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## EXTENDING SOCIAL PROTECTION TO MIGRANT WORKERS IN THE ECOWAS REGION: A capacity building toolkit on the ECOWAS General Convention on Social Security

SOCIAL PROTECTION IN ECOWAS:  
STATES, ISSUES, CHALLENGES AND POLICY  
RESPONSES

# MODULE 1

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## Learning objectives:

By the end of this module, participants will be able to:

- ▶ Have an overview and definition of social protection programmes and interventions in the region (types of schemes, contingencies covered, coverage, financing, etc.);
- ▶ understand the key issues and challenges to social protection programme implementation and extension of coverage to various population segments – with particular emphasis on informal economy, domestic work and migrant workers in the region;
- ▶ identify possible policy options for enhancing social protection coverage.

## Introduction

Social protection contributes to reducing poverty, exclusion, and inequality while enhancing political stability and social cohesion. It also contributes to economic growth by supporting household income and thus domestic consumption<sup>1</sup>.

Governments including ECOWAS states, have committed through different international and regional agreements such as the Sustainable Development Goals (SDGs) adopted at the United Nations General Assembly in 2015 to “implement nationally appropriate social protection systems for all, including floors” to ending poverty in all its manifestations, including its extreme forms, over the next 15 years, with social protection being one of the key pillars<sup>2</sup>.

Despite these resolutions and governments' commitment, social protection is still not a reality for the majority of the population of the world, particularly in Sub Saharan Africa, where it is estimated that only about 10 per cent of the economically active population is covered by statutory social security schemes, most of these being old-age pension schemes, while in some cases also providing limited access to health-care<sup>3</sup>.

In West Africa, particularly in the ECOWAS region, there has been expansion of social protection programmes established by governments with the support of International Development Partners. We also noticed a more conscious effort to reform existing systems through the development of inclusive social protection policies, strategies and programmes.

Some flagship non contributory social protection programmes are also being implemented in all ECOWAS Member states. That's the case of the LEAP , LIPW and NHIS programmes in Ghana, In-Care of the Poor (COPE), Home Grown school feeding (HGSFHP) in Nigeria, *Bourses familiales* and Universal health coverage in Senegal, different in-kind transfers, the HIMO programmes, school feedings in Burkina Faso, Monetary Transfers or Coupons, Food Assistance (Food and Malnutrition Prevention) in Mali, Cash Transfers, Animal Kit, seeds for farmers in Niger as well as in Mali.

Other non-contributory social protection measures are also present in many ECOWAS Member states, such as support to access to nutrition, access to health care, housing and education, support to citizens and individuals, households, and communities to better manage risks. Even though there is no one fit for all models or policies on social protection in the region (each country building its own), many similar programmes have been found in different ECOWAS Member states.

Many estimates for Africa show that less than 10 per cent of the population considered as vulnerable (defined as children, adults not covered by contributory provision and people above retirement age not receiving contributory benefits) receives a non-contributory benefit. For West African countries (where data is available), this figure does not exceed 5 per cent, with the exception of Niger with 16.7 per cent of the population receiving some social assistance benefits<sup>4</sup>.

1 World Social Protection Report, ILO, 2017

2 UN 2015a. Transforming our world: The 2030 Agenda for Sustainable Development, Resolution adopted by the General Assembly on 25 September 2015 (New York).

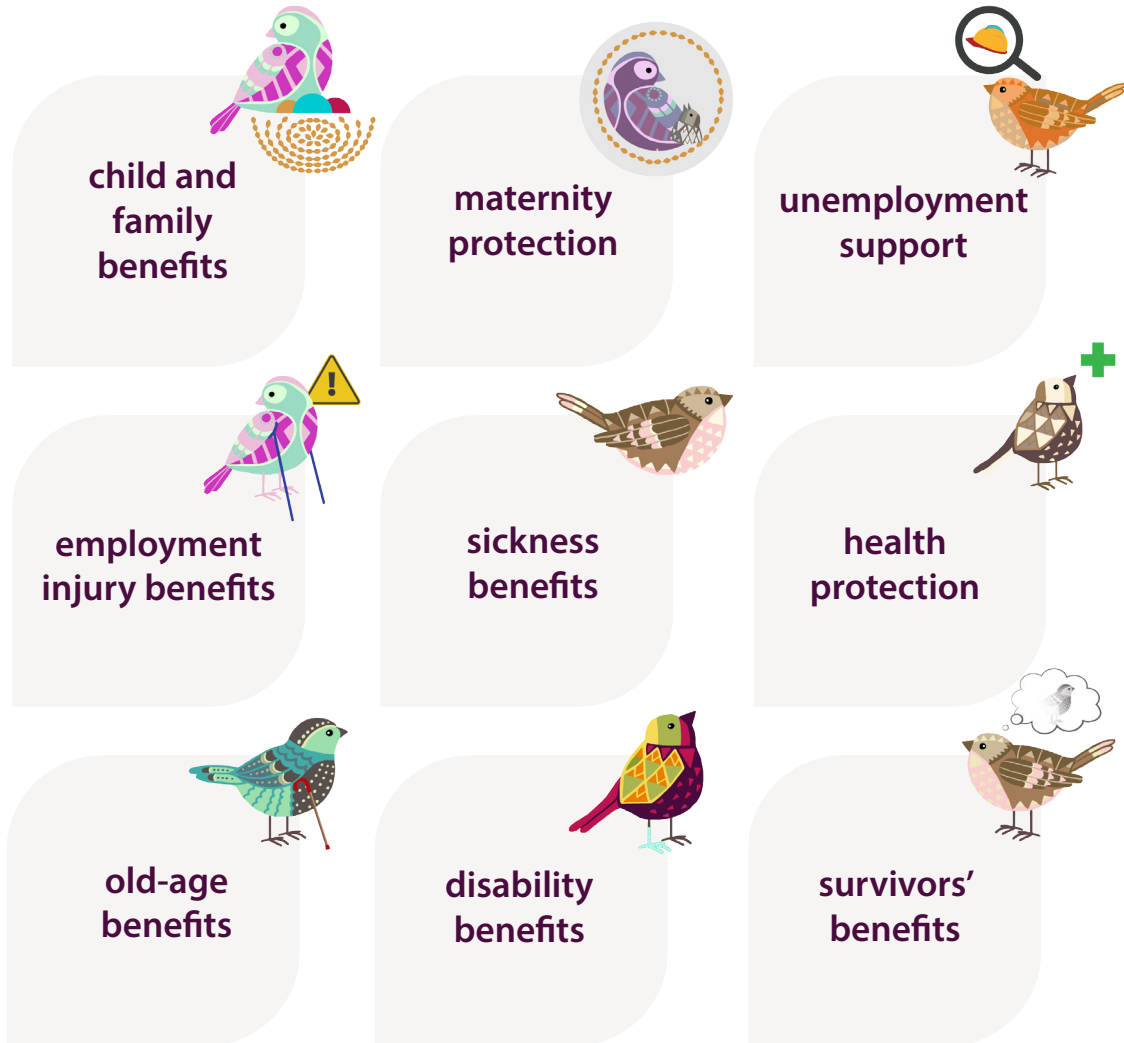
3 Social Protection Overview in West Africa: it draws on the World Social Protection Report (WSPR) 2017-19, with special reference to the chapter showcasing trends in social protection in Africa and the statistical database.

4 ILO, World Social Protection Report (WSPR) 2017-19.

# 1. Review of concepts and definitions related to social protection in the region

**There is no single definition of social protection**, and countries and organizations use the term social protection in different ways. Nevertheless, there is significant commonality in how social protection is defined, as well as some important caveats.

The ILO defines social protection as the set of policies and programmes designed to reduce and prevent poverty and vulnerability across the life cycle. Social protection includes nine main areas:



Social protection systems address all these policy areas by a mix of contributory schemes (social insurance) and non-contributory tax-financed (social assistance).

This resonates strongly with the AU definition:

«“Social protection” refers to public and private, or to mixed public and private measures designed to protect individuals against life-cycle crises that curtail their capacity to meet their needs. The objective is to enhance human welfare. For the purposes of this Protocol, social protection includes all forms of social security, but also goes beyond the social security concept. It also includes strategies and programmes aimed at ensuring a minimum standard of livelihood for all people in a given country, enhancing human welfare; (economic security)»<sup>5</sup>

<sup>5</sup> Draft Protocol to the African Charter on Human and People's Rights on the Rights of Citizens to Social Protection and Social Security.

The definitions of social protection used by ECOWAS member states in key social protection policy documents is also strongly aligned with those above. This suggests that a growing understanding of what social protection consists of is starting to emerge, which can contribute to the harmonization of social protection programmes development and implementation.

## Box 1: Social protection definitions in ECOWAS member states

**Nigeria:** « A mix of policies and programmes designed for individuals and households throughout the life cycle to prevent and reduce poverty and socio-economic shocks by promoting and enhancing livelihoods and a life of dignity ».

**Ghana:** “a range of actions carried out by the state and other parties in response to vulnerability and poverty, which seek to guarantee relief for those sections of the population who for any reason are not able to provide for themselves”.

**Liberia:** “a package of policies and programs, implemented as part of public actions, that provide income or consumption transfers to the poorest, protect the most vulnerable against livelihood risks, and improve access to economic opportunities, with the aim of reducing food insecurity and deprivation, while increasing resilience of vulnerable households and groups to shocks”.

It is worth clarifying some of the definitions or component parts of social protection:

- **Social assistance:** Social protection mechanisms which are financed by taxes or general revenue and are “non-contributory”, meaning eligibility is not determined by previous financial contributions to a scheme or fund. Social assistance can include programmes addressing specific life cycle contingencies (e.g. old age pensions, maternity benefits and child benefits) or may be more generally targeted to poor households.
- The term “**social safety net**” is often used to describe social assistance schemes, although is generally understood to refer to those programmes targeted at poor households.
- **Social insurance:** Schemes which are financed by contributions, and where eligibility also depends on having made regular and sufficient contributions to a scheme. They are also understood to be based on the insurance principle (individuals or households protect themselves against risk by pooling resources with a larger number of similarly exposed individuals or households)<sup>6</sup>. Social insurance benefits are usually organised in relation to life cycle contingencies such as those described in ILO Convention 102: child and family benefits, maternity protection, unemployment support, employment injury benefits, sickness benefits, health protection, old-age benefits, disability benefits and survivors' benefits.
- The term **social security** is used by the ILO interchangeably with “social protection”. Nevertheless, some countries and organisations understand the term to mean contributory social insurance.
- **Social welfare:** non-contributory mechanism of social protection: health services, psychosocial support, and counselling to survivors of violence against persons.

<sup>6</sup> Annex 1 Glossary, World Social Protection Report, ILO, 2017-19; Devereux and Sabates-Wheeler's (2004) transformative social protection framework.

- ▶ **Social protection floor:** The concept of a social protection floor was proposed by the World Commission on the Social Dimension of Globalization in 2004, when it stated that “a certain minimum level of social protection needs to be an accepted and undisputed part of the socio-economic floor of the global economy.” The concept was developed by the ILO and culminated in the adoption of Recommendation 202 concerning nationally defined social protection floors. The recommendation calls for member states to put in place four basic social security guarantees comprising basic essential health care for all (1), with particular attention to maternal health, and minimum income security for children (2), people in working age (3) and older persons (4). The social protection floor sets some principles on extending social security including universality of coverage, sustainability of funding, a rights-based approach, adequacy and focus on outcomes and progressiveness of implementation. It also recommends a pluralism of approaches including combining social assistance and social insurance according to the national context.
- ▶ **Comprehensive social protection system:** complete and coherent social protection system covering children (child benefit), the working age (support to those without jobs, maternity protection and work injury) disability, access to health care and the old age (pensions)<sup>7</sup>.

## 2. Legal and policy framework for social protection in ECOWAS

The legal and policy framework is another important aspect of social protection development in ECOWAS Member states.

The main international standards and agreements are mentioned in the social protection policies of most of the countries, such as:

- ▶ The UN Conventions on Human Rights;
- ▶ The SDGs (Sustainable Development Goals),
- ▶ The Decent Work Agenda;
- ▶ Child rights and Child protection;
- ▶ Rights of persons living with disability;
- ▶ Food security and agriculture development;
- ▶ ILO standards on social protection.

The Africa agenda 2060 and the AU Social Development Policy as well as the African Union (AU) Livingstone Transformative Agenda (2006) are also some of the regional agreements that guide policy development in the ECOWAS region.

ECOWAS adopted several legal frameworks; the lead being the Revised Treaty which highlights the mandate of ECOWAS on guiding Member States in developing and implementing social protection policies and programme.

As for the national legal frameworks, for most of the countries, they include codes, laws and other legal acts on social protection/social security child rights, education, anti-trafficking, food security and agriculture development, sustainable livelihoods and decent work agenda, social health protection, and gender equity.

<sup>7</sup> [https://www.ilo.org/caribbean/events-and-meetings/WCMS\\_531164/lang--en/index.htm](https://www.ilo.org/caribbean/events-and-meetings/WCMS_531164/lang--en/index.htm)  
[https://www.ilo.org/wcmsp5/groups/public/---ed\\_emp/---emp\\_ent/---multi/documents/publication/wcms\\_213761.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_ent/---multi/documents/publication/wcms_213761.pdf)

Among the fifteen ECOWAS member states, twelve have developed a comprehensive social protection policy<sup>8</sup>. The remaining three countries have strategies and legal frameworks on social protection<sup>9</sup>.

Finally, it should be noted that only six African countries, three ECOWAS member states, have ratified the ILO Social Security (Minimum Standards) Convention, 1952 (No. 102).<sup>10</sup> However, the other countries are using the Convention as a recommendation in order to guide their social security development.

That's the case of Benin, Ghana, Mali, Nigeria and many other member states that have social insurance schemes, covering at least four out of nine contingencies (family benefit, old age, work related injury, maternity and access to health care).

## 3. Overview of social protection programmes in ECOWAS member states

Different social protection programmes are being implemented in the ECOWAS region. These include contributory social insurance for the protection of salaried workers and their families, non-contributory programmes on the forms of cash transfers (such as pensions for the elderly, grants to children and households, cash for food, school feeding) and public works programmes.

### 3.1 Social insurance programmes<sup>11</sup>

Historically, social protection systems in the ECOWAS countries have focused on the implementation of social insurance schemes seeking to protect members and their families against the economic and social consequences that may be brought about by the partial, total, temporary or permanent loss of their capacity to secure earnings, or means of providing for themselves and meet their basic needs.

ECOWAS member states vary in terms of the comprehensiveness of coverage of their social insurance schemes. Table 1 outlines the extent of legal coverage of social insurance schemes in ECOWAS, with reference to 8 of the 9 social protection contingencies articulated in ILO Convention 102 (health is discussed below). Almost all ECOWAS Member countries provide mandatory coverage for old age, invalidity and survivors benefits through public social security systems, and coverage of work-related accidents and occupational diseases. The branches of family and maternity benefits are also established in all francophone and lusophone countries (Benin, Burkina Faso, Cabo Verde, Ivory Coast, Guinea, Guinea-Bissau, Mali, Niger, Senegal, Togo) but not in English-speaking countries (The Gambia, Ghana, Liberia, Nigeria and Sierra Leone). Provision for unemployment is nonexistent or limited in all countries apart from Cabo Verde which introduced an unemployment benefit in 2016 (see Box 2).

8 Benin, Burkina Faso, The Gambia, Ghana, Guinea, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo have developed social protection policies that are complete and coherent, even if not fully implemented. Cabo Verde has one of the most comprehensive policy and programme implementations.

9 Cote d'Ivoire has developed a strategy on social protection. Guinea Bissau has a legal framework on social protection. 10 Senegal (October 22nd, 1962), Niger (August 9th, 1966), Mauritania (July 15th, 1968), Libya (June 19th, 1975), Togo (June 7th, 2013), Chad (June 4th, 2015).

11 Annex: Table 1: Social insurance: benefits provided per country and Table 2. Main non-contributory social protection programmes in ECOWAS Member States.



Table 1: Legal coverage of social insurance programmes in ECOWAS

Country/ Territory	No. policy areas covered by at least one programme	Child and Family	Maternity (cash)	Sickness (cash)	Unemployment	Employment injury	Disability/ Invalidity	Survivors	Old age
Benin	6	●	●	▲	None	●	●	●	●
Burkina Faso	6	●	●	▲	None	●	●	●	●
Cabo Verde	8	●	●	●	●	●	●	●	●
Côte d'Ivoire	6	●	●	■	▲	●	●	●	●
The Gambia	4	None	▲	▲	▲	●	●	●	●
Ghana	5	None	▲	●	None	●	●	●	●
Guinea	7	●	●	●	None	●	●	●	●
Guinea-Bissau	...	...	▲	...	None	●	●	●	●
Liberia	4	None	None	None	None	●	●	●	●
Mali	6	●	●	▲	▲	●	●	●	●
Niger	6	●	●	▲	None	●	●	●	●
Nigeria	4	None	▲	■	▲	●	●	●	●
Senegal	6	●	●	■	None	●	●	●	●
Sierra Leone	4	None	▲	None	None	●	●	●	●
Togo	6	●	●	▲	None	●	●	●	●

## Key

- At least one programme anchored in national legislation, including employer-liability programmes based on mandatory risk pooling.
- ▲ Limited provision (e.g. employer-liability programmes involving direct benefit provision by the employer).
- Only benefits in kind (e.g. medical benefit).

## Box 2: New unemployment benefit in Cabo Verde

The unemployment rate in Cabo Verde stood at 15 per cent in 2016, and the Government introduced a new unemployment allowance the same year. The new scheme requires employers to pay an additional 1.5 per cent of workers' wages while workers contribute 0.5 per cent.

Source: World Social Protection Report, ILO, 2017

Regarding **old age benefits**, there are significant differences between the systems in French, Portuguese and English speaking countries. In the first group of countries (Senegal, Cote d'Ivoire, Mali, Burkina Faso, Niger, Benin and Togo) the contributory pension is linked to career length, and generally reflects the living standards achieved during the career. Pension is granted based on a minimum qualifying period which varies from one country to another. Most English-speaking countries have implemented provident funds, although some have transformed their national provident fund into a pension insurance scheme.

Social security's role in the area of **health care** is weak in almost all ECOWAS countries. It is provided by a small number of countries, and the coverage is often quite partial. Access to health care is quite low, especially for the populations not covered by a statutory scheme. Most member states' funds do not cover the risk of sickness according to international social security standards, as they

fail to ensure support for medical care and payment of daily sickness benefits. In most cases, it is the employer who directly supports the total or partial coverage of compensation for the periods set by legislative, regulatory or contractual frameworks. The only identified exceptions to this rule are Cabo Verde and Guinea.

Some countries have developed social insurance mechanisms with the vision of expanding coverage of their health systems. Some of these initiatives are described in Box 3.

### Box 3: Country examples of health insurance in ECOWAS

In **Senegal**, compulsory insurance for the healthcare branch is established in the form of company or inter-company sickness insurance institutions. Each private company of more than 100 employees or many companies together have the obligation to set up a health insurance institution, namely called IPM (Institut de Prévoyance Maladie)

**Ghana** has created a healthcare coverage (and maternity) scheme. In 2003, the Minister of Finance announced in his budget statement to the Parliament that 2.5% of the contribution rate would be placed under a national health insurance scheme. The implementation of this proposal brought the overall contribution rate for old-age, survivors and disability benefits to 15%. The Institute of Social Security and National Insurance collects contributions from employers and transfers them to the National Health Insurance Scheme. This plan covers all residents: contributions for the elderly, people in need and children (up to the age of 18 if both parents have paid the annual contribution). Medical care for the dependents of the insured is also supported for all residents under the scheme.

**Nigeria** is currently implementing a National Health Insurance Scheme. In accordance with the decree that brought forth the establishment of a national health insurance scheme (NHIS), the objectives are to ensure that every Nigerian has access to quality health care services.

**Mali** has a Mandatory Health Insurance (AMO) scheme, set up by an Act of 26th June 2009, which represents a major reform of the national social protection policy. It provides access to health care for workers under the Labour Code, central and local government officials, the military and parliamentarians who are either active or retired, and their dependents.

## 3.2 Non-contributory social protection

Social protection systems in ECOWAS have historically put far less emphasis on tax-financed non-contributory schemes than social insurance, yet the last decade or so has seen new non-contributory initiatives are being implemented in the region. These have included cash transfers targeted at poor households such as the LEAP programme in Ghana, the *Bourses familiales* programme in Senegal, and the In-Care of the Poor (COPE) programme in Nigeria. Other common approaches have been public work programmes, school feeding programmes, and subsidised health insurance for poor or low-income families. Box 4 provides a case study of some key non-contributory programmes in Ghana.

## Box 4: Non-contributory programmes in Ghana

### Livelihood Empowerment Against Poverty (LEAP)

- It provides cash transfers to almost 100,000 poor households at the end of 2015.
- It is possible to link LEAP benefits to other social protection services and programmes such as income generating activities and support better livelihoods.

### Labour Intensive Public Works (LIPW)

- In over three (3) years of implementation, LIPW has provided 5,400,000 days of employment to 100,000 poor individuals in 49 districts in the poorest regions of the country.

Payments for both programmes are made through a biometrically verified electronic payment platform and a Web-Based Management Information System.

### Access to Health care (NHIS)

- It promotes universal access to basic healthcare through public, mutual and private health insurance schemes.
- Children; people in need of ante-natal, delivery and post-natal services; people affected by mental disorders; people classified as indigent by the Department of Social Welfare; categories of differently-abled people; SSNIT pensioners and contributors; people over seventy (70) years of age **are exempted from paying contributions;**

In many cases, these initiatives have been put in place with the substantial support of development partners, and commonly continue to rely heavily on development partner funding. Very few social assistance programmes are anchored in the national legislation. These programmes are sometimes complemented by components to promote labour market development, for example, through labour-based programmes, improvement in education enrolment with school feeding programmes, and support to the agricultural sector by subsidizing fertilizers and providing low interest credit.

Many social assistance programmes have been found to have a positive impact on recipients, nevertheless, their scale and scope remains limited. Some countries in ECOWAS still have little or no non-contributory social protection in place, and where these schemes do exist coverage tends to be limited. Targeting the poorest households has also been found to be challenging particularly in low and middle income contexts where the income levels between those defined as poor and non-poor are minimal. A recent global review of targeting accuracy found that means-tested programmes missed between 44% and 97% of their target group. For the one ECOWAS country included in the review (Ghana, LEAP) the exclusion error was found to be 95%.<sup>12</sup>

These factors mean that non-contributory schemes in ECOWAS are far from being able to provide a minimum social protection floor. One country that has made some steps towards expanding a minimum floor in one branch of the social security system is Cabo Verde which in 2006 introduced a non-contributory social pension. The scheme provides a social pension to older people aged 60 or older who have an income below the poverty line and are not in receipt of other social security benefits. While the scheme is means-tested, in combination with other social security schemes it is able to guarantee near universal coverage of the pension system<sup>13</sup>.

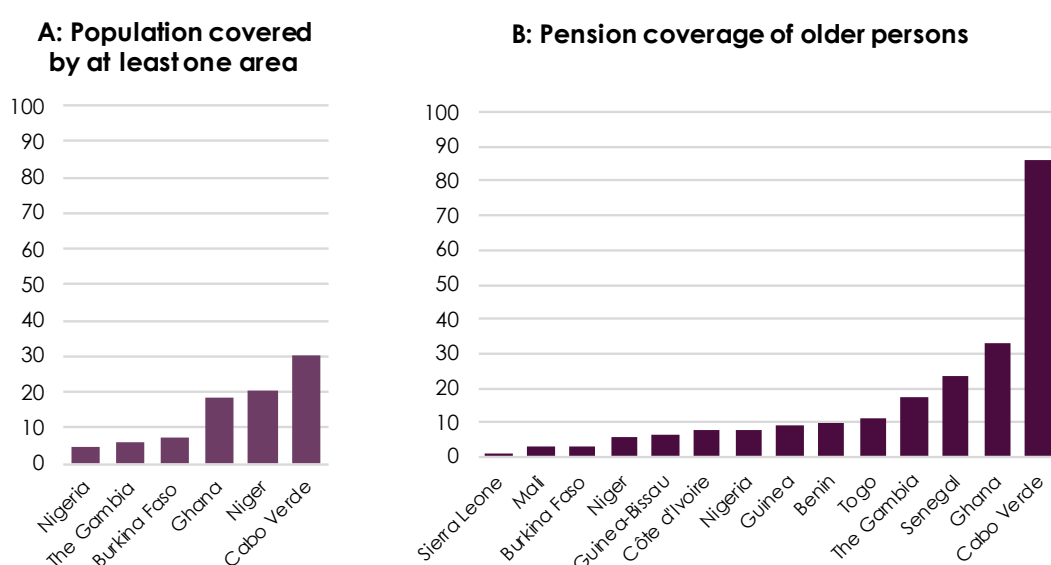
12 S. Kidd and S. Athias (2019) Hit and Miss: An assessment of targeting effectiveness in social protection, Church of Sweden and Development Pathways.

13 International Labour Office (2019) 100 years of social protection: The road to universal social protection systems and floors: Volume I: 50 country cases, Geneva: ILO.

## 4. Gaps and challenges of social protection policy and programmes

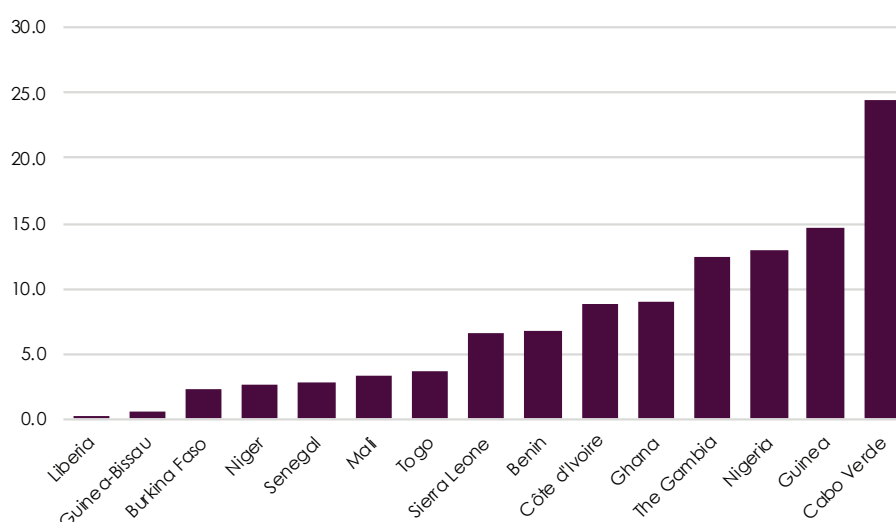
Despite progress being made in the implementation of social protection policies and programs, more commitment shown by governments, and the support provided by development partners and other stakeholders, coverage of social protection remains very limited. The core social protection indicator of the Sustainable Development Goals is indicator 1.3.1, which measures the proportion of the population protected in **at least one** area of social protection, which is 17.8% for the Africa region as a whole. Comprehensive data for this indicator exist for only six ECOWAS member states but for these states, the proportion covered is 20% or less, with the exception of Cabo Verde where the figure is 30% (see Figure 1, panel A). With regard to old age pension coverage, about which data are mainly available, in most countries fewer than one in ten elderly people receive any kind of regular transfer (Figure 1, panel B).

**Figure 1: Social protection coverage in ECOWAS**



Regarding social insurance, the coverage of the current working generation also remains very low across ECOWAS member states. Figure 2 shows that in most ECOWAS member states fewer than one in ten people in the labour force are contributing to a pension scheme, with a high of close to 25% in Cabo Verde.

**Figure 2: Active contributors to a pension scheme as a share of the labour force 15+ (%)**



**The combined result is most ECOWAS member states are far from creating a social protection floor.**

Despite the reference to social protection floors made by all member states' social protection policies and strategies, there is a weak integration and implementation of social protection floors, particularly regarding access to basic health care, guaranteed income for children and the elderly.

Some challenges on the development and implementation of social protection interventions have been identified in the ECOWAS region.

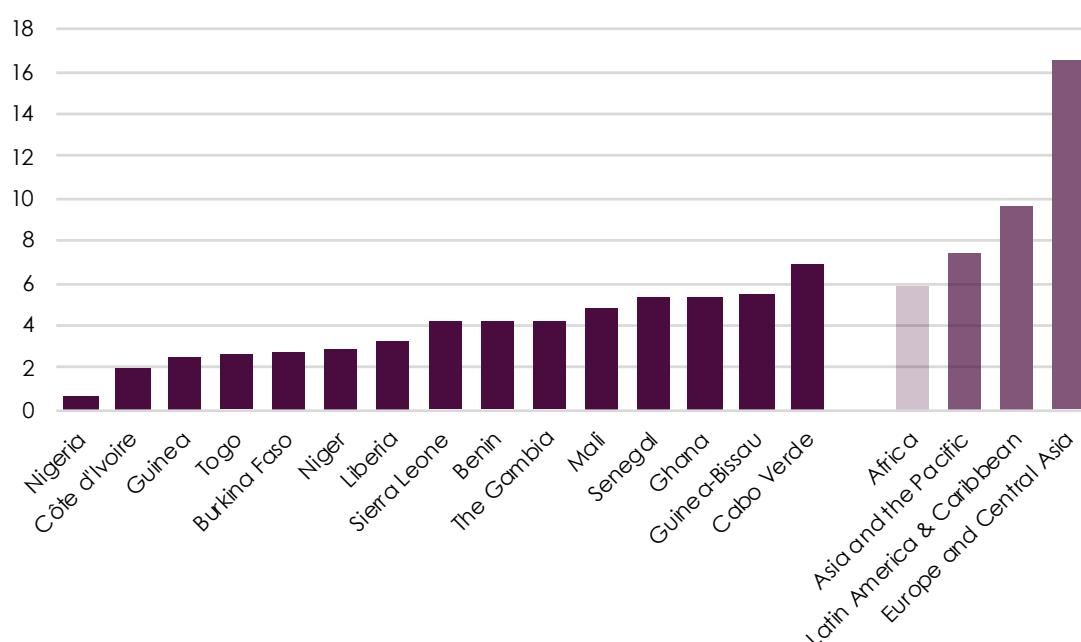
- ▶ **Limited coverage and scope of social insurance**, particularly for workers in the informal economy, rural workers, domestic workers and migrant workers. It is estimated that 90% of the workforce in West Africa is in the informal economy and the rural areas. As discussed above, many social insurance schemes are limited in scope in relation to the nine contingencies outlined in ILO Convention 102. Only three Member states have ratified the ILO Convention on Minimum standards of social security, Convention 102<sup>14</sup>.
- ▶ **Insufficient development of social assistance schemes, especially those targeting the children.** Social assistance schemes have the potential to reach low income families and workers in informal employment. However, social assistance programs in the region tend to be short-term and emergency oriented, while long-term cash transfers enshrined in national legislation are lacking. Social assistance programmes also tend to be low in coverage relative to the level of need (often in a pilot phase), and means-tested (with associated targeting errors). Few countries have developed programmes specifically seeking to address life cycle risks, mostly targeted at poor households.
- ▶ **Weak development of access to health care programmes and schemes.** Despite efforts made by some countries through the establishment of national health insurance systems or universal access to health care programmes, the majority of the ECOWAS citizens do not have access to health care. Out of pocket spending remains the most important financing mechanism of health care. With the exception of Ghana and Cabo Verde with a coverage gap respectively of 26% and 35% of their population, all remaining ECOWAS Member states have a big coverage gap on legal health coverage. Only 20% of the population is covered in Senegal, 9% in Benin, less than 3% in most countries (Burkina Faso, Cote d'Ivoire, Guinea, Guinea Bissau, Niger, Nigeria, Sierra Leone and Togo)<sup>15</sup>. This situation impacts the lives of millions of people, especially children, women, older persons, people living with disabilities and workers in the informal economy and rural areas.
- ▶ **Institutional framework characterized by a lack of coordination of social protection interventions.** Social protection interventions are commonly fragmented with responsibility for service delivery dispersed across different Ministries and agencies. International development partners interventions are also not coordinated. This results in duplication of activities and lack of harmonization of mechanisms, such as different targeting modalities to identify the poor and vulnerable households for cash and non-cash transfers, many uncoordinated registry and delivery channels, leading to inefficiency on interventions. Some countries have made important efforts to coordinate the implementation of their social protection system. For example, in Nigeria the Ministry of Budget and Planning is ensuring the coordination of all interventions, while in Ghana the Ministry of Gender, Children and Social Protection has the overall responsibility of the operational coordination, implementation and review of the policy.
- ▶ **Insufficient development of programs on resilience to climate shocks and humanitarian issues. ECOWAS member states are set to face increasing climate related shocks, such as droughts, floods, while and over-exploitation of natural resources, particularly in the form of deforestation are likely to worsen in the future.** Countries such as Niger, Senegal, the Gambia and many more seem to be the most affected and their populations facing high levels of food and nutrition insecurity. Meanwhile, the Ebola outbreak that hit Liberia, Sierra Leone and Guinea demonstrated a lack of preparedness, weaknesses and underfunding both in the health systems in West Africa and poor access to basic services such as water, sanitation, health care and social protection.

<sup>14</sup> The countries that have ratified ILO Convention 102 are Senegal, Niger and Togo.

<sup>15</sup> ILO World Social Protection Report (WSPR) 2017-19, Table B.13 Deficits in universal health protection by rural/urban areas (global, regional and country estimates).

- **Inadequate funding of social protection programs.** Limited funding of social protection underpins many of the issues described above. Expenditure on social protection (including health) across Africa stands at 5.9% of GDP, which is lower than other major regions of the world. Expenditure by ECOWAS member states is also lower than the African regional average (See Figure 3). Social protection expenditure for children is especially low, especially in Africa (0.8% of GDP) considering that the proportion of children aged 0–14 years in the population is 43%<sup>16</sup>. In addition, the International Development Partners continue to play a crucial role by providing substantial funds to countries in order to develop and sustain their social protection policy and programmes. Nevertheless, many countries in West Africa, in line with the Ouagadougou Declaration, Livingstone Call for Action and Agenda 2063, are continuously providing funds to gradually develop social protection policy and programmes. There are a variety of options to generate resources for social protection, even in the poorest countries such as the ECOWAS member states. They include reallocation of public expenditures by giving priority to social expenditures, increasing tax revenues, developing contributory social security schemes by extending social security to the informal economy and rural workers. The integration of social protection expenditures into the national budgeting system can also be a sustainable mechanism of allocation of resources.

**Figure 3: Total social protection expenditure including health (% of GDP)**



► **Weakness of the monitoring and evaluation mechanisms.**

Many countries do not have integrated monitoring and evaluation (M&E) systems. Lack of coordination between the government and other institutions implementing social protection programmes, insufficient or lack of data and performance measurements, weak involvement of the civil society and other stakeholders, weak capacity building on social protection characterize the monitoring and evaluation mechanisms in most of the ECOWAS member states. This has led to weak transparency and accountability of the social protection interventions and difficulty to measure outcomes and impact of social protection programmes.

<sup>16</sup> ILO World Social Protection Report (WSPR) 2017-19, Table B.17 Public social protection expenditure by guarantee (percentage of GDP).



## 5. Lessons learned from social protection development and implementation in member states

The review of social protection policy and programmes in the region revealed some good practices and lessons to be learnt for future policy and programme development:

- ▶ **Cabo Verde** shows that rapid progress towards the universalization of pension systems is feasible and affordable in developing countries.
- ▶ Strong commitment by the Government is a key ingredient to social protection development (**Ghana, Senegal, Cabo Verde**).
- ▶ Combining contributory and non-contributory programmes can help accelerate the coverage (**Ghana, Senegal, Cabo Verde**).
- ▶ Sustainable financing of social protection can be achieved through strong commitment and political will and integration of social protection expenditures on the budgeting systems (**Ghana and Senegal**).
- ▶ The gradual and progressive implementation of social protection according to priorities and resources available can contribute to more effectiveness and efficiency on social protection expenditures (**Ghana, Cabo Verde**).
- ▶ Sharing infrastructure with other social protection programmes and institutions (ministries, local governments and organizations) allows more effectiveness on the delivery (case of **Nigeria** with the single registry piloted by the World Bank with some partners on delivering cash transfers).
- ▶ The use of information technology further enables transparent, accountable, and sound management by creating linkages between databases for cross-checking of data and reduction of duplicates (**Nigeria and Ghana**).

## 6. Recommendations

The main recommendations that came out from the review of social protection policy and programmes in ECOWAS Member states are resumed below:

- ▶ Funding social protection. There is a necessity for Governments to allocate adequate funding and explore innovative funding mechanisms, such as taxation for sustainability issues;
- ▶ The coordination of social protection interventions in Member States must be strengthened, in order to avoid duplication of activities by different actors including International Development Partners and also a more effective and efficient delivery;
- ▶ Social protection policy and programmes need to focus on social protection floors ensuring access to basic health care and minimum income to the vulnerable groups (children, old persons, persons living with disability), extension of social insurance schemes to the informal economy and the rural workers, education policies that can keep students at school such as school feedings programmes, climate change aspects (food security, subsidy to seeds and fertilizers to the poor small farmers).
- ▶ Policies should have a rights-based approach, targeting universality.

## Conclusion

An adequate allocation of resources by member states, a better coordination of the implementation of social protection policies and programmes through effective and accountable monitoring mechanisms, an improvement of the targeting methodologies and focus on priorities to be delivered will lead to a positive economic and social impact of social protection interventions in the region and align the region to the best practices in the world.

ECOWAS should develop a monitoring and evaluation mechanisms for the follow up of the implementation by member states of social protection policies and programmes (reporting template, data to be collected, production of reports and regularity, formats and regularity of technical and high officials meetings at regional level and involvement on the evaluation of the different programmes implemented by member states).

Best experiences and good practices from member states, Africa and the rest of the world should be documented and shared with all countries as lessons learnt.

Costing of social protection programmes and economic and social impacts studies conducted by the ECOWAS Commission can guide member states to prioritize and allocate necessary funds for strengthening programmes.

ECOWAS should strengthen the capacity of ECOWAS member states on social protection in developing training programmes, manuals and operational guides that can provide useful information on the development and implementation of policies (for example, operational guides on targeting methodology, implementation of the General Convention on Social Security, etc.).

All these activities will contribute to harmonise policies and programmes and ensure more effectiveness on social protection development in West Africa.





## Key learning points

- ▶ The **ILO** defines **social protection** as the set of policies and programmes designed to reduce and prevent poverty and vulnerability across the life cycle.
- ▶ **Social protection** is the protection that society provides for its members: (1) to compensate for the loss of income caused by events such as maternity, ill health, sickness, unemployment, work injury, invalidity, old age, and death of the breadwinner; (2) to facilitate access to social services (such as health services, education and others) and fulfil basic needs.
- ▶ Social protection systems address all these policy areas by a mix of **contributory** schemes (social insurance) and **non-contributory** tax-financed (social assistance).
- ▶ A **comprehensive social protection system** is a complete and coherent social protection system covering children (child benefit), the working age (support to those without jobs, maternity protection and work injury) disability, access to health care and the old age (pensions).
- ▶ 6 African countries - **3 ECOWAS** Member States - have ratified the **ILO Social Security (Minimum Standards) Convention, 1952 (N°102)**.
- ▶ Social protection systems in ECOWAS have historically put far less emphasis on tax-financed **non-contributory schemes** than on **social insurance**, yet the last decade or so has seen new non-contributory initiatives being implemented in the region.
- ▶ The core social protection indicator of the Sustainable Development Goals is indicator 1.3.1, which measures the proportion of the population protected in at least one area of social protection, which is 17.8 per cent for the Africa region as a whole.
- ▶ Access to social protection including health care is still a big challenge for **ECOWAS** citizens, as **less than 10% of the population is covered** by at list one contingency. Workers of the informal economy and rural areas, as well as children being the most excluded of the systems. However, efforts have been made by member states to develop and implement inclusive social protection policies. To that regard, some countries are being good examples in providing the most comprehensive social protection system as possible. Ghana, Capo Verde, Senegal are among them.
- ▶ Sustainability of **funding social protection**, especially the non-contributory social protection programmes is another **challenge** that most West African countries face. In almost all member states, programmes are funded mainly by donors.
- ▶ Despite the reference to social protection floors made by all ECOWAS member states' social protection policies and strategies, there is a **weak integration and implementation of social protection floors**, particularly regarding access to basic health care, guaranteed income for the children and the old persons.



## Test your knowledge

1. **In Sub Saharan Africa it is estimated that approximately what proportion of the economically active population is covered by statutory social security schemes?**
  - a. 20 %
  - b. 17.6 %
  - c. 10 %
  - d. 16.7%
  
2. **Social protection focuses on nine main areas, including:**
  - a. unemployment support
  - b. employment injury benefits
  - c. maternity protection
  - d. child and family benefits
  - e. health protection
  - f. all of the above
  
3. **Which of the following sentences are FALSE?**
  - a. The ILO defines social protection as the set of policies and programmes designed to reduce and prevent poverty and vulnerability across the life cycle.
  - b. There is one single definition of social protection, and countries and organizations use the term social protection in the same way.
  - c. Social welfare is a contributory mechanism of social protection: health services, psychosocial support, and counselling to survivors of violence against persons.
  - d. The term social security is used by the ILO interchangeably with “social protection”. Nevertheless, some countries and organizations understand the term to mean contributory social insurance.
  
4. **Social assistance includes schemes which are financed by contributions, and where eligibility also depends on having made regular and sufficient contributions to a scheme.**
  - a. True
  - b. False
  
5. **Historically social protection systems in ECOWAS countries have been focused on the implementation of \_\_\_\_\_ schemes**
  - a. Social assistance
  - b. Social insurance

6. Social protection systems in ECOWAS have historically put far less emphasis on tax-financed non-contributory schemes than social insurance, yet the last decade or so has seen new non-contributory initiatives are being implemented in the region.
- True
  - False
7. The core social protection indicator of the Sustainable Development Goals is indicator 1.3.1, which measures the proportion of the population protected in at least one area of social protection, which is \_\_\_\_\_ for the Africa region as a whole.
- 18.7 %
  - 16.7 %
  - 17.8 %
  - 27.8 %
8. In most ECOWAS member states, fewer than one in ten people in the labour force are contributing to a pension scheme, with a high of close to 25% in \_\_\_\_\_.
- Ghana
  - Cabo Verde
  - Niger
  - Burkina Faso
9. ECOWAS countries are currently facing the following challenges on the development and implementation of social protection interventions:
- Limited coverage and scope of social insurance
  - Insufficient development of social assistance schemes
  - Inadequate funding of social protection programs
  - Weakness of the monitoring and evaluation mechanisms
10. Combining contributory and non-contributory programmes can help accelerate the coverage of social protection schemes.
- True
  - False



# Training activities

## Training activity I – Round table: Overview of social protection in the ECOWAS region



### Round Table – presentations



### Instructions for the trainer

#### Objectives:

- ▶ Understanding and discussing about the main features of social protection mechanisms in the ECOWAS region;
- ▶ enhancing a shared understanding of the main challenges that countries of the ECOWAS region face in terms of development and implementation of social protection systems;
- ▶ identifying common challenges and recognizing opportunities for regional cooperation;
- ▶ fostering information sharing and enhancing communication among countries in the region.

Divide participants into three groups. Each group will be working on a separate round table composed by 5 different countries of the ECOWAS region, each participant representing a country.

Each participant will describe and share with the group the social protection system being implemented in his/her country following the Question Set below, preparing a brief presentation (5 min).

#### Description of the social protection system in your country

In order to structure the round table presentations, share a copy of the following Question Set example with participants (5 min / country presentation).

Example of Question Set:

**1. Is a social protection policy, strategy or any framework being implemented? If yes, what are the main components?**

**2. Social insurance component:**

- i. What schemes exist? Describe them.
- ii. Which branches are covered by each scheme?
- iii. Who is covered (categories of workers: domestic workers, migrant workers, workers in the informal economy, etc.)?
- iv. How does it comply with ILO Convention 102?
- v. Did the country ratify Convention 102?
- vi. If not - do you deem it relevant for your country to ratify the Convention? Why?

**3. Non-contributory component: What programmes exist?**

- i. What schemes/institutions are implementing them?
- ii. Who is covered? What are the qualifying conditions?

**4. Describe the main challenges and strategies of social protection coverage in your country.**

**5. What are your recommendations for an inclusive social protection system in your country?**

Once presentations are over, encourage participants to highlight common challenges and strategies undertaken by countries.

Wrap up the main points highlighted by each table and share them with the rest of the group.

Emphasize the opportunity to promote regional cooperation in the region, given the common challenges faced by ECOWAS countries in terms of social protection coverage and efficiency.



### Tips

- ▶ Give participants time to prepare the Question Set and carry out a brief research (if necessary) on countries they will represent at the table discussion table.
- ▶ Encourage participants to engage in actively on discussions.
- ▶ The Question Set is an example of topics to guide constructive and structured discussions, but it can be adapted depending on context.
- ▶ Select a facilitator for each table to guide discussions, if considered appropriate.



### Materials

- ▶ Writing material.
- ▶ Copies of Question Set to guide discussions.



### Time

- ▶ Preparation of Question Set and brief research on country features (10 min).
- ▶ Round table presentations (25 min: 5 min / presentation).
- ▶ Final conclusions (10 min).

## Training activity II - 1-2-4-All



### 1-2-4- All

#### Objectives:

- ▶ Think and discuss collectively to generate ideas to enhance the access to social protection and promote actions to face the current challenges in the ECOWAS region;
- ▶ generate and share common and complementary ideas in groups;
- ▶ promote the diversity of ideas and actions, while building consensus within the groups;
- ▶ enhance a shared understanding of the challenges faced by the the ECOWAS region in terms of coverage and implementation efficiency of social protection mechanisms.



#### Instructions for the trainer

Ask participants the following questions:

- ▶ What are the main challenges in terms of access to social protection in the ECOWAS region?
- ▶ What ideas or actions would you recommend in order to advance social protection coverage and implementation efficiency in the ECOWAS region?

First, give participants time to have a silent reflection to think and answer to the questions individually. (5 min)

Second, once participants have had time to think individually, invite them to exchange and generate ideas in pairs (one-on-one meeting). (5 min)

Third, after participants conclude the one-on-one meetings, encourage them to share their ideas with another group of two participants. This time they will discuss and generate ideas in groups of four. (10 min)

Finally, once that the groups of four have reached consensus and agreed on common ideas, they will present their conclusions with the rest of the group in plenary session. (15 min)



#### Tips

- ▶ Encourage participants to engage actively in discussions, since there is not a single answer. Diversity of ideas fosters constructive debating.
- ▶ Highlight the importance of reaching consensus between participants before engaging on further discussions with other groups.
- ▶ Emphasize complementary measures proposed by participants.
- ▶ In the plenary session: the facilitator asks each group to share one emerging idea, "What idea stood out in your conversation?"
- ▶ Each group shares one important idea with all. Invite each group to share one insight but not to repeat insights already shared.



#### Materials

- ▶ Writing material.
- ▶ Sticky Notes.
- ▶ No chairs or tables needed.

#### Time

- ▶ 5 min individual reflection.
- ▶ 5 min pair discussion.
- ▶ 10 min groups of four.
- ▶ 15 min plenary session.

# Annex 1:

**Table 1: Social insurance: benefits provided per country**

Country	Institutional framework	Personal scope	Benefits provided
<b>Benin</b>	National Social Security Fund (NSSF) for the private sector and National Retirement Fund (FNRB) dedicated to civil servants.	Salaried workers including migrant workers who registered to the scheme	family benefits, benefits for work injuries and occupational diseases, old-age, disability and death benefits
<b>Burkina Faso</b>	National Social Security Fund (NSSF)  Community-based Mutual Health Organizations	Salaried workers; independent workers and workers in the informal economy  Migrant workers  Rural and informal	Family, maternity, employment injury, old age, invalidity, death  Health care
<b>Cabo Verde</b>	National Institute of Social Insurance (INPS) for management of compulsory social security scheme, a general non-contributory plan	salaried workers against all risks	Family benefits, work injury and occupational diseases, old-age, disability and survivors' benefits, sickness and maternity benefits
<b>Cote d'Ivoire</b>	National Social Security Fund (CNPS).	Salaried workers (coverage of 6% of the population)	Old age, death, work injury, family benefits.  Health care only for civil servants and health centres for the private sector
<b>Gambia</b>	Legal framework: Social Security and Housing Finance Corporation (SSHFC)  Three funds: Federated Pension Fund (FPS) Defined Benefits; National Provident Fund (NPF) Defined Contributions; industrial Injuries Compensation Fund	Workers in formal employment	Pensions, workrelated injuries compensation and a provident fund for public sector workers.  No national health insurance programme
<b>Ghana</b>	Social Security Institution in Ghana (SSNIT) and Pensions Regulatory Authority	Salaried workers	Old age – monthly pension and lump sum  death survivors benefit lump sum  Invalidity monthly pension and lump sum  Health care – national health insurance scheme  Work injury workmen's compensation

<b>Guinea</b>	National social security scheme  National social security for civil servants  National Institute for mandatory Health care	Salaried workers  Civil servants  Civil servants	Old age, invalidity, work related injury, family benefits, survivors, maternity, health care, invalidity non professional
<b>Guinea Bissau</b>	National Institute of social security (INSS)	Salaried workers and public services (0.22% of the population)	Sickness and maternity, family benefits, old age and disability benefits, survivor benefits.
<b>Liberia</b>	National social security welfare Corporation (NASSCORP)  Employment Injury Scheme (EIS)  National Pension Scheme (NPS)	Salaried workers	Work-related injury, illness, invalidity and old age
<b>Mali</b>	National Institute of Social Security;  Social Security Fund;  National Health Insurance Scheme (CANAM) for the management of mandatory health care.  Mutual Health Organizations, community-based health insurance schemes for rural and informal workers	Salaried workers, independent workers, migrant workers with condition of residence	family benefits, benefits for work injuries and occupational diseases, old-age, disability and death benefits;
<b>Niger</b>	National social security fund	Salaried workers (0.08% of the population)	Health care, work-related injury
<b>Nigeria</b>	Nigeria Social Insurance Trust Fund (NSITF). Pension Reform Act 2014  Social Insurance Scheme designed to provide compensation to employees  National Housing Fund (NHF) Scheme  Community-Based Health Insurance Scheme (CBHIS)		Contributory savings system, towards old-age benefits.  Occupational diseases, sustain injuries or disability from accident at work place or in course of employment,  mortgage lending  access to health care to the general population



<b>Senegal</b>	<p>Social Security Fund (CSS)</p> <p>Old-Age Pension (IPRES).</p> <p>Healthcare branch (IPM).</p> <p>Universal health care coverage (CMU)</p>	<p>Salaried workers, independent workers; open to informal economy workers</p> <p>Migrant workers</p> <p>General populations</p>	<p>Family benefits and work injuries/ occupational diseases branches. It also implements Family and Welfare Action</p> <p>Old age benefits</p> <p>Health care</p> <p>Health care</p>
<b>Sierra Leone</b>	Contributory pension scheme implemented by NASSIT.	Salaried workers	risks associated with unemployment, sickness, disability, employment injury and old age
<b>Togo</b>	National social security fund (CNSS)	<p>Salaried workers</p> <p>Workers in informal economy and independent workers not covered yet</p>	<p>Maternity, work injury, old age, disability and survivors</p> <p>Less than 5% of the population</p>

Source: A desk review of social protection policy and programmes in ECOWAS member states, 2018

## Annex 2:

**Table 2. Main non-contributory social protection programmes in ECOWAS member states**

Country	Target beneficiaries	Benefits provided
<b>Benin</b>	<p>Extremely poor and vulnerable people facing food insecurity</p> <p>School feeding programmes co-funded by the Government and the WFP</p> <p>186,000 students every year</p> <p>People living with HIV, orphans and vulnerable children (27,000 beneficiaries)</p> <p>Children up to 5 years old</p> <p>Primary schools and two first years of secondary schools for girls</p> <p>Children under 5 and pregnant women</p> <p>Employment promotion through HIMO programs</p> <p>7000 beneficiaries</p>	<p><b>Cash transfer</b> targeting flow number of populations: 1,641 in 2009 and 2,123 in 2010</p> <p>Average annual amount 38,000 FCFA</p> <p>Average amount per student 28,000 FCFA</p> <p>Commodity subsidies</p> <p>Target products: food products, oil, electricity</p> <p>Treatment of malaria, HIV AIDS, Tuberculosis and caesarean delivery</p> <p>Public work: construction of roads, urban planning programs</p>
<b>Burkina Faso</b>	<p>Pilot Cash transfer programme SP/CNLS-IST</p> <p>People living with HIV AIDS</p> <p>Migrant workers</p> <p>Rural and informal</p> <p>Common social safety net program - Cash transfers /coupons in welding - Malnutrition</p>	<p>Eligibility criteria: poor and presence of orphan in family</p> <p>Amount: between 1,000 and 4,000 every three months</p> <p>Beneficiaries: 2,600 targeting 75 villages</p>
<b>Cabo Verde</b>	<p>National Centre for Social Pensions (CNPS). A means- tested social pension</p> <p>Persons aged 60 and over, children and for persons with disabilities</p> <p>Elderly persons must reside in Cabo Verde,</p>	<p>Have an income below the official national poverty line, and not benefit from any other social security scheme.</p> <p>Beneficiaries receive a monthly payment of CVE 5,000 (about US\$50), which is 20 per cent more than the poverty line.</p>
<b>Cote d'Ivoire</b>	<p>School feeding programmes in half of primary schools but not the all year</p> <p>THIMO (Labour Intensive Public Works Programmes)</p> <p>Vulnerable and poor households</p>	<p>Cash and in-kind transfers</p> <p>Food provided</p>

<b>Gambia</b>	<p>Nationally Owned School Feeding' programme</p> <p>Students at primary schools</p> <p>Perspectives:</p> <p>Introduce Public Works Programmes (PWP) and other relevant employment and income generation schemes for extremely poor households and vulnerable individuals</p> <p>Introduce a national health insurance scheme</p> <p>Poor and vulnerable groups</p>	<p>School feeding</p> <p>Livelihood opportunities and labour capacity for the poorest and most vulnerable groups</p> <p>Cash wages as a temporary income boost, as well as complementary services to build their capacity to generate income and accumulate assets</p> <p><u>Nutrition and community care;</u> agricultural productivity and food security at the house hold level</p>
<b>Ghana</b>	<p>Livelihood Empowerment Against Poverty (LEAP)</p> <p>Labour Intensive Public Works (LIPW)</p> <p>National Health Insurance (NHI) Exemptions</p> <p>The Ghana School Feeding Programme</p> <p>The Education Capitation Grant</p> <p>Food and Agriculture Sector Initiatives</p> <p>Poor households</p>	<p>Cash transfers to almost 100,000 poor households the programme has provided <u>5,400,000</u> people- days of employment to 100,000 poor individuals in 49 districts in the poorest regions of the country. Other significant areas of innovation in its delivery include payments through a biometrically verified electronic payment platform</p> <p>Universal access to basic healthcare through public, mutual and private health insurance schemes promote universal access to basic healthcare through public, mutual and private health insurance schemes</p>
<b>Guinea</b>	<p>Social welfare and social assistance programmes</p> <p>Labour Intensive Public Works</p> <p>Social welfare for most marginalized groups</p> <p>Poor households</p> <p>Marginalized groups such as people living with HIV</p>	<p>Cash and in-kind transfers</p> <p>Food subsidy</p>
<b>Guinea Bissau</b>	<p>Emergency Operation and Prolonged Relief to Guinea-Bissau</p> <p>Integrated Maternal and Child Health Program (PIMI)</p> <p>Vulnerable Populations in Guinea-Bissau</p> <p>Children</p>	<p>Nutrition and support for subsistence of cash transfers</p>

<b>Liberia</b>	<p>2008 Basic Package of Health and Social Welfare Services (BPHS)</p> <p>Poorest populations</p>	<p>Cash transfers</p> <p>Health appropriate services</p> <p>Food and agriculture Policy</p> <p>Food Security and Nutrition Strategy</p>
<b>Mali</b>	<p>(RAMEd) access to health care</p> <p>Social welfare Jigisemejiri</p> <p>Vulnerable and poor people who do not have access to health insurance</p>	<p>Cash transfers</p> <p>Food security for primary schools</p> <p>Kits for schools</p> <p>Cash Transfers or Coupons - Food Assistance (Food and Malnutrition Prevention)</p>
<b>Niger</b>	<p>Children</p> <p>Vulnerable people and poor households</p> <p>Students at primary schools</p>	<p>Food security and nutrition</p> <p>School feeding programmes</p> <p>Cash transfers + productive assets (animals / seeds)</p>
<b>Nigeria</b>	<p>In-Care of the Poor (COPE)</p> <p>for pregnant women and children under five</p> <p>Community-Based Health Insurance Scheme</p> <p>Extremely poor households (those headed by female, the elderly, physically challenged, and fistula or HIV/AIDS patients) with children of school-going age</p> <p>Poor farmers</p> <p>SURE - P MNCH, CSWYE programmes</p>	<p>Health fee waiver</p> <p>Fertilizer market stabilization programme</p> <p>Special public work programme</p> <p>National Programme on Immunisation</p> <p>Home Grown school feeding (HGSFHP)</p> <p>Rural Employment promotion programme</p> <p>Nigeria Youth Employment and social support operations</p>
<b>Senegal</b>	<p>Population not covered by social insurance health insurance schemes</p> <p>Vulnerable populations</p> <p>People living with disability</p> <p>Universal health coverage</p>	<p>Cash transfers National Family Security Fellowship Programme (PNBSF)</p> <p>Carte d'Egalité des Chances (CEC) Equality of chance Card access to health care and social benefits</p>

<b>Sierra Leone</b>	<p>Education programmes</p> <p>Access to health care</p> <p>Child protection programmes</p> <p>the supply of learning materials to children attending public schools and free education for primary school-going children</p> <p>Support to smallholder farmers</p>	<p>Fee waivers, aid grants, school feeding free healthcare programme which provides free primary healthcare for children under five, and primary and secondary care for pregnant women up to six weeks after childbirth</p> <p>School feeding, scholarships and fee waivers, health assistance (health cost reduced fees and subsidised medicines for intended beneficiaries) Supplementary feeding</p> <p>Agricultural input support programmes</p> <p>Seed, fertiliser, improved planting materials, irrigation facilities and breeding stock</p>
<b>Togo</b>	<p>Children, women, persons living with disability</p> <p>Vulnerable people, poor households and children in precarious situation</p>	<p>Access to health care</p> <p>Social welfare programmes</p> <p>Labour Intensive Public Work programmes</p> <p>Cash transfers</p>

Source: A desk review of social protection policy and programmes in ECOWAS member states, 2018

## EXTENDING SOCIAL PROTECTION TO MIGRANT WORKERS IN THE ECOWAS REGION: A capacity building toolkit on the ECOWAS General Convention on Social Security

**Module 1:** Social protection in ECOWAS: States, issues, challenges and policy responses

**Module 2:** Social protection for migrant workers: An overview

**Module 3:** Concepts and international standards on coordination of social security

**Module 4:** Introduction to the ECOWAS General Convention on Social Security: Origin, context, principles and key provisions

**Module 5:** Implementation of the ECOWAS General Convention on Social Security: Coordination of social security in the ECOWAS region

**Module 6:** Bilateral and multilateral social security Agreements involving contracting parties of the ECOWAS General Convention on Social Security

**Module 7:** Gaps in the ECOWAS General Convention on Social Security

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