Social protection policies and programmes in Southern Africa: the case of four country experiences

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Abstract

This article was based on a review and analysis of policy documents, reports and other relevant literature. It examines the nature and state of social protection in Lesotho, South Africa, Swaziland and Zimbabwe. While the strength of tradition and family solidarity guaranteed social protection in the African context this has been rendered ineffective by the pervasiveness of poverty and modern values of individualism. This makes it imperative to adopt substitute formal extra-familial measures to avert poverty (Kaseke, 1993).Though some formal social protection programmes exist in these countries, their exclusionary nature, lack of comprehensiveness and low level of benefits provided compromise their effectiveness. Furthermore, the fragmentation of social protection programmes in these countries militates against cross-subsidisation from other schemes and supplementary sources of income pointing to the need for their transformation.

Key words
Kaseke, poverty, social protection, vulnerability

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Introduction and background

Kaseke, an eminent professor and a social worker by profession was an advocate for social and economic justice for the socially excluded in society (Sheofor & Horejsi, 2006; Zastrow, 2013) through his research and publications on social protection. Social workers have an ethical responsibility to empower and advocate for the provision of sufficient resources to the poor and marginalised (Sheafor & Horejsi, 2006; Reyneke, 2010; Korang-Okrah, Boateng, Naami & Ado, 2017).

Social and economic justice is a state of affairs where all members of a society have equal and inalienable basic rights to social protection, opportunities, obligations and social benefits based on the principles of human dignity and the sanctity of human life (Barker, 2003).The pursuit of social and economic justice is consistent with the Universal Declaration of Human Rights in that it is the foundation of freedom, justice and peace in the world (United Nations (UN), 1948).

Lesotho, South Africa, Swaziland and Zimbabwe which are the focus of this article are developing countries located in Southern Africa. They are part of the 15 member Southern African Development Community (SADC) whose objectives are *to inter alia*, alleviate poverty and promote the social inclusion of marginalised people through regional integration (Southern African Development Community (SADC), 2012). This is particularly because the socioeconomic landscape of many African countries in general is characterised by inter alia, high levels of inequality, poverty and food insecurity, homelessness, unemployment, prevalence of HIV and AIDS and other preventable diseases and deteriorating traditional family structures (Ugiagibe, 2017).

Poverty in developing countries, Southern Africa included remains intractable and pervasive necessitating the adoption of

comprehensive social protection measures as this is a powerful tool for creating inclusive and sustainable development pathways in resource poor countries (Kaseke, 1993; United Nations (UN) System Task Team on the Post-2015 UN Development Agenda 2012). Furthermore, given their Constitutional (Lesotho, South Africa, Swaziland and Zimbabwe) pledges and mandate to provide social protection and social security for their people it is appropriate to analyse the state of affairs in these countries. The dedication of the Sustainable Development Goals (SDGs) Number 1, 2, 3 and 10 to social protection for the poor and vulnerable also demonstrates its centrality in the development process (United Nations, undated). It should also be noted at this juncture that this analysis focuses on formal social protection systems mainly non-contributory arrangements.

Conceptual framework

The plethora of definitions of social protection reflects differences of how it is conceptualised. To some it is basically about measures to meet basic human needs (Barrientos & Hume, 2008) whereas for others social protection is about ensuring the human rights of the people (Venter, 2002; UNICEF, 2008). There is yet another school of thought which views social protection as initiatives aimed at minimising risks to vulnerabilities (Barr, 2001). It has also been viewed as interventions to address vulnerabilities at different stages of human growth and development (life-cycle model) inclusive of old age (Cain, n.d.). At the same time (Devereux & Sabates-Wheeler, 2004) define it as involving measures aimed at averting poverty and deprivation and to bring about social development.

However, a synthesis of the various definitions shows that it is a broad concept that encompasses different ways of combating chronic poverty and deprivation including but not limited to health care, food and income security and education. Social protection

comprises of a mix of public, private and non-formal initiatives not only to tackle the various manifestations of poverty and deprivation but also to enhance the capacity of participants to respond and to avert vulnerability to livelihood risks (UNAIDS, 2014). Social protection is therefore multi-pillar in nature but it consists mainly of social safety nets, social security and income security.

It is also worth noting that social protection holds great potential for creating more inclusive and sustainable development pathways (Kaseke, 1998; Devereaux & Sabates- Wheeler, 2004; Barrientos & Hume, 2008; Kaseke, 2009; Treebhoohum, 2016). It is against this backdrop where poverty and deprivation are the major challenges to the fulfilment of human rights to dignity and social inclusion that this article focuses on social protection.

Methodology

This article was based on a review and analysis of literature including policy documents on social security and social protection. Though Flick (2006) contends that a sole reliance on the analysis of documents may provide limited coverage of experiences, the same author acknowledges that the approach offers a new and unfiltered perspective of the phenomenon under study. Creswell (2002) is also of the view that using comprehensive data from reviews of literature guarantees representativeness of the phenomenon being studied. The selection of Lesotho, South Africa, Swaziland and Zimbabwe for this analysis was based on Kaseke's perceived contributions to social protection and social work education and training in these countries.

Aim and objectives

The aim of this article was to provide an overview of social protection in Lesotho, South Africa, Swaziland and Zimbabwe.

The specific objectives were:

1. To appraise the socioeconomic situation of Lesotho, South Africa, Swaziland and Zimbabwe.
2. To ascertain the nature, scope and efficacy of social protection in Lesotho, South Africa, Swaziland and Zimbabwe.

The analysis of social protection and the obtaining socioeconomic situation in the four countries is addressed in the sections below starting with Lesotho.

Social protection in Lesotho

Lesotho is a constitutional monarchy located in Southern Africa. It is a landlocked country which occupies a very peculiar position as it is completely encircled by South Africa. The country has a per capita income of US$1.000 (Government of Lesotho (GoL, 2012) and 40 % of its population of 1.880.661 (Bureau of Statistics (Lesotho) (BOS) (2007) live below the "official" poverty line of US$1.25 per day (UN, 2009). Poverty in Lesotho is characterised by "low income and worse health and education outcomes" (Ministry of Social Development (Lesotho), 2014a) which is exacerbated by a number of factors including socioeconomic inequalities, unemployment, food insecurity and HIV and AIDS.
The rate of inequality which is one of the drivers of poverty in Lesotho was estimated to be 0.52 (Gini-coefficient) in 2003 (Bello, et al. 2008) which is one of the highest in the world. Unemployment in Lesotho has also remained stubbornly high with an estimated rate of 40.5% (Khaola & Mokhotlo, 2013) which Dhemba (2013) contends is rapidly assuming dangerous levels considering it is mainly the youth who are affected.

Access to healthcare in Lesotho is limited because of poverty, poor infrastructure especially in rural areas where 81 % of the population lives (Government of Lesotho (GoL), 2009) and shortage of drugs and health personnel as there is only one doctor

per 20.000 people (GoL, 2013). The World Bank (2008) also postulates that although they is a decline in the prevalence of HIV/AIDS in Lesotho, a prevalence of 23 % is still high and is worsened by the HIV incidence rate which has remained above 15.000 new infections annually (Dhemba, Mushonga and Mugomeri 2015). The unrelenting HIV and AIDS serve to further compromise the efficacy of the health delivery system because of limited resources (Dhemba, Mahao & Mushonga, 2015).

Lesotho is also a food insecure country mainly because of its geographical formation whereby about 80 % of its total land area is mountainous terrain and vulnerability to natural hazards such as droughts, floods, heavy snow and severe frost. Resultantly, as Lesotho Meteorological Services (LMS) (2005) points out, the livelihoods of 85 % of Basotho are exposed to these vagaries of weather largely because of their dependence on environmentally sensitive subsistence agriculture. In such situations it is usually the poor who suffer most as they often do not have the resilience either to prepare for or to recover from the shocks visited upon them by extreme weather conditions (Ziervogel, 2001).

The existing social protection programmes in Lesotho include public assistance, universal old age pension, child grants, school feeding programmes and orphans and vulnerable children (OVC) support, fertiliser and input subsidies for poor households and free primary education and health (Ministry of Social Development 2014b). All these programmes are non-contributory and funded from public revenue. Lesotho therefore operates a fragmented multi-pillar formal social protection system with public assistance, old age pension, child support grants and social insurance as the major programmes.

Public assistance is the oldest social protection programme in the country dating back to the colonial era. This programme is administered by the Ministry of Social Development and it is paid

in cash which is currently pegged at M250 (equivalent of SAR 250) monthly but paid quarterly. It is also paid in the form of subvention to institutions providing residential care for children, and older persons. In addition it is also paid in kind including food parcels, clothing, laundry soap, free medical exemption orders for treatment at referral hospitals and assistive devices such as hearing aids and walking frames.

The public assistance grant is designed for all Basotho below 70 years of age who are adjudged to be destitute and vulnerable. It is mainly due to the perennial underfunding of the programme (Nyanguru, 2003) that applicants have to go through a rigorous means-testing process to determine eligibility for assistance and as can be expected very few qualify for benefits. Also of concern is that the means testing process is based on the erroneous belief that individuals should get support from the extended family which as noted elsewhere is no longer the case.

Even though an assessment of the efficacy of the public assistance programme in Lesotho has not been done it is evident that the monthly allowance of M250 is barely enough to meet the basic needs of recipients for food, clothing, housing and transport. The means testing also makes the programme exclusionary as only a few manage to get benefits and yet there is mass poverty as 40 % of the people are living below the poverty line.

Another pillar of the social protection system in Lesotho is old age pension which provides universal benefits to older persons aged 70 years and above. The scheme introduced in 2004 to address the syndrome of poverty in old age is administered by the Department of Pensions within Lesotho's Ministry of Finance. Older persons with documentary proof (identity document and citizenship) and meeting the minimum qualifying age threshold

of 70 years have an automatic entitlement to a monthly pension of M 550 (SAR 550) provided they are not receiving any other pension in excess of M1.000 (SAR 1.000).

However, in spite of its weaknesses, Lesotho's old age pension programme has been widely viewed as a success (Croome & Mapetla, 2007; Nyanguru, 2007; Tanga, 2015) as it has improved the quality of life of pensioners and their families quite significantly. Older persons in Lesotho can even afford buying protein foods such as beans, meat and eggs inclusive of other household effects (Croome and Mapetla, 2007). Dhemba (2016) also asserts that old age pension in Lesotho arguably contributes towards strengthening the care of older persons within their families thereby avoiding institutional care considered to culturally inappropriate in many African countries.

Furthermore, notwithstanding the low levels of pension benefits, the other weakness of the programme is that it is not comprehensive as it only caters for income security and yet older persons have other needs that are not necessarily monetary in nature. The programme also excludes those aged between 60 and 69 years from coverage and yet the Policy for Older Persons in Lesotho 2014 indicates the onset of old age as 60 years. This is evidently a contradiction that needs to be reconciled by lowering the threshold for receiving pension to 60 years.

Furthermore, in recognition of its responsibility towards children, specifically orphans and vulnerable children, the government of Lesotho put in place a legal and policy framework for their care and protection. These include the National Orphans and Vulnerable Children of 2006 which saw the introduction of non-contributory child support grants (with initial funding from donors) in an effort to fight poverty and vulnerability in households caring for orphans. The adoption of the Children's

Protection and Welfare Act in 2011 was also a major milestone as for the first time the Department of Social Welfare, now Ministry of Social Development was accorded the legal mandate to develop and implement child welfare policies and programmes in the country.

However, full implementation of their provisions is hampered mainly by the problem of inadequate resources.A study by Dhemba, et al (2015) found that out of an estimated 125.000 children who needed assistance only about 16 % were assisted. This problem is also compounded by the lack of a comprehensive data base of the poor including orphans and vulnerable children in the country. Furthermore in spite of the provision for free primary education the most vulnerable children dropped out of school to fend for their poor families (Mutungamiri, 2009).

In addition, payment of child support grants provided for under the National Orphans and Vulnerable Children Policy (piloted only in three out of ten districts in Lesotho) was from donor funds, an arrangement which Dhemba (2010) postulates is indicative not only of inadequate funding but also the challenge of sustainability given the expectation that the government would have to take over the financing of the programme at some stage. In addition, the child support grant which is M120 monthly and is also paid quarterly is means tested and therefore paid only to the neediest orphans and vulnerable children. Mutungamiri (2009) observes that it is inadequate considering that it is the only source of income for most of the households with orphans and vulnerable children.

The establishment of a National Social Security Scheme providing for compulsory social insurance to cater for compensation for occupational injuries, unemployment benefits and retirement pension and other benefits for formally employed workers in Lesotho has been pending for a long time. Currently, it

is only permanent and pensionable public servants who are covered by the Public Officers Defined Contribution Act of 2008. Therefore, the protection of formally employed workers in Lesotho against contingencies such as unemployment, old age and occupational injuries remains elusive not only for private sector employees but also the unemployed and informal sector operators who are excluded from participating in such schemes on account of not having an employer to meet part of the contributions.

Social protection in South Africa

South Africa had a population of about 56 million in 2011 up from the 44.9 million recorded in the 2001 census (Statistics South Africa 2003). Unemployment which is one of the contributory factors to poverty in South Africa was 27 % in 2005 (Statistics South Africa, 2005). It is also important to note that poverty in South Africa has racial, gender and age dimensions (Le Bruyn's and Paw 2004 cited in Scheck & Louw, 2010). Approximately a third of the poor in South Africa reside in urban areas while two-thirds are found in rural areas (Schenck & Louw, 2010). Such population groups are usually ill-served by almost all types of services.

In addition, the phenomenon of child poverty is quite severe among children up to 14 years in African households and to a lesser extent those from the coloured community (Dieden and Gustafsson cited in Triegaart & Patel, 2005). The situation is further exacerbated by the fact that many women, particularly single mothers heading households are experiencing poverty. Such a state of affairs speaks volumes when looking at the extent of poverty and vulnerability across South Africa given that almost two-fifths of children in South Africa live in female headed households (Triegarat & Patel, 2005). Furthermore, in common with Lesotho, Swaziland and Zimbabwe, South Africa

is experiencing an unrelenting HIV and AIDS problem and therefore it also has to content with a ballooning population of orphans and vulnerable children as a result of this pandemic.
South Africa boasts of an advanced and comprehensive social protection system with wide reach and coverage (The Presidency, 2011) comprising of both social insurance and a variety of social assistance programmes that are non-contributory. The social assistance programme which has slightly over 16 million beneficiaries (Noyoo, 2016) caters for old age grants, war veterans' grants, disability grants, foster care grants, care dependency grants and child support grants (Triegaart & Patel, 2005; Noyoo, 2016).

According to Triegaart and Patel (2005) the best known form of social assistance in South Africa is the old age pension which caters for women aged 60 years and above and men from 65 years upwards who are South African citizens (Kaseke, 2010). Old age pension in South Africa is contributing significantly to the welfare of many beneficiaries and their families as confirmed by Moler and Sotshonganye (1996) who point out that many poor people would simply not survive without this pension. Lequido-Quiley (2003) also contends that old age pension has become a poverty alleviation strategy for households with an older person.The child support grantis also a major social safety net with the number of beneficiaries having increased from 5.7 million in 2004/05 to about 11.4 million in 2013 (National Treasury, 2013).

However in spite of the wide range of vulnerable populations catered for by public assistance Kaseke (2010) postulates that the application of a means test (for all the programmes) compromises their efficacy as many applicants are denied assistance for failing the eligibility test. Furthermore Kaseke observes that potential beneficiaries who are unable to access benefits offices and those without the required documentation are excluded from accessing

benefits. Therefore while it is commendable that South Africa's social assistance caters for diverse vulnerabilities the means testing and documentation required denies benefits to potential beneficiaries who fail to meet the requirements. In addition corruption and maladministration are major challenges facing the public assistance programmes in South Africa (Carolus cited in Kaseke, 2010) and this requires attention in order to enhance reliability and efficiency in the disbursement of benefits.

The social insurance programmes in South Africa comprise mainly of the Unemployment Insurance Scheme, the Compensation for Occupational Injuries and Diseases Fund and the Road Accident Fund which cover the risks of unemployment and employment injury (Kaseke, 2010). However, the same author points out that the main shortcoming of these programmes is that they do not provide for retirement benefits in old age. Furthermore, on account of the fact that they are contributory it also means they exclude from coverage unemployed people, peasant farmers and informal sector entrepreneurs and yet these constitute the majority of the population.

Social protection in Swaziland

Similarly, Swaziland is a country embroiled in deep poverty and vulnerability with service delivery being compromised by a constricted fiscal space coupled by weak service delivery institutions. According to the 2017 Population and Housing Census Preliminary Results Swaziland has a population of 1.1 million. Poverty, exacerbated by high levels of inequality, unemployment and HIV and AIDS is also characteristic of the socioeconomic situation obtaining in the country. The problem of poverty in Swaziland where 69 % of the population are living below the poverty line (Ministry of Economic Planning and Development, 2006) is one of the major challenges facing the country. The high level of inequality which is also a contributory

factor to poverty in Swaziland is demonstrated by the Gini-coefficient (measure of inequality) which stands at 0.51 (Ministry of Economic Planning and Development, 2006).

Also compounding the situation in the country is the problem of youth unemployment which according to the 2007 Population and Housing Census was approximately 43% while 41% of the total labour force was unemployed (Khumalo, 2011). Furthermore, and also of concern is that Swaziland has got the highest HIV and AIDS prevalence in the world with 26 % of the population aged 18-49 being infected (UNAIDS, 2010). This has ultimately resulted in a very high number of orphans and vulnerable children. It is also estimated that 41 % of households are female headed and that 37 % are grandparent headed families (SOS Children's Villages (Swaziland) 2014).

The major formal social protection programme in Swaziland is Public Assistance which is non-contributory and has two components, namely Old Age Grant (OAG) and the Public Assistance Grant (PAG). Both programmes are administered by the Department of Social Welfare under the Deputy Prime Minister's Office.

The Old Age Grant which is one of the components of public assistance was introduced in 2005 to cushion older persons from the impacts of the HIV/AIDS pandemic as well as food insecurity induced by chronic drought conditions in certain parts of the country. The old age grant which is currently E400 (SAR 400) a month but paid quarterly is universal for older citizens in Swaziland aged 60 years and above. They should however not be receiving any other pension exceeding E1.000 (SAR 1.000). According to the Deputy Prime Minister's Office, Department of Social Welfare(undated) the number of beneficiaries of the OAG has risen from about 49.0000 in 2006/07 to an estimated 55.000

older persons representing almost 5 % of the population of Swaziland.
The major weakness of the old age grant in Swaziland is that the amount of E400 a month is inadequate as it is lower than the United Nations “official” poverty line of US$1.25. Furthermore, older persons experience other challenges such as neglect, discrimination, witchcraft accusations, physical and sexual abuse, loneliness and ill-heath among others which are not addressed.

Similarly the public assistance grant is non-contributory and meant for people who lack the means to support themselves provided they are below 60 years, the age at which older persons start receiving the old age grant. Public assistance is also paid either in cash or in kind and applicants are assessed to determine eligibility for benefits.

A major problem of Public Assistance in Swaziland is that it is paid subject to the availability of funds. Also compounding the situation is the absence of a legal framework for its implementation as there is only a Cabinet resolution of 2005 that is supervised and regulated by a Cabinet Subcommittee on Social Welfare (Dlamini, 2007). Consequently public assistance in Swaziland is not reliable and it lacks sustainability (Dlamini, 2007) as its implementation is conditional upon the availability of funds. Given this situation a policy and legislative framework is imperative in order to give direction on the implementation of social protection in the country (Pain, 2016).

Social protection in Zimbabwe
Zimbabwe's socioeconomic profile is not any different from the other countries as 79.1 % of its working poor earned below US$1 a day between 1993 and 2004 (ILO quoted in Gandure 2009). This translates into income and food insecurity for both urban and rural households as the few who are in formal employment lack the

wherewithal not only to sustain their own livelihoods but also to fulfil their traditional obligation to support relatives in rural areas even if they wanted to. This is also confirmed by the Poverty Assessment Survey of 2006 which revealed that 53 % of households in urban and 65 % in rural areas were living below the total consumption poverty line (Gandure, 2009). As can be expected the perennial economic challenges the country is experiencing have resulted in the widening and deepening of poverty. In a study of rural social security needs in Zimbabwe Kaseke, (1993) also found that communal farmers in the country did not have adequate land and agricultural inputs support and were therefore living below subsistence levels a situation which still obtains in spite of the land redistribution that was escalated from early 2000.

In addition, though very little primary data exists on the rate of unemployment in the country unofficial estimates using the western definition (not having a formal sector job) put the figure at around 80 % of the labour force (Gandure, 2009). This state of affairs not only contributes to a vicious cycle of poverty but it is also a major obstacle to development as labour is underutilised. Furthermore, although Zimbabwe's HIV prevalence rate declined from an all-time high of 26 % in 2002 to 15.6 % in 2007 the impact of HIV and AIDS on the health costs and care of patients given a deteriorating health infrastructure and human and financial capacity over the years adversely affects the welfare of those infected and affected by the epidemic. Also of concern is the increasing number of orphans as a result of HIV and AIDS which continues to threaten the social fabric and the capacity of both traditional and formal social protection systems to cope with the crisis (Gandure, 2009).

From the foregoing it is evident that the persistence and coexistence of both chronic and transient poverty remain the

major setbacks for the livelihoods crisis in Zimbabwe. It is also apparent that poverty in the country remains intractable and that even with the resilience and resourcefulness demonstrated so far to minimise its impact, without comprehensive social protection, poverty and vulnerability will continue to escalate.

The perennial political and economic challenges in Zimbabwe have almost collapsed the formal social protection system in the country. However, ostensibly they are two major social protection programmes, namely public assistance which is non-contributory and the Pension and Other Benefits Scheme.

Public assistance in Zimbabwe caters for destitute and vulnerable people inclusive of people with disabilities after going through a means test. This scheme is administered by the Department of Social Services and is paid in cash or kind. However, public assistance is not a reliable source of support as its payment is dependent on the availability of funds. Furthermore the few people who qualify for benefits can go for more than six months without getting allowances. Also of concern is the low level of benefits as the monthly allowance of US$20 is hardly enough to meet the needs of beneficiaries.

Another component of public assistance is the old age pension for older persons from 65 years of age which is provided for in terms of the Older Persons Act of 2012. The problem with this programme is that five years since the enactment of the Older Persons Act, it is still yet to be implemented due to lack of funding and probably the lack of political will.

Coexisting with the non-contributory schemes is the Pensions and Other Benefits Scheme introduced in October 1994. This scheme which is compulsory for all formal sector employees provides for retirement pension, occupational injury, funeral benefits and

survivors pension and grants. The efficacy of this programme is compromised by the fact that it caters exclusively for formally employed workers who constitute only a small percentage of the labour force and even then, this is worsened by the retrenchments and poor economic performance of the country (Gandure, 2009). It is also worth noting that some programmes including drought relief and the Basic Education Assistance Module have in reality quietly disappeared over the years and therefore cannot be viewed as part of Zimbabwe's social protection landscape. It is also evident that the never ending political and economic challenges have dealt a major blow to the growth and development of social protection in the country.

Conclusions

Though it is laudable that the four countries are putting in place social protection infrastructure and systems, it is imperative that they improve coverage of the existing programmes in order to ensure social inclusion of poor and vulnerable people. In this regard it would be necessary for Lesotho, South Africa (males) and Zimbabwe to lower the threshold for old age pension to 60 years which is the universally agreed upon onset of old age. The lack of a comprehensive data base of the poor is also a contributory factor to the exclusionary nature of social protection in the four countries. Furthermore, some potential beneficiaries are also not aware of existing social protection programmes as they are not publicised and this results in their exclusion from getting benefits. The means-testing that is also applied for non-contributory schemes is exclusionary as many applicants fail to qualify for benefits. The need to reform existing social protection systems in the four countries can therefore not be overemphasised. Equally important is the need to promote economic growth and development in order to generate the capacity to sustain the provision of inclusive social protection programmes in the four countries.

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