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SOCIAL PROTECTION AS A PANACEA TO THE CONTAINMENT OF COVID-19 PANDEMIC: A CASE STUDY OF ZIMBABWE

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ABSTRACT

The pandemic of Novel Corona Virus (COVID-19) in the year 2020 impacted negatively on the economies of many countries and disrupted normal human life in many parts of the world. In order to contain the spread of COVID-19, many countries including Zimbabwe developed and implemented measures including restricting travelling, observing physical distance and encouraging people to practice hygiene among other measures. This situation resulted in the closure of businesses (formal and informal) thereby rendering many people jobless and loss of income. While the measures taken by the government of Zimbabwe to contain the spread of COVID-19 are plausible, it is concerning to note that there was (is) lack of investment in social protection. Like any other disaster, COVID-19 pandemic has resulted in the increase in the number of vulnerable people hence the need to focus on social protection. In the absence of social protection, measures aimed at containing COVID-19 are not being adhered to which makes it difficult to address this disaster. This also results in the increase in domestic violence, child abuse and food insecurity. This paper is based on literature review and interviews with eight key informants. There is need for the implementation of contributory and non-contributory social protection schemes. Therefore, social protection is a panacea to this disaster.

KEY TERMS: Social protection, disaster, COVID-19, economy, restrictions, vulnerable, Zimbabwe

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INTRODUCTION

Like most countries in the world, Zimbabwe has not been spared from Novel Corona Virus (COVID-19) disease pandemic. In response to this, the government of Zimbabwe came up with various measure including closure of businesses (formal and informal), travel restrictions, observance of physical distance and practising hygiene aimed at containing the effects of COVID-19. Since the pandemic of COVID-19, many people have been rendered vulnerable given that some businesses have been closed resulting in the loss of income. Given this, the effective containment of the effects of COVID-19 is hinged on investing in social protection. This paper is based on literature review and interviews with key informants. The assessment of government's response to this disaster was guided by social protection elements and human rights principles. It was established that social protection has not been adequately considered in addressing this pandemic and the situation is further compounded by economic hardships being experienced by the country.

BACKGROUND

Rationale for social protection investment

Implementation of social protection programs is not an act of charity but a human rights issue provided for in various international instruments including Universal Declaration of Human Rights, United Nations Convention on the Rights of the Child (UNCRC) and Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). Zimbabwe is a member state to these instruments and therefore, it is required to implement social protection programs to address the effects associated with COVID-19 pandemic. The Social Development Division of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) (2018) said that states have an obligation under international human rights law to guarantee minimum level of social protection and that all individuals hold the right to social protection.

ESCAP (2018) explains that a rights-based approach to social protection means central human rights principles of equality, non-discrimination, participation, transparency and accountability must be applied in the design, implementation, monitoring and evaluation of social protection programs. This shows that people are entitled to social protection and the government, as the duty-bearer should ensure the provision of social protection programs to the people. The duty-bearers should not view investment in social protection as a waste of resources because it has many economic and social benefits including enhancing social stability and better labour force resulting in better economic outputs.

Social protection plays a critical role in reducing poverty. In Namibia, for example, it has been established that the old age pension has reduced national poverty by 33% and the national poverty gap by 87%. In 2013, in Georgia old age pension was responsible for more than two thirds of the total 29% reduction in child poverty (ESCAP 2018). Social protection can contribute to gender equality and empowerment of women and girls in numerous ways, including increasing women participation in labour market and reducing domestic violence. In Brazil, for example, old age pension has reduced the enrolment gap for girls by 20% and in Lesotho, Child Grant Program resulted in an increase in women working by 8% (ibid).

COVID-19 pandemic

World Health Organisation (WHO) (2020) said that coronaviruses are a large family of viruses which may cause illness in animals or humans. COVID-19 is caused by a novel virus called the Severe Acute Respiratory Syndrome -2 (SARS-COV-2) and it was first detected in Wuhan city in China in December 2019. It is a new strain of coronavirus that has not been previously identified in humans (Holmes, 2020). The Chinese government officially reported to the public of the outbreak on 09 January 2020 (European Centre for Disease Prevention and Control (ECDC), 2020). On 11 March 2020, the WHO declared COVID-19 a pandemic and has since spread to all the continents in the world.

WHO (2020) says that COVID-19 spreads primarily from person to person through small droplets from the nose or mouth, which are released when the person with COVID-19 coughs, sneezes or speaks. People can be infected if they breathe in droplets from an infected person with the virus. The droplets can also land on objects and people can be infected by touching the objects and then touch their mouth, eyes or nose (WHO 2020). The incubation period for COVID-19 is estimated to be between two and 14 days (Sansa, 2020).

The symptoms of COVID-19 include fever, coughing, difficulties in breathing and tiredness. Sansa (2020) says that more serious cases develop severe pneumonia, acute respiratory distress syndrome, sepsis and septic shock that can lead to the death of the patient. People with existing chronic illness seem to be more vulnerable to severe illness (ibid). WHO (2020) notes that most people (about 80%) recover without needing hospital treatment.

In response to this disaster, countries came up with measures aimed at containing the spread of COVID-19 including restricting travelling, observing physical distance, closing businesses, practising hygiene, limiting

gatherings and encouraging people to wear masks. There is currently no vaccine for COVID-19 hence the emphasis on preventing infections. WHO (2020) however, says that there are more than 89 vaccinations being developed.

Zimbabwe's response to COVID-19

Like any other country affected by COVID-19 pandemic, the government of Zimbabwe developed and implemented measures aimed preventing the spread of the disease in line with WHO guidelines. On 19 March 2020, the government of Zimbabwe declared COVID-19 pandemic a national disaster, though there were no cases of COVID-19 recorded by then. This measure was taken in recognition that neighbouring countries including South Africa had recorded COVID-19 cases.

Following the declaration of a national disaster, the government of Zimbabwe also announced restrictions around social gatherings as a way of preventing the spread of the disease. The government suspended gatherings of more than 100 people including church services, weddings and national events including the Zimbabwe International Trade Fair (ZITF) and Independence Day celebrations were cancelled.

Nyabunze and Siavhundu (2020) said that Zimbabwe went into first phase (stage five) of a national lockdown for 21 days which started on 30 March 2020 up to 20 April 2020. The lockdown was extended by 13 days, ending on 03 May 2020. It was then moved to stage two after the lockdown was extended by 14 days. On 16 May 2020, the government extended the stage two lockdown indefinitely (ibid). Mackworth-Young et al. (2020) note that the national lockdown resulted in the closure businesses (formal and informal) with the exception of essential services like purchasing of essential commodities, going to work (for those working in essential services) and providing care. The government also encouraged people to observe physical distance, practice hygiene and wearing face masks in public places. Quarantine centres were opened in various towns to cater for returning residents.

Social protection

Devereux and Sabates - Wheeler (2004) define social protection as all public and private initiatives that provide income or consumption transfers to the poor, protect vulnerable against livelihood risks and enhance social status and rights of the marginalised; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups. Asian Development Bank (ADB) (2003) views social protection as a set of policies and programs designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risks, and enhancing their capacity to protect themselves against hazards and interruptions/loss of income. Social protection therefore, can be viewed as a human rights issue and refers to policies and activities aimed at helping people affected by risks threatening sources of income and livelihoods, and enhancing their coping mechanisms. ADB (2003) notes that social protection is an integral part of social development and consists of five elements:

Labour markets - Barrientos (2010) said that labour market policies and interventions provide protection for the poor who are able to work and aim to ensure basic standard and rights. World Bank (2018) explains that labour markets are government-led policies and interventions and can be contributory or non-contributory, active (helping people acquire skills and link them to labour markets) or passive (helping to protect people against loss of income from unemployment, underemployment, diminishing real wages and precarious and informal employment).

Social insurance - social insurance programs are contributory schemes where participants make regular payments to a scheme that will cover life-course events (Barrientos 2010). The ADB (2003) states that social insurance programs mitigate risks by providing income support in the event of illness, disability, work injury or unemployment.

Social assistance - refers to non-contributory interventions aimed at helping vulnerable people to address social problem. Barrientos (2010) notes that this is the primary form of social protection in developing countries and examples include unconditional cash transfers, conditional cash transfers, food and other in-kind transfers.

Protecting informal sector - ADB (2003) explains that implementing micro and area-based schemes help in addressing vulnerability at community level and has many components including agriculture insurance, social funds, microinsurance and disaster preparedness and management. Micro and area-based schemes provide the same sort of social protection to small-scale agriculture and urban informal sector that the more traditional social insurance programs supply to the labour force (ibid).

Child Protection - ADB (2003) points out that investment in children is a key factor in poverty reduction and economic growth but it is usually a small proportion of national budget. The United Nations Convention on the

Right of the Child (UNCRC) states that, society through good governance must provide measure to ensure that children are protected from abuse and exploitation, such as child labour and child prostitution. In this paper, the five elements of social protection provided the framework for the assessment of social protection programs implemented by the government of Zimbabwe in response to COVID-19 pandemic.

Social protection principles

The effectiveness of social protection programs is premised on the following principles:

Coverage - expanding access to social protection programs should be the main agenda of formal social protection. The rate of expansion however, will vary across countries depending on financial and institutional resources available. Coverage gaps occur due to statutory exclusions, poor enforcement and lack of attractive benefits. Continuity and predictability about the conditions under which the benefits are to be provided and the approximate amount to be made available is necessary in order to realise the social gains promised by the social protection programs (ADB, 2003).

Flexibility - Norton et al (2001) note that social protection programs should be capable of responding to rapidly changing scenarios and emergence of new challenges and supporting individuals through the changing demands of life-cycle. Social protection programs should also be responsive to the needs of those intended to be assisted.

Sustainability and good governance - when designing social protection programs, it is imperative to consider how it is going to be financed and the model to guide the implementation of the program. Social protection interventions should include assessments of how to ensure efficient and sustainable operations to deliver the proposed coverage of social protection needs. Social protection programs may be financed through a variety of sources including budgetary support, income related contributions and charitable donations. Good governance is important for sound macroeconomic management, progressive taxation and equitable allocation of funds for social development (ADB 2003). The organisations or institutions responsible for delivering social protection programs should be adequately resourced (financial, human resources and material resources) for them to provide social protection interventions effectively and efficiently.

Integrated approach to social protection - designing and implementation of social protection programs requires coordination and collaboration of various agencies. Close collaboration is required to ensure that social protection and other development policies are consistent and mutually supportive (ADB, 2003).

In this paper, these principles of social protection guided the assessment of the government of Zimbabwe's response to COVID-19 pandemic. The social protection interventions by the government of Zimbabwe were benchmarked on these principles of social. In addition to these principles, implementation of social protection programs is anchored on human rights principles including non-discrimination, inalienable, indivisible, accountability and participation. If a social protection intervention does not meet these principles, it is deemed ineffective.

METHODOLOGY

This paper is based on literature review and interviews with eight key informants (six government officials and two members from Non-Governmental Organisations (NGOs)). The key informants were purposely selected because of their knowledge and work experience regarding the subject under study. The responses obtained from key informants were put into broad categories of social protection elements for easy analysis. The researcher used thematic content analysis because data gathered in this study was in qualitative form.

KEY FINDINGS

Cash transfers

After declaring COVID-19 pandemic a national disaster, the government of Zimbabwe promised to assist vulnerable and poor households with cash to cushion them against the effects of the disease. The government announced in April 2020 that households will receive ZW\$200-00 (equivalent to US\$10-00 by then). This amount however, is now less than US\$1-00. This measure was taken realising that the COVID-19 pandemic has debilitating effects on the economy and the poor and vulnerable households may not be able to cope.

All the key informants (100%) (n=8) interviewed in this study said that the government has not yet disbursed funds meant to cushion the poor and vulnerable households following the COVID-19 pandemic. The beneficiaries of the intervention have already been identified and registered by the Department of Social Welfare but they have

not yet received the money. One of the key informants pointed out that even if the beneficiaries receive the money announced by the government, it will not be effective considering inflation.

Food aid

The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2020) said that 7 million people in urban and rural areas in Zimbabwe are in urgent need of humanitarian assistance compared to 5.5 million in August 2019. The government through the Department of Social Welfare is implementing food assistance program in rural areas affected by drought. Three key informants said that the food aid program is being implemented countrywide in rural areas and each household gets one 50 kilograms bag of maize grain regardless of the family size. This program however, is not running smoothly due to shortage of maize grain at the Grain Marketing Board. This has resulted in the distribution of food aid to food insecure households being unpredictable. In urban areas, the government promised to provide subsidised mealie meal but this is not available due to shortage of stock. As of June 2020, maize grain price recorded the highest percentage increase of 112%, a good indicator of supply shortages (ibid).

Informal sector support

Zimbabwe has the largest informal sector in Africa (60.6%) and it is the second highest in the world after Bolivia (International Monetary Fund (IMF) (2020). In response to COVID-19 pandemic, the government instructed the closure of businesses (formal and informal) considered non-essential in order to curb the spread of the disease. While this is a positive measure to curb the spread of the disease, it has resulted in the loss of income and livelihoods thereby rendering people vulnerable. The Zimbabwe Mail of July 21 2020 reported that so far 202 077 people had benefited from the COVID-19 informal sector relief fund, which is targeting 1 million beneficiaries. This shows that only 22% of the target population have received support despite that most people in the informal sector are failing to earn a living due to loss of income. Nyabuze and Siavhundu (2020) note that most informal traders in Zimbabwe live from hand to mouth and were not prepared for the lockdown as it was announced on a two-day short notice.

In this study, it was found that there is no financial support given to businesses (large, medium or small) by the government in response to COVID-19 pandemic. One of the key informants said that this disaster has resulted in the economic hardships hence the need to provide support to businesses in order to keep them operating. Some businesses have closed due to operational constraints caused by COVID-19 pandemic. The IMF (2020) said that Zimbabwe's economy would shrink by as much as 7.5% this year owing to the effects of the pandemic. This means that there are job losses as a result of this pandemic.

Child protection

In any disaster children are the most vulnerable members of the community hence the need to protect them. While the idea of closing schools to curb the spread of COVID-19 is welcome, it needs to be taken into consideration that most children spend most of the time idling thereby predisposing them to social ills like drug use. OCHA (2020) notes that while Zimbabwe closed schools on March 24 2020 to contain the spread of COVID-19 and protect school populations, school closures disrupted the education of more than 4.6 million children. The closure of schools results in many child protection cases not being reported as schools play a critical role in identifying and reporting child protection cases.

This disaster has resulted in the increase of domestic violence due to issues related to job losses and confinement to homes. OCHA (2020) said that the national GBV Hotline has recorded a total of 3238 GBV calls from the beginning of the lockdown on 30 March 2020 until 15 July 2020, with an overall average increase of over 70% compared to the pre-lockdown trends. The sharp increase in the number of domestic violence cases means an increase in the number of child protection cases given that children are the most vulnerable members of the family. In this disaster, children are at risk of exposure to family violence or being involved in family violence which impacts negatively on their emotional and physical wellbeing.

In this study, it was found that there is no specific program for child protection developed by the government in response to COVID-19 pandemic. Two key informants in this study pointed out that regarding child protection, it is business as usual despite that this disaster has resulted in the increase in the number of vulnerable children. It was also explained that child protection is embedded in other interventions including food assistance and cash transfers.

Quarantine centres

Following the declaration of COVID-19 pandemic as a national disaster, 44 quarantine centres were opened by the government of Zimbabwe to receive and quarantine returning citizens. Initially, the returnees would stay in quarantine centres for 21 days if tested negative and then the number was reduced to two weeks. The number of days one can spend in a quarantine centre if negative was further reduced to eight days. If the returnee tests positive to COVID-19, they are isolated from others until they recover. One of the key informants noted with concern that absconding was one of the major challenges encountered at the quarantine centres. He explained that returnees abscond because the living conditions in the quarantine centres are considered deplorable. He pointed out that at the quarantine centre where he is based, they often face the challenge of water shortage, overcrowding and food provided is considered unacceptable. OCHA (2020) stated that waste management in quarantine centres and health care facilities is a challenge due to lack of waste disposal vehicles and incinerators. Given the living conditions in the quarantine centres, there is a risk of infections among returnees and this forces some people to abscond.

Public service delivery

Most local authorities in Zimbabwe are facing challenges in delivering critical services like water supply to the public due to economic hardships. OCHA (2020) said that over 7.3 million people are affected by the current Water, Sanitation and Hygiene (WASH) challenges in Zimbabwe, with 3.6 million people in need of urgent assistance. An outbreak of diarrhoeal disease is currently ongoing in the area of Luveve in Bulawayo with over 1800 cases and 13 deaths, along with a typhoid outbreak in Harare, with 695 cases and 10 deaths as of 12 July 2020 (ibid). In most urban areas people spend much of their time in queues to get water from boreholes and it is very difficult for people to observe physical distance in these queues. This also applies to public transport where maintaining physical distance is a challenge due to shortage of transport following the suspension of private transport operators.

DISCUSSION OF THE RESULTS

The COVID-19 pandemic is a global disaster which has rendered many people vulnerable and in response to this, various countries came up with interventions to protect people. The government of Zimbabwe announced in April 2020 that it is going to target one million vulnerable households with cash transfers. While this is a noble intervention, it needs to be pointed out that the amount promised to each household (ZW\$200-00) (less than US\$1-00) is not adequate to meet the needs to the family. By the 21st of July 2020, only 220 077 (22%) had received their benefits. Looking at coverage as one of the key principles of social protection, it can be seen that this intervention only covers a few people in comparison to those in need of assistance and intervention is not adequate to meet people's needs. This intervention is also being rendered ineffective due to the inflationary environment. Another key defining feature of social protection is that of predictability, but in this case, it is noted with concern that since the announcement of this intervention, it has taken more than two months for it to be implemented. The beneficiaries are not able to tell when they are likely to get their entitlements.

In this study it was found that the government is implementing food assistance program in rural areas only despite that people in urban areas are also food insecure. It was also found that distribution of food aid is not predictable due to shortage of maize grain. It was also reported that subsidised mealie-meal is not available in urban areas. Given this situation, it becomes very difficult for people to observe COVID-19 restrictions as they spend much of their time looking for food to feed their families. The challenge of food insecurity is retrogressive to their measures aimed at curbing the spread of COVID-19.

This disaster has also resulted in the loss of income for people employed in the formal and informal sector as businesses are facing operational constraints. Following the development of the Look East Policy, most businesses in Zimbabwe rely on inputs and products from China and they are finding it difficult to get imports due to COVID-19 restrictions. The government has not availed funding for businesses which are facing viability challenges as a result COVID-19 pandemic. This has a negative impact on the containment of COVID-19.

It was found that the government of Zimbabwe relies heavily on non-state actors to fund social protection interventions. OCHA (2020), for example, reported that a number of pledges are in the process of being finalised, including \$14 million for the COVID-19 response from United Kingdom, \$18 million from the United States of America and \$14 million from the European Commission. While there is nothing wrong with receiving international support, it needs to be noted that it is not sustainable and the situation is further worsened by the fact that most of these donor countries are facing economic challenges as a result of this disaster. Another challenge with donor-driven support is that they might not have national coverage, for example, the Via Mobile (VIAMO) learning platform spearheaded by World Vision was launched in Chipinge covering 20 schools and 45 schools in Chimanimani with a target of 2500 learners.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations are made:

- There is need to seriously consider investing in social protection in order to effectively address the effects of COVID-19 pandemic. There is need for more allocation from the national budget.
- Implementation of social protection programs should be quick in order to alleviate suffering and reducing chances of worsening the situation. In this case, disbursement of cash and food aid to the vulnerable households should be done without delay.
- There is need for institutional building and strengthening, for example, the Department of Social Welfare needs more human, financial and material resources to provide effective social protection programs given that this disaster has resulted in the increase of vulnerable people.
- In all social protection programs being implemented in response to COVID-19 pandemic, they should be child sensitive given that children are the worst affected members of the community.
- Support from the international community should be seen as a complement and not to over rely on it because it is not sustainable and might not have national coverage.
- There is need for continuous data gathering to inform policy making and program implementation.
- Development and implementation of social protection interventions should be guided by human rights principles and should meet social protection principles including flexibility, sustainability and integrated approach.

CONCLUSION

This study has established that due to lack of effective social protection interventions, Zimbabwe is not likely to be able to contain the spread of COVID-19. To address this disaster, there is need for meaningful investment in social protection. This disaster has resulted in the increase in the number of vulnerable people and there is need therefore to prioritise social protection investment. Implementation of social protection programs is not an act of benevolence but entitlement as provided for in various international and domestic legal instruments. In response to this disaster, it has been seen that Zimbabwe relies heavily on international support and there are risks associated with this which include lack of sustainability and lack of national coverage. It also should be taken into consideration that most of the donor countries are also battling this disaster which obviously means that their priority is on their country compared to international support. In the absence of effective social protection interventions, the effects of this disaster are far reaching and will manifest in economic challenges, poor human development, malnutrition and disintegration of social units like families.

REFERENCES

- Asian Development Bank (ADB) (2003). Social Protection: Our Framework, Policies and Strategies. <https://www.adb.org/> Retrieved 09/07/2020.
- Barrientos, A. (2010). Social Protection and Poverty: Social Policy and Development Program Paper no.42. Geneva: United Nations Research Institute for Social Development.
- Devereux, S. and Sabates-Wheeler, R. (2004). *Transformative Social Protection*. Brighton: Institute of Development Studies.
- European Centre for Disease Prevention and Control (ECDC). (2020). Outbreak of Novel Corona Virus (COVID-19): Increased Transmission Globally-fifth update. <https://www.ecdc.europa.eu/en> Retrieved 14/07/2020.
- International Monetary Fund (IMF) (2020). Zimbabwe's shattered economy poses a challenge to fighting COVID-19. <https://www.zimbabwesituation.com/> 16/07/2020.
- Mackworth-Young, C.R.C., Chingono, R., Mavodza, C., McHugh G., Tembo, M., and Chikwari, C. (2020). 'Here, we cannot practice what is preached': Early qualitative learning from community perspectives on Zimbabwe's response to COVID-19. World Health Organisation Bulletin (*Published online*). <https://www.who.int/> Retrieved 12/07/2020.
- Norton, A., Conway, T., and Foster, M. (2001). Social protection concepts and approaches: implications for policy and practice in international Development. Document. Overseas Development Institute, London.
- Nyabunze, A., and Siavhundu, T. (2020). Economic impact of COVID-19 induced lockdown in Zimbabwe. *Diverse Journal of Multidisciplinary Research*, 2(5), 1-7.
- Organisation for the Coordination of Humanitarian Affairs (OCHA) (2020). Zimbabwe Situation report 24 July 2020. <https://reports.unocha.org/en/country/zimbabwe/> Retrieved 24/07/2020.
- Sansa, N. A. (2020). Significant China Government efforts slow down the COVID-19: Evidence from the Ordinary Least Square method. *Diverse Journal of Multidisciplinary Research*, 2(2) 38-44. United Nations Economic and Social Commission for Asia and Pacific (ESCAP) (2018). Why we need Social Protection. Bangkok: ESCAP. <https://www.unescap.org/> Retrieved 10/07/2020.
- World Bank. (2018). The state of social safety nets 2018. Washington DC: World Bank.
- World Health Organisation. (WHO) (2020). Coronavirus Disease 2019 (COVID-19) situation report 95. <https://www.who.int/> Retrieved 11/07/2020.