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**Social Protection in Zimbabwe: daunting challenges and emerging approaches.**

The social protection system in Zimbabwe can best be understood within the socio-political environment that underpins it. To that end, it is beneficial for the reader to have a brief historical background of Zimbabwe’s socio-economic and political trajectory.

At independence in 1980, the government inherited a relatively developed and diversified economy by African standards. The manufacturing sector and agriculture were the largest employers and contributors to the country’s GDP. The inherited economy had, however, been molded on a philosophy of white supremacy, which resulted in a relatively well-developed and modern formal sector employing one million people, a third of the labour force, coexisting with an underdeveloped and backward rural economy, home to 70% of the black population. The high levels of race-based inequality were the key feature of the social landscape. To address the daunting social challenges the new government substantially increased social spending, particularly in the areas of housing,

education and health services. Some social services, like primary health care and education, were provided free of charge. But the government was unable to match the increased social expenditure with corresponding revenue inflows, making the budget highly dependent on domestic and international borrowing. Moreover, the informal sector represented the dominant segment of the economy.

Over the past decades, the Zimbabwe economy has been mired in a vicious cycle of policy inconsistencies, lack of funding and economic contraction. The economic regression and paralysis brought about increased poverty, which in turn increased social and economic marginalization in society. The rapid deterioration in the socio-economic and political environment culminated in a hyperinflationary situation and the ultimate "dollarization" of the economy. However, although the economy has demonstrated signs of recovery since the formation of the Inclusive Government in February 2009, the recovery has been weak in scale in comparison to the negative impacts already caused by the contraction.

In Zimbabwe, like in most African countries, the establishment of social protection was shaped to a great extent by a colonial heritage, with its extended benefits to white expatriates, before coverage was extended to African workers. The benefits were also limited to the urban areas and formal sector employment, leaving the majority of the workers beyond the scope of any coverage. The extended family, which has traditionally played an important role in the provision of social protection, has been weakened significantly over the years in the face of migration, the continued informalization of the economy and the highly detrimental impact of the HIV/AIDS pandemics.

At independence in 1980 the government sought to redress the colonial imbalances in the provision of social protection through the extension of protection to the marginalized majority. However, the social protection assistance in the post-independence era has undergone massive changes. During the first decade after independence, the social protection system was created in the form of social "safety nets" to provide assistance in emergencies. The concept was later expanded, following the adoption of the Economic Structural Adjustment Programme in 1991, with the establishment of the Social Dimensions of Adjustment (SDA). SDA was designed to mitigate the impact of structural adjustment on vulnerable groups. In the face of mass poverty and deprivations, the programme failed, however, to achieve its intended results. By mid-1993 it had reached only 4% of its targeted population for food assistance and only 20% for school fees. The employment arm of the programme had created less than one thousand jobs, so formal employment continued to decrease. Seriously underfunded and overly focused on the country's capital city, Harare, the programme failed by and large to cope with the rising incidence of poverty. The introduction of user fees at health centers and in schools resulted in a decline in social service delivery.

In an effort to address the deficiencies of the SDA programme, the government replaced it with another scheme -- the Poverty Alleviation Action Plan (PAAP) in 1995. The key objectives of PAAP were: community development through social mobilization; the development of community infrastructure; capacity building; promoting micro-enterprises and informal sector development through credit and technical assistance; poverty monitoring and strategic planning. Social safety nets were promoted to deal with problems in health, education and food security for poor families. However, the PAAP also failed, owing mainly to a lack of funding.

Other factors that led to the failures of government social protection interventions included:

- Lack of coordination, incoherence and the sectoralization of social protection. For example, two parallel management structures existed within the responsible ministry, making management a complex task.

- Lack of mutually supportive and clear policy objectives on social protection, which led to disjointed approaches.
- Inaccurate targeting of beneficiaries.
- Limited political will, as verbal policy pronouncements were not supported by budgetary funds.
- Lack of transparency and accountability, which led to high levels of corruption and inefficiency.

In 2001, following the technical assistance provided by the World Bank, the government introduced the Enhanced Social Protection Project, whose key components were:

- Basic Education Assistance Module (BEAM), which aimed to reduce the number of children failing to attend school owing to a lack of school fees and other school-related necessities.
- Children in Especially Difficult Circumstances, which was aimed at the identification of and provision of assistance to children in difficult circumstances through community support.
- Public Works Component, which sought to put in place intensive public works that offered employment to the poor.
- Emergency Drugs and Medical Supplies.
- Social Protection Strategy

However, external assistance for the enhanced protection programme was made conditional on the government paying the arrears on its debt to the World Bank. Failure to do so led to the suspension of the programme a couple of years after its inception. The government has, however, continued to implement the BEAM programme, albeit with scaled-down resources. To a large extent the government has limited its efforts to providing social assistance to orphans and vulnerable children, whose ranks swelled owing to the HIV/AIDS pandemics.

In September 2011, in a collective move to address the unmet basic and social needs of orphans and other vulnerable children, the Inclusive Government of Zimbabwe, the international donor community comprising the Governments of Netherlands, Sweden, United Kingdom and the European Commission, and UNICEF unveiled a massive social protection response mechanism for Zimbabwe's most vulnerable children. The National Action Plan for Orphans and Vulnerable Children Phase II, covering 2011-2015, implemented with support from the Child Protection Fund, integrates action to help families cope with risks and shocks through three main interventions: a) cash transfers to the poorest families; b) education assistance through the Basic Education Assistance Module and c) child protection service delivery for child survivors of abuse, violence and exploitation.

Of the \$75 million needed for the Child Protection Fund for the next three years, only about half (\$45 million) has been mobilized from donors. There remains a gap, however, which needs to be plugged in order to ensure full national coverage of this programme. The National Action Plan II, led by the Ministry of Labour and Social Services, seeks to reach more than 80,000 households. Under the programme, a range of vulnerable households, such as child-headed households, grandparent-headed households, households with large numbers of dependents and those with chronically ill or persons living with disabilities, are provided with social cash transfers of up to \$25 per month per household in order to help families meet immediate needs for food and health care.

The Harmonized Cash Transfer Programme is a key programme pillar of the revised National Action Plan for Orphans and Vulnerable Children 2011-2015 and its accompanying Child Protection Fund. There are over one million orphans in Zimbabwe and only 527,000 of them currently have access to some external support. The roll-out of cash transfers commenced at the end of November 2011 in the 10 poorest districts in each of the country's 10 provinces, covering one district per province with a total population of approximately 231,657 households (according to the 2002 census).

The notable positive contributions of the Harmonized Cash Transfer programme, which is a conditional cash transfer scheme, include the fact that the beneficiary families have access to some cash, which they would never have been able to raise in a month. As a result, there is improved food consumption, a decrease in the number of school dropouts and a multiplier effect is realized, as the local economy improves and community members buy goods and services from each other and money circulates within the communities. However, a notable challenge is the fact that the \$25 monthly allowance is way below the amount needed to meet the basic needs of a family, given that the current poverty datum line in the country is \$540 and that most of the funds are donor pooled, since the government has no capacity to meet them. As a result, the sustainability of the programme is compromised.

A fragile recovery in the economy of Zimbabwe, amid existing political and economic uncertainties, coupled with high debt overhang and deeply-rooted structural problems, put the issue of social protection at the forefront of national concerns. The limited coverage of the existing social security schemes (only about 17 per cent of the labour force is covered), the predominance of the informal economy and the existing bias against workers in rural and informal areas make the Social Protection Floors (SPF) initiative advocated by the ILO in its Recommendation 202 a highly desirable option. While the country can hardly afford the introduction of some comprehensive social protection schemes outright, given the state of its economy, which is slowly emerging from a recent collapse, the step-by-step actions towards basic income security and provision of essential services are highly desirable and might be quite affordable — as proven by a number of low income countries that have introduced such schemes. When over three quarters of the population live below the poverty line, as it is in Zimbabwe, the system of social protection has to address structural vulnerabilities, representing a viable option in improving the lives of millions in a foreseeable future, and creating a springboard for economic and social advance. More than anything else the SPF challenge is a problem of strategic thinking and the political recognition of socio-economic significance of social protection for poverty reduction and human development. The introduction of an integrated set of social policies such as SPF could help, not only in achieving more equitable development, with people at its center, but also in overcoming incoherence, parochial thinking, lack of budgetary allocations, and the lack of coordination in the provision of social assistance, making it eventually more effective.

***Opinions expressed in this article are those of the author and do not necessarily reflect views of the ICSW Management Committee***

➤ **ICSW regional conferences**

June 2013 was an eventful month for the International Council on Social Welfare in terms of high-level regional conferences. First, from 17 to 18 June, the Middle East and North Africa (MENA) ICSW convened in Rabat, Morocco, its third Forum on the theme "Civil dialogue in Arab societies: experiences compared" ("Le dialogue civil dans les sociétés arabes, expériences comparées").

It was followed by the conference of the ICSW of the North and East Asia (NEA) region in Seoul, Republic of Korea, convened by the Korea National Council on Social Welfare on 21- 23 June to discuss the challenges of social welfare and social protection policies in the region.

The Forum in Rabat was devoted to a hot political issue — the significance of a civil dialogue in the Arab region as well as the comparison of the respective experiences and practices. It brought together representatives of Egypt, Lebanon, Morocco, Mauritania, Jordan, Mauritania, the Palestine Authority, Tunisia and Yemen. The choice of the priority theme for discussions reflected a growing recognition of the importance of the civil dialogue in Arab societies in the aftermath of the “Arab spring” and uncertainties about existing political choices and trade-offs. The meeting also highlighted the role that civil society can play in promoting democratic development and popular participation.

Countries in the region are learning that civil society is not only a fundamental element of political democracy but is also intertwined with democratic forms of governance. The openness of the political debate, which by itself is one of the pre-requisites of democracy, is an important element in offering participants equal opportunities to influence public opinion.

The culture of civil dialogue is very important, along with a culture of democracy in which national dialogue can flourish. The capacity to resolve conflicts peacefully needs to be improved, or even built from scratch, when there is a history of violence. When there are established channels that enable citizens to engage in the national dialogue or when it is possible to establish such channels, it becomes easier to learn the skills necessary for conducting the dialogue.

It was also noted that, quite often, confrontations on the streets are the result of inequality, widespread corruption and the marginalization of some groups in society. So, dedicated efforts at the national level are required to address the socio-economic roots of the crisis, before it starts breeding confrontation and violence.

The discussions at the NEA conference in Seoul covered a range of issues pertinent to social protection in the region, including in particular, the issues of long-term care for the elderly, financial aspects of care provision, management aspects of care administration and issues of professional training.

It was noted that changes in demographic landscape and social structures in the countries and territories of North and East Asia made it necessary to address the growing challenges posed by ageing. Low fertility and changes in family and household structures, with unavoidable limitations in care provision, make the hospitalization of frail elderly persons in nursing institutions one of solutions, with the expected growth of healthcare expenditure. Long-term care insurance for senior citizens is seen as one of the preferred options for dealing with the escalating costs of hospitalization and long-term care provision. For example, in the Republic of Korea, thanks to the introduction of the long-term care insurance system in 2008, senior citizens, who had previously received the minimum level of care services with the government budget, can now choose services beyond the minimum level, also exercising substantial autonomy. It was argued that the new system for older persons has concentrated on the quantitative expansion of eligible beneficiaries and the stabilization of legal operation mechanisms.

Another example is Japan, where the 2005 revision of its Long-Term Care Insurance Act was geared at promoting efficiency and enhancing the sustainability of the system by transforming it into a prevention-oriented one based on the existing principle of “support for independence” and “respect for dignity” and by establishing new service systems such as the establishment of service centers for comprehensive support on a regional basis. New revisions of the Act done in 2012 emphasized the connection between local comprehensive support systems and local care-givers,

finding effective ways to prevent long-term hospitalization, e.g. by establishing supporting systems for seniors residing in their homes.

The discussions and analysis of best practices at the Seoul conference also dealt at length with issues of governance, the training of long-term care professionals, and issues of continuing education.

➤ **European Union: proposals on financing for poverty eradication and sustainable development**

In mid-July the European Commission adopted a new Communication proposing a common EU approach to financing poverty eradication and sustainable development after 2015, once the Millennium Development Goals (MDGs) expire. Aimed at developing a common EU approach to financing issues in international discussions, the new document offers reflections on how a global approach to financing poverty eradication and sustainable development could be structured, which international processes can best contribute and what financial resources are available and could be mobilized from domestic and international public and private sources.

The Communication builds on the recently released policy document "A decent life for all: Ending poverty and giving the world a sustainable future", where the emphasis is not on "what" to put in to the future development framework, but rather on "how" to finance it.

The Communication supports updating the comprehensive approach of the Monterrey Consensus (2002)/ Doha Declaration (2008) on Financing for Development (previous international agreements on development financing) to include sustainable development. Some key proposals are as follows:

1. Financing must go hand-in-hand with policy-making to bring about results, (in other words recognizing that money alone won't solve policy bottlenecks).
2. Comprehensive coverage of all financing sources available is required, be it public domestic finance, public international finance or private finance. This means that attention should not be focused solely on public finance such as Official Development Assistance (ODA), because that in itself constitutes only 2% of the total finance available in developing countries. However, ODA still remains an important source of financing for low income countries (LICs).
3. A global approach to financing should leave it to countries to decide their own resource prioritization in selecting policy goals.
4. Different policy goals are mutually reinforcing, and therefore synergies between them should be supported, so that each euro spent in a specific policy area can have positive effects in other policy areas (e.g. better food security is essential for poverty eradication and can be achieved through better preservation of land, biodiversity and forests, which may in turn help combat climate change).
5. Official development assistance should be rebalanced towards countries most in need, with emerging economies and upper middle income countries contributing their fair share.
6. Enhanced transparency and mutual accountability of all finance at the national and global levels is necessary to ensure that this is used more effectively.
7. International financing discussions on tackling global challenges can be linked within an overarching setting that builds on and remains consistent with the financing for development process of Monterrey and Doha to develop a comprehensive and integrated approach to financing. That will ensure more coherence and coordination of specific financing and ongoing international negotiation processes.

**For more information:** [http://europa.eu/rapid/press-release MEMO-13-688\\_en.htm](http://europa.eu/rapid/press-release_MEMO-13-688_en.htm)

➤ **Useful resources and links**

A new report prepared by the Asian Development Bank (ADB) analyzes government social protection programs in 35 countries in Asia and the Pacific. The ADB used its Social Protection

Index to help assess the nature and the effectiveness of those programs, as well as to facilitate cross-country comparisons. Strengthening social protection represents a priority contribution to achieving inclusive growth, one of the three main pillars of ADB's Strategy 2020.

For more information please go to:

<http://www.adb.org/publications/social-protection-index-assessing-results-asia-and-pacific>

The report, "**Abuja +12: Shaping the future of health in Africa**", by the African Union (AU) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), reviews progress made since the AU's 2001 Abuja Declaration — in which leaders pledged to mobilize domestic and international resources for health and remove barriers to the AIDS response.

The new report highlights five main recommendations for a healthier Africa: unifying leadership, generating innovative financing, making smarter investments in health, strengthening human resources and ensuring that no one is left behind. Together, these recommendations aim to leverage health as a force for economic growth and social progress across Africa.

For further information please go to:

[http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/JC2524\\_Abuja\\_report\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/JC2524_Abuja_report_en.pdf)

For more details go to:

[http://econ.worldbank.org/external/default/main?pagePK=64165259&piPK=64165421&theSitePK=469382&menuPK=64166093&entityID=000158349\\_20130530132533](http://econ.worldbank.org/external/default/main?pagePK=64165259&piPK=64165421&theSitePK=469382&menuPK=64166093&entityID=000158349_20130530132533)

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