direct budgetary support, seemed to be creating the conditions, at least on paper, for national governments to escape from the vagaries of project aid and focus instead on longer term social protection programs. The crisis could well change these parameters, but by 2008 it was beginning to look as if the financing for social protection programs was becoming less of a constraint than fiscal conservatives had assumed.

The paper considers whether social protection in sub-Saharan Africa is poised for a qualitative change, with important implications for poverty reduction in the region and beyond. The paper is organized as follows: Section 1 traces "models" of social protection for sub-Saharan Africa. Section 2 discusses the age-based grant schemes in middle income countries in Southern Africa as a distinctive middle income country (MIC) "model" of social protection; Section 3 examines the main characteristics of emerging forms of social protection, poverty-based programs in low income countries of sub-Saharan Africa as an emerging low income country (LIC) "model." Section 4 examines in more detail the politics and policy processes involved in establishing each model including the role of Northern-based organizations and Southern-based initiatives in pushing forward the social protection agenda. Section 5 discusses the main challenges ahead, especially the issues of financing and institutional capacity. Section 6 concludes with the argument that for an effective institutional framework for social protection to evolve in sub-Saharan African countries, the present focus on the technical design of social protection programs needs to be accompanied by analyses that contribute to "getting the politics right."

2. MODELS OF SOCIAL PROTECTION IN SUB-SAHARAN AFRICA

Social Protection has been defined as "public actions taken in response to levels of vulnerability, risks, and deprivation, which are deemed socially unacceptable within a given polity and society" (Conway, de Haan, & Norton, 2000). The International Labor Organization (ILO) divides those public actions into three general categories: social insurance; labor market regulation, and social assistance (ILO, 2001). Social insurance includes contributory schemes designed to protect workers and their households against life-course and work-related contingencies, such as maternity, old-age, unemployment, sickness, and accidents. Labor market regulations are legal frameworks aimed at ensuring minimum standards for employment and work and safeguarding workers rights. Social assistance includes tax-financed policy instruments designed to address poverty and vulnerability (Barrientos & Hulme, 2008).

Sub-Saharan Africa shows a very different evolution of social protection institutions than other developing regions. Until the late 1990s, few countries had managed to establish social insurance institutions covering more than a fraction of workers, largely civil servants. Most countries in the region have rates of social insurance scheme coverage below 10% of the labor force (Barrientos, 2008c). A large agricultural sector and a high incidence of informality have combined to limit the scope of labor market regulation, although some countries do have notional legislation in this area (e.g., minimum wage in Uganda). Few countries apart from South Africa and Namibia have large scale social assistance institutions. In some countries, such as Mozambique, Zimbabwe, and Zambia, public welfare schemes supporting groups in extreme poverty have had a low profile within government and very limited funding. [3]

In this paper the discussion of social protection programs has an explicit focus on poverty reduction. In the last decade, the most significant changes to the social protection systems in the region have focused on programs focused on extreme poverty. The under-development of social insurance institutions, the limited reach of labor market regulations and persistence of mass poverty in the region have meant that the extension of social protection in sub-Saharan Africa has started with social assistance. [4]

Social protection programs in sub-Saharan Africa show large variation in structure and scope across countries, reflecting differences in demographic characteristics, financial capacity, and social and political circumstances. In an attempt to make a broad taxonomy, we identify two "models" of social assistance in the subcontinent: one model based on age-based social transfer programs dominates in the middle income countries of Southern Africa; and, a second model based on social transfer programs targets extreme poverty (see Table 1).

It can be argued that the latter is less distinctive as a model of social assistance, and also that it is too incipient to identify its overall shape, but an attempt is made below to show that these two "models" reflect very different approaches to social protection in the region and merit separate treatment. In the paper these are referred to as the "MICs model" and the "LICs model" for short, although as discussed below the main

Table 1. *Middle income and Low income "models" of social protection in sub-Saharan Africa*

	Before mid-1990s	Dynamics	After mid-1990s	
	Pure income transfers		Pure income transfers	Income transfers plus services
MIC Africa "model" age-based vulnerability transfers	Old age and disability grants in South Africa, Mauritius, Namibia, Seychelles	Extension of coverage →	Removal of racial discrimination; Adoption of social pensions in Botswana, Lesotho, and Swaziland; 1998 CSG in ZA	
	Categorical universal transfers, means tested in South Africa		*Politics:* Equity politics in ZA and Namibia; electoral politics in Lesotho; Sub-regional "demonstration effect"	
	Racially segregated in eligibility and benefits *Politics*: Domestically driven by settler elites *Finance*: tax financed		*Finance:* tax financed	
LIC Africa "model" extreme poverty-based transfers	Few countries with public welfare programs (Zambia, Zimbabwe) but emergency food aid dominant		Mozambique FSP	Ethiopia PNSP; Kenya OVC; Malawi Social Transfers; Ghana's LEAP
	Politics: food aid externally driven, but exploited by local political elites	Shift from food aid to social transfers →	Zambia pilot categorical transfer programs	
	Finance: donor financed		*Politics:* donor driven	*Politics:* donor driven, but rising government engagement
			Finance: donor financed in Zambia; joint donor-government financed in Mozambique	*Finance:* largely donor financed but domestically financed in Ghana

differences between the two "models" cannot be reduced entirely to their level of development. Indeed, while recognizing that it might be possible for countries to transit from a project-based to a more institutionalized approach, there are no grounds for expecting that the current LICs model will transit in the direction of age-based social transfers, as in the MICs model.

Whereas the main approach to social protection in Southern Africa has evolved around categorical grants for older people, and more recently children, the approach in the rest of the region is more varied. It also has transfers at its core but the focus is on households in extreme poverty, rather than age based vulnerability, [5] in addition in some cases programs integrate transfers with service provision and utilization. Kenya's cash transfers for Orphans and Vulnerable Children Program (OVC) combine transfers to households in extreme poverty with conditions on health and schooling which borrow from the Latin American conditional cash transfer (CCT) programs. Ethiopia's Productive Safety Net Program (PSNP), on the other hand, combines transfers with work requirements aimed at improving local infrastructure. In fact the PSNP program has two components. The larger one which targets food insecure households with unemployed heads of households has a work requirement. The second component which provides transfers to households in extreme poverty without work capacity does not have a work requirement. The Livelihood Empowerment Advancement Program (LEAP) in Ghana targets several different categories of household in extreme poverty, combining where possible service utilization and transfers. In the LIC model, the focus on extreme poverty and the combination of transfers and services make diverse programs into a distinctive model. [6] Even where the programs provide pure income transfers, as in Mozambique's *Programa de Subsidio de Alimentos* or some of Zambia's pilots, such as the Pilot Cash Transfer Scheme, program objectives highlight health, schooling, and nutrition improvements.

There are also other factors which differentiate the two models. The MIC model is largely managed by public agencies and embedded in legislation. [7] As such, the connection between program entitlements and citizenship rights is to the fore. The programs grouped under the LIC model tend to have, on paper, a shorter time horizon, and have been proposed as projects rather than policies. Delivery involves a variety of agencies—public, NGOs, and for-profit providers. As noted above, the financing of programs outside the MIC model is largely by international donors. The scale of programs in the LIC model is significantly smaller, with the exception of Ethiopia's PSNP.

The countries in the MIC model have higher levels of economic development, revenue collection capacity, and delivery capacity from public agencies. The influence of donors is much weaker among the countries concerned. [8] By contrast, the influence of international donors is very strong in the programs under the LIC model. In some cases, international partners have helped formulate, finance, and deliver social protection programs. As a result the domestic political support for these programs is less clear and their long term sustainability much more precarious than for the MIC model. However, there are signs of movement in the programs under the LIC model. For example, there has always been a significant degree of national political commitment to the PSNP in Ethiopia, despite heavy reliance on donor aid for its functioning. Ghana's much smaller LEAP program is financed entirely from domestic tax revenues rather than aid. And in Mozambique and

Kenya, social protection has been embedded in legislation, through the Basic Social Protection Law and the Constitution respectively.

3. THE MIC MODEL

The MIC model of social assistance originating categorical grants to older people can be traced back to the introduction of a social pension scheme in South Africa in the late 1920s. The South African government of that time introduced a non-contributory pension scheme that sought to protect the minority white population against poverty in old age (MacKinnon, 2008).[9]

Eligibility was extended first to "coloreds" and "Indians" and then to blacks in the late 1940s, but with discriminatory entitlement rules and benefit levels. Over time, the number of black recipients grew as a proportion of the total, and benefit levels converged downward, until racial discrimination was finally lifted as a prelude of the end of Apartheid and subsequent election of a black majority government in 1994 (Devereux, 2007). Entitlement to the pension was extended early in 1973 to white and colored citizens of South West Africa, later Namibia, but this was not extended to blacks there until South Africa's colonial hold was broken by the South West Africa People's Organization (SWAPO) in 1990.[10] Botswana introduced a social pension in 1996, and Lesotho in 2004, while Swaziland is in the process of doing so.

The MIC model shows considerable adaptation from its early origins in European welfare systems (Barrientos, 2008b).[11] The extension of provision to black citizens in South Africa in the 1970s and 1980s reflected a concern with economic deprivation in the "homelands" and the incentives this provided for internal migration. The grants were intended to inject demand into these areas and to restrict urbanization among blacks. The fall of Apartheid gave urgency to policies that could improve equity and integration, and the grants have played a key role in this respect. More recently, HIV/AIDS has highlighted the role of older people in households left without members or working age. The old age pension and the Child Support Grant are providing effective policy responses to this problem (Case, 2001; Duflo, 2003; Posel, Fairburn, & Lund, 2004).

A significant factor in the "longevity" and evolution of the old age grant has to do with the fact that Southern African family structures are very different from European family structures for which they were originally designed. In European countries the focus on categorical transfers, and especially pensions, has proved limited in its capacity to reach the "new poor," unemployed, single parents, migrants, workers in precarious employment, and the young. By contrast, in Southern Africa, family structures have enhanced the effectiveness of a pure income transfer (Møller & Sotshangaye, 1996). In South Africa, old age grants are in practice income transfers to poor households with older people (Barrientos, 2008b) Grants are deployed by recipient families to ensure children's schooling, improve health care, and re-allocate productive resources within households. The availability of public services in middle income countries in Africa means that pure income transfers can ensure access. This cannot be taken for granted in low income countries elsewhere in Africa, where public service delivery is often very limited. Family structures and the availability of services thus ensure that a grant system can be effective in reducing poverty, and can adapt over time (Woolard & Klasen, 2003).

The MIC model relies on income transfers in the form of social pensions (see Table 2 for details) and child support grants.[12] Non-contributory social pension schemes are *unconditional* and *regular* income transfers that target the elderly in poverty. The South African pension scheme is tax-funded and reaches nearly 2.6 million beneficiaries, representing about 80% of South Africans over age 60, and nearly 100% of elderly blacks (Department of Monitoring, 2010). The scheme is estimated to cost around 1.4% of the country's GDP (Barrientos, 2008a). In Namibia, the non-contributory social pension is and was extended in the 1990s to cover the black population. It is reported to have almost 95% coverage, although in remote Northern provinces coverage is lower. Such pensions account for an estimated 14% of rural incomes, although about half of the eligible recipients are regarded as non-poor. The scheme is tax-funded with an estimated cost of 2–3% of GDP (Barrientos *et al.,* 2010).

Lesotho and Swaziland have recently launched their own non-contributory pension schemes. Lesotho's pension scheme was introduced in 2004 as an unconditional income transfer to people aged 70 and older. The program covers around 70,000 beneficiaries, 60% of which are women, with a cost of about 1.4% of GDP (Devereux, 2007). Swaziland introduced a means-tested pension scheme in 2006 that covers people aged 60 and older and has been able to cover 80% of the target population.

The Child Support Grant (CSG) was introduced in 1998 in South Africa to cover children below the age of seven. It delivers a monthly benefit of R240 (equivalent to US$32) to single carers with a monthly income below R2100 for every registered child. The South African government approved the extension of the CSG to children below the age of 14 in 2002, but for reasons of administrative capacity, coverage of the grant has been expanded in stages: children aged 7 and 8 in 2003, 9 and 10 year-olds in 2004, and 11–13 year-olds in 2005. In 2009 the Government of South Africa decided to extend the CSG to adolescents up to the age of 18, in gradual steps in the next three years.[13] Currently, the CSG program covers nearly 10 million children (Department of Social Development, 2010). The CSG constitutes a very important step forward in moving toward a comprehensive social protection

Table 2. *Non-contributory pension programs in Southern Africa*

Country	Age of eligibility	Selection criteria	Monthly income transfer (in US$)	% of targeted population with pension	Cost as % of GDP
Botswana	65+	Age and means test	27	85	0.4
Lesotho	70+	Age and citizenship[a]	21	53	1.4
Namibia	60+	Age and citizenship	28	87	2
South Africa	63 + men[b] 60 + women	Age and means test	109	60	1.4
Swaziland	60+	Citizenship and means test	14	80	n.a

Source: Pension Watch, available from www.helpage.org, Willmore (2003), Campling, Confiance, and Purvis (2009), and Holmqvist (2009).
[a] Excludes 4% of eligible people receiving government pension.
[b] Gradual equalization of age of entitlement for men and women, men to fall to 60.

system in South Africa. The policy and political processes that led to the introduction of the grant are discussed in Lund (2008) and also briefly in Section 4. These reflect learning about the effectiveness and political embedding of the old age grant, and at the same time from its limitations, since its reach was limited to poor households with an older person.

In considering the future evolution and diffusion of the MIC model, several issues emerge. They are identified here and discussed in Section 3 below. There is a sub-regional underpinning for the model, as the countries involved have interlocking economies, and large scale labor migration. In this context, it makes sense to consider social policy instruments that are complementary. The fact that these countries are classified as middle or lower middle income economies suggests that they have the resources to finance the grants sustainably into the future. However, a different question is the financial sustainability of the extension of the grant system to other groups. In South Africa, the grants combined absorb around 3.5–4% of GDP. In Lesotho, the social pension now absorbs 2.4% of GDP following two significant improvements in the level of the benefits paid. How much further the MIC model can be expanded while retaining financial sustainability is a key issue. We return to this point in Section 6.

4. A NEW WAVE OF SOCIAL PROTECTION: THE LIC MODEL

Until the turn of the century, the predominant form of protection offered to vulnerable people in sub-Saharan Africa has been emergency food-aid and humanitarian responses to problems of food insecurity. Since the 1980s, Angola, Democratic Republic of Congo, Ethiopia, Liberia, Mozambique, Rwanda, Sierra Leone, Somalia, Sudan, and Uganda have gone through humanitarian crises (Cramer, 2006). Food insecurity in the region has multiple roots, including political conflict, economic liberalization, unstable commodity prices, and the wider terms of trade. Unpredictable weather conditions exacerbated by climate change, poor growth performance, low investments in agricultural technology, and poor infrastructure have also played important roles here. While vital for addressing human suffering in the short term, emergency assistance is ill equipped to address poverty in the longer run.

Over the last 10 years, sustained economic growth, debt relief, budget support, and revenues from natural resources in many countries, as well as changing donor priorities, have encouraged a shift from emergency and humanitarian aid, to social protection across this broad region. It is important to distinguish two separate shifts here: first, a shift from food-aid to cash (or income) assistance in the context of humanitarian emergencies. Second, a shift from emergency aid (whether it is in food, in-kind, or in-cash) to regular and reliable social protection. Ethiopia's PSNP, which supports human and other productive asset accumulation among the poor, is a good example of a shift from emergency aid to regular and reliable social protection (it has not fully shifted out of in-kind provision as beneficiaries of the PSNP can receive food or cash aid, depending on the decisions taken at the program level or by *Woreda* administrators).

A handful of countries in Eastern, Central, and West Africa have experimented with cash transfer programs of late. The programs are diverse in design and implementation. They are small in scale and limited in time. Compared to the MIC model, the programs here are projects, not policies, although many countries have made in principle a commitment to a national policy or strategy on social protection within recently revised PRSPs (e.g., Malawi, Uganda, and Zambia). This section describes the main features of these projects and assesses their future evolution. [14] It will be useful to distinguish two types of programs, those that rely on pure income transfers, and those which aim to link transfers with services.

(a) *Pure income transfers*

Most of the experimentation with pure income transfer programs has been in Eastern Africa. In Zambia, five pilot social transfer schemes have been introduced starting with the Kalomo District Social Cash Transfer Scheme in 2004 with financial and technical support from *Gesellschaft für Technische Zusammenarbeit* (GTZ), and with a focus on households headed by the elderly and caring for orphans and vulnerable children. The program transfers US $10–14 a month to very poor households with no work capacity, including disabled persons or children. The selection of the households is done by community committees and supervised by the Public Welfare Assistance Scheme. Two further pilots were launched in a remote rural area and an urban area. respectively, to assess the transferability of the scheme to these settings. Later on, a pilot program was supported by the United Nations Children's Fund (UNICEF) in the five districts with the highest incidence of child mortality. This transfers around US$10 to households with children. Finally, a further pilot was introduced in one district providing transfers to all older persons. The pilots have very precarious institutional and financial arrangements, and reflect directly the interest of donors rather than a considered strategy by the Government, which has been reluctant to endorse them (Barrientos & Hulme, 2008; Hickey *et al.,* 2008).

In Malawi, the Mchinji Social Cash Transfer Pilot Scheme started in 2006 targeting the poorest households with school age children and no capacity to work. They are provided with a regular transfer depending on the number of household members, ranging from US $4 a month for single person households to US $13 for households with 4 members and more. The aim of the program is to reduce hunger and vulnerability among these households, and ensure that children attend school and have access to basic health care (to both encourage school enrollment and discourage child labor and premature drop outs). The pilot scheme was managed by the UNICEF and the government of Malawi. By December 2008, the program covered 7 districts, 18,180 households and over 70,000 individuals (Huijbregts, 2009). The government has expressed its intention to scale up the program to other areas, with support from donors, to reach 300,000 households with around 1 million children in all 28 districts by 2012.

In Mozambique, the Food Subsidy Program (Programa Subsídio de Alimentos or PSA) reached more than 143,000 direct beneficiaries and more than 200,000 indirect beneficiaries in 2008. The PSA targets the elderly, people with disabilities, people affected by chronic illness, and expectant mothers suffering from malnutrition. The criteria for selection of direct beneficiaries are categorical combined with a means test. Chronic illness and disability are certified by appropriate health professionals. *Indirect beneficiaries* are the dependants of direct beneficiaries, mainly children and older adults. The transfers are set at US $5 per month for direct beneficiaries with a US $1.80 supplement for each extra dependant up to four. The selection of beneficiaries is done on demand: applicants contact the local "permanente" (a community representative of INAS, the public agency managing the program), who pays a visit to the household and checks eligibility by completing a form. The form goes to the INAS delegation, where the application is assessed. The reach of the program is limited, reaching around 10% of the chronic and extreme poor. The new Basic Social Protection Law has led to plans for the expansion of the PSA.

By contrast to Southern Africa, age-based transfer programs are rare in West and Central Africa. An exception is Cape Verde (also a middle income country), which introduced a social assistance benefit for chronically poor and disabled citizens and a social solidarity pension in 1995 but, currently there are only around 17,000 beneficiaries.

(b) *Income transfers plus services*

Income transfer programs that are linked with service provision have occurred across sub-Saharan Africa. In Kenya, the Cash Transfer for Orphans and Vulnerable (CT-OVC) provides bi-monthly transfers to households with orphaned or vulnerable children, with the objective of improving their schooling, nutrition, health, and registration. The program was introduced in 2007 as a pilot program, but has been scaled up and currently covers around 25,000 households in 37 districts. The Government of Kenya plans to move forward with the extension of the program to reach 100,000 households by 2012 and 125,000 by 2015. Transfers are conditional on school attendance, health checkups, and nutrition training. It is implemented with technical assistance from UNICEF.

Ghana's Livelihood Empowerment Against Poverty program provides cash transfers to households in extreme poverty. It began in March 2008, and now reaches 80 districts and 35,000 households. The program is managed by the Department of Social Welfare and its design and implementation was supported by the Africa-Brazil Cooperation Program on Social Development. [15] The program provides transfers of between US $7 and US $13, depending on household size, for up to three years, and is funded from domestic revenue. Some of the transfers are conditional, for example, transfers to orphans and vulnerable children are conditional on their school attendance, basic health care utilization, and registration. The program design also includes the provision of complementary services, but that has been difficult to arrange across Ministries.

In Ethiopia, the PSNP was introduced in 2005 with the aim of preventing asset depletion among food insecure households and improve infrastructure, and with the explicit intention of stopping the country's dependency on short-term emergency relief responses. The program has two components: a labor intensive public works scheme for food insecure households with labor capacity; and direct support for labor deficient households, over three to five years. The transfers to beneficiaries amount to around US$0.75 per day, and are available between January and June. In addition a complementary program aims to provide access to credit and agricultural extension services to improve productivity and food security among PSNP beneficiaries. Five million people are expected to benefit from the program in food insecure *woredas*. Transfers are provided in kind or in cash, but recent food prices volatility has made in-kind transfers more attractive to beneficiaries. The PSNP is financed by a consortium of donors who have supported emergency programs in the past.

The adoption and implementation of the PSNP revealed strong differences in orientation between the Ethiopian government and donors, with the government postponing implementation until the "productivist" features of the program were fully incorporated. It is generally recognized that the Government had strong expectations that participation in the program would have led to rapid improvements in food security. This has not proved to be the case. An evaluation of the program 18 months after its implementation concluded that a comparison of all beneficiaries and a control group revealed very little difference as regards food security (Gilligan, Hoddinott, & Seyoum Taffesse, 2008). However, regular beneficiaries of a combination of the PSNP and complementary programs show an improved asset profile relative to a control group. The Government has now engaged with the program as a longer term poverty reduction instrument.

In West and Central Africa, several small pilot programs have been started recently. Sierra Leone introduced the Social Safety Net program in 2007, providing six-monthly transfers of around US 62–16,000 households. Nigeria has a small conditional transfer program (Care of the Poor or COPE), which was launched by the National Poverty Eradication program with funds released from the Heavily Indebted Poor Countries (HIPC) initiative. By 2009, nearly 9000 households nationwide had been reached in 12 states and the Federal Capital Territory (Barrientos *et al.,* 2010). UNICEF supported a small pilot cash transfer programs in Burkina Faso, aiming to reach children affected by HIV/AIDS. Liberia has also started a pilot transfer scheme focused on the poorest households. It is important to point out here that these pilots are simply not on the same scale as transfer programs in East Africa.

The LIC model lacks the degree of coherence of the MIC model, especially as it involves programs with many different orientations and designs. Nonetheless, some basic characteristics are shared: a focus on extreme poverty and food insecurity; the strong involvement of community organizations in the management and implementation of programs; the limited degree of institutionalization and financing, and, in most cases, a limited level of political commitment (see Section 4). These reflect the stronger challenges involved in the introduction social protection programs in low income countries.

The likely evolution of the LIC model is also harder to predict. The existing programs have developed some momentum, but the involvement of donors has not, to date, contributed to making them central to the priorities of political elites. This is not perhaps altogether out of line with the MIC model. After all it took until the 1950s and 1960s before a sizable number of black South Africans became entitled to the social pensions; and 1973 before black Namibians were entitled to the same program. Nonetheless, we identify three key determinants for the future dynamics of the MIC and LIC models of social protection: politics and the policy process; financial viability, and institutional capacity. In the following sections, we discuss these determinants in more detail.

5. POLITICAL ELITES, DONORS, AND THE POLICY PROCESS

There is much discussion about whether the emergence of social protection as a policy framework in Africa responds to domestic demand or is simply a new donor fad. On the one hand, the Livingstone Process suggests a strong measure of support for social protection from national governments in the region, although even this process was driven to some extent by external agencies. On the other hand, the proliferation of pilot social protection projects supported and financed by multilaterals and bilaterals suggests the influence of the development industry. [16] The presence of policy commitments on social protection in PRSPs does little to resolve this debate, given the ongoing concerns that such documents are driven as much if not more by donor concerns as by national governments, However, a nuanced examination of the processes of policy diffusion and learning in the region reveals the different types of process accuracy in different countries and the opportunities these create for social policy innovation. Moreover, the government versus donor debate is only one aspect of the politics of social protection in Africa. This section looks first at the specific policy processes involved here before examining the related issue of at the politics of social protection in more depth.

(a) *Policy processes and learning*

In terms of policy processes and learning, the Livingstone Process constitutes an important step forward in expressing the commitment of the national governments in the region to move ahead with the extension of social protection, even if the process itself was funded and facilitated by the United Kingdom's Department for International Development (DFID). [17] And while the work of multilaterals and bilaterals in generating awareness and capacity around social protection, and in providing technical support, is generally a very positive step, the proliferation of pilot projects reflects as much the weakness of domestic policy formulation processes in the countries concerned as it reflects the failings of the "development industry." [18] To the extent that it has actually been rolled out in low income countries, the World Bank Rapid Social Response Fund, with its focus on local instruments, looks set to deepen rather than challenge this tendency.

The debates about "who" is driving the policy agenda relates to both actors and to ideas and/or models (Hickey, 2008). Often these interact in complex ways. For example, the origins of the MIC model of providing categorical means tested grants to vulnerable groups lie in a transposition of the European model of social assistance to South Africa, which to some extent has then been further transposed within the region (e.g., Lesotho). We discussed above how the old age grant pension has adapted to, and survived, different policy challenges: economic deprivation in the "homelands," migration, equity, and HIV/AIDS. The process by which the old age grant, a program originally established to prevent whites falling into abject poverty, became the foundation of poverty reduction and equity in South Africa was largely driven by domestic political processes and political elites. The Child Support Grant extends support to children in poor households that was previously restricted to poor households with older and disabled people. It emerges from the same policy and political processes.

The influence of the South Africa social pension program has been fundamental in the diffusion of social pensions to the neighboring countries of Botswana, Namibia, Lesotho, and Swaziland, through a "demonstration effect" in policy diffusion. Local politics are also important. Devereux and Cipryk (2009), for instance, report that the introduction of the social pension scheme in Lesotho was a determinant factor in the final result of the country's 2007 general election, perhaps in part because the government was politically adroit enough to ensure that the pension would be closely associated with parliamentarians, thus ensuring that constituency MPs would have a strong stake in the pension (Pelham, 2007). It is not surprising that the upgrades in the level of the benefit to the social pension have coincided with electoral processes. The disruption of pension payments in Swaziland in 2006 led to the suspension of parliamentary activities until payments were reinstalled. In Southern Africa, the MIC social protection model has shaped, and in turn has been shaped by, domestic political and policy processes, and increasingly in terms of ideas about entitlements and citizenship (see below).

Elsewhere in sub-Saharan Africa, the involvement of bilateral and multilateral agencies and international NGOs is much stronger, and they have exerted significant influence on the emergence of social protection strategies and social protection programs. [19] The focus on social protection among donors is stronger where emergency aid has been a major agency activity. GTZ was the main international partner in Zambia's Kalomo Social Transfer Pilot. DFID has influenced and financed many of these social protection programs, particularly in East Africa. UNICEF, usually in partnership with DFID, has been the main player behind pilot schemes in Zambia, Malawi, and Kenya, and Japan's International Cooperation Agency (JICA) is supporting a pilot pension scheme in Tanzania. The ILO has been involved in providing technical support for social pension schemes in West Africa, and has also supported community health insurance schemes there. The World Bank has provided technical assistance in several countries, usually in combination with other development partners as in Ethiopia.

Only recently have South to South policy diffusion initiatives begun to take shape in the region. This South–South cooperation appears to be taking off particularly between Brazil and some African countries. The Africa-Brazil alliance was born in 2005 with the explicit objective of promoting knowledge sharing and technical cooperation. In 2007, the government of Brazil provided the government of Ghana with technical assistance in the design of LEAP. Mozambique has also benefited from technical assistance from this program in the evaluation of the Food Security Program. Nigeria, which is at the design stage of an income transfer program, has established linkages with Brazil for technical assistance. [20]

The influence of external actors works best where engagement with domestic political and policy processes enable stronger ownership of social protection programs by national governments, public administrations, and political constituencies, and where external knowledge is framed as learning rather than policy transfer. The influence of international partners did not prevent the Government of Ethiopia from shaping the PNSP in ways that supported its own priorities and orientation. In fact, Government ownership of the program strengthened when its own expectations of the success of the program in graduating households out of poverty proved difficult to achieve.

By contrast, in Zambia the government has until recently been reluctant to scale up any of the four pilot programs pushed, financed, and largely managed by international partners. These contrasting examples demonstrate that the influence of international partners around social protection can be exaggerated, while demonstrating at the same time that the extension of social protection can be thwarted by the lack of attention to domestic political and policy processes. The exclusive focus of some donors on social protection as a means of poverty reduction, without recognition of its medium and long-term contributions to enhancing productivity, has put-off African elites who see economic growth as the priority for national development.

To date, donors have not engaged productively with the politics of social protection in sub-Saharan Africa where they have more often proposed new initiatives rather than built on existing ones, worked through NGOs and parallel project structures rather than the state, failed to develop good enough baselines on which arguments for scaling-up could be based, couched their ideas in terms of welfare rather than growth, and failed to identify powerful political actors to work with (Hickey *et al.,* 2008). Whereas most governments in Africa place a heavy emphasis on the importance of growth and productivity, those donors seeking to promote social protection in

Africa have been slow to show how social protection policies can help support these goals. Instead, in countries like Uganda and Zambia, they have prioritized partnerships with social development type actors who are not aligned with the growth agenda, and lack either the political clout to establish social protection as a national policy priority or the bureaucratic capacity to roll such policies out (Hickey *et al.,* 2008). Ministries of finance have thus found it relatively easy to ignore advocacy from such quarters. These problems are particularly significant because they cast doubt on the extent to which the pilot-project approach, funded externally and driven by social development-type actors, can provide the basis for a fuller institutionalization of social protection, that is, the extent to which countries can be expected to transit between the two models identified here. However, there are signs that some donor agencies are learning from these experiences, with some agencies actively seeking a more politically attuned approach to promoting social protection.

(b) *The politics of social protection in sub-Saharan Africa*

The extent to which African governments have historically prioritized and offered long-term support for social protection is shaped in part by the issues we have already discussed here in terms of institutional capacity, fiscal space, and also external influence (whether *via* European-style welfarism in middle income countries of Southern Africa or donor-led efforts in the low-income countries of sub-Saharan Africa). However, levels of political commitment to social protection must be understood more clearly in relation to national-level politics, particularly in terms of the role of political institutions, political discourse, bureaucratic agencies, and also the ways in which underlying social forces gain political salience. A basic framework for understanding the links between politics and social protection in sub-Saharan African countries is mapped out in Figure 1. Importantly, this relationship does not simply run one way; rather, the character of social protection itself (e.g., in terms of who is targeted and according to which norms of procedural justice) can also help shape levels of political support for social protection.[21] Here analysis focuses on the role of these forms of politics appear to have played in supporting the two models identified in the paper.

Democratic politics, and elections in particular, are often thought to be positively correlated with programs of social protection and social policy spending more broadly, and some evidence has been presented for this already (e.g., the case of Lesotho). However, the fact that successive elections have now been held in most countries of sub-Saharan Africa without social protection becoming institutionalized suggests the need to push the analysis further, particularly in terms of the *political institutions* and *political discourses* that prevail in particular contexts. Here it is notable that the political parties which extended the social pensions in Namibia and South Africa were of the type that have been identified as more likely to be pro-poor, namely parties with strong social movement characteristics (Heller, 2001). Such parties, which included large numbers of poor people in their core constituency, possessed programmatic political agendas, in these instances informed by nationalist and social democratic thinking, as opposed to being primarily organized as instruments of personalized forms of patronage. Importantly, these Southern Africa political parties were not only operating within well-established party systems but were dominant enough within their respective systems to push through fairly radical policies without encountering significant political opposition. Interestingly, these characteristics broadly hold also for at least two countries in Eastern Africa, Ethiopia, and Uganda, both of which have exhibited pro-poor tendencies in some respects although only the former *via* social protection. That Ghana has established a *government*-funded social transfer scheme might reflect in part the growing institutionalization of programmatic rather than patronage based forms of multi-party politics in the country (Lindert, Linder, Hobbs, & De la Brière, 2007). However, it remains the case that party systems in much of the region are fragmented, weakly institutionalized and patronage-based in ways that make it difficult for pro-poor agendas, or indeed programmatic policy agendas, to gain a foothold.

The *political discourses* within which anti-poverty policies are discussed and formulated in Africa have also proved to be significant in shaping political support for social protection. It is possible to identify a strong concern in several Southern African countries with the state's moral responsibility to protect its poorest citizens (Pelham, 2007). In South Africa, for

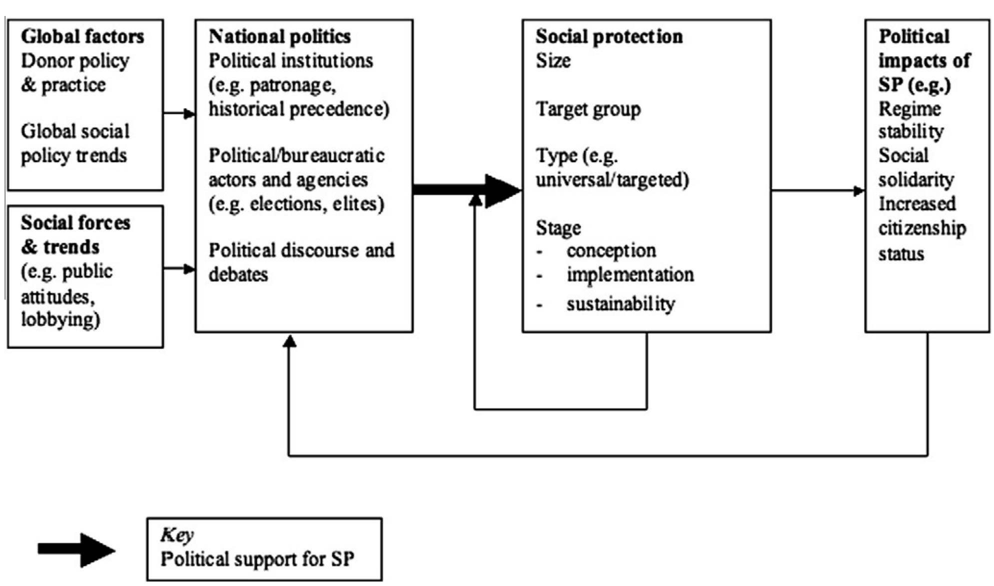

Figure 1. *The links between politics and social protection: a basic framework (from Hickey, 2008).*

example, the extension of a full social pension to the black majority was part of a wider move to forge a new political settlement, which included calls for a basic income grant and the enshrining of access to social security as a right in the Bill of Rights (Olivier (2003) cited in Pelham 2007). Such discourses are not as apparent in many other African countries, and it is perhaps more common to encounter a prevailing political discourse that favors policies for the "productive poor" (in Zambia) or "economically active" poor (in Uganda) rather than protection for the poorest. This is important: unless a political discourse exists within which it is recognized that the poorest are deserving of public action to solve problems of poverty that are not of their own making, and which identify the state as responsible for delivering on this, national-level and government-owned social protection programs are unlikely to emerge and be maintained (Hickey, 2009).

The differences between countries following the LIC and MIC models are perhaps most striking in terms of the *political sociology* that underpins moves to protect the poorest in Africa, depicted in Figure 1 in terms of the social forces that gain political salience. Here it seems that the higher rates of urbanization and also social inequality that can be found in the MICs (and in southern Africa) might have played a significant role in determining the institutionalization of social protection (Hickey 2008). Here, inequality creates a strongly-felt need for social protection but also makes it much more feasible in terms of (a) avoiding leakage to the non-poor (Ellis *et al.,* 2009) and (b) because the higher levels of income inequality might suggest a more viable tax-base for redistributive policies *via* higher-earners. The Gini coefficient in countries with social pensions in southern Africa is above 0.5, reflecting a level of inequality that is rarely found further north where concerns over mass poverty militate against a political focus on reaching the poorest *via* the targeted forms of social protection currently being promoted by most donors in the region. The higher rates of urbanization that are generally found in southern Africa are also likely to have been significant here to the extent that "urban citizens" tend to be stronger advocates for public resources to be spent on social policy than "rural subjects" (Mamdani, 2005).

The differences in the forms of politics that underlie each model seem to be significant, therefore, at least in terms of the specific "politics of social protection" framework adopted here. However, there are real dangers in generalizing across the very different contexts within each of the models, both because of the heterogeneity involved and because apparently similar forms of politics may operate differently in different contexts. Furthermore, there are also some signs of overlap across the models rather than within them. For example, there is perhaps less difference between the two models in terms of historical precedence, whereby social protection may prove to be more politically sustainable when they build on existing forms of provision. Many countries in sub-Saharan Africa also have long-standing social assistance schemes on the books, as with the social pension schemes in Southern Africa. An example here is Zambia's Public Welfare Assistance Scheme, which was originally established to support retiring white civil servants and also those who had fought for the British and Commonwealth forces during the Second World War, and may yet provide the basis for an extended and institutionalized system of social assistance. The key point here is that national, regional, and international political dynamics are shaping the evolution of social protection in sub-Saharan Africa, but that most often it will be national level politics that holds the key, particularly in terms of the actions or inactions of powerful players in government.

6. CHALLENGES AHEAD: FINANCIAL SUSTAINABILITY AND INSTITUTIONAL CAPACITY

Several challenges confront efforts to extend social protection in sub-Saharan Africa; here we focus on the two aspects that concern policy makers and other actors in the region the most. First, concerns regarding the long-term financial viability of these programs are often raised by finance ministers, who fear fiscal and especially political pressures once the programs are incorporated into the budgetary system. Second, concerns regarding the institutional capacity for implementation and delivery that may restrict the scope and effectiveness of targeting and, therefore, the magnitude of poverty impact.

(a) *Financial sustainability*

Governments in the region are naturally concerned about the financial implications of introducing social protection programs against a context of high poverty incidence and fiscal constraints. Even if social protection programs could be initially restricted to the extreme poor (as in Malawi and Zambia where programs target only the poorest 10% of the population), finance ministers are justified in sharing a concern that pressures for a rapid escalation of the programs would generate large and long term liabilities beyond their budgetary capacity. It is, therefore, important for those advocating the extension of social protection to articulate precisely the scope and reach of new programs, while emphasizing their importance in the process of social and economic development.[22]

The ILO has undertaken detailed simulations across a range of countries in sub-Saharan Africa with varying fiscal capacity and macroeconomic conditions, of the budgetary allocations required for different interventions (Behrendt, 2008). It concludes that well designed programs directed at older and disabled people, children and covering primary health provision could be affordable in most countries. Very roughly, their simulations suggest that 1% of GDP could be sufficient to cover a basic pension, 2% of GDP a child focused transfer, and 2–3% of GDP could finance primary health provision. These cost calculations cover categorical programs (in the sense that they would extend entitlements to all in the respective age or category). If governments adopt targeted programs instead, the cost calculations would result in significantly lower figures. These are rough averages, demography, and development result in a range of country-specific estimates that make the question of financial sustainability more challenging in some countries but less so in others.

Even if targeted programs are adopted, a 1% of GDP spend on social protection programs would be hard to achieve in situations where the room for redistribution and the government tax collection capacity are very limited. In a recent paper, Ravallion (2009) measures redistribution capacity as the marginal rate of tax developing countries would need to apply to the rich (defined as those with incomes above the US$ poverty line) to eradicate the poverty gap among the poor (the difference between income or consumption and US $1.25 a day). Not surprisingly, high incidence of extreme poverty in African countries, and low numbers of "rich" people, lead to the finding that taxes would need to be prohibitive to ensure poverty eradication. Figure 2 reports on the marginal tax rates required for individual countries. The majority of countries in sub-Saharan Africa would need 100% marginal tax rates, or greater.[23]

Leaving aside the issue of redistribution, few countries in sub-Saharan Africa have the capacity to collect taxes to support new social protection initiatives. Uganda, for example,

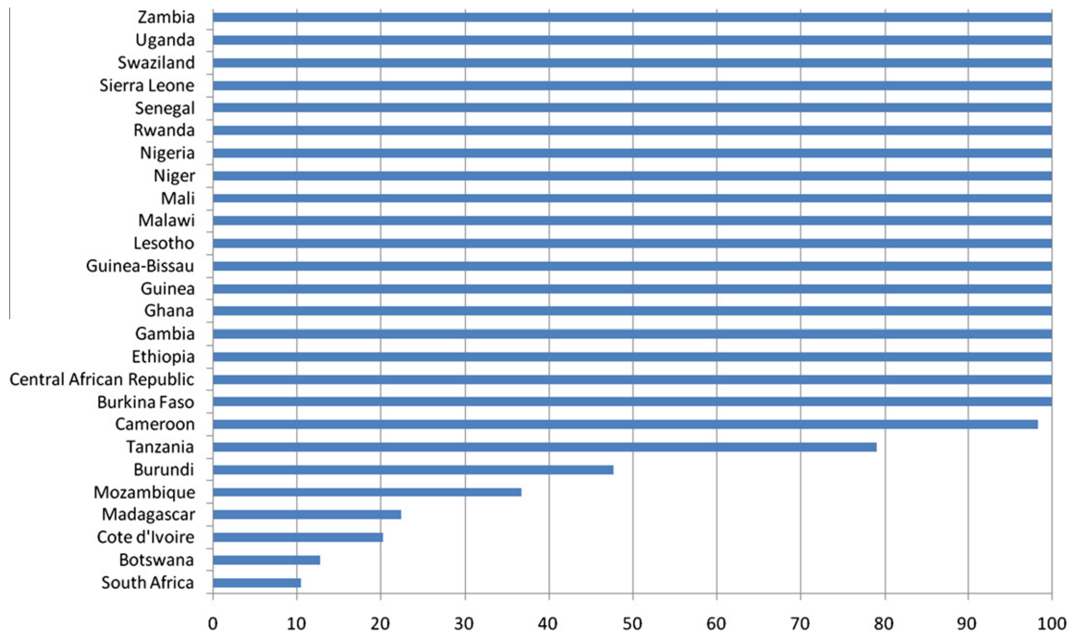

Figure 2. *Redistribution capacity in Sub-Saharan countries. Ratio of poverty gap ($1.25/day) to aggregate incomes of better off groups (income > US poverty line). Data source: Ravallion (2009).*

collects around 13% of GDP in taxes, and a 1% of GDP allocation to social protection would involve a significant expenditure switch or additional resource mobilization. Raising the ratio of taxes to GDP is a priority for the countries in the region. Experts believe that the key is to improve the efficiency of tax agencies, rather than create new taxes (Warlters & Auriol, 2005).

More positive scenarios result from taking account of the recent economic performance of some economies in the region, as well as the rise in revenues from natural resources, debt relief and budget support. The five years before the 2008 global financial crises defined a marked improvement in the growth performance of many economies in sub-Saharan Africa, which fed into improved fiscal conditions. For some countries, the HIPC process and/or international support for post conflict reconstruction, has additionally contributed to an improved fiscal space. Ghana, for example, financed the LEAP program with HIPC debt reductions. For a few countries, natural resource exploitation has substantially improved revenue collection. Table 3 identifies natural resource rich countries and countries able to benefit from debt relief (Keen & Mansour, 2009). Finally, in some countries reconstruction assistance following conflict, as in Burundi, Cote d'Ivoire, Liberia, Rwanda, and Sierra Leone, provide short term funding opportunities. There is concern that the global crisis will result in a deteriorating fiscal balance. The crisis has affected particularly oil exporting countries, which show steep reductions in revenue collection (IMF, 2009), demonstrating the need to be careful not to make long-term social protection programs depend on volatile revenue sources. Nevertheless, within the very heterogeneous picture of the sub-Saharan region, there are grounds for expecting that a recovery from the crisis might improve the fiscal space needed for low income countries to achieve a 1% spend on social protection (Barrientos & Niño-Zarazúa, in press).

In low income countries, international aid could provide a source for financing the set up costs of introducing social protection programs and the costs of transfers to households in the early stages of a program. The initial costs of programs involve taking a baseline, commissioning needs assessments, studies on program design options, and introducing new information and financial systems, as well as supporting capacity development and monitoring and evaluation. To the extent that much of this work constitutes a global public good as it improves knowledge on poverty eradication, and there are economies of scale in operational know-how, there is a strong role for international assistance in financing these set up costs.[24] However, it is imperative for the medium to long-term sustainability of these programs that they become reliant on domestic sources of finance. Domestic financing of social protection programs can more easily be achieved progressively. In middle income countries, mainly located in Southern Africa, the constraints on financing social protection expansion have been felt already in South Africa and Lesotho.

(b) *Institutional capacity*

Limitations in capacity to formulate, deliver, and evaluate transfer programs are a key constraint in many low income countries in sub-Saharan Africa. This is why there is such a strong reliance on community management of social protection programs in sub-Saharan Africa. Programs in Malawi, Ethiopia and Zambia rely on community organizations to select beneficiaries, collect and distribute benefits, and review and manage eligibility. Community participation has many advantages, especially as local elites and resources are engaged in poverty reduction. At the same time, community involvement tends to reproduce and/or reinforce social disparities and power relations at the local level (Mansuri & Rao, 2004). In practice, the community engagement is restricted to delivering programs that are fixed in all key parameters. In most cases, community organizations simply replace resource-poor or absent public agencies.[25]

It is not surprising that policy makers and other actors involved in poverty reduction highlight limited institutional capacity as a barrier to the expansion of social protection in

Table 3. *Indicators of fiscal revenue space*

	Low income	Lower middle income	Upper middle income
	Benin[a] Burkina Faso[a] Burundi Central African Republic Comoros Ethiopia[a] Gambia[a] Ghana[a] Guinea-Bissau Kenya Madagascar[a] Malawi[a] Mali[a] Mozambique[a] Niger[a] Rwanda[a] Senegal[a] Tanzania[a] Uganda[a] Zimbabwe	Cape Verde Lesotho Swaziland	Mauritius Seychelles
Resource rich country—oil	Chad Congo (Rep.) Nigeria	Angola Cameroon[a]	Equatorial Guinea Gabon
Resource rich country—non-oil	Cote d'Ivoire Guinea Sao Tome and Principe[a] Sierra Leone[a] Togo Zambia[a]	Namibia	Botswana South Africa

Data sources: IMF (2009) and Keen and Mansour (2009).
[a] Countries that have reached the completion point under the enhanced HIPC initiative and has qualified for MDRI relief.

some parts of sub-Saharan Africa. This includes capacity to formulate, design, implement, and adapt social protection programs. These capacities should ideally be available within public agencies, but this is rarely the case for countries in the region. In addition to the very significant role of international consultants, it is a matter of record that current social protection initiatives in LIC countries involve a mix of providers: public, not for profits; and for profits. [26] Social protection provision in LIC countries resembles, in many ways, the mixed provision in health care. And the challenges involved in orchestrating these different providers while retaining an overall coordination and supervision for public agencies are of roughly the same magnitude.

To date, the issue of capacity building in social protection has not been given the attention it deserves. Barrientos and Hulme (2008, p. 17) argue that "*a successful extension of social protection will involve the horizontal integration of poverty researchers, policy analysts, political scientists, financial experts, program managers, information system analysts and developers, accountants and field officers*." It is unclear how fast we are moving in this direction.

7. CONCLUSION

In this paper we have identified and discussed the two main models of social protection in sub-Saharan Africa: the MIC model preset in Southern Africa, and the LIC model in countries in Eastern, Central, and West Africa. The MIC model was in place before the mid-1990s, and has undergone a very significant expansion in the last decade, both in social pension schemes as well as to children in South Africa. The LIC model describes a group of programs implemented only in the last five years or so. They are largely a *new wave* of social protection programs and include Mozambique's Food Subsidy Program, Ethiopia's Productive Safety Net Program, Ghana's Livelihood Empowerment Against Poverty, Kenya's Orphans and Vulnerable Children Program, Zambia's pilot programs, and the scaling up of the Mchinji Program in Malawi. In addition there are several smaller pilot programs in other countries in West, Central, and Eastern Africa, mainly at an experimental stage. The paper argued that these programs constitute a different model of social protection from the age-based transfer schemes in the middle income countries of Southern Africa. They signal an important shift in policy thinking in sub-Saharan Africa, moving from the delivery of emergency humanitarian relief toward regular and predictable programs providing income-transfers and ensuring access to, and utilization of, basic services. The LIC model of social protection is beginning to take shape, but it is in the earliest stages of development. They are the "green shoots" of social protection systems in Western, Central. and Eastern Africa.

Whether these programs constitute a short-lived donor fad or the beginnings of the construction of a sub-regional welfare regime is hard to discern at this point in time. The programs themselves have emerged from a process of policy engagement with social policy and social protection in sub-Saharan Africa. The Livingstone Process provides an indication of the potential for African governments to move ahead with a commitment to the extension of social protection. However, questions about the domestic ownership of the process, and the role of donors, as well as financial and capacity constraints, show that important challenges lie ahead. Compared to the extension of social protection in the MIC model, the programs under the LIC model have significantly weaker domestic political embedding and institutionalization.

Finance and delivery capacity are significant challenges in all low income countries in the region. Before the global financial crisis erupted in 2008, sustained growth and revenues from natural resources and debt cancellation were beginning to create the fiscal space for a gradual expansion of social protection in the majority of countries. Some now fear that the impact of the global financial crisis could delay the prospects of expansion of social protection in the region although the crisis itself may also provide a strong drive for the extension of social protection. Providing that the global crisis is short in duration, the recovery phase will reinforce favorable revenue prospects for many sub-Saharan African countries. Weak delivery capacity in the region has led to a plurality of providers: public, nor for profits, and for profits, mirroring the institutional dynamics and potential difficulties associated with health care. Community involvement in the delivery of pilot programs may well prove unsuitable for large scale programs, which once again reinforces the importance of state-led policy responses.

The experience of welfare regimes in Europe, Asia, and Latin America suggests it is highly unlikely that social protection will become a significant instrument of poverty reduction unless governments are actively and centrally involved in rolling out major, long-term programs of assistance. Following this, there is a pressing need for donors to become more attuned to the politics of social protection in Africa and to align their efforts more adroitly in support of forms of social protection that are likely to foster the growth of political constituencies (elite or mass or combined) that will support the evolution and public financing of long-term social protection policies. Getting the politics right may be as important, or even more important than getting the initial technical design of programs right.

NOTES

1. The Livingstone process refers to the Ministerial Conference that took place in March 2006 in Livingstone, Zambia, where 13 African governments agreed to put together national social protection plans to support the elderly and vulnerable groups. Subsequently, the Ministers met in November 2008 in Windhoek to take plans forward. For a detailed account of the Livingstone process, see www.helpage.org.

2. An exception here is Ghana's LEAP program, which has been financed from debt relief funds. In Mozambique and Kenya, the programs are financed jointly by international partners and government.

3. Bevan traces historically the absence of social protection in Africa, which she aptly describes as "in-security regimes" (Bevan, 2005).

4. It is interesting that in South Africa the effectiveness and support for the grants might have delayed discussion on the introduction of social insurance scheme (Committee of Inquiry into a Comprehensive System of Social Security for South Africa, 2002).

5. In Southern Africa, social assistance programs reach beyond the population in extreme poverty, and even poverty, including a good proportion of non-poor but vulnerable groups. In South Africa, for example, just over 50% of households receive a grant, and in Lesotho the social pensions reach all citizens above the age of entitlement.

6. It could be argued that service access and utilization are available in South Africa, but as separate programs.

7. Although the management of the transfers is under the government control, the delivery of grants has been increasingly taken over by private providers in Namibia, South Africa,and more recently in Swaziland, where financial institutions have been involved in the delivery of the old-age grant.

8. The latest figures on Net Official Development Assistance (ODA) show that the average aid flow from donors to MIC is in the order of 3.33%, measured as share of recipients' GDP. This is in clear contrast to 27.5% in the LIC group. Lesotho is the exception in the MIC cluster, as in 2008 it received grants that represented 8.84% of the country's GDP. For more details, see World Bank (2010).

9. This scheme was first directed at soldiers, the "outstryders" who had fought for the Boers in the Anglo-Boer war (Sagner, 2000).

10. Devereux (2007) tracks the political environment that led to the introduction and extension of social pensions in Southern Africa. He argues that the extension of the pension to black Namibians was motivated by the need to win "hearts and minds" in support of the South African military intervention in Angola.

11. We refer here to European welfare systems irrespectively of their traditions. Indeed, the Pienaar Commission, which was created in 1926 to recommend a welfare system for South Africa, was aware of the international debates at the time on alternative welfare models, including Bismarckian-style European social insurance systems. Seekings (2007) provides a detailed historical record on that process. And although a British-style non-contributory social assistance model was in the end favored, because of the perceived urgency to assist the white population in poverty, the adopted system was far from the conceived Beveridge tradition of the 1940s and 1950s.

12. For a detailed discussion on the history and development of the South African old-age pension scheme, see (Lund, 1993).

13. In addition to the Child Support Grant, two other grants target childhood poverty. A Foster Care Grant is paid to guardians of children who are legally placed in the care of someone who is not their parent, and a Care Dependency Grant is paid to the carers of children who suffer from severe physical or mental disability and who are cared for at home. These grants are means-tests and, in 2009, covered 474,759 and 107,065 children, respectively. Some of the conditions of entitlement, the completion of the legal fostering process and the evaluation of severe disability, all restrict the coverage of these two grants (Department of Social Development, 2010).

14. For a detailed description of these programs, see Barrientos *et al.* (2010) and also Ellis, Devereux, and White (2009).

15. See http://www.undp-povertycentre.org/ipc/PageAfrica-Brazil.do?id=11.

16. The CT-OVC in Kenya provides a classic example. So many donors were involved that its design became excessively complicated. Fortunately, during implementation, this design has been drastically simplified.

17. It is right to point out here the role of HelpAge International in pushing the agenda forward.

18. The CT-OVC in Kenya provides a classic example. So many donors were involved at the beginning of its design that it became excessively complicated. Fortunately, during implementation the design was drastically simplified.

19. Where donor agencies are involved, international consultants are influential. The fact that Zambia's Kalomo District Social Cash Transfer Pilot, Malawi's Mchinji Pilot, and Mozambique's predecessor to the Food Security Benefit look similar owe a great deal to the fact that the same international consultant was involved in all three. As another example of policy transfers, a field visit by Malawi UNICEF officers to the Kalomo District pilot helped narrow down the design options for the Malawi Mchinji Pilot.

20. For more details, see http://www.undp-povertycentre.org.

21. Due to a lack of space but also limited evidence, we do not examine here the two other types of relationship between politics and social protection that Figure 1 refers to, namely the extent to which (a) social protection may have political impacts and (b) the impacts of social protection help build or undermine its political sustainability.

22. Indeed, programs in South Africa, Kenya, Malawi, Ghana, and Zambia and several pilots in Nigeria, Liberia, Uganda, and Tanzania have adopted a human development approach to social assistance. The justification for an emphasis on human development is based on empirical evidence showing the limitations and constraints faced by poor households planning to invest in human capital. This is especially the case where credit markets are fragmented. Poor nutrition, poor health, and limited schooling are associated with low labor productivity that in turn translates into low incomes, which often lead to vicious cycles of poverty and deprivation (see Hoddinott & Quisumbing, 2003). Social transfers can also generate a "double" dividend if they help the poor protect and build physical assets. When the poor are exposed to idiosyncratic and/or covariate risks that threaten their livelihoods, they often resort to coping strategies that, although they may be effective in dealing with the short-term effects of these risks, can have devastating long-term impacts on households. Ethiopia's PSNP has adopted an explicit design to prevent asset depletion at the household level while building community assets through its labor-intensive public works component (Gilligan *et al.*, 2007).

23. An issue with Ravallion's exercise is that few developing countries have the progressive tax systems he assumes. In most developing countries both taxes and benefits are regressive, an 'inverse Robin Hood' effect (Lindert, Skoufias, & Shapiro, 2005).

24. This does not contradict the message from the previous section as long as funds for supporting social protection programs are available from a global fund in which no single donor dominates.

25. In Zambia, for example, there is only one welfare officer for each of the 50 districts. In the absence of community support the officer would not be able to deliver a transfer program in addition to their existing portfolio of work.

26. In Zambia, three pilots were delivered by CARE International, under the supervision of the Public Welfare Assistance Scheme within the Ministry of Women, Communities and Social Service. In Mozambique, INAS delivers the PSA using a large number of community promoters, "permanentes." In Zimbabwe, emergency public assistance programs are delivered by for-profits providers and corporates like Maxwell-Stamp and involved in other countries.

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