The socioeconomic impacts of COVID-19 and the social work response in Southern Africa

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ABSTRACT

This paper examines the socioeconomic impacts of the COVID-19 pandemic and the role of social work in mitigation, recovery and coping with future shocks. Although the paper adopts a general approach to the theme of the study, the focus is more on southern African countries, namely Eswatini, South Africa and Zimbabwe. Southern Africa has since become the epicenter of the pandemic on the continent, following the first positive case recorded in the region in early March 2020. Of grave concern though, is the failure to protect the poor and vulnerable in the event of pandemics such as COVID-19 and yet they should be prioritised in the allocation of resources. Furthermore, the lack of comprehensive social protection measures in many African countries is likely to make both response and recovery from the pandemic difficult. As such, given that social workers are concerned with issues of social justice and human wellbeing, they are critical role players (both directly and indirectly) in the response to the COVID-19 pandemic. Their role should span containment, mitigation of negative impacts, recovery, and building resilience to future shocks. The paper is based on secondarysources of data including the internet, the print and electronic media, journal articles and research reports on COVID-19 in the three countries.

Keywords: COVID-19, Eswatini, social work, socioeconomic impacts, South Africa, Zimbabwe

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Introduction

The coronavirus disease (COVID-19) has spread across the entire world, including in countries such as Eswatini, South Africa and Zimbabwe, having started in Wuhan, China, in December 2019. Unfortunately, within a space of six months, to be precise, by June 2020, 418,294 people across the globe had succumbed to this disease. In addition, 7,420,420 laboratory confirmed COVID-19 cases were registered globally (African Economic Conference [AEC], 2020). This not only reflects the rapid spread of the pandemic in terms of casualties and geographic coverage, but the sense of helplessness to contain its spread and the huge negative impacts it is causing.

Therefore, not surprisingly, the World Health Organization (WHO) on 30 January 2020 declared the coronavirus outbreak a public health emergency of worldwide. Hardly two months later, on 11 March 2020, COVID-19 was declared a global pandemic by the World Health Organization (WHO, 2020). Following these developments, all countries globally found themselves facing a daunting double challenge. On one hand, there was an urgent need to contain the health pandemic, while at the same time mitigating the consequent economic and social impacts to avert the heightened levels of poverty and inequality. Furthermore, Lloyd-Sherlock, Ebrahim, Geffen and McKee (2020) contend that the weak public health infrastructure and the limited trust people in low and middle income countries have in their governments makes responses to COVID-19 difficult.

Nonetheless, many countries internationally were left with no choice but to immediately respond to the evolving pandemic. The government of Eswatini, formerly Swaziland, for example, declared a state of emergency to contain the disease and delay the spread of infection, on 17 March 2020 (Gonese, Shivamba & Merkotter, 2020). This followed the country's first reported COVID-19 case on 14 March 2020. On its part, South Africa

placed the country on lockdown to contain the transmission of the virus on 26 March, 2020 (Labschaigne & Staunton, 2020). On the same note, the government of Zimbabwe also declared the pandemic a national disaster on 19 March 2020 (GoZ, 2020).

The response to the COVI-19 pandemic in many countries, Eswatini, South Africa and Zimbabwe included, involved a raft of measures, not only to limit and prevent the spread of the disease, but also to mitigate its adverse impacts. Measures to limit and prevent social interaction and the spread of the virus followed the development of five phases or levels (from 1 to 5) aimed at navigating the COVID-19 response. These measures have involved the implementation of curfews, lockdowns and restrictions to movement. Responses to alleviate poverty, hunger and the loss of income as a result of the implementation of emergency measures have included the provision of food vouchers (South Africa) and emergency cash transfers. In some parts of South Africa and Eswatini they also continued the school feeding programmes (school meals) even though children were not going to school.

On its part, the government of Eswatini, put in place several measures including a budgetary allocation towards fighting the pandemic. The government also strengthened its health delivery system by recruiting several health personnel including doctors, nurses, environmental health specialists and paramedics. In addition, a total of 1,007 nurses, 147 medical doctors and over 3,000 rural health motivators have been trained on COVID-19 (Deputy Prime Ministers Office, 2020). Furthermore, development partners and donors including the United States' President's Emergency Plan for HIV/AIDS Relief (PEPFAR), United Nations agencies, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria, also committed funds amounting to approximately US$2.9 million to support the COVID-19 response

(World Bank, 2020). In addition, pre-existing social assistance programmes, namely the public assistance grant and the old age grant for people living in poverty are also expected to mitigate the negative impacts of COVID-19. There is also the social assistance scheme which is administered by the Department of Social Welfare, under the Deputy Prime Minister's Office. It provides for means-tested cash transfers for the poor and destitute and a universal pension for older persons from the age of sixty years. The social assistance programme is however limited in coverage, as it is means-tested and only provides for minimal benefits.

Zimbabwe also instituted a raft of policy, institutional and operational measures designed to arrest the pandemic and mitigate its impact especially on people living in poverty. Some of the specific measures adopted to fight the pandemic include a stimulus package of approximately US$20 million (United Nations Development Programme Zimbabwe [UNDP], 2020). In this connection, the government also provided US$2 million towards urgent and immediate importation of much needed health-related supplies (UNDP, 2020). It also approved the hiring of 4,000 health related personnel. Furthermore, it availed US$8 million per month, as cash transfers (over a period of three months) to cushion an estimated one million vulnerable households (UNDP, 2020). Beneficiaries were to receive ZWD200 per month, which translates to less than US$4 (Mhlanga, 2020).

Socioeconomic context: An overview

The Southern African region is made up of 15 nation states, with a population of 277 million (SADC, 2016). These are namely, Angola, Botswana, Democratic Republic of Congo (DRC), Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Seychelles, South Africa, Eswatini, Tanzania, Zambia and Zimbabwe. Although these countries are different in terms of their size geographically, as well as in their populations, they also have many characteristics in common. These include high and

increasing levels of poverty and food insecurity, inequality, unemployment, and prevalence of HIV and AIDS and other preventable diseases. Poverty in these countries, as elsewhere on the continent is pervasive, leading some analysts to contend that it has a home in Africa. Resultantly, most African countries are still ranked at the bottom of the human development index (Kreitzer, 2012).

As such, the majority of the people in these countries were already living in poverty, even prior to the onset of COVID-19 (Kidd & Sibun, 2020). Unfortunately, this state of affairs makes it difficult even for the most resilient, to cope and recover from the negative impacts of the pandemic. Eswatini, South Africa and Zimbabwe were selected for this study because of their membership in the Southern African Development Community (SADC) wherein member states share a common vision in responding to challenges confronting the region. Moreover, one of the objectives of SADC is to alleviate poverty and to promote the social inclusion of the poor and vulnerable in these countries, through regional integration (SADC, 2012). Furthermore, the three countries implemented emergency measures to respond to the COVID-19 pandemic almost at the same time, hence the choice for inclusion in this study.

The Eswatini Population and Housing Census Preliminary Results of 2017 showed that the country has a population of 1.1 million people. Eswatini is a lower-middle-income country ranked 138th of 189 countries in the 2019 Human Development Index (World Bank, 2020). As such, it is a country embroiled in deep poverty and vulnerability (Dhemba, 2018). Statistics from the Swaziland Households Income and Expenditure Survey [SHIES] reveal that 63% of the country's population is living in poverty. An earlier study carried out by the Multiple Indicator Cluster Survey [MICS] in 2010 showed that 70% of children in Eswatini live below the poverty line. The same study also revealed

that 80% of orphaned children were living in poverty.

Also worth noting and a contributory factor to poverty in Eswatini, is the high level of inequality obtaining in the country. The Gini-coefficient (measure of inequality) in the country stands at 0.51 (Ministry of Economic Planning and Development, 2006) which is among the highest in the world. Also compounding the situation of poverty in the country is the problem of perennial droughts that have been visiting the country over the years. This has contributed to food insecurity, as about 77% of the population depends on rain-fed subsistence farming for their livelihoods. Unemployment, which is also a contributory factor to poverty in Eswatini stands at 40% of the labour force (Khumalo, 2011). Furthermore, Eswatini is considered to be one of the countries with the highest HIV and AIDS prevalence in the world. About 26 percent of the population aged 18-49 years are infected (World Food Programme [WFP], 2019). Resultantly, there is a high number of orphans and vulnerable children in need of care and support.

On the same note, South Africa, which is home to about 56 million people (statistics for 2011) is economically superior to its counterparts in the region. It also has an advanced and comprehensive social protection system, with wide reach and coverage (The Presidency, 2011). Its social assistance programme catered for slightly over 16 million beneficiaries comprising of recipients of child grants and old age grants, among others (Noyoo, 2016). However, in spite of this laudable position, roughly about half of its population lives below the poverty line. Furthermore, South Africa also has to content with an unrelenting HIV and AIDS problem and increasing incidents of orphan hood as a result of the pandemic.

Zimbabwe, which has an estimated population of 16.3 million, is also classified as a low-income country (UNDP, 2018). Its socioeconomic profile is also characterised by widening and deepening poverty because of the protracted political and economic challenges the country is experiencing. The Poverty Assessment Survey of 2006 (such surveys are rare in the country) showed that 53% of households in urban areas and 65% of their counterparts in rural communities were living in abject poverty (Gandure, 2009). This situation has been exacerbated by the ongoing liquidity challenges in the country, a shrinking manufacturing and industrial sector and low foreign direct investment. Severe weather shocks, perhaps as a result of climate change, causing frequent droughts and the most recent cyclone *Idai* (March 2019) have impacted negatively on agriculture and people's livelihoods in general. In this connection, the United Nations estimates that more than half (8.5 million people) in Zimbabwe are food insecure. Hence, in an emergency operation WFP was appealing for US$130 million to provide food assistance to prevent millions of the country's most vulnerable people from sinking deeper into poverty and hunger (United Nations Zimbabwe, 2020).

Also making matters worse, in Zimbabwe is the perrennial underfunding of the Department of Social Services (DSS). This has rendered it ineffective in discharging its mandate and taking a lead role in the response to COVID-19. Efforts to mitigate the hardships caused by the pandemic, for people living in poverty, especially women and children, older persons, the unemployed and informal sector operators are constrained by the lack of both monetary and human resources. In fact, the DSS lacks the capacity to sustain the existing social assistance programme, and therefore cannot be expected to mount an effective response to the social and economic impacts of COVID-19.

On the same note, although very little primary data exists on the rate of unemployment in Zimbabwe, it is also a contributory factor to the low levels of development and the vicious cycle of poverty obtaining in the country. Using a western definition (not having a formal job) Gandure (2009) estimates unemployment in Zimbabwe to be around 80% of the labour force. Therefore, as such, given the prevailing socioeconomic conditions, it is likely to be difficult to arrest the unemploment problem in the country.

Furthermore, the deteriorating health infrastructure and human and financial capacity in Zimbabwe compromise access to care, not only for those infected and affected by the HIV and AIDS pandemic, but the population as a whole. On the same note, in spite of the decline in the HIV prevalence rate from an all time high of 26% in 2002 to 15.6 in 2007, there is an increasing phenomenon of orphans and child headed households as a result of the pandemic. Therefore, also of grave concern, is the incapacity of both traditional and formal systems to cope with orphans and vunerable children crisis (Gandure, 2009).

It is therefore comes as no surprise, that the International Monetary Fund cited by UNDP (2020) contends that COVID-19 is likely to make it even more difficult for Zimbabwe to strike a balance between policies aimed at bringing about macroeconomic stability and mitigating urgent social needs. Macro-economic stability is the *sine qua non* for increased economic growth and development, higher levels of both domestic and foreign direct investment, expansion in employment opportunities and poverty reduction (UNDP, 2020). Therefore, given that Zimbabwe's economy contracted by 6.5% in 2019, continued contraction would be disastrous for the self-employed, who constitute the majority of the country's labour force and the poor in general (UNDP, 2020).

Therefore, given this state of affairs, progress towards the achievement of Sustainable Development Goals (SDGs) targets by 2030 and the aspirations of Agenda 2063 is likely to be derailed, especially in resource poor countries in the global South. The impact of COVID-19 is also likely to be catastrophic in low-income countries as they lack effective health and welfare systems (Ladd & Bortoltti, 2020). Interventions to address the social and economic impacts of COVID-19 should therefore prioritise people living in poverty to ensure that no one is left behind in the recovery and development process.

The socioeconomic impact of the COVID-19 pandemic

Apart from its immediate public health impact, the social and economic impacts of the COVID-19 pandemic have been extensive, particularly in African countries. This is mainly because the health systems in these countries are under-resourced and therefore very fragile. The absence of comprehensive social protection measures to mitigate its negative consequences has also made the situation dire. Resultantly, COVID-19 has impacted almost every aspect of life including, economic, social, cultural, religious and psychological spheres. As such, the impacts are many and varied.

One impacted area is that of the provision of health care and services to the population in general. Notwithstanding the need to prioritise COVID-19 responses, this however has inadvertently disrupted the provision of routine health services at clinics, hospitals and other health centers as all the attention is directed to treatment and containing the spread of the pandemic. Resultantly, there is a likelihood of stock outs of essential drugs and medication for chronic patients. Limited or even lack of access to essential drugs and medication has also become the order of the day due to lockdown restrictions on movement. In the same vein, the gains

that had been achieved in the fight against HIV and AIDS are also likely to be reversed owing to lockdown measures and the lack of prioritisation of the procurement of ARVs. As an example, in the Limpopo Province of South Africa, organisations providing welfare services were requested to spend 10-15 % of their operational budget for the procurement of PPE, at the expense of other programmes (Stent, 2020).

The economies of the three countries have also been a major casualty of the COVID-19 pandemic, with growth likely to be depressed. McKinsey cited by UNDP Zimbabwe (2020) posits that without a financial stimulus, there will be a decline in the GDP growth in the African continent of 3-8 percentage point. The poor economic performance has also been exacerbated by the decline in tourism, which all along has been a major contributor to the GDP of Eswatini, South Africa and Zimbabwe as well. In Zimbabwe, the tourism sector generated an estimated US$1.4 billion in revenue, about 3.3 % of its GDP in 2018 (UNDP Zimbabwe, 2020). The promulgation of lockdown measures and restrictions on movement has dealt a major blow to the tourism industry in these countries as business has virtually ground to a halt.

The decline in economic performance has also resulted in unprecedented numbers of people facing unemployment, disease, poverty and hunger. Unemployment in the region, particularly youth unemployment was already threatening crisis levels prior to the onset of COVID-19. According to Grobbelaar (2020) South Africa recorded almost 2.9 million net job losses between February and April 2020. It is also significant to note that 1.9 million of these jobs were lost by women. The pandemic is therefore making matters worse, especially for countries that have not been doing well economically. In Eswatini, prices of consumer goods such as rice and other cereal products, meat products (mainly beef), sugar and edible oils and fats have gone up (Central Bank of Eswatini, 2020). This is attributed to shortages as a result

of lockdown measures affecting the movement and importation of goods and services, thereby making them unaffordable for the poor.

The closure of borders, has also impacted negatively on informal sector and cross-border trading. Cross-border trading generates substantial income and employment in many African countries that have failed to address the unemployment problem. These activities, often carried out by women and the youth, play a critical role in poverty alleviation, food security and the livelihoods of many households. Therefore, even though they are moves to ease the lockdown measures, including the reopening of borders, this is causing untold suffering among the poor.

Furthermore, poor households who depend on daily income to meet their basic needs have been thrown into destitution as a result of the implementation of these lockdown emergency measures. Moreover, even in situations where they are able to sale their wares, social distancing is not an option for informal sector operators as they work in environments that expose them to risks of contracting the COVID-19 virus. Therefore, in essence, the loss of jobs is not only restricted to formal employment but informal jobs as well, which in itself is a destruction of livelihoods as the poor will not have any other means for survival. Given this state of affairs, poverty among children, older persons, people with disabilities and the unemployed will increase dramatically.

Another impacted area in the response to the COVID-19 pandemic is that of gender-based violence (GBV). Rasool (2020) contends that gender-based violence has tripled internationally since the onset of the pandemic. This is confirmed by the high numbers of reports of GBV in South Africa. In the first three weeks of lockdown, 120,000 calls were made to the GBV toll-free emergency hotline in South Africa (Rasool, 2020). In Eswatini, Swaziland Action Group Against Abuse (SWAAGA) had to lobby

the government for domestic violence services to be recognised as essential services, which fortunately was approved.

COVID-19 and the social work response

The role of social workers varies enormously in countries around the world. Their role depends largely on the balance of employment in governmental and non-state organisations, the recognition of the profession and the political and economic regime in a particular context (Banks, Cai, de Jonge, Shears, Shum, Sobocan, Strom, Truell, Uriz & Weiberg, 2020). Nonetheless, the role of social workers is not static or fixed, as they have to create and assume new roles in response to emerging social problems and challenges, COVID-19 included. Moreover, social work is a welfare profession concerned with issues of social justice and human wellbeing. Therefore, to this extent, social workers are critical role players, both directly and indirectly, in the response to the COVID-19 pandemic, spanning containment, mitigation of negative impacts, recovery and building resilience to future shocks.

The primary social work roles are therefore involvement in multi-professional collaborative efforts to reduce infection risks and related harms, and addressing the social and economic consequences of the pandemic. This involves *inter alia,* promoting the observance of human rights, advocacy for comprehensive social protection measures and identifying, responding and ensuring ongoing psychosocial support for those infected and affected by the pandemic. Also critical is working with communities to strengthen their resilience and recovery from the social and economic impacts of COVID-19. These roles are articulated below.

First, social workers should collaborate with medical and public health practitioners in taking care of patients and their significant others. In this vein, social work has a vital and well-established role

in supporting medical professionals and public health services to contain, as well as mitigate the adverse impacts of the pandemic (O'Leary & Tsui, 2020). Social workers should be in the frontline in the provision of services in this time of the COVID-19 pandemic, in order to safeguard the health and wellbeing of their service users. As such, social workers should collaborate with other stakeholders in raising community awareness, care and psychosocial support for patients and survivors of the pandemic. However, in performing their roles, it is essential that social workers also consider their own health and wellbeing. It is important that they take all the necessary precautionary measures to remain safe and virus free.

Second, social workers must ensure that the human rights of the people are not violated under the guise of containing the spread of the COVID-19 pandemic. Fundamentally, social work is a human rights-based profession. As such, the ethics, values and objectives of social work are grounded in upholding human rights (Wronka & Bernasconi, 2012; British Association of Social Workers [BASW], 2020). In this connection, the Universal Declaration of Human Rights of 1948 attests to the inalienable right of all human beings to life, health, protection from abuse, freedom of expression and movement among others. Accordingly, social workers have a role in fighting against the injustice and discrimination experienced by some people during the pandemic (O'Leary and Tsiu, 2020). Therefore, on the same note, social workers have an ethical obligation to ensure that emergency policies and legislation often adopted to prevent the spread of the COVID-19 pandemic are implemented in a humane manner. In essence, they have a responsibility to speak out against human rights violations.

Third, the COVID-19 pandemic has exposed the lack of adequate social protection, particularly in African countries, and yet it is generally understood to be affordable if there is political willingness (Transform, 2017). The situation has also been

exacerbated by the low budgetary allocation to departments or ministries responsible for social welfare, typical of many African countries. Consequently, the pandemic has pushed the pre-existing social protection measures in these countries to the brink, as demand overwhelmingly exceeds their usual operating capacity. Therefore, due to the COVID-19 outbreak, social protection measures are needed more than ever before, to protect the most vulnerable in society from paying the biggest price.

Furthermore, given this state of affairs, social workers need to advocate for increased investment in social protection especially for people living in poverty. This is an imperative as social protection impacts on social outcomes and human development. It is also linked to economic development (Transform, 2017). Comprehensive social protection can therefore serve as a social buffer and economic stabilizer, given that it provides the much needed impetus for a swift recovery of the economy. It is thus viewed as a source of resilience, support for growth and productivity and as a mechanism for socioeconomic inclusion. Moreover, indications are that the socioeconomic impacts of COVID-19 are likely to be less severe in countries where comprehensive social protection exists. As such, recovery following the aftermath of the pandemic is potentially easier and faster countries with robust social protection systems, than where it is viewed as viewed as wasteful expenditure and therefore not prioritised. In essence, social workers should not accept the justification for the poor funding of social protection programmes on the basis of inadequate financial resources. Funding for social protection should not be based on the available fiscal space or financial envelope of the state, but rather on the needs of the people.

Fourth, given that social workers have a commitment to social justice, they have a responsibility to identify, respond and provide support to individuals, population groups and communities at risk

of poverty, social dysfunction and distress, as well as social exclusion. This includes older persons, orphans and other vulnerable children, people living with disabilities and those with underlying health conditions such as diabetes, hypertension and epilepsy.

In addition, with regard to those with health conditions, social workers have a key role of ensuring that they have uninterrupted access to their medication and discontinuation of treatment should not be an option. In this connection, it is also documented that people who have experienced public health emergencies may experience varying degrees of stress disorders, even after the episode, which suggests the need for continued support (Duan & Zhu, 2020). Furthermore, as the initial COVID-19 control measures are eased, and deaths and infections decrease, social workers have to be prepared for a surge in demand for their services from all quarters, including children returning to school and those who will have lost their jobs.

Social workers also have an ethical obligation to ensure provision of sufficient resources to the poor and vulnerable people in society, including those infected and affected by the COVID-19 pandemic (Reyneke, 2010). Hence, they should be in the forefront in the response to the pandemic, providing both material and emotional support, as well as social networks to those affected (O'Leary & Tsui, 2020).

Fifth, social workers also have a role to play in working with communities in an effort to support their resilience and recovery from the pandemic. This involves strengthening civic society by encouraging volunteering and mobilizing external support from government and non-governmental organisations. It is also necessary to support livelihoods during and after (aftermath) the COVID-19 pandemic. In doing so it is important for social workers to do their work in innovative ways. This includes the use of

technology and social media to communicate with service users, in order to avoid the spread of the disease to themselves and also to the vulnerable communities.

Sixth, and related to the above, is the fact that social workers have a role to establish new and safe forms of communication with service users. This is particularly important given the risk of COVID-19 contagion for both practitioners and service users. The "new normal" requires the use of digital platforms, which however can be a challenge for social work service users as they may not have access to these gadgets, because of the poverty they find themselves in. Social workers should therefore be innovative and come up with appropriate and safe forms of communication and interaction with service users and other stakeholders.

Seventh, though it is uncertain when the pandemic will come to an end and if at all a cure will be found, there is still need to strengthen current responses and also to think about post COVID-19 recovery and sustenance measures. In this vein, social workers, alongside other professionals and practitioners have a key role to identify best practices and services from the COVID-19 experiences. This is critical for effective responses to both current and future public health emergencies, as this may not be the last pandemic of its kind in this era of global warming and globalization.

Eighth, given that conditions of lockdown have exacerbated the intensity and incidence of gender based violence internationally (Rasool, 2020), it is important for social workers and the police to establish hotlines (call centers) to enable victims to report and receive counselling support. Pathways for help and access to services, especially for women and children, older persons and people with disabilities are limited owing to COVID-19 imposed

travel restrictions. Hence, social workers have an ethical responsibility to ensure that victims of gender based violence can reach out online for help. In the same vein, social workers must also advocate for the profession to be classified as an essential service. This helps to ensure that social workers are able to reach out to their service users.

Conclusion

Though it is not known yet when a cure for COVID-19 will be found and what will happen in the future, it is self-evident that physical health, social activities, economic productivity and political stability are threatened by the continued existence of this virus. It should also be known that while all human beings are vulnerable to contracting COVID-19, the pandemic disproportionately affects women and children, older persons, people with disabilities, the unemployed and the poor in general, who are forced to pay the ultimate price. Furthermore, an important lesson that should be learnt from this experience is that it is the state's responsibility to establish comprehensive social protection measures, to enable casualties to cope and recover from the deleterious effects of such pandemics. It can therefore not be argued that there are no resources for social protection, as it is the demand for such services which should determine what is allocated and not the amount of resources left after everything else has been provided for. As such, investment in social protection is critical in promoting an inclusive society where no one is left behind. This will also help to achieve the targets of the 2030 Agenda for Sustainable Development.

References

African Economic Conference [AEC], (2020) Africa beyond COVID-19: Acceleration towards inclusive sustainable development (Concept note and call for papers). Addis Ababa: African Development Bank Group, Economic Commission for Africa.

Banks, S., Cal, T., de Jonge, E., Shears, J., Shum, M., Sobocan, A. M. Strom, K., Truell, R., Uriz, M. J. & Weiberg, M. (2020) Ethical challenges for social workers during COVID-19: A global perspective. Rheinfelden, Switzerland: International Federation of Social Workers.

British Association of Social Workers [BASW], (2020) The role of social workers in a pandemic and its aftermath: Learning from COVID-19. UK: BASW.

Central Bank of Eswatini (2020) Quarterly review. March 2020.

Deputy Prime Ministers Office [Eswatini], (2020) Partial Lockdown Update. Available: http://www.gov.sz/index.php/latest-news/204-latest-news/2430-partial-lockdown-update-covid-19-01-april [Accessed 5 April 2020].

Dhemba, J. (2018) Social protection policies and programmes in Southern Africa: The case of four country experiences. *Journal of Social Development in Africa,* 33(1):107-130.

Duan, L. & Zhu, G. (2020) Psychological interventions for people affected by the COVID-19 pandemic. *Lancet Psychiatry.* Available: https.//doi.org/10.1016s2215-0366(20)30073-0.

Gandure, S. (2009) Baseline study of social protection in Zimbabwe. A report prepared for the Social Protection Technical Review Group (SPTRG) of the Multi-Donor Trust Fund. Harare: SPTRG.

Gonese, T., Shivamb, A. & Merkotter, A. (2020) A legal overview of the impact of COVID-19 on justice and rights in South Africa: SALC policy brief. Johannesburg: Southern Africa Litigation Centre.

GoZ (2020) Civil protection (Declaration of state of disaster: Rural and urban areas of Zimbabwe) (COVID-19) Notice 2020. Statutory Instrument76 of 2020. CAP.10:06

Khumalo, T. (2011) Developing a strategy for urban youth employment in Swaziland. *University of Swaziland Research Journal,* 26, Special Publication.

Kidd, S. & Sibum, D. (2020) What has the COVID-19 crisis taught us about social protection? Social Protection Newsletter, Issue No. 29. April 2020.

Kreitzer, L. (2012) Social work in Africa: Exploring culturally relevant education and practice in Ghana. Calgary: University of Calgary Press.

Labuschaigne, M. & Staunton, C. (2020) COVID-19 State of disaster in South Africa. Available: verfassungsblog.de/covid-19-state-of-disaster-in-south-africa/ [Accessed 24 May 2020]

Ladd, P. & Bortolotti, E. (2020). Protecting and supporting vulnerable groups through the COVID-19 crisis. Geneva, Switzerland: United Nations Research Institute for Social Development [UNRISD].

Lloyd-Sherlock , P., Ebrahim, S., Geffen, L. & McKee, M. (2020) Bearing the brunt of covid-19: older people in low and middle income countries. *British Medical Journal,* 1-2.

Mhlanga, B. (2020) $200 cushion is all we have: Govt. Available: https://www.newsday.co.zw/2020/04/200-cushion-is-all-we-have-govt/ [Accessed 27 April 2020].

Ministry of Economic Planning and development [Eswatini], (2006) A poverty reduction strategy and action programme

(Volume 1). Mbabane: Ministry of Economic Planning and Development.
Noyoo, N. (2016) Creating sustainable pathways for beneficiaries of the child support grant (CSG) in South Africa. Lusaka: Southern African Social Protection Experts Network (SASPEN).
O'Leary, P. & Tsui, M. (2020) Ten gentle, reminders to social workers in the pandemic. *International Social Work,* 63(3):273-274.
Rasool, S. (2020) The ongoing challenge of violence against women and children in South Africa. Why are we deeper in crisis? *The Thinker*, 84, 65-69.
Reyneke, R. P. (2010) *Social Work values and ethics*. In: Nicholas, L., Rautenbach, J. & Maistry, M. (Eds.). Introduction. Claremont: Juta and Company Limited. pp 231-248.
Southern African Development Community [SADC] (2016) About SADC. Available: http://www.sadc.int/about-sadc/ [Accessed 20 August 2018].
Southern African Development Community [SADC] (2012) SADC objectives. Available: sadc.int/about-sadc/overview/sadc-objective/ [Accessed 12 March 2020].
Stent, J. (2020) Old age homes on the brink of collapse as provinces cut funding. Available: https://groundup.org.za/article/old age. [Accessed 20 July 2020].
The Presidency, (2011) National development plan-2030. Pretoria: The Presidency.
Transform, (2020) Financing and social management systems-Manual for a leadership and transformation curriculum on building and managing social protection floors in Africa. [Online]. Available: http://socialprotection.org/institutions/transform.
United Nations Development Programme [UNDP], (2018) Comprehensive national study on urban resilience and developing urban resilience national strategy in Zimbabwe. Available: http://procurement-

notices.undp.org/view_notice.cfm?notice_id=52146. [Accessed 5 April 2019.

United Nations Development Programme [UNDP], (2020) Policy brief: A preliminary assessment of the socioeconomic impact of Coronavirus (COVID-19) on Zimbabwe 001/2020. UNDP Zimbabwe.

United Nations Zimbabwe, (2020) WFP News Release Urgent international support needed to prevent millions of Zimbabweans plunging deeper into hunger. Available: https://www.zw.one.un.org/newsroom/news/wfp-news-release-urgent-international-support-needed-prevent-millions-zimbabweans. [Accessed 10 April 2020].

Vetten, L. & Grobbelaar, M. (2020) Rapid assessment on the financial status of non-profit organisations providing social work services. South Africa: Care Work Campaign & National Coalition of Social Services.

WHO (2020) Director General's opening remarks at the media briefing on COVID-19. Available: https://www.whoint/dg/speeches/detail/who-director-general-s-opening-.remarks-at-the-media-briefing-on-covid-19-11-march-2020. [Accessed 20 May 2020].

World Bank, (2020) The World Bank Eswatini COVID-19 Emergency Response Project (P173883), Washington: World Bank.

World Food Programme, (2019) World Food Programme Eswatini Country Brief. Available: https://docs.wfp.org/api/documents/WFP-0000109870/download/?_ga=2.178287783.2096585617.1588518487-1990306251.1565175356 [Accessed 12 April 2020].

Wronga, J. & Bernasconi, S. (2012) Human rights. In: Lyons, K., Hokenstad, T., Pawar, M., Huegler and Hall, N. (Eds.). *The Sage Handbook of International Social Work*. London: Sage. pp 70-84.