



Economic Commission
for Africa

The African Social Development Review 2011

Advancing the Social Development Priorities of ECA, AUC and AU-NEPAD Program



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The Economic Commission for Africa (ECA) publishes Africa's Social Development Review (ASDR) as an information platform for documenting and sharing knowledge on social development issues in Africa. The contents of the ASDR may be freely quoted and shared, with acknowledgement. The views and ideas contained in the ASDR are the sole responsibility of the authors. They do not necessarily reflect the views of ECA.

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Editorial

THIS THE SECOND issue of Africa's Social Development Review (ASDR). Like its predecessor, this issue focuses on the social development priorities of the African Union Commission and the AU New Partnership for Africa's Development program (AU-NEPAD program). ASDR aims to advocate for social development in the continent, through documenting best practices and evidenced based policy analyses. Particularly, it emphasizes the role of social integration, social protection, social cohesion and harmony in peace and stability for development in the continent. Also, it underlines the high costs of vulnerability, marginalization, and exclusion of social groups from economic and social development activities and services in Africa.

In this context ASDR supports the implementation of Social Policy Framework for Africa developed by the African Union Commission and approved by the 1st session of the AU Conference of Ministers in Charge of Social

Development held in Windhoek, Namibia, 27-31 October 2008. Also, it supports the AU-NEPAD program priorities in the areas of social and human development priorities.

This second issue of ASDR contains 6 papers that cover diverse social development topics on mainstreaming social protection in PRSPs and national development plans, the social dimensions of climate change, protecting the poor and vulnerable people in African villages, child health in crises situations, and informal social protection for children orphaned by AIDS.

The papers provide evidence-based analyses, best practices and lessons of experiences, and policy recommendations that are crucial in assisting policy makers to make informed decisions. We hope for the readers to find this second issue of the ASDR useful for their intellectual activities, and invite them to provide feedback by sending email at hyousif@uneca.org

Mainstreaming Social Protection into Poverty Reduction Strategies and National Development Plans: Lessons and Experiences from Eastern and Southern Africa

By Gladys Mutangadura* and Tigist Eshetu[£]

Abstract

THIS PAPER EXAMINES how the most recent poverty reduction strategies and national development plans in fourteen African countries have addressed social protection. The findings show that some of the countries did not integrate social protection in their national plans and strategies. Also, the use of transformational social protection instruments is not intensive, yet it is this developmental type of social protection that can result in moving from their vulnerable status. The overall major challenge for many countries has been allocation of adequate resources to ensure that the

identified social protection priorities identified in the PRSP/NDP are translated into reality on the ground. The paper calls on Member States to a) ensure that all the aspects of social protection are adequately mainstreamed into the PRSPs and NDPs; b) include mitigation and adaptation of the impacts of climate change; c) develop sustainable source of funding for social protection, and d) collect reliable data that can be used to develop and monitor policies on social protection.

Introduction

THE FIRST SESSION of the AU Conference of Ministers in charge of Social Development held in 2008 adopted the African Social Policy Framework that advances the social dimensions of the NEPAD framework by calling for strengthening of social protection systems, combating poverty and hunger, creating full employment and decent work opportunities for all, improving access to education and health-care services, promoting gender equality, and ensuring the social inclusion of the vulnerable groups in mainstream development.

Social protection, as defined by the UN in 2001, is the *set of public and private policies and programs undertaken*

by societies in response to various contingencies to offset the absence or substantial reduction of income from work; to provide assistance for families with children as well as provide people with health care and housing. Its functions include (a) protective measures designed to save lives and reduce deprivation levels; (b) preventive measures to reduce people's exposure to risks through social insurance programs such as pensions and health insurance; (c) promotive measures to enhance the capability of the vulnerable to protect themselves against hazards and loss of income; and (d) social justice to reduce inequities and improve social integration through changes in laws, budgetary allocations and redistributive measures

*) Gladys is staff member of ECA/ACGSD at the time when this paper was prepared

£) Tigist Eshetu is staff member of ECA/ACGSD

(Taylor, 2008; UN, 2001). Social protection is specifically more beneficial to the poor since they are more vulnerable to risk and typically lack appropriate risk management instruments.

The state has the obligation to ensure that social protection to all citizens especially those who are most vulnerable to poverty and are socially excluded. It undertakes this obligation in collaboration with all the development partners (including civil society, private sector, donors, international organizations and others). The importance of social protection in Africa today has been heightened because of the toll of the HIV/AIDS epidemic; the global financial and economic crisis; volatile food prices; weather related calamities; war and conflicts; and the erosion of the extended family system which has been traditionally the main source of social security system.

Social protection is important for social development and the achievement of the MDGs. Its importance is recognized through the African Social Policy Framework (SPF) which emphasizes the promotion of social protection for

social development. The SPF advances the social dimensions of the NEPAD framework.

Given the importance of social protection, this paper seeks to find out the progress made by countries in mainstreaming social protection into the NDPs or PRSPs. It examines how the latest NDPs or PRSPs of fourteen East and South African countries have addressed social protection; identifies the major challenges; and suggests recommendations on mainstreaming of social protection into national plans. Section 2 of the paper presents the overview of the core elements of social protection. Section 3 highlights why social protection has to be mainstreamed into PRSPs and NDPs. Section 4 reviews how the latest NDPs or PRSPs of fourteen East and South African countries have addressed social protection. Section 5 reviews the main challenges of addressing social protection in African countries that are identified from different existing literature. Section 6 presents the main conclusions and policy implications for strengthening social protection in order to advance the social dimensions of NEPAD.

An Overview of the Core Elements of Social Protection

THE MAJOR SUB-CATEGORIES of social protection include (a) non contributory social assistance and welfare - public actions that are designed to transfer resources to groups deemed eligible due to deprivation (mainly including cash or food transfers, vouchers, or subsidies for utilities and staple food); (b) contributory social insurance schemes aimed at reducing people's exposure to

risks and vulnerabilities (such as health, life, and asset insurance, which may involve contributions from employers and/or beneficiaries); and (c) labor market programs (such as micro-enterprise development, public works). Table 1 presents an overview of the different examples of social protection strategies that can be implemented by countries.

TABLE 1 Overview of the different instruments used for social protection

Component of social protection		Examples of instruments used
1. Non-contributory social assistance and welfare programs tax-financed benefits in cash or kind	Social assistance to the vulnerable- protection and mitigation	Cash transfers, Food transfers, Social services, Old age grant Targeted to persons with disability, older persons, children, orphans, persons affected by HIV/AIDS
	Promotive and transformational – aimed at building capabilities	Health assistance – reduced fees, provision of free health services, Free primary and secondary education, School feeding schemes, Scholarships and fee waivers, Child Support Grant, Water and sanitation, Access to basic housing
2. Social insurance programs-Financed by contributions and based on insurance principles		Pension, Health insurance Other social insurance
3. Labor market programs		Public works programs, Small business/enterprise development Micro-finance, Skills training

In 2009, in response to the global financial and economic crisis, the United Nations System Chief Executives Board for Coordination launched the Social Protection Floor Initiative aimed at providing essential services and transfers to all in need of such protection in order to not fall into abject poverty. Based on the list of services and transfers of the Universal Declaration of Human Rights (1948) and the ILO Convention 102 on Social Security (Minimum Standard) the main elements of the Social Protection Floor Initiative were defined as (ILO and WHO, 2009):

a. Essential services: i.e. geographical and financial access to essential services (such as water and sanitation, adequate nutrition, health and education, housing,

and other services including life and asset saving information); and

b. Essential social transfers: i.e. social transfers, in cash and in kind, paid to the poor and vulnerable to provide a minimum income and health security.

This definition of a social protection floor highlights the importance of achieving equal access to essential services and poverty reduction through social transfers. However it misses the promotional aspect of social protection that ensures that the most vulnerable are equipped with means such as entrepreneurial skills or micro finance to move out of poverty.

Why should social protection be mainstreamed into PRSPs and NDPs?

THE NATIONAL DEVELOPMENT plans (NDPs) or poverty reduction strategy papers (PRSPs) set out the development strategy for achieving socio-economic development in a country on a three to five-year horizon. They are intended to be nationally owned, highly participatory processes that address comprehensive development issues especially poverty reduction and the achievement of the Millennium Development Goals. PRSPs are also supposed to be highly inclusive expressing not only government interests, but also the interests of other stakeholders such as civil society, and private sector. In heavily indebted countries, the PRSP acts as the basis for provision of support by the World Bank, IMF and other development partners.

The PRSPs/NDPs are directly linked to the Medium Term Expenditure Frameworks (MTEF) and are used to allocate resources at national level in accordance with the national priorities. The MTEF is a three-year rolling process repeated every financial year that seeks to reduce the imbalance between supply of and demand for financial resources. It is designed to promote bottom-up processes for expenditure allocations, bringing together top-down policy-making and bottom-up priorities early enough in the budget cycle to develop a coherent plan for public expenditures that will promote efficient and effective public resource utilization to increase incomes and spur employment.

Social protection is an important source of social support especially during times of calamity such as economic and political crisis, or natural disasters such as floods or drought, social protection plays a major role to address the risk and smooth consumption. Social protection on a regular basis provides those who are socially excluded an

opportunity to work out of poverty. Social trends such as changing family size and living arrangements, migration and urbanization and the HIV/AIDS pandemic have led to a weakening of family and traditional support networks. The recent global economic and financial crisis, food and energy crisis have worsened the social status of those who are in the most vulnerable groups. Rising unemployment, cuts in social spending and diminished access to credit contribute to greater poverty and inequality and are more likely to affect the most vulnerable and marginalized persons in society. While full employment and decent work are recognized as central to social inclusion, casual and informal jobs and long-term unemployment are increasingly the norm rather than the exception (UN, 2009).

The African Social Development Report 2009 prepared by ECA highlights in detail how in many African countries, the vulnerable groups such as older persons, persons with disability, youth, orphans and vulnerable children, internally displaced persons, refugees, vulnerable women and persons living with HIV/AIDS are not integrated in society and tend to be living in poverty. To integrate these vulnerable groups requires that they have a degree of independence that gives them also the right to choose – to the extent possible – the way they want to spend their lives. African governments should offer them the facilities and services through social protection that will help them achieve the basic needs of life. This is best achieved if social protection is mainstreamed into PRSPs/NDPs because this will ensure that social protection can be fully mainstreamed in all the relevant sectors; and can thus strengthen the case for increased resources allocated to social protection.

TABLE 2 The PRSPs/NDPs (2005 and 2010)

Country	Title of PRSP/NDP
Burundi	Poverty Reduction Strategy Paper (PRSP), 2005/2007
Comoros	Poverty Reduction and Growth Strategy Paper – Updated Interim Paper, 2006
Djibouti	National Initiative for Social Development (INDS) (Strategic Framework), 2009
DRC	Poverty Reduction and Growth Strategy Paper(PRGSP), 2007
Ethiopia	Sustainable Development and Poverty Reduction Program (SDPRP), 2002
Kenya	Investment Program for the Economic Recovery Strategy for Wealth and Employment Creation, 2003 – 2007
Lesotho	Poverty Reduction Strategy, 2004/5 – 2006/2007
Madagascar	Madagascar Action Plan 2007 – 2012
Malawi	Malawi Growth and Development Strategy : from poverty to prosperity, 2006 – 2011
Mozambique	Action Plan for the Reduction of Absolute Poverty 2006 – 2009 (PARPA II)
Rwanda	Economic Development and Poverty Reduction Strategy, 2008-2012
Tanzania	National Strategy for Growth and Reduction of Poverty (NSGRP), 2006
Uganda	National Development Plan (2010/11 – 2014/15)
Zambia	Fifth National Development Plan 2006 – 2010

Since promoting social protection is a multi-sectoral issue, requiring all relevant ministries (health, education, social services, agriculture, transport, water and sanitation) to play a key role of inter-grating social protection into their plans it is important that social protection is mainstreamed in the development agenda. The Ministries

of Finance and Economic Planning and Development have a fundamental role to play to ensure that co-ordination of all ministries effectively takes place and this can be enhanced by the development of national development strategies that have mainstreamed social protection in it.

Review of the Latest PRSPs/NDPs of Selected Eastern and Southern African Countries

A **CONTENT ANALYSIS** of the PRSP/NDP documents of fourteen Eastern and Southern African countries was undertaken (see table 1 for details of the countries). The aim was to review the PRSPs/NDPs that applied to the period between 2005 and 2010.

focus (i.e. as a standalone chapter or section) or mentioned as a minor focus in passing and no mention at all. The results of the search revealed that only 6 of the 14 PRSPs explicitly mentioned social protection as a major focus, 5 mentioned as a minor focus and three did not mention at all (table 3).

What is the proportion of countries whose PRSP/NDP included social protection as a section or chapter?

A search of each document was made to check for explicit reference to the inclusion of social protection as a major

TABLE 3. The proportion of completed PRSPs/NDPs (ending 2010) that have included social protection in their action plans (number and %).

	Major focus in a key goal (a chapter or section)	Minor focus in a key goal	No mention at all	Total
Number	6	5	3	14
%	24.9	35.7	21.4	100

What are the objectives of social protection that are included in the PRSPs/NDPs?

A summary of how the country's PRSP or NDP highlights the objectives of social protection is presented in table 4. Most of the plans outline objectives that are aimed at improving the livelihood of the most vulnerable to ensure

their access to essential services and poverty reduction. It can be concluded that most of the countries aim to improve the welfare of the most vulnerable which is in line with the social protection floor initiative. What does not emerge prominently is the promotive or transformational aspect of social protection that will help ensure that vulnerable households move out of poverty sustainably.

TABLE 4. Summary of the objectives of social protection as indicated in the National Development Plans or PRSPs

PRSP/NDP	Summary of inclusion of social protection in the NDP/PRSP in terms of objectives
Burundi	Social protection is not included in the paper separately
Comoros	"
Djibouti	"
DRC	The policy objectives in the social protection sector are to: (i) improve the social standing of vulnerable persons; (ii) facilitate the access of all to basic social services; (iii) implement wealth creation programs adapted to the situations of the various target groups; and (iv) promote development at the grassroots level.
Ethiopia	The objective of the Domestic Shocks & Disaster Prevention and Preparedness is to utilize relief resources based on prevention and preparedness. It discourages free relief distribution to the able-bodied population with the aim of integrating the relief resources with development interventions.
Kenya	The vulnerability program is designed to target marginalized and vulnerable groups and begin closing the gap in their access to public services. Particular attention is focused on orphans, the youth, women and the disabled.
Lesotho	Provide Social Welfare Services to the Vulnerable: to improve social welfare service delivery to the most vulnerable groups by increasing the resources and capacity of all stakeholders through increased funding and training.
Madagascar	To provide all people with the minimum level of vital food, shelter and basic needs.
Malawi	The long-term goal is to improve the life of the most vulnerable. Medium Term Expected Outcome The expected medium-term outcome is to increase assets of the poor to enable them to meaningfully engage in sustainable growth and contribute to poverty reduction.
Mozambique	The Women and Social Action sector (MMAS) assumes responsibility for ensuring social assistance and integration of the less favored population groups who are vulnerable because of special conditions (physical, psychological, or social), and guaranteeing their participation in the process of developing a country in a sustainable manner.
Rwanda	The objective of the Social Protection Sector is to achieve effective and sustainable social protection for the poor and vulnerable, to reduce the risks to which households are subject, to mitigate the potential consequences of those risks, and to help families that experience them to cope with the consequences. To this end, a single, coherent strategy is being designed to replace the current plethora of small programs in this area.
Tanzania	The goal is to provide adequate social protection and rights of the vulnerable and needy groups with basic needs and services.
Uganda	To reduce vulnerability and enhance the productivity of the human resource.

Zambia	<p>The overall objective of the Social Protection programs is to contribute to ensure that incapacitated and low capacity households have sufficient livelihood security to meet basic needs, and are protected from the worst impacts of risks and shocks.</p> <p>The specific objectives are to:</p> <ul style="list-style-type: none"> • Increase the ability of low capacity households to meet their basic needs. • reduce extreme poverty in incapacitated households through welfare support • rehabilitate street and other vulnerable children and youth and those with disabilities • increase access to health services for people from incapacitated and low capacity households • increase access to education for people from incapacitated and low capacity households • increase the level of awareness and ensure the protection of legal rights for vulnerable groups • enhance capacity of local and national institutions delivering social protection programs • develop a monitoring and evaluation framework that guides the implementation of social protection programs • mobilize adequate resources for social protection programs
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What are the key social protection strategies or instruments highlighted in the PRSP/NDP?

The key strategies or instruments used by study countries to advance social protection are presented in table 5.

TABLE 5 The social protection instruments highlighted in the PRSP/NDP

PRSP/NDP	Instruments/strategies	Targeted vulnerable group
Burundi	access to micro credit and means of production, assistance to demobilized combatants, savings and credit system, particularly in rural areas, micro-finance, skill training, free primary education community-based mutual benefit health insurance schemes, rehabilitation of housing, rehabilitation for the disabled	Women, Ex-combatants Vulnerable in rural areas Repatriated, displaced, and demobilized persons, war widows and orphans
Comoros	Free primary education	All children
Djibouti	retirement fund/pension, "sickness insurance" school cafeteria, school supplies, microfinance program, subsidies (private schools, public media, fellowships for study abroad), housing subsidies for civil servants, food aid program, safety nets	low-income women, children disabled, nomads, underprivileged people, street children, displaced persons
DRC	improvement in the socioeconomic conditions of the families of vulnerable children; reintegration of vulnerable children into the formal or non-formal education channels; Socio-professional reintegration of female and child heads of household; nutritional support of families with vulnerable children; rehabilitation of malnourished children; targeted support for children with life threatening disabilities and for their education; and assumption of the psychosocial, medical and health-related, legal and judicial concerns of victimized children and those born of sexual violence, as well as of their communities. establishment of a national and grassroots-based readjustment program for the disabled; improvement in the economic and social standing of disabled persons, and combating the prejudices against them; promotion of education and training for the disabled; improvements in the health and mobility situations of persons with disabilities. Improvement in the care system for the elderly; promotion of vocational retraining for retirees; offers of guaranteed physical and spiritual growth of the elderly. the return and/or reintegration of harmed individuals; Socioeconomic rehabilitation of harmed persons. A National Commission for the Rehabilitation of Victims (CNRS) will be established for this purpose.	women and vulnerable children; disabled persons; the elderly; and Displaced persons and refugees.

Ethiopia	Cash transfer, Food aid, Food subsidies, provision of inputs (seed and fertilizer) small agricultural tools, Credit services settlement program, targeted health and nutritional intervention Health Extension Package	Orphans, the aged, the handi-capped , food insecure rural and urban households, rural vulnerable pastoralists
Kenya	operates a non-contributory pension scheme, contributory pension scheme, social health insurance scheme, free primary education	Orphans, the youth, women the disabled, The elderly
Lesotho	A pension for all citizens over 70 years of age, Health Insurance Health Assistance, Free primary education, School feeding, designing and providing nutritional packages for vulnerable groups, including mothers practicing exclusive breast feeding; for HIV patients devising labor saving strategies for intensive and integrated agriculture focusing on homesteads (land immediately around the home); providing for orphans through access to education (fee exemptions), nutritional packages, health care, preferably through families and communities Improve access to justice by vulnerable groups	elderly, orphan and vulnerable children, HIV patients
Madagascar	Social services, School feeding, Reduce parental financial contribution, Micro financing, Credit system, mutual insurance / social security provision of care and support for HIV patents and orphans	Vulnerable zones
Malawi	Subsidized agricultural inputs to poor farm families; undertake public works program (PWP). Promoting savings culture in PWP, and Providing capital for income generating activities Food aid, School feeding , conditional and non conditional cash transfers , safety nets cash transfer, feeding program, public work program, micro-finance	the infirmed elderly, disabled, orphans and vulnerable children
Mozambique	Direct Social Support, Food Subsidies, Social Benefit through Work, Income Generating Program Institutional Assistance Program Insurance , Scholarship Micro-finance, Health, education, nutritional assistance, Provision of services for the elderly and the orphans	children, elderly people, deficiency carriers, women headed households
Rwanda	Fund for genocide survivors and people with disabilities Social safety net, Social Insurance, Cash for work, Micro-credit, Income-generating activities, vocational/entrepreneurial skills development. Micro-finance , Public works ,Educational assistance Free or subsidized health service	genocide survivors, people with disabilities, unsupported elderly, People incapacitated by AIDS (long term), orphans and vulnerable children, child-headed households, historically marginalized people.
Tanzania	Pension, access to social services; access to credit; exemptions from cost-sharing; home-based care; education and vocational training; transfers and pensions; Free medical care for the elderly; Free primary education; Micro-finance	Vulnerable children Disabled PLHAs Chronically ill The elderly
Uganda	community-based rehabilitation for persons with disabilities; Provision of free HIV/AIDS treatment; provision of social assistance; care for the elderly, Orphans and other Vulnerable Children (OVC); special needs education and training; community based rehabilitation services for PWDs; social security for public sector and formal private sector employees; pension for public sector employees and relief services to disaster victims. equal opportunities, operation of social security schemes, labor standards and occupational safety	to the chronically poor Orphaned children Elderly Disabled
Zambia	Social Security; Cash Transfers; Micro credit; Bursary and school feeding ; Free HIV and AIDS testing; Capacity building	Low capacity households including widows, the disabled, the old, and other marginalized, low-income households, and informal sector operators; Incapacitated households with no self-help potential, including mainly households affected by HIV and AIDS; and Child-headed households and street children

Source: Government PRSP/NDP documents

Most PRSPs/NDPs have a combination of social transfers, social insurance programs and labor market programs. All countries are targeting the most vulnerable groups, although in some countries the list of vulnerable groups is not exhaustive. It is also very encouraging that in countries that are affected by conflict situations such as DRC and Rwanda, the target group also include displaced people or survivors.

The most popular social protection instruments used are social transfers of food, education and health. These help in improving access to all to food security, primary education and health which are very critical to the achievement of MDGs. Only a few countries in Africa (these are Mauritius, South Africa, now Lesotho and Swaziland) have been able to use the non-contributory pension scheme due to constraints in resources. However many countries are actively piloted social transfer schemes – Zambia, Malawi, Ethiopia, Uganda and Mozambique. Unconditional cash transfers are increasingly popular as an alternative to food based transfer programs because they enable a greater degree of recipient autonomy in terms of household level decision-making regarding the use of the transfer (Slater and McCord, 2009).

In Zambia, a Pilot Social Cash Transfer Scheme was introduced in 2004 in Kalomo District in Zambia. Using a grant from the GTZ, the pilot scheme is managed by the Ministry of Community Development and Social Services and it targets 10% of households in the district that are the most needy and incapacitated. The programme has a focus on households headed by the elderly and caring for orphans and vulnerable children. The programme transfers US\$10–14 a month to very poor households with no work capacity, including disabled persons or children. Community committees who are volunteers on the programs do the targeting selection of beneficiaries and supervised by the Public Welfare Assistance Scheme. The country now has five pilot schemes. Two further pilots were launched in a remote rural area and an urban area, respectively, to assess the transferability of the scheme to these settings. Later on, a pilot programme was supported by the United Nations Children’s Fund (UNICEF) in the five districts with the highest incidence of child mortality. This transfers around US\$10 to households with children. Finally, a further pilot was introduced in one district,

providing transfers to all older persons. The pilots have very precarious institutional and financial arrangements, and reflect directly the interest of donors rather than a considered strategy by the government, which has been reluctant to endorse them (Niño-Zarazúa, et al, 2010).

In Malawi, in 2006 the Mchinji Social Cash Transfer Pilot Scheme began targeting the poorest households with school age children and no capacity to work. They are provided with a regular transfer, depending on the number of household members, ranging from US\$4 a month, for single person households, to US\$13 for households with four members or more. The aim of the programme is to reduce hunger and vulnerability among these households, and to ensure that children attend school and have access to basic health care (to both encourage school enrolment and discourage child labour and premature drop-outs). The pilot scheme was managed by UNICEF and the government of Malawi and was scaled up in 2008 to cover seven districts, 18,180 households, and over 70,000 individuals (Niño-Zarazúa et al, 2010).

In Mozambique, the Food Subsidy Programme (Programa Subsídio de Alimentos or PSA) reached 103,210 direct beneficiaries and 112,751 indirect beneficiaries in June 2007. The PSA targets the elderly, people with disabilities, people affected by chronic illness, and expectant mothers suffering from malnutrition. The criteria for selection of direct beneficiaries is categorical, combined with a means test. Chronic illness and disability are certified by appropriate health professionals. Indirect beneficiaries are the dependants of direct beneficiaries, mainly children and older adults. The transfers are set at US\$3.50 per month for direct beneficiaries, with a US\$1.80 supplement for each extra dependant up to four. The selection of beneficiaries is done on demand (Niño-Zarazúa et al, 2010).

Overall cash transfer schemes are being rated to be effective by beneficiaries as they provide a reliable source of livelihood and the transfer enable households to send children back to school and achieve food security (see box 1). However the major challenge of the schemes is lack of resources required to sustain and scale up the activities. It is also important to build in complementary development policies such as strengthening access to markets for agricultural products and skills training.

BOX 1: Impact of the Social Transfer Schemes in Zambia and Malawi

Impact of the Social Cash Transfer Schemes External evaluations of both the Zambia and the Malawi pilot social cash transfer schemes, show significant positive impact with regard to food security, health, shelter and education of the members of the beneficiary households. The assets of beneficiary households have increased dramatically. This has improved their productive capacity and reduced their vulnerability to shocks. Non-recipient households have benefited because the burden of caring for destitute households (begging) has reduced and the high economic multiplier effect of cash transfers has strengthened the local economy

Both, the Zambia and the Malawi schemes can be considered 'child welfare schemes' because approximately 65 % of the beneficiaries are OVC, mostly orphans. Other types of vulnerable groups benefiting from the scheme are older people (approximately 20 % of the members of beneficiary households are 65+) and the disabled. The schemes cover neither all OVC, nor all HIV and AIDS-affected households nor all older people, nor all disabled persons in the pilot areas. But, because one of the targeting criteria is extreme poverty, the schemes reach the worst off, neediest and most vulnerable persons of all the vulnerable groups.

Many countries have also micro-credit part of their social protection package. It is important to note that increasingly some countries are including improved access to justice by vulnerable groups as a major component of social protection. This is crucial since access in some situations requires change in laws.

With the increasing danger of climate change to African countries, there is need to integrate climate change mitigation and adaptation into the social protection instruments and target groups. This is not yet reflected in most of the NDPs/PRSPs of the study countries.

Does the NDP/PRSP indicate any action plan or resources to be allocated to social protection?

Successful implementation and evaluation of the social protection elements of the PRSP/NDP is crucial for

achieving results on the ground. Most African countries have severe challenges in allocating adequate budgetary resources to ensure that the objectives of the social protection programs are achieved. The indication of the nation's resource allocation to social protection as highlighted in some of the PRSP's/NDPs, is presented in table 6. Clearly, social protection tends to have poor budget allocation. In Malawi and Rwanda the national budget allocation set aside to social protection is 5%. In some countries the funding for social protection is highly dependent on donor funding.

TABLE 6 Allocation of resources to Social protection

Country	Allocation of resources												
Djibouti	Shows an allocation of resources towards social protection activities. (Annex 6: Priority Actions, 2008–11) - DF 50,000,000 (To be sought) for Convergence of regimes: This involves identifying the most deficient regimes and proposing parametric adjustments aimed at making existing regimes consistent and converging them progressively towards a national social protection model												
Malawi	Shows an allocation of resources towards social protection activities. The National Development Plan includes resource requirements for THEME 2: Social Protection for the years 2007/08 to 2010/11 which average around 5.4% of total Government Expenditures.												
Rwanda	Proposed shares of public expenditure by sector for the EDPRS period 2008-2012 (in billion Rwandan francs, unless otherwise indicated) Social Protection: <table border="1"> <thead> <tr> <th>Recurrent expenditure billion RWF (%)</th> <th>Share (%)</th> <th>Capital Expenditure billion RWF</th> <th>Share (%)</th> <th>Total billion RWF</th> <th>Share</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>5.0%</td> <td>5</td> <td>0.4%</td> <td>108</td> <td>3.1%</td> </tr> </tbody> </table>	Recurrent expenditure billion RWF (%)	Share (%)	Capital Expenditure billion RWF	Share (%)	Total billion RWF	Share	103	5.0%	5	0.4%	108	3.1%
Recurrent expenditure billion RWF (%)	Share (%)	Capital Expenditure billion RWF	Share (%)	Total billion RWF	Share								
103	5.0%	5	0.4%	108	3.1%								
Uganda	Social Protection Program for vulnerable groups is expected to carry out a project estimated - Ugandan Shillings in millions 38,733 For the period 2010/11 to 2014/15												
Zambia	Table 37.2: Key FNDP Fiscal Targets and Assumptions (in % of GDP), 2006-2010 In absolute terms, total core expenditure is estimated Zambian Kwacha 38,645.4 billion (or US \$9.4 billion) <table border="1"> <tbody> <tr> <td>Sector:</td> <td>Social Protection</td> <td></td> </tr> <tr> <td>Gov. of Zambia</td> <td>325.6 (1.3%)</td> <td></td> </tr> <tr> <td>Donor</td> <td>2.5 (0%)</td> <td></td> </tr> <tr> <td>Total</td> <td>328.1K Billions (0.1%) or 0.1 US Billions</td> <td>Total 0.8%</td> </tr> </tbody> </table>	Sector:	Social Protection		Gov. of Zambia	325.6 (1.3%)		Donor	2.5 (0%)		Total	328.1K Billions (0.1%) or 0.1 US Billions	Total 0.8%
Sector:	Social Protection												
Gov. of Zambia	325.6 (1.3%)												
Donor	2.5 (0%)												
Total	328.1K Billions (0.1%) or 0.1 US Billions	Total 0.8%											

Source: Government NDPs/PRSPs

Adequate financial resources are needed for successful achievement of the objectives of social protection programs.

Challenges to Implementing Social Protection Programs in Africa

THE MAJOR CHALLENGES that have been identified in implementing social protection programs in Africa have been identified in different literature (HelpAge International and African Union, 2008; Taylor, 2008; Norton et al., 2001) to include:

- a. Planning constraints: Lack of a comprehensive plan on the implementation of social protection programs.
- b. Inter-sectoral coordination: poor inter-sectoral coordination and collaboration with civil society.
- c. Financial constraints: poor budget allocations to social protection and poor mobilization of resources as a result the funding is not sustainable and is not adequate for scaling up.
- d. High dependency on donor funding.
- e. Ineffective targeting of recipients. For example, social protection programs benefit people residing in urban areas better than in rural areas.
- f. Technical and institutional capacity constraints: Low institutional capacity to develop social protection programs and to administer some social protection programs.
- g. Lack of reliable data: Lack of reliable data on which policies on social protection could be based.
- h. Lack of monitoring and evaluation of the effectiveness of social protection programs.
- i. Limited information dissemination on existing social protection programs.

Conclusions and Policy Implications

THIS PAPER HAS examined how the latest NDPs or PRSPs of fourteen East and South African countries have addressed social protection and identified some of the major challenges. The study has shown that some countries have been able to include social protection as a major focus in their PRSPs/NDPs; however some countries are not explicitly mainstreaming social protection into their national development plans. It is important that countries do mainstream social protection into their national development since it ensures that the socially excluded groups have access to basic services.

Countries have actively utilized the social transfer instruments of social protection. These are important for improving universal access towards essential services which can accelerate the progress towards the achievement of the MDGs. However the use of transformational social protection instruments is not intensive, yet it is this developmental type of social protection that can result in

vulnerable groups sustainably moving from their vulnerable status. The overall major challenge for many countries has been allocation of adequate resources to ensure that the identified social protection priorities identified in the PRSP/NDP are translated into reality on the ground.

Based on the findings of this study, in order to strengthen social protection and to advance the social dimensions of NEPAD, member states should undertake the following actions:

- a. Ensure that all the aspects of social protection are adequately mainstreamed into the PRSPs and NDPs
- b. Include mitigation and adaptation of the impacts of climate change in social protection
- c. Develop sustainable sources of funding for social protection
- d. Collect reliable data that can be used to develop and monitor policies on social protection

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The Social Dimensions of Climate Change and Development in Africa

By Hassan Musa Yousif*

Abstract

THE DEBATE AND policy dialogue on global warming and climate change is overwhelmingly dominated by economic, technical and environmental considerations. Social and human development issues are provided limited space and attention in the global negotiations and in the adaptation and mitigation measures. This paper argues that social and human development present a wide range of key issues that are important and absolutely indispensable in climate change and development policies. Especially in Africa where poor and vulnerable people are socially excluded and are

likely to be hit hard by climate change. Therefore, adaptation and mitigation measures and policies to address the impacts of climate change must take into account the social, institutional and human dimensions of communities and societies. Particularly, population health and demographics, population distribution and movements, levels of education and awareness, and their social structures, gender and institutional relations are important factors in addressing climate change and development issues.

Introduction

THE INTERGOVERNMENTAL PANEL on Climate Change (IPCC) predicted¹ that “climate change impacts will be differently distributed among different regions, generations, age classes, income groups, occupations and genders” (IPCC 2004), and that these impacts will hamper development and harm human living conditions and lifestyles. Africa is the most vulnerable continent to the detrimental impacts of climate change, which will fall disproportionately upon the poor and exacerbate inequities in health status, education, access to adequate food, clean water, and other resources.

In Africa climate policy and debate are generally unknown to grassroots populations, thereby excluding the participation of the masses. Yet, dealing with the impacts of climate change is heavily dependent on community actions and management. Communities in Africa are highly dependent on natural resources for their living and survival. For example, biomass, mostly wood from trees, constitutes the main source of energy for the great majority of people who live in rural areas in Africa. Yet the rate of deforestation is high; averaging 0.7% a year (Moulot 2006). Also, the African communities are highly

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1) Fourth Assessment Report of the Inter-governmental Panel on Climate Change, 2004

differentiated in terms of access to resources such as land and water, and in terms of age, gender, class and ethnicity. These differences are highly significant to vulnerability and adaptive capacity of particular individuals, such as women, youth, older persons and persons with disabilities. It is very important that the debate on climate change and development in Africa be widened to include various stakeholders and also increase the full participation of vulnerable and marginalized groups, especially because it is the vulnerable groups who bear the greatest brunt of the environmental degradation.

Climate Change and Vulnerability

THERE IS A wealth of literature on vulnerability of people to the long and short term impacts of climate changes, and as a result of man-made factors such as conflict, marginalization and exclusion from the development activities (ECA 2009, Thornton 2006, IPCC 2007). The vulnerability of people to climate change has been highlighted in *Climate Change 2001, the Third Assessment Report of the IPCC*. The report defined vulnerability in terms of climate damage or harm to the ecology and the environment. It established how human activity (burning fossil fuels and changes in land use) is modifying the global climate, with temperature rises projected for the next 100 years that could affect human welfare and environment. Also, it referred to increasing human vulnerability as a result of climate change and environmental degradation.

The international policy agenda on social and human development have frequently referred to vulnerability, marginalization and exclusion of population groups in the development process. For example, The World Summit on Social Development, 1995, called for the integration and achievement of inclusive development. Social and human development is about enlarging people's choices and rights to development through actions that would enable and empower them to participate and at the same time fully enjoy the fruits and benefits of development. Social and human development agenda are congruent to climate change agenda.

Vulnerability is an important approach for conceptualizing and understanding the key issues in climate change,

The purpose of this paper is to highlight the most important key issues related to climate change, and social and human development. The thematic areas where the bulk of the issues emanate are health, education, gender, international migration, youth and employment, and the socially vulnerable groups, especially older persons and persons with disabilities. The paper will list priority actions in these areas. The key issues are presented in context of vulnerability approach, which is explained below.

social and human development, for two reasons. Firstly, and as mentioned above, global warming and climate change are expected to increase the human vulnerability as a result of both extreme weather conditions and events, and long term environmental degradation. Secondly, vulnerability draws on the multiple dimensions of social and human deprivation such as social exclusion, gender, migration, employment, health and education. Also, it draws on the dynamics and determining coping patterns and resilience used by those directly affected. Thus the climatic, social and human dimensions of vulnerability will bring together concepts such as adaptation, mitigation, coping mechanisms, social cohesion, social harmony, social integration, for linking and synergizing the policies and actions on climate, and on social and human development.

Most countries in Africa are climatically and socially vulnerable. Their capacities to adapt and mitigate the negative impacts of climate change are weak. They need sustainable financial resources to enable them to address their social problems. People in Africa live in ecologically, climatically and environmentally favorable zones - on the coasts, around lakes, on river banks and in highlands. Some are scattered in deserts and dry lands. Moreover, the economies and great majority of people in Africa are largely dependent on natural resources for their livelihood and survival. This high dependency is in fact a cause of concern on the vulnerability of people and economies in Africa to changes in weather conditions and ecosystems, and to environmental degradation.² The vulnerability of

2) *The high dependence of the African economies on natural resources and the volatility of economic growth to natural conditions and whether hazards is highlighted in a series of Economic Reports on Africa jointly published by ECA and AU.*

people is further aggravated by the fact that production and consumption patterns themselves are contributing to the creation of climate process drivers such as emissions

and concentrations of greenhouse gases and aerosols. The vicious cycle is repeated.

Climate Change, Health and Education

HEALTH AND EDUCATION are the most important pillars of social development in Africa elsewhere in the world. They are affected by climate change. On the other hand, investment in health and education in Africa are needed for human and social development and for promoting adaptation and mitigation measures to confront the consequences of climate change and environmental degradation. Climate change is expected to directly impact on population health and education in Africa. These impacts are analyzed below.

People in Africa are at high health risks caused by climate, social and human factors, including high illiteracy rates. Climate change has critical health implications. For example, small changes in temperatures and precipitation will boost the population of disease – carrying mosquitoes and result in increased malaria epidemics. The problem is exacerbated by social and economic inability of many communities to cope with increased disease. Population

health is threatened by low investment in health services and very low population access to medical facilities. The situation is expected to be further exacerbated by climate and environmental degradation.

Climate change is expected to increase human mobility, which might lead to the spread of communicable diseases. For example, through forced migration of populations, the HIV/AIDS likelihood may spread to new areas. Climate change may result in loss of agricultural productivity and environmental degradation. Food insecurity is a major problem in many parts of Africa, especially in zones where climate change is already having an impact, such as in Niger and the Horn of Africa. Many parts in Africa are currently seeing rain-fed agricultural yields falling by much as 50 %. Food insecurity is threatening the nutritional and health statuses, which are already lowest in Africa compared to the rest of world.

Climate Change and Gender

GENDER HAS OFTEN been a forgotten element of climate and the environment, and gender issues have been poorly addressed in international negotiations on climate change. This is due to lack of gender awareness of those who shape the debates, leading to a strong technical/scientific and economical bias in the contents – as seen in the Kyoto Protocol. Social and gender issues are not provided space in these discussions and documents. However, the significance of gender issues has over the past decade, become more apparent with the involvement of challenges as poverty, vulnerability and environmental resource management in climate change.

Traditionally, African women have been the patrons of the environment in which they live. They have an intimate knowledge of the social and natural systems global

warming affects, and are at the heart of their families' and communities' resource management and well-being, notably in rural areas. These adaptive capacities have undoubtedly been shaken by high prevalence of poverty among women. Recent evidence shows that poverty is deeper among women in Africa than other regions in the world, and is wide-spread among female headed households. This is partly explained by women's comparatively limited access to productive factors including land technology and credit, as amply explained in the *African Women's Report 2009*.³ Also, women are likely to be hit harder by climate change than men, due also to their social roles. As a result, they are much more devastated by poverty and natural disasters than men.

3) For more details on this issue please refer to ECA, 2009, *African Women's Report 2009. Measuring Gender Inequality in Africa: Experiences and Lessons from the African Gender and Development Index*.

The impact on women's lives varies between countries, regions and cultures, thus planning for mitigation and adaptation to climate change needs to take a close look at each individual and concrete situation. Recently, it was suggested that the growing population trends, both urban and rural, are having unprecedented impacts on the environment, causing climate change, land degradation and loss of biodiversity. A further analysis of the gender differentiated impacts of population growth on the environment is critical in understanding climate change.

Though women are severely affected by climate change, yet they are underrepresented and not engaged in the solutions. Over the last few years the increasing portfolio of climate solutions is beginning to include gender-sensitive

approaches and women's involvement. Gender concerns were raised in June 2009 when climate negotiators reconvened in Bonn, Germany for an interim meeting to discuss the working text of the United Nations Framework Convention on Climate Change (UNFCCC), the international treaty that aims to stabilize greenhouse gas concentrations in the atmosphere at a level that would prevent climate change's worst effects. United Nations officials, UNFCCC country delegates, and nongovernmental organizations considered ways to integrate gender into their discourse and policy pushes. A handful of NGOs have more publicly championed gender justice, such as the international antipoverty organization CARE and the Women's Environment and Development Organization (WEDO).

Climate Change and Migration

HISTORICALLY MIGRATION STREAMS in Africa are determined by economic and social factors often conceptualized in context of push and pull frameworks and some intervening variables. Indeed, the literature on migration and development in Africa is overwhelmingly dominated by economic and social factors. Climate change and environmental degradation are rarely considered as important determinants of human mobility and migration. Therefore, climate change and the environment did not feature at all in the migration and development policies and strategies in Africa. Moreover, national development plans and strategies did not specifically pay attention to the impacts of climate change on human movements, and their consequences to economic and social development.

However, the knowledge and policy gap in climate change and migration is beginning to close as human mobility in response to climatic and environmental changes has recently attracted attention and triggered intellectual debate and scholarly writings (IOM 2009). The current interest in this topic is due to global warming negotiations and the political agenda on climatic change and its likely impacts on development and the environment, and on human welfare and mobility.⁴

Extreme weather events related to global warming and climate change will affect millions of people in Africa by

2050. Worldwide, the number of extreme weather events, such as storms, floods and hurricanes, have doubled from 200 to 400 during the past 20 years. These events have led to displacement of 20 million persons in year 2008 alone. Also, gradual environmental changes, such as drought, desertification, and rising sea level, are expected to have even more devastating impacts on human movements. Global estimates suggest that as many as 200 million people could become climate migrants by 2050. Today there are roughly 214 million migrants globally, meaning if climate migration projections come true, they will double the total level of migration worldwide.

Climate change is already impacting human migration in Africa, both within countries and across borders. For example, the semi-arid areas of the Sahel, the Kalahari, and the Karoo historically have supported nomadic societies that migrate in response to annual and seasonal rainfall variations. Nomadic pastoral systems were intrinsically able to adapt to fluctuating and extreme climates – provided they have sufficient scope for movement and other necessary elements in the system remain in place. However, the prolonged drying trends since the 1970s has demonstrated the vulnerability of such groups to climate change: they cannot simply move their axis of migration when the wetter end is already densely occupied and permanent water points fail at drier end. The result has

2) *The IPCC warned in 1990 that the "greatest single impact of climate change could be on human migration" IPCC, 1990, First Assessment Report, Cambridge University Press, Cambridge*

been widespread loss of human life and livestock, and substantial change to the social system.

High prevalence of conflict and poverty bring another dimension to climate change and migration nexus in Africa. In addition to being the two most important challenges to development, conflict and poverty are among the most important drivers of refuge, migration and population displacement in the continent. Africa already hosts the highest number of refugees, displaced and stateless people in the world. It's inevitable that as global warming intensifies hurricanes, drought, and adds to resource shortages, Africa will need to prepare for extreme circumstances, including more intense human migration. Refugees from natural disasters usually can return home over time—as in this case—but future climate migrants could be permanently forced to leave. Climate migration is often a result of natural disasters, but resource scarcity, food security, and water shortages will also be important drivers of voluntary and long-term climate migration in Africa in the 21st century.

Climate Change, Youth and Employment

CONSTITUTING ABOUT A fifth of the total population, African youth aged 15 to 24 are among the vulnerable groups excluded in social development as well as in the environment and climate change negotiations and program activities. Their social vulnerability and exclusion is reflected in high unemployment rates exceeding 20 % in some countries. Also, gross enrollment ratios in tertiary education is very low, estimated at around 5 % in 2006, compared to 17 % for developing countries and 25 % for the world (UNECA, AUC and AfDB 2009). Thus many young Africans are excluded from the labour force and post-secondary education. Very few youth from vulnerable groups such as persons with disability, youth from poor households, youth living in rural, remote and marginalized areas, and youth orphans are able to access higher education and formal jobs, mainly due to the lack of skills and resources to meet the costs.

African youth are under represented in projects which could provide opportunities for them to actively

Climate Change, Ageing and Disability

IN AFRICA THE number of older persons and persons with disabilities are increasing as a result of changing age structure, conflict rapid urbanization etc. They share

An important emerging migration trend is the increasing number of women in the migration streams, which is documented in the *International Migration and Development: Implications for Africa* (ECA 2006). Particularly in Western Africa where the number of migrant women increased from 2.2 million in 1990 to 3.7 million in 2005, and further to 3.9 million in 2010. Women in Africa are willingly leaving their own countries or localities to earn a living elsewhere. This trend relates to gender and poverty, and to the failures in the older household food production economy, combined with increasing difficulties for men trying to support their households from wage earnings. However, led by professional women able to support a household on their own, migrant women are also claiming increasing freedom to move independently to earn for their own need. For example, many Kenyan women have left Kenya and set up profitable businesses in South Africa.

participate in climate change mitigation if they were sensitized about the issues. For example, the Kyoto Protocol created a platform for both carbon credits and a carbon market to monetize these credits and many countries in Asia, Europe and North America have benefited from this platform. Africa's participation would best be through the Clean Development Mechanism (CDM) but to date, there has been limited participation in the CDM. In fact, of the roughly 2,200 CDM project activities registered since 2005, only about 32 have occurred in Africa primarily due to the lack of awareness and substantial human resources deficit to carry out these projects. It is therefore imperative to raise awareness and expand on the implementation of both Kyoto and the CDM. The implementation of CDM projects would result in increased employment opportunities for youth and women across the continent. Empowered African youth can come up with innovations beyond carbon trading schemes for tackling climate change and also engage better in the global climate change dialogue.

climate and social change. Because the elderly and persons with disabilities are socially excluded and highly vulnerable, they will be the first to suffer when climate change impacts negatively on water, food and nutrition, and health. Extreme weather events, such as heat and drought, threaten the health of the older persons and persons with disabilities. In case of floods, sea-rise or heat waves, the elderly and persons with disabilities will find it more difficult to evacuate.

Lack of social security, high prevalence of poverty, and lower human capital makes livelihoods of these highly vulnerable population groups even more difficult. This is further heightened by changes in live styles, care and living arrangements, rapid urbanization, changing intergenerational relations, and increasing migration. Climate change is likely to lead to inequality among the social groups. For example, the adaptation effect, access to resources, and limited coping abilities will become obvious among older persons and persons with disabilities.

Conclusions and Policy Recommendations

The foregoing analyses direct the attention of policy makers and planners to the social and human dimensions of climate change in Africa. Climate changes are likely to aggravate the social and human conditions in areas where people are vulnerable and largely excluded from development activities. Besides integrating vulnerable people in development, policy makers and planners need to take concrete and practical actions on climate change, social and human development. There is need to facilitate policy dialogue on climate change, social and human development to promote the understanding of key issues and policies that addresses the challenges. Such policy dialogue requires data collection and information, and to undertake policy research on the adaptation and vulnerability of people and communities to social, economic, environmental and climatic changes. Planners and policy makers must promote research and data collection on the impacts of climate change on health, education, gender, migration, youth and employment and vulnerable population groups. Also, they must document best practices and lessons of experience, and use the finding of research to promote planning and decision making.

Undoubtedly investment in health and education, particularly among the vulnerable and poor population groups, will improve the quality of life and level of awareness. Such investment should include environmental and climate education and in enhancing the awareness and knowledge of people on the impacts of climate change, and the consequences of environmental degradation to their health and wellbeing. There is need to sensitize people on climate changed-induced illnesses resulting from heat,

floods and water pollution which cause diseases such as malaria, diarrhea. Also, it is imperative to integrate gender in climate change programs and actions, and in social and human development activities, and to protect, engage and empower women to address social and climate impacts. Women are social and climatically vulnerable, and have the highest mass potential to bring about positive change.

Governments and development partners should periodically assess the adaptive capacity of communities, and identify and implement strategies that would enhance the adaptive capacity of people to climatic and social changes. Also, they should map vulnerable population groups that are expected to migrate as a result of the impacts of climate change and environmental degradation. These assessments and mappings could be used to identify relevant policy responses to migration and assess their relative impacts on future migration streams and the underlying ecological, social and economic conditions of the affected populations. It is important to involve youth, older persons and persons with disabilities in climate change and environment activities, including planning, policies and decision making, and to create green jobs for the involvement of these vulnerable population groups.

It is important to also recognize and appreciate the positive impacts and resources potentials of climate change. Government should unlock the potentials of climate change to increase production and economic growth, and come up with innovative ways to generate financial resource for climate change mitigation and adaptation.

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Protecting the Poor and Vulnerable People in African Villages: Lessons From A Small Nigerian Village

By Steve Onyeiwu*

Abstract

THIS PAPER USES survey evidence gathered from households in the village of Umuluwe, southeastern Nigeria, to describe the contemporary nature, scope, and challenges of poverty in African villages. While poverty data suggest that the poverty rate in this village has been declining since the introduction of economic reform in Nigeria in the mid 1980s, the survey reveals a low quality of life in the village. This implies that traditional poverty statistics may be concealing important dynamics of rural poverty in Africa. The paper also explores some of the challenges,

many of which are also true of other African countries, that Umuluwe villagers encounter in their attempts to alleviate poverty and improve their living conditions. Based on results from both the survey and the author's participant-observation of the dynamics of poverty in the village, the paper proposes policies that might be effective in ensuring that the improvements in macroeconomic performance and growth achieved by many African countries during the past decade translate into a better quality of life for the poor in African villages.

Introduction: the Paradox of Growth and Poverty in Africa

DESPITE RECENT GAINS in economic growth in many African countries, poverty and unemployment remain central issues in much of the continent.¹ Following their implementation of structural adjustment, good governance and institutional reform during the past two decades, many African countries have witnessed significant increases in the flow of foreign investment and growth rates. Between 2003 and 2008, for instance, several of them consistently achieved average annual growth rates that exceeded 5.5% (AFDB, 2009, p.44). The flow of Foreign Direct Investment (FDI) to Africa rose from less than 1 % of GDP in 1990 to 3% in 2008 (WDI Database).

Additionally, some African countries were amongst the best growth performers in developing countries during 2001-2008 (Table 1).

Compared to East Asian and Latin American countries, however, growth in Africa has not reduced inequality and poverty significantly. Some even claim that growth has exacerbated poverty and inequality in the region, albeit a controversial proposition (Nissanke and Thorbecke, 2008, p.12). Nevertheless, there is an overwhelming consensus that the poverty rate in Africa is very high. According to Figure 1 and Table 2, Africa had the highest

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1) While advanced industrial societies focus on contemporary issues like climate change, environmental protection, and anti-social behaviors (drugs and crime), poverty remains a central issue in Africa.

percentage of working people living on less than \$1 per day in 2006, almost four times more than the percentage in East Asia and Latin America, respectively. Using the \$2 a day benchmark, the poverty rate in Africa rises to almost 79%, compared to 44% for East Asia and 31% for Latin America. In highlighting the extent of poverty in Africa, Schaefer [2005, quoted in Ikejiaku (2009)] points out that “it is pathetic that an average African has grown poorer over the past decades, notwithstanding enormous aid disbursement and substantial gains in technology and trade that have helped boost growth in other regions, particularly on the Asian continent.”

TABLE 1 Best Per Capita Growth Rates in Developing Countries, 2001-2008

Country	GDP Per Capita, 2008 (constant 2000 US\$)	Average Per Capita Growth Rate (%), 2001-2008
Angola	1357	10.0
Bhutan	1247	6.4
Chad	251	6.0
China	1963	9.5
Equatorial Guinea	8692	18.8
Ethiopia	190	5.5
India	724	6.0
Kuwait	N/A	5.2
LAO PDR	475	5.0
Macao	33732	12.0
Maldives	3656	6.2
Mozambique	365	5.7
Sierra Leone	262	7.4
Sudan	532	5.2
Trinidad & Tobago	10981	7.3
Vietnam	647	6.2

Source: World Development Indicators Database

Apart from not reducing poverty significantly, growth in Africa has also not generated satisfactory levels of employment relative to other developing regions. In 2008, for instance, the rates of unemployment in SSA and North Africa were 8% and 10% respectively, compared to just 4.3% for East Asia and 7% for Latin America and the Caribbean (Figure 2) As a further manifestation of the employment intensity of growth in East Asia, and the lack of it in Africa, Figure 3 shows that Asia and the Pacific region has the largest share of global employment,

accounting for 57% of world employment in 2005 (ILO, 2006, p.).

The high poverty and unemployment rates in Africa are perplexing and paradoxical for a number of reasons. First, the region is endowed with natural resources that are in great demand worldwide. Africa has 40% of the world’s hydroelectric power supply; most of the world’s diamonds and chromium; half of the world’s gold reserve; the bulk of its cobalt; 50% of its phosphates; 40% of its platinum; 7.5% of its coal; 8% of its known petroleum reserves; 12% of its natural gas; 3 % of its iron ore; and several million acres of uncultivated land (Lamb, 1983, quoted in Ayittey, 1999, pp.5-6). Second, resource-poor countries in East Asia have done better than Africa in drastically reducing their poverty rates, prompting the intriguing question of why they have been more successful. Lastly, Africa has received several billions of dollars in development aid from bilateral and multilateral sources during the past five decades. As Figure 4 shows, in 2005 aid as a percentage of gross national income was 5 % in Africa, compared to less than 1 % in East Asia and Latin America. Since the 1960s Africa has received more aid than other developing regions; the amount of aid to the region has been estimated at over \$1 trillion since independence (Moyo, 2009).

While evidence points to the prevalence of poverty and high unemployment rates in African countries, the extent, nature, and dynamics of poverty in African villages are unclear. This is despite the fact that a preponderance of the poor in Africa reside in villages. As Wermer (2010) points out, “poverty in developing countries is predominantly a rural phenomenon.” Indeed, of the 1.2 billion people living in extreme poverty in developing countries, about 75 % live in rural areas (Wermer, 2010). A major goal of this paper is to use the case of a small village in southeastern Nigeria to explore the extent and nature of poverty in African villages, especially in the post-adjustment era. Although generalizations about Africa on the basis of a single village may seem to be a stretch, useful insights can be gained from village case studies. The paper is divided into seven sections. Following the introduction in Section I, Section II discusses the salience of poverty alleviation in Africa. Section III reviews the policies African countries have used to promote economic development since independence, while Section IV considers the impact of those policies on the village of Umuluwe in southeastern Nigeria. Section V focuses on the constraints to poverty alleviation in the village, whereas Section VI proposes policies for alleviating rural poverty in Africa. The paper is concluded in Section VII.

FIGURE 1 Proportion (%) of workers living under \$1.25 a day 2008

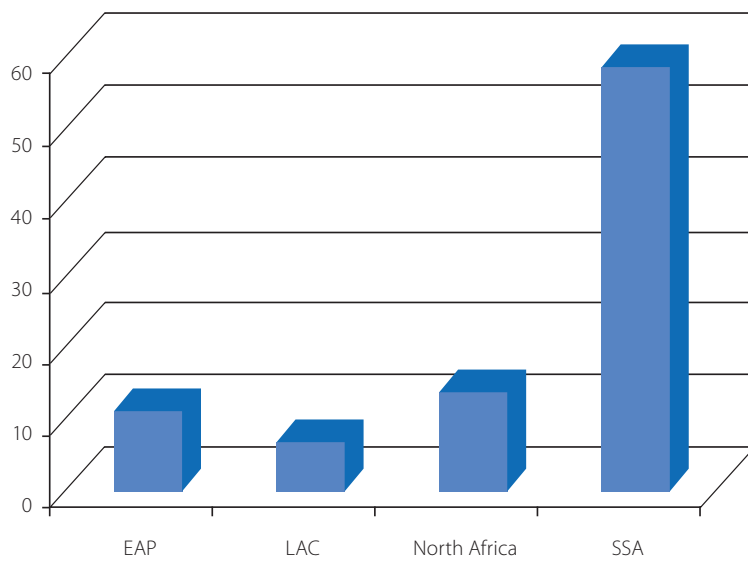


FIGURE 2 Employment Rate (%), 2008

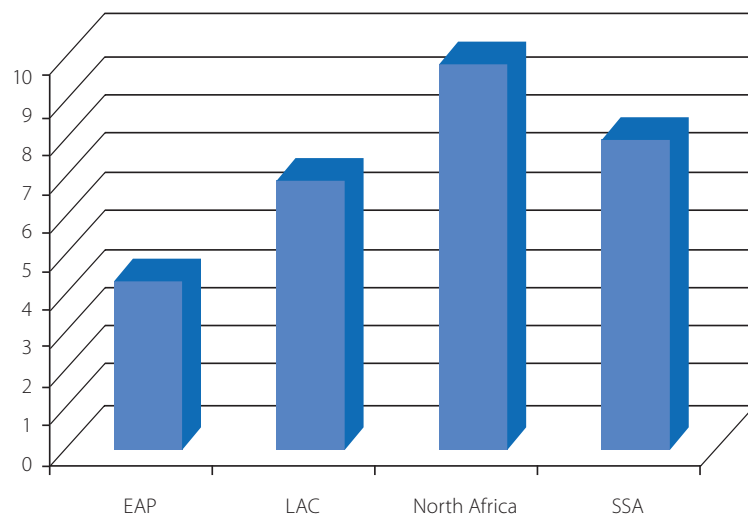
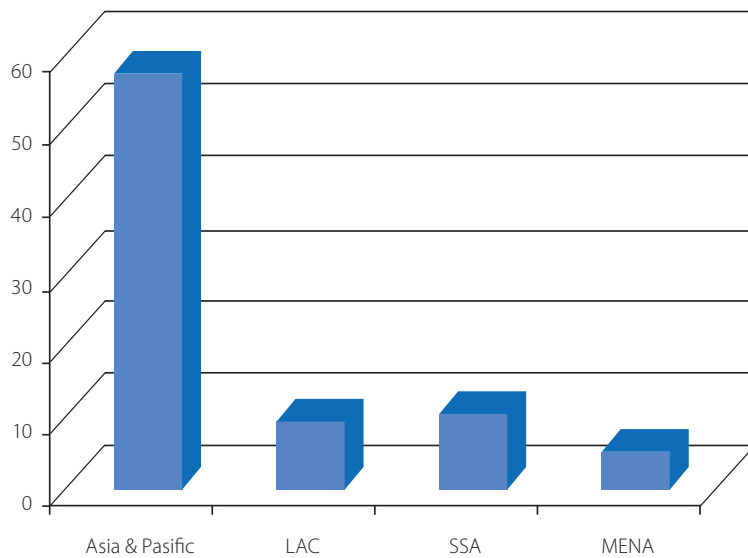


FIGURE 3 Share of World Employment (%), 2005



Why Poverty Alleviation should be a Policy Priority in Africa?

AFRICA IS BESET with a plethora of social problems, including low life expectancy, HIV/AIDS, violence, crime, and high levels of illiteracy. Much of these problems, however, are poverty-induced. Consider, for instance, the case of low life expectancy in the region. In 2007, life expectancy in Africa was 52 years, the lowest of all developing regions (WHO database, 2010).² The equivalent numbers for Latin America and East Asia were 76 and 65 years, respectively. Because of chronic poverty, many Africans are unable to afford preventative medical care, which puts them at risk of dying from preventable diseases like malaria, cholera, yellow fever, tetanus, etc. Those with curable diseases are unable to afford appropriate medical care, leading to premature and preventable deaths.

TABLE 2 Global Estimates of \$1 a day and \$2 a day Working Poor as Shares of Total Employment Within a Region, 2006

Region	\$1 a day	\$2 a day
East Asia	12.1%	44.2%
South East Asia & the Pacific	11.1	56.9
South Asia	34.4	87.2
Latin America & the Caribbean	11.3	30.9
Africa	46.2	78.6

Source: ILO, 2007

TABLE 3 Headcount Index for Umuluwe* and Africa** (%): 2001 Survey

	Both Sexes		Females		Males	
	< \$1 a day	< \$2 a day	< \$1 a day	< \$2 a day	< \$1 a day	< \$2 a day
Non-Migrant	93.0	97.0	98.0	99.2	85.1	94.3
Migrant	69.2	85.0	93.3	100.0	62.8	80.4
Entire Sample	87.2	94.3	97.2	99.3	76.8	89.1
Africa-rural	55.6					
Africa-urban	43.0					
Africa	52.3					

*Own calculations (based on 2000 income)

** Ali (2002, p. 12)

- 2) *The drastic fall in life expectancy in Africa may also be attributed to the region's disproportionate share of deaths from HIV/AIDS. For instance, in 2001 the number of people living with HIV/AIDS in Africa was almost 9 % of the adult population, compared to just 0.2 % in East Asia and Pacific and 0.7 % in Latin America and the Caribbean. African countries like Botswana, Lesotho, Namibia, South Africa, Swaziland, and Zambia had HIV/AIDS infection rates of 20 % or more in 2001 (see UN's Human Development Report, 2001). The good news, however, is that infection rates and deaths caused by HIV/AIDS are on the decline in Africa, thanks to a combination of prevention measures and better access to antiretroviral drugs. These declines are expected to have positive effects on the growth of African countries, and in the long-term raise the region's life expectancy.*

It is an incontrovertible fact that poverty creates an enabling environment for violence (Ikejiaku, 2009, p.15). In a poverty-stricken society, the opportunity cost of violence and crime is very small. Combined with relative deprivation and unemployment, poverty leads to a higher propensity to engage in violent activities. Proponents of the economic argument for violence contend that the propensity to indulge in violence is higher for low income or less educated people (Ehrlick, 1973; Freeman, 1996; Piehl, 1998). Youths from poor households are more prone to participate in violent rebellions, conflicts and crimes. They can be easily manipulated by the

political elite to cause political violence. According to Turner et al. (2008, p.1), “it has become increasingly clear that economic development and poverty reduction can significantly reduce the incidence of conflict. This is of particular importance for countries recovering from violent conflicts, considering they are often among the poorest even compared with other developing countries, and are extremely vulnerable to slipping back into violence.” By the same token, poverty precipitates social vices. As a way of getting out of poverty, the poor in Africa have become victims of human traffickers, illegal immigration, and even involuntary prostitution.

TABLE 4 Headcount Index for Umuluwe* (%): 2007 Survey

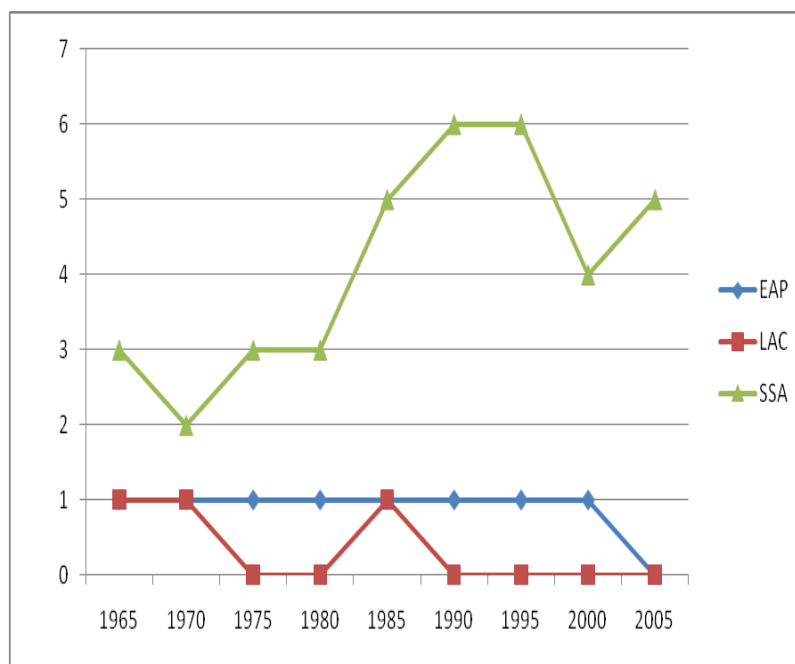
	Both sexes		(Female)		(Male)	
	< \$1 Per day	< \$2 per day	< \$1 per day	< \$2 per day	< \$1 per day	< \$2 per day
Non-Migrant	63.3	76.5	80.5	86.2	44.3	65.8
Migrant	25.5	40.0	42.9	52.4	14.7	32.4
Entire Sample	53.8	67.4	73.1	79.6	35.4	55.8

*Own calculations (based on 2006 income)

The prevalence of poverty in Africa has implications for the establishment and sustenance of democratic institutions on the continent, as poor citizens fail to recognize and exercise their democratic rights effectively. Perceiving these poor citizens as malleable, the political class tends to be audacious and rapacious in their habit of thwarting and undermining the political process. In many instances, the political class use material incentives, not ideologies and programs, to influence the choices of the electorate. Where material incentives fail, they resort to the use of coercion and intimidation to influence the voting patterns of the poor. This practice is inimical to the institutionalization of democracy and good governance in Africa.

Chronic poverty has a “contagion effect” on Africa’s middle class, most of whom are highly skilled professionals like doctors, engineers, university teachers, lawyers, senior civil servants, etc. Living in societies in which poverty is pervasive, these professionals perceive themselves as being at risk of becoming poor. They thus have the incentive to migrate to developed countries, where poverty rates are not only lower, but also where opportunities of staying out of poverty abound. This tendency to migrate has the effect of worsening the brain drain from Africa, with perverse implications for the region’s long-term growth and ability to alleviate poverty.

Figure 4: Aid as % of Gross National Income (GNI)



Source: World Development Indicators

Lastly, the prevalence of Africa has implications for the continent's long-term economic growth, which in turn limits the ability of African governments to alleviate poverty. For instance, high poverty rates may reinforce the erroneous perception of Africa as good only for humanitarian work or safaris, and not as a region for investment. Because poverty is usually associated with social maladies (crime, violence, political instability, etc.), potential investors are discouraged from investing in the

region. Studies have shown that FDI flows are significantly correlated with not only per capita GDP, but also violence and stability (Onyeiwu, 2004).

The preceding paragraphs have sought to draw attention to the salience of poverty alleviation in Africa. I next review *some* of the attempts made by African governments to promote economic development, structural change and poverty reduction.

Growth and Poverty Alleviation Policies in Africa: a Cursory Review

OBSERVERS ALWAYS WONDER why poverty rates remain high in Africa despite the region's explicit commitment and desire to alleviate poverty. Since independence, African governments have made at least two major efforts to promote growth and structural change. In this section, I briefly review those efforts and explore their impact in Section IV on poverty in a small village in southeastern Nigeria. Since villages are a sub-set of the national economy, it becomes imperative to understand national efforts at economic development and how they affect poverty. A major flaw of economic development policies in Africa is that they do not explicitly incorporate poverty-alleviation measures. They are often premised on the notion that macroeconomic stability and growth

will automatically "trickle down" to the poor by way of rising incomes and access to good nutrition, health, decent housing and education.

The first development effort in many African countries during the post-independence era was the implementation of Import-Substitution industrialization (ISI). The goal of ISI was to promote (through tariff protection, tax concessions, and other incentives) "infant" industrial enterprises. Apart from the expected foreign exchange savings from smaller imports of manufactured goods, ISI was also expected to create jobs (and hence draw poor rural dwellers to the industrial sector to earn higher wages), transfer technology and skills to the local population, and help

diversify the monocultural economy – an economy that had been encouraged by the colonial administration to produce and export cash crops (Ake, 1981). The theoretical basis for ISI was Arthur Lewis’s “Theory of Surplus Labor,” which contends that low productivity arising from surplus labor in the agricultural sector of developing countries is mainly responsible for the poverty and underdevelopment of rural dwellers. The Lewis model also assumes that, due to surplus labor, the marginal product of labor in the agricultural sector is negative. The solution to the low productivity and poverty in the rural sector, according to this model, is to draw labor away from the agricultural sector to the industrial sector until the marginal product of labor becomes positive. Thus, a policy of accelerated industrialization is what is needed to transform rural communities and alleviate poverty.

However, ISI generated unanticipated backwash effects that undermined economic development and poverty alleviation in African rural communities. For instance, the government sought to promote industrial development by transferring funds generated in the agricultural sector to finance industrial development in the urban sector. This was accomplished by the establishment of “marketing boards” that set mandatory prices for cash crops, which resulted in the loss of income for farmers, particularly when world prices for those commodities were rising.³ Thus, many primary producers in villages across Africa experienced worsening commodity terms of trade and immiserizing growth.⁴ Terms of trade were unfavorable to rural farmers during the post-independence era because of “selective industrial protection, subsidized food imports, compulsory procurement of farm products and exchange rate over valuation.” (Lipton, 2007, p.56). At the same time, the prices of manufactured goods were rising, worsening the living conditions of rural dwellers in Africa. To attract foreign investors in the industrial sector, African governments promoted infrastructural development in urban areas, and neglected rural communities. This partly explains why rural communities in Africa lack basic social amenities like water, electricity, sewage systems, health centers and schools. Additionally, the concentration of industrial enterprises in the urban areas meant that villagers could only find non-agricultural jobs by migrating to the urban areas – a process that led

to the neglect of agriculture and abandonment of the rural sector.

The Lewisian assumption that ISI would promote industrial development and draw surplus labor away from the agricultural sector, raise productivity and reduce poverty became illusory after two decades of its implementation. By the early 1980s, a decade aptly characterized as a “lost decade” for Africa, it became obvious that ISI had failed to improve the living conditions of Africans in general, and rural dwellers in particular. To prevent deterioration in their economies, and upon the urging of the World Bank and the IMF, many African countries implemented neoliberal economic policies or Structural Adjustment Programs (SAP) in the 1980s. The introduction of SAP was expected to not only reverse the perverse consequences of ISI, but also to set African economies on a new path of efficiency, higher productivity, international competitiveness, growth and *ultimately* poverty reduction. SAP is premised on the notion that once African countries get “their prices right” through trade liberalization, devaluation, privatization, removal of government subsidies, and reduction or elimination of budget deficits, firms and households will respond by reducing inefficiency, eliminating wastes, and raising their productivity.

SAP was *implicitly* expected to help reduce rural poverty in various ways. One mechanism is by raising the prices of primary commodities as a result of the liberalization of product and factor markets. A key component of structural adjustment is the removal of price controls and the abolition of Marketing Boards that had for many years monopolized the buying and selling of primary products. Thus, structural adjustment and the removal of price controls were expected to boost farmers’ incomes. With the attractiveness of agricultural production under SAP, farmers are expected to invest in land acquisition and improvement. In some cases, marginal land may be brought under cultivation. If SAP increases the prices of primary products, then ownership of agricultural land will become an important source of income. The demand for agricultural land will rise, thus increasing the real rental price of land. Villagers with large landholdings will, therefore, benefit in two ways. Responding to price incentives in the product market, they could put more acreage into cultivation and thus boost their income. Second, the increase in the real rental price of land might

3) *The marketing boards typically set commodity prices below international levels, and kept the difference for use in the urban sector.*

4) *Immiserizing growth is a phenomenon whereby, as a result of unfavorable terms of trade, farmers’ indifference curves shift toward the origin as they increase their output. In other words, they experience declining welfare as their output rises. The wave of rural-urban migration witnessed by several African countries in the 1960s and 1970s was attributable to this phenomenon.*

induce them to rent their land out to other farmers under various contractual arrangements.

Another mechanism by which SAP may reduce poverty is through the unleashing of the entrepreneurial spirits of the villagers. SAP has been described as a phenomenon that creates the ‘survival of the fittest’ mentality, in which individuals resort to creative ways for generating income. For instance, it has become common for people to seek multiple sources of income as a way of cushioning themselves against some of the negative effects of SAP.

Rather than promoting economic development, structural change and poverty alleviation, there is evidence that SAP has exacerbated some of the problems created by ISI. One of those problems is rural-urban migration, which has now taken a new dimension. Following the liberalization of product markets under SAP, the prices of goods and services have increased significantly in many African countries. For instance, the consumer price index for all items in rural areas more than doubled from 482.3 (with 1975 as a base year) in 1985, a year before SAP was introduced in Nigeria, to 1,194.6 in 1989 [Central Bank of Nigeria, quoted in Anyanwu (1992, p.20)]. Rural dwellers are also now required to pay user fees for social services previously provided free-of-charge by the government, or heavily subsidized. This means that farmers have to generate additional income to cope with the increase in

the cost of living. Unable to cope with the escalation in the cost of living, many young rural dwellers are migrating to urban areas to explore better job opportunities. Many villages in Africa now consist mainly of older men and women who, by virtue of old age, are unable to migrate. They are also too frail to work long hours on the farm, thus leading to a reduction in agricultural productivity.

Following a review of rural household surveys in a number of African countries, Bryceson (2004) concludes that neo-liberalism (or SAP) has exacerbated poverty in rural Africa by weakening the continent’s “agrarian foundation” and by accelerating the pace of “deagrarianisation and depeasantisation” of the region. According to Bryceson (2004), the removal of subsidies for agricultural inputs and social programs such as health and education, has forced rural farmers to diversify their income sources. This attempt at diversification has resulted in a shift of resources to non-agricultural activities, thus undermining agricultural production—which structural adjustment ostensibly strives to promote. As mentioned earlier on, poverty data often conceal the nature of poverty in African villages. As well, much of the analyses of the impact of economic policies on Africa are undertaken in abstraction from realities in African villages. The next section considers the dynamics of poverty in a small village in Nigeria.

Nature and Dynamics of Poverty in African villages: The Case of Umuluwe in Eastern Nigeria

THE IMPLEMENTATION OF structural adjustment and economic reform has resulted in a stable macroeconomic environment in many African countries (World Bank, 1994). There also is evidence that it has spurred economic growth across the continent, especially in countries with democracy, good governance and effective institutions (Ndulu, et al., 2008). Less clear, however, is its impact on poverty in rural African communities. One major reason why development and poverty-alleviation policies in Africa (such as those discussed in the previous section) have been ineffective is because policy makers have such a poor understanding of the dynamics of rural poverty. To gain insight into the nature and dynamics of poverty in African villages, especially after the implementation of economic reform, I carried out two surveys of about 300 individuals in the small village of Umuluwe in Southeast Nigeria in 2001 and 2007. Nigeria implemented structural adjustment in 1986, and my surveys were undertaken over

20 years after the implementation of reform ----a period long enough to decipher its impact on poverty.

The village of Umuluwe is situated within the predominantly Christian southeast region of Nigeria, and is about 30 miles west of the regional capital of Owerri. Like most rural communities in Africa, the Umuluwe people live in a close-knit village of about 3000 people. Except for interaction (through marriages, the church, and trade) with other neighboring villages, Umuluwe residents have limited contact with the outside world.

Umuluwe is representative of rural West African villages with difficult access from outside areas. The roads are quite a challenge for regular cars that, due to the pervasive poverty, are a luxury only very few can afford. There is no bus line, and people walk daily for hours back and forth to reach the nearby villages and the markets where their products are sold. As a consequence of inadequate infrastructure, people cannot commute to work outside

the village. Electricity was introduced only in the last 10 years, due to the concerted effort of the community. However, because of undersupply and transmission problems, a chronic problem in Nigeria, power is on intermittently. There is no running water; the only water source is a small spring about one mile away from the center of the village. The soil has low fertility, and the absence of livestock makes agriculture unsustainable in a poor community unable to afford chemical fertilizers.

Per capita income in the village is about \$150 per annum, and the main sources of income are cash crops (palm trees and fruit), water and paving stone – the same sources of income it has relied on for at least the past five decades. Farming is mainly for subsistence, although surpluses are sometimes produced and sold at the weekly markets in neighbouring villages. Proceeds from such surpluses are used to purchase items such as meat, milk, sugar and bread. The villagers also use the proceeds to pay community dues, school fees for their children, and healthcare costs. With support from four research assistants who are residents of the village, socio-economic data were gathered from villagers who still reside in the village and those who migrated to Obigbo—a satellite town about 120 miles from the village.⁵ Data were collected on the socio-economic profiles of the respondents, but not all of the data are discussed in the present paper. Many of the individuals were also interviewed face-to-face in order to obtain descriptive information.

I use the survey data to compute *the poverty headcount index* for the village. The poverty headcount index was calculated by finding the ratio of individuals who lived below the poverty line to all the individuals in the survey.⁶ The index for 2001 is reported in Table 3, and it reveals a very high poverty rate in the village, with 87 % of all the respondents living below \$1 per day. An upward revision of the poverty line to \$2 per day increases the poverty rate

amongst the respondents to an alarming 94 %; a rate rarely seen in most developing countries. A follow-up survey was undertaken in the same village in 2007 in order to investigate whether the poverty profile of the villagers had changed. Data on the poverty headcount index for 2007 are summarized in Table 4. As the table shows, poverty was still prevalent in 2007, but at a lower rate compared to the 2001 levels. The high poverty rate in Umuluwe is consistent with the rates in many other African countries (Table 5), with the exception of countries like Tunisia, Morocco, Algeria, Egypt, Swaziland, Cote d'Ivoire and South Africa, where poverty rates are below 20 %.⁷

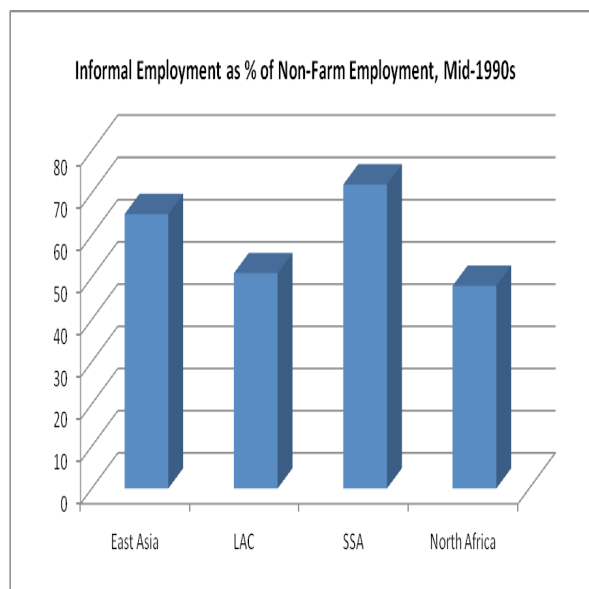
Non-income measures of poverty such as protein consumption, number of meals per day, the proportion of income spent on food, type of fuel used for cooking, savings, debt, landownership, etc. may be better markers for how really poor the villagers are. Data on some non-income measures of poverty in Umuluwe are summarized in Table 6. Three of these measures point to the existence of chronic poverty in the village. About 75% of the respondents indicated that food accounted for the largest proportion of their expenditures, and only 33% consumes milk at least once weekly.⁸ About 24% indicated that they consume meat at least once every week. Over 60% of the respondents were in some type of debt. Surprisingly, over 90% used firewood as the main mode of cooking, while about half of the respondents owned no land.⁹

Although undernourishment is not a major problem in Nigeria (only 10% of the population in the country are hungry), table 6 suggests that low protein consumption is widespread in the village. In earlier times when forests were more abundant, bush meat was a more readily available protein source in Nigeria (Barth 2008). Similarly, when water was more abundant and populations were smaller, fish provided sufficient protein to a greater proportion of the population. Neither forest nor aquatic

- 5) *About 80% of the respondents belonged to the non-migrant category, and the rest were migrants. With the help of a local research assistant, I was able to trace the migrant households to their location in Obigbo.*
- 6) *I follow the conventional definition of the poverty line as an income of \$1 per day, which was equivalent to Naira100 in the year 2000, the reference year for the income data collected for the village IN 2001.*
- 7) *It would be very interesting to explore why some African countries have succeeded in significantly reducing their poverty rates. Anecdotal evidence, however, suggests that these countries usually have explicit poverty alleviation policies that are rigorously implemented by the government. They do not just rely on "trickle down economics," like most African countries do, to alleviate poverty.*
- 8) *According to Engel's law, expenditure on food is an important determinant of poverty. Poor households spend a large proportion of their income on food, and that proportion declines as income increases.*
- 9) *Chronically poor individuals in Umuluwe often resort to the sale of their land as a strategy for responding to shocks. This response mechanism has rendered many of them landless and more vulnerable to exogenous shocks. They become, according to Khan (2000, p.27) "noncultivators" who rely on "seasonal demand for labor in agriculture and in rural informal, small-scale industries and services."*

ecosystems are now able to provide adequate nourishment to the rising population. Poverty statistics often do not offer a comprehensive picture of the extent of poverty in African villages. In fact, living amongst the villagers and observing their daily routines may offer a more realistic and holistic picture of their living conditions. My personal observations of the village of Umuluwe, by virtue of my living and interacting with the villagers intermittently between 2001 and 2009, suggest that the quality of life remains very low, despite more than two decades of economic reform. Some of the indicators of poor quality of life of the villagers include:

Lack of Access to Portable Water: The village lacks any source of portable clean water. Most of the villagers depend on rain water, and often walk an average of one mile in search of spring water. Quite often, non-portable water sources in the village are contaminated and result in water-borne diseases. Water scarcity also leads to unsanitary conditions and poor health. Old and frail villagers who cannot walk to water sources often pay for water, and this reduces their ability to purchase other essential goods and services. This problem is not peculiar to Umuluwe; it is a pervasive problem in Africa. According to Marke [2007, quoted in Ikejiaku (2009)], “200 million Africans have no access to proper health care and proper hygiene.



Another 47 % are without access to safe water. In some

parts of Africa the power supply is constantly interrupted or almost non-existent.”

Sporadic Electricity Supply: Although Nigeria has generated a lot of revenue from oil, little of it has been spent on building infrastructure in the country’s villages. The few infrastructures in many Nigerian villages were built by the villagers though self-help. They impose levies on themselves and use the proceeds to build power generating plants and roads. Although villagers in Umuluwe have used their own money to install an electric transformer that is connected to the national grid, they face difficulty making the required monthly payments to the national electricity agency.¹⁰ Unable to make these payments, the agency often withholds supply to the village, forcing the villagers to resort to the use of lamps and other traditional sources of electricity.

Inadequate Educational Facilities: The village has only one ill-equipped primary school, and no secondary school.¹¹ The primary school was built by Catholic missionaries in the early 1960s, and it has neither been renovated nor expanded since then. This is despite the fact that the population of the village has more than doubled since the school was built. The local government, which now owns the school, has invested little to nothing in the school. A visit to the school showed a gross lack of infrastructures like desks, chairs, and toilet facilities. The teachers have inadequate teaching materials such as books, and many of the students could not even afford note books. Thus, students who graduate from the school have weak educational foundation that makes it difficult for them to succeed in high schools.

Lack of Employment Opportunities: There are virtually no formal employment opportunities in the village of Umuluwe. Consequently, youths emigrate to towns and cities in search of employment. When they fail to obtain formal employment, which is usually the case, they resort to the informal urban sector. This partly explains why the informal sector of African economies has become bloated in recent times. Figure 5 shows that the informal sector accounted for 72 per of non-farm employment in SSA in

- 10) Each household is required to pay about \$30 per year to the rural electricity agency. In a village where per capita household income is about \$150, the cost of electricity can be estimated to be about 20 % of household income.
- 11) Students walk to secondary schools that are at least four miles from the village.
- 12) The ILO also notes that, while the number of workers in the informal sector in Asia has been on the decrease, that of Africa has been increasing

the mid 1990s, compared to 48 % in North Africa; 51 % in Latin America, and 65 % in Asia (ILO, 2006, p.28).¹²

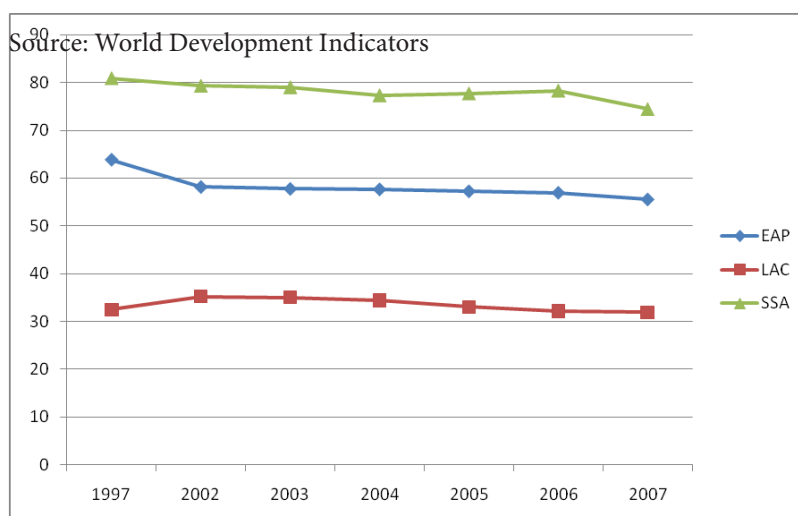
The structure of the informal sector in Africa may have the effect of slowing down the region's growth and hence affects poverty in the long-run. The reasons are as follows. First, the sector consists mainly of activities (petty trading, tailoring, shoe mending, street hawking, etc) with little or no value added. Second, those employed in the sector earn meager incomes, mostly less than \$1 per day, that result in low saving and low private investment. Third, given low incomes in the informal sector, aggregate demand has not been effective enough to spur other productive and employment-generating sectors of the economy. This phenomenon feeds on itself to create a cycle of slow growth and poverty in Africa. Fourth, the informal sector focuses mainly on "non-exportable" goods and services, with no potential to generate foreign-exchange. This explains why many African countries still rely on a couple of agricultural and mineral products as major sources of foreign exchange. Lastly, the informal sector in Africa entails a sort of misallocation of resources. Unemployed graduates from higher institutions of learning often seek refuge in the informal sector, therefore moving human capital away from high-productivity to low-productivity activities. The income generated by many of the participants in Africa's

informal sector is usually not commensurate with the level of investment in their education. In East Asia and Latin America, the informal sector is small and focused not on petty trading, but on higher value added services such as hotels, restaurants, large-scale wholesale and retail trade, telecommunications and tourism. According to the ILO, the informal sector in East Asia has been shrinking, leaving manufacturing as the major employer of labor in the region (ILO, 2006, p.28).

Lack of Access to Appropriate Technology: Given low income, most of the villagers cannot afford technologies or equipment that would help increase value added from their products. Products with potential for higher value added include cash crops (especially palm fruits), fruits (mangoes, oranges and papayas), and cassava. Palm fruits can be processed in the village into palm oil; fruits can be processed into fruit drinks and juices, while cassava can be efficiently processed into edible food products.

Poor Roads: The various roads that lead to the village are unpaved and rugged. Consequently, there are few regular and reliable means of transportation between the village and surrounding towns and markets. Most of the villagers usually carry their wares on their heads to the periodic markets located about seven miles from the village. This

Figure 6
Vulnerable Employment as a % of Total Employment



significantly reduces the villagers' volume of trade and income. Those who can afford to transport their wares to the markets using motorcycles or buses often contend with lower profit margins, after accounting for transportation costs. Again, the result is lower income for the villagers. *Increasing Number of Landless Villagers:* Economists used to talk about surplus labor and land in African villages. As mentioned earlier on, Arthur Lewis proposed inducing surplus labor in the rural sector of African economies to move to urban areas as a way of raising the productivity of African villagers. Based on my survey of the village of Umuluwe, the so-called surplus land and labor appears to be a mirage. Many of the villagers have no land as a result of several factors. First, because of poverty and lack of money to pay their children's school fees, many of the villagers were forced to sell their land. Second, given population increases, households have sub-divided their

lands amongst members of the household. Each member now has an area of land that is inadequate to support a decent living standard. The lack of economies of scale (due to small landholdings) in agricultural production implies high unit cost of production, making the village's products uncompetitive in other markets. Landless villagers face the double dilemma of not having land, and at the same time with no employment opportunities. While the younger landless villagers have the option of migrating to urban areas, the older ones are stuck in the village perpetually in chronic poverty. Interviews with villagers in Umuluwe show that most of them were willing to overcome poverty on their own. Surprisingly, they loathed government handouts and largesse. The next section discusses some of the constraints that affect the capacity of the villagers to reduce poverty and improve their living conditions.

Constraints to Poverty Alleviation in the Village of Umuluwe

ANALYSTS AND POLICY makers often assume that, once appropriate policies and incentives are put in place in Africa, rural dwellers will respond positively.¹³ This assumption glosses over the fact that there are constraints that prevent farmers and other poor households from responding to incentives that might improve their well-being. It is very important to recognize those constraints, and factor them into the policy-making process. In this section, I discuss constraints to poverty alleviation in the village of Umuluwe.

Physical Constraints: Land is perhaps the most important asset possessed by uneducated villagers. Landless villagers are substantially more likely to be chronically poor than other villagers. In the village of Umuluwe, land is becoming scarce and inadequate to support a decent living standard. Some of the factors responsible for land scarcity have been discussed earlier.

Lack of Institutions for Efficient Land Use: While land has become scarce, property rights in land have not changed significantly from what they were several decades ago. Within the village of Umuluwe, for instance, there are no formal/legal mechanisms for transferring land from

landowners to landless villagers. It is atypical for villagers to rent land or engage in sharecropping. The main mode of transaction in land is outright sale of land, which many villagers cannot afford. Only the urban elites are able to buy land for the purpose of building houses. Transactions in land are usually not backed with legal instruments, which sometimes result in costly and disruptive disputes.¹⁴ Land-related disputes in the village, in the absence of formal mechanisms for resolving them, can also undermine agricultural productivity.

Natural Constraint: Climate change and other environmental factors have circumscribed the capacity of villages to increase their productivity. During interviews with several villagers in Umuluwe, they complained about frequent torrential rainfall, which causes soil erosion and reduces soil fertility. Streams are also drying up, resulting in the need to travel long distances to fetch water.

Super structural Constraint: Villagers are being perversely influenced by the values and ethics of urban elites. Although these elites reside primarily in the urban areas, they have village homes to which they visit regularly. When they visit the village, they brandish wealth and

13) The "sustainable livelihood approach" to poverty reduction is based on the expectation that rural dwellers can, on their own, reduce poverty, as long as appropriate conditions exist for them to use their resources, capabilities, and creativity in productive ways.

14) Land disputes in the village are adjudicated by the elders and the village's traditional ruler. The process of adjudication may involve invoking the spirits of the gods and dead ancestors. This invocation is to ensure that the plaintiff, the defendant and witnesses are truthful in their testimonies.

live ostentatious life styles. These urban elites are also contributing to the land shortage in the village by buying up large swaths of land for building their extravagant mansions. One of the demonstration effects of the values and ethics of the urban elites is the belief that urban areas hold the key to poverty alleviation and higher living standards. Thus, youths and young adults in the village are encouraged to migrate to urban areas in search of better opportunities, which often prove not only illusive but also frustrating. As Onyeiwu (1997, 417) notes, “in a society where there two sets of norms, the set of norms espoused by the society’s elite and custodians of power tends to dominate and obliterate the set espoused by the weaker and underprivileged segment of that society.” African villagers tend to revere and emulate the elite because the latter are perceived as role models by virtue of their “success,” education, and political power.

Demographic Constraint: Given the quest to seek better opportunities in urban areas, the village of Umuluwe has been witnessing a massive exodus of youths and young adults. Living in communities in which land is becoming scarce; Mother Nature becoming more challenging; and lack of employment opportunities, youth have fewer options than to migrate to urban areas. Based on

observations in Umuluwe, the main sources of agricultural labor are now older men and widowed women. Some landowners in Umuluwe lament their inability to find helping hands on their farms; they are either too old to cultivate their land or cannot afford to hire workers.

Unfavorable Factor Endowments: An unrealistic assumption usually made by both analysts and policy makers is that African rural producers have the capacity to supply national and international markets. The case of Umuluwe suggests that some African villages may lack the factor endowments necessary to participate in domestic and foreign markets. They produce mainly non-tradable goods (especially region/culture specific food crops), with limited demand even in the domestic market. Given the lack of regional specialization in the production of these goods, the tendency is for villages within a given region to produce identical products, which often leads to market saturation, falling prices and income.

What, then, is the way out for the rural poor in Africa? Although there are no easy answers to this question, the next section proposes measures that may help alleviate poverty in African villages.

Policies for Alleviating Poverty in African Villages: Lessons from Umuluwe

EXPERIENCE HAS SHOWN that growth does not automatically lead to higher living standards for everyone in the economy, especially rural dwellers. Consequently, explicit policies and programs must be put in place to ensure that rural dwellers benefit from growth by way of more and better jobs, rising incomes, better health, higher life expectancy, and more access to quality housing and decent clothing. As Meier (1995) points out, authentic economic development is one that ensures that:

- a. The number of people living below the absolute poverty line does not increase (a person is said to be absolutely poor if his or her income is so low that he or she cannot afford the basic necessities of food, health, shelter, and clothing).
- b. The distribution of income does not become *more* unequal.
- c. The number of unemployed persons does not rise.

To meet the above criteria in African villages, the following policies and measures should be considered along with other standard poverty-alleviation measures:

Provide Access to Quality Education: Education remains the most effective way of extricating village dwellers from inter-generational poverty. The relatively well-off households in Umuluwe have at least one member that acquired tertiary education. Social norms require successful members of a household to support other members. Thus, when a household member gains access to tertiary education, he/she would have a higher propensity to access formal white-collar employment and earn a higher income outside of the village. By remitting part of this income to other members of the household, the household’s living conditions would improve.

Help the Villagers Gain Access to Capital: During interviews with the villagers, many of them expressed desire to expand the scope of their economic activities: cultivate more land and grow additional crops; buy more goods for trading purposes; process more palm oil for sale in the market, purchase a motorcycle for transportation as a way of generating extra income, etc. However, they lament their lack of access to capital. The nearest bank to the village is located about eight miles away, and it does

not usually provide loans to villagers, most of whom have no collateral. Only about 2 % of the villagers have opened a savings account with this bank. Those who opened accounts did so because they have relatives in cities and other places who occasionally remit money to them through bank transfers.

Providing the villagers with access to capital would enable them to purchase fertilizers and other inputs, thus increasing their output, income and living conditions. Access to capital will also enable them purchase equipment and other resources needed to increase the value added from processing fruits and agricultural products. More importantly, they would be able to purchase books and other educational resources for their children, giving them the opportunity to acquire tertiary education.

Provide Opportunities for Other Sources of Income: A major challenge in improving living conditions in African villages in general and Umuluwe in particular is how to provide access to sources of income other than agriculture and petty trading. One strategy is to give incentives to businesses to locate in villages. For instance, a bakery, furniture or garment company could be given a yearly income subsidy for a period of 10 years if it agrees to locate in a village. Money for the subsidy could come from a special Village Development Tax (VDT) levied on large corporations that are located in urban areas. Any corporation that locates some of its activities in a rural community will be exempted from the tax. Encouraging businesses to locate in rural communities will stimulate economic activities, create jobs, raise income, and alleviate poverty.

Establish A Village Talent Promotion Program: The local governments should put in place a program for identifying very talented secondary school students in villages. These students should be nurtured by awarding them scholarships, and providing special mentoring programs for them. If they continue to show talent, they should then be awarded scholarships to attend tertiary institutions. This way, the pool of educated villagers will be enlarged, and this will increase the chances of more households getting out of poverty. Talents are often wasted in African villages because the environment is not nurturing for promising students from poor families. Those students either drop out from secondary schools, or are not adequately prepared to succeed in tertiary institutions.

The Need for Social Protection: Social protection entails institutionalized support for poor villagers who encounter unexpected difficulties arising from crop failure, natural disasters, illnesses and other negative exogenous shocks.

Such protection does not currently exist in the village of Umuluwe, as well as in villages across Africa. Thus, villagers have self-insured against shocks through various mechanisms, including rotational credit schemes, reliance on the extended family for support, the use of the village's social capital, and asset disposal.

TABLE 5 Working Poor Living on Less than \$1 a Day, Share in Total Employment, Latest Year Available Between 1993 and 2004

Country	\$ a day	\$ a day
Tunisia	0.0	11.9
Morocco	0.9	23.5
Algeria	2.2	30.5
Egypt	4.9	71.7
Swaziland	13.9	41.2
Cote d'Ivoire	15.0	55.3
South Africa	18.0	59.6
Cameroon	22.3	68.4
Ethiopia	28.2	91.0
Senegal	28.8	83.0
Kenya	32.2	84.0
Gambia	33.6	70.8
Mauritania	34.1	82.6
Burkina Faso	35.2	85.7
Mozambique	44.4	90.9
Botswana	47.4	82.6
Malawi	49.4	89.9
Ghana	54.8	89.7
Rwanda	55.8	89.7
Namibia	58.2	83.1
Burundi	63.1	95.0
Lesotho	63.4	87.7
Zimbabwe	63.7	91.5
Madagascar	73.6	94.4
Niger	74.1	95.0
Zambia	79.7	95.0
Nigeria	79.9	94.5
Central African Republic	80.8	94.4
Mali	82.8	95.0
Uganda	89.0	95.0

Source: ILO (2007)

Rotational credit schemes involve villagers coming together to advance credit to one another. In a particular month, for instance, members of the credit scheme would each contribute a given sum of money to one member. The following month, the contributions would go to another member. The process continues until all members have received their own shares. Only trusted and reliable villagers are allowed to participate in the scheme. It offers villagers a large pool of money to purchase items they would not otherwise afford, as well as insuring them against risks. Villagers also rely on the magnanimity of their children and other members of their extended family whenever they are in need. Social norms and values in Umuluwe and other African villages require family members to support one another. In fact, it is generally believed in many African villages that one's social security are his or her children. In addition to support by one's extended family, villagers often count on help from other members of the village.¹⁵ As a last resort, especially when they are unable to obtain support from other sources, villagers dispose assets such as land, livestock, and timber. In extreme cases, they may even put their young children in semi-servitude, where these children serve as babysitters, nannies, maids, etc. to the urban elite.

While the above insurance mechanisms may provide a temporary respite for vulnerable villagers, they do not offer long-term protection. One solution to the lack of

social protection of the rural poor is to establish a number of safety nets for the poor and vulnerable. These may include cash transfers by the local government to needy villagers; provision of free or highly subsidized food; soft loans to support villagers to undertake entrepreneurial projects; free health care, etc. Although Nigeria launched the National Poverty Eradication Program (NAPEP) in 2001, not a single villager in Umuluwe has benefited from NAPEP's programs.¹⁶ In fact, during interviews with the villagers, none of them acknowledged receiving any form of assistance or support from local, state and federal governments.

Poor villagers in Africa are not the only ones that are susceptible to risks; those employed in the non-agricultural sectors in the urban sector also deserve protection. There is evidence that Africa has a large number of such workers, who face the risk of being driven into abject poverty when they lose their jobs.¹⁷ The ILO has estimated the number of workers in vulnerable employment in SSA to be about 75.5 % of total employment in 2008, and that of North Africa was far lower at 39 % (ILO, 2010, p.53). The lower number of vulnerable workers in North Africa may be attributed to the sub-regions high number of public-sector workers, who often have guaranteed incomes and other benefits. Ironically, the number of vulnerable workers in East Asia (53.2 % of total employment in 2008) was higher than that of North Africa, but lower than SSA's (Figure 6).

TABLE 6 Non-Income Measures of Poverty in Umuluwe, 2007

Indicator	Total Sample #	% of Sample	Men		Women	
			#	%	#	%
Consumes Milk Weekly %	54	33	26	16	28	17
Consumes Meat Weekly %	40	24	17	10	23	14
*Food as Most Important Expenditure	233	80	na	na	na	na
Owes Money	162	56	na	na	na	na
Owens Goats	42	25	19	11	23	14
Owens Chickens	92	55	35	21	57	34

Source: Survey, 2007

* According to Engel's law, expenditure on food is an important determinant of poverty. Poor households spend a large proportion of their income on food, and that proportion declines as income increases

- 15) It is not uncommon for villagers to seek loans from family members, other villagers and friends. Apart from being interest-free, these loans are usually obtained under very generous repayment terms (long repayment periods, no collaterals, and possibility of loan forgiveness).
- 16) NAPEP is the primary agency of the Nigerian government charged with the responsibility of coordinating and monitoring all poverty eradication activities nationwide. For details about the agency's activities, see www.napep.gov.ng.
- 17) The ILO defines vulnerable workers as those who "do not benefit from a social safety net if they lose their livelihoods or face challenges such as personal or family member illnesses. These workers are also less likely than more formal wage and salary employees to receive an adequate income and have their fundamental labor rights respected." (ILO, 2009, p.13).

Given the relatively large number of workers in vulnerable employment in Africa in general, and SSA in particular, policy makers in these countries need to come up with safety nets and other measures to cushion the negative effects of this phenomenon. For instance, a special fund could be created to provide soft loans to those in the informal sector who cannot otherwise obtain loans through the normal commercial channels. This special fund could be administered by privately owned microfinance banks. Second, government should subsidize education and healthcare for families whose incomes fall below a certain threshold. Although this may increase fiscal deficits in the short-run, investment in education and health usually raises productivity and income in the long-run. Finally, government departments and agencies should consider using direct labor for certain projects, at least on a temporary basis. This would help alleviate the hardships suffered by those who are frictionally unemployed. These measures are warranted because the combination of high unemployment and poverty rates is inimical to growth

in Africa. It potentially can precipitate social unrest and political instability in the region.

Learn from the East Asian Experience: As Figure 1 and Table 2 show, East Asian countries have been more successful than Africa in alleviating poverty. One thing that characterizes these countries is that their governments have made poverty-alleviation a policy priority. They do not just pay lip service to poverty; to actively design and implement policies that attack poverty aggressively. This explains why China, perhaps the most successful East Asian country with regard to poverty alleviation, had a rural poverty rate of just 2 % in 2005 (WDI Database). Some of the anti-poverty measures implemented by the Chinese government include: subsidized loan program for poor farmers, the food-for work program whereby unemployed people work on public infrastructural projects in exchange for food, consumption subsidies, free education and health care for the poor, as well as welfare and disaster relief programs (Liu, 2007, p.198).

Conclusions and recommendations

TO GENERATE EMPLOYMENT and alleviate poverty, African governments should continue to implement macroeconomic policies that ensure economic stability. They should also undertake institutional reforms that promote good governance, democracy, the rule of law and protection of property rights. But these measures alone will not be adequate to ensure that poverty is alleviated in rural communities in Africa. Given the persistence of poverty in African villages, as highlighted in this paper, explicit poverty-alleviation policies and programs need to be incorporated into the growth process. It should no longer be assumed that gains in macroeconomic performance

and growth will automatically result in significant improvements in the living conditions of rural dwellers. In fact, without poverty-alleviation and social protection measures, growth may even hurt some of the poor in African villages. Because African villages are heterogeneous, different policies may be needed for different communities. More village-level studies are needed to uncover the various policies needed to alleviate poverty in different African villages. The current paper has provided insight into one village, which may be used as a lens, albeit an imperfect one, for viewing the poverty dynamics of other African villages.

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Child Health in Crises Situations: Lessons From Togo and DRC

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Abstract

This study focuses on child health in crises situations. It provides evidence based analyses on child health and nutrition status and disparities in Togo and DRC. The results show that in both countries the health status of children is precarious. Though it improved, child mortality is high: estimated at 128 for Togo and 148 for DRC, per 1000 live births. The most important factors that explain

these high levels are low nutrition status and lack of access to health services. In DRC the situation has been worsened by conflict. The study show huge disparities by place of residence. It draws attention to the importance of targeting children to improve their health and through targeted policy interventions.

Introduction

Togo and the Democratic Republic of Congo (DRC) have ratified the Convention on the elimination of all forms of discrimination against women (CDE) and the African Charter on the rights and wellbeing of the child. They now have Codes for the family and children. They have also adhered to the recommendations of major international conferences on human rights, such as that on the child (World Summit on the Child, New York, 1990), education (Jomtien, 1991), environment (Rio de Janeiro, 1992), population and development (Cairo, 1994), and social development (Copenhagen, 1996). In 2000, they signed the declaration of the Millennium Development Goals. In spite of these commitments, thousands of children are abandoned and are subject to deprivations and poor health. Children who do not develop physically, mentally and emotionally because they suffer from deprivations

will become adult burdens on the community, instead of persons who contribute to social wellbeing. Considering these consequences, the fight against deprivations must be a priority for all developing countries.

Children need assistance of their parents, society and governments. As a matter of fact, without economic and legal capacities to support them, children can easily become vulnerable. Can Togo and the DRC provide basic social services despite the socio-political difficulties they have experienced? This is the goal of the following analyses. They are essentially aimed at studying how the general situation of the country has influenced the improvement of the situation of the child. The paper is divided in three sections. The first section examines the economic and political contexts that prevailed in the two countries

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over the last 15 years. The second section highlights the effects of their different contexts on the poverty levels and trends among children, notably on health and nutrition. The third section extends the analyses by studying the disparities in mortality and malnutrition. What are the main causes and the impact of the socio-economic context

Economic and political context

TOGO ADOPTED A Constitution in September 1992. This enabled government to take several measures and rights, including the reassertion of the primacy of human rights, and the institution of multiparty politics. Due to the non-application of all its provisions, notably within the framework of the presidential and legislative elections of 1993-94 and 1998, there were socio-political upheavals, followed by the suspension of structural cooperation with the major development partners, such as the European Union, France, Germany, the Francophone and the World Bank. This did not only deprive Togo of significant resources for its annual investment budget, but also made the planning process more difficult, due to the lack of needed resources for the diagnosis and monitoring of actions. Furthermore, decentralization that had to enable the adoption of an inductive approach in problem identification and the proposal of avenues for interventions, did not progress during the first half of the 2000 decade.

The Global Policy Agreement of August 2006 and the organization of early legislative elections in October 2007 are the major factors that opened the way for renewed cooperation. Later on, the interim Poverty Reduction Strategy Paper (PRSP-I) prepared by the Government in 2008, enabled the conclusion of new agreements for debt rescheduling and the finalization of the PRSP-C, which as from March 2009, became the framework for Togo's development.

In the DRC, the crisis started in the early 90s with launching of the democratization process, which later became violent. The socio-political upheavals led to the destruction of several economic infrastructures in 1991-1993. Furthermore, the wars of 1996 and 1998-2000 led to the occupation of part of the country by foreign armies and

on these factors of variation? The two countries, Togo and the DRC, were selected on the basis of their economic proximity. As a matter of fact, their income poverty level is very close, that is 69.4% for Togo (République Togolaise, 2006) and 71.3% for the DRC (RDC, UNICEF, 2009). The paper concludes with some remarks

the abandonment of two development programs namely: the Minimum Triennial Programme of 1997-1999 and the Updated Minimum Triennial Programme of 1999-2001.

These equally provoked the displacement of close to 2.4 million persons, most of them were women and children. As a result, GDP dropped by 25 %, during 1990-2000. This resulted in keeping DRC behind on the HDI: 140th with 0.341 in 1994 and 142nd with 0.460 in 1998 (RDC, PNUD, 2003). Women and children have also suffered from numerous abuses and deprivations, despite the existence of several legal provisions, including the family code. (RDC, UNICEF, ASEF, 2003). Following the inter-Congolese dialogue organized in 2000-2001, the situation has improved. Presidential and legislative elections were held in 2006 and economic recovery programs were put in place. These included the 2002-2004 Government Economic Programs, the Multi-sector emergency program for Rehabilitation and Reconstruction, as well as the Growth Strategy and Poverty Reduction Paper.

The two contexts mentioned above, led to different development approaches. In Togo, there were economic reforms, whereas in the area of health, the initial structures remained the same. Conversely, in the DRC, due to the war and ensuing destructions, there was need for economic reforms, especially in the supply of social services. What later happened is the focus of analyses in this paper. The data used are those of MICS1, MICS2 and EDS surveys conducted in Congo in 1995, 2001 and 2007 respectively. Those for Togo are the results of EDSTI (1988), EDSTII (1998), MICS3 (2006) and QUIBB (2006) surveys. Data from the SMART survey of 2008-2009 have been used in this paper to determine the level of malnutrition.

Levels and Trends of Poverty among Children

Mortality trends

TABLE 1 Under 5 Mortality in Togo and DRC (in 000)

Togo (i)	158 (1988)*	146 (1998)*	123 (2006)*
DRC (ii)	190 (1995)*	213 (2001)*	148 (2007)*

Sources : (i) Nzita K. et al, 2009 (ii) RDC, UNICEF, 2009

Goal 5 of the MDGs calls for reducing by two thirds, between 1990 and 2015, the mortality rate of children

below 5 years of age. This requires measuring the trend in child mortality. In both countries, the changes are less significant, and are far less the pace needed to achieve MDG5 by 2015 (table 1). In Togo the child mortality rate estimated at 158% in 1988, fell to 146% in 1998, and then to 123% in 2006. With such a trend, MDG5 will not be attained. The level of child mortality ought to be about 87.4% in 2006, instead of 123% (PNUD, 2008).

TABLE 2 None income poverty threshold

Moderate deprivation threshold	Severe deprivation threshold
<p>Children</p> <ul style="list-style-type: none"> • living in a house with 4 to 5 persons per bedroom ; • without access to hygiene and sanitation facilities ; • without access to potable water at less than half an hour's walk; • (aged 3-17 years) without access to information by radio or television ; • with at least one of the three forms of moderate malnutrition; • (aged 7-17 years) who have not completed primary school and not schooling presently ; • without access to appropriate treatment against diarrhea or ARIs 	<p>Children</p> <ul style="list-style-type: none"> • living in a house with more than 5 persons per bedroom; • living in home without a toilet at all; • with access to potable water more than half an hour's walk or use stream water, undeveloped sources or unprotected wells; • (aged 3-17years) without access to information by radio (or any form of the media); • with at least one of the three forms of severe malnutrition; • (aged 7-17 years) who have never attended school; • who have not had access to treatment against diarrhea or ARIs

Source : UNICEF, 2008, pp. 18-19

The same trend can be observed for the DRC (table 1); where child mortality slightly declined from 190 in 1995 to 148 in 2007. However the child mortality rate increased between 1995 and 2001, before falling after 2001. Considering the very numerous activities of humanitarian organizations in the country (RDC, PNUD/OCHA, 2003), the hypothesis is that war has probably had very serious negative impacts on children, and that it is the contribution of charity organizations that has enabled the reduction of the shocks suffered by the populations.

It therefore appears that in both countries, the crisis slowed down the progress to attain the millennium goals. The downward trend is more significant in the DRC where the crisis was violent. The situation of the components

of poverty was thus studied to see whether none income poverty was higher in the DRC than in Togo.

Non- income poverty

The identification of poor children is generally guided by the legal approach. Children suffering from non-income poverty are those deprived of access to basic human needs such as food, potable water, hygiene and sanitation facilities, health care, housing, education and information, as shown in table 2. This poverty is considered severe or moderate according to the universal thresholds presented in the same table.

TABLE 3 Percentage of children suffering from deprivations per sector in Togo (2006) and the DRC (2001)

Sector	Deprivations in Togo(1)		Deprivations in DRC (2)	
	Moderate and severe	severe	Moderate and severe	Severe
Education	23.9	21.5	53.6	32.6
Health care	16.7	1.7	59.6	
Nutrition	36.4	16.3	51.4	24.9
Potable water	56.1	45.2	62.5	10.5
Hygienic toilets	71.9	58.6	80.1	12.0
Lodging	13.3	5.8	54.9	37.5
Information	8,0	34.3	82.3	82.3

Sources : (1) : (Nzita, K. et al., 2009) (2) : (RDC, UNICEF, 2009)

Concerning deprivation, the situation of children in Togo and the DRC is presented in Table 3. Four main conclusions can be drawn from this table:

- a. There are more children suffering from deprivations in the DRC (at least 51.4%) than in Togo (at least 13%) ; the hypothesis to be drawn here is that a violent crisis (war) has a more significant effect on the deterioration of the situation of children;
- b. Deprivations that affect the wellbeing of children most (that is at least 56% of them) are those relating to access to information, toilets and water; they constitute key sectors for action to improve the situation of children;
- c. Inadequate access to water and information are the two most significant individual deprivations; their top position on the list helps to understand the high

prevalence of water-borne diseases in the two countries (Republic of Togo, PNDS, 2009 ; DRC, UNICEF, MICS2, 2002);

- d. Deprivations that affect the majority of children are not necessarily those that affect them severely. Efficient action requires choosing between saving the critical cases and improving the situation of the majority of children

Table 3 also illustrates that the health sector and, to a lesser extent, nutrition, are those with the most varied levels of deprivation, based on the context of the crisis. The most significant gap between the situation of Togo and that of the DRC confirms that priority ought to be given to health, to study the impact of the crisis context on the wellbeing of the child.

Disparity Factors

Province of residence

TABLE 4 Under 5 Mortality in Togo in 1998 and 2006

Region	U5M (000)		Tendency
	1998 (1)	2006 (2)	(in %)
Lomé commune	107.8	52	-51.8
Maritime	132.2*	124	-8.2
Plateaux	133.5	125	-6.4
Centrale	144.7	139	-3.9
Kara	162.9	122	-25.1
Savanes	172.9	186	7.6
Togo	146.3	123	-15.9

(*) y compris Lomé

Sources : (1) : EDSTII, 1998 et (2) : MICS3, 2006

In both countries there are disparities between the provinces and regions of residence. Very little changed in Togo between 1998 and 2006 (Tables 4 and 5), whereas the level increased in the DRC. As a matter of fact, the disparities are more significant in the situation of 2001 than that of 2007. The differences are mostly from the East provinces of the country that experienced the war. This was the same observation with the most frequent childhood diseases notably; malaria, diarrhea and acute respiratory infections (annex 1). It will be interesting to study how the socio-political context has impacted the levels of these diseases.

In the evaluation of Togo's health development program for 2002-2006, just like in the results of MICS2 in Congo, the following factors were considered as major causes of the prevalence of these diseases:

- Limited use of treated mosquito nets and the non-respect of vaccination schedules due to insufficient awareness by the population of its own interest;
- Inadequate prevention of Mother-to-Child Transmission health services (PMCT)

- Inadequate application of hygiene and sanitation principles by the population (annex 2).

TABLE 5 Under 5 Mortality in DRC in 2001 and 2007

Provinces	U5M 2001 (in ‰)*	U5M 2007 (‰)**
Kinshasa	133	102
Bas Congo	221	185
Bandundu	164	154
Equateur	247	168
Province Orientale	241	179
Nord Kivu	237	102
Sud Kivu	249	186
Maniema	205	219
Katanga	227	154
Kasaï Oriental	210	145
Kasaï Occidental	230	158

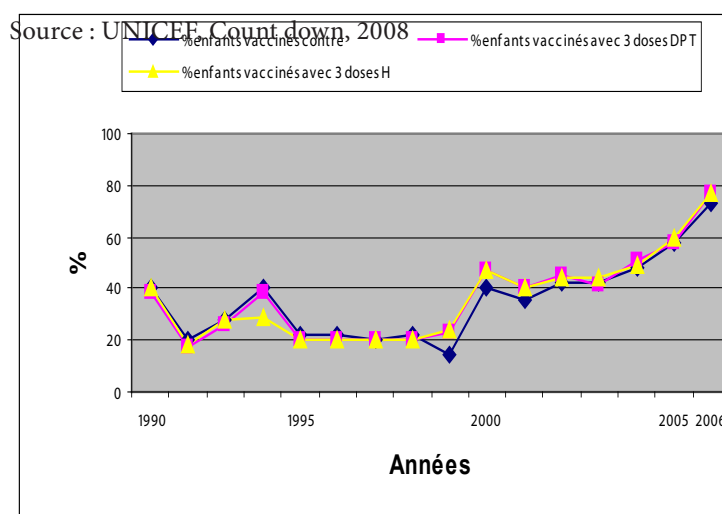
Source: * DRC, UNICEF, MICS2, 2002; ** RDC, EDS, 2008

Crisis and population awareness-raising programs

In both countries, treated mosquito nets are sold in primary health care units. Yet, they are not widely used due to insufficient awareness of parents (République du Togo, PNDS, 2009; RDC, UNICEF, MICS2, 2002). The crisis probably did not affect the situation in this sector.

With regard to vaccination, PMCT (Prevention of Mother-to-Child Transmission) and sanitation, the problem is that of the low funding of activities following the evaluation of the PNDS 2002-2006 (République Togolaise, PNDS, 2009). The suspension of structural cooperation led to a low execution of EVP activities, a low coverage of the national territory by PMCT services (only 11%) and the non-execution of the Togolese National Hygiene and Sanitation Policy (PNHAT).

Graph 1: Percentage of vaccinated children between 1990 and 2007



Congo equally faced funding difficulties which seem to be due to the war. As a matter of fact, this is what obstructed the execution of two development programs from 1997 that gave priority to the health sector notably, the minimum triennial program for 1997-99 and the updated minimum triennial program for 1999-2001. Given this situation, activities intended to sensitize the population on the need for vaccination and pre-school consultations were not conducted. As such, child growth surveillance was only affected for 10% of children in 2001 (RDC, UNICEF, MICS2, 2002). Moreover, during this same year, 20% of children between 12 and 23 months had not received any vaccine. Graph 1 illustrates that the proportion of vaccinated children was very low during the war years 1995-2000.

Crisis and social protection programs

The health system serves practically the entire Togolese territory. Besides, close to 62.5% of the population is at 30 minutes distance (2.5 Km) from a health facility (Republic of Togo, PNDS, 2009). Yet, the rate of consultation for treatment in health facilities is only 25-29%. The QUIBB survey provides some explanation to this. A large number of people resort to self medication, traditional medicine and treatment at home due to the high cost of medical services (République du Togo, UNICEF, 2007). The issue of financial accessibility is further heightened by the fact that the social protection program envisaged by the

Government was not executed. Consequently, there are no solidarity provisions that enable the very poor to have access to health care (République Togolaise, PRSP-C, 2009).

Conversely, in Congo, household difficulties rather led to an increase in the number of associations sometimes constituted on tribal lines, and aimed at taking care of the health of their members. In several cases they are supported by foreign charity organizations. There is no formal study on this, but partial data collected during the analysis of the state of women and children in 2001 reveal that due to its financial difficulties, the state encourages this kind of initiative to meet the needs of its people (RDC, UNICEF, ASEP, 2003).

Crisis and human resources in the health sector

In the DRC like in Togo, the ratio between the population and the number of health personnel falls below international standards. In 2008 in Togo, the ratio was 1 doctor to 11,171 inhabitants instead of 10,000¹⁸, 1 State nurse to 6,135 inhabitants instead of 4,000 and 1 midwife to 13,710 inhabitants instead of 4,000. In the DRC, due to the increase in the number of health zones from 306 to 515, intended to meet the needs on the field, the number of doctors needed also increased. Hence, 3363 doctors need to be recruited latest December 2006 and finally 3,675 more, latest December 2011 (Nzita K. et al., 2006)

18) Corresponding to WHO standards

to reach the WHO standards. The public administration reform and the emergencies at the end of the democratization process have for long retarded these recruitments.

With regard to health professionals, it was observed that apart from nurses whose number is above WHO standards (3.2 for 5,000 inhabitants instead of 1 for 5,000 inhabitants), the country has a deficit in dental surgeons, laboratory technicians and x-ray technicians, etc. This deficit varies according to province. If in the city of Kinshasa the rate of coverage of laboratory technicians is 0.1, it

is 0.06 for the province of Bas Congo and 0.003 for the province of Kasai Oriental. Other professional categories follow the same trend.

It can therefore be noted that the variation of the mortality levels of children below 5 years per province, is related to the situation of childhood transmissible diseases. On its part, this situation is heavily influenced by the socio-political context through the availability of resources devoted to development activities and not for the resolution of socio-political conflicts.

Disparities in the area of malnutrition

General situation

MDG1 calls for halving, by 1990, the number of cases of serious and moderate malnutrition in children below 5 years. This goal is measured by three indicators: insufficient weight (weight per age), retarded growth (height per age) and stunting (weight per height). Malnutrition increased in Togo between 1998 and 2006. The hypothesis is that the socio-political upheavals have led to the obstruction of avenues for the commercialization of agricultural products, which in turn has increased nutritional deficiencies. This hypothesis of the problem of commercialization of agricultural products is very probable given that inflation set in as from 2006.

The table in annex 3 on Togo illustrates that in relation to the regions, disparities were stable, but the trends between 1998 and 2009 varied according to the indicator studied. It was revealed that for:

- a. Retarded growth the general level is higher, but the gaps between regions are lower
- b. Emaciation, the general level is lower, but the gaps between regions are more significant
- c. Low birth weight, the general level is lower, while the gaps between Regions are globally the same.

This situation resulted from the fact that since the national nutrition program was not finalized and executed, there were no provisions to protect the population from economic difficulties and the lack of supplies. A SMART survey and emergency interventions was only organized in 2008-2009.

The situation in the area of nutrition globally declined in Congo during the war years and major disparities

appeared between the provinces (Table 6). Furthermore, the moderate form of malnutrition evolved more than the severe form; for example, moderate retarded growth doubled between 1995 and 2007 (annex 4). As a matter of fact, close to half of the children (45%) show signs of moderate retarded growth, while about one child out of every four (24%) suffers from the acute form. As a result of this situation, the following programs were designed:

Programmes to improve the situation

From the year 2000, four strategic documents have been designed to improve the nutritional situation of children in the DRC.

- a. The National Nutrition Policy (NNP) adopted in 2000, whose objective is to eliminate malnutrition in all its forms by taking care of malnourished persons in Therapeutic Nutrition Centers (TNC);
- b. The Nutrition for Health Development Master Plan (PDDN) designed in 2001 to ensure a better coordination of interventions;
- c. The Nutrition Action Plan (2001) whose general objective is to contribute to the reduction of morbidity and mortality due to malnutrition through the fight against protein energy and micronutrient deficiencies (vitamin A, iodine, iron and zinc);
- d. The Common Strategic Plan for Acute Malnutrition (2005) whose goal is to reduce acute malnutrition-related morbidity and mortality by improving the monitoring systems and the management of the food situation at the community level and nutrition centers.

The fact that all these national policies were designed at very close intervals is indicative of the difficulties

encountered in finding solutions adapted to the emergencies resulting from the war. Furthermore, despite its commitments, the government limited its expenditure to the payment of the salaries of personnel of the Ministry of Health, especially those transferred to PRONANUT.

This did not favor the execution of programs (RDC, UNICEF, 2009) besides that on the fight against malnutrition through vitamin A supplement campaigns that received support from several cooperation agencies as from 2000 (graph 2).

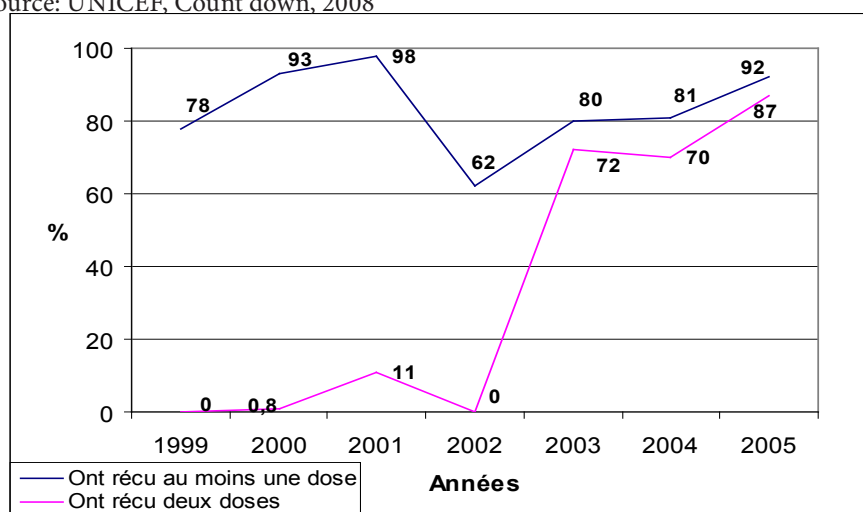
TABLE 6 Situation of Provinces according to malnutrition, children follow up and waste disposal

Province	% children suffering from			% children	
	Chronic malnutrition	Present malnutrition	Insufficient weight	Supplemented with vitamin A	Vaccinated
Kinshasa	21,7	9,7	14,3	75,9	12,0
Bas-Congo	49,1	10,9	27,0	67,0	10,5
Bandundu	48,2	8,2	25,6	56,7	8,7
Equateur	45,4	11,0	25,1	53,7	29,1
Prov. Orientale	43,1	8,1	16,9	43,5	19,8
Nord Kivu	50,0	6,6	21,1	54,8	16,9
Sud Kivu	44	11,7	20,3	41,8	39,3
Maniema	53,5	9,4	28,7	26,3	30
Katanga	49,4	8,4	19,9	50,2	23,1
Kasai Oriental	47,4	11,8	30,4	51,5	11,6
Kasai Occidental	50,7	13,0	31,7	62,5	17,2
RDC				54,5	19,3

Source : RDC, UNICEF, MICS2, 2002

Graph 2: Percentage of supplemented children in 1999-2005

Source: UNICEF, Count down, 2008



Constraints to this program include insufficient knowledge on the nutritional value of foodstuffs, distance to health centers where supplements can be obtained, the low availability of nutrition services and insufficient inputs for nutrition activities. This program that enabled the serving of 54% of children in 2001 was not uniformly conducted throughout the national territory of the DRC. It reached out to less than 45% of children in the provinces that were most affected by the war, that is the Oriental Province and

those of Maniema and south Kivu. In those that were not much affected by the war like Kinshasa and Bas Congo, the percentage of children administered these food supplements is between 60 and 70%. Once more, crisis stands out as a decisive element in the supply of social services to children. This is also reflected in graph 2 which shows the fall in activities during the war years, as concerns the administration of the second dose of vitamin A.

Conclusion

ACCORDING TO AFRICAN traditions, the child is precious. The child must be protected and must benefit from the support of the entire community in order to grow and integrate into a productive and reproductive life. Through the reduction of resources for development and the suspension of cooperation, the contexts observed in Togo and the DRC constituted obstacles the development and welfare of children. They obstructed the realization of several programs and the harmonious follow-up of the Millennium Development Goals.

Marked by the looting of socio-sanitary facilities, the case of the DRC is certainly very difficult. But the consequences suffered in Togo following the suspension of cooperation are equally of concern. As a matter of fact, in both cases, the child mortality rate remained at a level that is incompatible with the attainment of MDG5 in 2015. Also, disparities increased. The study further reveals that solutions, such as suspension of cooperation, are often to the detriment of children and should be replaced by other approaches, because health is one of the hardest hit sectors.

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ANNEX 1 Prevalence per Province of the three main diseases of less than 5 years old children (in %)

Province	Prevalence in 2007 (i)			Prevalence in 2001 (2)		
	ARI	Diarrhea	malaria	ARI	Diarrhea	malaria
Kinshasa	8,9	13,4	39,5	3,6	20,9	31,9
Bas-Congo	8,6	10,9	36,9	2,8	19,3	41,0
Bandundu	11,4	11,4	34	6,4	14,6	35,6
Equateur	10,6	14,1	30,3	8,4	27,3	41,0
Province Orientale	14,9	15,6	27	12,8	21,6	44,9
Nord Kivu	14,4	17,8	18	14,8	18,8	31,3
Maniema	22,1	16,6	17,6	9,9	22,9	46,6
Sud Kivu	18,4	16,5	29,1	24,0	24,1	45,8
Katanga	14,5	15,4	30,1	16,3	24,3	46,7
Kasaï Oriental	25,5	23,2	20	8,8	27,2	42,9
Kasaï Occidental	21,1	14	37,5	7,1	29,7	44,5
Ensemble	15,4	16	29,8	10,7	22,4	41,1

Sources : (1) : RDC, EDS, 2008 (2) : RDC, UNICEF, MICS2, 2002

ANNEX 2 Major causes of mortality below the age of 5years

Immediate causes	Underlying causes	Structural causes
Persistence of childhood transmissible diseases (such as malaria, pneumonia, diarrhea, measles AIDS...)	<p>Inadequate use of protection means which include mainly:</p> <ul style="list-style-type: none"> • mosquito nets • vaccination • PMCT services <p>Insufficient application of hygiene and sanitation principles, notably for potable water, toilets</p>	<ul style="list-style-type: none"> • High dependence on external funding of the Extended Vaccination Program as concerns the coordination of the program and execution of activities at the operational level • Low coverage of the country for PMCT (only 11%) • Insufficient capacity of structures in charge of the execution of the national hygiene and sanitation policy • - Insufficient awareness raising activities for the adoption of health friendly behaviors
Inadequate resort to health facilities	<p>Insufficient financial means to access health services</p> <p>Low conviction on quality of services offered</p>	<ul style="list-style-type: none"> • Poverty of the population • Absence of solidarity measures that enable the very poor to access health services • Inadequate human resources in the Health sector • Inadequate maintenance of equipment and infrastructure • Insufficient supply of drugs to health services

Sources: Prepared from the PNDS evaluation 2002-2006 and the report on the MDGs (République Togolaise, PNUD, 2008)

Annex 3

Malnutrition per Province in Togo in 1998 and 2009

Province	1998 (1)		2006 (2)		2009 (3)	
	Global level	Level of severity	Global level	Level of severity	Global level	Level of severity
Retarded growth						
Lomé	-	-	14,0	7,0	15,1	4,2
Maritime*	16,6	4,5	19,7	8,3	29,6	10,7
Plateaux	21,5	6,8	25,6	11,1	27,1	8,5
Centrale	23,9	8,3	24,3	8,1	21,1	4,7
Kara	20,8	5,5	36,6	20,4	28,4	10,0
Savanes	32,8	13,2	33,2	12,3	35,0	11,6
Togo	22	7	23,7	10,3	26,4	8,4
Stunting						
Lomé	-	-	6,9	1,0	7,4	2,1
Maritime*	11,3	2,5	12,9	2,0	6,2	1,6
Plateaux	11,0	2,0	9,8	2,1	5,8	2,5
Centrale	9,2	2,0	8,0	1,4	5,3	2,7
Kara	12,6	1,2	22,6	8,1	8,4	2,5
Savanes	18,6	2,5	32,0	7,6	12,5	2,4
Togo	12	2	14,3	3,2	7,4	2,1
Low birth weigh						
Lomé	-	-	14,5	2,7	10,1	1,3
Maritime*	20,2	5,2	23,0	4,4	19,2	5,7
Plateaux	24,2	5,4	17,3	3,9	14,3	3,1
Centrale	24,5	6,8	20,8	4,3	9,5	1,2
Kara	24,2	6,2	37,0	11,9	18,0	5,0
Savanes	38,8	12,6	54,0	19,5	27,7	8,3
Togo	25	7	26,0	6,8	16,8	4,2

(*) : Lomé included

Sources : (1) : EDSTII ; (2) : MICS3 et (3) : SMART 2009

ANNEX 4 Malnutrition level in the DRC 1995, 2001 and 2007

Malnutrition	Malnutrition level (in %)			Level in relation to a well-fed population (in %)		
	1995	2001	2007	1995	2001	2007
Retarded growth						
• Severe	24,6	20,3	24,2	+ 246	+ 203	+ 242
• Moderate or severe	20,6	38,2	45,5	+ 9	+ 17	+ 20
Stunted						
• Severe	3,5	3,1	4,3	+ 35	+ 31	+ 43
• Moderate or severe	6,1	13,4	10,0	+ 3	+ 6	+ 4
Low birth weight						
• Severe	10,2	9,4	8,4	+ 102	+ 94	+ 84
• Moderate or severe	24,2	31,1	25,1	+ 11	+ 14	+ 11

Source : MICS 1 for 1996 ; MICS 2 for 2001 and EDS for 2007 (temporary results).

Informal Social Protection for AIDS Orphans in Nigeria

By Momoh, Gloria T*

Abstract

THIS STUDY FOCUS on the challenges faced by AIDS orphans in rural communities, and on the informal social protection provided by community-based organisations (CBOs). Seven CBOs working in 25 rural communities were identified and selected in 2007, and monitored for three years. Some of the risks faced by the orphans include stigmatization, discrimination, malnutrition, sexual violence, child labour, dropping out of school, lack of access to parent's properties, trafficking and even death. With little or no social protection systems in place, most of the children find it very difficult to cope with these risks, with far reaching negative consequences for the girl child. In the three years the seven CBOs had supported 23,785 orphans in various communities. 59.2% were females and 40.8% males. The orphans were between the ages 3 and 17 years, modal age of

11 years. The CBOs were able through external funding from donors to provide nutritional, psychosocial, educational, and health for the orphans. 30% of the orphans were re-integrated into households in the course of the three years. About two fifth (42%) were enrolled in primary school and 49% in the secondary schools. Funding continues to be the most challenging factor facing CBOs in their bid to provide support services to Orphans in rural communities. There is the need for the government to institutionalize a free education policy for AIDS orphans in the state. Hitherto school teachers have mobilized resources locally, to cater for the orphans to keep them in school. This is worthy of emulation and provides prospect for continued support for the growing numbers of AIDS orphans in Nigeria.

Introduction

THE WORLD HAS struggled to curtail the spread of HIV and AIDS for nearly three decades. Despite efforts at different levels the pandemic continues to devastate entire countries and regions. Series of studies conducted show that the effective response to HIV/AIDS requires addressing its immediate and underlying causes, such as social

inequities and exclusion, poverty, underdevelopment that contribute to the risk of contracting the virus (NARF-CIDA 2004). In Nigeria, the HIV and AIDS pandemic is by far the fastest growing threat to the country's development in the 21st century. With the current prevalence of 4.6% (National HIV Sentinel Survey-2008) infection

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rates in the country have grown exponentially. This is now regarded as a critical developmental problem. The impact of the virus is worsened by the fact that it is linked to other diseases such as tuberculosis. It reduces life expectancy, and increases the demand for health care, thereby, putting pressure on already limited health sector resources. In addition, it worsens poverty, reduces labor productivity and increases inequality through its impact on poor and marginalized groups (CIDA, 2005).

Furthermore, research has shown that although women and men are both vulnerable to the virus, the virus has significant gender dimensions as vulnerability increases the chances of infection. For instance, women are two to four times more susceptible to infection than men due to such factors as poorer ability to negotiate safer sexual practices and greater vulnerability to other sexually transmitted infections, the presence of which greatly enhances the risk of HIV infection (CIDA, 2005). Men,

women, boys and girls are disproportionately affected by HIV and AIDS, and this has been compounded by gender roles and violations of human right. Parents who have died as a consequence of the AIDS pandemic have left behind children that would require care and support to become productive adults. AIDS Orphans are children who have lost one or both parents to AIDS (USAID, 2008). AIDS Orphans can be particularly susceptible to discrimination, both because of the stigma attached to their parent's death and because some of them may be infected with HIV.

This paper seeks to showcase informal social protection provided to orphaned children due AIDS through a community based participatory approach that sources and mobilizes funding from community members. However a quick review of the social protection condition in the sub- region of West Africa is imperative, as it lays the much required background for this paper.

Overview of Social Exclusion and Social protection in Africa

AFRICA REMAINS THE only region of the world where weak social development raises the most concern (AUC 2008). The continent is home to the greatest number of poor people in relative terms, and this number has been on the increase since 1990; whereas in other parts of the world, a lot of progress has been recorded in terms of attaining the 2015 Millennium Development Goals at quite impressive rate. Sub Saharan Africa is the region that bears the greatest brunt of the HIV pandemic in the world, even though it has no monopoly of the virus. This underscores the magnitude of poverty and underdevelopment that are synonymous with the spread of the virus.

Social Exclusion implies the failure of national development to integrate some individuals and social groups to access the resources offered by the society and the economy (Rodgers, 1994). It is an indicator of social policy and it represents the gaps in the integration or inclusion process. High level of exclusion provides an environment conducive to conflict. For example, in 1994 when the civil conflict of Rwanda broke out leading to the deaths of thousands of persons, conflict analyst diagnosed the outbreak of the conflict and linked it to social exclusion of a social group in Rwanda. In the same year (1994) the United Nations Development Programme (UNDP) in its Human development report broadened and redefined Human Security to include economic security, food security,

environmental, personal/individual, political, health, education and social security. Human Security focuses on the protection of individuals, rather than defending the physical and political integrity of the states from external military threats, which was once the traditional goal of national security.

The Social Policy Framework (SPF) for Africa which was adopted in 2008, to be used by the 53 member states of the African Union (AU) to tackle poverty and inequality, and promote longer and healthier lives for their citizens. It includes a series of policy recommendations to help member states develop social protection schemes. Social protection consists of policies and programs designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risks, and enhancing their capacity to protect themselves against hazard and interruption /loss of income (ADB, 2009). The schemes will provide disadvantaged groups such as children, older people and people with disabilities with access to social security, healthcare and education. The SPF also addresses other areas such as population and development, HIV/AIDS, gender equality and women's empowerment, and civil strife and conflict among others (HelpAge International 2008).

Review of Social Protection in West Africa

THE WEST AFRICAN sub region is made up of 15 countries with close cultural ties. The region which was once known for trade across the transatlantic and Sahara has notable ethnic groups with affinities across national borders. Documented history shows that the sub region had well organised informal administrative structures prior the arrival of the colonial masters in the 15th century (Rodney 1972) and had communal control measures to mitigate conditions of stress and shocks. On May 28th 1975, the countries of the sub-region agreed collectively to the formation of the Economic Community of West African States (ECOWAS), this was with the intent at strengthening trade among the *sister countries*, to build strong and stable economies (ECOWAS, 2010). This saw investment in construction of road networks connecting member states, with the intent to facilitate transport and trade, institutionalization of protocols covering education, migration, work, and protection of sovereignty.

The fall in prices of agriculture produce, weak economies, structural adjustment programmes, incessant coups, lack of political will, corruption, brain drain and poverty collectively formed a tapestry that incapacitated ability of ECOWAS to thrive barely a decade after it was formed. West Africa remains the sub-region which is home to the greatest number of underprivileged people in the continent, according to the 2007 UNDP classification. In terms of access to basic services, the situation of West African peoples is far from satisfactory.

Today, the population of West Africa is estimated to be 302.9 million by the end of 2010 (PRB, 2009). By comparison with its estimated population of 235.5 million in 2000, growth rate for the sub-region's population for the period under consideration works out at 2.5%. At this rate, the population is expected to double by 2035. In West Africa, approximately one person in three in the

towns, and one in two in the rural areas, cannot afford the expenditure needed to cover their basic needs. The situation has reached emergency proportions and calls for urgent social action. (ECA, 2010) Also recent assessment of the MDGs progress in the continent, shows that the sub-region is unlikely to attain the MDGs by 2015 at the current rate (AUC, 2008)

It is worthy of note, in the light of the foregoing, that informal social protection mechanisms remain important across the region, reducing to some extent the overall poverty headcount and poverty gap and making it slightly easier for poor households to cope with risk (UNICEF, 2009). However, overall high levels of poverty and economic hardship limit the impact of these informal mechanisms, which appear to have been eroding over time owing to limited economic opportunities for the poor, growing urbanisation, modernisation and changes in the nature of the family and cultural values of solidarity.

In many of the countries in the region where social protection has not been on the policy agenda, child-sensitive social protection that addresses both the economic and social risks and vulnerabilities that children face still has a long road ahead, especially given broader political and institutional governance challenges (Jones 2009). In countries with existing social protection policies and programmes, such as Ghana, Burkina Faso and Senegal, the challenges are around the need to build and support existing capacity to deliver social protection, and in particular to support inter-sectoral coordination to deliver child-sensitive social protection programming. It is thus imperative that the informal social protection systems and institutions are revisited, revamped and integrated with the formal social protection systems of the sub-region to provide a holistic form of social protection for people made vulnerable as a result of stress, risk and shocks.

Social Protection in Nigeria

THE STATE NIGERIA came into being in 1914 through the amalgamation of the northern and southern protectorate by the British. Amazingly, Nigeria is the only country that is uniquely divided into tripartite geographical zones by two major rivers; Niger and Benue. With a current population of 152 million at a growth rate of 3.2%, Nigeria is a key player in the socio-political milieu of West Africa. This is not unconnected to the fact that Nigeria constitutes

50.2% of the total population of West Africa (PRB, 2009) and also is endowed with enormous natural wealth.

Following three decades of military rule in Nigeria, (1966-1978, 1983-1999), Nigeria translated into the democratic system of governance on May 29th 1999. The new dispensation was saddled with the task of rebuilding the social, economic and political fabric of the Nigerian state, more

of a corrective measure. In this view the nation's government constituted a team of reviewers in 2001 to put together a road map to aid the rebuilding of the Nigeria State. The document that emanated from this process was the National Economic Empowerment and Development Strategy (NEEDS) in 2004.

The NEEDS was designed to mobilize the resources of Nigeria, to make a fundamental break with the failures of the past and bequeath a united and prosperous nation to the generations to come (NPC, 2004). The NEEDS was accepted widely by the three tiers of government in Nigeria, leading to the formation of SEEDS (State Economic Empowerment and Development strategy) at the state level and LEEDS (Local Government Economic Empowerment and Development strategy) at the local Government level. All the SEEDS and LEEDS documents have a component designed to create full employment and decent work opportunities for all, improving access to education and health care services, promoting gender equality, tackle the HIV pandemic, ensuring social inclusion of the vulnerable groups and designing of effective redistribution policies and strengthening social protection systems in the 36 states (UNDP, 2004).

This was a remarkable improvement, as past government dispersions' paid little or no attention to the magnitude of the HIV pandemic in Nigeria. This is was evident in the statement made by President Olusegun Obasanjo:

“We should stop pretending that HIV/AIDS does not exist in Nigeria. All hands must be on deck to prevent the spread of this killer virus”. *President Olusegun Obasanjo (Nigeria's President, May 1999-May 2007)*

Nigerians woke up to the discovery of the first case of HIV in 1986, at that time the nation was saddled with the Structural Adjustment Program, loss of man power in the health sector, brain drain, the desire to translate to a democratic dispersion of governance, these and other issues acted as clouds over HIV, and gradually Nigeria became the second highest country in the world with people living with HIV/AIDS.

In Nigeria, the AIDS pandemic, coupled with poverty rates is by far the fastest growing threat to Nigeria's development in the 21st century. HIV infection rates in the

country have grown so exponentially, requiring that a multidisciplinary and multifaceted approach is employed in tackling the problem. The pandemic rose gradually from a national prevalence of 1.8 in 1992 to 4.6 in 2008, having hit a prevalence of above 5.0 twice (FMOH 2005). HIV pandemic in the last 25 years in Nigeria has been characterized by a woman's face however, a new face has emerged, the face of orphans. Nigeria has the largest burden of Orphans in the world, amid weak social protection systems (UNAIDS 2002, FMOH 2005)

At this juncture it is imperative to review the historical provision of child welfare services in Nigeria. Child welfare services were the responsibility of the Federal Ministry of Health and Social Services. In 1991 they were transferred to the National Commission of Women which had been set up in 1989. The National Commission of Women Child Welfare department was then inherited by the Federal Ministry of Women's Affairs and Youth Development. This ministry receives quite a small budgetary allocation and has no operational programs for front-line delivery of social welfare and protection services to children and women (UNICEF, 2001).

The Nigerian government developed a Social Protection Strategy which is integrated into the NEEDS and PRSP. The Nigerian social protection policy has as its general objective to reduce poverty and protect vulnerable groups through effective and sustainable risk management mechanism thereby achieving sustainable social protection by the year 2015. The Nigerian Social Protection Policy is designed after the life cycle approach, which utilizes the classification of the population of the country by age from birth to death, estimating the number of poor individuals in each age group and the potential risks they could be exposed too (NSPC, 2005). Also the policy seeks to assess the number of poor not covered by current social protection related programs, identification of the gaps in the current strategies of social protection and suggestions on how to close the gaps identified. The Nigerian Social Protection Strategy solicits the support of non-governmental and International organisations in the provision of social protection to persons who are faced with risks of shocks and stress. This paper seeks to showcase a best practice on informal social protection targeted at children orphaned by AIDS by CBOs.

Methodology

THE EIGHT HIV sentinel surveys conducted in Nigeria between 1991 and 2008 show a geographical trend in its prevalence, with specific states in the country continuously topping the HIV prevalence rate chart, with prevalence rates higher than the national average (NACA, 2008). Similarly a HIV situation analysis conducted by CIDA in 2005, revealed high transmission rates across junction towns in Nigeria this informed the selection of the study sites.

Three states were selected, Akwa Ibom, Benue and Cross River, however due to constrain of fund, the study was limited to Cross River state alone. CBOs working in the sphere of HIV were assessed and selected based on the criterion of providing care and support to AIDS orphans in rural communities. Seven CBOs, working in 25 rural communities were selected and studied for a period of three years in these rural communities. The CBOs were visited bi-monthly to review their efforts at providing care and support for orphans in these rural communities and to document challenges faced by the orphans in their daily lives, with the intent to suggest possible approaches in tackling these challenges.

Results and Discussion

IN NIGERIA, NGOS have assumed a very paramount role in prevention, care and support in tackling the scourge of HIV, even in resource constricted settings. This is against the backdrop that 53%, of the country's population live in rural areas (PRB 2009). In Nigeria's rural communities there is little access to quality health care, low literacy level, malnutrition and poverty. In the face of these dismal conditions, CBOs have continued to provide services to ameliorate the consequences of these conditions.

A rapid assessment of orphans and vulnerable children conducted in 2004 with support from UNICEF revealed that there were about seven millions orphans in 2003 and that 800,000 more orphans were added during that same year. Out of this total number, about 1.8 million were orphaned by HIV and AIDS. With the spread of HIV and AIDS, the number of orphans is expected to increase rapidly in the coming years to 8.2 million by 2010 (FMOH 2005).

In this review efforts of CBOs in the provision of informal social protection measures were monitored, reviewed and

The CBOs used the vulnerability assessment criteria developed by the Federal Ministry of Women Affairs (FMWA, 2007) in identifying children considered to be orphans by the definition of having lost one or both parents to AIDS and below the age of 18 years. Six indices were identified and used in assessing orphans vulnerabilities; Health, Education, Shelter, Protection, Nutrition and Economic strength of households. These are rated on a scale of 1-4 in ascending order respectively.

The total score for the "OVC vulnerability index (OVI)" is Health-4, Education 1/2/3, Shelter 3, Protection 3, Nutrition 4, and Economic Strengthening 3. The total score lies between 18 or 19 of 20, hence, a vulnerability graduation of most vulnerable (15-20 scores), more vulnerable (10-14) and vulnerable (1-9). The assessment cum review was carried out primarily through the use of qualitative instrument and a semi-structured questionnaire. The qualitative methods included in-depth interview, process documentation, focus group discussions, and physical observation.

documented. Through series of advocacy and community mobilization, CBOs were able to mobilize increased support for the orphaned children's protection in their respective rural communities. In three years, a cumulative total of 23, 785 children were reached by the organisations. 59.2% were females and 40.8% males, age's 3-17years, modal age of 11 years.

Some of the vulnerabilities faced by the orphans include stigmatization, discrimination, malnutrition, sexual violence, child labour, dropping out of school, lack of access to parent's properties, trafficking and even death. With little or no formal social protection systems in place, most of the children find it very difficult to cope with these risks, with far reaching negative consequences for the girl child.

Following increased sensitisation of community members on issues of HIV, increased participation of community leaders on issue of HIV prevention, care and support was witnessed by the organisations. This facilitated the ability of the CBOs to mobilize for food supplies from community members, financial support of school teachers

and principals. The school authorities of some of schools where the orphans were placed have been very helpful in forming social support committees in the schools to look after the welfare of the children. This has seen that more Orphans remain in school, pending when the Community based organisation can source for funding to cover their school fees, books, uniform and shoes.

Similarly, community heads within the communities are identifying ways of sourcing for funds to cater for these children through financial contribution in form of remittances to the community heads from sons and daughters of the communities residing in the urban areas. This brings to the fore the contributions of remittances as a form of informal social protection for people faced with stress and shocks. This is one of the ways of broadening social networks within communities and thus confirms the African nature of solidarity. In a study conducted by Momoh and Albert 2008, assessing the contribution of remittances to the improvement of the nutritional status of under five children living in refugee camps, results showed that remittances were effective as a form of safety nets contributed to improving the nutritional status of under five children in the respective households that had received such remittances.

Similarly, CBOs in this review were able to identify care givers of orphans and train them in viable means of income generation, to augment household supplies. The caregivers were grouped to form a support groups, this was with the intent of creating a process of hand holding among the care givers, share burdens and form a communal farming group. Produce from the farms are shared among households to boost household's food security.

Discussing with some of the households and persons that have been involved in the process of providing social protection for these children the following expressions are documented in their own words

Since my wife died, I have being taking care of the children and the CBO assisted me with purchase of school uniforms, books, bags and books for the children. This I was so grateful for, so when the CBO approached me to take two kids whose both parents had died of AIDS, I obliged.

For me, it was my own way of saying thank you to the CBO and contributing to reducing the scourge of the virus. Comment made by one of the Household head care givers

My self and my teachers decided long before the CBO arrived in our school that we were going to do something to assist students in our school who had lost either parent to HIV to stay in school, and so we started to contribute some money to pay their school fees to ensure that the children remain in school. Comment by community secondary school principal

I can only say thank you to the CBO and those that give them money- Comment by male student in a secondary school, whose school fees and school uniform were supplied by the CBO

Though reviews show that the traditional African family systems are undergoing processes of erosion, due to the challenges and changes posed by globalisation, unemployment and poverty, results from this review shows the potentiality of the traditional family systems to remain a viable form of social network for many. Also it holds prospects for building a strong informal social protection institution, with the combination of local trade unions, community peer groups, religious affiliates which are organisations closer to the people, that understand the challenges and shocks they face and are more reliable to the rural people than formal social protection systems championed by the government.

In this study the CBOs were able to provide nutritional, educational and psychosocial support to 23,785 Orphans in the last three years. However, Mataka 2008 stated in her report on the status of African children, that the trauma suffered by these children remains unknown because child counselling services are not developed in Africa. Also the involvement of the legal aid in ensuring that the rights of these children are not violated and those that their rights are violated seek readdress has been very low. These and more have posed as challenges to the social protection offered to these children in their various communities. These are not insurmountable challenges if community leaders are fully empowered to take the lead in issues of social protection within their domain and constitute committees that would take disciplinary measures against such unwanted acts being faced by the children.

This study shows the potentials and prospects for setting up community based social protection scheme in consonance with the African Social Policy framework and the possibility of integrating this measure with conditional and unconditional cash transfers. It showcases the ability of the gatekeepers in each community to take charge and ensure that the rights of her people are respected,

protected and fulfilled. Communities need to collectively participate in the process of funding, such that resources

needed in providing social service delivery are provided by individuals living in the community.

Conclusion

THIS STUDY SHOWS the centrality of African solidarity and the potential prospects that lie within communities to provide social protection for her people. There is the need to ensure that the African Social policy Framework is made available in local African languages to community

gatekeepers. This is also to be backed with a comprehensive sensitisation on the benefits of the policy, so that gatekeepers are aware, informed and empowered to charge of the people they lead at the communal level.

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