Accessibility of Social protection Services to Vulnerable Groups in the OIC Member States

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Definitions of Key Terms

- *Social Policy*: Interventions in the public sphere (encompassing all forms of social security and human rights legislation, regulations, guidelines for public and private programmes and services,) designed to enhance social and individual wellbeing. It is possible to speak of social policy in both 'narrow' and 'broad' terms depending on how much importance is placed on addressing social inequalities and the choice that is given to individuals and markets to provide the essential services required for living a decent life with dignity.

- *Social Protection*: A government wide policy implemented through a set of intersectoral programmes which respond to the economic, social, political and security risks that poor and vulnerable people face and which will make them less insecure and more able to participate in economically and socially in society. Social protection can also be extended to members of the working population as a right of citizenship and insurance against social and economic risks

Definitions of Key Terms

- *Social Protection Floor*: Nationally defined sets of basic social security guarantees that should ensure that, as a minimum, over the life course all in need have access to essential health care services and to basic income security which together provide access to goods and services defined as necessary at the national level.

- *Social Assistance or Social Safety Nets*: Social assistance programs are non-contributory transfers in cash or in-kind and are usually targeted at the poor and vulnerable which are intended to have an immediate impact on reducing poverty and on boosting prosperity, by putting resources in the hands of the poorest and most vulnerable members of society.

Definitions of Key Terms

- *Social Security or Social Insurance*: Socially-supported institutional arrangements to meet conditions of adversity such as sickness, accidents and old age. May also include the social provision of a critical minimum to meet basic wants such as food health, education and housing

- *Vulnerablity*: Individuals or groups who, due to age, poor health, minority status, or their otherwise disempowered position in society, may be open to physical, emotional, financial, or psychological deprivation or exploitation. The condition of being vulnerable may also be brought out by structural factors in the wider social environment such as discrimination, lack of job opportunities or natural disasters.

Aims and objectives: to understand the challenges and opportunities of social protection systems in OIC states

- provide a detailed audit of social protection strategies, policies and institutions in the OIC member countries
- map out the social and economic situation of vulnerable groups in OIC members states
- analyse where OIC member countries stand in light of the new global trends in social protection policies
- highlight the main challenges facing the increased coverage of the social protection systems in these countries and to provide policy options and recommendations to help overcome these challenges.

Methodological Approach

- A combination of qualitative and quantitative methods incorporating a desk-based review, statistical analysis of secondary data sets and in-depth interviews with key policy stakeholders within case study countries: Lebanon, Oman, Iran, Morocco and Sierra Leone.

- The desk based review and evidence is generated from research reports and empirical studies, which were accessed via United Nations agencies, academic research organisations and regional government departments. Literature and evidence searches were conducted using academic search engines.

- The numerical data cited draws mainly from the ILO World Social Security Report database of 2014 and the World Development Indicators, which uses data from different sources including UNDESA, the ILO, the World Bank, WHO, UNICEF, among other sources. The main indicators included in the analysis are population structure, economic growth, GDP per Capita, out of pocket health payments (OoPP), social protection expenditure, public expenditure in social sectors such as health , education, as well as outcome indicators such as health, nutrition, education, child and maternal mortality, vulnerable employment and poverty headcount ratio.

Conceptual Framework: Vulnerability and Social Protection

- Vulnerable groups are understood as “groups that experience a higher risk of poverty and social exclusion than the general population. Ethnic minorities, migrants, disabled people, the homeless, those struggling with substance abuse, isolated elderly people and children all often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment”.

- Social protection is understood as including programmes for social insurance (contributory programs, principally pensions), labour markets programmes (for example job training and back-to-work interventions), and non-contributory social assistance programmes (or social safety nets) which include humanitarian and disaster relief programs, cash transfers, food stamps, school feeding, in-kind transfers, among others. Social insurance and labour market programs tend to benefit higher income groups and those with higher levels of qualifications and skills, whereas social assistance programs generally (but not exclusively) focus / target the most poor and vulnerable”.

Social Protection: Two Main Aims

- Social protection has two broad aims: to manage economic risk through policies or services that protect against the sudden loss of income from life events such as accidents and the need for urgent health care. And secondly to promote social mobility through policies that affect the structural causes of social and economic inequalities. For instance via changes in legislation, land reform and taxation systems. It is hoped that this may also present political opportunities for vulnerable groups to be heard.

Four main types of entitlement

- **Universal (but not entirely free)** → food and fuel subsidises are most common; school education, health care access/
- **Employment/earnings-related** → less than half of working population qualify due to high levels of informal labour
- **Means testing** → in the NGO and charity sector, for example social care where there are contracts with the relevant ministries
- **Categorical** → in the NGO and charity sector, for example social care where there are contracts with the relevant ministries; new cash transfer programmes

Three aims of Social Protection

- **Protection:** policies or services that protect against risk and sudden loss of income or contingencies of the life course; can be universal or targeted; do not aim at income redistribution but can help it; also include safety nets and targeted services that do not deal with the causes of poverty or social inequalities

- **Promotion:** services or policies that create new opportunities; try to bring about social change or economic growth; aligned with social development

- **Transformation:** Affects the structural causes of social inequalities such as through change in the law, redistribution of wealth and land reform; not afraid to open up political opportunities such as trade union activity

Good Practice Examples from non-OIC Countries

- In the developing world, various countries have provided universal social protection schemes: in India, various federal states such as Kerala, Tamil Nadu and Himachal Pradesh introduced universal provision of essential services.

- Tamil Nadu was the first Indian state to introduce free and universal midday meals in primary schools as part of its efforts to combat child undernourishment, bearing in mind that India has the highest rate of child malnutrition in the world

Good Practice Examples from non-OIC Countries

- Republic of Korea, Taiwan and Costa Rica have introduced universal social protection schemes.

- Korea: the democratic transition of the late 1990s saw the introduction of reforms in health, pension and unemployment social insurance schemes as well as a Minimum Living Standard Guarantee (MLSG) – all of which increased coverage and equity of social protection. Under pressure from Trade Unions and various civil society organisations, various health insurance schemes were merged into one integrated public health scheme, under the presidency of Kim Dae-Jung.

- Significant efficiency outcomes such as reducing administrative costs from 11.4% to 4.7% by 2003 but also because entitlement conditions became equalized

Key Lessons from Good Practice Examples

- Constitutional reform and social policy legislation can help set the context within which new social protection agendas can emerge if they adequately reflect the will of the people.

- Long-term effective social transformation takes place when there is situated political change and not necessarily through the transfer of development policies.

- The case studies provided in It is important to recognise the need for a broad governance approach for understanding the way in which the state-citizen contract can develop: changes have occurred in Latin American and India not as a result of development policy transfer but of “situated political society”

Institutional Mix

- Mix of institutional actors who can partake in universal social protection schemes. States, markets, charity and community organisations, households and donor agencies can all play a role in facilitating universal coverage.

- This mix will depend on the country context and policies. But some lessons are clear, many services such as education and health require significant investment in infrastructure which are therefore likely to be underprovided by market actors.

- Particularly when there are urban-rural disparities or regional differences, state involvement is needed. As the examples discussed so far show, the countries which have succeeded in providing wide spread coverage for their citizens have done so through direct state involvement in the financing, provision and administration of these services.

Non-Contributory Social Assistance

- Since the 1980s: the most predominant trend in developing countries due to the marked weakening of universalist principles and the fiscal pressure placed on many states in funding social protection policies

- More in tune with neo-liberal policies since they adopt a targeted or means-tested approach to cash or in-kind transfers. They also promote a rationale of consumption smoothing and reactive in nature because they are given to populations who are also in need and have not been able to cope with unexpected social or economic shocks.

- Under the pressure to liberalize, promoted by international agencies like the IMF and World Bank…lead to increased commercialization of social services as well as to a greater reliance on social safety nets.

Non-Contributory Social Assistance

- Some notable examples are the Child support grant in South Africa, the Minimum Living Standards Scheme in China and Mexico's *Opportunidades* programme.

- Indeed, other examples abound in the developing country contexts where social assistance programs were introduced to avert social discontent, such as the *jefes y jefas* programme in Argentina and the *Minimum Living Standards Scheme* in China.

- India has introduced a rural Public Works programme following the National Rural Employment Guarantee Act which is a self-targeting programme for all rural populations.

Non-Contributory Social Assistance

- China, South Africa, India, and Brazil: . All of these countries have a cash transfer programme in place for vulnerable populations.

- China established the Minimum Living Standards Scheme (MLSS) in 2003 which aims to provide material aid to residents and their families once their income falls below the state-defined minimum living standard. The programme has as its target population the urban poor, and over the years, it has come to provide comprehensive in-kind and in-cash support ranging from medical assistance to housing and heating allowances.

- The programme is now national and in May 2012 reached more than 21.6 million citizens. The rural poor in China also benefit from similar non-contributory social assistance programmes as well as a scheme known as the “five guarantees” which has been in place since 1950 and ensures that all poor people living in rural areas have access to basic life necessities such as food, clothing, shelter and even a contribution towards funeral costs. In the Chinese case, the rationale for social protection has been dominated by state concerns for political legitimacy and the availability of an adequately

Non-Contributory Social Assistance

- The short-termism and distributional limitations of these cash transfer programmes are an important concern from a social protection point of view. Reaching a wide population may also indicate high levels of dependency on these programmes with families unable to sustain themselves in the long run.

- This is a weakness of universal food subsidy programmes in particular. To this end, Silva et al. (2012) cite the case of fuel subsidy reform in Indonesia which introduced three social safety net programmes in 2005 to compensate for the sharp cuts in fuel subsidies. To mitigate the impact of price increases on poor and near-poor households, the government introduced an unconditional cash transfer programme which reached 18.5 million households at a cost of about 0.3% of GDP, as well as a health insurance programme and an education subsidy programme.

Rationales for Social Protection

- Vary according to the types of social protection institutions that are in place and the extent to which social policies have intrinsic or instrumental value in their own right

- Issues of social justice and welfare have traditionally played a subsidiary role to economic growth in the OIC countries; they have been relegated to the domain of the family via the male-breadwinner model of social protection

- A second rationale for social protection is to ease social discontent. This has become more evident after 2011 with various Arab Gulf countries as well as Syria, Jordan and Morocco embarking on reforms or increasing social assistance services - to promote state legitimacy

- The third and least well-developed rationale for social protection in the OIC countries is the welfare function, the most complex to achieve as it requires institutional and political reform.

Macro Analysis of Vulnerability

The macro analysis provided in this section provides an overview of the main vulnerability factors that hinder access to social protection schemes. We follow the life cycle approach and draw, within the limitations of available data, the profile of vulnerable groups within each income group. Typically, when data permits, we look at two types of vulnerability factors: those related to different age groups and those related to the overall population in general. For example:

- For children under 5 years old: child mortality and malnutrition;
- For children aged between 6 and 15 years old: inappropriate education and child labour;
- For youth aged 15-23: transition from training to labour market and unemployment;
- For adults: precarious and vulnerable employment and unemployment as well as maternal mortality;
- For the elderly: inaccessibility to medical insurance and to pension schemes
- For the general population: volatility of market prices and low economic growth, poverty, inequality, low and poor access to social services as well as high out of pocket health expenditure

Demographic Structure

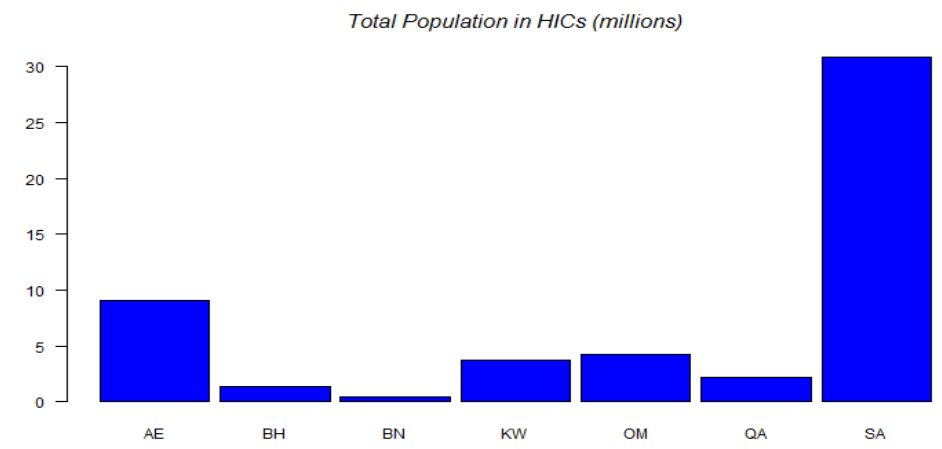
- LICs: large proportions (30% to 50%) of their populations being young under the age of 14 years old with high rates of youth dependency and low proportions of older people and elderly dependents (4% to 6% of total population). In this group, high rates of poverty and of poor quality of education and low rates of retention as well as poor training to Labour transition identify children and youth as the main vulnerable groups

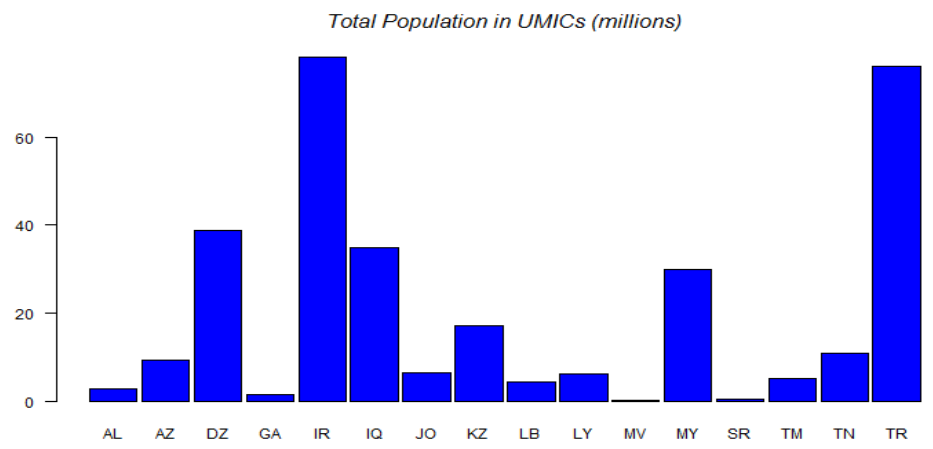
- LMICs: high proportions of young people (30% – 40%) but have slightly lower levels of youth dependency. In this group, the most exposed portions of the population are children and youth to a lesser extent but also the elderly without protection against illness, old age as well as appropriate medical services.

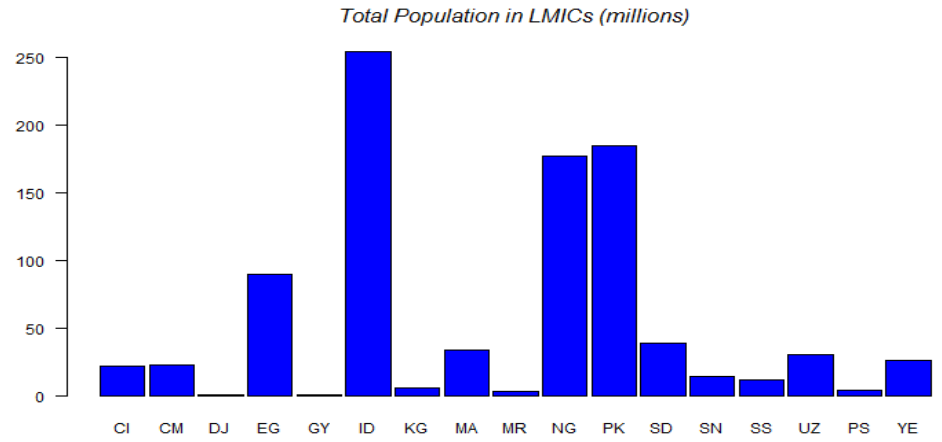
- UMICs: economic growth and improvements in medical technologies and health services have given rise to larger proportions of elderly dependents (5 to 15 % of total population). The dependency burden has switched from being that of the young to the old. In this group, the elderly are the most exposed group of the population to the major risks against preventable factors of vulnerability.

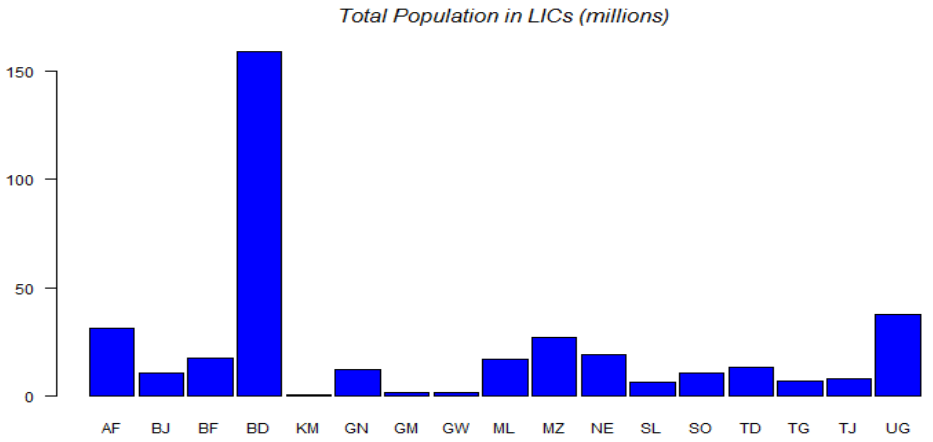
- HICs: the elderly dependency proportion declines along with the proportions of dependent young people. These declines may be due to the fact that the High Income COMCEC member countries have small populations.

Total Populations in the OIC Countries (in Millions)

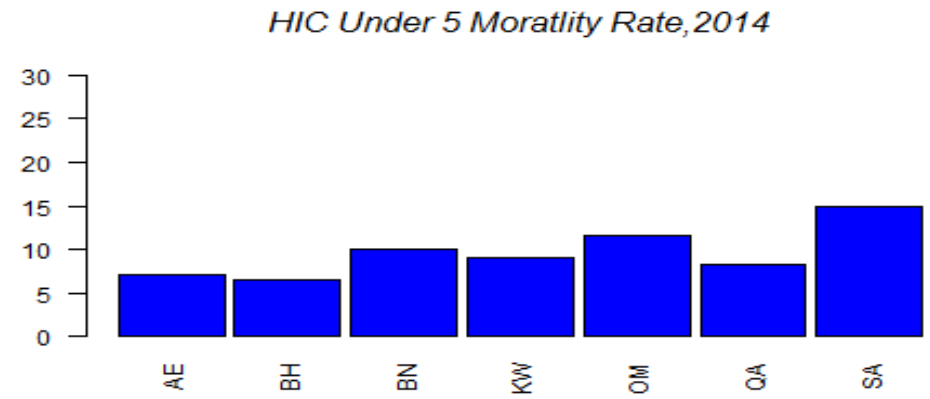


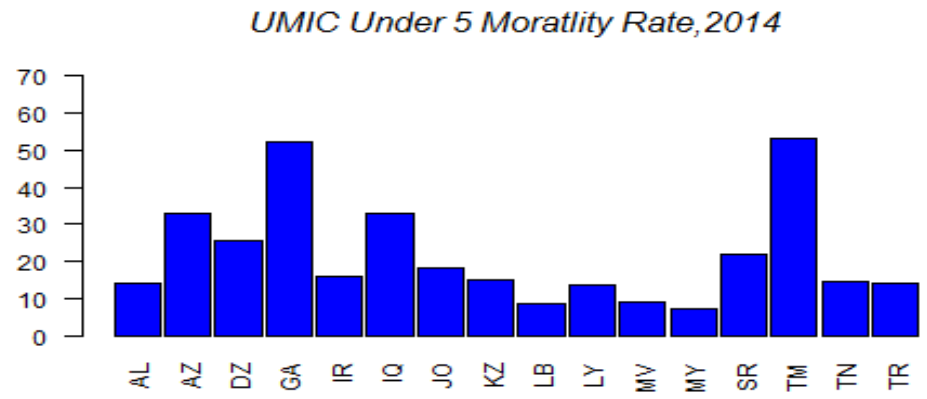


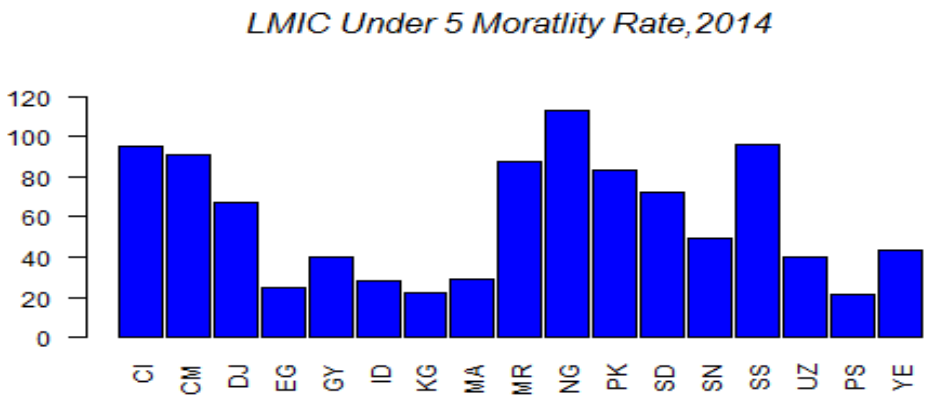


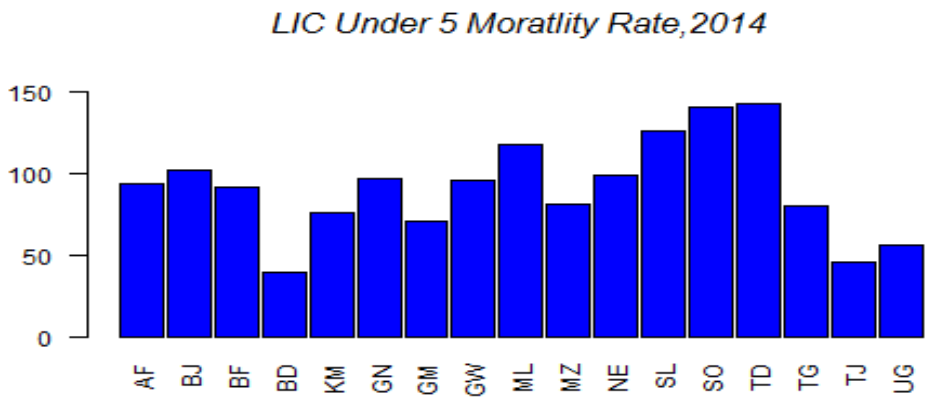


Child mortality by income groups in the OIC Countries

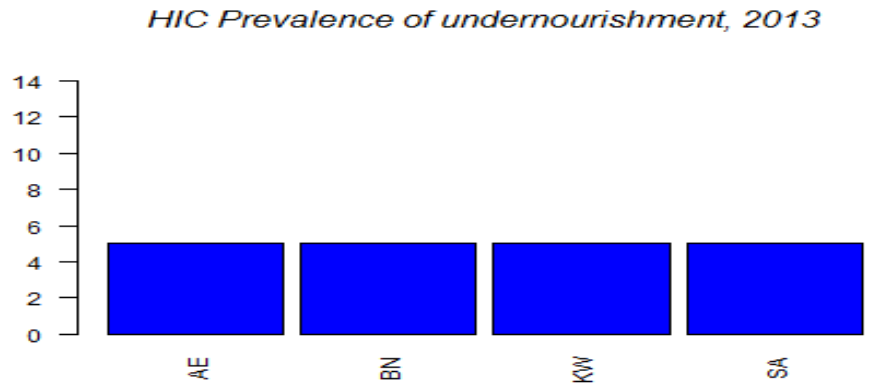


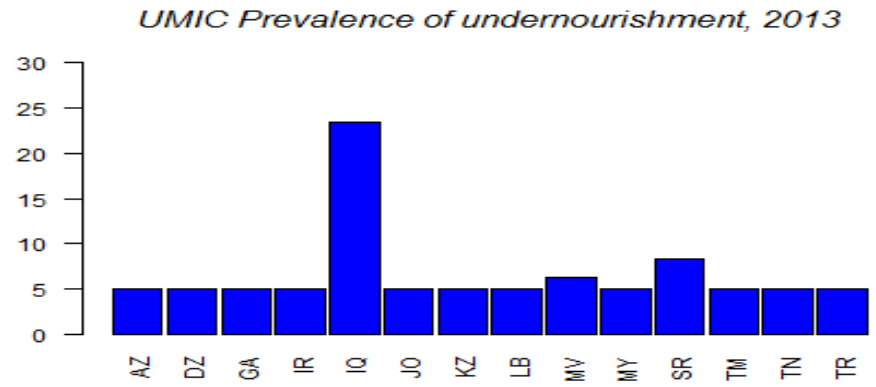


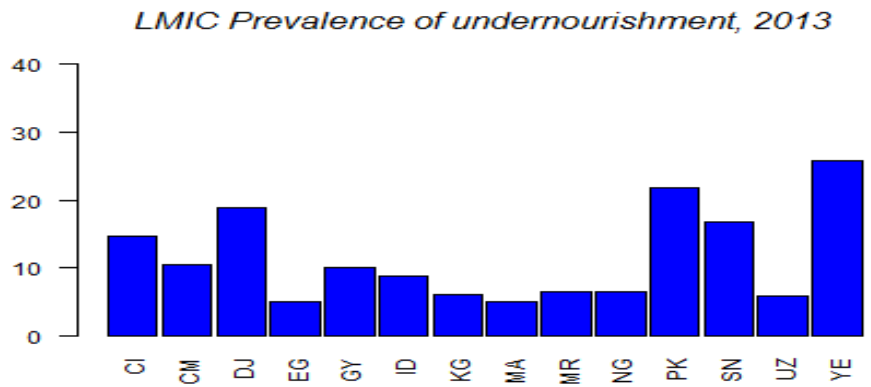


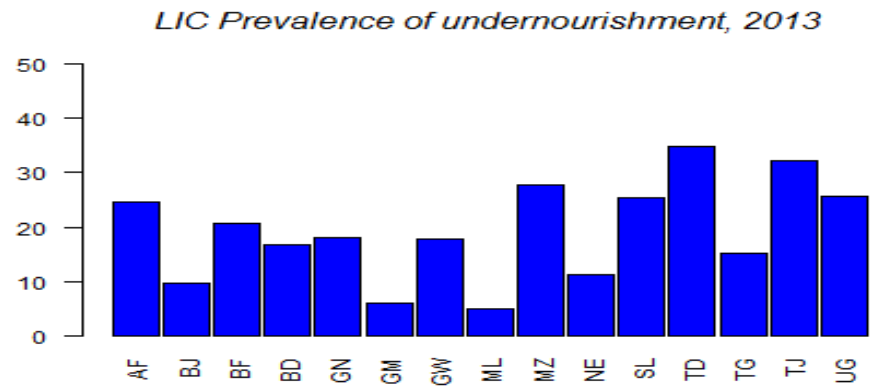


Prevalence of Undernourishment in OIC countries

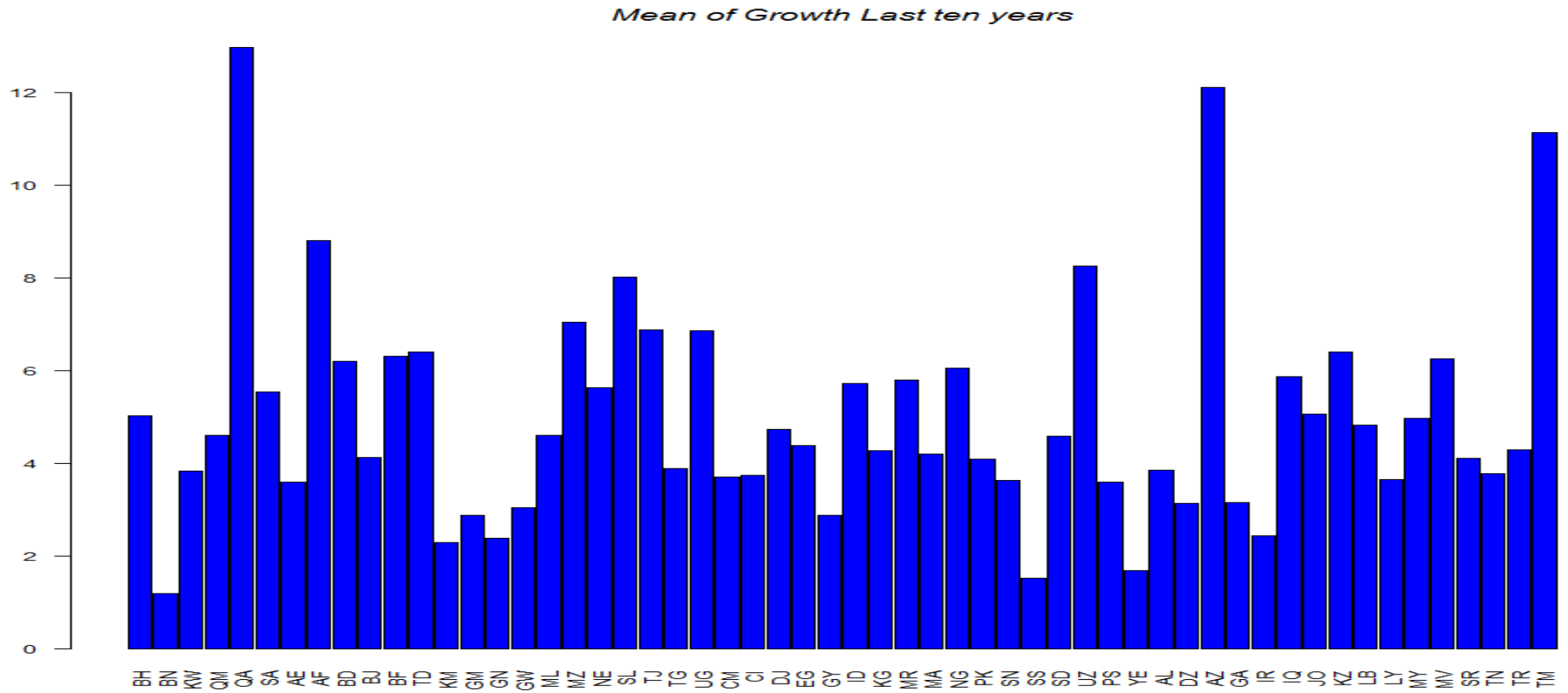




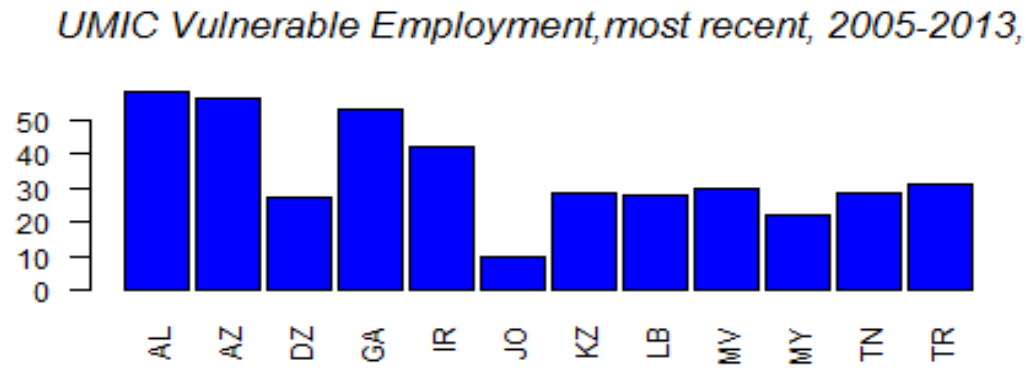


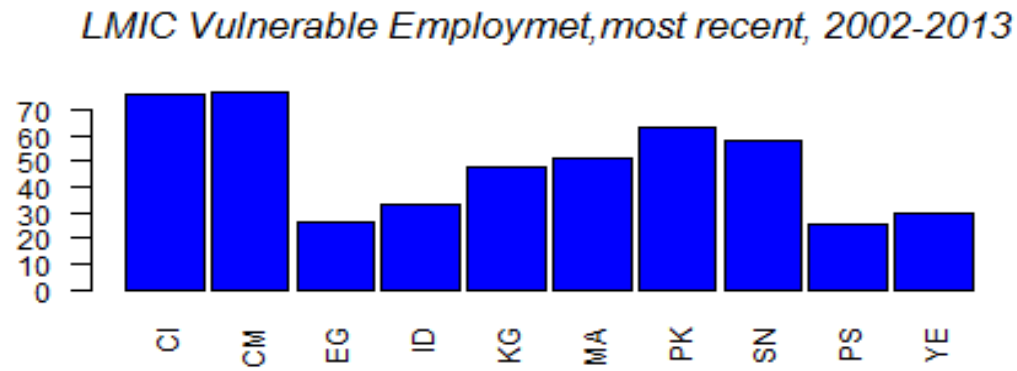


GDP average annual growth in the last ten years (2004-2014)



Vulnerable Employment in OIC States

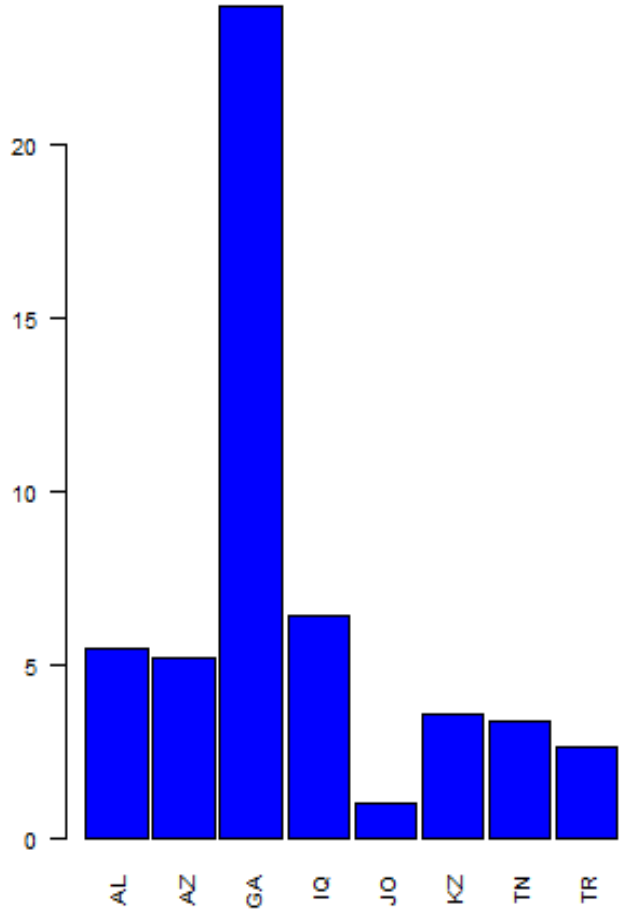




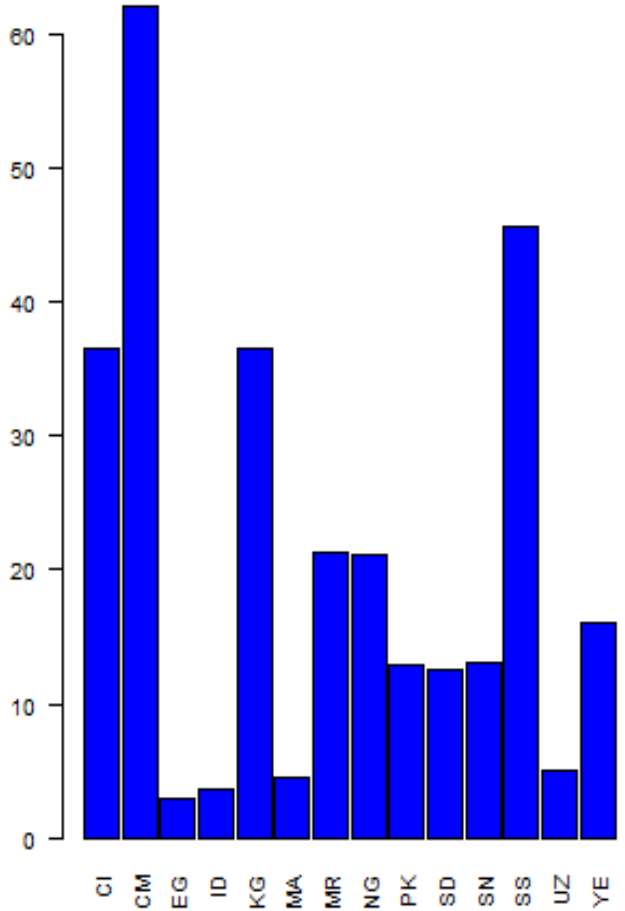
Long term unemployment in OIC States

Child Labour in OIC Countries

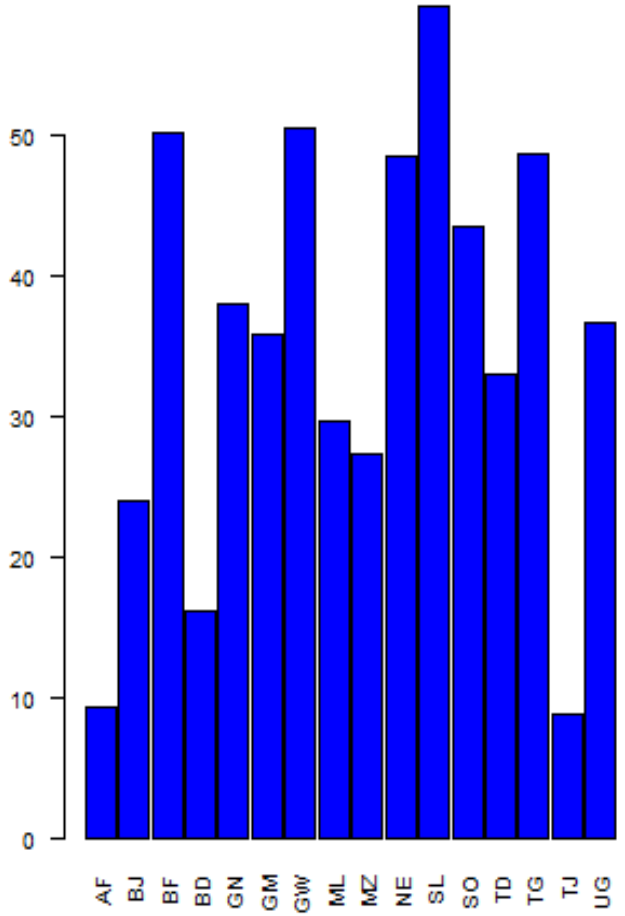
UMIC Children in employmet, most recent, 2005-2012,



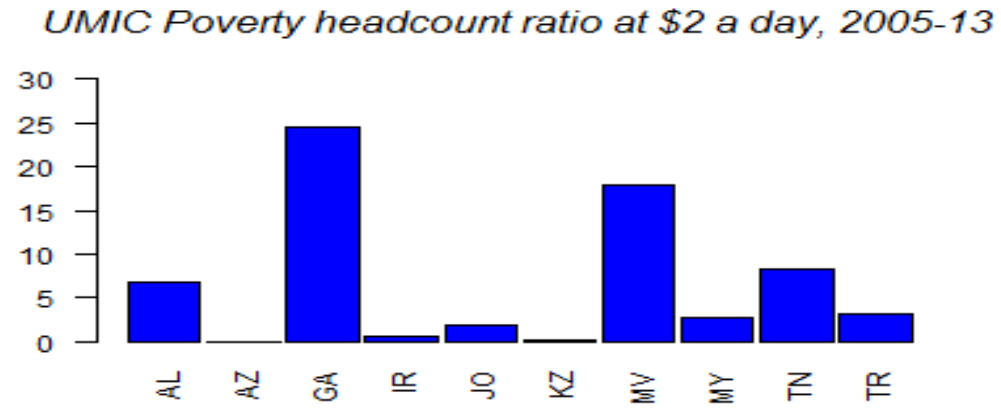
LMIC Children in EMployment, most recent, 2002-2013

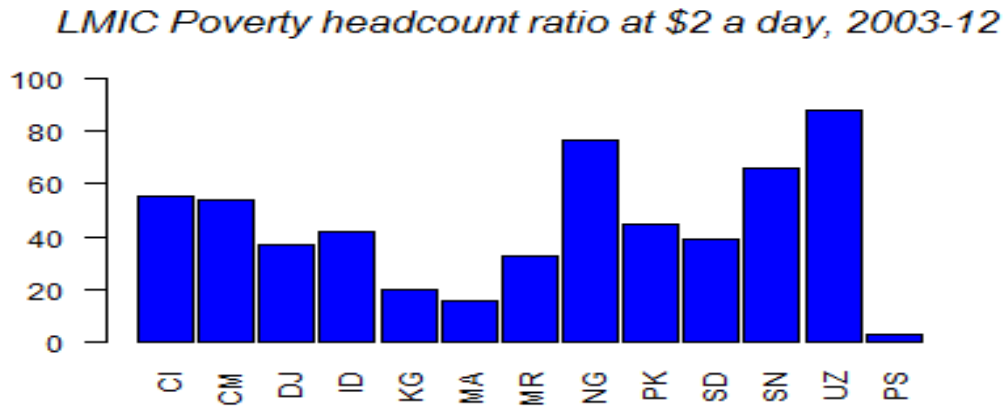


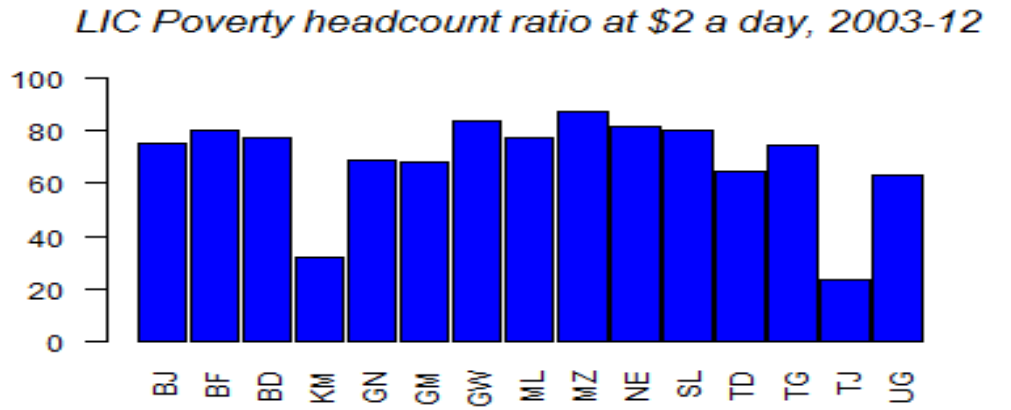
LIC Children in Employment,most recent, 2005-2013



Poverty headcount at $2 per day







Key Conclusions on Vulnerability Indicators

- LICs face challenges of low economic development besides large population share of young population under 14 years old and a low share of the elderly. Generally high rates of poverty and of poor quality of education and low rates of retention as well as poor training to labour transition mean that children, youth and working age population in vulnerable employment as the main vulnerable groups.

- LMCs share some features with LICs in terms of young populations but also the additional challenge of an increasing elderly population. In this group, the most exposed portions of the population are children and youth to a lesser extent but also the elderly without protection against illness, old age as well as appropriate medical services.

- In the UMCs, the proportion of dependent elderly becomes more pronounced and is expected to increase further in the next few decades to form the most vulnerable group in this income group

- In HICs, the elderly dependency proportion declines along with the proportions of dependent young people probably due to the small size of populations. It becomes apparent that the most exposed groups to major risks are the working age populations. The vulnerable employment and long-term unemployment rates in some of these countries reinforce this perception.

Key Conclusions on Vulnerability Indicators

- Child and maternal mortality: identify the most vulnerable groups in LICs and to a lesser extent in LMICs
- Generally due to preventable risks: indicate poor social conditions that affect a wider proportion of the population beyond the figures of mortality indicators.
- Undernourishment: generally correlated with poverty and vulnerability.
- LICs are largely affected ranging from 15-30% with a few exceptions such as Mali, Gambia and Benin.
- A few exceptions are also observed in the UMICs such as Iraq - undernourishment affects around 20% of the population

Key Conclusions on Vulnerability Indicators

- Labour market: relatively high and sometimes very high employment to population ratios in all COMCEC countries

- Serious vulnerabilities in this sector expressed by the rate of vulnerable employment and long-term employment. Except HICs all of which have labour markets dominated by foreign labour

- The informal sector: prevalent across many countries of the four income groups, which offer little social protection in terms of income, health and safety and unemployment insurance. On the other hand, long-term unemployment affects many countries regardless of the income level.

- Ranges from around 30% in some HICs to 78% in the only LICs country for which data is available for this indicator.

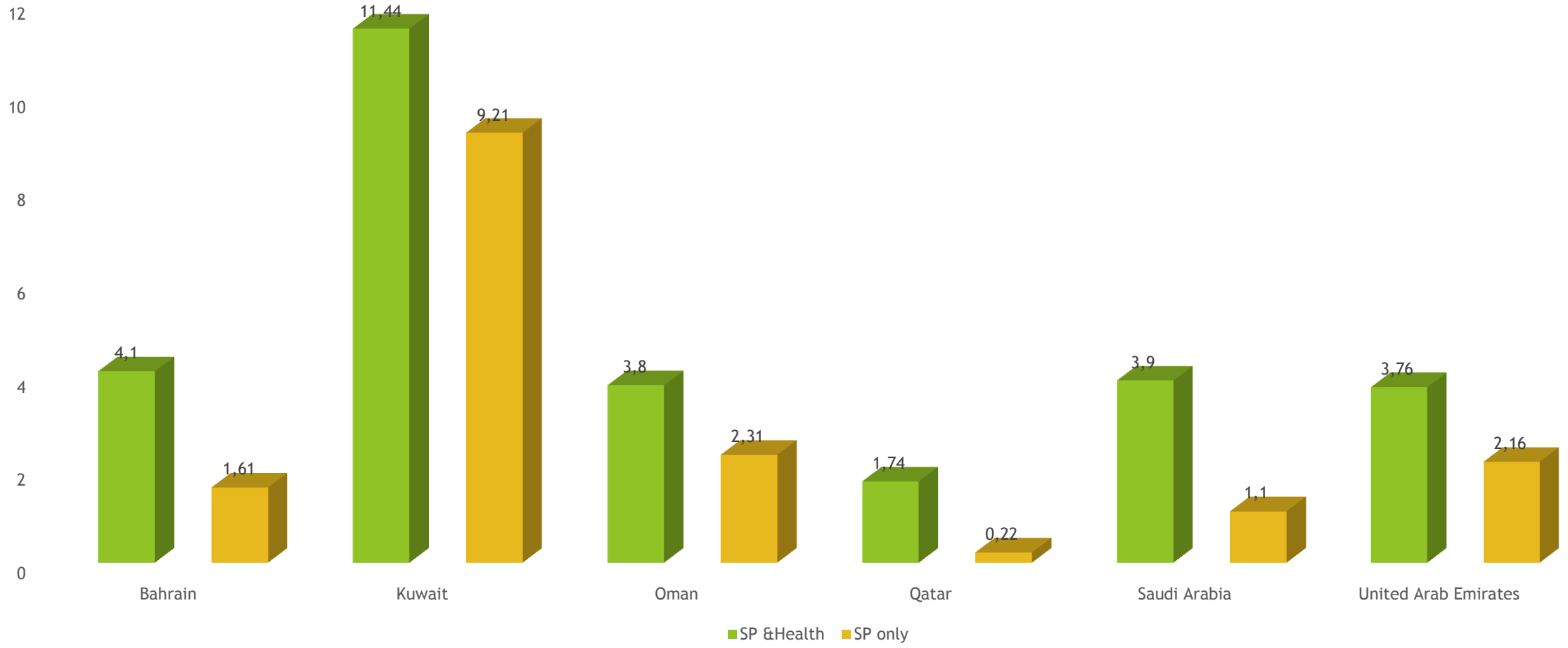
Social Protection

- Since the start of the global economic crisis, spending on social safety nets in some OIC states as a whole has increased, from 10.1% of total expenditure before the crisis to 11.9% during the crisis and 12.5% afterwards (4.16%, 4.44%, and 4.59% of GDP respectively).

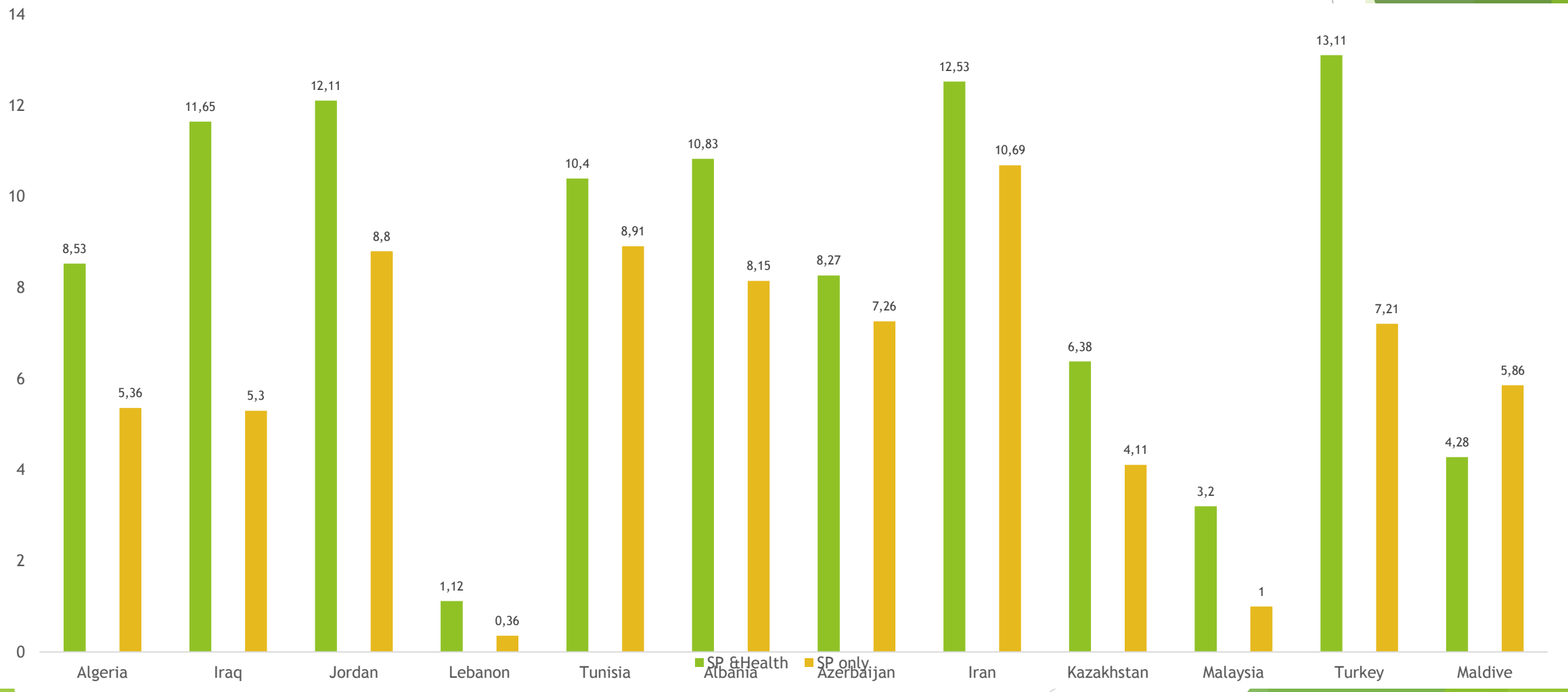
- Countries in the low or lower-middle income groups like Egypt and Yemen extended eligibility criteria for subsidised food rations and cash transfers to vulnerable populations which lead to increased access by poor or vulnerable populations.

- Majority of COMCEC countries spending on social protection remains relatively low to very low in many cases.

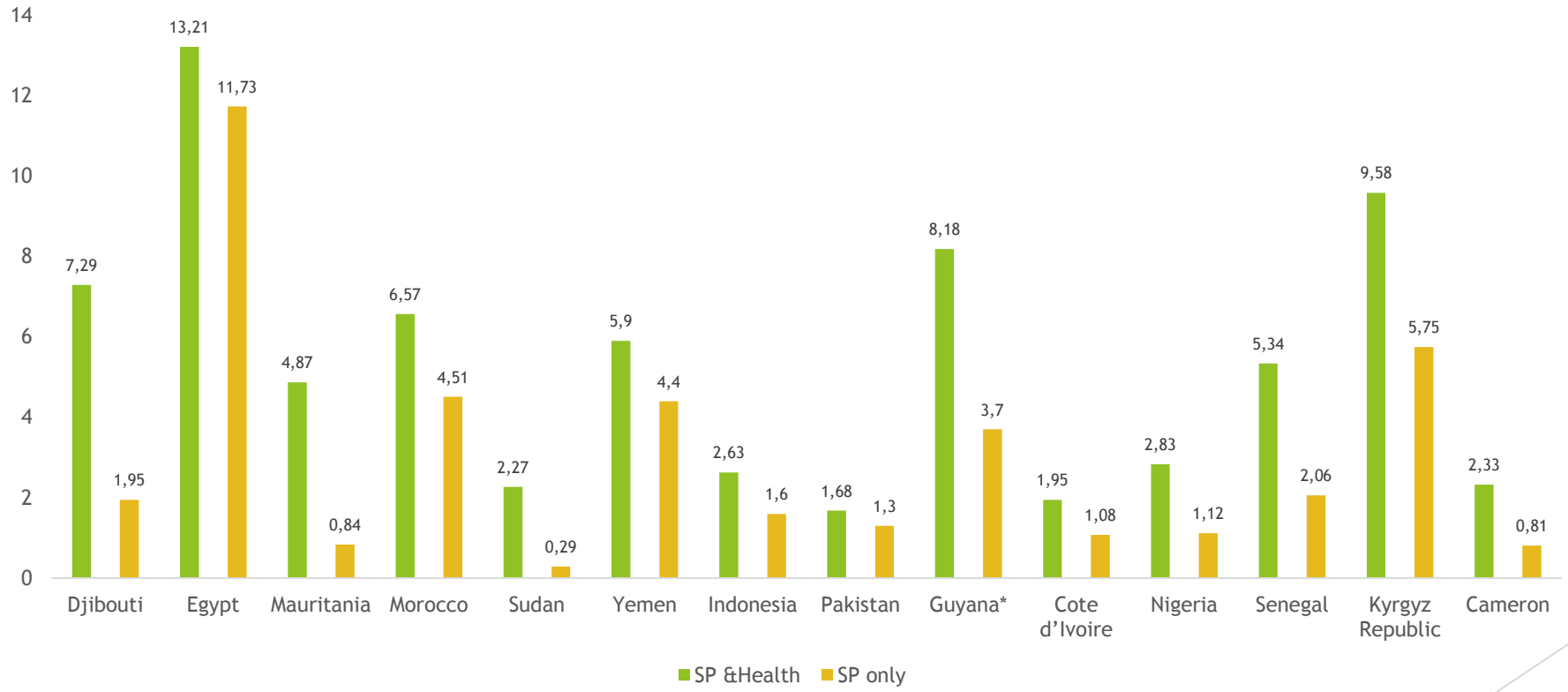
Total public social protection and health care expenditure, (% of GDP) in HICs



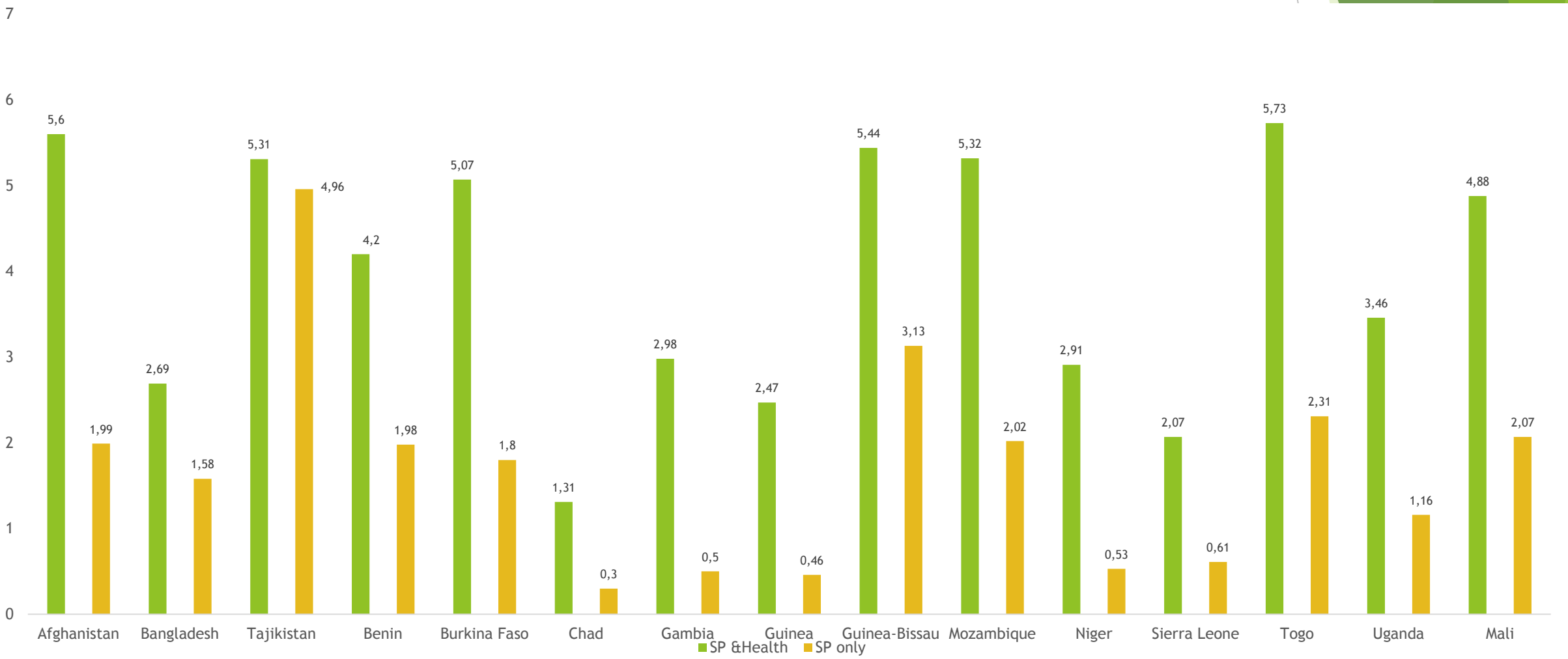
Total public social protection and health care expenditure, (% of GDP) in UMICs



Total public social protection and health care expenditure, (% of GDP) in LMICs



Total public social protection and health care expenditure, (% of GDP) in LICs



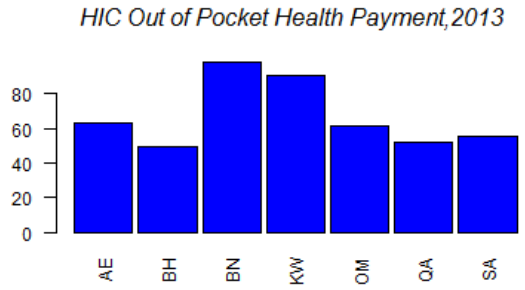
Out of Pocket Health payments

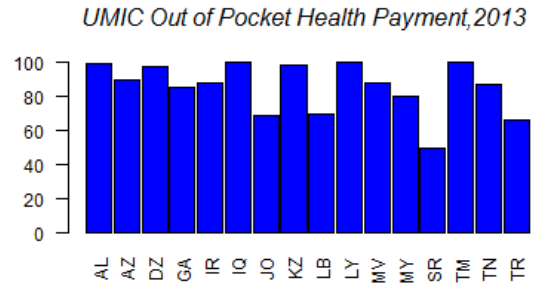
- Despite some important government spending in health care as shown in the graphs, across COMCEC countries the vast majority of people are subject to high out of pocket payments for access to health across economic contexts.

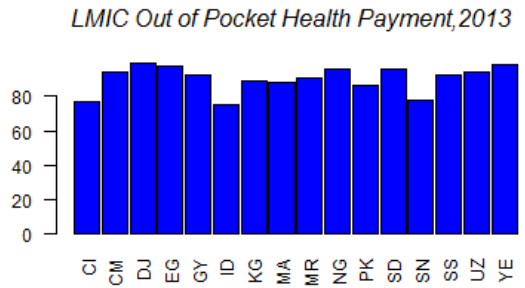
- The level of GDP is not a determinant of the level of spending devoted to health and health care in COMCEC countries.

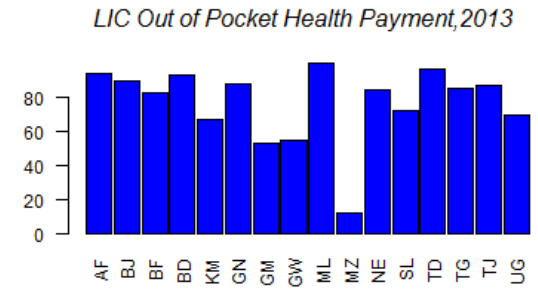
- For instance, a number of LICs have higher health spending than UMICs and HICs.

Out of pocket payments for health care in OIC countries

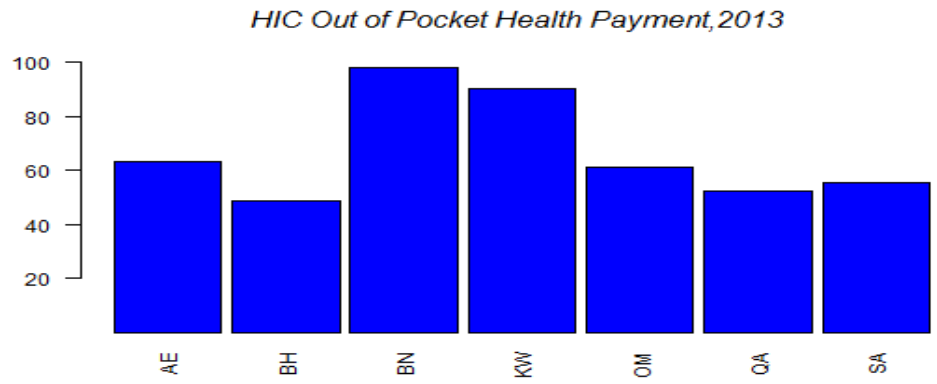


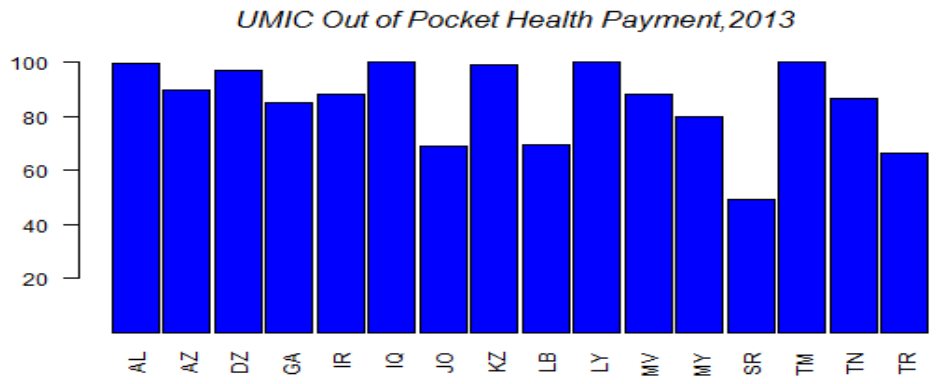


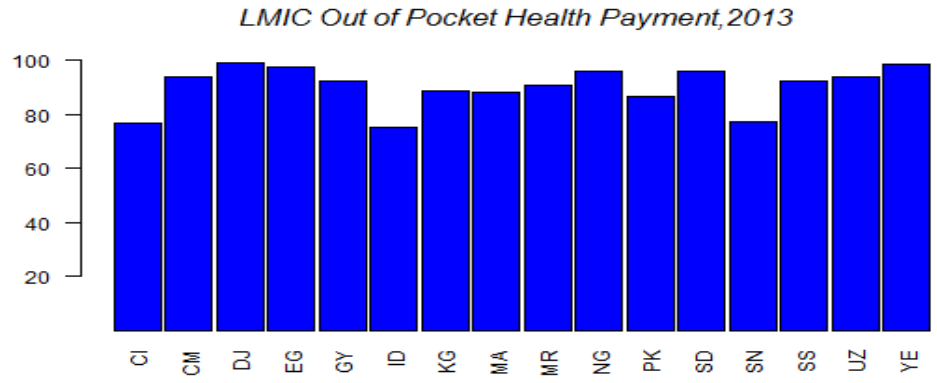


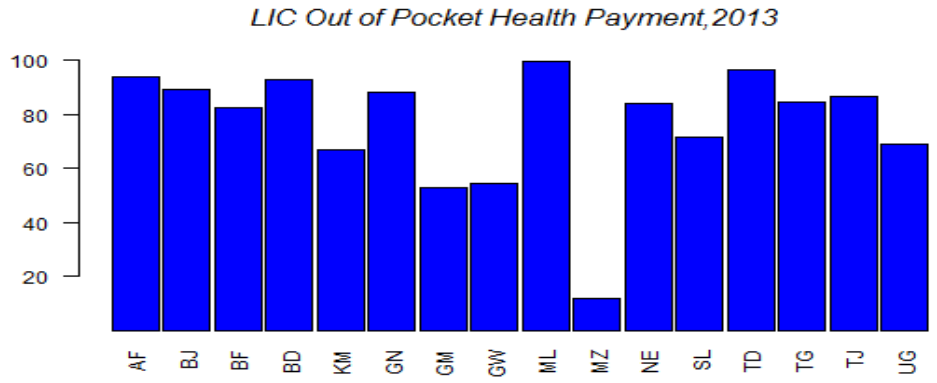


Out of pocket payments for health care in OIC countries









Social Insurance

- Misallocation of resources and skewed benefits of social protection towards the Middle Classes: OIC countries (except perhaps some of the LICs) do not necessarily lack revenues; more than a fifth of GDP is spent on social policies in some of the low and middle incomes countries like Egypt and Jordan. The programmes that exist are limited in the range of risks which they cover, reach a small share of the population and also have limited budgets.

- Significant gaps in coverage of social insurance programmes. Social insurance coverage rates vary enormously from 8% in Yemen to 87% in Libya. This is due to the structure of the labour market (for example, public or private sector) and the institutional arrangements that cover different categories of workers.

- This low rate does not correlate with the fact that over half of OIC countries are above the lower-middle income group banding.

Social Insurance

- Workers in the public and private sector whose employers are making contributions to social insurance funds are the best protected.

- Women are disadvantaged in various countries due to lack of or very little maternity insurance schemes. In the high income Arab Gulf States, only Qatar has a social insurance scheme for women in place. These states also stand out in that none of them provide family allowances.

- In countries that do offer family allowances, this is often tied to the employment status of the eligible applicants who wishes to claim this pay.

Social Insurance

- With regards to unemployment, for many OIC countries, this is in fact severance pay in case a worker is dismissed from work. This matter is not the same as unemployment insurance since it does not guarantee a minimum income or support the dismissed worker in finding new work for example, due to a redundancy.

- In many of the old age pension schemes, this is in fact a social assistance-based service so not related to a previous work or contribution record but it raises issues of whether or not eligible applicants know about the service and if they are means-tested to qualify for the benefit.

Social Assistance

- Almost all social assistance programs in the OIC countries fail to cover even 20 % of the bottom quintile (the poorest populations), while some programmes cover a substantial proportion (up to 11–12 %) of the top quintile. As an example, Egypt's *Monthly Social Pension (or Sadat Pension)* programme covers only 8% of the poorest quintile. In Jordan, the *National Aid Fund* reaches only 16.5 % of the poorest quintile. Djibouti and Iraq's Social Safety Net programmes reach less than 2 % of the poorest quintile. The highest coverage of the poorest quintile (over 50 %) is in West Bank and Gaza, where assistance is provided primarily by the United Nations (UN). In this respect, this programme compares well to the signature programmes in Europe and Central Asia or Latin America and the Caribbean

- Although low coverage of the poor is a key indicator that social assistance or social safety net programmes are underperforming, substantial coverage of the middle classes and richer segments of society indicates a high degree of inefficiency. High coverage rates for the poor are difficult to achieve without some leakage. However, coverage rates should decrease progressively from the poorest to the richest quintiles. Specifically, a key policy design feature is that coverage rates should have a negative slope across wealth quintiles.

Social Assistance

- It is generally agreed that the most important indicator of social assistance effectiveness is the final impact on reducing poverty and inequality. This indicator draws upon an assessment of coverage, targeting, and generosity of social assistance programmes and assesses the overall effect of the presence of social assistance programmes on the welfare distribution of the country. With the exceptions of West Bank and Gaza and Jordan, social assistance programmes in the OIC states have little effect on poverty rates.

- Social assistance programmes in Egypt, Iraq, and the Republic of Yemen reduce poverty rates in these countries by no more than 4%. In this respect, the OIC states performs better in terms of poverty impact of social assistance programmes s than East Asia but much worse than the world average or in Europe and Central Asia or Latin America and the Caribbean. A similar picture emerges for the non-subsidy social safety net impact on the poverty gap. As with the poverty rate, social assistance programmes in Jordan and West Bank and Gaza appear to have a noticeable effect on the poverty gap (reducing it by 23 % and 42 %, respectively).

PRESENTATION OF THE FIVE COUNTRY CASE STUDIES

Introduction

- Iran
- Oman
- Morocco
- Lebanon
- Sierra Leone

Iran: Current Legislation

- The social welfare system in Iran can be classified in two major categories. Formal social insurance and support service (non-insurance services). The latter services are run mainly by Iran Welfare Organization (Behzisti) and Imam Khomeini Relief Committee. The main sources of their finance are the government annual budget. However, Imam Relief Committee together with other foundations is accountable only to the supreme leader rather than the government. The main scheme is administered by the Social Security Organization (SSO).
- There are several para-governmental organizations such as the Oppressed Foundation (the Bonyad–e Mostazafan), the war Disabled foundation (the Bonyad-e Janbazan), the Martyre foundation (the Bonyaf Shahid), the Imam Executive Command Committee (the Setad-e farman-e Ejraei-e Imam) and 15 Khordad foundation, that provide regular one off services for vulnerable groups such as new born babies, pregnant mother, women head households, and students.
- Since 2011 the government pays each citizen a monthly cash subsidy equal to 15 Dollar (450000 rial).

Iran: Vulnerable Populations

Female-Headed Household

Female-Headed households have become a major social problem for public policy and a source of disputes in the Iranian Welfare system. These women have been considered as vulnerable group in Iran welfare policy. The rising number of nuclear families, growing rate of divorce and the increasing rate of women participation in the higher education have not only weakened the structure of traditional family but also led to ever increase the rate female headed families. Besides, the increasing rate of divorce, number of drug addicts, prisons are main causes of increasing female headed households.

Iran: Vulnerable Populations

Disabled and elderly

- The number of disabled has registered at Behzisti organization are about 1,500,000. They receive different services at their home and Behzisti's day centres and day care centres. Their number has increased since 1979 Revolution. In 2013 Behzisti organization supported 1,179,005 disabled.
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Iran: Vulnerable Populations

Orphans

- As verified during interviews, in Iran the numbers of children who no longer have parents or carers have increased. This has several causes such natural disaster such as earthquake, eight years war with Iraq, the revolution itself, and urbanization and modernization of the country. These children cannot attend school, have no proper clothes or school uniform and have no other community support. Compared with other children, orphans are normally heavily underprivileged and there is a greater possibility that they are undernourished, not receive appropriated medical treatment. In Iran, helping orphans has a very special place in the social support services since Islamic revolution as the idea of helping and defending orphans is a very significant matter in Islamic text. Three organizations provide different services for orphans. As Mohammed, the prophet of Islam, was orphaned as child, many scriptural citations describe how orphans should be treated.

Efforts towards Increasing the Inclusiveness of the Social Protection System

In 2010, Iran began a major socio-economic plan, known as the subsidy reform plan since 2010 in order to replace the old subsidies program on food and energy, which was inherited from the Iran-Iraq war era, with targeted social assistance. It could therefore, be claimed that the country has embarked on major reform of its welfare system not only to include more vulnerable people in its social protection system but also to exclude people who are not eligible to receive subsidies. Although the program could target the more vulnerable, the government decided to follow a universal cash subsidy due to the expected social and political consequences of sharp increases in consumer and energy prices. The universal cash subsidy plan resulted in budget constraints on other social protection plans to include the vulnerable, female-headed households and people with disabilities.

Lebanon: Current Legislation

- Political developments since 2007 have affected progress in improving the labour governance system in Lebanon. In addition, the events in Syria have exacerbated the sectarian divisions in Lebanon. Despite some progress in improving the policy framework for human rights protection, women's rights, refugees' rights and the rights of migrant workers, Lebanon continues to fall short of international benchmarks.

- The ILO's International Programme on the Elimination of Child Labour and the Lebanese government has been active in combatting child labour since 2000. In November 2013 the President of Lebanon launched "The National Action Plan to Eliminate the Worst Forms of Child Labour by 2016" in accordance Lebanon's commitment at the Hague Global Child Labour Conference.

- As for the Lebanese working population, there is no pension system in Lebanon. The present End-of-service Indemnity (EOSI) benefit administered by Lebanon's National Social Security Fund is fraught with number of critical shortcomings. In order to strengthen social insurance protection for private sector workers, with the assistance of the ILO and the World Bank, the Government of Lebanon has taken to steps reform the EOSI scheme into a pensions scheme, providing decent pensions in case of old-age, disability and death.

- An estimated 2% of children aged 5-14 years were involved in child labour between 2002 and 2011. Many children work in hazardous conditions in the informal sector, including agriculture, metalwork and crafts, fishing, rock cutting and tobacco cultivation, especially in remote areas.

Lebanon: Vulnerable Groups

- Lebanon's economic indicators show that the country is highly developed in many aspects, with education and healthcare, for example, being of a relatively high standard. However, the disparity between the wealthy and the poor is vast and many communities found across different parts of the country live in poverty and are under-served by government infrastructure. Even in the suburbs of Beirut, government-provided electricity is only available for 12 hours a day, forcing families to spend money on expensive generators. Economic development is hampered by political instability, corruption, lack of economic diversity and the high cost of the unreliable electricity supply.

- The complex social fabric of Lebanon exists in delicate balance: underlying tensions between communities of differing religious and political loyalties are liable to erupt suddenly and with minimal provocation. Lebanon is also highly susceptible to the effects of the Middle East's political, social and economic tides. As a country that imports high per cent of goods and whose economy is reliant on service industries and tourism, it is instantly affected by any changes in the region.

- Lebanon's relatively high-cost environment and with limited access to alternative financial resources, many working in low-wage jobs remain poor. Lebanese households face a decrease in income and an increase in debts to be able to meet basic needs, including food or healthcare. Table 18 shows the types of vulnerable groups in the country

Lebanon: Extent of Coverage

- Despite the important role of confessional organisations in provision of social and welfare services, it is important to note that inequalities exist even in coverage for ‘in-groups’. In many cases, service provision by confessional organisations is politically motivated and selective, i.e. targeting important electoral constituencies, implying that the most vulnerable do not necessarily benefit.

- Lebanon’s social safety net system ranks among the weakest in the world (117 out of 122 in the WEF’s 2013 HCI). Lebanon, similar to the MENA region, suffers from key factors that hamper the effectiveness of social safety nets: (a) offering a multitude of small, fragmented and poorly targeted programs that do not have a significant impact on poverty or addressing inequality because of their low coverage, high leakage, and limited benefit levels—weak capacity of public institutions coupled with lack of reliable and consistent data also hampers program effectiveness; and (b) relying primarily on inefficient and pro-rich universal subsidies which crowd out more-effective interventions.

Lebanon: New Efforts to Extend Coverage

- The LCRP promotes the strategic priorities identified by GoL and partners (United Nations, national and international NGOs and donors), emphasizing the role of GoL in leading the response with the oversight of the Cabinet´s Crisis Cell. Interventions in the LCRP are aligned to national policies and strategies, and seek to complement and build on other international assistance in the country." Key priority strategies in the plan aim to ensure the following:

- "vulnerable children can access and learn in a quality learning environment, including by strengthening the absorption capacity of formal and non-formal education and increasing geographic coverage;

- the most vulnerable Lebanese and displaced Syrians can access affordable healthcare, with a focus on accessibility and quality of services and controlling disease outbreaks;

- increase in outreach to and responsiveness of community and institutional systems to protect the most vulnerable, especially children and women at risk of violence (including armed violence, abuse, exploitation and neglect) and to provide referrals and a full package of services, while providing appropriate support to survivors through a robust and coordinated national system;

- expansion of energy, safe water, sanitation and hygiene for the most vulnerable Lebanese and displaced Syrians through emergency gap-filling and by reinforcing existing services. Key sector responses include education, health, energy and water and protection." LCRP, 2015: Executive Summary.

Oman: Current Legislation

- Oman has embarked on establishing an effective social protection system . As a result, a wide range of basic services are available, such as access to insurance against old age, disability and death, maternity, health care and education. Considerable investments have led to substantial social development progress, which include significant reductions in child mortality and child immunisation rates.

- Coverage is improving, however, as with many countries in the Arab region the system is still fragmented, poorly coordinated and remains large coverage inequality between the public and private sectors. It was reported that 12 pension funds covering the private and public sector are operating but coordination at the national level is not in place due to the absence of a regulatory body. The effects of this are that funds are unequally distributed, contributions do not correspond to the level of final benefit. The relatively generous coverage for those working in public sector also acts as a disincentive for young people to enter the private sector.

Oman: Current Legislation

- The Constitution of the Sultanate of Oman also known as “The White Book. The Basic Law of the Sultanate of Oman”, was adopted by Royal Decree No. 101/1996 and issued on November 6th, 1996. Article 12 of the Constitutions provides: “*The State guarantees assistance for the citizen and his family on cases of emergency, sickness, incapacity and old age in accordance with the social security system. It also encourages society to share the burdens of dealing with the effects of public disasters and calamities.*” Oman is a signatory to a number of Human Rights Conventions that have implications on social development. Conventions include the Convention on Elimination of Discrimination against Women (CEDAW), the Convention on the Right of the Child (CRC), and the recent Convention on Discrimination against Persons with Disabilities (CPWD).

Oman: Vulnerable Groups

- Women, in general, including widows, single mothers and women estranged from their families (more on this in the complete report); “destitute” children, orphans and children living in poverty; the unemployed, where there was a particular emphasis on those who needed assistance in acquiring skills and training to find employment; individuals who had left the educational system without adequate qualifications; and the physically disabled.

- Social protection policies in Oman are focused on empowering the individual; the state often has avenues for dispensing monetary assistance to those it deems need it.

- One definitive example of this is in the realm of housing policies, where a Ministry of Housing seeks to ensure that all Omanis have adequate housing which they own. These policies are all centered on nationals of Oman and not on the 45% of the population who are expatriates;

Oman: Extent of Effective Coverage

- Oman has a system of (almost) free, universal medical care, based largely on public sector providers. Until 1996, all healthcare services were free at the point of delivery, but given the burden on the government budget, a small fee was subsequently introduced.

- Since then a family card has to be bought for one rial every year and consultation costs 200 baisas. Health spending as a percentage of GDP over the last three years was 1.7 % in 2013, 1.93 % in 2014 and 2.15% in). According to the IMF in 2001 Oman spent approx. 3.66% of GDP on social protection and health care. As a result, approx. 90 % of the population is covered by universal health care services (ILO, 2011).

- The Omani Health Vision 2050 rests on the World Health Organization's framework approach. The Ministry of Health has developed a series of Five Year Health Development Plans in order to achieve it. It is planned to set up 10,000 health centres by 2050 in order to meet the requirements of a rapidly growing population.

Oman: Extent of Coverage

- Current estimates of numbers of people living with disabilities are below figures estimated by UN agencies for Oman. Estimates of disability within the population in 2010 was 3.2 % compared with expected levels of 15% based World Health Organization estimates. One interviewee noted that diagnosis of disability is delayed. Over 80 % of people diagnosed as suffering from a disabilities for the first time are over 12 years old. It is apparent there needs to be a greater focus screening and early intervention services. There are also major gaps in terms of psychological and psychiatric services

Oman: Extent of Coverage

- In 1984, social assistance programmes were set up to assist the vulnerable. This group includes orphans, disabled, widows, divorced or abandoned women. In 2007, 49,500 people benefitted from such financial stipends. Between 2010 and 2011, cash transfers doubled from 40,000 to 80,000 and reached 84,000 by 2014.

- The use of cash transfers in Oman have doubled from 40,000 to 80,000 between 2010 and 2011 reaching 84,000 by 2014 and the amount an individual receives has also increased. However, as a number of interviewees commented CTs have largely failed to raise people out of poverty in Oman.

- The GoO grants subsidies to producers of various essential items. Due to a slump in oil prices, the GoO cut subsidy spending on various food items by 48 % in the first quarter of 2015. It was argued that the subsidies were ineffective because they didn't target the poor.
- The IMF (2013) also noted that general subsidies that disproportionately benefit the well-off need to be targeted towards the poor, in order to achieve a sustainable fiscal position.

Oman: Extent of Coverage

- Since 1992, a comprehensive pension system has been in place, overseen by the Ministry of Manpower, which provides old age, death and disability pensions to both public and private sector employees. The administration of the private sector segment comes under the Public Authority for Social Insurance (PASI). This is a system of shared contribution between the government, employer and employee. PASI recently approved its 2016-20 plan, which aims to cover the entire Omani population under social protection.

- Voluntary insurance was recently introduced for the self-employed and social Insurance coverage could be extended to non-Omani workers in the near future. An amended social insurance law by Royal Decree 61/2013 came into effect from July 2014 which increased pensions by 5 % amongst others. Oman currently has eight governmental pension funds, which consist of workers both in the government and the military.

- Social protection provisions exist for temporary migrant workers. Short-term benefits include health care, work injury benefit, sick pay and maternity leave. Family benefits such as health care and allowances are non-compulsory Established by Royal Decree No. 72/1991. This covers all citizens of Oman aged 15-59.

Oman: New Efforts to Extend Coverage

- The GoO has established a number of initiatives to increase SME financing. A microfinance institution (MFI) called the *Sanad* Project, targeted for unemployed youths, was established in 2001 by the Ministry of Manpower (MoM) to encourage young entrepreneurs by providing loans and network opportunities. Between 2001 and 2012, 3184 projects were funded. The Fund for Development of Youth was established in 1999, with a grant of RO 1 million granted by His Majesty, to encourage young Omanis to start SMEs.

- A recent amendment to the social housing law had made it easier for low-income workers to obtain a loan. The maximum limit for interest-free loans was increased from RO20,000 to RO30,000. In 2009, a fund worth OR7 million (approx.US$18.2 million) was set up for women involved in agriculture.

Sierra Leone: Current Legislation

- Sierra Leone's main laws are the National Food and Nutrition Security Policy-2012, Optional Protocol to the UN Convention on the Rights of the Child-2002, Convention on the Rights of the Child-1990, Sexual Offences Act 2012, Persons with Disability Act 2011, Child Rights Act 2007, Domestic Violence Act 2007, Registration of Customary Marriage and Divorce Act 2007, Devolution of Estates Act 2007, Social Protection Policy 2011. There is also the African Charter on Human and People's Rights, which has been ratified by Sierra Leone. Article 15 of the Charter provides for the right of individuals to work under equitable and satisfactory conditions and to receive equal pay for equal work.

Sierra Leone: Current Legislation

- Sierra Leone provides the main forms of social insurance coverage for the population through formal employment. The two schemes which do not exist are social insurance for unemployment and also family allowances.

- Informal labour, most notably women and children doing domestic work across the country, who are among the most vulnerable workers. The formal insurance schemes that are in place are contribution-based and therefore only benefit those in formal employment which means that vulnerable groups in Sierra Leone are exempt from them since by definition, they are not connected to members of the population who are in formal employment. Vulnerable groups therefore need to seek recourse in social safety nets and social assistance programs.

Sierra Leone: Vulnerable Populations

- Poverty levels in Sierra Leone have been in decline since 2003, but over one-half of the population remains poor - very vulnerable to small variations in their incomes, whether seasonal or annual.

- Moreover, almost half (45%) of households or 2.5 million people are food-insecure during the lean season (June to August) and 374,000 people (6.5% of total population) are severely food-insecure.

- The poor and vulnerable in Sierra Leone face a series of important risks resulting from: (i) economic shocks and consequent variations in employment, income, and consumption; (ii) social instability; (iii) natural disasters; and (iv) household conditions that expose the poorest families to a series of adverse situations and make them vulnerable. From a life cycle approach, there are key challenges that face key age groups are follows.

Sierra Leone: Main Vulnerable Populations

- In sum, the main risks that Sierra Leonean households face are: falling into or being trapped in poverty, suffering from HIV/AIDS and other infectious diseases but having no access to quality health services, being disabled, suffering from the effects of the civil war, being victims of gender discrimination and domestic violence, and lacking access to basic services. Households in Sierra Leone are also exposed to natural disasters and the effects of global shocks such as food, fuel, and financial crises.

Sierra Leone: Extent of Effective Coverage

- Major program gaps remain and include the following groups:

(i) war victims, the disabled, and the elderly who are unable to work and have no means of sustenance;

(ii) the working poor and the seasonally or long-term unemployed; and

(iii) very poor families with children.

- The amount spent on the fuel subsidies was nearly as large as the amount of social protection spending on the 0 to 5 year old and the 6 to 17 year old age groups combined. Excluding subsidies and contributory pensions (which absorbed 7.8% of total social protection spending), very little was spent on the 39 to 59 (0%) and the over 60 (0.2%) age groups, which account for 18.7% and 6.4% of the extreme poor population.

Sierra Leone: New Efforts to Increase Coverage

- In 2011, new institutional arrangements were approved for the social protection system. The main MDAs involved in social protection in Sierra Leone are the MSWGCA, NaCSA, the MLSS, NASSIT, and MoFED which provides financing. Local councils are playing a growing role in delivering services. At the same time a large number of NGOs, faith-based organisations, and other civil society organisations provide social services to the most vulnerable groups. The MSWGCA, NaCSA, the MLSS, and local councils will need to be substantially strengthened in order to manage the revamped social protection system.

- Sierra Leone has many social protection programs that seek to address all of the major risks faced by the population. However, most of these programs are small and underfunded and have important gaps. There is fragmentation and duplication among these programs as many of them target similar groups but have different management and to begin addressing the issues of child poverty and vulnerability the government with the support of its development partners began implementing, in April 2010 the Free Health Care Initiative for pregnant women, lactating mothers, and children under 5 years of age.

Morocco: Current Legislation

- There is no a unified legislative definition of vulnerable groups. However, existing social protection programmes have their own legislative document delimiting eligibility criteria as well as the mechanisms of access. Despite the lack of a coherent law and/or a policy at the moment, there are ongoing efforts toward adopting a national policy in social protection area.

- The vulnerable population are those whose annual mean consumption expenditure is situated between poverty line and 1.5 times this threshold. Thus, the estimates of the poor are calculated according to the definition of almost $1 per day per person whereas the vulnerable are those situated around $2.5 per day per person using the current exchange rates.

- The Ministry of General Affairs and Governance is currently coordinating a large scale study which updates the profiles of risks, maps all existing social protection and social assistance programmes as well as proposing ways to increase coherence and efficiency in this area. At the moment of writing this report, the outcome of this process was not yet made public.

Morocco: Extent of Effective Coverage

- Up to very recently (mid 2000s) only public sector and formal private sector employees were entitled to social protection coverage as stated above. The scope of coverage did not exceed 20-30% of the population including all types of coverage. The remaining 70% were composed, in part, of formal liberal professions (Lawyers, Pharmacists, doctors working for their own, etc.) and of those working in the informal economy and/or in agriculture sector. By 2014, the coverage rate in terms of medical insurance all schemes included reached 53% which equates to 17.5 million people.

- Despite benefiting the rich more than the poor, the universal subsidies system was not a major issue for public finance until 2008. At the time of the economic crisis and the raise in market prices, especially fuel products, the subsidies system became a major burden on the Budget, to the point that it reached 7% of Moroccan GDP while the international mean benchmark is of 0.7%.

Morocco: Efforts to extend coverage

- Morocco has significantly improved access to social protection, especially for the vulnerable and for the poor population in the areas of health care, access to education, promoting employment and improving living conditions. Among the major shortfalls and challenges are the fragmented nature of these initiatives and programmes lacking coherence and efficiency within a unified system.

- Social insurance programmes are fragmented and dispersed in many schemes and suffer from a lack of coordination. Social assistance programmes remain sectoral with diverse targeting methods (territorial such as Tayssir and INDH) and individual/household for RAMED and the widows fund. An important fraction of the population that qualify as vulnerable is not yet covered by any of existing pension and medical insurance schemes

- The system of targeting needs serious reconsideration in the light of the identified shortfalls and limitations. Demographic and socioeconomic data should be consolidated and improved within a national information system allowing desegregation and territorial identification and hence, appropriate services for the population.

Overall Policy Recommendations

- All OIC countries should embark on establishing a basic social protection floor for the most vulnerable nationals and migrants within their countries. This would initially involve conducting feasibility and cost benefit analysis for particular social protection packages (as noted below).

- Targeted social pension programmes could offer a minimum income to victims of conflict, adults with disabilities, poor female-headed households, people aged over 60 years and older people without a pension who cannot work and have no other source of income. The Social Pension should establish close links with health services.

Overall Policy Recommendations

- OIC countries need to also promote free and universal health care coverage. In many OIC countries health care is already provided free to the under 5s and to pregnant and lactating women.

- Rationalising, strengthening and joining up existing policies and programmes is vital. Programmes that may need to be changed include education and youth employment programmes

- OIC Member States need to install new institutional arrangements for the monitoring and impact evaluation of the strategies, interventions and policies associated social protection. There is currently a global evidence gap in terms of what social protection programmes and interventions work, why and for whom. This will involve coordination between COMCEC, national governments and local research institutions in order to set up rigorous policy evaluations.

Overall Policy Recommendations

- New measures to help beneficiaries make sustainable transitions or “graduate” from active labour market and public works programmes such as skill upgrading should be considered. Labour intensive public works should not only provide beneficiaries with predictable payments in return for their labour but also include elements of training or technical assistance so that beneficiaries can improve or develop their skills and thus move into full-time formal employment where it exists. These services could also include a savings component combined with financial literacy training after which the programme might begin to provide microcredit services to help beneficiaries to finance agricultural production or income-generating activities.

Overall Policy Recommendations

- It is also recommended that OIC countries establish cash transfers to very poor families with children and other dependents such as the elderly or persons with disabilities. Priority could be given to families with orphans and vulnerable children (OVC), single earners and households that have caring responsibilities but are physically able to work The amount of the transfer might consist of a flat transfer equal in amount to the social pension plus an additional (declining) amount for each dependent child with an upper limit of. Preference should be given to conditional cash transfers which offer incentives to families to improve the levels of health and education of its members and it particular its children.

Overall Policy Recommendations

- Reform of existing public works programmes in some of the low-income OIC states may be needed to provide more stable for vulnerable groups, particularly those who are unable to work and those in insecure employment. Agricultural workers occupy a large proportion of this category. In low income and lower-middle income countries, programmes could be unified under one permanent national labour intensive public works programme designed to help food insecure households to cope during lean period of each year.