

# Social protection across the life course

How social protection systems facilitate demographic change



## Imprint

Original edition  
July 2022

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Published by the  
**Berlin Institute for Population and Development**  
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Most of the thematic maps were produced with Tableau Software, Seattle, USA

ISBN: 978-3-946332-67-1

The study was commissioned by Division 103 of the German Federal Ministry for Economic Cooperation and Development (BMZ).

The Berlin Institute is solely responsible for the content of the study.

The views expressed in this study do not necessarily reflect those of the BMZ.

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# FOREWORD



In many of our partner countries in Sub-Saharan Africa, the population will continue to grow rapidly in the coming decades, in some countries even double. By 2050, it is estimated that one billion more people will live in the region than today. Building and expanding social protection systems is crucial to meet the challenges population growth poses, to protect all people from poverty and to provide them with access to health care services, nutrition, and education.

This study by the Berlin Institute for Population and Development shows: With appropriate tools in the right place, social protection can help transform population dynamics into an opportunity for sustainable development. A particular focus is on women and girls. Social services can specifically protect them from poverty.

Better access to education, income opportunities as well as sexual and reproductive health and family planning services enable them to plan their own lives and families and achieve economic independence. Often, women then choose to have fewer children. And when broader segments of a rapidly growing workforce gain social, political and economic participation, this holds great potential for a country's economic development.

The country examples impressively show how social protection contributes to self-determination and sustainable development, and what great progress some countries have already made in building and expanding their social protection systems. However, they also show that major gaps remain.

In the Sustainable Development Goals of the 2030 Agenda, the international community has therefore set itself the goal of establishing national social protection systems for all by 2030. However, four billion people worldwide still do not benefit from social protection systems: Less than one-sixth of the population in Sub-Saharan Africa is currently covered by forms of social protection – neither against illness or unemployment nor against poverty in childhood and old age.

Germany therefore supports Malawi, for example, in establishing a strong social protection system (in self-administration, with the aim of domestic financing in the future). For example, Malawian households most affected by poverty receive direct cash transfers, children receive school meals, and people are active in savings groups. This study shows: The policies are working. They reduce the risk of poverty; they reduce the likelihood of early pregnancy, and they reduce child mortality.

We want to build on these successes in the future and use our commitment to social protection to make development sustainable, fair, and equal – in line with feminist development policy. To this end, the work of the Berlin Institute for Population and Development provides valuable impetus to shape our engagement at the intersection of social protection, population dynamics and self-determination.

Bonn, July 2022

Dirk Meyer,  
*Head of department Global health; employment; transformation of the economy; digital technologies; food and nutrition security*

Federal Ministry for Economic Cooperation and Development

# AT A GLANCE

By 2050, the population of Sub-Saharan Africa will almost double. Today, on average, women in the region have 4.5 children – about twice as many as in the rest of the world. Such high population growth presents enormous challenges for countries in Sub-Saharan Africa. For many governments, it will become increasingly difficult to provide their already impoverished populations with sufficient hospitals, schools, work, food and living space.

The Covid-19 pandemic has once again demonstrated how important social protection systems are. They can improve the lives of many people and cushion the impact of a crisis. In the long run, they also have the potential to accelerate the pace of demographic transition. For instance, cash transfers, pensions and health insurance policies can lower the risk of poverty for families. Parents who have better social protection tend to invest more in the education, nutrition and health of their children – key factors that lead to lower fertility rates. People who receive a pension in old age are also less reliant on support from their children.

Over the past few years, many governments in Sub-Saharan Africa have expedited the development of basic social assistance systems. However, despite huge progress in this area, only 13.7 percent of the population of Sub-Saharan Africa benefit from at least one form of social protection. This is because the majority of people work in the informal sector with no access to unemployment benefits or pensions, and pay little of income tax.

## The link between social protection and fertility

This study investigates the effects of social protection on population and development in selected countries of Sub-Saharan Africa. Governments wishing to use social protection to their advantage need to adapt their social benefits to the phase of demographic transition in which their countries currently find themselves.

## Early stage of demographic transition

In our country profiles of Tanzania, Zambia and Malawi, we analyse some promising approaches to providing basic support for the poorest of the population. In all three countries, a large proportion of households living in extreme poverty receive cash transfers – for example, families with children or the elderly. There has been particularly good empirical analysis of these programmes. In some cases, the evidence suggests that cash transfers delay the timing of the first pregnancy. An indirect impact on fertility is also likely, since the money can help ensure girls attend school more frequently and for longer. As a general rule, girls who attend school longer marry later and have fewer children. However, as there are often problems with the financing of such payments, these social benefits are not always paid out on a regular basis, which means people may not change their behaviours.

Other approaches to social protection analysed in this study have the potential to influence population trends. Free school meals, for instance, ensure children can learn better and have brighter prospects of gaining a good educational qualification. Free health insurance for mothers can contribute to a long-term decrease in maternal and child mortality rates.

## Later stage of demographic transition **What needs to be done**

Countries at a more advanced stage of demographic transition are broadening the scope of their social protection services and increasingly offer a combination of different measures for many people. In this phase, health insurance combined with a basic pension and comprehensive information about family planning can contribute to a further decline in fertility rates and promote equal rights and self-determination for women and girls. However, this only works in tandem with improvements to infrastructure – such as schools and hospitals – as well as in the quality of and access to services.

Countries where fertility rates have already declined more sharply must adapt to an ageing society. South Africa and Namibia already provide social protection for the entire elderly population, primarily in the form of basic pensions. Senior citizens there know that the state will support them in old age and they do not need to rely on their children when they can no longer work themselves. In essence, when a basic pension means children no longer have to work to secure their family's survival, this generally leads to a desire for smaller families.

Although there is still a very limited amount of available data, the countries investigated show that social protection systems already have the ability to influence population trends via different channels. In order to derive more value from this relationship and leverage additional potential, German development cooperation should, amongst other things:

- ... highlight the supportive effect of social protection systems in the demographic transition in dialogue with partner countries, and develop and extend advisory capacity at the intersection of social protection and population development
- ... further extend social protection measures showing particular potential to have a positive influence on population dynamics
- ... work with partner countries to guarantee the financing of their social protection services
- ... anchor the positive impact on fertility rates and population development in social protection strategy papers and align recommendations for developing protection systems more closely with the phases of demographic transition

- ... align social protection measures that impact fertility preferences through improvements in health and education with improved sexual and reproductive health and rights services, including family planning

- ... focus more on young people of working age by, for instance, developing suitable social insurance options for people employed in the informal sector.

# 1 | SOCIAL PROTECTION AND DEMOGRAPHY

## 1.1 Population and development in Sub-Saharan Africa

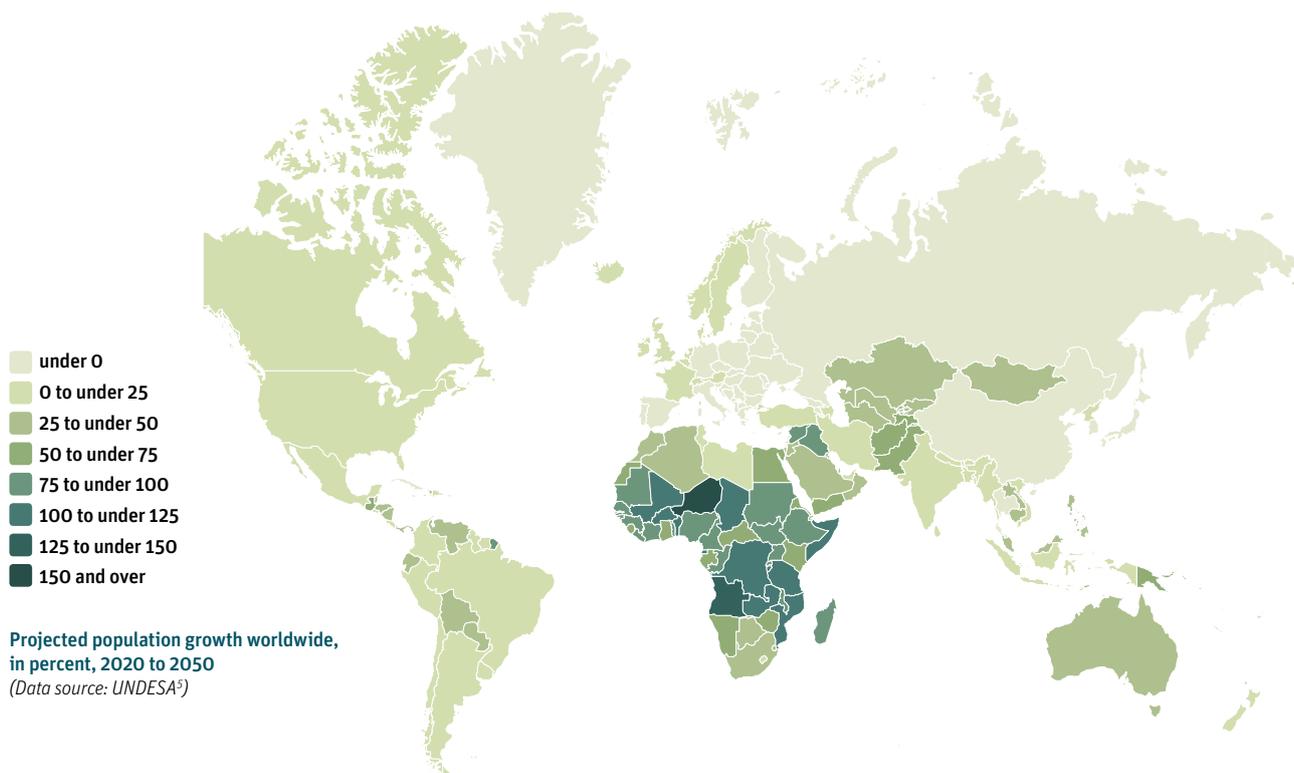
The population of Sub-Saharan Africa continues to grow rapidly. Women in the region have on average 4.5 children or about twice as many as in every other region of the world.<sup>1</sup> Every newborn cohort is therefore larger than the previous one. As a result, the population of Sub-Saharan Africa, according to the United Nations, will almost double from 1.1 to 2.1 billion people by 2050.<sup>2</sup> In most other regions of the world, such as Europe or parts of Asia, populations have plateaued for decades or are declining.

A glance at the different regions of Africa shows that population dynamics are not the same everywhere. In some countries in southern Africa, fertility rates have already sharply declined. In South Africa, Botswana or the small island nations of Mauritius and Cape Verde, women only have 1.4 to 2.8 children. Eastern African countries, with an average of four children per woman, are in the middle of demographic transition.

In some countries, including Ethiopia, Malawi or Rwanda, fertility rates have declined in recent years.<sup>3</sup> Meanwhile, some West and Central African countries are still grappling with extremely high population growth and experiencing some of the highest birth rates in the world. Women in Burkina Faso, Mali and Nigeria are still giving birth to six or seven children on average.<sup>4</sup>

### Where the population is growing

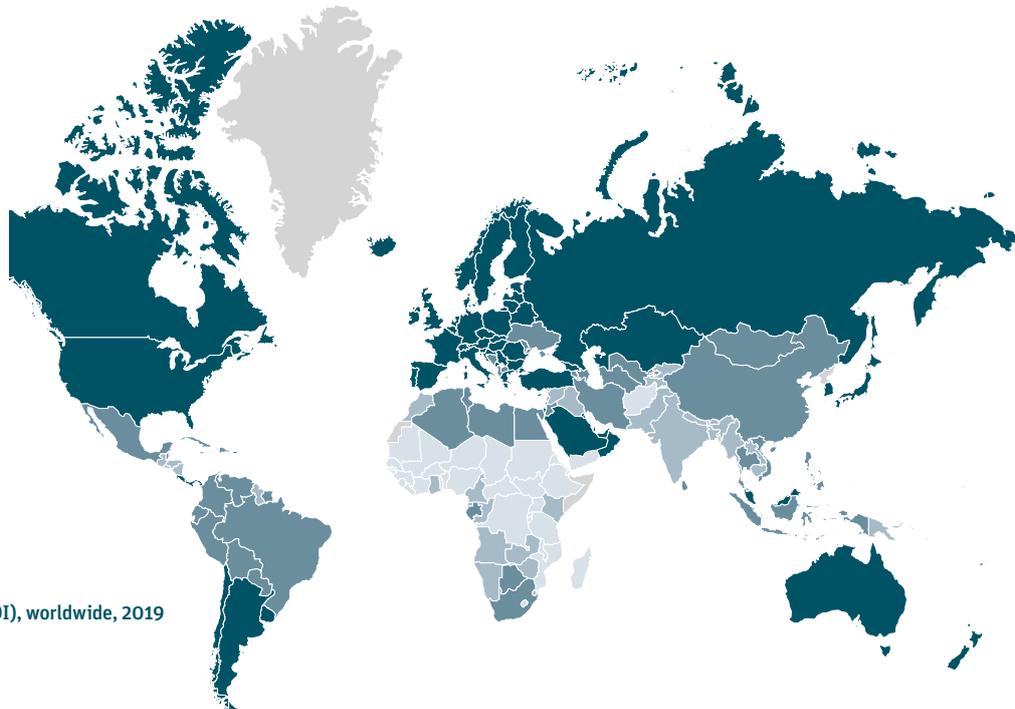
Global population growth is increasingly concentrated in less-developed nations and particularly in Sub-Saharan Africa, where women have about twice as many children as in the rest of the world. As a result, the population in Sub-Saharan Africa is projected to almost double over the next three decades.



## Human Development Index

One measure of countries' level of development is the Human Development Index of the United Nations. It takes into account various factors relating to human well-being, including per capita life expectancy and education.

- very high
- high
- medium
- low
- no data



Human Development Index (HDI), worldwide, 2019  
(Data source: UNDP<sup>7</sup>)

High fertility rates are generally closely associated with widespread poverty and a low level of development, as measured by the Human Development Index (HDI) of the United Nations.<sup>6</sup> The HDI measures the development level of all countries against various social indicators. African countries south of the Sahara with low fertility rates like Botswana, Namibia and South Africa are in the middle field according to the HDI. They tend to be more affluent, have better health care systems and their populations have higher levels of education and increasing life expectancy. Countries with the highest fertility rates and the greatest population growth like Mali, Nigeria and the Democratic Republic of Congo are at the very bottom of the scale.

Demographers believe that births in many countries in Sub-Saharan Africa are stagnating at high levels partly because the decline in fertility rates started later than in other world regions; and because the downward trend is moving more slowly overall.<sup>8,9</sup> Using a model of demographic transition, they show the development from a society in which many children are born and people die young to one where mortality is low and people have fewer children. Currently, countries in Sub-Saharan Africa are at different stages of the demographic transition. While some countries, such as Mauritius, South Africa and Namibia, are already well advanced, most of the other countries on the continent – including Malawi, Zambia and Tanzania – are still at the start of the process. Although mortality rates in the latter three have declined significantly, birth rates are still comparatively high. Younger cohorts make up the majority of the population, which is still growing.

Ongoing population growth often means countries cannot keep up with the need to provide for each new generation. Economic growth is too low, the level of poverty is unabated and socio-economic progress remains slow.<sup>11</sup> This makes it increasingly difficult for many countries to provide people with suitable health, education, jobs or housing, and to escape the vicious cycle of population growth and poverty.<sup>12</sup> Along with persistently high fertility rates, the ageing of the population proceeds – although not as rapidly as in Europe – and, as a result of increasing life expectancy, more and more people live to an advanced age. This means countries must simultaneously work to ensure good living conditions for their growing populations and offer them employment opportunities, and also protect the growing number of older people from poverty.

There is evidence of the main factors that lead to declining fertility rates: health, education and nutrition. Healthy and well-nourished children are able to learn better. Better hygiene and medical care reduce child mortality, which lessens the desire to have many children. Education for women enhances gender equality and has the effect of further reducing fertility rates. This leads to a population structure which promotes economic growth. The age structure of society shifts towards working-age adults. In other words, a particularly high number of employable individuals capable of working and being productive then becomes available to the labour market. Under the right underly-

ing conditions, this demographic bonus can be turned into an economic upswing – and a demographic dividend is possible.<sup>13</sup>

Social protection systems can help reduce existential risk factors, and meet the needs of the population. They ensure people do not have to go hungry when crops fail or income opportunities are limited. Individuals can receive free medical care when they are sick, or a pension when they are no longer able to earn a living in old age. Well-developed social protection systems reduce poverty and help reduce the gap between rich and poor. They enable children and young people to receive an education and gain access to basic health

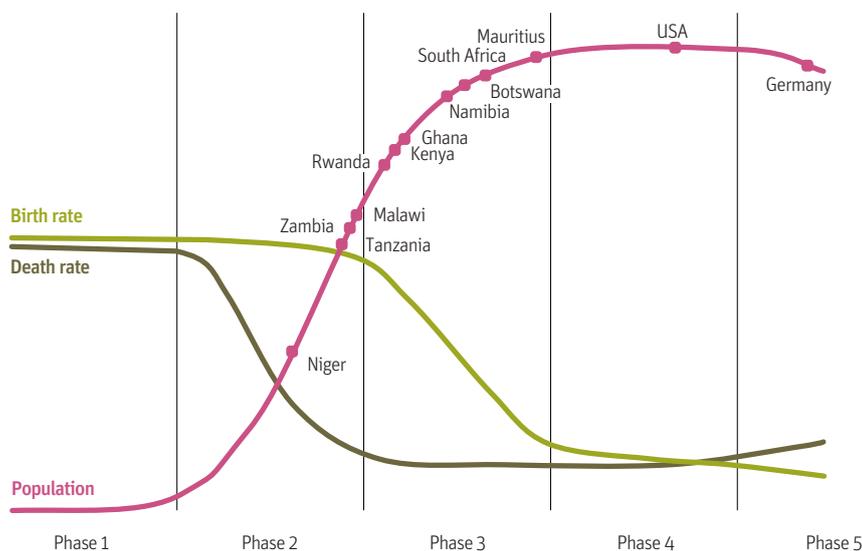
services while creating conditions for a self-determined future. They provide stability and increase opportunities to participate in social life.<sup>14</sup> This gives social protection the potential to help drive sociodemographic change. People better equipped to cope with the ups and downs of life tend to invest more in their children – and have fewer children overall.

In this study we investigate how social protection systems affect population growth in Sub-Saharan Africa, exploring the following questions: Can development of social protection systems in Sub-Saharan Africa help leverage the opportunities and deal with the challenges of demographic change? Does protection from fundamental risks lead to men and women thinking differently about family size and encourage planning for smaller families? Do countries at the start of the demographic transition process need other measures than countries that have already made significant progress? What scientific evidence is there of links between the development of social protection systems and declining fertility rates? And what opportunities for shaping German development cooperation policies arise as a result?

In order to answer these questions, we initially address the empirical links at the interface between social protection and fertility. Based on the examples of three countries, we highlight the impact and potential of their social protection systems on their national fertility rates. Then we take a look at the countries of Sub-Saharan Africa which are already further advanced in the demographic transition and to some extent have comprehensive social protection systems in place. We investigate what impact this has on fertility. Based on those findings, we then provide recommendations for action for German development cooperation.

## The pathway through the demographic transition

As part of their demographic development, all countries globally are undergoing a form of demographic transition – albeit at different times and at varying speeds. When living conditions improve, initially the mortality rate declines, followed later by a falling fertility rate. Temporarily the population tends to grow, but when child mortality decreases, income and educational opportunities improve, and people have new opportunities to plan their lives on a more individual basis, they tend to delay having children. As a result, the fertility rate declines. At the end of the transition, population growth comes to a halt or the population even shrinks. Over the course of this transformation process, it is not just the size of the population that changes but also the age structure.



Schematic representation of the trend in fertility and mortality rates and the overall population, not counting migration  
(own diagram<sup>10</sup>)

## 1.2 The links between social protection and fertility

In the late 1950s, economists, sociologists and demographers first observed the impact of national social protection systems on fertility. At the time, western industrial nations were introducing public pension systems. In many of those countries, after the baby boomer years of the post-war period, fertility rates declined rapidly and levelled off at fewer than two children per woman in most cases.<sup>15</sup> At the same time, the contraceptive pill came onto the market and made pregnancies easier to plan.

A number of scientists at the time concluded that widespread provision of old-age pensions was responsible for the decline in fertility.<sup>16, 17, 18</sup> This led to increased interest in the relationship between the two.<sup>19, 20</sup> For instance, in a particularly comprehensive study from 2005, American economists investigated the influence of pensions on birth rates in Europe and the USA over a period of 70 years.<sup>21</sup> They attributed half of the decline in births in both regions to rising pension incomes following the expansion of national social protection systems since the 1960s and argued that the consistently lower fertility rates in Europe since the 1970s were due to more extensive pension schemes. Overall, according to the authors of this study, fertility rates dropped between 0.7 and 1.6 children per woman when state pensions increased by ten percent of Gross Domestic Product (GDP).<sup>22</sup>

A theoretical assumption at the heart of these studies is that children are considered an investment by their parents in terms of old-age provision or household support and are thus the result of a cost-benefit consideration.<sup>23, 24</sup> According to this economic theory of fertility, as part of the modernisation process, the material benefit of children lessens as soon as the state offers insurance against risks such as poverty in old age.<sup>25</sup> In other words, people who experience security in old age need less help from their children. By the same token, the incentive to have many children increases with the degree of poverty parents experience and the less the state intervenes to support them.

Some researchers also assume that health or unemployment insurance has a similar effect. But they tend to assess the risk of illness and long-term unemployment as less significant. For this reason, they work on the assumption that pensions have the strongest impact on fertility rates, but there is little robust data to support this.

## 1.3 Theory and practice: social protection in development cooperation

Development of social protection systems for sustainable development and as means of overcoming poverty is an integral element of today's development discourse. However, the idea of introducing social protection measures to eliminate social injustice, poverty and hunger is relatively new. For a long time, development policymakers argued that poorer countries had to build stronger economies before they could afford to pay for social policies.<sup>31</sup> It was not until the turn of the millennium that the international community began to rethink that theory.

### Many factors influence fertility rates

Although the economic benefits of having children seem obvious to many parents, the decision-making processes they apply in everyday life are generally less rational and much more multi-faceted than merely financial. Experience shows that fertility rates always decline in places where people's living conditions improve. In other words, improved healthcare along with educational and income-generating opportunities all have an effect on population growth.<sup>26</sup> Better education increases the likelihood that young women can make self-determined decisions about the kind of life they wish to lead.<sup>27</sup> As a rule, they are then better able to assert their own preferences about the number of children. They generally

tend to have their children later in life and have fewer children overall.<sup>28</sup> Better education increases the career chances of young women. Whether or not they are able to plan their pregnancies and have access to contraceptives like the pill or condoms is also an important factor. Other factors such as religious beliefs, as well as norms and values likely play a part in their decision-making too.<sup>29</sup> Personal circumstances, such as whether a man and woman live together in a partnership or the age at which they become sexually active, influence the number of children they will have. How all these factors work together and whether one of the components has a particularly strong influence can vary greatly between societies.<sup>30</sup>

Failed reforms in the 1980s and 1990s were the impetus for the new approach. At the time, the International Monetary Fund and World Bank required governments in many developing countries to make so-called structural adjustments in order to stimulate economic growth and increase competitiveness on the world market.<sup>32</sup> Liberalisation and deregulation measures went hand in hand with significant cuts in national budgets – particularly to social expenditures on education and health.<sup>33</sup> For instance, healthcare began to be increasingly privatised, user fees were introduced and clinics primarily operated in large cities.<sup>34</sup> More and more people were thus denied access to healthcare. As a result, economic uncertainty, poverty and social injustice increased.

International aid and development organisations and many countries then introduced so-called safety nets.<sup>35</sup> These emergency handouts, often in the form of material goods or food parcels were designed to offset the socially detrimental repercussions of the aforementioned reforms and secure the survival of the most vulnerable.<sup>36</sup> Gradually it dawned on policymakers that economic growth alone was not sufficient to reduce poverty and promote social justice.<sup>37</sup> This new perspective triggered the groundbreaking development of a new global development consensus, the Millennium Development Goals. The first goal of the strategy finalised around the turn of the 21st century was to eliminate poverty in all its forms.<sup>38</sup>

Soon, social protection became a subject in international development debates. It was no longer viewed as short-term aid but increasingly seen as a longer-term strategy to eliminate poverty and foster development which could also be effective in low-income countries.<sup>39</sup> The international community chose basic social assistance as best-suited for developing countries.<sup>40</sup> This form of social protection provides the most vulnerable of society with a minimum subsistence income. That may mean regular provision of basic essentials, family allowances such as a child benefit or school subsidy, or a basic pension.<sup>41</sup> Basic social assistance is not conditional on any contributions from its beneficiaries, but is instead generally financed by taxes. This distinguishes it from social insurance which is largely funded by employee contributions. Payment of a basic social support benefit is therefore possible outside the structures of formal employment.

## Overview of instruments of social protection

The term social protection encompasses all pillars of the social system and all entire strategies and measures with the aim of reducing poverty, providing protection, promoting resilience or developing human capital. The instruments of social protection are divided into four pillars: (1) basic social assistance, (2) social benefits (3) social insurance and (4) labour market policies and interventions. Fully developed, universal, multi-pillar social protection systems cover all of these areas through a combination of contributory systems, and non contributory benefits funded by taxes.

SOCIAL PROTECTION							
Non-contributory				Contributory			
Basic social assistance			Social care	Social insurance	Labour market policies and interventions		
Social transfer	Employment programmes	Cost allowances	Subsidies			Active	Passive
<ul style="list-style-type: none"> <li>■ Cash transfers</li> <li>■ Vouchers</li> <li>■ Transfers in kind (e.g. school meals)</li> </ul>	Temporary, state-funded <ul style="list-style-type: none"> <li>■ Cash for Work</li> <li>■ Food for Work</li> <li>■ Voucher for Work</li> </ul>	<ul style="list-style-type: none"> <li>■ For basic education and health services</li> </ul>	<ul style="list-style-type: none"> <li>■ Food</li> <li>■ Electricity</li> <li>■ Fuel</li> </ul>	<ul style="list-style-type: none"> <li>■ Family support services</li> <li>■ Home-based care</li> </ul>	Health insurance Insurance for <ul style="list-style-type: none"> <li>■ Unemployment</li> <li>■ Maternity/paternity</li> <li>■ Disability</li> <li>■ Work accidents</li> <li>■ Old age pension</li> <li>■ Crop/livestock insurance</li> </ul>	<ul style="list-style-type: none"> <li>■ Work sharing</li> <li>■ Training</li> <li>■ Job-search services</li> </ul>	<ul style="list-style-type: none"> <li>■ Maternity benefits</li> <li>■ Sickness benefits</li> <li>■ Changes in legislation (e.g. minimum wage)</li> </ul>

(Own diagram, based on K4D & Ukaid<sup>45</sup>)

Many international organisations, bilateral and multilateral donors began to promote basic social assistance projects in developing countries. They implemented a series of pilot projects, initially in Latin America, then in Asia and Sub-Saharan Africa, but these often remained small in scope and reach.<sup>42,43</sup> The international community was guided by a proposal for basic social insurance for developing countries submitted in 2009 by the International Labour Organization (ILO). It was approved by ILO member nations three years later in the form of a recommendation (2012, No. 202, Social Protection Floor) that countries should guarantee basic social assistance for all. The idea was that ultimately they would extend this on a step-by-step basis into comprehensive social protection systems with universal coverage.<sup>44</sup>

Building on this, the international community made a further commitment a short time later in its Agenda for Sustainable Development to make comprehensive social protection systems available to all as a universal human right by the year 2030 (Goal 1.3). Social protection is also firmly anchored within four other goals of the Sustainable Development Agenda: Goal 3.8 on universal health coverage, Goal 5.4 on recognition of unpaid care and domestic work, Goal 8.5 on full, productive and decent work and Goal 10.4 on social protection in the workplace.<sup>46</sup> In addition, current efforts of the international community aim to gradually expand and convert existing temporary, project-related or small-scale individual social support measures into integrated state-led systems. However, the potential positive reciprocal effects between developing social protection systems and population dynamics in Sub-Saharan Africa have received little consideration to date.

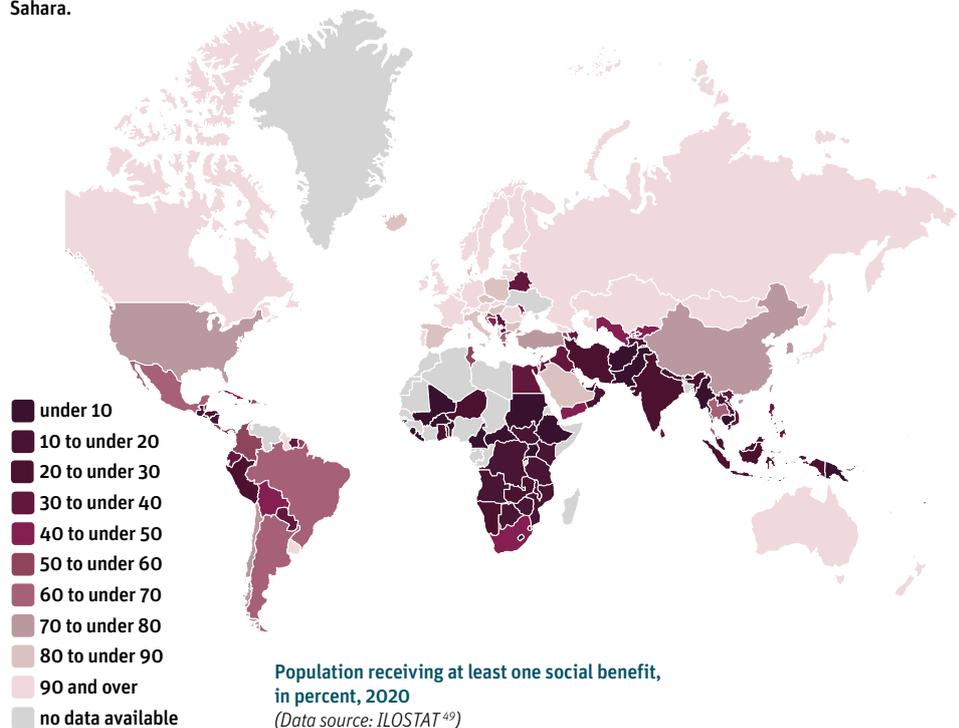
## 1.4 Social protection in Sub-Saharan Africa

In Sub-Saharan Africa only a minority of people benefit from social protection. On average, just 13.7 percent of the population can expect to receive any form of state support.<sup>47</sup> As a result, many people face the risk of poverty due to crop failure, illness, job loss or old age. The social and economic consequences of natural disasters, conflicts or health crises like the Covid-19 pandemic exacerbate the difficulty of expanding social systems on the sub-continent.<sup>48</sup>

Most countries south of the Sahara have at least one form of contribution-based social protection system, often dating back to the colonial era. These forms of often patchy social insurance generally only cover workers within the formal economy and primarily offer old-age pensions or health insurance.<sup>50,51</sup> But in most Sub-Saharan countries, formal sector employees make up only a small proportion of the workforce.<sup>52</sup> More than 83 percent of people work in the informal sector, primarily in agriculture or services, and thus fall through the cracks. Without a stable income, they have no access to social insurance schemes or simply cannot afford to pay the premiums. They get by as day labourers on farms, keep their heads above water with odd jobs as street traders, or do unpaid care and housework.<sup>53</sup> The latter applies to young

### Few people in Sub-Saharan Africa have access to social protection

Social protection systems in Sub-Saharan Africa are the least developed in the world. As a result, many countries are poorly equipped to adequately support their own populations in crises like the Covid-19 pandemic, in old age, when they fall ill, or lose their jobs. Although the range of social benefits has more than quadrupled over the past two decades, many people cannot access them. A high number of informal workers, limited administrative capacity and insufficient financing are among the biggest challenges in countries south of the Sahara.



women in particular.<sup>54</sup> The result is that, despite working hard, millions of people experience chronic poverty, feeding themselves and their families on less than US \$1.90 a day.

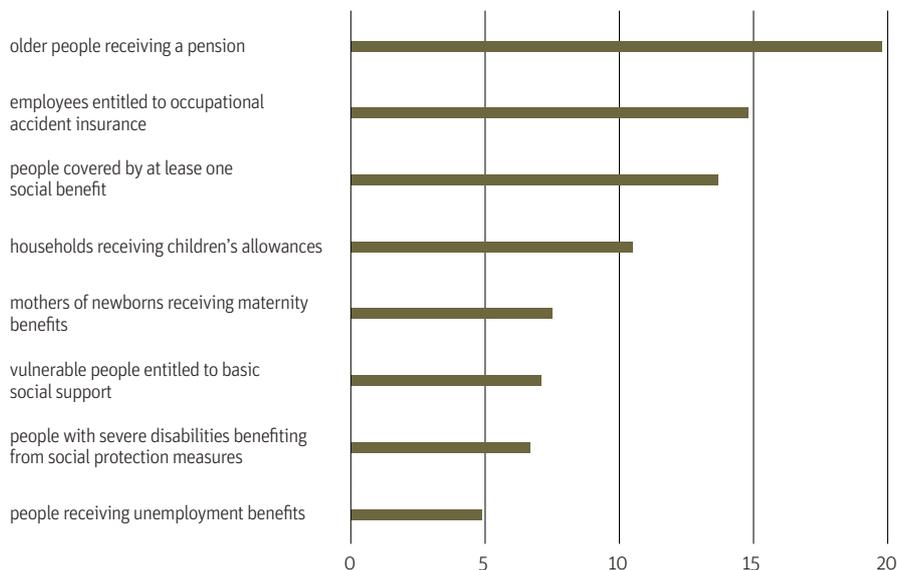
Over the last two decades, many governments of Sub-Saharan countries have introduced reforms and invested in the development of basic social assistance to better protect their people, regardless of employment status.<sup>55</sup> In addition, there are efforts to extend contributory social insurance schemes to the informal economy.<sup>56</sup> Despite immense progress in this area, only few people have the protection they need.

Financing of social protection systems remains a huge challenge, because most people in Sub-Saharan Africa work without formal employment contracts and pay little taxes as a result.<sup>58</sup> This makes it harder for governments to make social protection available on a reliable basis to the whole population – including to those who make no contributions. Limited resources are often invested in other areas instead of the development of social assistance systems. Currently most of the funds invested in such development come from international donors who hope to gradually transfer this responsibility to national administrations.<sup>59</sup>

Some African countries provide tax-funded, non-contributory benefits which have helped cover the gaps in coverage, particularly for women. There has been significant progress in expanding pension schemes in particular, with twenty percent of the elderly population in countries south of the Sahara now receiving benefits in old age.<sup>60</sup> Countries like Botswana, Eswatini, Cape Verde, Lesotho, Mauritius and Namibia have already achieved universal pension coverage or are in the process of doing so.<sup>61</sup> For instance, in Lesotho everyone aged 70 and older now receives the equivalent of about 32 US dollars a month (500 Basotho Loti) as a pension – these benefits are completely funded by the government. The cost of this social pension scheme makes up about 1.7 percent of the GDP.<sup>62</sup>

## Beneficiaries of social protection in Sub-Saharan Africa

**Pensioners have the highest rates of social protection coverage in Sub-Saharan Africa – even though only one in five elderly people receive a pension. Coverage is particularly lacking for those who are unemployed. Only ten percent of the most vulnerable have access to various forms of basic social support. However there are considerable differences between countries. Compared to other African regions, the population of southern Africa is best protected by various social benefits.**



**Proportion of each population group covered by social protection, in percent, 2020 or last available year**  
(Data source: ILOSTAT<sup>57</sup>)

### The role of the extended family as the traditional form of social insurance in Sub-Saharan Africa

For generations, the majority of people in Sub-Saharan Africa have relied on their family and extended family networks in tough times. The family community has cemented its place as the most important institution for help and support. It guarantees social protection, especially in places where the state does not provide support.<sup>63</sup> Each additional family member helps feed the weakest and care for them in sickness.<sup>64, 65</sup> This is another reason why having many children is seen as a blessing and, often, as highly desirable. Survey results from the Sahel region confirm that even educated and urban

populations want larger families than in other poor regions of the world. As many as 95 percent of women with four children and 75 percent of parents with six children in Chad and Niger want to have additional children.<sup>66, 67</sup> However, as part of the trend of increasing population mobility and urbanisation, the structure of the extended family is gradually breaking down and younger people are creating their own support networks with friends, neighbours or colleagues.<sup>68</sup>

## 1.5 The impact of social protection on fertility

Many international donors continue to engage in heated debates about the impact of cash transfers on fertility.<sup>69,70</sup> Some of the approaches – particularly monthly payments to families with children – are often cited as influential in the context of rising birth rates.<sup>71,72</sup> The support payments are designed to help the poorest families cover their basic needs, foster financial independence, and ensure children attend school on a regular basis and receive basic health-care.<sup>73</sup> These payments to families generally increase with the number of children.<sup>74</sup>

Critics of such schemes maintain this provides false incentives to mothers, making them more inclined to bring many children into the world, reduce the spacing between births or even have children earlier than planned in order to benefit from the assistance.<sup>75,76</sup> However, numerous scientific studies contradict this theory, demonstrating that payments to poor families and their children can improve their well-being and standard of living in various ways.<sup>77,78</sup> When more money is available through benefits, children do not need to contribute to household income. Instead of working in the fields, they attend school on a more regular basis and frequently leave with better qualifications.<sup>79</sup> In addition, regular cash payments tend to have the effect that young girls and women marry and have their first child at a later age.<sup>80,81</sup> Pregnant women receiving cash payments are more likely to access antenatal care, and more often give birth attended by a health professional, rather than at home without support.<sup>82</sup> Nevertheless, reservations persist about cash transfers for families and hamper the expansion of this social benefit in developing countries. This also deprives those countries of the potential to accelerate the pace of demographic change.

Aside from cash transfers, the effects of social protection systems on fertility in Sub-Saharan Africa have not yet been researched extensively. One of the few exceptions to this is a study focusing on a small number of countries in Sub-Saharan Africa with a well-developed pension scheme reaching large parts of their population.<sup>83</sup> The results of this small-scale study indicate that women in these countries have 0.5 to 1.5 fewer children when they receive such a benefit.<sup>84</sup>

More time and more detailed data are required, however, before any statements can be made about comprehensive and long-term effects – particularly since many countries in Sub-Saharan Africa have only recently started to develop their social protection systems. But it is interesting to note that in countries south of the Sahara where a larger proportion of the population receive either a non-contributory, contributory or mixed-model pension, such as in South Africa, Namibia or Mauritius, women tend to have fewer children than in other countries.<sup>85</sup>

We first analyse social protection systems and their impact on fertility in three countries in Sub-Saharan Africa that are still at the start of the demographic transition process and primarily offer basic social support benefits. Then we turn our attention to countries that are more advanced in the transition and have further developed social protection systems – and investigate what effect this has on fertility.

# 2 | STARTING OUT – THREE COUNTRY PROFILES

Tanzania, Zambia und Malawi in the south-east of the African continent are still at the start of the demographic transition. Their populations continue to grow at a persistently high rate. On average, women in these countries have around 4.5 children. Their social protection systems are also still in their infancy, but the governments have made some progress over the past two decades,

particularly in the area of basic social assistance. So what effect have cash transfers, basic pensions, savings groups and school meals already had on fertility in these three countries, and what potential do they have to accelerate demographic change?

Tanzania		Portrait p. 17	
<b>Demographic data</b>			
1990/2020	25.2 m/59,7 m	0.85	pre-dividend
1990/2020	6.2/4.8	←→	
<b>Socio-economic data</b>			
2020	2.780 USD	14.0%	
BIP	0.5	87/180	

Zambia		Portrait p. 21	
<b>Demographic data</b>			
1990/2020	8.0 m/18.4 m	0.86	pre-dividend
1990/2020	6.4/4.6	←→	
<b>Socio-economic data</b>			
2020	3.456 USD	24.6%	
BIP	0.6	117/180	

Malawi		Portrait p. 25	
<b>Demographic data</b>			
1990/2020	9.42 m/18.6 m	0.84	pre-dividend
1990/2020	6.9/4.1	←→	
<b>Socio-economic data</b>			
2020	1.591 USD	21.3%	
BIP	0.5	110/180	



- Total population 1990/2020<sup>1</sup>
- Average number of children per woman 1990/2020<sup>2</sup>
- Ratio of under 15-year-olds and over 64-year-olds to working age population
- Phase of the demographic transition<sup>4</sup>
- Gross domestic product, purchasing power parity<sup>5</sup>
- Human Development Index<sup>6</sup>
- Percent of people receiving at least one form of social protection<sup>7</sup>
- Corruption Perception Index<sup>8</sup>

## 2.1 Tanzania

Few nations in Africa have experienced such strong economic growth over the past decade as Tanzania.<sup>9</sup> The East African country reached a milestone in 2020 when the World Bank upgraded it from the *low income* to *lower-middle income* category, after per capita income more than doubled over the previous twenty years.<sup>10</sup> For many of the poorest in Tanzania, however, little has improved. In fact, the reverse is true with more and more people living below the national poverty threshold of 49,000 Tanzanian shillings (about 21.20 US dollars) a month. The number of poor people in Tanzania grew from 12.3 million in 2011 to 14.9 million in 2018, or more than a quarter of the population.<sup>12</sup> At the same time, the fertility rate is only slowly declining. Between 1990 and 2019 it dropped from 6.2 to 4.8.<sup>13</sup> Such strong population growth makes it difficult for the government to provide sufficient schools, health clinics and jobs.

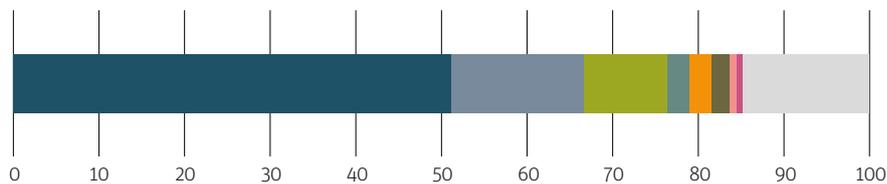
### 2.1.1 The social protection system

In the early 2000s, social protection was hardly on the Tanzanian government's agenda.<sup>14</sup> Then the state agency Tanzania Social Action Fund (TASAF) launched several pilot projects for cash transfers with the support of the World Bank. Because of its success in alleviating poverty and ensuring better health and educational opportunities in selected villages, the government decided to create a basic social support scheme for all households in Tanzania living in poverty.<sup>15</sup>

Between 2012 and 2016, expenditure on social protection more than tripled.<sup>16</sup> In comparison with other African countries, however, spending remains relatively low – particularly in terms of cash transfers. In 2016 such expenditure made up 0.5 percent of Tanzania's GDP – whereas the African average for such payments was 1.6 percent. More than two-thirds of the money for Tanzania's social protection system comes from inter-

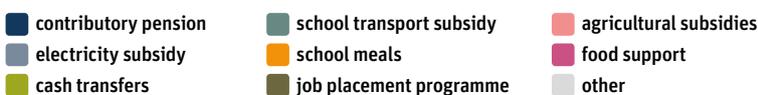
### A lot of money for pensions

Tanzania's system of social protection is aimed at groups across the life course, but the benefits are distributed very unevenly. More than half of the budget goes to contributory pensions, which only about five percent of employees actually use. An electricity subsidy, the next biggest item, accounts for more than 16 percent of the social protection budget, but primarily goes to affluent households consuming high volumes of energy. Then come cash transfers, which have the greatest reach by far among the poor, but only make up ten percent of expenditure.



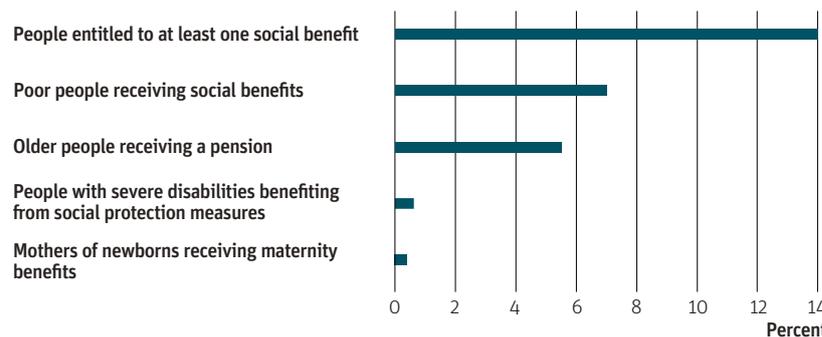
Tanzania's total social protection budget by programme, in percent, 2016

(Data source: Ajwad et al.<sup>18</sup>)



Social protection in Tanzania	
Population living on less than \$1.90 a day (2018)	49.9%
Social protection spending as share of government spending (2016)	12%
Social protection spending as share of GDP (2016)	2.4%
Donor share of social protection spending	68.7%

Biggest programmes	Social protection share	Population reached
Contributory pensions	51.1%	4.1% over 60-year-olds
Electricity subsidy	15.6%	25% of all households
Productive Social Safety Net	0.8%	8.9% of all households
School meals	2.6%	1.6% of school-age children



(Data source: Tanzania National Bureau of Statistics & Weltbank<sup>20</sup>; Ajwad et al.<sup>21</sup>)

national donors, primarily the World Bank.<sup>17</sup> It finances the cash transfer programme in particular.<sup>18</sup>

### 2.1.2 Productive Social Safety Net: cash transfers and public sector employment

No social protection measure in Tanzania reaches as many poor people as the cash transfer scheme, called the Productive Social Safety Net (PSSN). TASAF pays two different monthly cash transfers through the PSSN:<sup>22,23</sup>

- an unconditional cash transfer for all poor households, about 6 US dollars a month
- a conditional cash transfer for families with children (linked to regular school attendance) or for households with senior citizens (linked to regular health check-ups), depending on the region up to about 14.70 US dollars a month.

These can be combined and are designed to ensure people who experience poverty have a regular, reliable income.

Compared to other countries in Sub-Saharan Africa, the monthly transfer amount is quite high.<sup>24</sup> And the money reaches a particular large number of households. Since about 2013, the scheme has grown from a pilot project in just a few regions to now include more than 1.1 million households. Currently, around one in ten Tanzanians benefits from this social benefit. In the next few years, TASAF plans to extend the assistance to all households below the food poverty line, which applies to about 15 percent of the total population.<sup>25</sup> This target group is particularly relevant to population dynamics, because the poorest households generally have more children. Tanzanian women in the lower twenty percent of the income distribution have an average of 7.1 children – about two more children than the national average.<sup>26</sup>

In many regions of Tanzania, a public works employment programme augments these cash transfers. Working-age adults considered poor under the PSSN system are given a job for up to 15 days a month under this scheme.<sup>27</sup> They work on things like reforestation projects, rural road upgrades and flood protection. The state reimburses them with 2,300 shillings (about one US dollar) per day

of work. The programme runs every year in the period before the harvest from September to December. In 2019 about 250,000 people took part. With additional funding from the World Bank, that number is set to rise to 800,000 by 2023.<sup>28</sup>

Few other countries in Sub-Saharan Africa have such strict conditions for their cash transfer programme, such as school attendance or doctors' visits, or have as large a public works programme as Tanzania's. Most countries distribute cash transfers to the poorest households without applying any conditions. Studies attribute this form of social policy back to the socialist history of Tanzania following its independence. At the time, Tanzania's first President, Julius Nyerere, entrenched hard work and acceptance of community responsibility as a state doctrine. He rejected dependence on anything outside the community.<sup>31</sup>

### No direct influence on fertility

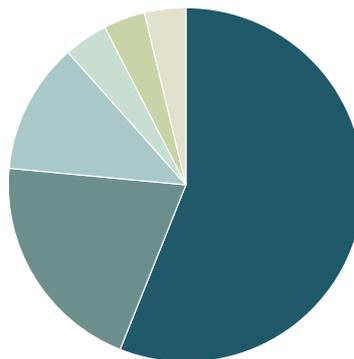
Initially, Tanzanian politicians feared the payments would encourage the poorest households to have even more children in order to receive greater benefits from the state every month.<sup>32</sup> However, another effect is also possible: the transfer could lead to young women marrying and having children later, because their families receive a regular income.<sup>33</sup> Studies from Tanzania show that girls marry at an earlier age after crop failure or other shocks that lead to a sudden drop in income, so their families can receive the traditional bridal price.<sup>34</sup>

In the roughly nine years since the PSSN was introduced, several studies have confirmed neither of these hypotheses. Women in the programme have as many children as they did before receiving the cash transfer.<sup>35</sup> There is also no evidence that the programme affects the reproductive behaviour of participants, the timing of their first child or spacing between births.<sup>36</sup>

### Financing of social transfers

The PSSN is primarily funded by international donors like the World Bank and the development agencies of the United Kingdom and Sweden. The Tanzanian government covered about four percent of the programme itself from 2013 to 2019. When the donors withhold funds, as they did for several months in 2019, many vulnerable households lose their most important source of income.<sup>30</sup>

- World Bank
- Sweden (SIDA)
- OPEC fund
- United Kingdom (DFID/FCDO)
- Tanzanian government
- other



Productive Social Safety Net budget, by source, in percent, 2013-2019

(Data source: World Bank<sup>29</sup>)

One possible reason for this is that the payment is not large enough. 61 percent of households in the PSSN scheme still live below the poverty line, despite receiving the monthly cash transfer.<sup>37</sup> Moreover, beneficiaries cannot always rely on actually getting the money. When the World Bank and the Tanzanian government could not agree on the details of a loan to the PSSN in mid-2019, many families did not receive benefits for months at a time. As a result, they had to postpone important purchases such as fertiliser for their fields. Another reason could be that it takes longer for an adjustment in fertility patterns to occur after participating in the cash transfer programme. Indeed, the PSSN affects areas of life – such as education and health – which may indirectly contribute to lowering the fertility rate in the long run.

### Better educational chances for children of primary school age

In Tanzania there is evidence that higher education can lead to lower fertility rates. Women with a secondary school qualification have just 3.6 children on average, those who have only completed primary school have 5.1 children, and women with no schooling have 6.4.<sup>38</sup> If the PSSN means children attend school more frequently and for longer, in the long term it may contribute to accelerating the demographic transition in the country.

There are signs that this is the case. Children of all age groups whose parents benefit from cash transfers and the public works programme tend to go to school more frequently than children outside the programme.<sup>41</sup> Their likelihood of attending classes on a regular basis and being able to read is on average five to six percentage points higher than in the control group. This is primarily due to the fact that their parents use some of the cash payments to buy the uniforms and school materials for their children that they would not otherwise have been able to afford, and which would have prevented them from attending school.<sup>42</sup> The impact is particularly

significant for girls in the programme. They have a 23 percentage point higher likelihood of completing primary education than girls in the control group.<sup>43</sup>

However, the differences in educational progress between households within and outside the programme disappear at secondary school age, as cash transfers tagged to children’s school attendance apply only to primary school. As post-primary education is then often too expensive for poor families, older siblings may have to miss out.<sup>44</sup> Instead of attending lessons, they frequently have to work in family businesses.<sup>45</sup> One study, however, shows that children are less likely drop out of school if parents can combine cash transfers with the public works programme. This indicates that parents do continue sending their children to school when they receive larger sums of money – even if they are not obliged to do so in order to qualify for the transfers.<sup>46</sup>

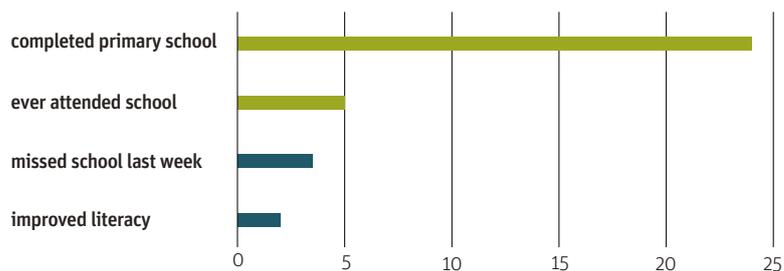
### Some children are healthier

Parents do not only invest the money from the PSSN in their children’s education, but also in their health. No other cash transfer programme in Sub-Saharan Africa has been studied so thoroughly to determine its impact on child health.<sup>47</sup> Children in the programme are sick 0.76 fewer days per month than those who do not benefit from the programme.

There are several reasons for this. First, children of families supported by the cash payments receive larger, more nutritious and varied meals, which means they absorb more nutrients and calories.<sup>48</sup> Second, parents tend to buy their children shoes, protecting them from injury and infection.<sup>49</sup> Third, households in the cash transfer programme are significantly more likely to sign up for health insurance than households outside the programme. While only about four percent of the national population take out health insurance, a quarter of the households in the

### Cash transfers improve the educational opportunities for girls in Tanzania

A study by the World Bank on cash transfers in Tanzania points to the positive effect of the programme on educational opportunities for girls. The likelihood that they ever go to school increases by five percentage points. And they tend to stay in school longer, too. The likelihood of a girl within the PSSN completing primary school is 23 percent higher than for girls in the control group. Yet studies also show that, from about the age of eleven, the cash transfer does not improve their educational opportunities any further – coinciding with the age when the payments tied to school attendance stop.<sup>40</sup>



Differences in educational opportunities for girls after receipt of cash transfers compared with a control group receiving no transfers, in percentage points, 2014  
(Data source: Evans et al.<sup>38</sup>)

■ significant  
■ not significant

PSSN do.<sup>50</sup> This means that poor parents can have their young children examined at a clinic much earlier because they need not fear the cost of treatment. The chances of diagnosing an illness early are therefore greater and their children tend to enjoy a better standard of health.

However, the positive impact of the PSSN on child health depends on where the children live and the available infrastructure. Children living in regions with a comparatively good clinic coverage have better health as a result of the cash transfer than children in remote regions with no nearby clinics.

### 2.1.3 Health insurance

The Tanzanian government planned to introduce social health insurance for all back in 2016. That is also the goal of the national health strategy published in 2021.<sup>51</sup> People who live in rural areas and are poor will only pay a small amount of about 30,000 Tanzanian shillings (about 13 US dollars) per family annually. The government thereby plans to increase the number of insured from currently about 14 percent to at least 58 percent of the population by 2026. To achieve this goal, it will have to invest more money and subsidize the contributions of the poorest households to a greater extent.<sup>52</sup> These are still too expensive for many.<sup>53</sup>

In addition, clinics are often far away, or are understaffed and lack adequate medical supplies.<sup>54</sup> This means health insurance has little benefit for many in rural areas. Yet anyone who does not have insurance has to pay for medical treatment from their savings or sell what assets they have, including their land, and risks falling into poverty if they become seriously ill. As a result, many uninsured people tend to go without essential clinic visits.

### Free health insurance for pregnant women and small children

Free insurance could improve the situation and have a positive impact on fertility, as demonstrated by a pilot project undertaken by the Tanzanian public insurance office in conjunction with the German development bank, Kreditanstalt für Wiederaufbau (KfW), in the regions of Mbeya and Tanga, where from 2010 to 2019 over a million vulnerable pregnant women and their infants received free health insurance. This covered the cost of treatment from the first antenatal care visit through to one year after birth for both mother and child.<sup>55</sup>

Pregnant beneficiaries were identified using PSSN data on poor households. This meant women could invest their cash transfer in educating or feeding their children instead of having to pay for insurance premiums. The

programme also ensured the women went to health appointments more frequently. They were able to register via their mobile phones and were reminded about appointments by text message. At the same time, the clinic billing system was digitalised, saving a great deal of administration time and enabling better patient care.

Evaluations of the programme highlight its many positive effects. Expectant mothers, for instance, tended to take advantage of antenatal check-ups more frequently and were also more likely to be attended by a qualified midwife during labour.<sup>56</sup> This helped reduce the mortality rate of newborns benefitting from the free insurance by 30 percent.<sup>57</sup> If the government extends the programme to even more regions in the future, it can influence population growth in the long-term by improving maternal, newborn and child health.

#### Zanzibar: First basic pension system in East Africa

In Zanzibar, almost one in three individuals live below the poverty line. Older people in particular have insufficient income and savings, with almost two-thirds of those aged 70 and older being financially dependent on their children or other relatives. For this reason, in 2016 the government of Zanzibar, which acts autonomously on matters of social policy, introduced the first universal basic pension in East Africa, the Zanzibar Universal Pension Scheme. Ever since, anyone over 70 has been entitled to 20,000 Tanzanian shillings (about 8.70 US dollars) a month.<sup>58</sup> In 2019 about 28,000 people received this payment – the majority of the elderly population on the island.<sup>59</sup>

The pension is quite low at just twelve percent of the average per-capita income. Yet even such a small amount is helpful,

given the extreme poverty of many elderly people in Zanzibar. An initial evaluation showed the pension was the most important source of income for 70 percent of respondents.<sup>60</sup> In the long term, this could mean pensioners no longer have to rely on their children to support them in old age.

The pension accounts for about 0.24 percent of Zanzibar's GDP and is completely covered by the government. Thanks to the success of this programme, calls for old-age protection on the Tanzanian mainland have also increased. The programme has great potential to be adopted by other countries, too. Kenya already followed suit in 2018, explicitly referencing Zanzibar as a role model for its scheme (see p. 31).<sup>61</sup>

### 2.1.4 Summary

Within a short period of time, the government of Tanzania created the largest cash transfer programme in Africa, the PSSN. While studies confirm the positive effects of the PSSN, particularly on the income and education of the poorest households, beneficiaries cannot always rely on the payments and the money is not always sufficient to lift people out of poverty. It also fails to cover all vulnerable families. For instance, poor families with older children do not receive the higher sum under the cash transfer programme. They lack the money to send their teenagers to secondary school, yet this could make a key difference to long-run fertility, because girls with secondary-school qualifications have considerably better prospects of finding a good job, and delay both marriage and childbearing.

In order to achieve long-term success, the government should extend basic social protection. There is already initial evidence of the benefits of free health insurance for mothers and newborns. It has permitted recipients of the insurance benefit and cash transfers to no longer fear the cost of going to the doctor. They are also more likely to take their children to a health clinic at an early age. Instead of having to spend a lot of money on health care, they can invest cash transfers in the education of their children. But this alone is not enough. At the same time, more investments are needed in health care infrastructure to ensure sufficient staff and clinics are available to those who need them. A basic pension like the one in Zanzibar is also an important step towards supporting people in old age across the country.

## 2.2 Zambia

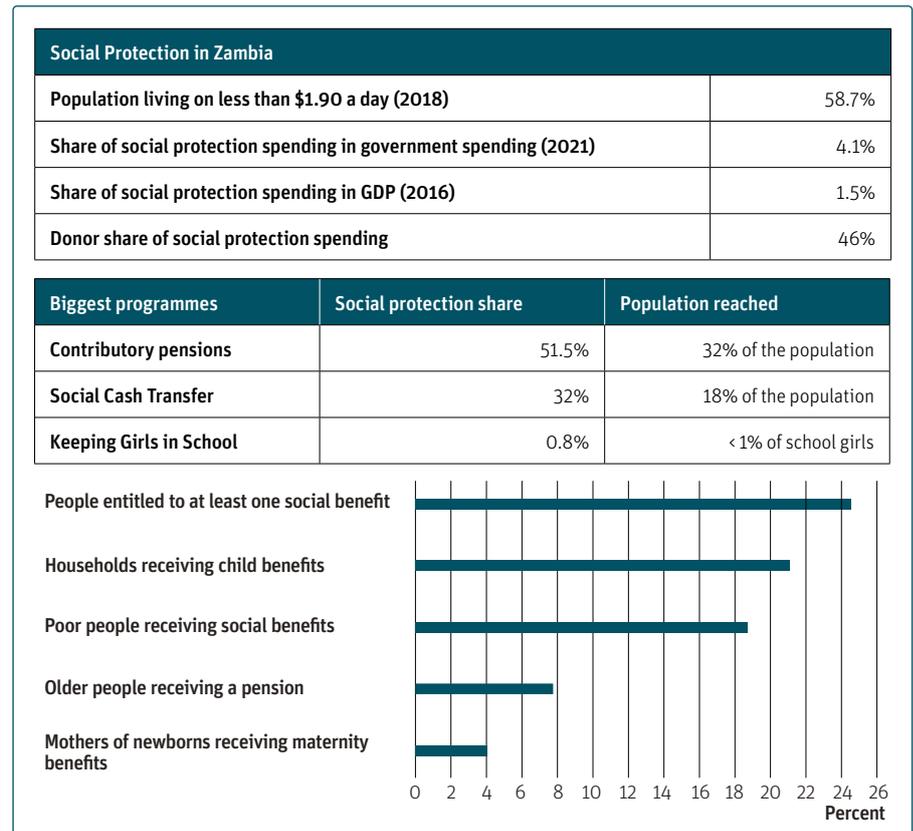
Poverty is widespread in Zambia and most people think the state should be doing more to tackle it. According to a 2018 survey by the research institute Afrobarometer, 80 percent of the population think politicians are not doing enough to reduce the gap between rich and poor.<sup>62</sup> The recently elected Zambian President, Hakainde Hichilema, promised during his first speech in parliament in September 2021 to provide the poorest and most vulnerable with better social support in the future.<sup>63</sup>

Due to fluctuating global prices for copper – the country’s most important export product – and the state’s high debt level, Zambia is currently in the throes of an economic crisis. There is insufficient tax income to finance the social protection system.<sup>64</sup> But even prior to

this, when GDP rose, the nation’s raw material prosperity did not translate into support for the poor population in rural areas. Frequent droughts have exacerbated the situation for many smallholder farmers in rural Zambia.<sup>65</sup>

### 2.2.1 The social protection system

Since 2011, under the Presidency of Michael Sata, social protection has been on the political agenda.<sup>66</sup> He advocated “putting money into people’s pockets” – with tax relief measures and direct payments for the most vulnerable. The change of course surprised even international partner organisations who had long been hoping for more state support and had previously carried out some of their pilot projects with little engagement from the government in the past.<sup>67</sup>



(Data source: World Bank<sup>75</sup>; World Bank & Unicef<sup>76</sup>)

Now about one in four people in Zambia benefit from at least one social protection measure.<sup>68</sup> Cash transfers reach the poorest households in all areas of the country. Free school meals and school scholarships for girls are becoming more widespread as well. In addition, the government has adopted a proposal to coordinate and streamline social protection across various ministries.<sup>69</sup>

While spending on social transfers has risen sharply over the last decade, other forms of social protection continue to reach only a small part of the population. Since they were introduced during the colonial period, contributory pensions almost exclusively reach people who have a formal employment contract, currently around twelve percent of the population.<sup>71,72</sup> In addition, a large share of the budget for social protection continues to be reserved for agricultural subsidies (Farmer Input Support Programme).<sup>73</sup> Health insurance also reaches only a limited number of people. A representative survey conducted by the Friedrich Ebert Foundation points out that only two percent of the Zambian population in the informal sector benefit from health insurance.<sup>74</sup>

### Social transfers are becoming more important in Zambia

Between 2014 and 2021 the focus of social protection in Zambia shifted. For a long time, social insurance, particularly contributory pensions, made up the majority of state expenditure. Their share has declined as more and more money has been invested in the cash transfer programme, school scholarships and other social benefits. The budget for the Jobs and Economic Inclusion scheme primarily consists of subsidies for farming equipment, vocational training and food parcels. In response to the widespread food insecurity caused by the Covid-19 pandemic, expenditure on the latter increased significantly in 2021.

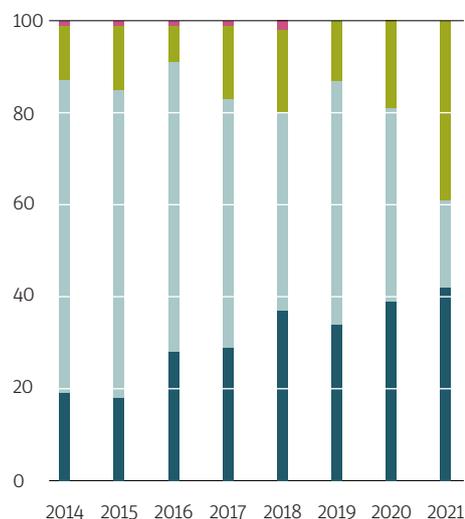
Share of various programmes in the social protection budget, in percent, 2014-2021  
(Data source: World Bank & Unicef<sup>69</sup>)

## 2.2.2 Cash transfers

In 2010, the Ministry for Social Security and Families began supporting households in the poorest rural regions of Zambia with two parallel cash transfers. Early evaluations showed that the transfers were successful at improving the living situation of beneficiaries. The government therefore extended the transfers over a period of eight years to include 616,000 households – to the point where about 18 percent of Zambians are now supported.<sup>77</sup> The goal is to reach nearly one million households by 2022.<sup>78</sup>

The government pays about 230 Zambian Kwacha (12.50 US dollars) a month via this programme:

- ... a Child Support Grant to all households with at least one child under five years of age. Those with custody of the children – usually the mothers – receive the payment
- ... a Multiple Category Targeted Grant to all vulnerable households with poor prospects of participation in the labour market – such as the elderly



- social transfer
- social insurance
- Jobs and Economic Inclusion scheme
- other

Without these grants, 90 percent of the participating households would have to live on less than the national poverty threshold per day.<sup>79</sup> The cash transfer is designed to be sufficient for at least one daily meal for all family members.

### Insecure funding

However, the Zambian government has had ongoing problems financing the transfers. In 2018, the key donors – the United Kingdom and Sweden – temporarily suspended payments to the government because the Ministry for Social Security had misappropriated funds from the cash transfer budget. This created a big hole in the budget for the programme in 2019.<sup>80,81</sup>

Another problem is that not all entitled recipients actually benefit from the transfers. There are estimates that in some months only half of those registered receive the transfer due to insufficient funding of the scheme by the government.<sup>82</sup> This means many poor households continue to struggle in the absence of a reliable source of income.<sup>83</sup> Furthermore, the government does not adjust the transfer amount on a regular basis to cover the high rate of inflation in Zambia. In 2019, beneficiaries only received about half the value of the 2014 transfer in real terms. This has the potential to significantly weaken the impact of the programme.<sup>84</sup>

### No influence on fertility so far

The unreliability of the payments may explain why studies in the years following the introduction of the cash transfer found no indication that the child payments affected birth rates in the short term.<sup>85</sup> A necessary condition for this to occur is that local authorities pay the benefits to all households in the programme on a reliable basis, so that families can begin to have more trust in the system.<sup>86</sup>

Despite these challenges, social cash transfers have successfully reduced the number of people living below the poverty line in Zambia.<sup>87</sup> They also help shrink the poverty gap – the distance between household income and the poverty line. The money received by the eligible households is primarily spent on food, which also benefits the local economy.

### Positive impact on school attendance

In the long term, cash transfers still have the potential to influence population dynamics in Zambia. In addition to widespread poverty, poor access to education, particularly for girls, continues to hamper socioeconomic and demographic development.<sup>88</sup> Studies show that the cash transfer programme in some cases helps improve the educational opportunities of children. The payments help ensure children of recipient families stay in school longer than others.<sup>89</sup> Parents who benefit from the cash transfer spend about fifty percent more on school uniforms, shoes and stationery for their children than parents in the control group. These costs frequently prevent children from poor families from attending school.

Although children aged between five and eleven are not among those eligible for payments (since the cash transfer is only paid to families with at least one child under the age of five), recipients of the scheme spent part of their money on the school attendance of their older children of primary school age. However, this child payment does not help adolescents attend secondary school on a more regular basis. The other transfer for families with limited income opportunities (Multiple Category Targeted Grant) is more successful at reaching adolescents.<sup>90</sup> There is a roughly seven percent higher likelihood of their continuing to attend school in year nine than children from comparable families who receive no cash transfer at all.

### Unclear impact on health

The cash transfer also ensures children receive more varied and larger meals in their own homes.<sup>91</sup> But many factors play a part in improving newborn survival chances and healthy child development. The cash transfer can only improve the health of children on a long-term basis and help lower child mortality rates if it is applied in combination with other measures. For instance, the cash transfer only helps reduce the rate of growth deficiencies in households with a protected water source.<sup>92</sup> In other families, children continue to fall ill from drinking unclean water and frequently suffer from diarrhoea and vomiting, even if they are better nourished than before.

By the same token, the cash transfer programme has improved the health of mothers and newborns – but only in regions where people also have access to medical care.<sup>93</sup> Unless there is a clinic nearby, the cash transfer does not increase the likelihood of a midwife attending the birth of a child.

### 2.2.3 Scholarships for girls

The government also aims to improve the educational chances of disadvantaged children by granting scholarships. The Keeping Girls in School Programme covers the school or boarding school fees of young women already benefiting from the cash transfer programme to ensure they are able to attend school longer.<sup>94</sup> The Ministry of Education, with the support of the World Bank, funded the schooling of around 26,000 young women in 2017 and 2018. While this only represents a small proportion of all girls living in households in the cash transfer programme and less than one percent of all school girls, there are plans to extend the measure in the coming years.

Currently, girls in Zambia from year seven onwards drop out of school about twice as often as boys. From year eleven onwards, they are three times as likely to stop attending school.<sup>95</sup> This applies to girls from the poorest households in particular. For almost one in two girls who drop out of school, lack of financial support is the main reason.<sup>96</sup> One in five school-age girls stops attending class as a result of getting pregnant or married.

An evaluation shows that young women receiving a scholarship tend to stay in school longer.<sup>97</sup> For most of them, it removes the hurdle of enrolling and attending class on a regular basis. It thereby has the potential to reduce poverty over the long term, given that for every additional year spent in school, women earn about 17 percent more later in life.<sup>99, 100</sup>

No other social protection measure is quite as effective. However, apart from paying their school fees, the scholarship does not cover all of the cost of school books, uniforms or travel. Therefore, girls from extremely poor households still cannot afford to go to school despite receiving the cash transfer and school scholarship. For this reason, the new Zambian government plans to abolish all school fees starting in 2022.<sup>101</sup> This would mean girls could use the scholarship for other educational expenses. If the scholarship is successful at persuading more vulnerable girls to stay in school, it could prove a worthwhile complement to the cash transfer and increase access to education for young women in Zambia. A study from Ghana shows that in the long term, school scholarships lead to an increase in young women leaving school with qualifications, enjoying better job prospects, and having fewer children.<sup>102</sup>

## 2.2.4 School meals

Providing free meals for school children made from local produce (Home-Grown School Meals) is another measure designed to improve the educational opportunities and health of children. Zambia's Ministry of Education works with the World Food Programme on this initiative.<sup>103</sup> Almost one million children in 2,591 schools receive lunch every day. As a side effect, the programme also creates a market for smallholder farmers who are frequently affected by poverty themselves. Studies have shown that these free meals have increased school attendance by 5.4 percent in primary schools and 14.3 percent in secondary schools.<sup>104</sup> Not only that, about 60 percent of children receive a more balanced diet as a result of these school meals.

A simulation shows that children would attend school about five percent more often if primary schools offered free lunches nationwide.<sup>105</sup> Studies from other countries like India or Guatemala also indicate that school meals can lower fertility rates in the long term, because children grow up healthier, are more attentive in class and have better prospects of a well-paid job later in life.<sup>106, 107</sup> They then go on to have healthier children themselves, who are more likely to survive their early years.

## 2.2.5 Summary

In the span of a decade, the Zambian government has succeeded in providing basic social protection to many of its poorest citizens, via cash transfers in particular. This has already improved the educational opportunities of many children. However, in order to have a long-term effect on population dynamics, the state must finance the programme

sufficiently to ensure people can have more trust in it and adjust their family planning accordingly.

In addition, the government should focus more on vulnerable groups – like families with adolescent girls who often leave school at an early age due to poverty. Overall, however, Zambia has already created some promising programmes for basic social assistance and intends to expand them in the years ahead. School meals and scholarships for girls as complementary measures to the cash transfer are designed to increase female school enrollment by ensuring school attendance is not at risk when cash transfers are not paid on a regular basis or families spend the money on other necessities.<sup>110</sup> Pilot projects aiming to include people who work in the informal sector in social insurance programmes also point to ways in which the population as a whole can have access to some form of social protection.

### Old-age security in the informal sector

Since 2019 the Zambia National Pension Authority has also been trying to facilitate a state pension in the informal sector.<sup>108</sup> With the support of the Finnish development authority, it is implementing two pilot projects reaching about 18,000 people, including smallholder farmers, taxi drivers, house workers and street traders. Beneficiaries pay at least 50 Zambian Kwacha (2.70 US dollars) a month or five percent of their income into this retirement fund – which is less than the contribution for workers in the formal labour market. The programme also takes into account the fact that incomes in the informal sector

often fluctuate throughout the year, due to factors like the harvest period. For this reason, members can also pay their contributions several months in advance. In addition, they can borrow money on a short-term basis at favourable conditions, for situations like the birth of a child, the funeral of a relative or when crops fail.<sup>109</sup> They are then no longer forced to sell their possessions in acute emergencies or borrow money at high interest rates.

## 2.3 Malawi

Upon taking office in mid-2020, new President Lazarus Chakwera announced the birth of a “new Malawi”, giving 19 million Malawians hope of a better future. Yet the country remains one of the least developed in the world. Currently almost 70 percent of the population lives on less than 1.90 US dollars a day.<sup>111</sup> In addition, most people in Malawi work in the agricultural sector, making them vulnerable to climate crises such as droughts and floods.<sup>112</sup> Although the number of births has declined more sharply than in neighbouring countries, the population of Malawi continues to grow at a steady rate. The average Malawian woman still has around four children.<sup>113</sup>

### 2.3.1 The social protection system

Malawi is only just beginning to develop its social protection system. At the moment, social protection measures reach a total of 21.3 percent of the population, benefiting about one in four people living below the poverty line.<sup>114</sup> The government spends 4.6 percent of the GDP on social protection, and 90 percent of expenditure on social protection system comes from the international donor community.<sup>115, 116</sup> This means the government cannot guarantee reliable payments in the event of global shocks like the Covid-19 pandemic.

Nevertheless, Malawi has a better social protection system now than it did twenty years ago. Around 2005, programmes like cash transfers for the poorest households existed, which the government was able to provide with the aid of the World Bank, yet the measures benefitted relatively few people in certain regions. For this reason, Malawian government representatives collaborated with international partners to create a comprehensive social support system with an institutional framework.<sup>117</sup>

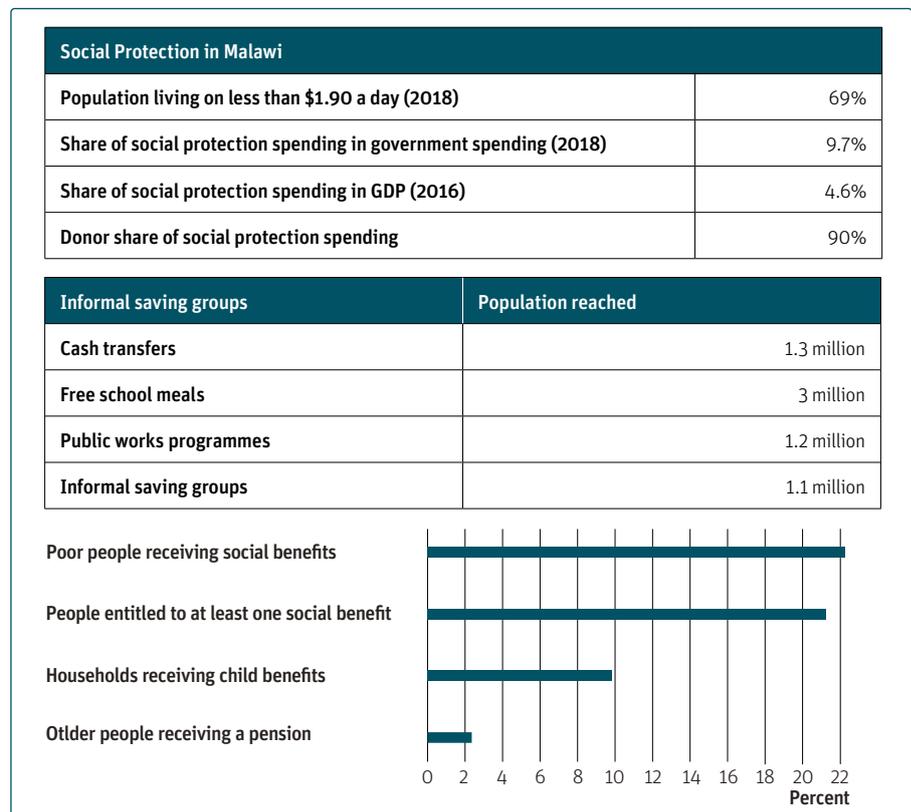
In 2012 they came up with a roadmap for the development of such a social system as part of the National Social Support Policy (NSSP).<sup>118</sup> In 2012 and 2016 the first ideas were implemented under the Malawi National Social Support Programme (MNSSP). They aim to support those under the poverty line and to protect the meagre savings of poor households.<sup>119</sup> The programme consists of the following five components:

- cash transfers (Social Cash Transfer Programme)
- free school meals (School Meals Programme)
- employment measures (Public Works Programme)

- informal savings groups (Village Savings and Loans)

- micro-financing (Micro-Finance)

In 2018 the second phase of the MNSSP programme began with the aim of better coordinating the various components, increasing their effectiveness and streamlining the work for all involved. By then it had become apparent that the donor organisations funding individual components applied different requirements to implementation and financial processes. This increased the administrative burden for national and local government agencies and made coordination very difficult.<sup>121</sup>



(Data source: ILOSTAT<sup>22</sup>; ILO<sup>23</sup>; World Bank<sup>24</sup>; UNICEF<sup>25</sup>)

Empirical analyses have been conducted to determine the impact of the individual social protection components, with the exception of micro-financing. The influence of cash transfers, school meals, work programmes and savings groups on fertility in Malawi has also been assessed as part of this process.

### 2.3.2 Cash transfers

The unconditional Social Cash Transfer Programme (SCTP) was initially introduced as a pilot project in the Mchinji District. Now the programme covers all 28 districts of Malawi, reaching about ten percent of the poorest households.<sup>128</sup>

Every two months, around 1.3 million Malawians receive about 24 US dollars in cash.<sup>129</sup> The amount of the transfers depends on the number of children of primary and secondary school age in the family. The aim of the programme is to improve food security and schooling in extremely poor households. The Ministry for Families and Social Services administers the programme.

Evaluations show that the SCTP impacts women's reproductive behaviour both directly and indirectly. Girls aged 13 to 19 benefitting from the programme become sexually active later than girls not registered in the scheme on average. As a result, young women receiving the cash transfers tend to delay the timing of their first pregnancy.<sup>133</sup>

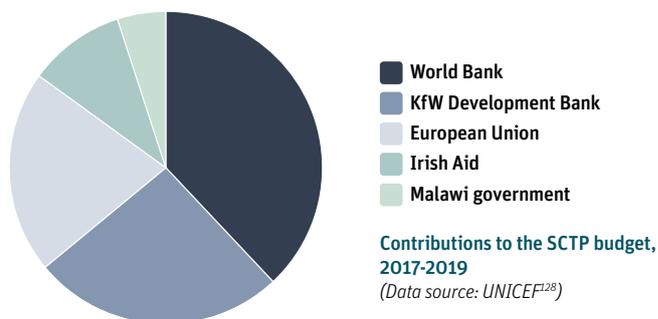
Indirectly, cash transfers can also have a long-term effect on the fertility rate in Malawi by improving the food security of recipient families. One way in which this occurs is through higher agricultural productivity, with studies showing people benefitting from the SCTP spend more time working in their rural businesses and consume more food they have produced themselves.<sup>134</sup> Another way the cash transfer programme improves food security is by increasing the number of meals per day.<sup>135</sup> People feel better protected from the threat of hunger as a result: The

likelihood that families do not have to worry about having enough to eat increases by one fifth among recipients of cash transfers.<sup>136</sup> The cash transfer also contributes to a more varied diet among participating households, with more meat, fish and poultry being served on a daily basis. The likelihood of a child suffering from malnutrition falls considerably as a result. Lower malnutrition rates lead to reduced child mortality, which means families can "afford" to have fewer children. In addition, the chances of extremely poor households falling further into poverty are

lower if they take part in the SCTP. This could also have a long-term effect on fertility, since families can become less reliant on producing additional wage earners to secure their household income. A further indicator for lower risk of poverty is that households benefitting from the scheme are able to save more money.<sup>137</sup> In the poorest households receiving the transfer, annual spending increases by around 53 percent. This spending benefits children in particular. More children own a pair of shoes, a blanket or a change of clothing if their parents receive cash transfers.<sup>138</sup>

### Financing of the Social Cash Transfer Programme

International donors finance about 95 percent of the SCTP. The World Bank provides the largest share of the budget with 38 percent; the KfW Development Bank is the next-highest donor contributing 21 percent. In 2020/21 the Malawian government funded the programme in only one district, with donor organisations providing the funding for the other 27 districts.<sup>129, 130</sup>



### First steps toward improved coordination of the social support programme

In 2013 the Ministry of Finance, Economic Planning, and Development with support from the Deutsche Gesellschaft für Internationale Zusammenarbeit and other development partners, introduced a Unified Beneficiary Registry.<sup>122</sup> It incorporated all beneficiaries of state work programmes and recipients of cash transfers into a single database, making it easier for the government to see which households are benefitting from which support measures and eliminate any overlaps. This increased the efficiency

of the measures, simplified the process of identifying the target groups and created a more comprehensive database to measure outcomes. Facilitating links between the individual measures also makes it easier for households to benefit from several support services. The plan is for the registry to capture relevant data for at least the poorest 50 percent of the Malawian population. Currently data is being collected in 13 of the country's 28 districts.<sup>123</sup>

## Where the programme shows little effect on fertility

While the SCTP increases the chances of six to 17 year olds attending school, studies have not identified better educational outcomes among children.<sup>139</sup> One reason could be that the payments do not lead to regular school attendance. Just over half of children in SCTP households aged six to 13 attend classes consistently throughout the school year.<sup>140</sup> Among young people aged 18 to 23 this drops down to a quarter.<sup>141</sup> It therefore remains to be seen whether the SCTP actually improves education – of girls and young women in particular – and whether this programme can lower the fertility rate.

## 2.3.3 School meals

Malawi has one of the highest rates of chronic malnourishment worldwide. On the 2021 World Hunger Index it was ranked 81<sup>st</sup> out of 116 countries.<sup>148</sup> The School Meals Programme (SMP) aims to help combat this problem and to encourage children to attend school on a regular basis. Currently over 954,000 primary school pupils receive a free lunch.<sup>149,150</sup> Furthermore, meals in schools are often prepared using local produce, which boosts regional farming production.<sup>151</sup> The Ministry for Education is responsible for administering the SMP. It is primarily financed by donor organisations like the World Food Programme.<sup>152</sup>

School teachers surveyed on the programme cited increased enrollment and improved school performance as the main successes of this scheme.<sup>153</sup> Another study showed primary schoolers are more likely to attend school on a regular basis when lunch is served there.<sup>154</sup> During the pre-harvest period, children would otherwise have to help out in the fields. In accordance with the latest research findings, the SMP therefore promises to improve children's access to education as well as improving their food security.<sup>155</sup> This increases their chances of being able to earn a regular income in the future and lead a more self-determined life. In turn, they themselves are likely to be less dependent on children as adults. Better food security also reduces malnutrition and child mortality, increasing the chances that women decide to have fewer children (see Chapter 1).

### Does it matter if cash transfers are unconditional or conditional?

Empirical studies show that the SCTP does not automatically lead to better performance levels among students, and thus has no impact on reducing the birth rate through education. A pilot programme called the Zomba Cash Transfer Programme shows more promising signs. In the pilot region of Zomba, the cash equivalent of about one to five US dollars per month was directly paid to unmarried girls aged 13 to 22 for a period of two years.<sup>142</sup> Their parents received four to ten US dollars in parallel with this grant. The recipients were randomly divided into two groups, with the first half receiving the money only if they attended school 80 percent of the time. The other group received the money unconditionally.<sup>143</sup>

The results indicate that the enrolment rate of girls receiving the money conditional on school attendance was significantly higher than for those receiving no cash.<sup>144</sup> They attended school more frequently and their

performance improved measurably. In the case of girls whose cash payment was not tied to school attendance, there was no evidence of improvement in their school performance – similar to the result for recipients of the SCTP.<sup>145</sup> The conditional cash transfers therefore seem more effective in increasing the education of girls than the unconditional payments, and may have the potential to influence fertility.

However, unlike the conditional cash transfer, the cash payment without conditions attached appears to be the more effective measure to reduce birth rates by way of improving self-determination, financial independence and lowering the risk of poverty. The financial situation of the girls receiving money not tied to school attendance under the Zomba Cash Transfer Programme greatly improved. With more income, they are able to take a more self-determined approach to family planning than those receiving no cash, because they

are less dependent on having children to secure their livelihood (see Chapter 1). The unconditional cash transfer significantly delayed the timing of marriage and pregnancy among the girls receiving it, but no such effect was observed among the young women in the group who only received the cash if they attended school.<sup>147</sup> One reason for this observation could be that girls in the latter group who were most at risk of leaving school and starting a family at an early age ultimately received no money. By imposing the condition that they attend school, the very girls who would benefit from the cash transfer and delay starting a family thanks to a more regular income actually fall through the cracks if they drop out. Overall, the question of whether a cash transfer scheme like the SCTP should or should not be tied to conditions in order to more effectively influence fertility cannot be answered on the basis of current data.

### 2.3.4 Employment scheme

The Public Works Program (PWP) in Malawi offers poor families regular, short-term job opportunities.<sup>156</sup> It is designed to improve food security in the dry season and stabilise the income of households dependent on farming for their livelihoods. The programme runs twice a year for 24 days.<sup>157</sup> It is financed by a fund set up by the government in the Malawi Social Action Fund.<sup>158</sup>

During the planting season, participants initially receive the equivalent of 22 US dollars directly from the government. A further 22 US dollars is paid as a harvest subsidy at the local level.<sup>159</sup> In 2012 the government doubled the scope of the PWP to the point where it was able to reach 1.2 million people.<sup>160</sup>

Evaluations have shown that the PWP in Malawi improves neither the food security of the population nor the income shocks suffered by families during drought periods.<sup>161,162</sup> This could be because the programme only runs twice a year for a few weeks at a time. Families cannot rely on it to always provide work for them when they face financial challenges, and so the PWP also does affect family planning.

### 2.3.5 Informal savings groups

Particularly in rural areas, people often do not have access to financial institutions. They cannot invest their savings to earn interest or take out loans to top up their fluctuating incomes and reduce their risk of poverty. For this reason, the government includes savings groups as one of the measures in its social protection system (Village Savings and Loan Associations, VSLA). It is designed to provide the kind of social protection that banks otherwise offer in cities. About 15 to 25 people join together to form self-administered savings groups.<sup>163</sup> At their weekly meetings they can invest part of their money into a fund and borrow money at every fourth meeting. As the borrowed money has to be paid back with interest, the fund gradually grows. After a year, all of the savings and interest payments are divided by the number of shares and paid out to the members. This “share-out” takes place shortly before the agricultural planting season so people have the money they need to buy seeds and fertiliser. This is also the time of year when school starts and school materials need to be purchased. In 2018, a total of 1.1 million Malawians protected themselves from income shocks with these savings groups.<sup>164</sup>

Overall, the results of the evaluation show that the financial situation of households can be improved via savings groups, even over a period as short as two years, without using any third-party capital.<sup>165,166</sup> For women in particular, it can be an opportunity to increase incomes and lead a more low-risk, self-determined life – including concerning family planning decisions. One advantage of this social protection measure is that no external funds have to be made available. Although the government advertises the formation of informal savings groups and offers training on how to set them up, it invests no money in the VSLA themselves.<sup>167</sup>

### 2.3.6 Summary

Malawi has completed the first steps towards ensuring its poorest population has a subsistence income via basic social support measures. Even though cash transfers, savings groups, employment creation measures and school meals by no means reach all people, they already show a range of different benefits – not only in fighting poverty, but also potentially reducing fertility.

Apart from the employment scheme, all other forms of basic social support seem to have a positive effect on demographic development via various channels. Informal savings groups stabilise household incomes and reduce the risk of people falling into poverty. In particular, the SCTP appears to be a promising means of lowering fertility rates in Malawi in the long run, by reducing the likelihood of early pregnancy in young women within participating households. In addition, cash transfers improve food security and provide additional income, which reduces child mortality and means families are less dependent on having children to protect themselves from sudden shocks to income. However, unlike free school meals, the SCTP does not seem to translate into long-term education gains. Better education is essential, particularly for girls and young women, to influence their desired family size. In order to achieve socio-economic progress, the government should therefore increase the quality of education and better coordinate and integrate the various measures designed to provide a basic level of social protection.

# 3 | HOW SOCIAL PROTECTION FACILITATES DEMOGRAPHIC CHANGE

In the course of demographic change, the age structure of a population shifts and with it people's need for certain forms of protection. If countries wish to harness the potential of social protection across demographic transition – moving from high birth rates with rapid population growth to lower fertility and slower growth – governments need to adapt their social assistance programmes at each stage of the transition process from basic social assistance through to complex systems of social protection. In order to have a sustainable impact on fertility rates, the largest possible share of the population has to be reached with a broad range of protection measures at various stages of life. Some countries in Sub-Saharan Africa have already developed their social protection systems further than the countries profiled here in Chapter 3. Their experiences allow us to look ahead at what may lie in store for poorer countries like Tanzania, Zambia and Malawi, and illustrate how social protection systems at various stages of the demographic transition can have an effect on fertility rates.

Approaches that focus on the poorest members of society and offer various forms of basic social assistance (like cash transfers) are most suited to an early stage of the demographic transition. Such social protection can help improve living conditions quickly, increase access to education and health care, and strengthen food security, which in turn can influence the fertility. Cash transfers protect the poorest in the event of illness or drought – irrespective of their income or employment status.

Later, governments should extend the scope of these services and offer a combination of various measures for as many people as possible. But this will only work if infrastructure is strengthened and the quality of and access to services are also improved. In this phase, health insurance combined with a basic pension and comprehensive information about family planning have the potential to further reduce fertility rates and promote equal opportunities and self-determination for women and girls.

Governments of countries at a more advanced stage of the demographic transition which already provide large sections of their population with basic pension or health insurance coverage should increasingly develop multi-pillared systems and invest in widespread expansion of their social protection systems. As the working age population increases, they should focus in particular on extending social protection measures to include things like health insurance and occupational pension schemes which reach more individuals via their workplaces. Better pension systems have the potential to further reduce birth numbers because children are no longer required to look after their parents in old age. They can also prepare countries for the impending aging of their populations, while health insurance ensures people stay healthy for longer, gain better qualifications and remain productive.

## 3.1 Prior to the demographic bonus

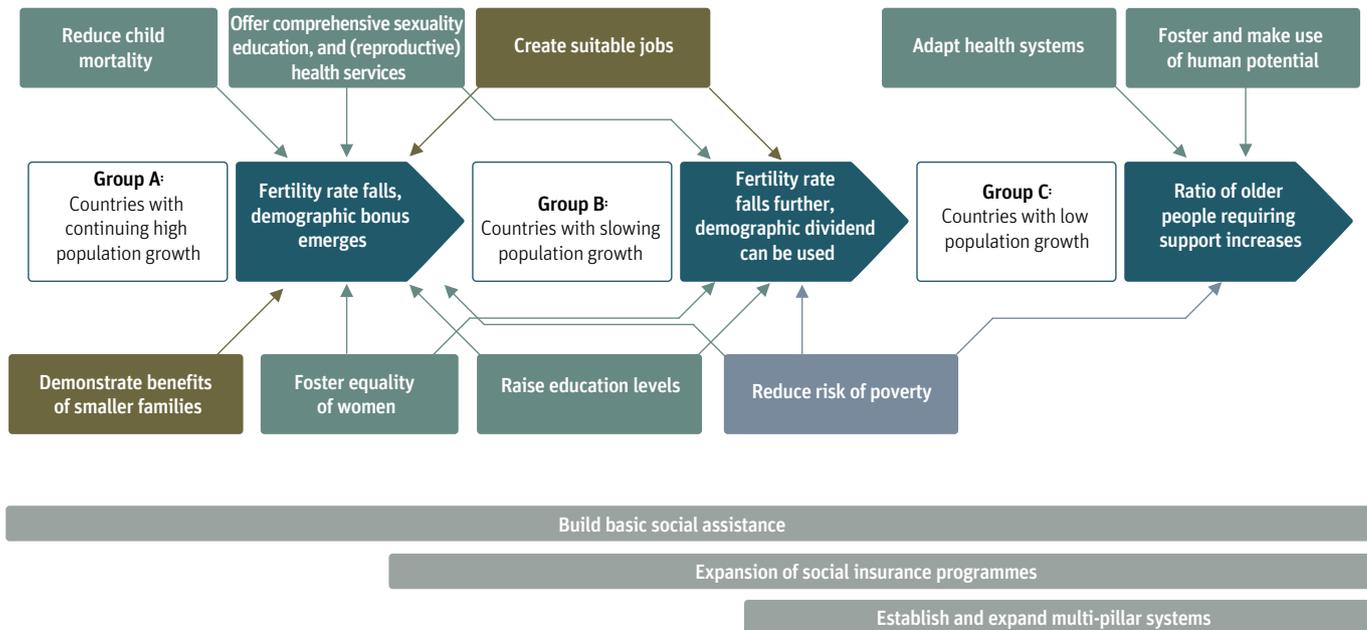
Countries like **Ghana, Kenya and Rwanda** are midway through the process – in a demographic sense and in terms of developing their social protection systems. The majority of the population continues to be young, and women have between three and four children on average. Their governments already reach large sections of the population with various components of their social protection systems. As the desire to have children is slowly changing in these countries, their governments should invest in old-age security in particular, and include family planning as well as broader sexual and reproductive health and rights within the scope of services covered by health insurance.

### Health insurance for all?

The government of **Rwanda** introduced nationwide, community-based health insurance (*Mutuelle de Santé*) and within ten years had insured over 95 percent of its population against the risks of poverty and ill health – more than almost anywhere else in Sub-Saharan Africa.<sup>2</sup> 45,000 health providers received training to treat childhood diseases in remote villages, provide information about family planning and look after the health and wellbeing of mothers and newborn babies.<sup>3</sup>

## How social protection facilitates demographic change

Social protection can have a direct and indirect effect on fertility rates. For instance basic social assistance can help the most vulnerable climb out of poverty, and simultaneously accelerate progress in areas like food security, health and education – all of which are relevant to demographic change. At the same time, a greater range of social insurance measures that protect people from life risks, in combination with other measures, can foster long-term behavioural changes. When child mortality drops thanks to better nutrition enabled by cash transfers, or receipt of a basic pension means children are no longer required to bolster household income, parents as a rule tend to opt for smaller families. Social protection thereby has an indirect influence on the factors that are relevant in the demographic transition.



- directly influenced by social protection
- indirectly influenced by social protection
- other areas of influence

Schematic depiction of the effect of various forms of social protection on population trends  
(Own diagram based on BMZ)

Since a reform in 2011, contributions are tied more closely to the income of those insured.<sup>4</sup> Membership is free for the poorest members of society. Households with higher incomes but still considered poor receive a state subsidy. All others pay the full contribution of roughly 6.88 US dollars per year.<sup>5</sup> The system is largely self-funding – with the government contributing only about 14 percent of the budget.<sup>6</sup> This protects people from the high cost of healthcare, reduces the risk of poverty and improves the health of the population –

particularly mothers' and children's health. A glance at Rwanda's maternal and child mortality rates indicates a sustained impact of the health insurance programme. Child mortality dropped by 31 percent over the past ten years and maternal mortality by 33 percent by 2017.<sup>7,8</sup>

**Ghana** is the only country in Sub-Saharan Africa to link cash transfers for the most vulnerable to free healthcare services.<sup>10</sup> Poor people, orphans and people with disabilities

who live off cash transfers provided under the Livelihood Empowerment Against Poverty (LEAP) scheme have also received free health insurance subsidized by the government since 2011.<sup>11</sup> The programme is designed to ensure beneficiaries do not have to spend their cash benefits on medical care, so they can instead invest in their children's schooling or food for their families.<sup>12</sup> This could increase the effect of the cash transfer on fertility rates.

By 2019, half of the population of Ghana was covered by health insurance.<sup>13</sup> Contributions for the poorest in society are covered by a portion of the country's value-added tax revenue and paying members of the scheme (who pay an equivalent of ten to 69 US dollars). Since 2012, free healthcare for mothers has been added to the benefits provided by health insurance.<sup>14,15</sup> Improving the health of women can cause fertility rates to decline.

### Does a basic pension reduce the desire to have many children?

In many countries, people have several children because they have no security in old age. **Kenya** was one of the first countries in East Africa to introduce a tax-funded basic pension (Inua Jamii 70+ Social Pension). People over 70 receive the equivalent of about 19.70 US dollars a month under the scheme.<sup>16</sup> Over half of the beneficiaries were identified using an electronic recipient register within just one month (see box below).<sup>17</sup> This made it possible to quickly reach 702,000 people with the pension – or two thirds of the nation's elderly persons over the age of 70.<sup>18</sup> A year after the pension was introduced, the old-age citizens were more financially independent. Those who have gained the most from this initiative are older women, who can lead a more self-determined life as a result of managing their own money.<sup>19</sup>

### 3.2 Harnessing the demographic bonus

In comparison with other regions, fertility rates have declined most in Southern Africa. **Botswana, Namibia** and **South Africa** are further advanced than countries in West, East and Central Africa, in terms of both their demographic and socio-economic development. On average, women in Southern Africa only have 2.5 children. At the same time, the population is already ageing. By 2050 there will be almost twice as many people over the age of 64 living in Southern Africa as today. Some countries, particularly Botswana, Namibia and South Africa, are therefore investing increasingly in their social protection systems – in keeping with the current stage of their demographic transition – thereby providing added impetus to the pace of demographic change.

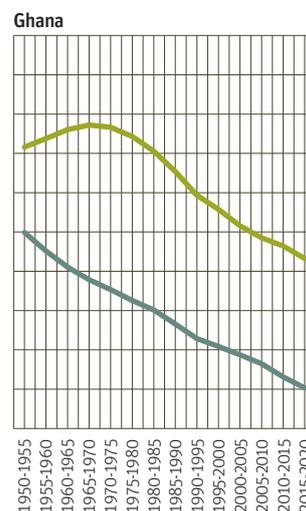
### From high to low mortality and fertility

Where children have better chances of survival, parents one to two generations later desire smaller families. Ghana, Kenya and Rwanda, show this relationship clearly as part of their demographic transformations.

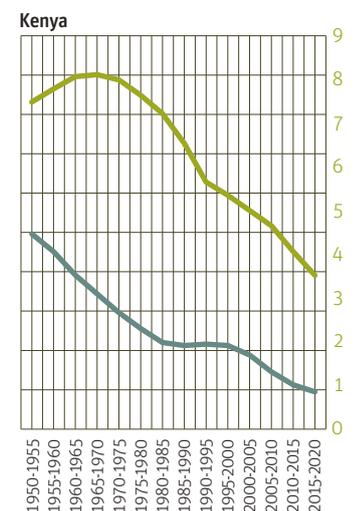
Child mortality (Deaths of under-fives per 1,000 live births) and fertility rate (average number of births per woman), Rwanda, Ghana and Kenya, 1950 to 2020

(Data source: UNDESA<sup>9</sup>)

Deaths per 1,000 live births



Children per woman

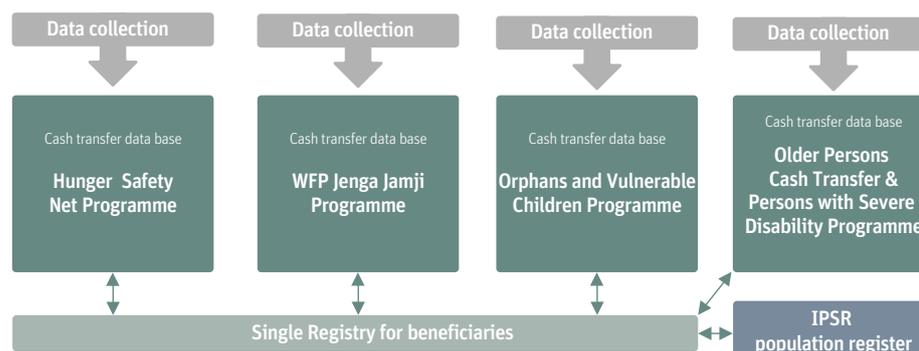


## Kenya's electronic system for streamlining its social protection programmes

In 2015 there were five different cash transfer systems in place in Kenya. In order to coordinate these better, the government pooled all the data from the various management information systems into one recipient register.<sup>20</sup> This had the advantage of making it easy to identify who was receiving which form of social

support, where it was being accessed and when the payments occurred. To ensure the data remains accurate, the register is linked to the national population register. This means the government can check the details of beneficiaries and also find other eligible cases. One year after it was introduced, the recipient register already

contained information on more than eight percent of the population – today it is twice that.<sup>21</sup> Over time, it has the potential to streamline the entire social protection system.



(Data source: Australian Government & Australian Aid<sup>22</sup>)

## Old-age protection

In 1928, **South Africa** became the first African country to introduce a non-contributory pension, the Older Person's Grant, although it only benefitted the white minority for a long time. Since the end of the apartheid era in 1994, all individuals over the age of 60 with low incomes have received the same state support (currently 1,890 Rand or 122 US dollars).<sup>24,25</sup> This basic grant is complemented by a contributory old-age pension scheme designed for citizens with higher and regular incomes. Together, the basic grant and work-based pension scheme covers virtually the entire population over 60 in South Africa.<sup>26</sup>

The pension impacts many areas with potential to accelerate social and demographic development, such as improved nutrition, education and female labour market participation. Often the elderly live in one household with their extended family and finance their grandchildren's ongoing school attendance.<sup>27</sup> They also invest in a more varied diet for their grandchildren. As a result, on average, young girls are taller and healthier.<sup>28</sup> In addition, women aged between 20 and 30 are up to 15 percent more likely to be employed than women in households not receiving the benefit.<sup>29</sup>

In **Namibia**, everyone over 60 years of age receives a basic benefit of 1,250 Namibian dollars (about 80 US dollars) a month, irrespective of income.<sup>30</sup> Economists have used the comparatively good data available in Namibia to analyse how the pension affects fertility. They show that since the introduction of the basic pension, Namibians aged 30 to 45 are making a conscious decision to have fewer children because they know they will be looked after by the state in their old age. On average, women in Namibia have one less child thanks to this social protection benefit.

**Botswana** is another pioneer when it comes to provision of a basic old-age benefit.<sup>31</sup> For decades the landlocked country has been politically stable and experienced strong growth, primarily due to the export of diamonds. Since 1996, the proceeds have been invested in a comparatively comprehensive social protection system,<sup>32</sup> with people over the age of 65 receiving 530 Pula (about 45 US dollars a month).<sup>33</sup> Even the much poorer nation of **Lesotho** has successfully introduced a basic person for everyone over 70 which is effectively reducing old-age poverty.<sup>34</sup> However there has been little research into the impact of the pensions in Botswana and Lesotho on fertility rates.<sup>35</sup>

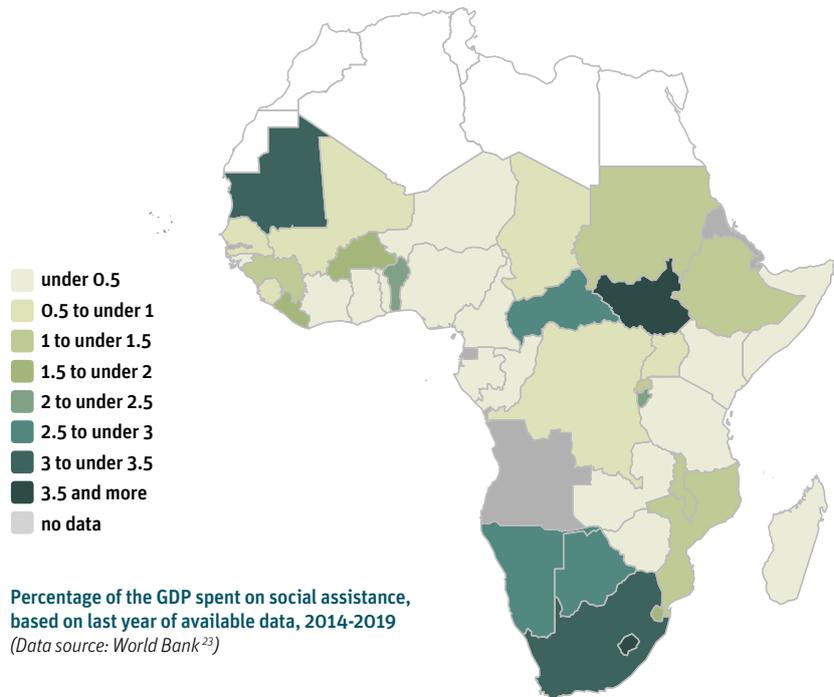
### Focus remains on children and young people

In addition to a basic old-age pension, all countries in Southern Africa support families with children. The Child Support Grant in **South Africa** is the best-developed and the most thoroughly researched. The social benefit goes to all households with children under 18 whose income falls below a specified threshold. Currently two in three children in South Africa receive 460 South African Rand (about 30 US dollars) a month.<sup>36</sup>

This has an impact on the fertility rate, with young women whose parents receive the grant tending to have their first child later. They are more likely to attend school and they are also older when they first become sexually active.<sup>37,38</sup> What is more, young mothers who receive money for the first child tend to wait longer before becoming pregnant again.<sup>39</sup> There are various possible explanations for this. For instance, it could be that women receiving the grant are more financially independent from their partner and able to decide for themselves when to have their next child. Or young mothers may decide to go back to school after giving birth because they are able to afford child care.<sup>40</sup>

### Countries that invest the most in social assistance

The share of GDP spent on social assistance is a key indicator for how countries protect their populations from life risks via cash transfers, non-contributory pensions or employment programmes. Countries in Southern Africa invest a particularly large share of their GDP. In South Africa, for instance, the government spends 3.3 percent of GDP on social assistance – three times as much as the average in Sub-Saharan Africa.<sup>32,33</sup> Most other countries spend less than two percent of GDP on social assistance, with the exception of South Sudan and the Central African Republic, where international donors use cash transfers to support the large number of refugees fleeing crisis regions.



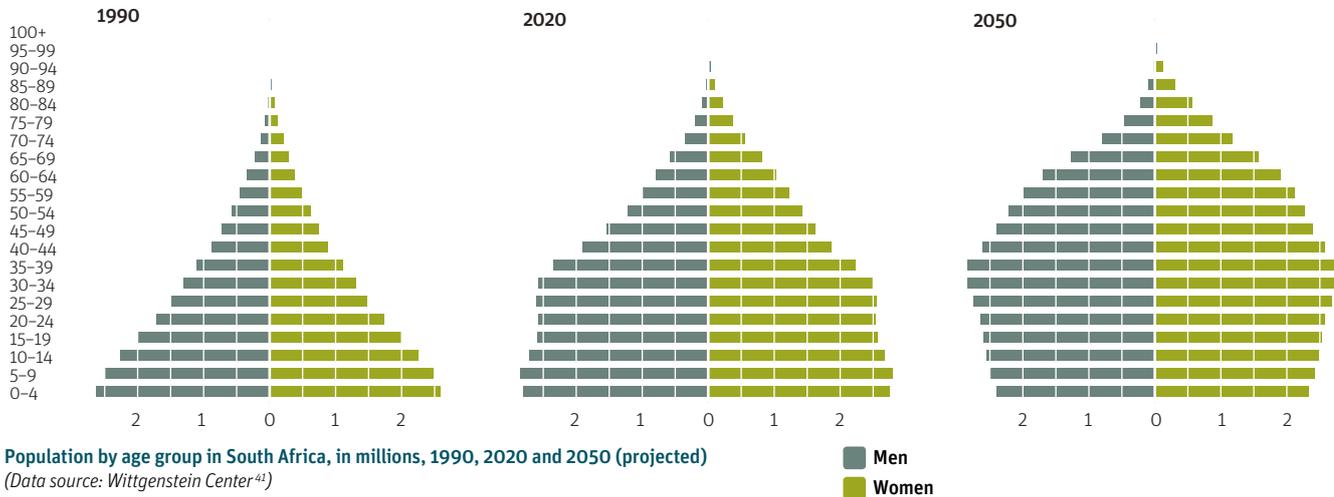
### No state support for people of working age

Despite huge progress in the development of social protection systems over the past few decades, most people of working age, including those in Southern African countries, continue to receive no support during their working life. Yet the population of 15 to 64-year-olds is growing rapidly compared to other age groups. Though public works programmes offer employment opportunities for some of the population without a permanent job, many people capable of working often cannot rely on securing a position through these schemes because the demand is so high.

Botswana even went to the extent of introducing a lottery to distribute a limited number of state-funded and temporary jobs for construction workers, careworkers and school caretakers to potential candidates. For the most part, there is no other form of support for the many under-employed.<sup>42</sup> In South Africa, one in three people is unemployed, but less than three percent of those affected receive an unemployment benefit.<sup>43</sup> For this reason, many of the unemployed live on the cash transfers which are actually intended for children.<sup>44</sup>

## Growing working age and elderly population

The median age structure of South Africa is shifting. These population pyramids show that couples are having fewer children from generation to generation. Thirty years ago, the average age in South Africa was 20, but today it is 28. This means more and more people are dependent on support in their old age and – in the ever-widening centre middle of the pyramid – on protection during working age.



### 3.3 Conclusion

Many countries in Sub-Saharan Africa have made huge progress over the past twenty years in developing social protection systems. The results cited here show that social protection measures, when adapted to the relevant demographic transition phase, can contribute to declining fertility rates. Social assistance, for instance, can help lift the most

vulnerable out of poverty and at the same time accelerate progress in areas like food security, health and education. When child mortality declines due to better nutrition or cash transfers mean children no longer have to go to work in order to bolster the family income, parents as a rule choose to have smaller families. When girls and young women are able to complete their education thanks to benefits, they have better perspectives later in life and

tend to have fewer children. However, many factors determine whether a strategy is successful, such as whether the money provided by the state is sufficient to lift people above the poverty line, or if families can rely on always receiving the help they need in an emergency.

There is limited data on social protection as a factor in lowering fertility rates. A better understanding of the interaction of social protection and fertility rates in the demographic transition requires more research – both in terms of individual country case studies and comparative studies across countries and regions. Long-term effects and trends often only emerge after a few decades and need further investigation. However, the results of this analysis of the profiled countries clearly illustrate the potential of social protection to accelerate the demographic transition. Social protection therefore warrants greater attention in population policy across different phases of the demographic transition.

#### Rapid help during the pandemic

The Covid-19 pandemic highlighted how vulnerable many working-age South Africans are. During the strict lockdown in March 2020, informal workers could no longer sell their products, drive taxis or offer haircuts. On average, those working in the informal sector lost three quarters of their income, and many were on the brink of falling into poverty.<sup>45</sup> The government of South Africa responded with an emergency grant programme. From May 2020 all citizens with no guaranteed income could

register on an online platform to apply for 350 Rand (about 23 US dollars) a month. By August 2020 some 4.3 million people were already receiving the money.<sup>46</sup> This emergency grant may now transform into longer term support. South African Minister of Social Development Lindiwe Zulu announced in late 2021 that the grant money would continue to be paid post-Covid, in order to support the many people who were having to get by with no work even before the pandemic.<sup>47</sup>

# 4

## WHAT NEXT?

Effective social protection can reduce the risk of poverty, improve health, educational opportunities, incomes and food security, and strengthen women's empowerment. These are essential factors to reduce fertility rates in the long term and increase the prospect of harnessing a demographic dividend. In order to better leverage the benefits and opportunities at the interface of social protection and population dynamics in their partner countries, development cooperation agencies should:

- **help improve available data, invest in research and strengthen local analytical capacity** to better understand the interaction between individual or combined social protection measures and fertility rates. Currently the data available from Sub-Saharan Africa is often limited. Long-term impacts and international trends will only emerge after a few decades and need to be further investigated – particularly since many countries in Sub-Saharan Africa have only just begun to develop their social protection systems.
- **highlight the underlying impact of social protection systems on the demographic transition in dialogue with partner countries.** Countries at the start of the transition should first guarantee basic assistance for the most vulnerable in society, later extend social assistance measures to a greater proportion of the population, and eventually develop strong systems that protect people across the life course from the risks posed by illness, old age and unemployment.

- **develop and expand advisory capacities at the interface between social protection and population dynamics** to help partner countries adapt their social protection systems to each stage of the demographic transition.

- **further develop promising social protection measures** to influence population dynamics – such as cash transfers for families whose children attend secondary school. Pilot projects and experience gained in individual countries can be applied or adapted to other partner countries within a comparable regional context. In addition, projects need to be continually evaluated in order to better understand the impact on fertility rates.

- help partner countries **develop their social protection systems and better coordinate their measures.** An effective combination of several social protection measures – such as cash transfers to protect poor households combined with free health insurance – has much more potential to influence population dynamics in the long run than individual policies in isolation.

- work with partner countries to achieve **stable financing for their social protection systems** and build up long-term capacity. In many places, the potential to achieve a lasting reduction in fertility rates is lost when poor families cannot rely on financial help in emergency situations like crop failure.

- **firmly anchor** the positive impact on fertility and population development in social protection strategy papers; and align recommendations for developing social protection systems more closely with the relevant phase of demographic change.

- **link social protection measures more closely with improving services related to sexual and reproductive health and rights, including family planning,** with a focus on women and girls – since social protection systems improve health and education, which in turn impacts desired family size.

- **focus more on young people of working age** by providing **suitable social protection for those working in the informal sector.** Until now, social assistance has focused primarily on poor families with children and older people. But a large share of young people work in the informal sector – without any kind of protection. Whether they are able to protect themselves from illness, unemployment or poverty in old age will not only affect their future chances in life but also their family planning.

- **strengthen the (trans)regional dialogue on the potential for social protection to accelerate demographic change,** so that countries can learn from the experience of those who may already be further ahead in the demographic transition. With the support of international partners, they can then apply some of the proven methods, such as introduction of a basic pension, to their own countries and thus accelerate the process of demographic change.

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ISBN: 978-3-946332-67-1