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Scenario

Democratic Republic of Bonande



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THE SOCIAL PROTECTION SITUATION

This small, relatively well developed coastal East African country can present quite some achievements in terms of economic and human development. It lives off natural resources in agriculture and fishery (due to fertile conditions). It has shown quite some political stability.

1 BASIC INDICATORS

Here are some basic indicators that describe Bonande:

Geographic	Small (40'000 km ²) country on the Indian Ocean, very tropic climate, fertile terrain suited for tropical agriculture (arable land 41%, permanent crops 11%) In last decade, freshwater has become more scarce, impacting every domain of life
History	Over the last millennium strong influence of Arab traders. Has never been fully colonised, but a protectorate of France until 1953. From 1968-73 in an armed border dispute with its westerly neighbour, but resolved in a treaty negotiated through the UN. Since independence it has been under rule of the liberation movement BLM, but after the peace treaty in 1973 power shifted to an opposition party (DAM); since several more or less fair elections, with some ups and downs.
Demographic	Population: 26 million Bonani (Hamitic) 73%, Nande (Bantu) 21%, Arab 5%, Others 1% (mainly French) Religions: Catholic 77%, Muslim 21%, others 2% Languages: Kibonani 75% (official), Arab 11%, French 12% (official), others 2%, Swahili widely spoken Age structure: 0-14: 44%; 15-24: 16%; 25-54: 33%; 55-64: 4%; >64: 3% Median age: 19.5 years Population growth: 2.1% Birth rate: 28.3% Death rate: 7/1000 popul. Net migration: -0.22 migrants /1000 popul. Urban popul.: 24%, urbanisation: 4.3%/year

THE SOCIAL PROTECTION SITUATION

Social	<p>HDI: 0.52</p> <p>Dependency ratios: total 88.7%, youth 83%, elderly 5.7%, potential support ratio 17.7</p> <p>Maternal mortality: 311 deaths/100'000 life birth</p> <p>Infant mortality: 47.7/1000 life births</p> <p>Life expectancy: 63.1 years</p> <p>Health expenditure: 4.8% GDP</p> <p>HIV prevalence: 9.3%</p> <p>Children <5y underweight: 15.4%</p> <p>Literacy: 85.2%</p> <p>Population below poverty line: 66%</p> <p>Household income by %share:</p> <p>Lowest 10%: 2.9%</p> <p>Highest 10%: 27%</p> <p>Gini index (Family income): 35.2</p> <p>Unemployment rate: 9.5%</p> <p>Unemployment youth: 17.5%</p> <p>Child Labour (5-14y): 12%</p>
Economic	<p>GDP: US\$ 22.5 billion</p> <p>Inflation rate: 5.4%</p> <p>GDP Growth: 7%</p> <p>Industrial growth: 5.2%</p> <p>GDP composition: agri 44%, industry 22%, services 34%</p> <p><i>Agri products:</i> coffee, sisal, cotton, cashew nuts, spices, corn, cassava, fruits, fishery, cattle, sheep, goats</p> <p><i>Industries:</i> agri processing, cement, oil refining, shoes & apparel, wood products, fertilizer</p> <p>Labour force: 4.6 mio (agri 80%, industry & services 20%)</p>
Political	<p>Presidential republic</p> <p>Budget revenue: 1.4 billion</p> <p>Budget surplus: -3.5%</p> <p>Public debt: 34.7% of GDP</p> <p>GDP Gov. consumption: 16.1%</p>
Other contextual information	<ul style="list-style-type: none"> • Civil Registration coverage: 85% population • National ID database coverage: 77% population • % population with bank/mobile money account: 73% • % population with mobile phone: 88% • Broadband network: Broadly available throughout the country, except for remote locations

2 THE SOCIAL PROTECTION SITUATION OF BONANDE

2.1 Introduction

Three main social protection schemes exist:

- The **Orphan and Vulnerable Children Programme (OVCP)**, a cash transfer targeted at poor households hosting an orphan or vulnerable child (covers 60,000 households). Value: approximately 20% of household consumption expenditure (depends on household size).
- A **Poverty and Vulnerability Reduction Programme (PVRP)**, a cash transfer targeted at poor labour-constrained households living within certain districts (more rural). Covers approximately 110,000 households. Value: approximately 20% of household consumption expenditure (depends on household size).
- An **Older Persons Relief Programme (OPRF)**, a cash transfer targeting citizens over the age of 55 in need of support (who are poor). Covers approximately 900,000 individuals. Value: less than 10% of individual consumption expenditure.

All three programmes apply a Proxy Means Test (PMT) alongside other targeting approaches in order to guarantee targeting of the poorest within the category. This is operationalised through an integrated approach to registration through a Social Registry (see also below).

Social insurance primarily covers citizens in formal and state sectors, but has some provision for voluntary coverage of informal sector workers.

2.2 The Legal Framework

Bonande is a signatory to **ILO Recommendation 202**, and has started going through a process to modify national legislation to reflect it. There is a light touch mention of the right to social protection within the **constitution**, though no mention of how this should be operationalised: “the state has obligation to provide appropriate protection to persons who are unable to support themselves and their dependents”. In 2011, a **Social Assistance Act** was passed, which establishes:

- objectives of social assistance: reduce poverty and vulnerability and support human development of citizens to break inter-generational transmission of poverty. Financial inclusion is also mentioned.
- transfer levels: should cover at least 20% of households’ pre-transfer consumption expenditure
- the need for national approach to registration and establishing poverty levels to ensure fairness and inclusiveness
- the mandate for a National Social Protection Council to coordinate activities in the sector



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A **national Social Protection Strategy** is currently being drafted to operationalise the Act's recommendations.

2.3 Governance: Institutions, Structures, Capacities and Standards

The three social assistance programmes are run through the **Ministry of Social Development** and overseen by the cross-ministerial Social Protection Council. The MSD has:

- Relatively high capacity at **central level**, partly because of extensive donor funding in recent years (technical assistance). A team of 20+ people is working on integration of social protection policy within the Ministry.
- Relatively high capacity at **district level**, with a District Social Welfare Office in each district and sufficient staffing to manage day to day operations managing existing programmes.
- Average capacity at **sub-district and community level**: no network of social assistants, but strong NGO presence and good liaison/coordination with other community structures (health, education, etc)

Thanks to the brokering role of the Social Protection Council, the MSD also has good working relations with the Ministry of Finance and other institutional actors (national Banks, Statistics Agency, National ID Authority, etc).

As the country is relatively small and densely inhabited and given its historical evolution, Bonande has a mildly decentralised service delivery model based on **deconcentration**. One specific aspect of delivery – payments (see below) – is entirely **outsourced** to the State Bank for two of the three programs ran nationally.

Service standards are **roughly outlined** as Annexes to the 3 main programs' operational manuals, however they are not framed in any legal document and are not widely publicised or used. In fact, there is no system in place to measure performance against the suggested Standards.

Each programme has a **light-touch internal M&E system** which mainly focuses on assessing outputs (number of beneficiaries, number of transfers etc) rather than performance/efficiency indicators or outcome/impact indicators. The system is mainly run through Monitoring Reports compiled at District level and sent to National level. The programme MISs reporting functionality is relatively limited and at national level the Social Registry does not receive data from individual programme MISs so it is not possible to have an overview of who is receiving what across programmes, etc. Nevertheless, a national M&E framework has recently been developed

The largest of the three programmes has also been **independently evaluated** through a large-scale quasi-experimental impact evaluation, showing positive impacts on basic poverty-related indicators.

2.4 Coordination on Policy and Programme/Institutional Level

(See also governance, institutional framework and capacity)



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The Cross-ministerial Social Protection Council has explicit responsibility for coordinating across all actors responsible for Social Protection delivery (mandate within Social Assistance Act 2011). Nevertheless:

- The focus is very much on social assistance and not wider social protection policies (social insurance, active labour market, etc).
- The Council is primarily donor-funded and donor-driven and sometimes lacks credibility with other stakeholders – most importantly has not been able to leverage additional government spending for SP or tackle gaps in existing schemes.
- Member Ministries and organisations do not all have strong incentives for coordination and lead Ministry.

2.5 Administration

How are payments done?

- Currently two of the three social assistance programmes are channelled through the **banking system** thanks to an agreement established with the country's national bank. ATM's are mostly located in urban areas and recipients cannot access their cash using the mobile money network. Distribution of social assistance is monthly.
- The third programme, the OPRF, distributes money **manually using armoured vehicles**, every two months (with frequent delays).

What complaint and appeal mechanisms are in place?

- Complaints and appeals are **channelled through community based committees** created ad hoc for this function, in coordination with cooperating NGOs. No statistics are available on the number of types of complaints received and resolved, though informal evidence shows the Committees are quite active in many locations
- The most frequent category of complaints and queries are about **targeting**, as citizens do not understand the system (possibly because of the PMT component).

There is no conditionality on grants.

The following exit and graduation is envisaged:

- OVCP: supposedly households are exited when children turn 14.
- PVRP: every time household information is updated (e.g. re-registration), PMT is newly run and eligibility re-assessed
- OPRF: exits households when they die based on cross-checks with civil registry

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2.6 Management Information Systems and Data Integration

- The **OPRF and OVCP have their own MIS** and separate databases to manage their own beneficiaries. The MISs are based on well-designed softwares that enable programmes to operate almost entirely on an electronic platform (including payment reconciliation with the banks). The only module that has not been developed appropriately is the reporting/M&E module (financing had finished).
- The **PVRP** data management system is quite rudimental and **Excel based**.
- At National level, the Ministry of Social Development manages the country's **Social Registry**, which helps to centralise and coordinate data collection/registration/poverty determination activities across the three programmes. It serves as a repository of data and information on all potentially eligible households and has established interoperability with the National ID Database to verify individuals' data.
 - the Social Registry shares data with the countries' three main programmes (for them to determine eligibility based on their criteria) and anyone who requests access. It however does not receive data from individual social assistance programs or from the social insurance database.

2.7 Selection and Identification

(see other sections too)

Different programmes target different population groups as they have differing objectives and focus (see above), though **all of them share a common focus on reaching the poorest households**. The way this is operationalised nationally is through a national registration effort, with data feeding into a Social Registry which is used to establish households' poverty level using a PMT formula. This national data is then used by individual programs to determine programme specific eligibility (e.g. categorical) – see above.

Registration carried out nationally as census survey in areas with high poverty density every 3 years. Continuous on-demand enrolment also implemented through District Offices but patchy approach across different districts.

Data is all centrally processed and validated through **Social Registry**, including cross-verification of information in National ID database (ID is requirement for application). All households are classified based on poverty levels determined by PMT and data is then passed on to individual programmes who use this centralised data for their programme purposes (applying their categorical filters). Enrolment is conducted by programmes, who do not share their data on beneficiaries

2.8 Finance

Excluding public health expenditure, social protection funding is estimated at 2.5% of GDP