Social Protection in Africa

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1. Introduction

Constructing a history of social protection in Africa is complicated both by the relatively recent introduction of the term ‘social protection’ and by the size and diversity of the African continent. The definition of social protection in development discourse is changing. Until the late 1990s, social protection essentially meant providing a safety net for the most vulnerable members of a society, against either adverse personal circumstances or livelihood shocks. More recently, the scope of social protection has expanded, to refer to all measures that manage and reduce the vulnerabilities of groups and individuals. These measures are both formal and informal, and are undertaken by both public and private actors. Under these more holistic definitions of social protection, a very wide range of activities need to be accounted for.

So this paper is not limited to the study of formal safety nets and state-run social security systems in Africa. Western notions of *social security* emerged largely as a consequence of European urbanisation and industrialisation during the 19th century, and were designed to protect workers against labour market risks such as unemployment, work-related injury and retirement. Private charities and state-administered *social welfare* schemes provided complementary protection for vulnerable citizens (e.g. people with disabilities, orphans) who were unable to work and lacked other means of support. As Marc *et al* (1995:11) note: “These concepts were originally applied to economies where the formal sector was predominant, that were culturally homogeneous, and where poverty was viewed as transitional. The African context today is very different.”

A narrow focus on Western constructs of social security systems would be inappropriate to any historical account of social protection, but particularly in Africa where informal systems of mutual support have been central pillars of community life for centuries. Various organising frameworks are available that identify categories of states in terms of their social protection history, but it would be inappropriate to adopt any single one exclusively. We do, however, make use of the notion of “in/security regimes”, as outlined in Bevan (2004a, 2004b). This concept derives from work by Esping-Andersen (1990) on welfare regimes in advanced capitalist societies, adapted in Gough *et al* (2004) for application to developing societies. In/security regime analysis is useful in the African context both at the nation-state level and across regions.

Nonetheless, a significant strand in literature on social protection in Africa does deal with social security. A set of publications associated with the ILO details the evolution of colonial social security schemes into current policy in independent states (Mouton 1975; Gruat 1990; Bailey and Turner 2002). These accounts (and others) emphasise the differential impact on current social security of the Francophone and Anglophone styles of colonial administration, identifying various divergences in the scope and institutionalisation of policy. We explore the development of social security in Africa through this work. However, in dealing with social protection as a whole the categories of Francophone and Anglophone are less satisfactory, for three reasons. First, the distinctions between them are less clear in colonial and post-colonial relief policy. Second, various forms of informal social protection and relief were common before colonisation and these practices continued to be influential after Independence. Third, various sources of vulnerabilities (such as conflict and epidemics) have generated distinct policy responses that do not bear any clear relation to the colonial heritage.

[1] The Africa region team includes William Ahadzie (University of Ghana), Francie Lund (University of KwaZulu-Natal, South Africa), Stephen Devereux and Ian Macauslan (Institute of Development Studies, UK).

It is equally difficult to generalise across time periods as across geographical regions, because the nature of administrative units in Africa has changed dramatically in the last few centuries, and because the evidence (especially pre-colonial) is very patchy. The nature of social protection has also evolved, in terms of who provides it (family, community, chief, religious group, state, NGOs, etc), and in terms of which vulnerabilities are addressed. The main historical influences (and their sub-divisions) that will be discussed include, in approximate chronological order: (1) tribal norms, (2) pre-colonial religious influences (Christian, Islamic), (3) missionaries (Catholic, Protestant), (4) models of colonial administration (French, English, Portuguese, Belgian, German, Italian), (5) independent state resources (commodities, size), (6) state forms (strong state, ethnically divided state, conflicted state), (7) donor influences (strong, weak), and (8) donor policies.

Three points should be emphasised. First, there are clearly important interactions between these diverse sets of influences. Second, this does not claim to provide a comprehensive framework for analysing the politics of current social protection policy (for which see Hickey 2006). Third, despite the limited and patchy availability of historical and comparative information, there clearly is a rich history of social protection in Africa, and many of the current debates have been played out previously, either in Africa or in the development of European social policy (see Rothschild 1995) that influenced colonial administrations. The position of new providers of social protection must also be contextualised in the history of provision.

2. Theoretical frameworks: in/security regimes

This section is based on the work of Gough *et al* (2004), which offers a framework for the analysis of social policy in developing societies. Two limitations must immediately be noted. First, social protection practices in pre-colonial Africa are imperfectly captured by this model, which was developed for application to modern nation-states. Where the nation-state (a largely 19th-century European construct) did not exist and mechanisms dealing with vulnerability were informal and highly decentralised, the applicability of welfare regimes analysis is diminished, although by no means negated. Secondly, the terminology of social *policy*, rather than social *protection*, reflects less a distinct analytical construct than a comment on the origins of the current social protection discourse. Indeed, the idea of a 'rectification mix' (Bevan 2004a) for analysing social policy can be seen as equivalent to a broad definition of social protection in the African context.

The field of social policy, defined as the "problem of ensuring security of welfare under the uncertain life-chance conditions of capitalist, market-based societies" (Gough and Wood, 2004:3) relies in richer societies on assumptions of a legitimated state, labour markets as the basis of livelihoods, and developed financial markets. It emerges from a Polanyian 'great transformation' whereby processes of commodification and the displacement of the economy from society inherent in capitalist development generated insecurities that must be addressed by state and social interventions. Esping-Andersen (1990) identifies three elements of resulting welfare regimes: the transformation of capitalist societies into welfare states; de-commodification brought about by state action; and interactions between states, markets, and households that reproduce stratification outcomes. Using this framework, Gough and Wood (2004) create three types of regimes relevant to poorer states: welfare regimes; informal security regimes; and insecurity regimes. They make two extensions to apply Esping-Andersen's model to rights and duties in poorer countries. First, in poorer countries the global dimension is more significant: where there are significant quantities of aid, foreign direct investment, or remittances, rights and duties clearly supersede the domestic realm. Second, the 'community' interacts with states, markets and households to provide rights and duties: where the state fails the 'community' may provide.

Bevan (2004a) identifies a number of difficulties with the welfare regime model and sensitises the apparatus to the current African context. She points to a wide range of processes generating insecurity and 'ill-fare' in Africa, including violence generated by underlying political and economic relationships, limited resources, and epidemics. States, communities and households may be just as significant generators of suffering as they are of 'rectification' (the provision of welfare). States have been understood by different commentators to fall into various different negative categories including criminal, shadow, fictitious, collapsed and weak. Bevan (2004a:98) concludes that "none are welfare states and few can make a serious claim to be developmental", and economic management is poor and often personally-driven. 'Communities' in Africa refers to an extremely diverse set of arrangements, not all of which are historically homogeneous or collaborative. Even households vary greatly with regard to structure, stability, gender relations and resource sharing. These diversities complicate the application of a welfare regime model based on assumptions of a legitimate state and a political settlement. Exclusion and inclusion refer in this context to a range of relationships, including those based on exploitation, clientelism and dependence.

In an in/security regime, therefore, Bevan finds a set of practices governed by institutions that generate benefits to those in power and suffering to those who are excluded, dominated, and oppressed. The powerful mobilise by seeking loyalty through patronage, ideology, and charisma; by excluding competing groups from resources and opportunities; and by repressing opposition and voice. The excluded have corresponding options of loyalty, exit, and voice. Turning to the constitution of welfare, Bevan (2004a:104) identifies five components in the African 'rectification' mix: polity, market, society, kin and self.

Table 1. Main components of the current African 'rectification mix'

Analytic arena	Roles for domestic actors (examples)	External actors
Polity	*Formal government*: Ministries pursuing formal social policy, e.g. government schools and health service providers; food aid; regulators *Informal government* (through patronage): government politicians, bureaucrats, military, professionals *Non-government political actors*: Legitimate and illegitimate opposition party members; chiefs/kings; religious leaders; guerrillas; militia chiefs	International development and humanitarian organisations, regional organisations, national 'donors'
Market	*Formal*: private employers, insurance companies, private schools, private health services providers *Informal*: pharmacists, traditional medical practitioners, witches and witch-finders	TNCs as employers or providers of insurance, education, pharmaceuticals, health services etc.
Society	Neighbours, Big Men, clerics, congregations, religious schools, religious health services, community-based organisations including women's groups, hometown associations, secret societies, trade unions, NGOs, burial societies, ROSCAs, altruists, bandits	International development and humanitarian NGOs
Kin	Lineage members, clan members, 'households', extended family (including domestic migrants)	International migrants and diasporas
Self	Self as domestic resident	Self as international migrant

It is important to note that the components of the in/security regime model are not necessarily delimited to nation-states, and therefore the analysis can operate in two ways. First, at the level of the underlying political and economic relationships around commodification, political contention, and clientelisation. This is not limited to, nor necessarily pervasive in, the state. This mode of analysis is useful to identify social protection outcomes that are determined by relationships outside the conventional modern notion of the nation-state. The analysis of pre-colonial Africa and much of the colonial period, during which political arrangements and economic relationships were determined by systems of region-wide and local exploitation, can be seen in these terms.

Second, at the country level, welfare mixes can be identified. Some sections of the population operate in welfare regimes, others in informal security regimes, and the remainder in insecurity regimes. Bevan (2004b) divides post-independence welfare regimes into international welfare regimes and national conservative regimes to identify a 'quadri-furcated' welfare mix. This sensitivity is important where there are large variations in access to diverse sources of social protection, including: diversified livelihoods; family structures; community support; formal employment benefits; powerful patrons; non-governmental/missionary support; and formal government policy. Access to these sources is granted in a variety of conditions (such as loyalty, dominance, dependence, exploitation, exclusion, and so on) that determine stratification in the welfare mix. An individual's stratum is closely connected, of course, with their vulnerability.

3. Pre-colonial social protection[2]

Formal African relief systems date back to ancient Egypt under the Pharaohs (World Bank 1990). In general, though, there were few formal institutions for social protection outside Ethiopia and Islamic West Africa. In most areas, vulnerability was addressed through family networks and personalised charity "attuned to the personalised character of mobile, colonising societies" (Iliffe 1987:7). Bevan (2004b:212) agrees that "given the lack of organisations in most contexts the main element in the social protection 'welfare mix' was the family", but family structures were diverse and mutable. Modes of provision varied across the continent. In East Africa, there was little institutional care. In Buganda, kings rarely provided for the poor, and in Rwanda and Burundi it was not clear that kings had any obligation to care for the poor, and the level of provision therefore depended on the whim of individual kings (Iliffe 1987:63). In the savannah kingdoms of central Africa, on the other hand, the level of institutional care was higher than anywhere on the continent. There appears to have been no tradition of begging, and there is evidence that secret societies cared for struggling individuals. People turned to chiefs for assistance. Kuba kings kept huge storehouses, while Bemba chiefs "were expected to maintain food reserves against scarcity and to support those too old or young to provide for themselves." (Iliffe 1987:58-9).

In parts of West Africa and in Ethiopia, Iliffe finds interesting interactions between Islamic and Christian practices and the "characteristically African preference for personalised relationships over institutions" (Iliffe 1987:42). Although elsewhere in Islamic civilisation *waqf* – the endowment of institutions for the poor – was the principal form of philanthropy, in Islamic West Africa, *waqf* was limited to a single region of Timbuktu, Jenne and Masina. Another common institutional form of Islamic charity, *zakat*, lapsed in most areas not under Islamic rule. The absence of *waqf* encouraged begging and gave space for alms-giving, both of which were common in much of West Africa. *Sadaka*, the Islamic form of personal alms-giving, brought social prestige and was believed to confer prosperity. It is therefore perhaps unsurprising that givers rarely distinguished between the able-bodied and 'deserving' poor. There was, however, significant variation in West Africa. For instance, care on the Gold Coast was comparatively elaborate, particularly for the incapacitated, whereas inland in Igboland, Iliffe (1987:93) finds that "even by African standards, Igbo markedly lacked institutional provision for the poor." In many places, the mechanisms that evolved for social protection reflected indigenous religious practices; thus begging was common in Yorubaland and among Igboland Osu slave communities.

Ethiopian Christianity gave a special place to charity, not unlike Medieval Christianity in Europe. The lack of any significant urbanisation in Ethiopia until the founding of Addis Ababa in 1896 meant that there were few easy mechanisms of self-help during agrarian crisis. During famines, the hungry converged on churches and powerful men's dwellings, where relief was distributed in search of spiritual reward. Ethiopians impressed visitors with their generosity to beggars. There were flows of charity from religious institutions and emperors, and others, from the 14th century at least, although private charity was less institutionalised. Behind these forms of philanthropy lay a theology of charity set out in *Fetha Nagast,* where alms were conceptualised as a loan to God.

4. Early European influences

From the establishment by the Portuguese of its first permanent settlement in Africa in 1486, European travellers began to alter the availability of formal social protection. European provisions for the poor were targeted on the 'deserving', and eligibility tended to be made stricter in Africa to prevent 'swamping'. Although the new forms of social protection operated principally through proselytising missionary work, there were various forms of provision. For instance, European

[2] This section and the next are based on Iliffe (1987).

traders on the West Coast distributed among the poor confiscated merchandise or the surplus from fines levied on employees. In Mozambique and Angola, hospitals were constructed in 1507 and 1576 respectively, but there is little evidence that they were open to Africans. The poor relied more on missionary charity, which in Portuguese areas followed the Southern European Catholic tradition. This involved, among other things, *Misericordia* – traditional Portuguese institutions for the sick and needy – one of which was established in Angola in the 17th century, and alms-giving.

Calvinist 'poor relief' was introduced to the Cape of Good Hope through the Dutch East India Company in 1665. Laypeople caring for the poor, in targeted out-relief schemes, were made deacons of the church. This system became increasingly linked to governance, such that in 1777 anyone freeing a slave had to pay a deposit to the deacons, since freed slaves were perceived to be absorbing most poor relief resources. When the British took over South Africa in 1806 the system shifted from out-relief to institutionalisation, as embodied in the British New Poor Law of 1834. The permanently incapacitated were institutionalised, and private charity was sabotaged, to prevent idleness. This approach is redolent of the Malthusian view that social protection creates moral hazard; a view that was fiercely contested in pre-Revolutionary France by Condorcet and Turgot (as well as in England) who argued that social protection was important for economic prosperity as well as social dignity, because it encouraged the poor to take risks (Rothschild 1995).[3] The Malthusian approach was also at odds with traditional African models, that did not distinguish between the 'deserving' and 'able-bodied' poor. The Poor Law principles were harshly applied in the cattle-killing crisis of 1856-7, when thousands of starving Xhosa were refused relief until they agreed to work, and vagrancy legislation in the 1860s and 1870s that sentenced anyone found wandering without sufficient means of support to three months of hard labour. For those considered deserving of charity, private organisations such as the Dutch Reformed Church and the Salvation Army were active. However, state practices in South Africa did not keep pace with changes in approach in Europe. For instance, an institution founded on Robben Island in 1848 contained 'lunatics', lepers, paupers, and the sick – years after the 1845 Lunatics Act in Great Britain had stipulated the separation of the mentally from the physically unwell.

In tropical Africa, European influences initially made little impact on traditional systems of social protection. In Sierra Leone there was some government out-relief in the 19th century, following the British model. Relief was organised through the Freetown Poor Society from 1810, and supported by private benefactors, but the principal mode of social protection was through self-help groups. African immigrants from the US and Britain founded mutual savings groups after their arrival in 1787, and indigenous Africans operated similar systems. Freed Yoruba ex-slaves who were resettled in Sierra Leone, for instance, replicated the *esusu* savings clubs of their homeland. Versions of *esusu* savings clubs persist in West Africa to this day, and are an especially effective mechanism for market women to retain their profits and accumulate moderate cash holdings.

Similarly, the influence of changing French models on Senegal at the start of the 19th century was limited. The French Revolution of 1789 radically secularised relief systems in France and brought them under state control, and introduced a clear distinction between work for the able-bodied and care for the incapacitated – and curtailed Turgot's social protection reforms (Rothschild 1995). Senegal contained no charitable institutions that could be secularised, and the French hospitals there treated mainly Europeans. Before 1848, Iliffe (1987:108) finds no evidence of provision for the poor other than controlling the price of grain, although "prosperous *habitants* had a reputation for philanthropy". The emancipation of over 6,000 slaves after the Second Revolution in1848 initiated a change towards public works and *hospices civils* for the infirm and elderly, managed by religious sisterhoods.

The sisterhoods represented yet another strand in the tradition of religious care for the vulnerable – a tradition that included Islamic and Ethiopian charity, Portuguese *misericordia*, and Calvinist out-relief. Missionaries in one sense embodied the broad distinction that can be drawn between European models of social protection, that emphasise institutions, and African models, that

[3] Interestingly, recent literature on the impact of social protection on agriculture appears to endorse a return to Turgot's position (see Dorward *et al* 2006).

emphasise personal largesse. Both systems co-existed, but as Iliffe (1987:195) points out, "[i]nstitutional provision for the poor in the early colonial period came largely from missionaries". In the second half of the 19th century, Franciscan ideals of self-abnegation and care permeated much missionary work. The Sisters of Castres founded missions in Dakar in 1848 and Libreville (in Gabon) in 1849, and were, according to Iliffe (1987:109), "the first religious to concentrate their work amongst the African poor." The scale of relief provided by these organisations was small, but other missionaries, Catholic and Protestant, gradually penetrated much of sub-Saharan Africa. In this period, relief was largely secondary to 'spiritual' work, but the missionaries' focus on the poor was not incidental: "it was among the poor and marginal that they generally found their first converts" (Iliffe 1987:112). The secondary status of relief changed in the early 20th century, catalysed, according to Iliffe, by Albert Schweitzer's settlement in Lamaberéné (Gabon) in 1913.

5. Social protection in the late colonial period

Broadly, trends in African social protection in the 20th century are towards the expansion of formal systems, an emerging distinction between social security and crisis (largely famine) relief, and the secularisation and specialisation of non-government care. This section will largely concentrate on formal systems, although it is almost certainly the case that family care or self-help for vulnerable people remained the first recourse, and continued to be the first recourse after independence. Bevan (2004b: 212) points out that the development of capitalist economies brought about by the colonial quest for raw materials increased pressure on family care as "big finance capital attracted by mineral resources and wages below family subsistence level which depended on the peasant household to fill the gap". These trends led to structural changes in African economies, including increases in commodification, wage labour, industrialisation, urbanisation, male migrant labour, and female involvement in subsistence agriculture. These features of late colonial 'development' were associated with changes in patterns of poverty, with lack of access to land emerging in many areas as a second significant driver of poverty, alongside lack of (access to) labour.

Family care and self-help increasingly risked being insufficient during crises, creating a need for supplementary systems of patronage, dependence, personal largesse and distribution of relief by religious organisations or powerful secular groups or individuals. These supplementary systems have a long history in Africa. Before the colonial period institutionalised forms of relief were rare. Therefore, argues Iliffe (1987:193), "the institutions created to assist the poor during the colonial period generally embodied the traditions, preconceptions, concerns, and circumstances of the foreigners who devised them". This could of course be seen as constituting a continuing theme in social protection provisioning, particularly in contemporary sub-Saharan African countries where donors are particularly influential. Implanted in contexts where formal social protection institutions were scarce, colonial systems were often durable and, some argue, of limited relevance.

Most authors distinguish between French and British colonial administrations in their influence on formal social protection (Iliffe 1987; Mouton 1975; Gruat 1990; Bailey and Turner 2002). In terms of social security – employment-related legislation, pensions, disability allowances – there is a broad consensus that "in the countries that were British colonies, social security programs are generally more modest than in French-speaking Africa" (Bailey and Turner 2002:8). The colonial legacy was more influential in terms of the effects of inherited administrative arrangements on social security schemes introduced after Independence than in terms of schemes being set up before Independence. However, some divergence is apparent in the colonial period. Most formal social security systems in colonial Africa were established after the Second World War, although some existed earlier in French-speaking West African colonies. The French government was more concerned for social security in its colonies than the British, discussing the need for social insurance in Dahomey (now Benin) as early as 1910, and decreeing that provident funds should be established in all of French West Africa (Morris Maclean 2002). The voluntary West African Retirement Pensions Fund was established in a number of countries. In 1928, the French metropole began to subsidise social services in colonies through the *Fonds d'Investissement pour le Développement Économique et Sociale*, but it is not clear that serious attempts to provide compulsory social security pre-date the Second World War. The exception to this is North Africa, where most countries established employment injury schemes in the 1920s (Gruat 1990). Bailey and Turner (2002:7) remark that proximity to Europe was a major influence.

In British colonies, social security before Independence was limited mainly to schemes covering occupational injury, instituted in the 1940s at employers' expense (Iliffe 1987). The Beveridge Report of 1942 sparked a debate that concluded that the government should not provide social security coverage, but public-private partnerships would be appropriate. "The British strategy was to increase Africans' standard of living to enable them to support themselves and their extended families rather than to provide a public social safety net" (Morris Maclean 2002:71). The first general social security provisions for French colonies came in 1952, and the Overseas Territories Labour Code provided for the phased introduction of family benefits and maternity schemes in French West Africa and French Equatorial Africa (Gruat 1990). Some countries benefited before independence from employment injury schemes, but it was not until after independence that compulsory social security was instituted.[4]

Two principal drivers of British and French policy can be identified. On the one hand, short-term instrumental political considerations played an important role. Iliffe (1987) argues that British interest in social security intensified after the West Indian riots in 1937 raised the risks inherent in mass unemployment that followed the depression. The Colonial Development and Welfare Act in 1939 set up the Social Services Department in the Colonial Office, with an explicit focus on urban unrest (Morris Maclean 2002). De Waal (1997:29) reaches the same conclusion about famine relief in the Sudan in the 1910s: "politics dictated relief". De Waal argues that the British colonial government was concerned about the resurgence of Neo-Mahdism and transplanted, wholesale, the inappropriate Indian Famine Codes to allay the food crises that risked causing unrest. French social security policies, for their part, were directly influenced by colonial trade union movements.

Also relevant was the way in which the British and French governments conceptualised their colonies. British colonies were viewed as separate from Great Britain, and were ruled indirectly and locally. French colonies, on the other hand, were conceived of as extensions of France. Policy was highly centralised in Paris, and colonial governments were staffed largely by French – rather than African – personnel (Mazrui 1983). Finally, French social policy in France had a tradition of greater centralisation and a stronger role for the state than in Britain. The applicability of French metropole laws to French citizens in the colonies partly explains the relative generosity of French social security (Iliffe 1987). These fundamentally different conceptualisations also had implications for policy-making in post-independence states, as will be seen. On the other hand, Mamdani (1996) finds that the long-run consequences of French and British colonisation were similar in terms of creating bifurcated states governed by a decentralised despotism.

The roots of bifurcation lay in what Bevan (2004b) portrays as policies that mobilised the loyalty of internal elites by offering education and opportunities for formal employment, often with fringe benefits. Most rural groups were excluded by indirect rule, and until the 1940s most chose loyalty as the basis for their rectification, while others retreated to subsistence agriculture. As the Second World War ended, Soviet funding and the anti-colonial rhetoric emanating from the United States and elsewhere fuelled increasing labour insurgency and popular resistance, and in a spirit of either compassion or enlightened self-interest, minimum wages were legislated and unions were encouraged in some countries.

Famine relief policy in British colonial Africa had similarly low levels of institutionalisation in administrations. De Waal (1997:26) argues that "[c]olonial powers did not introduce sophisticated anti-famine systems in Africa, simply because they were not compelled to do so". He points out that 'political contracts' around famine relief in Africa were inferior to those in India, where famine relief was a right by the 1930s. Demands for the right to famine relief in Africa were forestalled by debates around national identity and by sectarian divisions, and famine relief was therefore an administrative decision, which might or might not be made a permanent directive. This led to

[4] There are exceptions to this pattern that would repay closer investigation: Botswana, Mauritius and Niger had employment injury coverage as early as the 1930s.

significant variations in the quality of response, dependent, according to de Waal, on the political climate within each colony. British Tanganyika, for instance, had an enlightened famine policy, reflecting the absence of countervailing political interests. However, in colonies where European settlers and mining companies dominated politics, responses were dictated by settler priorities and famine relief was less comprehensive. Again, the preoccupation of nationalist struggles with identity and ethnic conflict curtailed the development of anti-famine contracts after independence.

A slightly different trajectory was followed in South Africa, which had a distinctive colonial history and a larger and more embedded settler population than other colonies. Given the close historical and cultural linkages between white South Africans and Western Europe, South Africa's adoption of social welfare principles and programmes in the early 20th century is perhaps better explained by diffusion theory – "social institutions are culturally diffused from some societies to others" (Midgley 1997:107) – than by the convergence hypothesis – an empirical observation that countries at similar levels of industrialisation tend to introduce similar social programmes). The Boer Republics, for instance, were directly influenced by Bismarck's introduction of formal social security programmes to Germany in the 1880s, not least because many Dutch citizens were employed as civil servants by the Zuid-Afrikaansche Republiek, while the civil services of the Cape and Natal were dominated by people of British descent, and their social policies were inflected by the harsher attitudes embodied by the British Poor Law and *laissez-faire* liberalism (van der Merwe 1997). A brief history of the evolution of social security and social welfare policy in South Africa is provided in Box 1.

Box 1. Social Protection in South Africa

It has become common to draw favourable attention to South Africa's unusually comprehensive system of welfare provision in the field of social assistance, initially for older citizens and people with disabilities, more recently for children living in poverty as well. How did this come about? What influence did South Africa's colonial and then *apartheid* history have? A thorough review would make a lengthy paper on its own; this is only a schematic and selective overview.

In the colonial period, basic forms of social security were introduced, imported from European models that were heavily focused on urban areas and on white workers in formal employment. During the 1930s Depression, for instance, large-scale public works schemes were established to protect poor whites. Black South Africans were largely neglected, on the grounds that they lived mainly in rural areas where their basic needs were met through farming and "traditional food-sharing habits". Thus the old age pension, introduced in 1928, was initially limited to whites and coloureds; only several years later was the social pension extended to blacks, and then at a lower payment level on the grounds that blacks faced lower costs of living than whites. Racially discriminatory payment levels were not eradicated until the ANC came to power in the 1990s.

During and after World War 2, the emphasis was on consolidating the social security system (there were national conferences on social security in 1940 and 1943), expanding and extending social pensions, and on post-war reconstruction and rehabilitation (demobilising and integrating soldiers). Concerns were raised about the dangers of urbanisation overwhelming public services, including social welfare programmes. The concept of primary health care was introduced, ahead of its time.

In 1948 the Nationalists came to power and quickly began to implement policies of *apartheid,* or "separate development". The racist policy of "influx control", which kept blacks out of urban areas unless they were serving white interests, was stringently implemented. Separate departments of education, health and welfare were established for each state-defined ethnic group. After South Africa left the Commonwealth in 1961, separate homelands or "Bantustans" were created where millions of black South Africans were forcibly relocated, and later given "citizenship". Perhaps it was because the British had favoured an arms length policy of "indirect rule", and had already handed much power over to chiefs, that the Nationalist government could move so swiftly to fragmented rule, culminating in the creation of ten separate "independent states" within South Africa's borders. Each had its own welfare department, but almost all their social spending was financed by Pretoria.

Because Pretoria retained overall control of welfare policy and funding, by the late 1980s, when the government could see the writing on the wall, the re-harmonisation of social welfare schemes was relatively straightforward, and the equalisation of social grants that accompanied the transition to democratic rule generally meant that grant payments were raised for the poorest beneficiaries. This, together with a commitment by the ANC government to maintain and improve the social welfare system they inherited, resulted in the relatively good provision that South Africans enjoy today.

Parallel to these developments in the social welfare system throughout the 20th century, occupation-related social security benefits were also elaborated – unemployment insurance, maternity benefits, workers' compensation (disease and disablement at workplace), provident funds. For better-paid formal sector workers, private insurance markets have developed to supplement provision by the state and employers. While the wealthy invest in lucrative pension schemes, poor South Africans rely mainly on burial societies, which have gained importance in the context of the AIDS pandemic.

While it is true that AIDS is placing enormous additional pressures on South Africa's social welfare system, the pandemic has also mobilised civil society activism to an unprecedented extent. The successes of the Treatment Action Campaign are well documented as a case study of grassroots activism forcing fundamental shifts in policy from the government, and as an example of how social protection concerns can be effectively mobilised as a driver of a rights-based campaign.

Another, more ambivalent narrative relates to the informalisation of employment in many sectors, partly a consequence of employers attempting to evade recent government efforts to enhance workers rights by requiring employers to provide a range of employee benefits – minimum wages, maternity leave, adequate housing for farmworkers, and so on. Perversely, many jobs are now being "casualised", so that workers are losing their job security and even the minimal benefits they enjoyed previously. This presents a new set of challenges for social protection provision in the "new South Africa", where concerns with extending economic and social rights inevitably collide with the profit-maximising imperatives of a free market economy.

6. Independent states' social protection approaches and needs

The first significant wave of African independence occurred in the 1950s (though Egypt had been independent since 1922) and was led by Arab states: Libya in 1951; Morocco, Tunisia and Sudan in 1956; followed by Ghana in 1957 and Guinea in 1958. Most other countries followed in the 1960s, although the Portuguese colonies of Mozambique and Angola remained colonies until after Salazar's death in 1974, and the settler colonies of Rhodesia (Zimbabwe), South-West Africa (Namibia) and South Africa were not emancipated until 1980, 1990 and 1994 respectively.

Small-scale social security and occasional famine relief hardly constituted effective formal social protection measures. Around 90% of Africans lived outside the formal or government sectors covered by social security, and relied on family care. People in rural areas were particularly unprotected. They were almost never covered by social security policies and were rarely reached by famine relief. As de Waal (2000:24) notes "[h]istorically, most anti-hunger political contracts in Africa have been based on towns. Since colonial days, government have felt obliged to provide cheap food to townspeople – because this is where their power can be threatened". Low levels of urbanisation exacerbated the farming population's vulnerability to harvest failure, but because rural people tend also to be politically excluded, their vulnerabilities are less likely to be mitigated by state policies that are dictated, as Lipton (1977) also argued, by urban interest groups. Many African governments, "fearful of urban unrest deliberately held down food prices" (Iliffe 1987:233), thereby increasing rural vulnerabilities. Feng and Gizelis' (2002) cross-country study finds that urbanisation is one necessary condition that gives rise to welfare states. Increasing urbanisation is one feature of post-Independence Africa, but to date this has resulted in increasing protection for urban residents (especially formal sector workers) and continuing exclusion of the poorer and more vulnerable rural majorities, who remain largely dependent on their own limited reserves and the unpredictable interventions of charities, NGOs and food aid agencies.

The nature of the independent nation-state is another strong influence on social protection policy. Mazrui (1983) argues that, in a world where nation-states are the relevant administrative unit, Francophone ex-colonies are closer to being nations, and Anglophone ex-colonies closer to being states, and that this difference is driven by the particular forms of colonialism each experienced. The British model of indirect rule used local structures of power to exercise authority, partly to enable colonies to adapt more gradually to colonial rule, and mirrored British political culture that distrusted radical change. Indirect rule supported the construction of statehood by encouraging fiscal self-reliance, discouraging budgetary subsidies, and giving a local rather than metropolitan focus to colonial politics. However, partly due to the size and heterogeneity of British colonies, the preservation of institutions and cultural autonomy perpetuated ethnic consciousness that militated against nation-building. This explains the far worse inter-ethnic convulsions in former British than in former French colonies.

Morris Maclean (2002) draws on these distinctions in her comparative study of safety net policies in Ghana and Côte d'Ivoire. She finds that differences arise from the informal institutions and, in particular, the "long-term legacies of normative colonial frameworks" (Morris Maclean 2002:65). In Ghana, the British perceived the state as overseeing a decentralised social policy operating in diverse extended families. Political institutions reinforced pre-colonial chieftaincy, to maintain an indirect relationship between the state and extended families or ethnic communities. This created "limited and decentralised colonial social policy aimed at supplementing pre-existing social support systems" (Morris Maclean 2002:65). The French government, in contrast, conceptualised the state as a centralised bureaucracy that directed its policies towards the individual citizen and the nuclear family. Mouton (1975:149) remarks that in French-speaking countries social security policy seemed to be "encouraging the formation of Western-type families". Morris Maclean finds in Côte d'Ivoire that this conceptualisation displaced chieftaincy and created a direct link between the state and citizens. She argues that these differences have continued to the contemporary period. Ghanaian social policy is more community-based and sensitive to the needs of particular vulnerable groups, while Ivorian policy is more centralised and oriented towards the nuclear family. Morris Maclean (2002:66) concludes that "these differences are ultimately due to the divergent formal and informal institutional legacies that British and French colonial rule initiated".

These differences were also apparent in the evolution of social security in other African countries. Mouton (1975) noted a "remarkable development" in social security in Africa since 1960, with the introduction of new schemes in Ethiopia and Swaziland, and the expansion of old schemes elsewhere. There was provision everywhere for employment injury, but unemployment benefits were largely absent, except in Ghana and South Africa, because of structural underemployment. Mauritius and South Africa set up public assistance by 1975, and small but oil-rich Gabon was able to create a Social Guarantee Scheme in 1983 (Gruat 1984; cited in Iliffe 1987). The independence process created transitional problems in four countries that changed their borders. There were initial difficulties in Cameroon, where benefits began only in East Cameroon; in Ethiopia and Somalia, where there were differences between British and Italian models of social security; and in Tanzania, where provisions for Tanganyika were not extended to Zanzibar.

Mouton (1975) also identified wide contrasts in priorities and systems between Francophone and Anglophone territories. First, Francophone states gave family benefits and maternity insurance, and child and mother health, while Anglophone states did not, or gave only family benefits for single employers. The divergence on sickness legislation is less sharp: only Guinea had sickness insurance and only Kenya had hospital insurance. There seems to have been a further difference between Francophone countries favouring social security benefits and Anglophone countries preferring provident funds that paid lump sums and tended to be smaller. Many French-speaking countries provided social insurance for old age, invalidity and death and mandated for employer liability for medical care and sickness cash benefits; but Anglophone countries (like Ghana, Kenya, Nigeria, Tanzania, Uganda, and Zambia) set up provident funds. Finally, legislation in Francophone countries extended to everyone, in keeping with the French citizenship model, while Anglophone policy had often discriminated on racial lines or by sector (though this was removed by 1960 everywhere except in Rhodesia and South Africa).

Colonial attitudes to relief continued to underpin social protection after independence, with the persistence of suspicion towards institutional approaches. In Zimbabwe, for instance: "ideology insisted that institutional orphanages were confessions of moral failure" (Iliffe 1987:246). In Zambia, British institutions for the elderly were briefly replaced by a policy supporting family care, until it was found to be insufficient. Also still infusing social policy debates, according to Iliffe, are distinctions made between the able-bodied and the 'deserving'. Independent regimes often tried forcibly to institutionalise beggars, who were perceived to reflect backwardness. Finally, the role of personalised charity was evident in the largesse claimed by, for instance, Major Mengistu in Ethiopia and Kwame Nkrumah in Ghana.

The delivery of social protection by missionaries was in large part taken over by secular welfare organisations, such as international NGOs, which became important channels of foreign aid from the 1960s onwards. One reason for the rise of NGOs in Africa was the conflict and instability that resulted from independence struggles, which created millions of refugees and internally displaced persons (IDPs), who were acutely vulnerable to livelihood shocks such as droughts. The return of mass mortality famines, following the Congo crisis of 1960 and the Biafran crisis of 1967-70, drew humanitarian agencies into massive relief operations, which evolved into long-term rehabilitation and development programmes. In 1970, the Save the Children Fund was responsible for feeding 1,500,000 people in Nigeria, and in 1984, Save the Children was supplying meals to one-fifth of the population of Lesotho (Iliffe 1987). Recurrent famines in Africa from the 1960s to the present resulted in an institutionalisation of emergency food aid deliveries across the continent. Between 1955 and 1974, 5-6% of global food aid went to Africa; by 1980 this had increased to 52% (Shaw 2002). Food aid became the dominant channel for the provision of social protection to poor rural Africans, though its unpredictability and inability to address the structural causes of vulnerability made it a highly imperfect, inadequate and often inappropriate mechanism.

National governments also undertook famine relief. Developments in transport and health technology had reduced famine mortality rates (Iliffe 1987) but the scale of the refugee crisis in sub-Saharan Africa was remarkable – an estimated four million refugees in 1979. Family survival mechanisms were widely reported to have broken down, and governments showed varying capacities to deal with famine relief. In the 1970s Ethiopia, just as in previous centuries, proved unable effectively to address the hunger of its citizens, and Niger and Chad had similar difficulties. These were to some extent rectified, according to Iliffe, by the 1980s, but "several governments exacerbated famine by refusing to acknowledge its existence or seek international aid, chiefly for reasons of national pride" (Iliffe 1987:255). In the 1980s and 1990s famines in Ethiopia (Tigray and Eritrea) and Sudan (Bahr el Ghazal and Darfur), government-sponsored civil wars against their own citizens was a contributory causal factor, and aid agencies had to engage in surreptitious cross-border operations to channel food to affected populations. This raised complex issues around principles of national sovereignty *versus* international humanitarianism.

A second set of increasing vulnerabilities concerns health crises and epidemics, such as malaria and HIV/AIDS. A third source of increasing vulnerability came from structural adjustment. The expansion and intensification of capitalism in structural adjustment strengthened the need for social protection, with a Polanyian 'double moment' (Putzel 2002).[5]

Bevan (2004b) finds in the 1980s increasing polarisation between the international elite, the local elite, and poorer people, which was paralleled by a 'tri-furcated' welfare mix of international-liberal/national conservative/informal. However, there was also a growing number in a fourth group whose access to informal security had been compromised by violent conflict (Bevan 2004b). This insecurity regime was exacerbated by the HIV/AIDS epidemic that placed increasing strain on kin and community rectification networks where they functioned, and reduced the options available to individuals to provide for themselves. This was despite the increased (compared to the pre-colonial era) diversity of *potential* livelihoods options that had been created by the growth of trade and rural-urban linkages. In the 1990s unregulated global economic and financial liberalisation increasingly marginalised, and the continent became home to various insecurity-related practices such as drugs, toxic waste, and private resource accumulation. The exploitation of resources, for instance, on which many African economies are highly reliant, often require little labour and support the creation of disorder that permits their exploitation (Chabal and Daloz 1999). Bevan (2004b:233) concludes that "[t]he large mass of people have to rely for personal security predominantly on the active pursuit of resources…in the context of socially constructed structures involving kin, friends and patrons, and the myriad of people and local organisations…"

[5] More will be added on health crises and structural adjustment in later drafts of this paper.

7. Contemporary policy debates

Three broad categories of social protection instruments can be identified in contemporary Africa, and are present to varying degrees across the continent.

(1) **Social security** systems are found in most countries of North Africa and sub-Saharan Africa, and have been in place in some countries since the 1940s. Government workers typically receive civil service pensions on retirement, either paid by the state or through employee contributions. Voluntary private pension schemes are available to private sector workers in many African countries. Coverage of these systems is usually limited to formal (public and private sector) workers in urban centres, leaving the majority of the population – rural smallholder farmers, the self-employed and informal sector workers – uncovered. A major challenge is to extend social security beyond these "islands of privilege", which rarely extends beyond 10-12% of the population. Arguments against "extending social security to all" include unaffordability, remoteness and capacity constraints. A positive counter-example is provided by Lesotho's Old Age Pension, which was introduced by the government in 2004, despite opposition from the IMF and despite the fact that Lesotho is far poorer than all other African countries that have similar social pensions – Botswana, Namibia, South Africa and Mauritius.

(2) **Emergency relief** programmes dominate in countries affected by conflict and insecurity (e.g. the Horn of Africa) and/or recurrent drought (also the Horn of Africa, more recently southern Africa). Food aid dominates these interventions, raising concerns about possible disincentives and dependency effects on food production and trade. Where conflict or erratic weather is persistent, relief programmes become institutionalised, emergency appeals become part of the annual planning cycle, "emergency food aid" becomes "protracted relief and recovery operations" (WFP) or "relief to development" (USAID), and arguments are made for incorporating food aid into longer-term interventions – public works projects, school feeding schemes – that have broader social protection objectives. A positive counter-example is the 'Productive Safety Net Programme' (PSNP) in Ethiopia, a government-led initiative to break the cycle of dependency on food aid by removing 5-8 million chronically food aid-dependent households from the emergency appeal process and providing them with predictable cash transfers for up to five years, after which they are expected to "graduate" from dependence on social assistance.

(3) **Social transfer** projects are proliferating throughout sub-Saharan Africa, either as neophyte social assistance programmes for population groups that are not covered by formal social security systems, or as complementary interventions to emergency relief programmes. Most of these projects are externally financed by bilateral or multilateral donors, and most are implemented by international NGOs. Evaluations of these projects are invariably positive, reflecting the large amounts of technical assistance, financial resources and intensive interactions with beneficiary communities that characterises the "NGO model". Concerns are often raised, however, about the sustainability of these projects, and the potential for going to scale in terms of coverage – reaching the majority of the country's poor and vulnerable population rather than a few thousand households in a few districts – and institutionally – shifting to a state-owned institutionalised programme.

The boundaries of social protection are contested, and it remains an open question whether formal social security systems and emergency relief programmes should be included as social protection interventions or not. One argument might be that social protection and emergency relief both provide social assistance in contexts where social security is effectively absent, and that the ultimate objective should be to 'upgrade' social protection projects and emergency relief programmes to formal social security systems. Focusing mainly on formal social security systems, Bailey and Turner (2002) identify "Six distinct patterns of social security protection" in Africa (see Box 2). The trajectory followed by each country or cluster of countries reflects a combination of colonial legacy, exposure to international influences, and prevalence of conflict.

Box 2. Six Patterns of Social Protection in Africa
"First, North Africa, where the proximity to Europe was a major influence, has the oldest and most comprehensive programs of social protection, with social security pensions based on social insurance principles operating in Algeria, Egypt, Libya, Morocco and Tunisia since the 1950s. To encourage coverage among agricultural workers, who are typically more difficult to bring into the social security system because they generally do not receive cash wages, Tunisia charges agricultural workers a lower contribution rate than urban workers. To encourage coverage among self-employed workers, Egypt allows them to declare their earnings level, with the minimum level varying by occupation. "Second, a number of French-speaking West African countries established a voluntary plan during the colonial period – the West African Retirement Pensions Fund – but did not introduce compulsory programs until after independence, which occurred between 1960 and 1965. Côte d'Ivoire gained independence in 1960 and established its program that year. The countries in this region had earlier established programs for civil servants that were similar to the program provided for French civil servants. Due to their common colonial heritage and their close collaboration since independence, Côte d'Ivoire, Mali and other countries in the region have similar programs based on defined benefits. "Third, in the countries that were British colonies, social security programs are generally more modest than in French-speaking Africa. Following independence, provident funds were established in most of the former British colonies – Gambia, Ghana, Kenya, Nigeria, Seychelles, Swaziland, Tanzania, Uganda and Zambia. Geographically, provident funds are primarily found in eastern and southern Africa, although Egypt introduced one in 1955. … The provident fund in Uganda was introduced as a compulsory saving plan for workers in the private sector and for public sector workers not otherwise covered by a pension. Its goal was to provide some economic protection against the ending of employment due to old age, disability, death or unemployment. "Fourth, particularly in southern Africa – Malawi, Namibia, Swaziland and Zimbabwe - the development of social security pensions was considerably delayed. Zimbabwe did not gain independence until 1980. After many years of debate, the national social security program was established in Zimbabwe in 1990. Initially, the program focused on workers' compensation, but subsequently legislation was passed to establish a social security old-age benefits program. This program covers all private sector workers and will eventually be extended to public servants and the self-employed. Botswana established a social security program in 1996. Fifth, some countries do not have a social security program for private sector workers. These countries include Eritrea, Ethiopia, Democratic Republic of the Congo, Lesotho, Sierra Leone, and Somalia. In Sierra Leone, efforts to establish a social security program have been stalled by internal armed conflicts. Internal and external conflict has also delayed the development of social security programs in Eritrea, Ethiopia and Somalia. In Liberia, the Republic of Congo and the Democratic Republic of Congo, social security programs have been substantially destroyed by armed conflicts. "Six, at the other end of the coverage spectrum, several countries have introduced social security programs emphasizing universality. Botswana, Mauritius, Seychelles and South Africa have the highest levels of per capita income in sub-Saharan Africa. Entitlement to a basic pension at age 65 in South Africa is based on a means test and the benefits are financed from general taxation. The program in Mauritius provides a basic pension paid to all residents age 60 or older without a means test, supplemented by earnings-related benefits. In Mauritius, workers purchase pension points with their contributions, to be redeemed later for earnings-related pension benefits. Seychelles has a similar program. Gabon has made a special effort to extend coverage. In 1983, it developed a social security program for non-salaried workers and the unemployed. This program is separate from the formal sector program and is administered by a separate institution. Gabon was able to do this in part because its social security program for the formal sector covered the majority of workers. Botswana has a universal flat-rate pension scheme for all residents aged 65 and older."
Source: Bailey and Turner (2002)

The most persuasive case against universal social protection in low-income countries is its cost. It is often argued that a small fiscal base (too few tax-payers), and chronic poverty (large numbers of beneficiaries) generates insufficient resources to finance comprehensive welfare programmes, so that public funds should be invested in productive growth for poverty reduction, not "wasted on welfare". The affordability debate has been countered in three ways: first, by analysis of costs which confirms that a minimum package of social protection coverage is fiscally affordable and sustainable (i.e. does not retard economic growth) even in the poorest countries; secondly, by cases where governments have exercised political will to introduce social protection programmes without external support (examples include the Old Age Pension in Lesotho and GAPVU/INAS in Mozambique); thirdly by arguments that social transfers can contribute to achieving the MDGs, both directly and via multiplier effects, so that economic growth is not a necessary precondition for social protection programmes but can actually be a positive by-product of these programmes. It should be noted that the evidence base for all three assertions is limited and is still being built, especially for claims that social transfers can achieve growth and sustainable poverty reduction.

Perhaps an even greater challenge is to build "political sustainability" for social protection, in countries still sceptical about the (perceived) high costs and limited political benefits of "investing in welfare" rather than "investing in productive sectors". As a generalisation, where social protection interventions are home-grown rather than imported, domestic political constituencies are more amenable to mobilisation . It is inconceivable that the long-standing government-run social pension programmes in South Africa and Namibia could be repealed, not least because they have become recognised as citizenship rights or entitlements, backed by legislation. (When the government of Namibia attempted to introduce means testing for the social pension, wealthier Namibians who faced exclusion from benefits challenged this as an unconstitutional form of discrimination against them.) Conversely, externally financed cash transfer pilot projects are liable to being abruptly cancelled at the end of a donor's project cycle, or when the implementing NGO leaves the district or restructures its development programming in the country. Donors and NGOs are not accountable to citizens in the countries where they work – indeed, they might have more difficulty justifying to citizens in their home countries (to whom they are ultimately accountable) why they are funding permanent social welfare programmes in other countries. This "black hole of unaccountability", which has also been identified in the international humanitarian relief system, leaves beneficiaries acutely vulnerable to loss of benefits (food aid, cash transfers, etc.) at short notice and with no explanation, because responsibility for delivering social protection is diffused between national and global actors. In the end, governments should implement national social protection programmes, and many donor-driven pilot projects have the intention of handing over to governments, but there are few cases to report where this has successfully happened in Africa, because enthusiastic "drivers of change" or "champions" for these programmes cannot be readily identified. Perhaps the problem is "too many pilots and not enough drivers"!

A parallel activity pursued by many donors is to work with African governments to devise National Social Protection Strategies. Because of donor harmonisation and the hiring of international consultants to provide technical assistance (who tend to transfer their ideas across countries), a certain convergence is discernible in these documents, in terms of the way social protection is conceptualised, the mix of preferred social protection instruments – an analysis of which instruments are habitually excluded from these documents would make an intriguing study – the most commonly targeted 'vulnerable groups", and so on. Certain themes are also evident in these documents, such as an emphasis on the economic growth potential of social protection. As noted above, the Ethiopian government has an exit strategy for its Productive Safety Net Programme, which is designed to run for five years, after which beneficiaries are expected to "graduate". There is no recognition of the distinction between a social welfare caseload (those people in all societies who need permanent social support) and a category of vulnerable households who have the potential to escape from poverty if given an appropriate "hand-up" rather than a "hand-out". This same conflation of livelihood protection and livelihood promotion goals is evident in Ghana's National Social Protection Strategy: "the NSPS is entrenched in the philosophy that if afforded the opportunity, all Ghanaians *can* contribute their quota towards achieving economic growth and prosperity. Thus, through the NSPS Government will invest in target groups who will in turn invest in the nation." (Box 3 sets the NSPS in Ghana in a broader and longer-term context.)

Box 3. Social Protection in Ghana

Since 1983, Ghana has been compelled to pursue market-led development policies – first under the Economic Recovery Programme and Structural Adjustment Programmes, more recently under a Comprehensive Development Framework and Poverty Reduction Strategy – that have seen a steady recession of state provisioning in favour of privatisation of economic activities and social services. These policies and programmes succeeded in reversing the economic decline of previous decades. On the other hand, the pursuit of neo-liberal policies has not led to significant change in the poverty situation of many Ghanaians. Instead, the evidence suggests deepening poverty and persistent vulnerability to shocks by the chronically poor. The main risk factors and shocks have been identified as: (1) macro-economic shocks, (2) health shocks, (3) natural/ man-made disasters, (4) life-cycle shocks, (5) exclusion and denial of rights. Macro-economic risks relate to declining employment opportunities, poor access to markets and large post-harvest losses, and rising costs of agricultural inputs, utilities (including clean water) and social services. Health shocks such as malnutrition, malaria, HIV/AIDS, diarrhoeal diseases, compounded by poor access to (low quality) health services, result in high morbidity, infant and maternal mortality (Government of Ghana 2004).

In parallel to the liberalisation of the economy, the government has provided various social grants and safety nets to support individuals, especially to assist the poor to cope with shocks that result from policy reforms. These initiatives include the ‘Programme of Action to Mitigate the Social Costs of Adjustment’ (PAMSCAD), Village Infrastructure Project (VIP), public works projects implemented by the Social Investment Fund (SIF), nutrition interventions, education subsidies, immunisation programmes and child protection mechanisms. However, even sustained interventions such as PAMSCAD did not succeed in redressing the heightened vulnerabilities that structural adjustment policies introduced in the 1980s.

Ongoing initiatives that straddle the boundary between social protection and productive investment include ‘Integrated Agricultural Input Support’ (providing loans and inputs to poor farmers), labour-intensive public works (targeted at unemployed and under-employed youth), and microfinance projects (often targeted at women and linked to savings facilities). More conventional social welfare interventions include a NEPAD-assisted school feeding programme (targeted at deprived districts), and the Community-Based Rehabilitation Programme, run by the Department of Social Welfare and targeting people with disabilities (PWD).

There are also social insurance schemes that provide support to those who can afford to participate. The Social Security and National Insurance Trust (SSNIT) is Ghana’s national contributory pension scheme; it pays monthly benefits to contributors (mostly workers in the formal and informal sectors) on retirement or invalidity. The National Health Insurance Scheme (NHIS) was established in 2003, to assist Ghanaians to meet healthcare costs. Although the premium is graduated by income (the annual cost is ¢72,000 (US$ 8) for the poor, ¢180,000 (US$ 20) for middle-income citizens and ¢480,000 (US$ 52) for higher income earners), participation by self-employed and informal sector workers is constrained by their low and unstable incomes.

Experience indicates that these social assistance and social insurance programmes are making insufficient impact on extreme poverty and social vulnerability. Moreover, uncoordinated delivery and poor targeting has resulted in limited coverage and impact for many of these interventions. Additionally, these interventions generally focus on offering social assistance to the extreme poor, with very limited emphasis on preventing or reversing livelihood decline. Overcoming these challenges calls for a broader interrogation of development policy frameworks, the implementation of a comprehensive social protection framework and the adoption of a “transformatory” rather than “add-on” approach (Elson 2000) to policy formulation in Ghana.

Accordingly, the government of Ghana is drafting a National Social Protection Strategy (NSPS), which “represents a shift in the design and practice of social protection interventions from what may be described as a piecemeal approach to a harmonised, integrated, sustainable and forward-looking national framework”. The strategy argues that social protection is “a fundamental human right”, and that “social grants can play an important role in achieving the MDGs”. Distinctively, the strategy focuses on “social risks” and “the dynamics of poverty”, and it aims to achieve “livelihood empowerment” through a combination of investment in human capital, better enforcement of labour laws and protection of informal sector workers, and social grants. The flagship of the strategy will be the ‘Livelihood Empowerment Against Poverty’ (LEAP) Social Grants Programme.

On the other hand, it is important not to attribute all the momentum behind the current wave of social protection programmes in Africa to donor "faddism" – though the risk that this enthusiasm will evaporate when the next development fad displaces social protection is very real and deeply worrying, given the numbers of Africans who are becoming accustomed to receiving predictable transfers, financed mainly by donors. There are signs that government opinion is shifting in favour of social protection, and that this is, at least to some extent, independent of shifts in international resource transfers and policy advice. One recent example is the Livingstone 'Call for Action' of March 2006, when the President of Zambia declared that social protection is a basic human right and is affordable even in very poor countries, and 13 African governments pledged to integrate costed social transfer programmes within their National Development Plans and budgets. Cynics might insist that this highly public declaration had more of an eye on possibilities for attracting substantial donor support than on pressures from domestic political constituencies. Delegates at Livingstone might well have been mindful of the Commission for Africa report of 2005, which argued for heavy commitments of donor resources to the design and delivery of social protection programmes. *"Donors should commit to long-term, predictable funding of these strategies with US$2 billion a year immediately, rising to US$5 to 6 billion a year by 2015."*

In terms of constructing political will, most effective of all is political action that is driven by citizen action – "bottom-up" social protection – but this requires civil society activism, in countries where civil society is weak and fragmented at best, repressed or banned at worst. A powerful case study is the Treatment Action Campaign in South Africa, which successfully campaigned for ARVs to be given to HIV-positive South Africans. More examples from elsewhere are needed, but civil society is strikingly absent from the social protection policy process in most countries across Africa where donors are currently supporting the design and implementation of National Social Protection Strategies. "Civil society" is typically (and inappropriately) represented in these discussions by international NGOs that act mainly as service providers for donors, delivering social protection as welfare programmes rather than campaigning for social protection as a right.[6]

8. Conclusion

Our review of different strands of social protection in Africa – social security systems, emergency relief programmes, and social transfer projects – has revealed a much longer history for these categories of policy intervention than might have been imagined. A corollary observation is that there is very little evidence of learning across these intervention domains, or of learning from the past. Donors that are currently designing elaborate quasi-social security systems appear to be unaware of the rich history of public policy in related areas that has preceded these National Social Protection Strategies. Similarly, the current predilection for cash transfer projects is being advocated often in opposition – as a superior alternative – to food-based safety nets that have been implemented on a massive scale in drought- and conflict-prone countries for the past 50 years. The often acrimonious "cash versus food" debate crystallises an apparently linear process of policy thinking that, on closer scrutiny, reveals itself as muddled and internally contradictory. The implicit argument is that social protection in Africa needs to be "modernised" – or, in other words, "Westernised".

(1) Poor and vulnerable Europeans receive public assistance in the form of predictable (usually monthly) cash transfers, not occasional food handouts.

(2) Social transfers in Europe are given unconditionally: in most cash transfer pilot projects beneficiaries are no longer required (as they were in the 1930s) to provide heavy manual labour on public works programmes in order to earn their rations or cash.

6 Recently, one of the authors approached a major bilateral donor in an African country to request the donor's support for the mobilisation of civil society actors (rights campaigners, trade unions, women's groups, etc.) around the national social protection agenda. The donor representative responded that this was impossible, given the risk that civil society activists would challenge the consensus view on a National Social Protection Strategy that the government and donors had already agreed (without consulting any representatives of civil society in the country).

(3) The state is the provider of last resort in European welfare states; hence donors in Africa are now impelling governments to take on responsibility for managing social protection programmes, despite the often understandable reluctance of many governments to do so.

Each of these three objectives appears logical and laudable. However, the cash transfers agenda as it is currently being implemented in Africa risks ignoring some crucial realities that, at the very least, should give pause for thought. For example (and in a spirit of provoking debate):

(1) ***Predictable cash transfers instead of occasional food aid**:* Often the problems facing rural Africans can be reduced very simply to a sudden collapse in access to food, and in many cases delivering food for a bridging period until the next decent harvest is the most effective way of protecting lives and livelihoods through the crisis period. Notwithstanding all the problems and often valid critiques of food aid programmes, a vulnerability context of major droughts and conflicts in (say) the Horn of Africa presents a very different set of social policy challenges than (say) unemployment and homelessness in Europe, and may require a very different set of policy responses – not excluding emergency food aid. The argument here is not to revert to food-based social protection programming (indeed, there are sound reasons for substituting food aid with cash, if and where markets are relatively well functioning), but to acknowledge that Africans face a diversity of vulnerabilities that may require a diverse portfolio of context-specific social protection responses, not a convergence on "predictable cash transfers" as the cure-all everywhere and at all times.

(2) ***Conditional versus unconditional transfers**:* A consensus-without-debate appears to have been reached among international donors and NGOs, that conditional cash transfer programmes, as implemented with some success in Latin America (*Progresa, Bolsa Familia,* and so on), are inappropriate in Africa. This is either because "conditionalities are stigmatising" or because the public services (mainly education and health) to which Latin American programmes are linked are weaker in Africa, so that there is no advantage to be derived in requiring African beneficiaries to send their children to schools or clinics in return for cash-based welfare transfers. On the other hand, there are real risks that the volume of resources and expertise now concentrated around cash transfer projects could divert resources away from essential investments in education and health services – yet supply failures in these social sectors are arguably more limiting of well-being outcomes than demand failures. More creative thinking is needed around linking cash transfers to broad-based social policy objectives and programming, if synergies are to be derived in terms of improved well-being for poor Africans, especially children. Not all the problems facing PLWHA, or chronically ill children who are not attending school, can be solved with cash transfers.

(3) ***From donor-driven to government-owned social protection programmes**:* There are always tensions and contradictions when accountable but capacity-constrained African governments meet with unaccountable but resource-rich international donors to set policy priorities and design programmes, but these contradictions are especially acute in the context of social protection, where (1) donors have been consistently inconsistent over the years, at times promoting parastatals and subsidies, for instance, then undermining parastatals and abolishing subsidies; (2) territoriality and disagreements among donors has often led to battles over policies and instruments being played out within countries, with some agencies delivering food aid which other agencies criticise while experimenting with cash transfers at the same time and even in the same communities; (3) the priorities and preferences of African governments are invariably ignored when they contradict the priorities and preferences of donors – which, in the social protection field, occurs more frequently than is reported or discussed.

The design of appropriate social protection policies for poor and vulnerable Africans needs to be guided by some basic principles, that are at present being ignored. Firstly, interventions should be based on a problem definition that includes: (1) a rigorous analysis of the nature and causes of vulnerability facing each beneficiary group in each locally-specific context; (2) an assessment of the socio-cultural context (e.g. gender implications of delivering cash or food transfers to men and to women); and (3) an assessment of market conditions and the likely impacts on production, trade, employment and the local economy of injecting resource transfers into local communities.

Secondly, rather than being driven by the availability of resources (until recently, US and EU food surpluses were perhaps the main driver of donors' social protection programming in Africa), the preferences and priorities of Africans should at least be considered seriously. This includes both (1) beneficiaries (e.g. studies of beneficiary preferences for social assistance reveal that women often favour food aid while men favour cash transfers, and that farmers prefer cash after harvest, input support at planting time and food in the hungry season); and (2) governments (which may prefer to deliver social protection through institutions such as parastatals with a food security mandate or resource transfers delivered through general price subsidies, rather than through targeted transfers of cash or food). This does not mean that the views of beneficiaries and governments should always be accepted – there are good reasons why parastatals and subsidies were criticised and undermined by donors during the 1970s and 1980s, and the reintroduction of these interventions should only be considered if they are thoroughly reformed, better designed and more transparently and efficiently managed than in the past – but that a genuine process of consultation, inclusion and building ownership should precede the introduction of the "new social protection agenda" to African countries. So far, this has rarely happened.

Thirdly, there are important lessons from history that need to be learned, or reflected upon. The range of actors involved in providing social protection in Africa is considerably more diverse than is reflected in the current round of policy formulation. Consider, for instance: (1) community-based providers – informal social security systems based on "moral economy" (which is often dismissed as withering away but retains some power that is either ignored or displaced), or chiefs and elders (whose role is now often seen as troublesome and undermining, but whose authority has been harnessed to make external interventions politically viable; (2) faith-based organisations (Christian missionaries and Islamic redistribution mechanisms such as *zakat,* which persist as crucial sources of support for millions of Africans but whose role is underestimated nowadays, perhaps because of secularisation trends in Western countries; (3) civil society groups that are mobilised on behalf of interest groups (such as women or farmworkers) to hold governments to account and to influence legislative change and enforcement of legally prescribed rights and entitlements. Activism around changing and enforcing laws that protect poor and vulnerable citizens against deprivation, discrimination and exploitation is a lamentably under-valued set of instruments in the social protection toolkit, but is another rich area for learning lessons from history, both within and outside Africa.

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