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Key points

- Mali has made economic progress but poverty remains high and child-related indicators are below average for sub-Saharan Africa
- The country's National Social Protection Strategy could be the basis for more effective social protection
- Children are not sufficiently visible in Mali's social protection strategy and its child protection policy needs inter-sectoral coordination to become truly effective

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Social protection to tackle child poverty in Mali

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Mali has improved its social and economic policy performance during the past decade. Despite various adverse shocks, such as exposure to drought, sound macroeconomic management has produced real GDP growth averaging a sturdy 5% per annum from 1994 to 2006. Yet poverty remains widespread and, despite the government's efforts to increase access to basic services, human development indicators remain low. The country faces low institutional capacity, limited economic resources and reduced fiscal space amid multiple and competing developmental needs.

Within these constraints, and in the context of a broader social development strategy, it is important to expand and strengthen social protection systems for the poorest and most vulnerable population groups, particularly children, with mechanisms that reduce their vulnerabilities and enable them to find pathways out of poverty.

As part of a broader study on childhood poverty and social protection in West and Central Africa, this paper provides an overview of poverty, vulnerability and risk in Mali and discusses the extent to which social protection systems and instruments are addressing child-specific experiences of poverty and vulnerability (UNICEF and ODI, 2009). It recognises that vulnerability and risk are multi-dimensional, and that their distribution and intensity change at different stages of the life cycle and differ according to gender, ethnicity, caste, economic status, level of education and geographical location. In the case of infants and children, the experience of risk, vulnerability and deprivation is linked to their dependence on the care, support and protection of adults, and their voicelessness within the family and broader society.

Household and childhood poverty in Mali

Although there has been significant improvement in poverty reduction over the past five to six years, the incidence of poverty is still high, at 59.2% in 2006 (République du Mali, 2006). The fertility rate averages 6.6 children per woman and, according to the 2006 Demographic Household Survey (DHS), children under the age of 15 account for 54% of Mali's population. Mali's human development indicators are low and it is ranked at 173 out of 177 countries in the Human Development Index (HDI) with virtually all human and economic indicators significantly lower in rural than in urban areas. Further, the 2006 DHS report paints a bleak picture of women's disempowerment.

DHS data show that the rate of infant and child mortality fell from 129 deaths per 1,000 live births and 229 deaths per 1,000, respectively, in 2001 to 96 and 191 in 2006. Although there are no significant differences according to gender, there is a large rural/urban disparity. The number of births in hospitals, clinics and other institutions has also increased significantly and progress has been recorded in reducing the incidence of HIV/AIDS.

There have also been improvements in education, although overall levels of enrolment and attendance remain quite low and below the sub-Saharan Africa average. Gross primary enrolment increased from 57.7% in 2001 to 74.4% in 2006, although there are significant rural/urban and gender disparities (DNSI, 2007). Quality of education remains a concern, and the national literacy rate (26.2%) is one of the lowest in the world, with women, in particular, faring badly. On average, net school enrolment is 51% and completion close to 36%.

According to the 2006 DHS survey, only 48% of children between 12 and 23 months

had received all their immunisations and there are significant variations in immunisation coverage. In the case of malaria, one of the major causes of death in children, only 33% of children who experienced symptoms sought care and only half of those received treatment.

There has been very limited progress in achieving better nutrition outcomes for children. Data from 2001 and 2006 DHS surveys show that child malnutrition decreased by only a very small margin. The share of children experiencing stunting, for example, fell from 38% to 34%.

The concept of child protection is complex, given the role children play within families. As they are under the influence of parents and other adult members of the household, they may not be seen as individuals and rights holders. However, the weakening of traditional community, social and family structures contributes to situations where children become victims of abuse, exploitation and neglect, alongside the poor implementation of laws that have been developed to protect children. In particular, many pressures are causing an increasing number of children to leave their households, generally for the cities but sometimes for other countries, in search of a better life (UNICEF Mali, et al 2008). Poverty exacerbates the vulnerability of children, exposing them and their families to risks and hardship and marginalising them further from society. Social protection systems have the potential to reduce these risks.

Data from Mali's Child Work Survey carried out in 2006 indicate that approximately two out of three children aged 5 to 17 are economically active, with similar averages for girls and boys, while the incidence of child work is higher in poorer households and in rural areas: 80.6% of children belonging to households in the poorest quintile have been involved in some form of work (DNSI 2006). Migration is a widespread coping strategy for some poor households, with emigrants accounting for 9% of the total population, and remittances to the country representing 3.3% of GDP in 2006.

Social protection in Mali

Mali's National Social Protection Policy recognises the multiple dimensions of social protection that correspond to a range of social, economic, health and environmental risks. However, its articulation, mainly under the second Health and Social Development Programme (PRODESS II) is limited to health-related risks and interventions, with areas of the strategy that relate to the social and economic risks of the poor classified as 'social development', including 'social action and social assistance'. Child-focused social protection programmes are not a specific focus of PRODESS, and only 'vulnerable' children (defined as those living without parental care or in households where the head has disabilities or is ill) qualify for some forms of social assistance.

The rollout of the policy has, to date, been weak. Operationally, the concept of social protection has been narrowed to 'social insurance', covering only health- and age-related risks. Two new health-related social protection programmes, the Compulsory Medical Insurance (AMO) and the Medical Assistance Regime (RAMED), are to be approved by Parliament in 2009 and start operating in 2010. AMO's beneficiaries will be active or retired functionaries, formal sector employees, and members of parliament, while RAMED aims to provide free health care to the destitute (those proven to have no sources of income). These two programmes could raise the profile of social protection policy in Mali and help to reduce a range of vulnerabilities (both health and economic) for poor households, if they are implemented appropriately.

However, a broader approach to social protection that promotes human development could complement health-related social protection programmes to mitigate vulnerabilities more effectively through, for example, the provision of incentives for children to attend schools or for households to develop health-seeking behaviours, or interventions supporting livelihood diversification. In fact, a more systematised approach to current social assistance and social action interventions that provides some preventive and protective support to the vulnerable is crucial to the development of a stronger, more structured social protection strategy.

To date, constraints to implementation of the strategy have resulted from a fragmented delivery of social protection programmes that fall short of addressing the needs of vulnerable populations. This is, in part, a result of poor planning; insufficient budgetary resources; weak institutional capacities; a lack of effective structures to undertake their roll-out particularly at grassroots level; and the slow process of developing programme's operational guidelines, which delays the start of their delivery. Another important constraint is the lack of monitoring and evaluation (M&E) mechanisms to provide evidence on the most cost-effective approaches to fulfil social protection objectives.

The implementation of social protection programmes in Mali should be rooted in the country's Growth and Poverty Reduction Strategy Paper (GPRSP). One of the three pillars of the GPRSP refers to strengthening the social sector and includes actions aimed at risk mitigation and social protection by promoting greater solidarity in favour of the poorest and most marginalised groups, and by promoting better social protection coverage for the entire population. Nevertheless, the main thrust of the GPRSP from 2007–2011 lies in its other two pillars: 'development of infrastructure in the productive sector' and 'consolidation of structural reforms', as the agenda is driven by economic growth (République du Mali 2006). This could hinder social sector investment.

Strong political commitment is crucial to ensure effective support to social protection, not only by

guaranteeing funding, but also through strengthening the institutions responsible for its planning and delivery.

The National Social Protection Policy is a strong platform from which to develop a strategy. Importantly in the case of Mali, where budgetary resources are limited but there is a significant lag in social sector development, the promotion of social protection mechanisms will need to be assessed on a cost-benefit basis, to ensure that public funds are being used effectively for poverty reduction, to access social services and to reduce vulnerabilities. An expansion of social protection interventions should, therefore, be accompanied by a clear strategy to strengthen planning processes, to introduce M&E frameworks at the different levels, to promote accountability of the system and to develop capacity to implement programmes more effectively. At present, this type of planning is absent from most social protection programmes

Affordability of social protection in Mali

According to the National Social Protection Policy, financing of social protection should be guaranteed by the state, local councils and donors, according to existing legislation. Mali's macroeconomic and fiscal situation does not provide much fiscal space to finance extensive social protection programmes. Resources are limited and much work remains to be done to guarantee access to quality social services for the population, particularly the poorest. Thus, generating robust evidence on the poverty and vulnerability reduction potential of social protection programmes will be very useful to rally political will to reallocate resources from programmes in areas that are not as cost effective.

Given Mali's limited fiscal space, the current mix of public and out-of-pocket health financing schemes is more affordable. However, these schemes have only limited reach and will not contribute significantly to an increased demand for child health care services by the poor. This could limit the possibility of achieving the health-related Millennium Development Goals (MDGs) to which the government is committed, as well as maintaining inequitable health outcomes, since the poorest quintiles of the population will continue to have limited access.

The government could explore the possibility of a gradual extension of services provided free of charge, particularly those aimed at children. Some studies have already shown the potential impact of removing financial barriers. However, health sector authorities consider that important supply side investments are still needed before allocating resources to demand-side interventions. Even so, considering the complexity of the current Malian institutional context for implementation, it would be useful to plan a sequenced approach to mobilise funds to improve service delivery while strengthening household capacity to access those services

Cash transfers to tackle childhood poverty

Other specific social protection programmes could strengthen the scope of social protection in Mali. Quantitative evidence from simulations of the benefits of a conditional cash transfer (CCT) programme, for example, suggest that child-based social transfers can have a significant impact on the reduction of household poverty and vulnerability, particularly on children.

Using nationally representative household survey data, a simulation exercise found that a child benefit programme (based on a transfer equivalent to 30% of the extreme poverty line for children aged 0-14) would reduce the proportion of children living in poverty by 25.5% (under a universal scheme) or 15.4% (under a programme targeted to households under the poverty line) (Barrientos and Bossavie, 2008). The greater impact of the universal scheme is because of the expected exclusion of some poor households as a result of technical targeting errors. Although the simulations found that these programme options were too large to be affordable, it is possible to think of smaller-scale programmes at lower cost that could still have significant impact.

This evidence is consistent with the qualitative evidence on the positive impact of the pilot CCT project, Bourse Maman, which was implemented in Mali by UNICEF. Nevertheless, this programme also revealed important institutional, financial and administrative constraints that need to be understood when designing a CCT. These challenges include the need for constant and dependable funds to beneficiary families, as well as effective targeting, which is essential to maximise the cost effectiveness of transfers and eliminate errors of inclusion, exclusion and implementation. The introduction of a child-focused social transfer in Mali would need to ensure its adequate sequencing and complementarity with other measures, including those to strengthen the provision of quality social services.

Strengthening child protection services

While children are visible in the National Social Protection Policy, they are neglected as a specific vulnerable group in the policy's rollout, with the exception of some specific social assistance interventions.

The Ministry for Women, Children and Families (MWCF) is responsible for child protection actions, but has limited coordination with other relevant government agencies.

Coordination among agencies responsible for the design and implementation of different social protection instruments is imperative to reach the objectives of a child-focused social protection system. A more robust child-focused social protection strategy could address the root causes of vulnerabilities in Mali in a more comprehensive manner, but this would require more strategic and effective collaboration between sectors and more resource availability.

Conclusions

Mali has been striving to strengthen its economic position and reduce poverty, showing an important commitment to achieving the MDGs. However, its child and gender, poverty and vulnerability indicators suggest that, in addition to strong and stable economic growth, a more comprehensive social development strategy should be a growing policy priority – a strategy that prioritises social protection for the poorest and most vulnerable people, particularly children.

The interest of the Government of Mali in alternatives to strengthen its social protection system is a positive signal of its commitment. International

partners, including UN agencies such as UNICEF and donors should rally to support these efforts, both technically and financially.

Given institutional constraints to implementation and financing restrictions, the development of a child-sensitive social protection system in Mali will require careful thought on the sequencing of activities, particularly with respect to government efforts to improve the supply of basic services. In this sense, more evidence is needed on the benefits of a stronger child-sensitive social protection system, and more effective channels for policy dialogue and engagement on the needs for, and barriers to, social protection services for the population.



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