

46790



UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL

Distr.
LIMITED
E/CN.14/SW/7
21 March 1962
Original: FRENCH

ECONOMIC COMMISSION FOR AFRICA
Expert Group Meeting on Organization and
Administration of Social Welfare Services
in Africa - Abidjan (Ivory Coast) -
11 - 21 April, 1962.

THE STRUCTURE, ORGANIZATION AND FUNCTIONS
OF SOCIAL WELFARE SERVICES

(Submitted by Mr. Nicolas Songueman, Chairman
of the Economic and Social Council, Director,
Equalization Fund for Family Allowances and
Workmen's Compensation, Republic of the Congo
(Brazzaville))

STRUCTURE - ORGANIZATION AND FUNCTIONS

OF SOCIAL WELFARE SERVICES

The Convention on Minimum Social Security Standard adopted in 1952 by the International Labour Conference gave a definition of "social security" which is worth recalling:

It is an overall system comprising a series of general measures designed:

- (a) to protect the population (or a large part of it) from the economic distress into which it might be plunged as a result of loss of income caused by sickness, unemployment, old-age or death;
- (b) to provide the population with all necessary medical treatment;
- (c) to subsidize families bringing up children.

The first of these aims, which is the one so far chiefly studied and put into practice in most countries, affords all sections of the population the guarantee that in all circumstances they will have an adequate livelihood for themselves and their families. The second, which is at least as important, concerns the positive measures to be taken to improve general health conditions - a matter which is assuming increasing importance in social security plans.

The institution of family allowances was generally due to the consequences of an unfavourable economic situation which led many countries to give tangible expression to their policy of maintaining family living standards.

Sometimes, too, demographic considerations have played an important part in the development of this institution. It seems, however, that appreciable changes are taking place and, on the basis of the idea that family allowances are an integral part of social security plans, systems are now being

introduced or modified on lines pretty independent of the economic or demographic criteria initially adopted.

The scope of a social security plan is thus extremely comprehensive and, although the purpose of social security systems may be described as providing a livelihood and medical treatment, activities may range from the mere provision of medical treatment to the introduction of a scheme for the full employment of workers. The system has to operate in both the economic and social spheres, and social security turns out to be a projection in the social sphere of the planned economy policy.

Social security must be available to the whole population; for it is only through a policy of universality that an efficient social insurance scheme can be introduced whereby the citizen, as producer, will acquire the status of a partner in society by contributing to its prosperity and in return expecting the community to give him a livelihood when he is no longer able to work. But few countries have reached this stage of development, and most social welfare systems apply only to a certain, varying, proportion of the population and cover social risks only to a certain extent.

As, however, the structure and organization of the services depend on many different factors, such as the scope of the system, how it is financed, the country's political system, the state of communications, etc., an insurance scheme covering only certain categories of persons will certainly be organized differently from one catering for the whole population. So it is difficult to indicate a model plan that would work in all circumstances no matter what the system. There are, however, certain common criteria that can be adopted, which we shall now endeavour to define.

As was stated above, the organization and structure of social welfare services depend on certain factors, such as their scope and how they are financed.

Assistance systems and systems covering the whole of the population are not concerned with wage-earners or with employers as such; they involve neither the collection of contributions nor the keeping of records, except as regards benefits and their recipients. No contacts are made with members of the public until they apply for benefits. As a general rule, these systems are nearly always financed by a contribution from the whole nation, in the form either of general taxation alone or of a special tax augmented out of general taxation. They therefore include no department for the collection of contributions, but only departments for paying out benefits.

Any integral social security service should have separate departments to deal with:

cash benefits;

medical benefits;

employment.

The organization of and allocation of functions among those various departments are determined in the light, first, of the convenience of the beneficiary and, secondly, of the need for economical management. Social security should be "brought to the beneficiary's door" as cheaply as possible.

From the outset a special place should certainly be given to medical benefit services. Here the most appropriate solution would appear to be the establishment of a national health service, which would lead to the actual nationalization of medicine. The national health service would be open to all, irrespective of age, income, profession or residence. The basic criterion of entitlement is medical; more precisely, the state of health alone establishes entitlement. Medical treatment is provided free for the patient, who chooses his doctor from among those who have joined the national health scheme. Doctors may take part in the plan or continue freely to exercise their profession. Similarly, patients may use the national health service or they may go for treatment to an independent doctor. In the latter

case, treatment must obviously be paid for. Patients may also use a health centre, which would serve both as a local clinic and as a co-operative centre enabling the various doctors to pool their diagnostic and medical experience. This would lead to real medical team-work, which would appear to have a particularly interesting future before it. It is obviously desirable that this national health service should be directed towards both the cure and the prevention of disease. Its institution would solve the problem of medical benefits, which it would make available to the whole population.

It has been noted elsewhere that one of the main objects of an integral social security system is to ensure that all members of all sections of the population will in all circumstances have a livelihood for themselves and their families.

Family income can cease or be reduced for various reasons: sickness, disability, old age, death of the head of the family etc.. While the addition of children to a family does not reduce its income, it does help to reduce its purchasing power, thus, to all intents and purposes producing the same results. Although the effects of various risks are ultimately similar, they nevertheless differ in certain respects that may influence the organization of the services. The most important of these is without doubt the duration, not of the risk, but of the loss of earnings - so that the cash benefits paid in the case of sickness or an accident at work or unemployment are to be classified in a special category, as much because of their occasional nature as because of the temporary period during which they are paid. For the period during which these benefits are paid, while certainly variable, is at all events short, either because the beneficiary is cured or because he is found new employment.

Other benefits, on the contrary, such as family allowances, old-age pensions, disability benefits, are permanent, or at least regular and of different durations. Whereas the loss of wages due to illness or an accident at work arises suddenly and may leave a family penniless, other

benefits cast their shadows before, enabling the beneficiaries to take the necessary steps to modify their way of life accordingly.

From the organizational point of view, branches of the system which necessitate frequent contacts with the beneficiaries should have offices in areas where the population they serve attains a certain density. Beneficiaries appreciate simplicity and speed: they are bewildered and annoyed when they have to run from office to office for no apparent reason. This holds good for all sickness and unemployment insurance schemes.

On the other hand, systems chiefly concerned with regular and periodic payments that have little direct contact with their beneficiaries can be centrally organized at regional or national level, depending on geographic structure and population density.

These systems should probably nevertheless be also represented at local level, even by a simple information desk, but of such a nature that the beneficiaries, who are often unaware of laws and regulations and of their rights and, lost in administrative procedure, are helped and assisted with their applications by persons placed there for the purpose.

In short, when the highest possible degree of decentralization has been reached, the beneficiaries must be certain of obtaining from one and the same body the practical assistance they are entitled to expect.

As shown above, the cash benefit systems differ one from the other in the regularity or sporadic nature of the payments made. This question of payments merits some emphasis. Payments should be made as "personal" as possible, for the following reasons. As a rule the regular payment systems use the services of specialized bodies like the banks and post office savings banks to pay claimants the benefits due them. Hence the sole knowledge the beneficiaries have of the social welfare services is derived from the form they ask for at the counters of private agencies which bear no resemblance to the welfare organ which is the real payer.

In the case of family allowances, however, some countries have adopted a system of payment by a "paying officer" who visits claimants' homes. There are certain advantages in this system: economy, establishment of direct contact between the payees and the fund, and a degree of control over beneficiaries. There can obviously be no question of putting this system into general use, but it might be worth applying in the case of permanent benefits like family allowances or old-age pensions.

Payments of occasional benefits (sickness, workmen's compensation) should at all times answer the need for rapid relief of the mishap suffered, and should be made either at the counters of local organs or by postal order.

The main idea behind the programme just outlined is, it should be noted, to provide the beneficiaries of a social welfare system with organs they can actually use - hence with maximum decentralization.

All benefit-paying services will be composed of a central organ and its regional or local offices. So the system as a whole takes the form of a pyramid with at its apex a governmental department administering the system, regional organs ensuring co-ordination in accordance with the particular geographic and economic features and needs of each region and local organs in direct contact with the beneficiaries. All this, it should be noted, refers to the organization of a social welfare system covering an entire population on the sole basis of entitlement, i.e. need.

This management of the system by government departments and local authorities seems a reasonable method, since the beneficiaries constitute simultaneously the parliamentary and local electorate. But it would also appear necessary to set up central and regional advisory councils representing bodies such as trade unions, employers' associations, Chambers of Commerce, farmers' unions, womens' groups and child welfare societies, to submit recommendations for the alteration of laws and administrative methods and, generally, to maintain contact between the management and the

groups of beneficiaries. Here then are the broad lines on which to organize a general social welfare plan for the entire population.

There is no doubt that this theoretical approach to the problem will encounter serious obstacles in practice.

The single organization advocated would, in fact, result in taking responsibility for medical benefits away from the National Health Department and that for providing employment away from the Labour Department. These difficulties would not appear insurmountable, however, and, failing a single organ, the three Departments might possibly be co-ordinated at ministerial level, although the solution here advocated would seem to be that best suited to the organization of an all-embracing system.

As we have just seen, there is at the apex of the pyramid a specialized ministerial department which would have to deal with labour, health and social questions.

A central organ co-ordinates activities under the various systems and directs general policy at national level. But the mainspring of the scheme is the regional organ which, being closer to the beneficiaries than the central organ, is more clearly aware of the practical aspects of the problem, yet maintains an objective attitude often lacking in local organs. So it is at regional level that the statistical and accounting services, the regional health, labour, pensions, disability and old-age services, family welfare services, medico-social co-ordination services, claimants' card-indexes and, where the need arises as a result of mechanization, the computer services will be regrouped. The purpose of this organ will be to standardize working methods at local offices, which will in fact be no more than "displaced" services of the regional centre.

Accordingly, at local level we shall find services mainly concerned with sporadic and occasional benefits. Hence the chief function of these local agencies will be to come with the least possible delay to the aid

of the needy and to prepare the work of the regional organ.

Running parallel to this administrative organization, there will be a local advisory committee, from which will germinate a regional advisory committee and, finally, a national advisory committee.

The foregoing has been confined to tracing the broad lines of a general social welfare system plan.

Although not utopian, the vision is nevertheless completely theoretical and it will lead to numerous problems in practice. Nor is it a model plan applicable to all countries. The sole aim of this paper has been to indicate the broad lines on which any social welfare institute should develop.

On the basis of the foregoing and in the light of the experience already gained, let us consider the problem as it arises in Africa, particularly in the new Republics, and how it should or could be solved.

At a time when, on the political plane, African solidarity and the community-mindedness of the black race seem to be more and more threatened by existing artificial frontiers, the maintenance of historical regionalism, a revival of tribalism and the out-dated "balkanization" of Africa - the undoubted remnant of colonialism - the nascent African social welfare services should have the traditional backing of the community feeling and spirit of solidarity that mark out the African as a human being with a finely developed sense of humanity and hospitality.

The very appreciable and appreciated material benefits provided by social welfare services in Africa, in the form of social insurance or social assistance, are themselves the measure of the danger that a system established without regard to what may properly be called "traditional backing", may be faced with a certain psychological resistance on the part of its beneficiaries. Clearly the humanitarian mind of an African will never understand that in helping his neighbours spontaneously from the heart a distinction can possibly be drawn between two destitute persons with identical needs for the mere reason, or rather on the mere ground, that belong to different social classes. Were that a sound human argument, then more assistance should be given to the one from a lower social class. Take, for instance, the case of family allowances for the children of a government official, a guard, a prefect, a docker. Yet these children are subject to the same illnesses and have the same need to survive. The food and medicines they need cost the same for all classes. Accordingly, the social welfare services in Africa should be based on a system of

real social justice that makes all beneficiaries brothers equal in the sight of the State or of whatever body dispenses welfare services.

It should therefore be pointed out here that all countries, whatever their ideology or economic structure, have recognized the family as the unit of society and proclaimed the need not only to protect it by legislation but to ensure its continuance and, in particular, an increase in the human capital it represents for the nation.

Therefore social welfare or assistance should not vary with the public or private status of the beneficiaries. Children, the young of our independent countries, in whom lie our hopes and our future, who have attended school together and will later meet again in the police force, the army or private concerns, where individuals will be singled out for their personal merit and not because they belong to any specific social category, must for their physical, spiritual and cultural development, be given impartial care by the State in the spheres of social welfare and assistance, whatever the social class of their families. There is no point in criticizing the family allowances accorded to children of workers in private enterprises or in begrudging those granted to the children of officials, who cannot be held responsible for a system established at a time when more privileged social categories existed. Nor need there be any sudden increase in the allowances now granted to those tied to the private sector. All that is needed is to seek to harmonize the present system, which should be based on social equity.

The foregoing suggestions are not new, since they have been given exhaustive study by social welfare experts in Africa, some of whom have submitted various solutions to their governments. Suppose, for example, that in a given country the allowances for children of privately-employed parents amount to 550 francs per month per child

and those for children of civil servants amount to 1,500 francs per month per child. An equitable reform would be to fix a uniform rate of 1,000 francs for each worker and to include in the salaries of working civil servants the sum of 500 francs, which would represent a gain for them. It would still be necessary to determine ceilings for the average number of beneficiary children per family, as also for the wages and salaries used in calculating contributions since general control would of course be entrusted to a family allowance fund set up for the purpose. The family allowance rate would also have to be based on the guaranteed minimum inter-trade wages, so as to fluctuate on a sliding scale like the latter with changes in the cost of living. Some governments that adopted many austerity measures at the beginning of this year may well have already recommended such improvements for their undoubted economic advantages.

With regard to medical treatment, it is impossible to overstress the need for a national health service open to all without distinction as to age, income, profession or residence, and providing absolutely free treatment. Such a service would have to obtain its medical supplies by direct import rather than through local pharmacies. For so far little is being done for those many sick persons, - men, women and children - who resign themselves to suffering and dying rather than attend a doctor's surgery where they will usually only be given a medical prescription that takes no account of their income. Consider, too, the cost of pharmaceutical products, which, in the absence of competition, are often sold at the equivalent in francs CFA of European prices, in defiance of official convertibility rates, with due regard of course to their initial cost and even profit margins. Jealously proud as the writer may be of the many advantages which independence and sovereignty have brought to our countries, he has no scruples about reminding those responsible for social welfare, without atavism, of what he was accustomed to read in his youth on

the furnishings and instruments of "Assistance Médicale Indigène" (AMI) centres of colonial times. That title, which is engraved on his heart and which was often explained to him by his school-teachers, assumes a special meaning to one who is a social welfare leader. The AMI's function was to provide medical treatment and medicines free of charge for the "indigent" sick, i.e. those for whom no responsibility was assumed by their employers. And many they were, too, victims of all the tropical diseases: trypanosomiasis, yaws, leprosy, tuberculosis etc.. The doctors and nurses assigned to their care were few in number and had no modern equipment. But they had only one concern: to cure their patients; some of them, too devoted to their patients, became contaminated; others, unable to obtain a cure, perished with their charges. Yes, these sick people had no fine sheets or blankets; they were not ranged in first, second, third or fourth class; their food did not consist of beefsteak, potatoes and wine; but they were well cared for.

Accordingly, the only fundamental criterion for entitlement to all forms of medical care under a national health scheme, whatever the cost, should be the state of ill-health. Lastly, social welfare should be provided for the whole population. Unfortunately, in practice such a measure often runs into difficult financial problems. But that is not sufficient reason for systematically abandoning a programme of interest to many citizens. The more complex a problem and the more people it affects, the more should the government seek the co-operation of the people in progressively framing and executing its plan.

Take, for example, social welfare in the housing field. Everyone is aware that the endemic and epidemic diseases which take such a rapid toll of their victims in Africa result from malnutrition and that poor housing contributes to their spread.

During recent years the various independent African governments have vigorously endeavoured to provide new and improve existing housing, with the main purpose of giving urban cités a more modern, more striking and more attractive look, thus eliminating all signs of decrepitude and traditionalism. However this aim, which is based solely on prestige, cannot achieve its most praiseworthy human effect as regards economic and social problems unless housing policy is primarily designed "to improve rural living conditions".

Housing policy should obviously be concentrated on the rural population, which accounts in most African countries for 80-90 per cent of the total. At the same time, housing problems should be considered from two main points of view, (1) the economic and (2) the social.

Economic aspect

The private and semi-public house-building concerns or societies may reasonably be expected, not only to strive to build blocks of flats or detached houses so as to beautify towns and provide town-dwellers with decent homes, but also to enable the private contractors to make the profit they are counting on and the public or semi-public contractors easily to cover their outlay and thus to continue enthusiastically their efforts to encourage people to own their homes and to improve housing.

Social aspect

It is undeniable that housing policy is first and foremost a social problem. Devised as it is for the whole population, it should be so directed as to reach all who are living in unhealthy housing conditions. It is therefore beyond question that socially, humanly, and even economically, a housing policy should be mainly directed towards the 80-90 per cent of the people who live in **the** backlands.

Such a policy, energetically pursued, would have the following social, economic and political effects:

(a) Social effect

If villagers were given the chance to live within four walls with doors and windows and comfortable and healthy outbuildings, i.e. removing them from their traditional huts made of leaves and tree-bark and their shacks of beaten earth - a veritable hotbed of tropical diseases - they would at least have the impression of belonging to a modern world as full citizens enjoying the advantages resulting from the continuing development of an independent country.

(b) Economic effect

The country-dwellers, who are generally farmers dependent for their income on their crops are in no position either merely to rent or to "hire-purchase" by monthly payment from the builders, since they have only a half-yearly or yearly income (depending on whether they have two crops or one crop per year). How then can they acquire property and improve their housing conditions?

By means of a national building fund, with due regard to the proceeds from the various industrial and food crops required of the farmer, the government could guarantee the loans he contracts with the builders. After selling his harvest, the farmer would make half-yearly or yearly payments, which would encourage him to concentrate on more important and more remunerative crops. He might then enjoy a higher annual income, which would not only cover the cost of renting his house, but also enable him to save and invest in other productive sectors, thus increasing the family patrimony to which he and his family would be attached for life.

Have we not seen doctors and teachers abandon their careers to go and tend their parents' farms because these had grown too vast:

(c) Political effect

It goes without saying that the housing policy outlined above would prevent the flight from the land, tie the villager to his land and home, make him prouder of his village because life would be good there, and remove from him all jealousy of town-dwellers and all idea of regarding himself as a mere unit in an electoral block as compared with his fellow-citizens in town, who enjoys all the social services available there. And if all the country-dwellers make an effort, the total national agricultural output will increase.

This is how housing policy alone has solved the numerous, at first sight insoluble, problems of large numbers of the population of a country.

This paper does not pretend to have given an exhaustive treatment of the vast subject of the structure, organization and functions of the social welfare services, but merely to have traced the broad lines and expressed a few ideas on how they might be adapted to special circumstances in Africa.

- - - - -