

Social Protection of the Poor in Africa: Whither Conditional Cash Transfers?

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EXECUTIVE SUMMARY

Conditional Cash Transfers (CCTs) in the past decade have become attractive as social protection programmes for reducing chronic poverty and vulnerabilities in poor African households. However, the adoption of CCTs in African countries overlooks and neglects the individual and different programme contexts required for successful implementation of the programmes. This negligence can impede the achievement of programme objectives as well as their sustainability owing to prevailing socio-political together with economic development constraints. This policy brief thus advocates for greater consideration by government officials and their international development partners of the needs of individual countries in the design and implementation of CCT programmes in Africa. While various social protection programmes exist in one (un)conditional form or the other in countries like Ghana, Nigeria, Ethiopia, South Africa, Zambia, Egypt, and Uganda amongst others, the introduction of CCTs as social protection programmes is a relatively new phenomena and therefore throws up some challenges. The challenges they present should therefore be seen as part of a learning process rather than reasons to avoid attempting to implement them successfully.

INTRODUCTION

Conditional Cash Transfers (CCTs) in the past decade have become attractive as social protection programmes for reducing chronic poverty and vulnerabilities in poor African households. For example, African countries including, but not limited to, Ghana, Nigeria, Ethiopia, Zambia, Egypt, and Uganda, amongst others have, in the past ten years, implemented CCTs. Following the popularity of CCT programmes

such as “Progressa” and “Bolsa Escola” in Mexico and Brazil respectively in the late 1990s, the objectives of CCTs adopted in these African countries relate to poverty reduction and human capital development (Kakwani, Soares, and Son 14; Chapman 4). However, the adoption of CCTs in African countries overlooks and neglects the different programme environments in which these programmes are introduced. This negligence impedes the sustainability of these programmes owing to prevailing socio-political together with economic development constraints. This policy brief thus advocates for greater consideration of individual country needs in the design and implementation of CCT programmes in Africa. It recommends that, as opposed to current approaches of attempting to replicate the acclaimed successes of CCTs in Latin American countries, CCTs in African states should be conceived within the larger context of social protection policies and programmes that focus not only on short-term poverty reduction strategies, but also on long-term sustainable development policies.

SOCIAL PROTECTION OF THE POOR AND CCTS: THE AFRICAN EXPERIENCE

Broadly used to refer to the “full range of protective transfers, services and institutional safeguards” (Standing 512) of households in ‘need’, ‘social protection’ has received renewed attention in the international development community in the past two decades. Although exact definitions of the concept vary considerably (see for instance, Brunori and O’Reilly 3-20; Barrientos and Hulme 3-4; Nino-Zarazua et al. 165), the convergence of opinion on social protection is not unrelated to the need to provide social assistance and insurance to vulnerable households and individuals within society. Amongst many other reasons, the failures of international development policies, such as the Structural Adjustment Policies (SAPs) of the late 1980s and early 1990s, worsened the conditions of the world’s poor. Hence, the need to assist the world’s ‘bottom billion’ people who continue to fall behind and apart (Collier 3), and whose ability to get on the ‘lowest rung of the development ladder’ (Sachs) has made social protection necessary and included it within development discussions, not least in Africa where many people still live below \$1.25 per day (UNDP 126-129).

While various social protection policies exist in one form or another in African countries like Kenya, Malawi, Ghana, Nigeria, Ethiopia, Mozambique, Tanzania, South Africa, Zambia, Rwanda, Egypt, Burkina Faso, Mali, Botswana, Lesotho, Namibia, Uganda, and Sierra Leone amongst others (Fiszbien and Schady 205; Nino-Zarazua et al. 165), the introduction of CCTs as social protection policy tools is a relatively

new phenomena. Operating under labels such as the 'Livelihood Empowerment Against Poverty' (LEAP) in Ghana, 'In Care of the People' (COPE) in Nigeria, and the 'Productive Safety Net Programme' (PSNP) in Ethiopia (Nino-Zarazua et al. 163), these programmes have been promoted and supported by international development agencies such as the World Bank and other donor agencies.

In turn, the adoption of CCTs all over the world has increased from 1 in 1997 to over 25 in 2008 (Fiszbien and Schady 4), due to success stories in Latin American countries where the programmes originated. The subsequent adoption of CCTs in Africa in the past decade is nevertheless fraught with challenges, even though the prospects for success are undeniable. This policy brief examines some of the challenges of CCTs in Africa and provides several policy recommendations on how to overcome these challenges. The brief seeks to draw the attention of policy makers in Africa such as government officials and donor agencies, like the World Bank, to the imperative of understanding the challenges that impede the success of CCTs in Africa. While CCTs are capable of improving school enrolments of children and also provide access to health information and vaccination for mothers and their children in the short term, as seen in the Latin America context (Adato and Hoddinott 5-6), the long-term objective of human capital development requires more holistic supply-side policies and programmes, such as better schools and health facilities, that can help improve the quality of education and health delivery in Africa.

THE CHALLENGES OF CCTS IN AFRICA

The challenges to CCTs in Africa can be summarised as follows: programme ownership and sustainability, and administrative and political capacity (see also Nino-Zarazua et al.). First, most of the CCTs in Africa are designed and promoted by external aid agencies, often without the input of individual countries. This has largely been due to the almost 'copy and paste' development strategy reminiscent of the SAPs. The acclaimed success of CCTs in Latin America (Hoddinot 3) has further encouraged donor agencies to not question the viability of these programmes in African countries where, among many other problems, the quality of education and health are low, and the necessary expertise needed by programme administrators is lacking. Also, given that most programmes are either financed through debt relief savings, such as in Nigeria, or through aid, as in other countries like Tanzania (Nino-Zarazua et al.), the leverage of national governments on these programmes has been largely contained while the sustainability of the programmes has been threatened. Second, in many instances, national governments lack the capacity to implement

these programmes. The collapse in many African bureaucracies in the past fifty years hampers progress and affects how the programmes are implemented. Unfortunately, current programmes require huge amounts of administrative capacity development in order to succeed. Moreover, the political will to ensure that programmes become embedded within national development strategies, both in the short- and long-term, is crucial for the success of CCTs. Yet, 'getting the politics right' remains a challenge.

POLICY RECOMMENDATIONS

The prospects for CCTs to succeed in Africa remain high. CCTs can, nonetheless, be seen as a way of 'bringing the state back in' (Evans, Rueschemeyer and Skocpol) to development. Even the World Bank now recognises the role of the state in development (World Bank; Rodrik). Moreover, the erosion and disappearance of social safety nets was monumental in the 1980s and 1990s due to anti-state neoliberal policies of the Bretton Wood institutions. On the basis of the above, this policy recommends the following:

1. The design and implementation of any CCT programme in Africa must involve the individual country's policymakers in the formulation and implementation processes. This can be done through collaboration between African policymakers, donors and other development partners. Ownership of programmes should be principal for national governments, as it remains a determining factor in whether or not the programme can be sustained and embedded within the national social protection framework of individual countries. Hence, unlike existing 'copy and paste' models, ongoing and future programmes must begin to take into consideration local needs based on assessments of country contexts.
2. The financing of CCTs should be part of national budgets and not dependent on aid flows. This is to ensure that the volatility of aid transfers does not affect the sustainability of programmes. The ebbs and flows of aid to Africa in the past has been one of the major problems for sustainable development. It is therefore important that countries, through their governments, endeavour to provide stable funding of programmes from their internally generated revenue.
3. Implementing CCTs requires adequate expertise on the part of programme administrators and social workers. Hence, adequate training must be provided for those who are involved in the implementation of CCTs. Training centres could be established by governments or donors in collaboration with educational institutions that can provide the necessary training on CCTs.

4. CCTs focus on cash transfers to families with the view of reducing their poverty and improving the human capital development of family members. But if the schools and health facilities are not improved, the human capital objective will not be achieved. Hence, ensuring that the quality of education and health facilities are improved as well is crucial for the success of CCTs. The administrative capacity and political will to ensure that the quality of service delivery is improved if provided by bureaucrats and politicians alike can advance the achievement of CCT objectives.

CONCLUSION

The introduction of CCTs as social protection programmes is relatively new in Africa. The challenges they bring should therefore be seen as part of a learning process rather than reasons to avoid attempting to implement them. Based on existing programmes nevertheless, it is strongly advised that CCTs be seen as part of a long-term development strategy rather than merely a short-term exercise that is likely to fade away with time like previous programmes. Above all, it is crucial that CCT recipients are treated as subjects of their own destinies rather than as mere objects to be acted upon (Edwards 116). This would enable them to see CCTs as freedom enabling and capability enhancing (Sen; Nussbaum 17- 45).

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