

**SOCIAL PROTECTION SCHEMES IN WEST AND CENTRAL AFRICA: A
PROPOSAL FOR RENEWAL – DRAFT**

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INTRODUCTION

West and Central African countries have some of the most fragile economies in the world. Those economies are based on the production and export of a limited number of products, usually primary commodities, and have high levels of imports mainly of food stuff and manufactured products. Most countries have implemented economic reforms and achieved some macroeconomic stability and relatively good but fluctuating rates of growth. However, they remain fragile since they have not been able to sustain high levels of economic growth and no diversification of the economies has really taken place. They are highly indebted and although they have benefited from the HIPC¹ initiative, they continue to face many difficulties in the financing of their development. These countries have committed themselves to giving the highest priority to the fight against poverty and have prepared poverty reduction strategies. They have also committed to the achievement of the Millennium Development Goals (MDGs) and to the re orientation of all their policies and programmes towards that end. Poverty Reduction Strategy Papers (PRSPs) which are the main development framework of most of those countries seek to achieve high levels of growth and higher levels of social development with the view to reducing poverty.

¹ HIPC: Highly Indebted Poor Country.

Social protection is usually recognized as having a role in poverty reduction in as much as it allows vulnerable people to maintain or improve their living standards. However, it does not get either priority or adequate coverage in the PRSPs. Most of the countries have formal systems of social protection which are usually based or inspired by the systems of the former colonial powers. Although the informal sector forms a large part of these countries' economies and provides jobs albeit precarious to most people, it is usually excluded from social protection.

Recently, the issue of social protection has gained greater importance as it has been increasingly seen as essential to poverty reduction. Some countries in West and central Africa such as Ghana and Senegal are in the process of reviewing their social protection policies with the aim of making them more responsive to their evolving situations. Although this renewal of interest is certainly welcome, it is worrying that it seems to be mainly inspired by development partners and that the draft revised social protection strategies do not offer any meaningful coverage to children. This paper will review the vulnerabilities and risks faced by the people of the countries focusing in particular on children, assess protection policies in Ghana and Senegal especially as far as they cater for the vulnerabilities of children, and make proposals on how to make social protection systems more responsive to the rights of children.

I- VULNERABILITIES AND RISKS IN WEST AND CENTRAL AFRICA

Countries of West and Central Africa have high levels of poverty usually between 40 and 50% of the population. The incidence of poverty is extremely high in some of these

countries. It was estimated at 64.6% in Burkina Faso and 81.7% in Chad (UNCTAD, 2002). Although they vary from country to country, under five and maternal mortality rates are very high. Under five mortality rate can be as high as 262 per 1000 live births in Niger and 284 per 1000 live births in Sierra Leone. Maternal mortality rates reached 600 per 100000 live births in Cote d'Ivoire and 480 per 100000 live births in Burkina Faso (State of the World Children, 2005). HIV/AIDS has become a serious obstacle to economic and social development of the countries of West and Central Africa. Seroprevalence was estimated at 11% in Cote d'Ivoire, 8% in Cameroon and 7% in Burkina Faso with negative consequences on these countries' work force and people's livelihoods. It has been estimated that labour loss in Cote d'Ivoire and Cameroon could rise to 11.4% and 10% respectively because of HIV/AIDS (IFAD, 2001)

Table: Some Risks in West and Central Africa and their Probable Effects

Category	Some probable effects
Economic crises	<ul style="list-style-type: none"> - Unemployment - Increased cost of basic commodities - Increased cost of access to social services - Lower incomes - Low expenditures on social sectors - Deterioration of economic and social infrastructures - Increased levels of poverty
Natural phenomena (low rainfall, droughts, floods, locust invasion, plant and animal diseases)	<ul style="list-style-type: none"> - Loss of agricultural production - Death of cattle - Increased malnutrition - Decreased income especially in rural areas - Rural migration - Increased levels of poverty

<p>Man made crises (conflicts, wars, etc.)</p>	<ul style="list-style-type: none"> - Increased mortality - Destruction of economic and social infrastructures - Increased refugees (internal and external) - Increased criminal activities (assassinations, thefts, rapes etc.)
<p>Health (epidemics (HIV/AIDS and others), illness, injury, disability, etc.)</p>	<ul style="list-style-type: none"> - Increased mortality and morbidity - Increased poverty - Increased cost of health services - Increased deaths - Increased number of orphans - Economic stagnation - Loss of human capital
<p>Exclusion</p>	<ul style="list-style-type: none"> - Discrimination (age, sex, social status, etc.) - Denial of ownership of assets - Denial of participation in life of community - Stigmatization

Source: Adapted from risks listed in social protection strategies of Senegal and Ghana

Poverty is a mainly rural phenomenon but is increasingly becoming urban because of constant migration flows to cities. The extent of poverty in West and Central Africa makes its people exposed to a variety of risks which they are ill equipped to manage. These risks include economic crises which occur frequently in this part of the world and tend to last long. Their attendant reduction in wages and employment increases the levels of poverty and has negative effects on the livelihoods of people. Low and variable rainfall has negative impact on food production and people's incomes and more often than not result in widespread under nourishment and sometimes famines. It was estimated that the drought of 1984 in Burkina Faso resulted in a 50% drop of the income of the poorest third of the population in the Sahelian zone (Reardon and Taylor, 1996).

Paradoxically, the same countries that suffer from frequent droughts also suffer from inondations which can occur both in rural and urban areas. In urban areas, they occur mostly in the slums that surround the big cities where most poor people live.

In the Sahelian countries, there have been frequent invasions of locusts that destroy crops and sometimes wipe out the entire cereal production of the countries resulting in substantial drop in their national production which relies heavily on agriculture. In those countries, where cattle raising constitute a major economic activity, animal diseases and drought could take away within a short period of time the livelihoods of many rural people. Other risks such as illnesses including HIV and Aids and malaria, death of a breadwinner and malnutrition prevail in many countries. Many poor people in these countries also face risks such as exclusion or discrimination based on gender, age or other social status or stigmatization of people living with disabilities or diseases such as HIV and AIDS.

The high levels of poverty already alluded and the lack of access to basic social services, credit or insurance make these people more vulnerable and less able to cope with such occurrences as illnesses, injury, harvest failures and drought. These poor people tend to have more children who become exposed to the same risks as their families. The poverty of these families deprives them of any means of dealing with risks by themselves.

Their weak assets base does not allow them either to manage their exposure to risks or to cope with shocks when they occur. In fact they are more likely than not to tilt into a

survival mode that has disastrous consequences on their well being and that of their children. The only asset of these poor people is usually their labour which means that one of their main coping mechanisms is to increase their own labour or that of their children. There are many examples of an increase in supply of child labour following severe recession, drought or famines. Children work as domestic helpers, apprentices or beggars. In Côte d'Ivoire severe economic recession caused the poorest households to increase the labour supply of children (Grootaert, 1998). These families and their children are usually pushed into a poverty trap from which it is hard to emerge. The consequences of this on children are anything short of catastrophic in terms of education, nutrition, child labour, morbidity and mortality.

Children face specific risks which makes them particularly vulnerable. In many of the countries, most children live in rural areas where levels of poverty are usually higher. Children have high levels of morbidity and mortality because of inherent weaknesses related to their age but also because they live in difficult conditions with few amenities and little access to basic social services. Rural areas are generally worse off than urban centres in terms of education and health facilities. Children are also exposed to not being enrolled in schools or being enrolled in schools of lower quality. Most rural children do not enrol in schools (62% in Senegal). Girls are particularly affected by low enrolment and most of them grow up illiterate. They also tend to work early in their lives and get married early. In addition they are victims of harmful traditional practices such as excision. Lack of information and knowledge about how to protect themselves from HIV and AIDS makes young people particularly vulnerable to contracting such diseases. In

urban areas where a large number of children live in difficult conditions (these are usually children who have migrated from rural areas either by themselves or with their parents or relatives) without basic amenities, children tend to move out to live in the street or engage in criminal activities such as drug use and theft.

As a result of high levels of poverty, lack of parental care and adequate social protection systems, the following are categories of vulnerable children that need special attention: (1) children who are in school and whose parents or guardians are so poor that they cannot afford to provide them with basic necessities for successful learning, (2) children who are out of school and whose parents or guardians cannot afford to send them to school. Girls tend to form the greater part of this non school population. (3) Children labourers are those who constitute the majority of the non school population of many countries. They are usually apprentices or domestic workers in the cities and agricultural workers in the rural areas. These children work in deplorable conditions which are detrimental to their health and education. (4) Begging children spend most of their time walking in the streets and begging either alone or with a parent or a relative. They are unable to have proper meals. (5) Children living in the streets are left to fend for themselves and tend to engage in begging, drug use and criminal activities. They are more likely than not to become children in conflict with the law. Other children highly vulnerable are those that are (6) orphaned, (7) disabled, or (8) living with diseases such as HIV and AIDS. There are usually no specific facilities or policies to take care of such children.

II- OVERVIEW OF SOCIAL PROTECTION SCHEMES: A COMPARATIVE ANALYSIS OF GHANA AND SENEGAL

Ghana and Senegal are among the countries that are in the process of revising their social protection strategies. Main categories of social protection arrangements in both countries include: (1) social transfer programmes, (2) labour market interventions, (3) social insurance programmes, (4) woman and child social protection programmes, and (5) informal family and community arrangements.

1- Social Transfer Programmes

Social transfers refer to direct cash or in-kind transfers to the poor and groups in need of special care and protection. Beneficiaries include the elderly, persons with disabilities, orphans and other vulnerable children, and individuals/groups affected by HIV/AIDS. With support from foreign donors and international Non Governmental Organisations (NGOs) in many cases, social transfer programs are implemented by several ministries in both countries including Ministry of Manpower, Youth and Employment, Ministry of Women and Children's Affairs and Ministry of Food and Agriculture in Ghana; Ministry of Woman, Family and Social Development and Ministry of Agriculture and National Solidarity in Senegal. The cost of social transfer programmes is financed by budget allocations and external resources. Expenditures on such schemes are limited in both countries. The annualised costs for unconditional cash transfer is estimated at 0.8% of

GDP in Ghana for the period 2006-2008 ;² in Senegal expenditures on social assistance and safety nets were estimated at 0.5% of GDP in 2004. The reasons for that limitation include funding constraints and lack of efficient mechanisms to identify the right beneficiaries nationwide. Moreover, intended beneficiaries are unlikely to be those targeted; e.g., politicians sometimes may use social transfers to gain the support in the rural areas.³ Fiscal sustainability – i.e. the funding basis of the programs secured presently and in the future in case of their expansion (Devereux, 2002 p. 24) – has been questionable in the past; but medium term commitment for such transfers is quite possible as both countries are putting in place medium-term expenditure frameworks. The design of national social protection strategies and their inclusion in poverty reduction strategy processes in both countries could result in political sustainability – i.e. current and future support for the programs from politicians and influential groups (Devereux, 2002 p. 24). Existing social transfer schemes in both countries suffer from limited coverage, inefficient targeting, overlapping of responsibilities of ministries and agencies in charge of programmes, scattering of initiatives, multiplicity of approaches and actors and lack of evaluation to assess efficiency and impact. Most of those issues should be addressed in the ongoing review processes of social protection strategies in both countries.

2- Labour Market Interventions

² Republic of Ghana “National Social Protection Strategy” p. 95.

³ Sénégal: Stratégie nationale de protection sociale et de gestions des risques. P. 62

Labour market interventions are intended to “improve the ability of households to provide for themselves via the development of efficient and fair labour policies, active and passive labour-market programmes and pre- and in-service training programmes.” [Coudouel et. al. p. 165] They include regulations and programs. Labour regulations – e.g. minimum wage legislations, job creation programs – have been enforced before the two countries gained independence. However, they have been altered many times, particularly with the implementation of structural adjustment programmes in the two countries. Scarcity of indicators does not allow for a thorough assessment of the social-protection role of labour regulations in Ghana and Senegal. Nonetheless, a key element of those regulations in both countries is minimum wage legislations. This legislation which was meant to protect workers from loss of purchasing power has failed to do so. In addition minimum wage legislation covers only the public and formal private sectors in both countries, which means that the majority of workers (rural workers – at least around 2/3 of working population in both countries –, workers in urban informal sectors ...) are left out. Adjustment processes in both countries have led among others the Ghanaian and Senegalese states to implement budget austerity programmes and to divest from productive sectors. As those divestitures have not yet been accompanied by a substantial development of local private sectors, unemployment and employment in the informal sector have risen drastically. Consequently, the minimum wage coverage, which was not wide during pre-structural adjustment eras, has been shrinking. Moreover, empirical evidence shows that real minimum wages have decreased in both countries from 1980 to 1990 [Jones 1990, p. 15]

Regarding labour market programmes, various public initiatives have been launched with support from donors. The Government of Ghana initiated programmes, mainly targeting youth. Those programmes include the following: training programmes, the “Youth Employment and Job Creation Programme”, and the Mass Cocoa Spraying Programme.” Lessons learnt from training programmes show that “lack of start-up capital, ineffective trade associations, and weak access to markets” hindered youth from accessing employment after training. The “Youth Employment and Job Creation Programme” will be implemented in the near future. The “Mass Cocoa Spraying Programme” started in 2001 led to the creation of about 60,000 jobs for unemployed youth in rural areas.⁴ The Government of Senegal also launched initiatives that included the following: AGETIP⁵ and FNPJ.⁶ AGETIP was supported by the World Bank and the African Development Bank. One of the objectives of the program was to create jobs for unemployed youth, which was achieved to a certain extent.⁷ FNPJ a national fund for the promotion of youth is an ongoing initiative. One of its activities consists of lending to youth to allow them create or develop their own businesses. But the objectives of that fund were not clearly spelled out to the first borrowers who tended to consider the loans as grants. Thus, arrears in loan repayments put the programme in jeopardy. Assessment of the above completed programmes is not available.

3- Social Insurance Programmes

⁴ Republic of Ghana “National Social Protection Strategy” p. 51

⁵ AGETIP: Agence d’exécution des travaux d’intérêt public contre le sous-emploi “

⁶ FNPJ: Fonds national pour la promotion de la jeunesse

⁷ United Nations Office for West Africa December 2005. p. 17

Social insurance programmes include contributory pension schemes (old age, disability, and survivors), health insurance (sickness and maternity, work injury), and micro insurance. Contributory pensions are managed by the Social Security and National Insurance Trust – a body supervised by a tripartite (workers, employers and Government) board – in Ghana and by the Social Insurance Institute for Old Age – managed by a bipartite employer and employee board under the general supervision of the Ministry of Civil Service – in Senegal. The coverage of the schemes is limited to 6.2% in Ghana⁸ and 7.8% in Senegal⁹ of the working population, mainly workers in the formal sector. There is evidence of pension bias against women in Ghana. Regarding sustainability, social insurance programmes in both countries are financed through contributions from employees and employers, investment of these contributions and returns on such investments.

Health care services in Ghana had been provided through a “cash and carry” system, in which the Government absorbed around 80% of the cost, the remainder was paid by the user at the time of use. A national Health Insurance Scheme was established in 2003 in Ghana and replaced the “cash and carry” system in order to improve access to affordable quality healthcare through mutual and private insurance schemes all over the country. Its implementation is in progress in most districts of the country. In Senegal, contribution-based health insurance programs (illness and maternity, work injury) managed by the Social Security Fund cover employed women and nonemployed women or men married to an insured man or woman (illness and maternity) and employed persons and certain

⁸ Republic of Ghana “National Social Protection Strategy” p. 57

⁹ Sénégal “Stratégie nationale d protection sociale et de gestion des risques” p. 49. The figure actually refers to the whole formal social protection schemes.

categories of self-employed persons (work injury). A fully government-funded health scheme that was inherited from the French health system inefficiently takes in charge the needy people that are not covered by the Senegalese contributions-based programmes. In parallel to these schemes, voluntary health mutual micro insurance organizations have flourished in the two countries. In Ghana 159 voluntary health mutual micro insurance organizations were operating in 2004, against 79 in Senegal in 2003. Target people include the excluded from formal schemes. Most of these contributions-based micro insurance schemes are managed on a group or community basis and supported by donors; sustainability is a key issue once the donors withdraw from the projects.

4- Women and Children Social Protection Schemes

Those schemes refer to interventions such as school feeding programs, family allowances, supplementary feeding programs, preventive health programs, and child promotion and protection programs. School feeding programs aiming at attracting children to school have been implemented in specific areas both in Ghana and in Senegal with the support of donors and international NGOs. Family allowances, which exist in Senegal, are managed by the Senegalese Social Security Fund and financed by employers' contributions. That scheme provides family allowances (for each of the first six children), prenatal allowance, and maternal allowance. Supplementary feeding programmes are implemented in both countries with the objective of improving the diets of pregnant and post-partum women and infants and children by providing energy and nutrients missing from those diets. Weaknesses in these programmes include lack of

nationwide coverage, particularly for the chronically poor and vulnerable groups. Preventive health programmes address issues such as child, infant, and maternal mortality and morbidity in both countries. Child promotion and protection programmes in both countries seek to promote and raise general awareness on the rights of the child, particularly, the child in need of special care and protection, and to advocate for change in the situation of children at all levels.¹⁰ Examples of such programmes include: (1) “The Child Promotion and Protection Programme” in Ghana consisting of two “Rights Promotion” and “Child Protection” projects, and (2) a programme to promote children’s rights and protect children in risky situations¹¹ in Senegal, which is composed of the “Fight Against the Worst Forms of Child Labour” and “Legal protection and Fight Against Violence” projects. Except for family allowances administered by the Senegalese Social Security Fund, the bulk of these programs are managed in both countries by Government with support from donors or by NGOs. They are financed through budget allocations and donor/NGO funding. The nature of this mode of financing implies that the sustainability of these schemes is questionable, unless medium-term commitment for the corresponding government expenditures is included in the incoming medium-term expenditure frameworks.

5- Family and Community Arrangements

Family and community arrangements provide family or community members with support through transfers or exchange between them of cash, food, informal loans,

¹⁰ UNICEF 2005 p.32

¹¹ Programme de promotion des droits et protection des enfants en situation de risques

assistance with work, child care.¹² Such arrangements have been one of the pillars of African traditional social protection systems. They exist nationwide in the two countries. For example, the matrilineal Akan extended family in Ghana plays a role of mutual aid society and provides assistance to its members in needs. The extended Wolof family plays the same role in Senegal.¹³ But, as Kumado and Gockel put it, they are weakening with current market-based approaches to economic development. This weakening trend holds for Ghana and Senegal.

Overall, common key features stem from the above review of Ghanaian and Senegalese social protection schemes. First, the only scheme that has provided nationwide coverage for social protection – family and community arrangements – is weakening. Second, sustainability is an issue for publicly managed schemes. The next section of the paper will examine some aspects of benefit adequacy and effectiveness for the schemes under review.

III- SOCIAL PROTECTION SCHEMES' RESPONSES TO THE IDENTIFIED RISKS AND VULNEARILITIES

It is no exaggeration to say that the Social protection schemes reviewed above failed to respond to the risks and vulnerabilities identified earlier from the viewpoint of benefit adequacy and effectiveness.

In terms of benefit adequacy, the schemes are unlikely to allow the covered groups in general to meet their basic needs in both countries. In the Ghanaian case, Kumado and

¹² World Bank PSRP Sourcebook p. 540

¹³ Akan and Wolof are ethnics in Ghana and Senegal respectively.

Gockel (2003) report the inadequacy of benefits provided through formal insurance schemes. To illustrate their argument, they mention that the pension provided by the Social Security and National Insurance Trust to a large number of beneficiaries amounted to 50,000 Cedi (i.e. US\$5) per month per beneficiary. In Senegal, family allowance is CFA F 2,250 (i.e. US\$4) a month (April 2005) for each of the first six children; prenatal allowance is CFA F 2,250 a month for the 9 months of pregnancy; and maternity allowance is CFA F 2,250 a month from the date of child birth up to the child's second birthday. These allowances are grossly inadequate.

Regarding effectiveness, formal social protection schemes have been focused on workers in the public and formal private sectors. That is, the majority of working population and their dependents (spouses and children) in Ghana and in Senegal – rural and informal urban workers – are left out. In the Ghanaian contribution pension scheme run by the Social Security and National Insurance Trust, the informal sector accounts for less than 1% of coverage. The total covered workers are estimated at about 6.2% of the Ghanaian working population.¹⁴ In Senegal, 7.8% of the working population are covered by the formal social protection schemes. Beneficiaries from the schemes (including dependents) are estimated at about 12.3% of the Senegalese population. Moreover, arrangements intended for destitute people have not worked well. The reasons for such failure include difficulties in identifying the appropriate recipients and lack of adequate funding of programmes.¹⁵ The same problem of identification of needy and destitute people exists in Ghana. However a database on the vulnerable and excluded groups will be put in place

¹⁴ Republic of Ghana “National Social Protection Strategy” p. 57

¹⁵ Ministry of Health “Plan stratégique de développement des mutuelles de santé au Sénégal” July 2004.

within the framework of the country's Growth and Poverty Reduction Strategy (GPRS II) (2006-2009)

Women and children, particularly those in need of special care and protection, have likely benefited from existing social transfer programs in Ghana and Senegal, but as mentioned above, difficulties in their identification have hindered positive discrimination in their favour. They have been implicitly but inadequately taken into consideration in labour market interventions (e.g. training programmes for youth in Ghana and AGETIP in Senegal) and social insurance schemes (e.g. in mutual micro insurance organizations in both countries). There are social protection schemes targeting women and children that are consistent with the risks and their effects identified in Section I above. For example, a nutrition programme in Ghana supported by UNICEF focuses on (i) child and maternal nutrition, (ii) control of micronutrients deficiencies, and (iii) household food security. A child development programme in Senegal supported by UNICEF seeks community backing of children and capacity strengthening of parents and families. But programmes within those schemes consisted of ad hoc projects located in specific areas in Ghana and Senegal and remain inadequate.

This risk-targeting consistency in woman and child social protection schemes is an exception rather than a rule for two reasons. First, systematic countrywide identification and analysis of risks and their probable effects on the poor are relatively new in development approaches in West and Central Africa. The development planning era that prevailed right after African countries gained independence focused on the identification

and implementation of development projects and their financing. Structural adjustment programmes that followed in the early 1980s initially aimed at restoring macroeconomic equilibria in countries; safety nets were introduced in the late 1980s to make sure that poor households will be able to smooth their consumption pattern during periods of crisis. First-generation Poverty Reduction Strategy Papers have addressed the issue of improving the living conditions of vulnerable groups in Ghana and Senegal but have provided inadequate social protection coverage. Design of social protection strategies, whose preparation requires identification and analysis of risks and their effects within a country, just started with ongoing second-generation Poverty Reduction Strategy Papers.

Second, former social insurance schemes such as those managed by the Ghanaian Social Security and National Insurance Trust and the Senegalese Social Security Fund were inherited from colonial powers. No major changes have been introduced to take into account the poor and vulnerable, particularly women and children.

IV. SOCIAL PROTECTION SCHEMES, POVERTY REDUCTION STRATEGIES AND MILLENNIUM DEVELOPMENT GOALS: SUGGESTIONS FOR RENEWAL

The high levels of poverty in West and Central Africa and the multitude of risks to which families and their children are exposed are a major challenge for the countries and their development partners. In addition, these risks constitute a major obstacle to poverty reduction and the achievement of the MDGs. The acceleration of growth and the development of the social sectors which are invariably two of the major pillars of all PRSPs in West and Central Africa will need to be complemented by social protection

programmes and policies. Although social protection is usually acknowledged as having a role in poverty reduction, it is rarely given the prominence that it deserves as factor in economic growth or the development of the social sectors. The second generation PRSPs, which are increasingly the main instruments for the achievement of the MDGs, are unlikely to achieve their objectives without stronger social protection schemes that are better able to reduce the vulnerabilities of poor people and allow them to participate fully in the process of social and economic development.

Unfortunately social protection in West and central Africa is not only inadequate but does not seem to figure in the priority agenda of the countries in the region. In addition to the traditional social protection mechanisms which are increasingly under stress, the formal social protection schemes as illustrated by those of Senegal and Ghana are embryonic to say the least. They cover a very small proportion of the population (between 8-10%) and an even smaller proportion of children. In both countries children in need of special protection are covered through a couple of projects financed largely by UN agencies such as UNICEF and ILO and other development partners. The present systems of social protection face management, policy and financing constraints associated with the multiplicity of government actors involved; i.e., in Ghana, social transfer programmes involve the Ministry of manpower, youth and employment, the Ministry of Women and Children's Affairs and the Ministry of Food and Agriculture. Given their coverage and the many problems which they face, the present systems of social protection are unlikely to play their role in decreasing disparities, reducing poverty, and achieving the Millennium Development goals. The pervasive poverty in West and Central Africa and

the consequent magnitude of the required social protection compared to the inadequate and piecemeal nature of the interventions and the weakness of the institutional arrangements point to the need to review the entire system and strengthen the capacity of the various actors involved in social protection. It is therefore clear that social protection systems are in need of renewal.

SOME SUGGESTIONS: Renewal of social protection systems in West and Central Africa is a daunting task as these countries face major institutional and financial constraints. This is what Devereux (2003) calls “catch 22” of social protection: countries most in need of social protection are those least able to afford and implement it.

However the recent interest in social protection is welcome and should be conducive to that renewal although it is yet to filter into governments’ priority agenda. The social protection review processes started in countries such as Senegal and Ghana could assist in giving some prominence to protection as a major issue of equity and social justice.

That process of renewal should take place over the medium to long term and take into account the low income of the countries and their widespread poverty. It should start by ensuring that governments put social protection among their priorities for their own resources and those of their development partners. Social protection, especially the programmes targeting poor children and women, and its institutional support should become an essential pillar of the countries poverty reduction strategies and should be provided with increasingly sustainable financing within the Medium Term Expenditure Frameworks (MTEF) that many countries in the region are preparing and implementing.

The very low percentage of GDP now allocated to social protection, less than 1%, could certainly be increased. Although there is some information on poverty, vulnerabilities and disparities, there is need to improve that information and update it regularly so as to make it the foundation of social protection policies as well as social development in general. Better knowledge of traditional protection policies and their responses to the introduction of modern policies should be taken into account in the design of national social protection policies. Support should be provided to these schemes so that they remain part of the overall social protection system instead of disappearing and making it more difficult for the government and the other actors to put in place a comprehensive system of protection. A better knowledge of existing private systems of social protection is also necessary so that public policy could take them into account and support them through appropriate regulations.

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