

Tackling child vulnerabilities through social protection: lessons from West and Central Africa

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Social protection is increasingly seen as an important component of poverty reduction strategies and efforts to reduce vulnerability to economic, social, natural and other shocks and stresses. It can play an important role in strengthening access to and demand for quality basic services and social welfare services by the poorest through childhood and beyond. Social protection can also facilitate a better balance between care-giving and productive work responsibilities which is critical for the achievement of the Millennium Development Goals (MDGs) (especially MDGs 4 and 5) (Jones et al., 2008).

This Background Note synthesises learning from a programme of work on child-sensitive social protection in West and Central Africa undertaken by ODI and UNICEF between 2007 and 2010. It draws on six diverse country case study examples: Equatorial Guinea, Ghana, Mali, Niger, Republic of Congo (Congo) and Senegal.

The West and Central African region (WCA) has the highest aggregate poverty and vulnerability levels in the world, as well as some of the most challenging governance environments. Demographically, children make up a very high percentage of the population (an average of 50%), but most countries in the region are significantly off-track in terms of meeting the child-related MDGs. This underscores the urgency of a child-sensitive approach to social protection interventions.

Conceptualising child-sensitive social protection

Social protection refers to interventions by public, private and/or voluntary organisations as well as informal networks which support communities, households and individuals in their efforts to prevent, manage and overcome risks and vulnerabilities. A child-sensitive approach to social protection needs to

be informed by an understanding of the multiple and often intersecting vulnerabilities and risks that children and their care-givers face. It must also address the ways in which experience of these vulnerabilities changes throughout childhood (see Table 1 overleaf).

Social protection can be conceptualised not only as being **protective** (protecting a household's level of income and/or consumption), but also as **preventative** (preventing households from resorting to negative coping strategies that are harmful to children such as pulling them out of school and involving them in child labour), and **promotional** (promoting children's development through investments in their schooling, health and general care and protection) (Guhan, 1995). Devereux and Sabates-Wheeler (2004) have argued that social protection can also be **transformative**, helping to tackle power imbalances in society that encourage, create and sustain vulnerabilities, and to support equity and empowerment. In the case of children, this can include measures that protect their rights as well as ensuring that all children have voice and agency in their families, schools and communities, irrespective of gender, religion, ethnicity, race, class or (dis)ability.

Operationally, this framework refers to social protection as a set of initiatives, formal and informal, that provide:

- **social assistance** to poor children and households, including regular, predictable transfers (e.g. cash or in-kind, school scholarships, school feeding programmes, health service fee waivers) from governments and non-governmental entities. These aim to reduce poverty and vulnerability, increase access to basic services and, in some cases, promote asset accumulation;
- **social services** for marginalised groups of children who need special care, including child fostering systems, child-focused violence prevention and

Table 1: Conceptualising multi-dimensional vulnerabilities

Type of vulnerability	Indicators	Child-specific manifestations
Natural/environmental	Natural disasters/phenomenon/environmental (human-generated environmental degradation, e.g. pollution, deforestation)	Children more vulnerable due to physical and psychological immaturity
Economic	Income (low returns to labour, unemployment, irregular salaries, no access to credit) Intra-household inequality in access to land, rights and duties related to social standing, gender discrimination (access to productive assets)	As above plus child labour, child trafficking, child sexual exploitation due to conceptualisation of children as economic assets
Lifecycle	Age-dependent requirements for care and support (infancy through to old age)	Physical and psychological vulnerabilities compounded by political voicelessness; particular vulnerabilities are experienced in infancy and early childhood, and in some contexts, at the onset of puberty
Social	Family composition (high dependency, intra-household inequality, household breakup, family violence, family break-up) Extra-family violence, social upheaval, social exclusion and discrimination Gender discrimination (unequal access to productive assets, access to information, capacity building opportunities) Social capital (access to networks both within one's community and beyond [bonding and bridging social capital], access to community support and inclusion) Education/information/literacy	Family and school/community violence, diminished quantity and quality of adult care, discrimination
Health	Age-specific health vulnerabilities (e.g. infancy, early childhood, adolescence, childbearing, old age), illness and disability	Under three years especially vulnerable, access to immunisation, malnutrition, adolescence and child-bearing

protection services, rehabilitation services after trafficking, and basic alternative education for child labourers;

- **social insurance** to protect children and their families against the risks and consequences of livelihood, health and other shocks. Such insurance typically takes the form of subsidised risk-pooling mechanisms, with potential contribution payment exemptions for the poor; and
- **social equity measures** to protect children and their families against social risks such as discrimination or abuse, including anti-discrimination legislation (e.g. laws to protect children from trafficking, early child marriage, harmful traditional practices or to ensure special treatment and rehabilitation services for young offenders). Such measures also include affirmative action measures (e.g. scholarships for children of ethnic minority or indigenous communities) to try to redress past patterns of discrimination.

Child-specific vulnerabilities in West and Central Africa

Countries in WCA are highly vulnerable to a variety of economic, environmental and politico-social shocks and stresses, but there is also much diversity between countries. Countries in the region span different levels of economic development, ranging from high-income in Equatorial Guinea to middle-income in Congo, low-to middle-income in Ghana and Senegal and least developed in Mali and Niger. There is also a diverse

range of governance contexts including recent conflict (Congo, Niger); political fragility (Equatorial Guinea), and relatively open and vibrant democratic political cultures (Ghana, Mali and Senegal). Poverty rates also differ, from 29% in Ghana to 76.8% in Equatorial Guinea.

Taken as a whole, however, the region has the highest under-five mortality rate; accounts for more than 30% of global maternal deaths; lags far behind in universal primary education (with a net enrolment rate of just 62%); and has high child stunting indicators at 36% (UNICEF, 2008). Children in WCA are exposed to the risks of exploitation, including child labour and trafficking, which can be particularly exacerbated in the context of violence and conflict. In countries such as these, children are recruited as fighters, cooks, porters and so forth, which expose them to a host of risks, including psychological trauma, drug addiction and social stigma, in addition to the obvious risks posed by extreme violence.

Social and cultural factors influence high rates of poverty and vulnerability. Vulnerability is often a complex interplay of different factors, including gender relations, discrimination and power imbalances. Gender inequality is pervasive in the region: the 2007/08 Gender-related Development Index (GDI) finds 12 WCA countries in the 20 lowest ranking countries¹ (UNDP, 2009). Girls grow up vulnerable to male violence, ill-health, early marriage and maternal death, and face limited work opportunities and persistent poverty due to lack of education. Domestic violence is also

believed to be widespread and a number of harmful gendered traditional practices persist in the region. The most widespread is Female Genital Mutilation (FGM) or Cutting (FGC). Prevalence varies widely between countries, from less than 10% in Ghana, Niger and Cameroon to over 90% in Guinea and Mali. Other practices include various forms of indentured labour and exploitation, ranging from the tradition of *talibe* (a form of indentured labour of boys to local mosques) in countries such as Mali and Senegal, to that of *troski* (a form of indentured sexual slavery) in northern Ghana.

Social protection systems and mechanisms

Systems overview

Formal social security systems exist in all countries in the region, but these provide only a limited range of benefits to those employed in the formal sector. In most countries, this amounts to less than 10% of the population, leaving the vast majority of poor households with no social security coverage. Informal safety nets are deeply rooted in the traditional cultures of WCA and some of the most prominent community safety nets in the region include rotating credit and savings associations, private transfers and remittances, and faith-based support. Community mechanisms tend to provide more support than state-led assistance, but pervasive poverty and economic and socio-cultural changes are undermining these traditional support networks.

Over the past decade, however, there has been growing government and donor commitment to targeted social protection programmes, reflected in some national Poverty Reduction Strategies (PRSPs). The political acceptability and financial commitment afforded to social protection is influenced significantly by the way in which it is conceptualised and articulated in relation to the goals and strategies of broader national development plans. Naturally this also influences the type of programming adopted to respond to country-specific poverty and vulnerability. Burkina Faso, Cameroon, Ghana, Mali and Sierra Leone emphasise the importance of addressing social risks, such as social exclusion and marginalisation. Cameroon, the DRC, Ghana and Senegal focus on extending social protection to the informal economy. Chad, Guinea and Senegal specifically address the risk of natural disasters. In some countries, such as Ghana, Mali, Senegal, there is a strong focus on reducing health-related risks, including those associated with HIV and AIDS.

However, only a few countries translate general commitments into operational programmes. Most of these remain small pilot initiatives funded by donors but with limited government resources. They include cash transfer programmes, health insurance schemes

and various fee exemptions aimed at facilitating access to essential health services and basic education, as well as small preventive and responsive child protection programmes.

Cash transfers

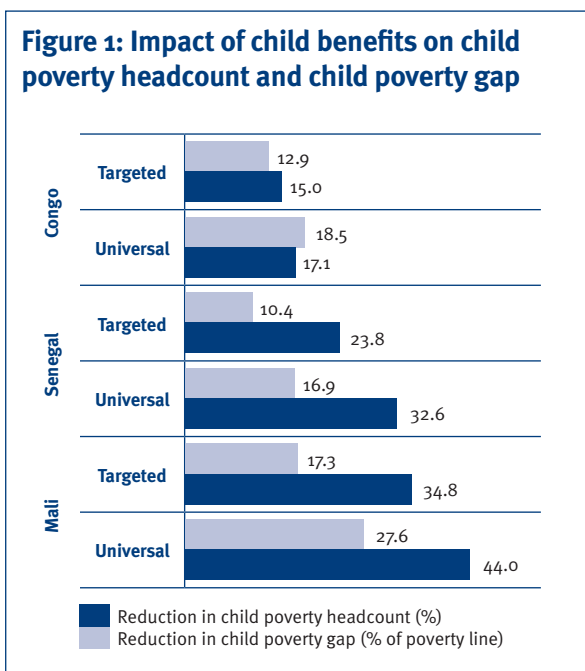
Government-run social assistance programmes in the region tend to be poorly administered and reach only a very small proportion of the poor. In Congo, Mali and Senegal the state runs a 'demand driven' social assistance scheme where individuals may be deemed eligible to receive assistance if they ask. This assistance is at best a one-off form of support and subject to application and does not constitute any systematic sort of support. However, alternative social assistance initiatives have been emerging in recent years. Ghana's Livelihood Empowerment Against Poverty (LEAP) is the region's first cash transfer programme of its kind. Launched by the Ministry of Manpower, Youth and Employment in early 2008, LEAP seeks to supplement the incomes of 'dangerously poor households' through the provision of cash transfers and to link them with complementary services so that they can, over time, 'leap out of poverty'. LEAP aims to reach one sixth of the extreme poor within five years (Jones et al., 2009).

While Cape Verde has a longer standing social pension, other countries in the region, including Nigeria and Sierra Leone, have also recently launched cash-based social protection programmes. Food-based social assistance transfers, however, which are generally implemented on a larger scale and delivered or supported by international organisations, continue to be more popular. Importantly, diversity across and within countries in WCA means that the appropriateness, scale and scope of cash transfers would need to be considered on a case-by-case basis, depending on fiscal space realities as well as administrative capacity. Simulations to model the potential impacts of both a universal and a targeted child benefit (set at 30% of the poverty line) suggest a universal approach would have the greatest impact on decreasing both numbers of people living in poverty and the poverty 'gap'. However, although a small number of oil-rich Gulf of Guinea middle-income countries (e.g. Equatorial Guinea and Gabon) have the fiscal space to implement universal social transfer programmes, they lack the governance and administrative capacity prerequisites to make this a reality in the short to medium term. In the case of the more numerous low-income, highly aid-dependent countries (such as Ghana, Mali and Senegal), a targeted approach towards the extreme poor would appear to be the most feasible option (see Figure 1 overleaf).

Social health protection

Social health protection is a critical component of social protection, underpinned by principles of soli-

Figure 1: Impact of child benefits on child poverty headcount and child poverty gap



parity and equity whereby all individuals are guaranteed access to an adequate package of health care based on needs rather than the ability to pay. Four basic categories of health financing mechanisms can be identified in WCA: user fees; community-based health insurance or Mutual Health Organisations (MHOs); Social Health Insurance (SHI); and tax-based financing. The first three have been the most popular mechanisms implemented in the region.

User fees have provided revenue generation for some (although relatively limited at an estimated 5-10% of recurrent health budgets). In some countries this has helped facilitate a greater degree of community management funds. However, user fees constitute the most regressive form of financing, leading to a decrease in service utilisation, especially among the poorest quintiles (Gilson and McIntyre, 2005; Huber et al., 2003).

Community-based health insurance or MHOs refer to voluntary private non-profit insurance schemes formed on the basis of mutual aid, solidarity and the collective pooling of risks. They incorporate a participatory, bottom-up planning process, whereby members, many of them informal sector workers, actively participate in the management of the scheme. Although such schemes have gained considerable visibility in countries such as Mali and Senegal, overall coverage rates remain low (e.g. the highest coverage rate is in Mali but stands at just 4% of the total population) and the schemes exclude the poorest who cannot pay even small membership fees and are often excluded from social networks. Moreover, these programmes suffer from high investment, administrative and management costs and limited cost recovery potential. This is due to restricted risk pooling as a result of low coverage rates and weak community managerial capacities.

SHI is compulsory insurance founded on pooled contributions from workers, employers, the self-employed, enterprises and government. Premiums are based on level of income not risk. SHI is a progressive form of financing, with a redistributive mechanism such that contributions accord with a person’s ability to pay. SHI promotes risk sharing and prepayments help to smooth health expenditure and to provide protection from catastrophic expenditure. As such, SHI is associated with increased service utilisation. Mandatory membership avoids problems of adverse selection found in MHOs; the purchaser-provider split increases efficiency. One of the key concerns about insurance mechanisms, however, is that the schemes exclude the poorest who cannot pay even small membership fees and are often excluded from social networks. However, Ghana is attempting to overcome this challenge by providing premium-waivers for the poorest (see Box 1).

Potential synergies between child protection services and social protection

Evidence suggests that vulnerabilities relating to child protection (e.g. harmful forms of child labour, child trafficking, harmful traditional practices) represent some of the most pressing challenges in WCA. Yet existing child protection systems in the region, including legislative frameworks; government institutions mandated with ensuring children’s right to protection; preventative and responsive services; and linkages to non-governmental service providers, are weak and under-resourced. As such, they are poorly equipped to deal with the diverse and complex manifestations and drivers of child protection vulnerabilities. Moreover, there are very few explicit linkages between targeted child protection services and national social protection strategies. However, there are opportunities and a number of possible entry points for strengthening linkages so as to address children’s vulnerabilities in a more integrated way.

Ghana’s cash transfer programme, LEAP, for example, has attempted to make eligibility for social transfers conditional on child protection-related behaviours. This includes registration of children’s births and non-involvement in child labour and trafficking, as well as minimum requirements such as vaccinations, health check-ups and school attendance. Although the ability of the Department of Social Welfare as implementing agency to effectively monitor this at the community level is likely to be limited, such conditions nevertheless provide valuable opportunities for community awareness-raising about the negative impacts of failing to protect children from such exploitation.

Similar opportunities include linking cash transfer beneficiaries to complementary supportive programmes, for example, preventive and responsive social welfare services, where necessary. This might

Box 1: Promoting social health insurance in low-income countries: the case of Ghana

Social health insurance is often seen as beyond the reach of low-income countries. But in Ghana, the National Health Insurance Scheme (NHIS) has made major inroads into improving health care coverage compared to its predecessor ‘cash and carry’ system. Roll-out of NHIS has been rapid, with more than 50% of the population registered within five years of its creation in 2004.

NHIS is a mixture of SHI and tax-based contributions, with membership compulsory for all residents. It is comprised of: SHI contributions from formal sector employees; mutual health organisation contributions from the informal sector; and tax-based funding to subsidise contributions of those exempted. Those exempted include dependents under 18, ‘indigents’ (the destitute) and those over 70 years of age. However, a number of equity considerations still need to be addressed.

First, an analysis of coverage rates by wealth quintile demonstrates that the NHIS is not equitable. Fewer people from lower wealth quintiles are enrolling because of cost barriers. This is exacerbated by the fact that the SHI premiums are set at a flat rate rather than being linked to income on a sliding scale. Importantly, however, NHIS does appear to address some important ‘demand-side’ issues. According to a recent survey, there is widespread awareness of the scheme regardless of people’s income. Distance to registration points does not constitute a major obstacle; and there is also satisfaction with the service as indicated by high annual re-enrolment rates.

Second, because of stringent criteria, only 2.3% of all members are classed as ‘indigent’, a much lower figure than the 2008/09 Ghana Living Standards Survey 5 estimate of 28.5% living below the poverty line and 18% below the extreme poverty line.

Finally, in response to concerns about Ghana’s limited progress on MDGs 4 and 5 (infant and maternal mortality), the President of Ghana issued a directive de-linking children from their parents’ NHIS membership status and also declared an exemption for post-partum women in the first six weeks after giving birth. These are clearly important advances in addressing equity concerns. But it will be important to monitor implementation of these policies and their links to better child and maternal health outcomes in the coming years.

Source: Jones et al. (2009).

involve referral to other programmes (e.g. alternative care arrangements for neglected and vulnerable children), as well as management of individual cases across agencies (including to tackle non-payment of child maintenance). Such linkages could be facilitated using the beneficiary databases developed for cash transfer programmes, such as LEAP’s ‘single register’ system, as the core for wider information management systems, covering social welfare services as well as transfer programmes.

Broader linkages with other sectors, e.g. schools, health facilities, the police and justice system, are also needed to identify, refer and assist at-risk children. Teachers and health care workers in particular could play a critical role in child protection at the grassroots level.

Challenges

Evidence from the work undertaken by ODI and UNICEF highlights that any initiative to support child-sensitive social protection policy and programming in WCA needs to take into account at least four key challenges if it is to promote sustainability in the long-term. These challenges are: the political economy of social protection; fiscal space constraints; socio-cultural attitudes; and weak evidence generation and dissemination systems.

First, given significant governance deficits in much of the region, **political economy factors** present a major challenge. Many countries in WCA have made progress in establishing more stable multi-party political systems in recent years, with successful transitions from military to civilian rule or between

rival political parties following elections. However, a number of countries in the region have suffered from and/or continue to suffer from serious political instability or violent conflicts. These include Chad, Central African Republic, Congo, Côte D’Ivoire, Democratic Republic of Congo, Guinea, Liberia, Niger and Nigeria. Conflict often undermines the social fabric at both family and community levels, and disrupts governance and accountability mechanisms, leaving children particularly vulnerable to various forms of abuse. There are also significant problems in post-conflict environments, particularly with regard to children’s general invisibility in Demobilisation, Disarmament and Reintegration (DDR) programmes.

Even in relatively stable polities, ‘neo-patrimonialism’ is another key governance concern (Booth et al., 2005), with patronage politics, rather than explicit development objectives and legal rules, dominating the decision-making process. It is reflected, for example, in the very poor scores the region generally receives in the World Bank’s Worldwide Governance Index (Kaufmann et al., 2006) and the high levels of political and fiscal centralisation. In such a scenario, there is often little engagement between programme designers and implementers and local officials and service providers, and therefore limited buy-in as programmes fail to reflect sub-national realities.

Deficits in state capacity tend to be particularly acute in the provision of adequate protection for children, as reflected in a lack of legislation specifically for children (from child justice provisions through to birth registration), infrastructural deficiencies, chronic

under-resourcing, and a lack of awareness among officials about child-specific vulnerabilities and/or contradictions between ‘customary’ and formal legal systems regarding child rights.

Another common institutional weakness pertains to cross-agency coordination and difficulties in bringing together the multiple agencies responsible for different elements of social protection for children. In WCA, under-resourced and capacity-constrained ministries of social welfare, women and children are often responsible for coordinating social protection responses but struggle to forge linkages with more powerful and resource-rich ministries, especially ministries of finance. Evidence from well-implemented programmes in the region suggests that the common ingredients of successful programmes include a strong degree of high-level and cross-sectoral political buy-in; carefully phased roll-out; and a ‘demand-side’ approach to service use. These can be seen in programmes such as Bourse Maman, a pilot conditional cash transfer programme to promote children’s schooling and free healthcare for children in Mali, and the Education Capitation Grant and National Health Insurance Scheme in Ghana.

State failures are, in turn, compounded by the relative weakness of civil society in the region. Civil Society Organisations (CSOs) play a very limited role in demanding accountability and rights in the provision of services and social protection in particular, and good governance in general. This is especially true of CSOs focusing on children’s issues, which are most often focused on micro-level service provision. There is also limited buy-in to the idea of safety nets and a progressive realisation of rights. In addition, CSOs face capacity challenges in engaging with cross-sectoral and macro-policy issues, particularly within the new post-Paris Declaration international aid environment where civil society is increasingly relegated to an ‘observer’ role (Harper and Jones, 2009).

A second major challenge relates to **fiscal space constraints**. Efforts to address social protection financing need to take into account not only objective resource constraints and efficiency issues, but also the necessity of political choices and trade-offs. Recent estimates by the International Labour Organisation (Pal et al., 2005) for low-income countries in sub-Saharan Africa suggest universal social assistance requires around 3% of Gross Domestic Product (GDP). Around 1% of GDP is needed for a social pension and 1-2% for a child school-related transfer. Targeted pensions and school transfers could be provided for considerably less, although usually with high inclusion and exclusion errors. In addition, social insurance in the form of basic health insurance is estimated to require around 3-4% of GDP.

As discussed above, in WCA, two broad clusters of countries present different challenges in terms of fiscal space for social protection: a small number

of oil-rich Gulf of Guinea middle- and high-income countries and the more numerous low-income, highly aid-dependent countries. The former have the fiscal space to implement universal social transfer programmes, but mostly lack the governance and administrative capacity prerequisites to make this a reality in the short to medium term. In the case of the latter, a targeted approach towards the extreme poor appears to be the most feasible option.

Handley (2009) argues that there are six principal mechanisms for the creation of fiscal space for social protection: i) increasing revenue through increased economic activity and taxation; ii) reallocating spending; iii) reducing debt; iv) increasing borrowing; v) increasing aid in the form of grants and concessional loans; and vi) seignorage or generating revenue by money creation. Of these, the first two appear to offer the best options for WCA national government policymakers seeking to build lasting fiscal space for social protection given large fiscal deficits, weak institutions and the unpredictability of international aid. For this to succeed, concerted efforts will be needed to support budget-related capacity strengthening for social sector ministries in the region. Better technical and negotiation skills would enhance the ability of ministries to effectively ‘sell’ the importance of social protection and to defend their budget proposals with more powerful ministries of finance.

Socio-cultural attitudes present a third important challenge on at least two levels. In many countries in the region attitudes towards social protection are often sceptical at best or even hostile. Concerns that social transfers, in particular, risk creating a ‘culture of dependency’ are widespread. This is partly the result of severe resource constraints and the absence of a strong tradition of the state as a provider of basic security and well-being.

Attitudes towards children and children’s rights are also highly conservative in the region. Discriminatory socio-cultural attitudes and practices underpin children’s vulnerability to violence, abuse and neglect, including harmful traditional practices such as early marriage, female genital mutilation or cutting and various forms of domestic and religious servitude. These attitudes and practices are based on a child’s age, but are often compounded by gender, indigenous or ethnic minority status, disability and sexuality. Such social exclusion can reinforce other economic or social inequalities and risks, including lack of access to basic services, justice and livelihood sustenance. This may result in increased vulnerability to neglect, violence and abuse in the household, school or community.

Finally, the absence of an institutionalised **evidence-based political culture** presents a challenge to effective social protection policy development and programming. This should not be under-estimated. Reliable data on poverty and vulnerability, and

related social spending, disaggregated by gender and age, is very limited in most countries in WCA. This makes it difficult to tailor social protection initiatives in a child-sensitive way. Data constraints are further compounded by limited capacity of many government institutions, NGOs and national legislatures to oversee and effectively use data, even when data exist. Monitoring, evaluation and learning mechanisms to track progress and promote knowledge sharing about ongoing social protection initiatives are also very rudimentary and poorly coordinated in most contexts.

Conclusions and policy recommendations

Despite the great diversity of WCA and importance of adopting social protection approaches tailored to national and sub-national specificities, a number of common policy recommendations can be identified. The following can serve as a ‘roadmap’ for ongoing social protection reforms:

1. **Promote the development and adoption of a national social protection strategy and financed implementation plan.** To provide a coherent overall framework for countries’ expanding portfolio of social protection programmes, and ensure the necessary coordination and financing, it is important to have a national social protection strategy that has wide buy-in from governmental, non-governmental and donor actors. Where possible, efforts to back a national strategy with legislation should also be encouraged to establish clear legal entitlements and ensure the long-term commitment of resources. Ensuring that the strategy is in turn supported by an adequately financed implementation plan is vital.
2. **Consider a package of social protection instruments.** Decisions about what types of social protection instruments to invest in should be informed by a systematic vulnerability assessment. This should establish the main vulnerabilities children and their families face, as well as the politico-institutional, fiscal and socio-cultural factors likely to facilitate or constrain the introduction of particular mechanisms. While cash transfers are an increasingly popular social protection modality, it is important that other instruments are considered as part of a broader package to tackle the ‘multi-dimensional’ vulnerabilities many children in the region face. These include assets, transfers, social health insurance, social equity measures and subsidised services.
3. **Ensure social protection policy and programming is child- and gender-sensitive.** Given the particular vulnerabilities of children, and especially girls, it is essential that assessments underpinning social protection policy and programme development are informed by a child- and gender-sensitive lens. Programme design in turn needs to ensure that modalities that may be targeted at care-givers or household heads also benefit children. This includes linkages to complementary child-focused services. At the implementation stage, programme implementers need to be supported to understand the specificities of children’s vulnerabilities, as well as ensure that monitoring, evaluation and learning tools consider age- and gender-disaggregated indicators and outcomes.
4. **Strengthen social welfare services for children and promote synergies with other dimensions of social protection.** In order to address the wide range of protection-related vulnerabilities, it is important to continue to strengthen social welfare programmes that provide preventive and responsive child protection services. If violence, exploitation, abuse and neglect of children are to be effectively addressed, current small, fragmented protection programmes which are characteristic of countries throughout the region will need to be scaled up and corresponding budget increases secured. Given many ministries of social welfare are playing a coordinating role in social protection, there are important opportunities for synergies between social welfare and social protection programmes, including mechanisms for awareness-raising, referral and integrated case management.
5. **‘Ring-fence’ and expand social protection provision in response to the lag effects from the global financial and food price crisis.** The lag effects of the global economic crisis on poor households justify ‘ring-fencing’ social protection provision, despite the current macroeconomic and fiscal constraints many countries in the region are facing. Indeed, there is a strong case for expanding programmes to protect vulnerable social groups, including children, to the greatest degree possible.
6. **Promote public expenditure reforms in order to maximise fiscal space opportunities.** Maximising fiscal space opportunities means advocating for increased budgets, and spending allocation and inefficiencies, including civil service reforms. Advocacy for greater investment in child-sensitive social protection should be framed within these broader fiscal debates. It is also critical to strengthen capacity of social sector ministries to enhance programme and budget planning and execution. A number of countries have or are about to reap extensive oil revenues, which could substantially increase resources for social protection, assuming oil revenues are well managed. A strong focus on social protection would help to contribute to redistribution and inclusive growth, thereby avoiding the social problems that have plagued many oil producers in Africa. Medium- to long-term planning will be needed to finance the scale-up of programmes to ensure long-term sustainability.
7. **Improve programme design and monitoring and evaluation.** As experience is gained and pro-

grammes scaled up, it will be essential to ensure maximum efficiency and equity, so that scarce resources are used to best benefit those who are most in need. Institutionalising robust monitoring, evaluation and learning mechanisms will be critical. This includes investment in baseline surveys and lesson learning from pilot programmes, in order to facilitate timely programme adjustments, and to generate and disseminate evidence of programme impacts so as to garner the broad political support required to take programmes to scale.

- 8. Strengthen inter-agency coordination.** Cross-agency coordination will be vital to ensure complementarity of services and tackle the multi-dimensional vulnerabilities that many children face in the region. Effective linkages between national and sub-national programme staff and supporting donors, will be key, as will quality oversight of social protection services by the legislature.
- 9. Strengthen capacity for social protection design and delivery.** The agenda set out here will require

substantial investments to strengthen capacity of government agencies responsible for social protection. Particular attention needs to be given to developing ministries of social welfare, women and children, so they can engage strategically with wider social protection agendas, policy development and programming. To promote greater accountability and transparency around the use of resources, it will also be critical to support CSOs which advocate for children's rights and gender equality to better engage with social protection policy dialogue processes. At the same time, this could promote synergies with non-governmental initiatives in programme districts. Capacity building for the media will similarly help to raise the quality of public debate of these issues.

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Endnotes and references

Endnotes:

1. Note that few countries in the region are included in the UNDP Gender Empowerment Measure (GEM) Index, which measures women's agency in the workforce and political life.

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