



GLOBAL DYNAMICS OF SOCIAL POLICY

# The State and the Imperative for Social Policy Reform in Africa

Edited by  
**Daniel Béland**  
**Rosina K. Foli**  
**Privilege Haang'andu**



**Global Dynamics  
of Social Policy** CRC 1342

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# Global Dynamics of Social Policy

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University of Bremen  
Bremen, Germany

Marianne Sandvad Ulriksen  
University of Southern Denmark  
Odense, Denmark

Carina Schmitt  
Professur für Politikwissenschaft, insb  
Universität Bamberg  
Bamberg, Bayern, Germany

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Daniel Béland • Rosina K. Foli  
Privilege Haang'andu  
Editors

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*Editors*

Daniel Béland  
Department of Political Science  
McGill University  
Montreal, QC, Canada

Rosina K. Foli  
Department of Political Science  
University of Ghana  
Legon, Ghana

Privilege Haang'andu  
Canadian Institutes of Health  
Research, Government of Canada  
Ottawa, ON, Canada

Universität Bremen



ISSN 2661-8672

ISSN 2661-8680 (electronic)

Global Dynamics of Social Policy

ISBN 978-3-032-02431-2

ISBN 978-3-032-02432-9 (eBook)

<https://doi.org/10.1007/978-3-032-02432-9>

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## ACKNOWLEDGEMENTS

The editors of this volume warmly thank the editors of the *Global Dynamics of Social Policy* series, Delia González de Reufels, Marianne Sandvad Ulriksen, and Carina Schmitt, for their guidance and support. They also thank the anonymous reviewers for their feedback, and the contributors for their dedication and professionalism. Finally, they thank the members of the Palgrave editorial and production team for their work.

## Praise for *The State and the Imperative for Social Policy Reform in Africa*

“This rich volume is an indispensable resource for debates about social policy in Africa. To give just one example of many eloquent analyses, one chapter finds COVID-19 lockdowns had a disproportionate negative effect on people with disabilities, who were not consulted on these policies. The authors call for voice for the voiceless: “nothing about us without us.””

—William Easterly—*Professor of Economics at New York University and Co-director of the NYU Development Research Institute*

“This volume provides a critical contribution to the debates and practicalities of establishing effective social protection in Sub-Saharan Africa. Taking the COVID-19 pandemic as a backdrop, it advocates for *state led* social policy, rather than informal local provision or external finance. Chapters outline traditional and emerging social policy sectors, constituencies and issues, and while acknowledging inter-country heterogeneity, the volume nevertheless argues for universal and holistic social policy reform. The book brings together an impressive range of established and new scholars, most of whom are African and many, working directly in the sectors about which they write. An excellent addition to the field.”

—Rebecca Surrender, Associate Head, *Social Science Division, Senior Research Fellow, Dept. Social Policy & Intervention, University of Oxford*

“Social policy plays a crucial role in governance and development by addressing societal needs, promoting social justice, and ensuring a basic standard of living for all citizens. The book examines a range of interventions, including health care, education, food security and housing in the context of development policies of African countries from the colonial period to the present day. The book makes an important contribution to understanding the challenges that governments and development agencies face as they develop social policies designed to promote economic development, social stability, and human development in their respective countries. The book examines the topics in the book with expertise and an interdisciplinary approach. It is a comprehensive, insightful, and significant contribution to governance and development studies.”

—Muna Ndulo, *William Nelson Cromwell Professor of International and Comparative Law; and Elizabeth and Arthur Reich Director, Leo and Arvilla Berger International Legal Studies Program, Cornell Law School*

“The essays in this volume provide valuable insights into the social policy landscape in Africa, particularly in the context of the COVID-19 pandemic. These range from the ideological underpinnings of the conceptions of ‘needs’ that framed social policy responses to the pandemic, to the role of automatic stabilizers, and the use of social media to mediate interventions. I highly recommend the volume; it is worth reading.”

—Jimi Adesina—*Professor and Holder of the South African Research  
Chair in Social Policy, University of South Africa*

# CONTENTS

<b>1</b>	<b>Introduction: Reconsidering Social Policy Reform in Africa</b>	<b>1</b>
	Daniel Béland, Rosina K. Foli, and Privilege Haang'andu	
<b>2</b>	<b>The Moral Politics of Need in Southern Africa</b>	<b>23</b>
	Jeremy Seekings	
<b>3</b>	<b>Automatic Stabilizers and Social Protection</b>	<b>51</b>
	Michael Kpessa-Whyte and Kafui Tsekpo	
<b>4</b>	<b>The Need for Transformative and Equitable Health Policy</b>	<b>77</b>
	Kadidiatou Kadio, Abdourahmane Coulibaly, Abdoua Elhadji Dagobi, Emmanuel Bonnet, and Valéry Ridde	
<b>5</b>	<b>Persons with Disabilities and Social Policy</b>	<b>101</b>
	Florence Ndagire and Privilege Haang'andu	
<b>6</b>	<b>Navigating the Terrain of Education in Post-COVID-19 Era</b>	<b>129</b>
	Titus Ogalo Pacho and Mahona Joseph Paschal	
<b>7</b>	<b>The Role of Transnational Actors in African Social Policy</b>	<b>147</b>
	Rosina K. Foli and Daniel Béland	

<b>8</b>	<b>Gender and Social Policy in Africa</b>	<b>165</b>
	Hellen Venganai and Abigail R. Benhura	
<b>9</b>	<b>The Fate of Sub-Saharan Migrants and Refugees</b>	<b>195</b>
	Babatope O. Adebisi and Ferdinand C. Mukumbang	
<b>10</b>	<b>The Politics of Socio-Economic Rights and Constitutionalism</b>	<b>215</b>
	Privilege Haang'andu and O'Brien Kaaba	
<b>11</b>	<b>Young People and Social Media for Social Change</b>	<b>241</b>
	Gregory Gondwe	
<b>12</b>	<b>Conclusion: The Future of Social Policy Reform in Africa</b>	<b>261</b>
	Privilege Haang'andu, Rosina K. Foli, and Daniel Béland	
	<b>Index</b>	<b>273</b>

## NOTES ON CONTRIBUTORS

**Babatope O. Adebisi** is a public health researcher and policy analyst with interdisciplinary expertise spanning public health, social sciences, and health systems. He holds a PhD from the University of the Western Cape (South Africa) in Public Health and a postgraduate certificate in project management. He is a researcher at the University of Calgary, where his work focuses on chronic disease management, digital health, and equity in child and youth mental health. Adebisi has led and contributed to multiple qualitative, quantitative, and mixed methods studies across South Africa and Canada, particularly in areas such as fetal alcohol spectrum disorders, parenting, migrant health, COVID-19, and health systems and policy. He has published extensively and presented his research internationally, aiming to bridge research, policy, and practice to advance health equity.

**Daniel Béland** is Director of the McGill Institute for the Study of Canada and James McGill Professor in the Department of Political Science at McGill University (Montreal, Canada). He has held visiting academic positions at Harvard University, Heidelberg University, the University of Bremen, the University of Nagoya, the University of Southern Denmark, and the Woodrow Wilson International Center for Scholars. Professor Béland is Editor of *Policy and Society* and Executive Editor of the *Journal of Comparative Policy Analysis*. A student of comparative fiscal and social policy, he has published more than 20 books and 220 articles in peer-reviewed journals.

**Abigail R. Benhura** holds a PhD in Conflict, Transformation and Peace Studies from the University of KwaZulu-Natal, South Africa. She has substantial experience in academia and research with a significant publication record and expertise in forced migration, vulnerable population groups such as women as well as women with disabilities, challenges in social protection/policy issues. She mainly focuses on migrants' lived realities, access to (or lack of) basic services and the general sociopolitical and economic implications of populations' involuntary mobility. She has also widened her research scope to encompass general coverage of social protection programmes and policies for marginalised population groups. As the current Dean of Students at the Women's University in Africa, she enhances student support services and governance, promoting inclusivity and diversity in academic involvement. She drives policy initiatives critical to student welfare and has facilitated the drafting of key institutional policies, creating frameworks conducive to student welfare.

**Emmanuel Bonnet** Emmanuel is a health geographer, a researcher at IRD (French National Institute for Sustainable Development) with international experience in spatial surveillance, GIS methodologies and spatial analysis. He is an expert in assessment of vulnerable populations especially in Africa. He proposes an assessment of intervention with a spatial focus using geographical methodologies.

**Abdourahmane Coulibaly** holds a doctorate in social anthropology and ethnology from the EHESS. He is a lecturer at the Faculty of Medicine and Odontostomatology in Mali. His work focuses on mother and child health, the analysis of the implementation of public health policies and hospital anthropology. Coulibaly has been involved in several multi-site research programmes covering several West African countries.

**Abdou Elhadji Dagobi** is a teacher-researcher at the Abdou Moumouni University of Niamey (since March 2015), and was scientific director of LASDEL from January 2015 to January 2020. He is the coordinator of the LASDEL Summer University since 2016 and a member of the organizing team of the LASDEL Professional School of Socio-Anthropology of Health (since 2015).

**Rosina K. Foli** is a senior lecturer at the Political Science Department of the University of Ghana. She has a doctorate in Public Policy from the Johnson Shoyama Graduate School of Public Policy, University of Saskatchewan. She has teaching and research experiences in public policy

analysis, political institutions, policymaking, developing country studies and global governance. Her research interests include social policy, governance and poverty reduction in sub-Saharan Africa and transnational policy processes. Her work has appeared in *Global Social Policy*, *Policy and Society*, and *Poverty and Public Policy*. Her current research focuses on exploring the impact of external actors on social policymaking in Africa; social policies, inequality and the COVID-19 pandemic in sub-Saharan Africa.

**Gregory Gondwe** is Professor of Journalism at California State University—San Bernardino, and a scholar with the Institute of Social Media Rebooting at Harvard. He researches contemporary media ecosystems in Africa with particular interest on how emerging trends shape media structure, journalistic practice, and civic engagement. His works include cross-national studies about mis/disinformation in sub-Saharan Africa related to gender, geo-location, age, and media literacy.

**Privilege Haang'andu** is a Senior Policy Advisor at the Canadian Institutes of Health Research, an agency of the Government of Canada. He also teaches at the Canada School of Public Service. He holds a PhD in Public Policy from the Johnson-Shoyama Graduate School of Public Policy at the University of Saskatchewan. He has taught Political Science in Canada, the United States, and in Zambia. His research interest is in the role of transnational policy actors in driving policy change in African institutions. He also researches democratisation and its pathways. He has published on institutions, democratization in Africa, and on social policy in internationally reputed academic journals. He has also published several book chapters. Priva served for several years as the governance and political advisor at the US Department of State.

**O'Brien Kaaba** holds an LLD in Law and is a lecturer in law at the University of Zambia and a senior research fellow at the Southern African Institute for Policy and Research (SAIPAR). He is an associate editor of the SAIPAR Case Review Journal, the only case commentary journal in the country focusing on reviewing decisions of superior courts in Zambia and in the African region. He teaches Constitutional Law, Jurisprudence, International Humanitarian Law, and Legal Process.

**Kadidiatou Kadio**, a researcher at Institute for Research in Health Sciences (IRSS) and the National Center for Scientific and Technologic Research (Burkina Faso), holds a PhD in applied human sciences from the

University of Montreal (UdeM), obtained in 2019. She completed a post-doctoral fellowship at the Dalla Lana School of Public Health (DLSPH) at the University of Toronto (UofT) from 2022 to 2024. Her research interests include social policy, health policy and systems, implementation science, evaluation and knowledge transfer. She also has experience in community intervention and participatory research approaches and has conducted extensive fieldwork for research on social health and social protection policies and universal health coverage.

**Michael Kpessa-Whyte** is an associate professor at the Institute of African Studies, University of Ghana, Legon, and the Director-General of Ghana's State Interest and Governance Authority. Previously, he advised the President of Ghana and directed the National Service Scheme. A prolific author in academic journals, Kpessa-Whyte is Co-Principal Investigator for the Gender Equitable Transformative Social Policy in Post-Covid Africa (GETSPA) project. This research, advocacy, and networking initiative spans over 30 African countries.

**Ferdinand C. Mukumbang** Mukumbang is an assistant professor in the Department of Global Health at the University of Washington. He specializes in health policy and systems research, focusing on implementation sciences. His research examines the dynamics and complexities of the political and social determinants of health, particularly among disadvantaged communities and populations such as migrants and adolescents. Additionally, Dr. Mukumbang is a methodological expert in the realist philosophy of science and realist-informed research, including realist evidence synthesis. He advocates for addressing health inequity and (epistemic) injustice through decolonizing global health.

**Florence Ndagire** is the first blind Ugandan female lawyer to acquire a doctorate. She is an ardent human rights and social justice advocate. With over 14 years' experience, Florence has contributed to policy dialogues, development of reports on legal capacity and support services at the office of the UN Special Rapporteur on the rights of persons with disabilities, and taught at Makerere University, and University of Iceland. As an International disability rights consultant, Florence Ndagire has contributed to the review of various laws and policies, including Mapping of gender related discrimination against women and girls with disabilities by UN Women of 2020; A Better World policy on International development by the Irish Aid, addressing the level and priority given to disability inclusion.

Florence Ndagire reviewed the Persons with Disabilities Act of Ghana, aligning it with the Convention on the rights of persons with disabilities. Her research interests include access to justice, legal capacity, reproductive health disability rights and migration.

**Titus Ogalo Pacho** is Senior Lecturer of Philosophy of Education at the School of Education and Human Resource Development, Kisii University, Kenya. He holds a PhD in Educational Science from the University of Hamburg, Germany, an MA in Philosophy from the University of Zimbabwe, and a Bachelor of Education (Arts) from Kenyatta University, Kenya. He is the author of two books: *Critical and Creative Education for the New Africa* (2013) and *Service-Learning in Higher Education in Africa* (2018). Additionally, Pacho has contributed numerous refereed articles to the field. He serves as a member of editorial boards and a reviewer for several academic journals. Pacho has held visiting scholar positions at Middle Tennessee State University (United States), the University of Hamburg (Germany), Tampere University of Applied Sciences (Finland), and Leiden University and Utrecht University (Netherlands).

**Mahona Joseph Paschal** is a distinguished educator, researcher, and author committed to driving transformative change in education at local and global levels. He holds a Master's degree in Education Management and Planning from St. Augustine University of Tanzania and a Bachelor of Arts with Education from Kampala International University. Mahona has published extensively on teacher education, technology-enhanced learning, global education, and language acquisition. As a certified teacher trainer, he is involved in teaching in various educational institutions such as University of Arts and Language in Lome, Togo, Department of Foreign Languages, V. N. Karazin Kharkiv National University, Kharkiv, Ukraine. Mahona has furthered his expertise through studies at renowned institutions like Arizona State University, USA and the University of Duisburg-Essen, Germany.

**Valéry Ridde** is Senior Research Fellow at CEPED (Université Paris Cité, IRD, Inserm, Université Sorbonne Paris Nord). He was an associate professor at the School of Public Health at the University of Montreal (2010–17) and a Visiting Researcher at the Cheikh Anta Diop University of Dakar (Senegal, 2019–24). His research focuses on universal health coverage, implementation science, policy evaluation and knowledge transfer.

**Jeremy Seekings** is Professor of Political Studies and Sociology, and Acting Director of the [Institute for Democracy, Citizenship and Public Policy in Africa](#) at the University of Cape Town and a Visiting Professor at Princeton University. His published work ranges across history, political science, sociology and economics, including work on the politics of welfare (or social protection) in Africa in the past and present. He co-edited *The Politics of Social Protection in Eastern and Southern Africa* (Oxford University Press, 2019) and a special issue of *Social Policy and Administration* on ‘States, citizens and social protection in Africa’ (2023).

**Kafui Tsekpo** is a Research Associate of the African Leadership Centre, Nairobi/King’s College, London. His research explores the dynamics between society and the state, focusing on how social and political actors and their interactions within the polity influences leadership, security, and development. Over the past decade, he has been involved in various research activities centred on issues of inclusivity, peace-building, nation-building and transformative development in Africa. He holds a PhD in Sociology from the University of South Africa, Pretoria.

**Hellen Venganai** is the Director for the Gender and Diversity Centre at Women’s University in Africa. She holds a PhD in Sociology from Stellenbosch University, South Africa; an MA degree in Development Studies in Women, Gender, and Development from the Institute of Social Studies, Erasmus Rotterdam University, Netherlands; an undergraduate degree in Sociology and Gender Development Studies from the Women’s University in Africa. She has a wealth of knowledge from academia as well as the NGO sector in the field of gender studies, women’s rights as well as gender policy analysis. Her research interests mainly revolve around gender, sexuality, culture, social justice, and development policies.

## LIST OF FIGURES

Fig. 3.1	Social protection response to COVID-19 crisis by function in Africa. (Source: ILO's Social Protection Monitor (See <a href="https://www.social-protection.org/gimi/ShowWiki.action?id=3426">https://www.social-protection.org/gimi/ShowWiki.action?id=3426</a> ))	65
Fig. 6.1	Preparation of a responsive curriculum. (Source: Modified from Gul & Khilji, 2020)	138
Fig. 11.1	Distribution of policy measures by daily and cumulative COVID-19 cases in Zambia. (Source: IFPRI (2020) and European Centre for Disease Prevention and Control, available at <i>Our World in Data</i> ( <a href="https://ourworldindata.org/coronavirus/country/zambia?country=~ZMB">https://ourworldindata.org/coronavirus/country/zambia?country=~ZMB</a> ))	244

## LIST OF TABLES

Table 2.1	The rights and responsibilities of citizens with respect to social protection	26
Table 3.1	Selected social protection interventions aimed at stabilization by some African countries in response to COVID-19	63
Table 3.2	Social protection response to COVID-19 crisis in African sub-regions	64



## CHAPTER 1

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# Introduction: Reconsidering Social Policy Reform in Africa

*Daniel Béland, Rosina K. Foli, and Privilege Haang'andu*

### INTRODUCTION

The dominant characteristics of social policy reform in sub-Saharan Africa (SSA) have sometimes changed dramatically over the years because, as in other parts of the world, they are shaped by shifting economic, political, and social forces that alter state actions and the ideological imperatives in which they are embedded. From decolonisation and nation-building after independence to structural adjustments to the implementation of the United Nations's Millennium Development Goals and, more recently, of the United Nations Sustainable Development Goals, social policy reform on the continent has witnessed gradual changes but also more sudden and

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D. Béland (✉)

Department of Political Science, McGill University, Montreal, QC, Canada  
e-mail: [daniel.beland@mcgill.ca](mailto:daniel.beland@mcgill.ca)

R. K. Foli

Department of Political Science, University of Ghana, Legon, Ghana  
e-mail: [Rfoli@ug.edu.gh](mailto:Rfoli@ug.edu.gh)

P. Haang'andu

Canadian Institutes of Health Research, Government of Canada,  
Ottawa, ON, Canada

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D. Béland et al. (eds.), *The State and the Imperative for Social Policy Reform in Africa*, Global Dynamics of Social Policy,  
[https://doi.org/10.1007/978-3-032-02432-9\\_1](https://doi.org/10.1007/978-3-032-02432-9_1)

dramatic episodes caused by global crises, including the recent worldwide pandemic.

Initially identified in the latter part of 2019, the SARS-CoV-2, popularly known as COVID-19, has challenged the very survival of countries while disrupting the accustomed ways of life and threatening social, political, and economic systems (United Nations, 2022). At the onset of the pandemic, there were concerns for SSA because, taking into account the nature of the virus and the healthcare requirements for managing the virus, relative to the available healthcare and other facilities, the outlook was grim (Berhan, 2020; Nordling, 2020).

In response to the challenges posed by the COVID-19 pandemic, African governments acted swiftly in providing responses. The most common tool at the height of the pandemic was lockdowns. Yet, with a high rate of informal economic activities, coupled with weak formal social welfare structures, the policy responses were biting (Daniel et al., 2020). Consequently, ad hoc measures were needed to deal with specific vulnerabilities such as homelessness, the threat of starvation, socioeconomic collapse, and the breakdown of the existing healthcare systems (Foli & Ohemeng, 2022).

In this context, several scholars consider the pandemic a “moment of reset,” calling for African countries to use the pandemic as an opportunity to reform (Ozili, 2020; Adam et al., 2020; Ganum & Thakoor, 2021). At the peak of the restrictions, most African countries that depend on imports saw a fall in some essential products. There was, thus, the imperative to consider internal sources of supply. Similarly, the exposed socioeconomic vulnerabilities serve as a call to reform existing social welfare systems.

Given the importance of an effective social welfare system in crisis situations like the one presented by the COVID-19 pandemic, this concise and interdisciplinary volume explores the imperative of social policy reform in Africa and the potential nature of such a reform. The volume is necessarily forward-looking. It studies changes that have been made before and during the pandemic, and those that need to be made towards protecting individuals, families, and communities against exposure to insecurity, poverty, and other vulnerabilities throughout their lifecycle.

This Introduction is divided into three main sections. The first section offers a brief overview of social policy development in SSA since the colonial era. The second section provides a short discussion of the COVID-19 pandemic and its aftermath on the African continent. Finally, the last section offers an overview of the chapters that comprise this volume.

## THE EVOLUTION OF SOCIAL POLICY IN AFRICA

While social policy is crucial in any pursuit of development, the evolution of social policy in SSA countries has gone through three phases, which align with the following historical eras: colonial, immediate post-colonial/independence, and structural adjustment and beyond. Each of these phases, as will be shown in the subsequent discussion, has been shaped largely by the context and, most importantly, by ideological underpinnings. Besides, it is worth noting that throughout these phases, social policy has comprised both formal and indigenous aspects. Formal social policy is governed by constitutional provisions and structured by formal political institutions, while indigenous social policy is based on kinship norms of communality, intergenerational support, and reciprocity. Rodney (1972) describes how livelihood challenges are shared communally with support provided by one's kinsmen among groups. Prior to the colonial incursion, the dominant form of social policy had been indigenous social policy. With the advent of colonialism and the establishment of colonial political institutions, a dual system of social policy emerged, where the colonial government (which later transitioned to an independent government staffed by nationalist leaders) supplied social provisions atop the existing kinship-provided social support (Anyidoho & Kpessa-Whyte, 2023).

Social policy was not a key consideration of the colonial government at the onset of the colonial project. The main motive was resource extraction, and so any policies or programmes put in place were incidental to the attainment of the objective of the colonial government. In most cases, there was a limited commitment to the provision of social welfare during the colonial era. However, there exist differences in the approaches adopted by the British and French in their respective colonies, which impacted their social policies. The adoption of indirect rule by the British means the local context dictated what was done in terms of social provisioning, and a distinction could also be observed between settler colonies and those that were not settler colonies. The French policy of assimilation recognised the colonies as extensions of the metropole, meaning policies were made centrally in Paris to affect both those on the mainland and those in the colonies. Consequently, during colonialism, the French typically created more extensive social security systems than the British (Bailey & Turner, 2002). It is further noted that the French government, for instance, considered social insurance in Dahomey around 1910 and decreed the establishment of provident funds in all of French West Africa (Maclean, 2002).

This notwithstanding, social policy during the colonial era was restrictive and pursued mostly in tandem with the colonial economic and political interests in the colonies. The adoption of the minimalist strategy, characterised by segregated social provisioning in some cases, means that indigenous systems of social support were key to the general social policy framework in place (Mkandawire, 2020). Consequently, the poor social development record of the colonial government became one of the key underpinnings of the struggle for independence. Although the process leading to the attainment of independence varied across the African continent, nationalist leaders who led this charge adopted similar policies.

In the immediate post-independence era, social policy was pursued as a catalyst for nation-building and economic development (Garba, 2007; Adésinà, 2009; Béland et al., 2018; Kpessa-Whyte, 2021). The dominant policy ideas at the time were nationalistic and developmental. In this context, policies and programmes were framed as universalistic. Most national leaders at the time concerned themselves with the trio of problems: poverty, ignorance, and disease. In a speech delivered at the opening of the Zimbabwean Conference on Reconstruction and Development in 1981, Prime Minister Mugabe declared, “We have much vital work before us. My Government is committed to clearing the stage and unleashing a vigorous attack on the evils of mass poverty, disease, and ignorance” (Mugabe, 1981). The intention to eradicate these ills was also communicated by leaders in Ghana (Kwame Nkrumah), Tanzania (Julius Nyerere), and Kenya (Jomo Kenyatta), among others. Nkrumah (1961, p. 123), for instance, stated: “My first objective is to abolish from Ghana poverty, ignorance and disease. We shall measure our progress by the improvement in the health of our people; by the number of children in school, and by the availability of water and electricity in our towns and villages, and by the happiness which our people take in being able to manage their own affairs. The welfare of our people is our chief pride, and it is by this that my government will ask to be judged.” Consequently, education and health took central positions in the social policies pursued in the immediate post-independence era, but such policies were promoted with an aim to economic development. Social policies were pursued as transformative tools to modernise the new independent states and also weave a common identity (Kpessa-Whyte, 2021).

From the late 1960s onwards, however, most African countries experienced economic crises, which culminated in the adoption of the IMF/WB’s structural adjustment and economic recovery programmes in the

1980s. The reforms, which were based on developmental advice from the international financial institutions, were neoliberal in outlook. They supplanted the nationalist ideas of development observed during the immediate post-independence era and instead promoted a minimal role for the state in social provisioning. Social service provision was subjected to the market logic. According to Adedeji (1999, p. 522), the programmes “began as a disjointed combination of quick-fix solution to Africa’s economic crisis and the stabilisation programme of the IMF, which had long been applied to industrialised market economies in distress with balance of payments difficulties.” The programmes negatively impacted African societies, erasing all the gains made in social policy during the immediate post-independence era. This resulted in a call for “adjustment with a human face” (Cornia et al., 1987; Noyoo, 2022). Subsequently, the World Bank introduced social dimensions as key considerations in adjustment programmes (African Development Bank, United Nations Development Programme, & The World Bank, 1990). This period also marked the entrenchment of international financial institutions and other development experts as key sources of development advice in SSA.

Generally, the call for reforms of the structural adjustment programmes, the assumption of social dimensions as key considerations in economic reforms by the WB and the global concern with poverty reduction/eradication, which led to the highly indebted poor countries (HIPC) initiative, poverty reduction strategy papers (PRSPs), and the establishment of the Millennium Development Goals (MDGs) in 2000, currently replaced in 2015 by the Sustainable Development Goals (SDGs), occurred hand in hand. The HIPC initiative requires that the countries that become part of the initiative prepare PRSPs that indicate how debt relief will be expended in social service provision (International Monetary Fund, 2014). This created a connection between debt relief and social policies. Besides, the general search for answers to the socioeconomic problems that developing countries were experiencing propped up social protection programmes as effective measures. Thus, these programmes, especially cash transfer programmes, have been promoted across the developing countries by various transnational actors (Foli, 2023).

The emphasis on the social protection function of social policy in Africa from the 1990s into the 2000s has restricted the deployment of social programmes for a much broader developmental purpose beyond protection, as observed during the immediate post-independence era (Adésinà, 2011). For developing countries, social programmes could be deployed

for several purposes, such as protecting the vulnerable, facilitating production, promoting reproduction, redistribution, and nation-building. The narrow focus on social protection, therefore, restricts the potential of social policy in also enabling economic growth. Within this restrictive social policy context, COVID-19 pandemics struck, with the first case recorded in Egypt on 14 February 2020 (Africa Centers for Diseases Control and Prevention, 2020). Major concerns were raised about the infrastructural deficits on the continent generally, and how this, as well as other challenges including shortages of health personnel, equipment, and drugs among others could affect the spread, and the fatalities associated with the pandemic (Gebremeskel et al., 2021; Lawal, 2021). Attention was also drawn to the living conditions of some societies and the weak social policy system in place. Consequently, the prognosis of how the pandemic would unfold in Africa was grim.

Even though the predictions of fatalities and how the COVID-19 pandemic would unfold in SSA did not manifest, there is a general acknowledgement of the need for reform across several sectors, including health and education. In the absence of a firmly established government-provided social policy framework, most African societies depend on the informal indigenous social policy systems. The COVID-19 crisis demonstrated how fragile these systems are, especially in situations such as the one that confronted societies during the height of the pandemic. With the majority of their livelihood sources disrupted as a result of pandemic-related restrictions, and without any statutory support forthcoming, the COVID-19 control measures became more challenging than the fear of the virus (Foli & Ohemeng, 2022). The effects of the pandemic have demonstrated the need for reforming social policy and expanding it beyond social protection to other functions such as productive, reproductive, redistributive, and nation-building functions.

## THE IMPACT OF THE PANDEMIC AND BEYOND

As different chapters in this volume demonstrate, acknowledging the inter-country variations in responses and impact, the COVID-19 pandemic disproportionately devastated SSA countries. With the constriction of economic activity resulting from lockdowns, the closure of domestic and international travel, and limitations in commercial activity, the pandemic imposed significant constraints on African countries' systems and their capacity to provide basic services such as healthcare, income support,

and food security (UN Economic Commission for Africa, 2021). The COVID-19 preventive measures, including border closures and movement restrictions resulted in serious disruption of supply chains (World Food Programme, 2022). All these measures disrupted income-generating activities and exacerbated food price increases in the markets (World Food Programme, 2022). Without factoring in the pandemic, healthcare in Africa is already not at a high level (Elbany & Elhenawy, 2021). The Centres for Disease Control and Prevention (Africa CDC) reports that only ten African countries provide free and universal healthcare to their citizens, while healthcare in 22 countries is neither free nor universal (Africa Centers for Diseases Control and Prevention, 2020).

The impact of COVID-19 on systemic failures had a disproportionate impact on the poor sections of African populations, especially those living in rural areas, women, children, unemployed, and persons with disabilities (Schotte & Zizzamia, 2023). According to the World Food Programme (2022), the proportion of people in West Africa living with less than \$1.90 a day increased from 2.3% in 2020 to 2.9% in 2021.

The pandemic has undoubtedly tested contemporary social policy instruments globally, but more so, those designed around post-colonial systems such as foreign-supported programmes, MDGs, SDGs, and others. To go beyond the pre-pandemic social policy systems in Africa, we need to depart from traditional analysis of these programmes and ask the rarely asked questions. For example, how can African countries end reliance on donor aid to support their social policy systems? What lessons can African countries derive from the global reactions, especially nationalism, during the COVID-19 to build innovative capacity to survive future pandemics?

The COVID-19 pandemic, more than a health and economic crisis, was a system-wide crisis for African countries. According to the United Nations Development Programme (UNDP), the effects of COVID-19 on macro-economic development moved far beyond mortality in 2020 and largely flowed from GDP reductions in Africa and its trading partners. Evidence shows that the pandemic reduced international flows of trade, foreign aid, remittances, and foreign direct investments, driving up the poverty rate, and increasing mortality among Africans (UNDP, 2021). Further, the debt burdens of countries in SSA increased in the context of slow economic recovery, shrinking fiscal space and weak resource mobilisation (WFP, 2022).

While many countries in Africa are endowed with rich natural resources, their economies have remained small, their institutions fragmented, and their social policy systems heavily reliant on foreign aid. Reliance on foreign aid added to Africa's vulnerability during the COVID-19 pandemic when countries in the global north that have supported social programmes in Africa looked inward. There are two main reasons why pre-pandemic, donor-driven social policy systems are unsustainable. First, as witnessed during the pandemic, when a crisis of a global scale arises, rich countries could turn to state nationalism and disrupt supply chains and their trickle-down effects on poor countries like those in SSA. This trend once again resurfaced during Donald Trump's second term in 2025, when the American president signed executive orders to revoke foreign aid to major American initiatives such as the Centers for Disease Control (CDC), United States Agency for International Development (USAID), President's Emergency Plans for AIDS Relief (PEPFAR), and others, devastating major medical services in SSA.

Second, reliance on donor-driven systems weakens domestic incentives to build resilient and reliable institutions. Development economists have repeatedly highlighted the adverse effects of foreign aid on domestic institution building, fiscal accountability, and corruption. Moyo (2009), for example, argues that the aid sent to Africa in millions of dollars does not benefit the poor but ends up in the pockets of the dictatorial and ruthless leaders of Africa. She cites examples such as that of Mobutu Sese Seko, a former Zaire dictator who spent millions of Western Aid money for personal jaunts on the Concorde. She argues that such scandals have continued to plague the issue of Western Aid as waste and have raised claims that aid is responsible for the corruption, wars, and poverty in Africa (Bhagwati, 2010).

How, then, should African countries navigate this historical reliance on foreign aid to chart the way towards fiscal independence and develop domestically funded and resilient social policy systems? An important factor that characterises social policy capacity in Africa is inadequate revenue collection. There are several reasons why African countries do not collect enough revenues to fund social policy systems.

First, weak industrialisation—African countries need to broaden their industrial and manufacturing bases. Although SSA has experienced rapid economic growth in the last decade and a half, at an annual rate of 5.5%, its manufacturing capacity has remained stagnant since 2008 at around 10% (Steenkamp & Rooney, 2017). With rich mineral resources and

agricultural productivity, African countries should move beyond raw material exports to value addition to create jobs, reduce the drain of their young people to the West, and increase their tax bases. This includes stopping the bleeding of their precious natural resources to the West and China that fuels industrialisation there.

Second, as Besley and Persson (2014, p. 99) argue, “low-income countries typically collect taxes of between 10 to 20 percent of GDP, while the average for high-income countries is more like 40 percent.” A country’s fiscal strength has corresponding implications for its capacity to support strong social safety nets for its citizens, especially in moments of vulnerability. A country’s taxing power is central not only to the state’s capacity to raise revenue, but also to its capacity to provide goods and services and to support a market economy. As Schumpeter (1991, p. 100) once put it: “The fiscal history of a people is above all an essential part of its general history. An enormous influence on the fate of nations emanates from the economic bleeding which the need of the state necessitates, and from the use to which the results are put” (see also Besley & Persson, 2014). In order to understand the fiscal challenges of African countries, and their capacity to deliver social programmes, it is important to understand the structure of their economies, their taxation systems, and their fiscal priorities.

Beyond isolated sectoral analysis of social policy in SSA, this volume takes a strong system-wide approach to re-envision social policy in the region. To go beyond its experience of the COVID-19 pandemic, SSA should employ a systemic, multifaceted approach to promote industrialisation, build robust revenue collection systems, invest in healthcare systems, expand social programmes, increase accountability for public spending, and reduce reliance on foreign aid. Furthermore, SSA countries should be deliberate about building inclusive approaches that eliminate barriers among African demographics.

## OVERVIEW

The chapters in this volume provide case studies and draw implications for structuring and/or restructuring social policy in a post-pandemic SSA. Its central proposition is that in order for individuals to be protected throughout their lifecycle, the state needs to play a pivotal role in building harmonised and coordinated social policy systems. Notwithstanding the role of both national civil society and international actors in the development

process, the volume emphasises the state's duty to ensure the development of "social citizenship" (Marshall, 1950).

Most of the authors of the chapters are Africans working within the continent in various social policy fields as practitioners and/or in academia. The chapters featured in this volume stress the need for a holistic social policy reform that spans major social policy areas. Besides, the volume also considers the need, or otherwise, of automatic stabilisers in SSA in light of the pandemic responses and discusses novel issues in social policy research, such as the role of social media. The authors of this volume draw our attention to the broad categories of actors in social policy in Africa comprising state actors, national non-state actors, and transnational actors.

In his chapter, Jeremy Seekings explores what he calls the "moral politics of need" through a discussion of social policy responses to the COVID-19 pandemic in Botswana and South Africa. As he shows, "need" is understood very differently from one ideology to the next, and in his chapter, he maps key ideologies that influence both domestic and transnational actors on the continent. Implicitly, this discussion stresses the importance of paying close attention to the role of policy ideas as they are deployed across the continent (Béland et al., 2023). More specifically, his analysis points to the importance for students of social policy in Africa to pay close attention to the social and political construction of need at both the national and the transnational levels, through the work of international organisations like the International Labour Organization and the World Bank. One key aspect of this that Seekings discusses in his chapter is how different ideologies frame the temporal meaning of need, including its potentially temporary nature. As he shows, struggles over the meaning of need are central to policy responses to COVID-19 in the two national cases under consideration. The analysis of debates over social policy responses to the pandemic in South Africa and Botswana leads Seekings to turn to the debate over social policy targeting on the African continent. His analysis suggests that the "paradox of redistribution" thesis of Swedish sociologists Walter Korpi and Joakim Palme (1998), who argue that universal programmes are more effective and redistributive than targeted programmes might not apply to Africa. This is not a purely theoretical consideration, as Seekings uses this point to criticise recent International Labour Organization (ILO) policy recommendations inspired by the "paradox of redistribution" thesis.

A key social policy question in Africa is the role of automatic stabilisers. In their chapter, Michael Kpessa-Whyte and Kafui Tsekpo seek to assess the role of automatic stabilisers as social policy tools in Africa in the aftermath of the COVID-19 pandemic. As the authors suggest, automatic stabilisers are especially crucial during times of crisis, such as the COVID-19 pandemic because, as their name implies, they can mitigate economic instabilities automatically, without the need for policymakers to enact new policies. Due to their countercyclical effects, automatic stabilisers are economic and fiscal tools that can be instrumental in protecting at least some segments of the population against economic shocks by providing them with disposable income, which is likely to stimulate consumption. Unemployment insurance is a clear example of a *social protection* automatic stabiliser. Through an automatic increase in social spending during economic downturns, these social policy mechanisms are also potentially powerful macro-economic instruments. Conversely, through their tax mechanisms, during good economic times, automatic stabilisers provide additional fiscal revenues to the state. Income taxes are a key form of *fiscal* automatic stabilisers.

After stressing these general characteristics of automatic stabilisers, Kpessa-Whyte and Tsekpo show that the nature, role, and impact of automatic stabilisers can vary greatly from one country to the next. This is clearly the case on the African continent, where we witness a high level of variation in the structure and scope of domestic social protection systems. Kpessa-Whyte and Tsekpo stress some of the main issues at hand in African countries, including the debate over targeting that Seekings explores in his contribution to the present volume. Another issue they emphasise is the importance of the informal sector in national economies, a situation that is particularly challenging as far as social insurance is concerned. Because automatic stabilisers can take the form of social insurance, as is the case for unemployment insurance, the issue of the inclusion of informal workers in programmes initially designed for workers in the formal sector is particularly challenging. Looking at specific African regions and country cases, Kpessa-Whyte and Tsekpo reveal the important cross-national and regional disparities in the use and effectiveness of automatic stabilisers during the COVID-19 pandemic. As they indicate, comparing the performance of automatic stabilisers during and beyond the pandemic is a potential source of policy learning that could guide future fiscal and social policy reform across the continent. In terms of potential policy improvements, they stress the need to increase the fiscal capacity of African countries, an

essential task to expand the reach and the effectiveness of automatic stabilisers in these countries.

The assessment of social policy responses to the COVID-19 pandemic cannot be limited to automatic stabilisers, which are only one of the social protection tools available to African states. In their chapter, Kadidiatou Kadio, Abdourahmane Coulibaly, Abdoua Elhadji Dagobi, Emmanuel Bonnet, and Valéry Ridde take a broader look at social policy responses to the pandemic through a discussion of four French-speaking West African countries: Burkina Faso, Mali, Niger, and Senegal. Due to colonial legacies and language barriers, French-speaking countries are less central to the English-language scholarship on SSA than they should be and the inclusion of a chapter on these four countries in our volume points to the importance of addressing this situation.

Focusing on the vulnerable population, the comparative analysis of social policy responses to COVID-19 in Burkina Faso, Mali, Niger, and Senegal points to the implementation of social assistance programmes that combine different policy tools, including cash transfers, public service subsidies, and tax exemptions. Their analysis also points out the limits of existing social programmes and healthcare systems, and the inadequacy of the funding and technical support they receive. In the four countries under investigation, the absence or severe underdevelopment of unemployment insurance policies proved especially problematic during the pandemic, as limited resources were available to protect workers and their families. Finally, because they study responses to the pandemic from a historical perspective, they are able to show how existing colonial legacies have shaped these responses. This attention to colonial legacies in the analysis of contemporary social policy developments in Africa is a powerful reminder that “history matters” in that policy area as it does elsewhere. The chapter also emphasises the need to improve social protection on the continent through the development of more inclusive and better-funded healthcare and social safety net programmes, without which many vulnerable people will continue to be left behind.

In their chapter, Florence Ndagire and Privilege Haang’andu examine the impact of COVID-19 on the socioeconomic wellbeing and health outcomes of persons with disabilities in Uganda. They examine persons with disabilities’ knowledge and awareness of COVID-19, the effects of lockdown on access to maternal, sexual, and reproductive health (MSRH), on livelihoods, and the extent to which interventions and response measures were inclusive of persons with disabilities. The authors respond to two

research questions: what impact did the COVID-19 pandemic have on access to persons with disabilities' MSRHS services? What do/might inclusive MSRHS services look like? They present empirical evidence of the disproportionate effects of COVID-19 on persons with disabilities resulting from non-inclusive policy design and implementation. The authors also examine the experiences of other stakeholders, such as non-governmental organisations and health workers, who were in close contact with persons with disabilities during the COVID-19 pandemic. The authors conclude that the public health measures and programmes undertaken to address COVID-19 in SSA overlooked persons with disabilities and their unique needs, resulting in disproportionate impact and high death rates among them.

In their contribution to the volume, Titus Ogallo Pacho and Mahona Joseph Paschal critically examine strategic priorities for Sub-Saharan African countries in advancing inclusive and equitable quality education and lifelong learning, particularly in the post-COVID-19 context. Notwithstanding notable progress in educational access expansion, the authors acknowledge that a substantial number of children in the region remain excluded due to multiple and intersecting factors. These include geographic disparities, gender inequality, extreme poverty, disability, conflict, displacement, and systemic crises. The pandemic exacerbated these challenges by disrupting learning processes and precipitating widespread closures of educational institutions at all levels. To address these challenges, the authors advocate for the development of a resilient education system capable of withstanding future shocks. Proposing a transformative reimagining of the education in the Sub-Saharan Africa region, they emphasize the need for a responsive curriculum, learner-centered pedagogical approaches, expanded distance learning modalities, proactive educational leadership, and the integration of both synchronous and asynchronous learning strategies.

In their contribution, Rosina Foli and Daniel Béland draw on the vast international literature on the role of transnational actors in social policy, including the work of US political scientist Mitchell Orenstein (2008), who explains how, due to institutional constraints, these actors must interact with key domestic political players in order to exert policy influence in a specific country. Their discussion of the situation on the African continent emphasises the need to closely study the interactions over time between domestic and transnational actors, including international organisations like the ILO and the World Bank. More specifically, their chapter compares and contrasts the roles of transnational actors in Africa before

and during the COVID-19 pandemic. In their discussion of the situation on the continent in the decades before the onset of the pandemic, they stress the use by international organisations of ideational tools alongside conditionalities and economic incentives in their effort to convince domestic actors to support and implement their policy prescriptions. The chapter then goes on to discuss the social policy roles of international organisations such as the IMF, the UNDP, the World Health Organization (WHO), and the World Food Programme (WFP) on the African continent during the pandemic. This analysis stresses the diversity of the transnational actors involved on the ground in Africa during the pandemic, but it also points to the fact that, in addition to providing financial and logistical support, some of these transnational actors also provided information and policy advice to African countries as they responded to COVID-19. This discussion leads Foli and Béland to look at the current, post-COVID-19 situation, which points to the reality that, like before the pandemic, transnational actors use a variety of tools to influence domestic social policy development across the African continent. This means that while “hard” financing approaches associated with conditionality remain, ideational and institutional mechanisms are also used by these actors as they interact with domestic social policy players in Africa.

In their chapter, Hellen Venganai and Abigail Benhura draw our attention to two crucial and related topics: gender and informal welfare systems in Africa. Drawing on the Social Relations Framework and Intersectionality and performing a systematic literature review, they survey the gender dynamics present within Africa’s informal welfare systems. Their analysis suggests that before, during, and after the COVID-19 pandemic, vulnerable populations in Africa have little choice but to rely on community-based informal welfare systems. This is the case because of the absence of or, at least, the major gaps in formal social assistance and social coverage across the continent. As argued, family- and community-based welfare systems can and should complement formal social programmes, which is why it would be a mistake to neglect these systems. In fact, in their chapter, Venganai and Benhura call for a “revival and strengthening of informal social welfare systems in Africa.” At the same time, their analysis stresses the need to apply a gender lens to the study of social policy in Africa that acknowledges gender dynamics in social programming, both formal and informal.

In their gendered analysis of social policy responses to the COVID-19 pandemic, Venganai and Benhura focus on health, food security,

gender-based violence, and economic empowerment. Their discussion points to the importance of the distinction between the formal and the informal economic sectors in Africa and their profound implications for social policy. They also stress the importance of traditional leadership and institutions, and the enduring existence of a clear rural-urban divide across the continent. Rejecting Western-centric approaches, they remind us that “that protection mechanisms founded on African traditional values and based on kinship or self-organized mutual aid have long acted as an important tool for welfare protection and social cohesion.” In the end, they argue that more room should be left to informal welfare systems to complement existing yet flawed formal social programmes present across contemporary African countries.

When thinking about social policy and vulnerable populations in Africa, migrants, refugees, and asylum seekers immediately come to mind. This is the case because, as Babatope Adebisi and Ferdinand Mukumbang show in their chapter, people belonging to these three categories faced xenophobic stigma, social exclusion, and a particularly acute lack of coverage. Drawing on qualitative data and focusing on the Gauteng and Western Cape provinces of South Africa, their chapter explores how, during the COVID-19, deeply flawed social policy systems or even the absence of welfare support altogether negatively affected these particularly vulnerable segments of the population.

One of the key findings of their study is that, throughout the pandemic, public health restrictions, lockdowns, and activity closures disproportionately affected migrants, refugees, and asylum seekers. The fact that these members of this group could not travel to their countries of origin during the pandemic made things even worse for them. In the absence of adequate social protection, migrants, refugees, and asylum seekers also struggled to pay rent and suffered from food insecurity. Without work, it proved very hard for them to survive in a context in which they rapidly ran out of savings, if they had any.

To address these challenges beyond the COVID-19 pandemic, Adebisi and Mukumbang formulate important policy recommendations about how to improve the socioeconomic fate of migrants, refugees, and asylum seekers in SSA. In addition to the implementation of more inclusive social policy systems, they suggest the adoption of robust anti-discrimination measures, the establishment of documentation services, the adaptation of pandemic response mechanisms to the needs of this vulnerable group, better community outreach and awareness, the creation of new emergency

food programmes, recent relief cash support, improved skills training and employment opportunities, psychosocial support services and, finally, foster collaborative policy initiatives. Overall, their chapter is a powerful call for domestic and international state- and non-state actors to collaborate in order to fight discrimination against migrants, refugees, and asylum seekers and improve the level of social protection available to them across the continent.

In their chapter, Prilege Haang'andu and O'Brien Kaaba demonstrate that COVID-19 had significant impact on people's enjoyment of social and economic rights in SSA countries and, for many countries, it became a scapegoat for non-adherence to democracy and good governance. The authors anchor their chapter on the theoretical literature about the relationship of a crisis to political populism. Building on the scholarship that establishes that a crisis provides an opportunity for autocratisation to political populists, the authors establish that many governments in SSA closed the political space and effectively squeezed out opposition political parties and civil society as agents of accountability. By doing so, governments left opposition political parties and civil society organisations unable to effectively hold them accountable in their response to the coronavirus and to employ more rational social policy interventions during the pandemic. Using the case study of Zambia, the authors show that the failure to protect social and economic rights demonstrates the lack or failure of governments adherence to constitutionalism. Without the respect for civil and political rights, the tools for holding the government accountable for the provision of social and economic rights are diminished and rendered largely ineffective. The authors recommend that in times of crisis, all activities aimed at fostering the realisation of social and economic rights must also be concerned about civil and political rights. Further, it is important to recognise that a moment of crisis provides an opportunity to a regime to accumulate power, limit political space, and annihilate opportunities for viable social policy responses.

Africa remains the youngest continent on the planet, and this volume would be incomplete without a look at young people and their relationship to social policy. In his chapter, Gregory Gondwe focuses on the role played by young activists in Zambia during the COVID-19 pandemic through their use of social media as a way to influence social policy change. Showing that the rise of social media and its growing use by young people in Africa calls into question traditional modes of governance, his chapter

explores the development of a youth-driven digital public sphere and its consequences for governance and social policy on the continent.

Analysing survey data, in his chapter, Gondwe studies how young people living in rural Zambia “used social media technologies/platforms of their community media stations to influence social policies while balancing the conflicting demands of governments and grassroots communities.” His study demonstrates the existence of a relationship between social media engagement during the pandemic and the public health directives issued by the Zambian government. His chapter also shows that social media activity helped push government action away from Western-centric approaches and increased community-centred public health policies. Overall, while shedding light on online youth involvement, the chapter offers a new perspective on the influence of Western policy prescriptions on African states and how these recommendations might be at odds with local conditions and public sentiments, something that becomes clear when you turn to civil society voices, including, and especially, those of younger people on social media.

Written by Haang’andu, Béland, and Foli, the short Conclusion chapter draws lessons from other parts of the world before discussing what is specific about the African context, which helps translate these lessons into operationalisable policy recommendations for the continent’s post-COVID-19 world. Although scholars and policymakers might want to adapt these lessons and recommendations to their specific countries, this last chapter should help inform contemporary debates about the future of social policy reform in SSA.

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## CHAPTER 2

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# The Moral Politics of Need in Southern Africa

*Jeremy Seekings*

### INTRODUCTION

When governments across much of the world responded to the COVID-19 pandemic in early 2020 by imposing lockdowns, they faced pressure from outside and inside their countries to address the intense need for support that inevitably ensued, not only for populations that were already poor or vulnerable but also among populations that were pushed into poverty by the lockdowns (especially informal workers in urban areas). The emergency measures announced by governments appeared to some to constitute an ‘unprecedented’ expansion of social cash transfers, ‘the largest scale up in history’, with ‘record-level global spending’ (Gentilini et al., 2022; see also, on Africa, Devereux, 2021).

This might have been true at the global level, but in the lower-income countries across the global South, the expansion of social protection ‘was generally temporary and targeted in nature, rather than permanent and universal’, and was often dependent on external funding (Dorlach, 2023, p. 98). In Africa, many of the interventions that were announced were only

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J. Seekings (✉)

Institute for Democracy, Citizenship and Public Policy in Africa, University of Cape Town, Cape Town, South Africa

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D. Béland et al. (eds.), *The State and the Imperative for Social Policy Reform in Africa*, Global Dynamics of Social Policy,  
[https://doi.org/10.1007/978-3-032-02432-9\\_2](https://doi.org/10.1007/978-3-032-02432-9_2)

23

implemented after long delays or were only implemented partially or – in some cases – were never implemented (Beazley et al., 2021b). For example, it took six months to effect a ‘vertical’ expansion of existing programmes in Ethiopia and Kenya, whilst Sierra Leone’s new social safety net was only introduced in December 2020 and emergency programmes for poor urban households in Ethiopia and Uganda had not been implemented as of mid-2021 (Beazley et al., 2021a). Most of the emergency measures that were implemented were transitory, with support for a limited time period or even once-off only (as in the case of Namibia’s Emergency Income Grant). Even in those countries where social protection did expand, by 2023 it was clear that it had receded to pre-pandemic levels (Gentilini, 2023; also International Labour Organisation (ILO) & UNICEF, 2023, p. iii). Emergency measures also varied in their reach and targeting, their generosity, their conditionality and whether they were delivered in cash or in kind. Whilst the pandemic and lockdowns transformed need in broadly similar ways across countries, national responses varied considerably. In Southern Africa, emergency measures generally reflected the existing shape of national social protection systems (Gronbach & Seekings, 2021). Africa, which has long been a laggard in terms of the expansion of social protection, remained a laggard during and after 2020.

This chapter examines how social protection responses to COVID-19 lockdowns reflected variation in understandings of the ‘need’ for social protection. The chapter focuses on two upper-middle-income countries in Southern Africa: Botswana and South Africa. Social protection was expanded in response to lockdown faster or further in these two countries than in most other African countries. In both cases, this expansion was driven by the national governments, funded from domestic revenues. However, the form of the national responses differed significantly in some respects. Whilst both governments moved quickly to address the needs of workers who had been in formal employment (and therefore had almost never been poor prior to the pandemic) through wage subsidies and other support, they differed fundamentally in their provision for the other categories of poor people (including people dependent on informal livelihoods that were foreclosed under lockdowns).

This chapter first considers ideologies of social protection in Africa and the temporality of perceived need. It then documents social protection responses to COVID-19 in South Africa and Botswana. The chapter then considers how and why contestation over ‘need’ in the region differs from debate at the global level. Finally, the chapter briefly considers how social, economic and cultural change has partially reshaped the moral politics of need, as is most evident in the case of South Africa.

## IDEOLOGIES OF SOCIAL PROTECTION IN AFRICA

One reason for the slow and partial response across much of Africa was the understandings of social protection—and of need in particular—in the region. Much of the contestation over social protection between different international organisations, between them and national governments, and within national governments is rooted in competing ideologies. Arguably the most important ideological cleavage revolves around the relative importance of the rights and responsibilities (or obligations) of citizens. With respect to social protection, four ideological approaches can be distinguished across much of Africa (see Table 2.1). Some national elites emphasise both rights to social protection and commensurate responsibilities, typically framing these within a paternalistic conservative ideology revolving around reciprocity and community membership. In this tradition, social justice is understood as in large part contributive. More common among African elites is an emphasis on citizens' responsibilities, especially with regard to the 'development' of the 'nation', without any significant recognition of citizens' rights ('developmental nationalism'). In sharp contrast, the ideology that is hegemonic within many international organisations and their local African allies (especially in sections of civil society) emphasises individual rights to social protection without any consideration of corresponding responsibilities. In this tradition ('rights-based individualism'), social justice is understood in terms of distribution. Finally, classically individualistic ideologies pay little attention to either rights or responsibilities. With respect to social protection, some individualists articulate the extreme neoliberal view that individual citizens are entirely responsible for their own economic well-being. More commonplace, however, is the more moderate (but perhaps still 'neoliberal') view that governments and international organisations should help people to help themselves by providing them with opportunities to do so. Social justice is thus viewed primarily in terms of opportunity and investment.

In practice, many organisations – whether national governments or external organisations – include actors with different ideological priorities. The ILO, for example, generally emphasises rights-based individualism with respect to social assistance, but its historical commitment to social insurance entails (in African contexts) a commitment to the inequalities characteristic of neoliberal individualism: social insurance reproduces many of the privileges and inequalities generated in the labour market, with little attention to either citizens' rights or responsibilities beyond

**Table 2.1** The rights and responsibilities of citizens with respect to social protection

	<i>Obligations to others</i>	<i>No obligations to others</i>
<b>Rights or claims on others</b>	<p><b>Paternalist conservatism:</b></p> <ul style="list-style-type: none"> <li>• The relationship between the citizens and the community or society is reciprocal</li> <li>• Society has a responsibility to protect its unfortunate or disadvantaged members</li> <li>• Citizens have a responsibility to contribute to society, especially through work</li> <li>• <b>Conditional universalism:</b> everyone can claim the rights of community membership conditional on fulfilling their corresponding responsibilities</li> </ul>	<p><b>Rights-based individualism:</b></p> <ul style="list-style-type: none"> <li>• Individuals have social and economic as well as political and civil rights</li> <li>• These include a right to social protection, without any corresponding obligations (and hence without conditions other than categorical eligibility)</li> <li>• Promoted by some international organisations (ILO, etc.)</li> <li>• <b>Unconditional universalism</b> as guaranteed access to adequate benefits</li> </ul>
<b>No rights or claims on others</b>	<p><b>Nationalist developmentalism:</b></p> <ul style="list-style-type: none"> <li>• The priority is national development, under the direction of the national political leadership</li> <li>• citizens (or subjects) must contribute to this collective goal, through work</li> <li>• Dependency on others is the negation of development; it is parasitical and therefore wrong</li> <li>• Families should be primarily responsible for the poor</li> </ul>	<p><b>Individualism:</b></p> <ul style="list-style-type: none"> <li>• Individuals have no rights to social protection (although individuals might have some kind of a ‘right’ to opportunities to improve their own welfare, through work) but also have no obligations to others</li> <li>• Individuals should therefore be (largely) autonomous from others; dependency on others is generally undesirable</li> <li>• Sometimes paternalistic, sometimes very laissez-faire (i.e. neoliberal)</li> </ul>

their particular interest group. Within the World Bank, the dominant ideology is individualistic, with adherents to both the more paternalistic and more extreme neoliberal versions of this. But the Bank also employs adherents to each of the other three ideological positions. Some models of social protection are also supported by multiple ideologies. For example, child grants for poor families are widely justified on each of the bases of the rights of individual children (e.g. by UNICEF), helping individuals to help themselves to escape poverty (e.g. by the World Bank) and nurturing

more productive future workers to propel national economic development (by developmental-nationalist elites).

‘Need’ is understood in different ways in these various ideologies. Ideologies that recognise individuals’ right to social protection downplay need. If social protection is a right, then need should be irrelevant to access. Adherents to rights-based individualism are therefore strongly opposed to means-testing, as we shall see below. In sharp contrast, adherents to paternalistic individualism attach considerable importance to need, whether this is immediate need (i.e. the immediate relief of poverty) or the need for opportunities to graduate out of poverty in the longer term (through establishing independent, sustainable livelihoods). This understanding underpins the approach to social protection of the World Bank. In this view, children’s needs are prioritised over those of older people because social protection for children is an investment in future livelihoods. Whereas poor older people are seen as needing only immediate relief, children who grow up in poverty are seen to need also and more importantly opportunities to graduate out of poverty, that is, to break the intergenerational transmission of poverty. Conditional cash transfers (which prioritise the needs of those poor people who fulfil specific developmental conditions) and even ‘cash-plus’ programmes (which typically prioritise the needs of poor people who participate in educational or related programmes) reflect the influence of this tradition. If the objective is to reduce poverty in the short and long term, then scarce resources should be targeted on the people who need them the most, that is, very poor people. Adherents to paternalistic individualism are therefore generally the strongest champions of needs-based targeting through some kind of means-testing.<sup>1</sup>

These ideologies also differ in other respects. There is no consensus over who or what is the bearer of need. The ILO and other organisations focus on the needs of rights-bearing individuals, with little or no regard for the households or communities in which they live. The World Bank generally focuses on the needs of households, on the assumption that resources are shared within them. Across much of Africa, policy-makers

<sup>1</sup>In more inegalitarian ideologies, including the corporatist ideologies often associated with social insurance, benefits are generally paid in broad proportion to past financial contributions on the grounds that individuals who become unable to work (because of poor health, age or involuntary unemployment) ‘need’ to (i.e. should) maintain their previous standard of living and position in the status hierarchy. Extreme neoliberal ideologies ignore need entirely.

prioritise provision for households because they value families over individuals. Some of the critics of social protection point to the individualism of most social cash transfer programmes, which they suggest undermines the solidarities that are fundamental to the construction of community (Ferguson, 2015; Adésinà, 2020). There is also no agreement over who *should* be responsible for meeting whose or what needs. Over time, the state has come to provide a larger share of social protection, but in many societies both kin and community – whether residential or religious or charity – continue to provide significant social protection, in part because of the limits of state provision but in part because people believe that they *should* do so.

Ideologies that attach some or primary importance to the responsibilities of citizens to the community or nation have a very different understanding of need. These ideologies value the needs of the community or nation, and thus the dignity that is associated with full (i.e. responsible) membership of the community or nation. Paternalistic conservatism recognises families' need for assistance but renders claims on the community or society conditional on recognition of the responsibilities of membership of the community or society to contribute, either in the past or in the future. This 'contributive' theory of justice not only views contribution as a duty but also values it as a good (Gomberg, 2016; Sayer, 2009). Developmental nationalists disregard individual needs entirely. The nation needs citizens to work hard and contribute to national economic growth and development.

### THE TEMPORALITY OF NEED

Debate over need in Africa is framed by the kinds of social risk that have predominated historically. The primary risk facing poor (and not-so-poor) rural populations across much of Africa (including East Africa, Southern Africa and the Sahel) as well as South Asia has in the past been drought (and, to a lesser extent, floods or other natural disasters). In these areas, social protection has in large part evolved (and continues to evolve) out of drought relief. The consequence of this is that need has been widely understood as a largely temporary condition. In agrarian societies, drought affects almost everyone. It might affect the poorest and most vulnerable people the most, but even richer people suffer losses when their livestock die and their kin and neighbours claim support. In times of drought, there

is therefore general consensus that many people both need and are deserving of some kind of social assistance.

This understanding differs significantly from the understandings of need that predominate in north-west Europe and in the international organisations that have been shaped strongly by north-west European ideological traditions. ‘International’ organisations and aid donor agencies based in the global North tend to distinguish social protection from ‘humanitarian’ programmes in that the former addresses ongoing needs as opposed to the supposedly temporary needs that follow from the shocks of natural disasters, war or other violence. The organisations most concerned with social protection – that is, the World Bank, ILO, UNICEF, HelpAge International and so on – leave responsibility for natural disasters to the World Food Programme (WFP) and responsibility for displaced populations to the various institutions concerned with refugees. The assessment (including quantification) of need is fundamental to humanitarian relief (Glasman, 2020). The ILO excludes humanitarian programmes from its catalogue of social protection (although the World Bank does not make this distinction).

In the global North, many orthodox social protection programmes protect individuals against risks of temporary need: the need for support whilst they are pregnant or caring for small children; the need for support during spells of unemployment; the need for health care during periods of poor health, or for material support when poor health prevents an individual from working. Indeed, many social protection programmes assume that the risks are temporary: maternal support or insurance against unemployment generally provides benefits for a limited duration only. For the most part, however, these are treated as risks affecting individuals, against which people can be insured (through some kind of social or private insurance) or provided for (through some kind of social assistance).

Across much of the global South, the collective character of the risks underpinning need has begun to be recognised by the champions of social protection. The boundary between humanitarian and social protection programmes has become blurred. Climate change has fuelled concern with ‘shock-responsive’ or ‘adaptive’ social protection (see e.g. FAO, 2023; WFP & UNICEF, 2023).

The perceived temporality of need across much of Africa is integral to how adherents of most ideologies view social protection. Paternalist conservatives generally imagine that the need for assistance is temporary: poor people need help from kin or the community in getting back on their feet,

establishing or re-establishing their own independent livelihoods, and then being able to contribute back to kin and community. In this view, households in agrarian societies that have labour and access to land should be helped to be productive again. Households without labour ('labour-constrained households') might be seen to have special chronic needs, but most households are seen as 'needing' economic empowerment not 'handouts'. In this view, what most poor households do *not* need are the kinds of 'handouts' that foster 'dependency' on the state, undermine the restoration of productive activity and erode the dignity associated with responsible community membership. Developmental nationalists share this emphasis on production, although for different reasons. Paternalist conservatives and developmental nationalists are therefore often in agreement in practice with the paternalist individualists in the World Bank and elsewhere who emphasise that social protection should empower people to graduate out of poverty and the need for assistance.

Contestation over need was evident in 2020–2021 in debates over how national governments (and international organisations) should respond to the Covid-19 pandemic and lockdowns. In the following section, we examine the contrasting responses and debates in South Africa and Botswana.

## SOCIAL PROTECTION RESPONSES TO COVID-19 LOCKDOWNS IN SOUTH AFRICA

The national governments of both South Africa and Botswana were quick to announce lockdowns in response to the pandemic and, soon after, emergency measures in response to the hardship resulting from the lockdowns. South Africa and Botswana are unusual in Africa in that social protection is entirely funded from domestic revenues and reforms are not 'negotiated' between the governments and international organisations.<sup>2</sup> Their governments introduced emergency measures because they considered them necessary, not because international organisations were driving

<sup>2</sup>In South Africa, provincial and local governments have some autonomy but play very limited roles with respect to either policy-making or the implementation of social protection. District Councils in Botswana play a far more important role in the implementation of social protection, but policy-making is centralised at the national level. These countries are typical of most of Africa: policy-making and funding are highly centralised even if implementation is often devolved to the local level.

reform. The government of Botswana moved with remarkable speed to implement its emergency social protection measures, whilst the government of South Africa was not far behind. Compared to most African countries, these were rapid and large-scale responses. The two governments' responses were similar in one fundamental respect: in both cases, responses were seen as temporary, addressing need for a finite duration. In many other respects, however, the responses of the two governments differed, as did debates over policy.

The South African government first shut down schools and universities and then imposed a severe lockdown (from 26 March 2020, which coincidentally was just hours before the first death from COVID-19). The lockdowns resulted in a sharp increase in unemployment, hunger and suffering. A variety of sources suggest that employment dropped rapidly by about 15% between the first and second quarters of 2020, not recovering until late in the year. Hunger rose sharply – in part because the government suspended its massive school feeding programme (which provided one or in some cases two meals every school day to ten million children) and preschool feeding programme (which reached about one million children). Civil society experts estimated that as much as half of the South African population needed food (Nicolson, 2020).

The government appears to have announced the lockdown prior to formulating any kind of a plan as to how to address the distress that would inevitably ensue from a severe lockdown. Business and labour quickly combined to push the government to provide support for formally employed workers facing retrenchment or furlough (through an emergency 'unemployment insurance' programme, paid in the form of a wage subsidy to employers). Some government officials, working with academics and civil society organisations, quickly formulated and announced (in late April) plans to expand social grants 'vertically' (through supplements to existing grants, paid primarily to older people and poor mothers) and 'horizontally' (including through a new emergency COVID-19 Social Relief of Distress Grant [SRDG] paid to income-less adults). The price tag for six months was put at 1% of GDP. The supplements to existing social grants were paid from the beginning of May and the first SRDG payments were implemented at the very end of May, that is, two months after the lockdown was imposed.

These emergency measures entailed a substantial increase in expenditure and the reach of social protection. The supplement to the existing Child Support Grant was soon revised from a supplement per child (i.e. a

‘vertical’ expansion) to a supplement per adult caregiver-recipient (i.e. a ‘horizontal’ expansion), expanding the Child Support Grant temporarily to about seven million adults (who had hitherto received grants on behalf of their children). The SRDG was initially paid to about six million adults. The emergency measures thus expanded the reach of the social grant system to an additional 13 million adults, taking monthly payments to a total of 32 million individuals out of a total population of less than 60 million people. This was the first time that social grants were paid to working-age adults *for their own benefit*, without any work requirement. In addition, the emergency unemployment insurance programme (i.e. the COVID-19 Temporary Employer/Employee Relief Scheme or TERS) temporarily paid benefits for more than five million former employees.

These emergency measures entailed expenditure that was unprecedented in South Africa, reaching an unprecedented number of people (and proportion of the population) and they did so impressively quickly. This emergency operation was possible because it rested on the strengths of South Africa’s systems and bypassed major constraints. The obvious constraint was the country’s often-incompetent bureaucracy. If the expansion required individual applications that had to be processed bureaucratically, then it would have been impossible to process more than a very small number of applications in the time available. Given that most of the bureaucracy stayed at home during the lockdown, the most likely outcome was that no applications would have been processed. The administration of the emergency unemployment insurance was in practice managed by business and labour. Grant supplements and the new SRDG were implemented through highly centralised and automated channels. Supplements to existing grants (and the caregiver supplement to the Child Support Grant) were administered and paid through the existing centralised mechanisms. The new SRDG was designed so that applications could be made through mobile phones and were verified (i.e. means-tested) by automated comparison with other national datasets or registers (including from the tax agency, SARS). Most payments were done through mobile phones. The entire operation required a small number of highly skilled technocrats in the higher reaches of government working together with mobile phone operators and banks. The existence of technocratic infrastructure enabled the state to make payments to millions of people in a short period of time, bypassing the bureaucracy (Gronbach et al., 2022).

Despite this extraordinary success in delivering grants to many people, the South African government’s response attracted four principal

criticisms. The first criticism was the fact that it took two months from the imposition of the lockdown to effect even the first SRDG payments – in contrast to Namibia, which effected a once-off payment in just over two weeks (Seekings, 2020a). In comparison to most African countries, however, two months was quick. Secondly, the government’s rollout of cash transfers was offset by its spectacular failure to provide food. Closing the school and preschool feeding programmes without any consideration of how to fill the gap was an extraordinary blunder. Without a functional bureaucracy, the state was unable to organise any feeding schemes. Instead, it relied on civil society (backed up by private sector managers) to distribute food through food baskets or soup kitchens. Civil society performed impressively but was unable to fill the gap left by the closure of feeding schemes (Seekings, 2020b). Later in 2020, civil society took the government to court over the school and preschool feeding schemes. The courts were strongly critical of the government and ordered it to reopen the schemes.

Thirdly, the government’s response was criticised for not doing enough. Some critics pointed to the parsimonious benefits. The SRDG was set at only R 350 (about US\$ 23) per person per month. This was far below any poverty line. Other critics pointed to the limited reach of the SRDG: only about six million grants were paid monthly, although the number of people who had no income and were in theory eligible was estimated to be at least 15 million and the National Treasury itself had budgeted for eight million grants (Seekings, 2020a). Critics pointed to cases of people who were either unable to apply (including because they did not have reliable access to a mobile phone) or were wrongly assessed as ineligible (Senona et al., 2021; Megannon, 2022). In short, there were many people who needed but did not receive public support and many of those who received something did not receive enough. Whilst some or even many eligible people were unable to access the grant, the rollout (to six million recipients) was nonetheless probably the fastest and largest in the history of Africa (Gronbach et al., 2022).

Finally, the government’s response was criticised for its temporality. Fouksman and Dawson (2024) argue that the government’s framing of the COVID-19 period ‘as a ‘crisis’, with its implication of transience and exceptionalism and its assumptions about normalcy’, precluded more permanent, radical and redistributive reforms of social protection. They note that the pandemic and lockdowns shattered the myth that people could support themselves through work and thus, legitimated the expansion of

social grants to working-age adults for the first time. Yet the need among unemployed working-age adults for social grants preceded the pandemic and persisted after it. The solution – for Fouksman and Dawson – was universal basic income (UBI), as demanded by various civil society activists and endorsed (perhaps only rhetorically) by some political leaders in South Africa. Fouksman and Dawson present some evidence of popular preferences for a permanent social grant for unemployed people, although this appeared to be less of a popular priority than job creation, training or funding to establish small businesses.

Whilst most of the emergency measures in response to lockdown were indeed ended in late 2020, the SRDG was in fact extended to the end of April 2021. It lapsed in May, June and July 2021, before being reinstated officially in response to a new wave of COVID and limited lockdown, but probably more in response to riots in KwaZulu-Natal and elsewhere. In this second phase, set to run until the end of March 2022, Child Support Grant caregivers became eligible for the SRDG. The SRDG was later extended to the end of March 2023, then to March 2024 and then to March 2025. The grant remains officially temporary, without the statutory basis of other (permanent) social grants and with budget allocation on a year-by-year basis. The government has also resisted attempts to expand it, prompting civil society organisations to take the government to court. In January 2025, the High Court ruled against the government on many aspects of the case, ordering the government to improve and expand its implementation of the SRDG programme. The High Court assessed that the programme should be viewed as permanent, making it even less likely that any government could terminate it.

The contestation over social protection responses to COVID-19 in South Africa revealed divergent understandings of need. For the government, the supplements to existing grants and the new SRDG were responses to ‘urgent financial need’ on the part of people who had ‘insufficient means’ during and after the pandemic and lockdowns. The supplements to existing grants were ended after six months but the SRDG remained (with one short break), initially for people who were unemployed but then for anyone with an income below the means-test threshold. The government - and its critics in civil society - treated need as individual and financial. The government did flirt with the idea that individual need (and rights) should be balanced against obligations. The SRDG was initially seen as providing for people who were denied the opportunity to support themselves because of the pandemic. When the

regulations governing the SRDG were revised, in 2022, reflecting the de facto permanence of the programme, they specified that recipients ‘may not unreasonably refuse to accept employment or educational opportunities’. But this is a rhetorical stipulation that has not been (and cannot be) implemented. In practice, the SRDG became a permanent, targeted but unconditional social grant, despite the concerns of many policy-makers.

The critics of government in civil society were mostly rights-based individualists. They emphasised individuals’ rights to social assistance, were wary of any means-testing, and demanded more generous benefits. The High Court endorsed much of this (although the government might appeal parts of the judgement): many of the restrictions on access to the SRDG were deemed unreasonable. The one key element of the SRDG which was not questioned (and which appears beyond challenge) is the means test. In the South African case, rights-based individualism is an institutionally powerful ideology, but it is constrained by the enduring influence of the other ideologies.

## SOCIAL PROTECTION RESPONSES TO COVID-19 LOCKDOWNS IN BOTSWANA

In neighbouring Botswana, the government also declared a severe lockdown, one week after South Africa’s, with effect from 2 April 2020. The severe lockdown in Botswana restricted farmers from accessing their fields or livestock. Botswana were even prohibited from shopping for food without a permit. In contrast to South Africa, there was yet to be a single case of COVID-19 in Botswana. Indeed, the lockdown appears to have protected Botswana against COVID-19 in early and mid-2020. Whilst South Africa had reported a total of 138,000 cases (and more than 7000 deaths) by 28 June, Botswana reported less than 100 cases (and only two deaths) (Our World in Data, 2024). Botswana experienced its first and modest wave in early 2021 before a severe wave in July and August 2021. The *indirect* effects of COVID-19 in Botswana were, however, immediately severe. The combination of a severe national lockdown with the dent to the global economy and commodity prices meant that the economy of Botswana suffered a sharp contraction – of 8.5% between 2019 and 2020.

As in South Africa, the government of Botswana quickly introduced income support for waged workers who faced retrenchment because of the lockdown. Instead of an emergency unemployment insurance

programme, the government of Botswana paid out wage subsidies for formally employed workers. Total expenditure amounted to approximately 0.5% of the country's GDP, mostly in the three months from April to June 2020.

The government's social protection measures aimed at poor and vulnerable individuals and households were much more modest. In contrast with neighbouring South Africa, Botswana did not supplement existing social grants; that is, it did not expand 'vertically' its social protection system. Nor did the government introduce any new emergency social grant programmes; that is, it did not expand its system 'horizontally' – as South Africa did, primarily through the SRDG. What the government of Botswana did do was to oversee an extensive once-off emergency feeding programme, although (as in South Africa) the benefits of this were offset in part by the suspension of school feeding schemes (and the national workfare programmes). Overall, net additional expenditure on social protection in 2020 probably amounted to only 0.1% of GDP. South Africa, in contrast, spent an additional 1% of GDP on social protection in 2020 (and the same again on wage subsidies and expanded unemployment benefits).

The countrywide distribution of food parcels in Botswana was in keeping with the focus of social protection in previous decades, with a preference for benefits in kind rather than cash, targeted rather than universal, and administered by a competent bureaucracy. It was implemented by mobilising local government personnel, led by social welfare officers (who were trained social workers), who worked long hours, procuring and distributing food. The assessment of need was undertaken by unemployed social work graduates who were recruited and trained as emergency social welfare assistants. These temporary assistants visited every household to assess its need, using a standard questionnaire (based on one used for the country's National Policy on Destitute Persons) that recorded the number of people in the household, their education and employment status, and so on. In one district, assessments began as soon as 13 April and were mostly completed within three weeks. In this district, social workers recommended that food baskets be provided for two out of three assessed households. Nationally, just over 300,000 households had been assessed and 244,000 had been recommended for assistance by 30 April (Gronbach et al., 2023).

It is likely that these temporary assistants took some time-saving shortcuts and that their decisions were shaped by their norms, values and beliefs. Whilst we don't know much about these assistants, we do know more

about the norms, values and beliefs of the permanent social welfare personnel and other officials at the district and sub-district level who supervised the temporary assistants. These street-level bureaucrats view poor people negatively, are critical of their dependency on the government through social grants and favour interventions that help poor people to help themselves (Seekings, 2023).

The actual distribution of food baskets in 2020 depended on the procurement of the required supplies and the establishment of distribution mechanisms. District Councils established separate teams to organise each operation. Procurement was not straightforward. Existing procurement procedures for regular programmes, or even occasional drought relief, were clearly unworkable given the urgency of relief. Moreover, the guidelines for food baskets circulated by the Ministry of Local Government and Rural Development (MLGRD) listed an unusually long set of contents, including not only staples (maize and sorghum meal, bread flour and rice, beans and cooking oil), but also milk, sugar, tea, some meat and vegetables, tomato sauce and even mayonnaise, as well as non-food necessities such as toothpaste, sanitary pads and soap. The volumes of each depended on the size of the household (as recorded in the assessment process). In practice, most district councils adapted the national guidelines in light of what was available locally. The value of each food basket was about BWP 1000.

The actual distribution of food baskets lagged behind assessments. By the end of April, fewer than one in six of the households across Botswana as a whole that had been assessed as needing food baskets had actually received them: just over 47,000 out of 300,000 households. The press reported that distribution in some areas was delayed due to shortages of and/or insufficient quality of food (Mmegi, 2020; Daily News, 2020). Although the food relief scheme was initially set to run for three months (from April to June 2020), the government began to wind down the programme in May alongside its relaxation of the lockdown. Plans for a second round of food distribution were first pared back and then dropped altogether. The first and only round of food basket distribution appears to have continued through May and been completed either in late May or early June, depending on the district. According to one official report, a total of 537,466 households were assessed and 429,255 households received assistance (Botswana, 2020).

Food baskets brought temporary relief. If the value of a basket was about BWP 1000, then the benefit of the once-off food basket programme

per household was comparable to the once-off Emergency Income Grant in Namibia. The benefit was much lower than the value of vertical and horizontal extensions of social grants in South Africa or the donor-funded emergency programme in Kenya but was substantially higher than benefits under emergency cash transfer programmes in Zambia and most other African countries.

The response to COVID-19 lockdowns in Botswana was unambiguously humanitarian, rooted in the country's long experience with drought relief. Botswana became independent in 1966 during the worst and longest drought in generations. Mass famine was avoided because the new government secured massive drought relief from the newly established WFP. Drought relief programmes slowly evolved into permanent social protection programmes – feeding schemes for children and pregnant women, workfare for able-bodied adults and support in kind or cash for people who were unable to work (including older people). However, the recurrence of drought meant that social protection programmes in Botswana expanded and contracted according to rainfall, with additional food distribution and workfare during periods of drought (and, much less often, flooding) (Seekings, 2019). Even more so than in South Africa, emergency programmes in Botswana in 2020 were explicitly temporary.

Basing its response to COVID on its historical responses to drought had a downside. As in South Africa, the lockdown meant that two of the pillars of Botswana's social protection system were largely suspended: the *Ipelegeng* workfare programme and existing school and other feeding schemes. Had the lockdown been less severe, these schemes might have been able to continue to operate in some form (e.g. children collecting lunches from schools or clinics, or having deliveries by *Ipelegeng* workers).

Permanent reforms of social protection were proposed by international organisations (or consultants appointed by them, sometimes working with local experts). In 2020, UNDP-appointed consultants suggested that the pandemic provided a 'timely opportunity' to transform the country's social protection policies. They proposed the consolidation of existing child-focused programmes into a universal Infant and Child Grant, paid in cash, which over time could expand into a full Child Grant by raising the age limit. They also proposed the consolidation of existing disability-focused programmes into a Disability Grant (also to be paid in cash) and pointed to the possibility of expanding the *Ipelegeng* workfare programme into an employment-guarantee scheme. They also proposed a Temporary Social Support Grant, incorporating the existing Destitute Persons

Programmes, to provide a ‘residual household-based safety net of last resort ... to provide discretionary support, through cash and food transfers, to households impacted by a serious shock’ (such as COVID-19) (Freeland et al., 2020). Also in 2020, the World Bank began work on a reassessment of social protection in Botswana. This was finally published in 2022. The World Bank proposed that funds be diverted away from support for university students to allow fuller provision for very poor people. But it did not recommend any new programmes, limiting its other recommendations to modest, largely technical reforms (Guyen et al., 2022).

The government of Botswana showed little interest in these proposals, perhaps because there does not appear to be any clamour for new social protection programmes among voters. Research in a mixed-income area close to Gaborone suggests that, in this area at least, people both believe that the government should support poor and unemployed people and worry that grants encourage people to be lazy, are misused and too dependent on government. Overall, Arthur concludes, people in this area are ambivalent about social protection (Arthur, 2024).

Four years after the initial COVID-19 lockdowns, in 2024, the governing Botswana Democratic Party (BDP) was overwhelmingly defeated in the country’s 13th general election. In 2022–2023, opposition MPs had proposed the introduction of some kind of social grant for the unemployed. In its election campaign, the opposition Umbrella for Democratic Change (UDC) had included promises to substantially increase the benefits paid under the various existing social protection programmes – alongside other populist promises, including an increase in the minimum wage. The old-age pension would be increased from BWP 830 to 1800 (about US\$ 60 to 130) per month and the age of eligibility would be reduced from 65 to 60 years. The *Ipelegeng* (workfare) wage would be increased from BWP 567 to 2500 (about US\$ 40 to 180) per month. University students’ allowances would also be increased to BWP 2500 per month. The government also promised extensive job creation. It is not clear, however, whether voters took these promises literally as opposed to seeing them as symbols of a general commitment to change.

The government of Botswana’s response to COVID-19 reflected a different conception of need to that in South Africa. Faced with the pandemic and lockdown, the government of Botswana assessed that what people needed was food, not cash; they needed it urgently, not after an extended rollout; they needed it as households, not as individuals; and they needed it for a short time only, until life returned to ‘normal’ after the

lockdowns. ‘Normal’ of course entailed widespread unemployment and poverty. But, for the then government and bureaucracy, what poor people needed in ‘normal’ times was not expanded social grants but rather economic opportunities. Insofar as rights entered the picture, they were balanced against responsibilities.

### TARGETING, CONDITIONALITY AND THE MORAL POLITICS OF NEED IN AFRICA

In both South Africa and Botswana, consideration of need focused on how much was needed, by how many people, in what form and for how long. In both countries, means-testing is institutionalised and is not questioned. In South Africa, the legal challenge against the government over its SRDG regulations challenged many aspects of the regulations but not means-testing per se. Globally, however, the primary debate over ‘need’ sets the advocates of targeting (which generally means using some kind of means test to identify people who are most in need) against the advocates of ‘universalism’ (understood as paying unconditional benefits to everyone in the relevant category, such as older people). Donor organisations, including the World Bank and donor agencies such as Britain’s former DfID, generally advocate some kind of targeting, in order to get scarce resources to the people who (in their view) need them most. Their ‘universalist’ critics (including in organisations such as the ILO and UNICEF) argue that targeting excludes too many people who need support (including through the shame attached to targeted programmes), fails to attract the public support and thus the resources required for substantial redistribution, and undermines progress towards universalist and rights-based systems.

This global debate pits two essentially individualistic ideologies against each other: rights-based individualism against paternalistic individualism. Neither ideology pays much attention to the concerns of more communitarian ideologies, which also or only emphasise the needs of the community or nation. The influence of broadly communitarian ideologies means that the moral politics of need in Africa is not the same as in Europe, and contestation over social protection reforms in Africa does not correspond nearly to the global debate over targeting and ‘universalism’.

On the global stage, a qualified case for targeting was remade by World Bank staff in their 2022 study *Revisiting Targeting* (Grosh et al., 2022a,

2022b). The authors presented their study as guidance on how to target if a decision has been made to target, but it is clear that they believe that there is a strong case (under certain circumstances, perhaps) for targeted programmes. Their first ‘message’ (or finding) is that targeting ‘of selected categories, families, or individuals can play a valuable role’ in progress towards more universal social protection (2022a, p. 7). Another ‘message’ is that ‘to reduce poverty, it is usually more cost-effective to ensure that a greater share of benefits accrue to the poor than to expand coverage broadly’ (2022a, p. 12). ILO staff responded by focusing on the gap between severely targeted programmes and universal coverage. They emphasised that the COVID crisis

‘... not only revealed large gaps in coverage, adequacy and comprehensive-ness of social protection systems but also drove the message home that a universal social protection system reaching everyone is automatically primed to protect all those affected by a systemic shock. In the face of complex and fast-moving crises, universalism is preferable to targeted approaches, especially where the administrative capacity to target is limited and a very high proportion of the population is vulnerable’. (Razavi et al., 2022, p. 449)

The ILO team’s critique focused primarily on tightly targeted programmes, which are common across Africa. Such programmes typically reach only a small proportion of the population and even a small proportion of the poor population (because of considerable ‘exclusion errors’). For example, only 10% of the population of Tanzania was covered by any social protection programme in 2021, according to the ILO (2024, p. 285), whilst about half of the population lives below the international extreme poverty line (i.e. US\$ 2.15 per person per day, considering purchasing power). In Tanzania and many other African countries, there was little significant expansion of social protection in response to COVID-19. In some other countries – notably Botswana and Namibia – countries with targeted programmes did, however, roll out targeted emergency measures very quickly and very effectively in response to COVID-19.

The ILO team also argues that universal programmes build support among non-poor citizens and therefore mobilise more resources for redistribution. It is far from clear, however, that this is true in Africa. In support of their argument, the ILO team refers to the classic work on the ‘paradox of redistribution’ by Korpi and Palme (see Korpi & Palme, 1998). Korpi and Palme’s finding that universal programmes were

paradoxically more redistributive than targeted ones was based on their analysis of data from 1985 on 11 advanced capitalist countries. Many subsequent studies question whether this finding holds in a more diverse set of cases or after the 1980s (Gugushvili & Laenen, 2021). Moreover, most of the steps in Korpi and Palme's overall argument have not been supported by subsequent empirical research, even in the advanced capitalist countries (*ibid*; see also Brady & Bostic, 2015). Palme himself (with co-authors) defends a soft version of his argument—that the size of the transfer mattered as much if not more than the directly redistributive bias—using data on a broader set of countries (Ferrarini et al., 2016). But their dataset includes only one African country (South Africa) and only two in Asia (India and China).

There are good reasons for not assuming that the 'paradox of redistribution' extends to Africa. Firstly, the redistributive effect of large transfers in more advanced capitalist economies is driven primarily by social insurance programmes with broad reach. This is a characteristic of economies where most people are in formal employment. In Africa, in contrast, employment is overwhelmingly informal, and social insurance programmes cover few people. In such economies, large transfers can be highly regressive (as was the case historically in some Latin American countries). Secondly, the finding that the total size of transfers matters will come as no surprise to even the (qualified) champions of targeting (including within the World Bank). The World Bank as much as the ILO and other organisations has lobbied hard for national governments to increase their funding of social assistance programmes to expand coverage and generosity. Indeed, the argument for targeting is rooted primarily in the scarcity of funding. The World Bank is generally clear that everyone should be protected against risks that might push them into 'needing' assistance and that many more people 'need' assistance than are currently receiving it. Thirdly, the role of the middle or non-poor classes in the politics of social assistance in Africa differs from their role in the advanced capitalist countries of the global North. In some cases (notably South Africa), the middle classes are mostly supportive of social assistance programmes despite being excluded, because they believe that the mitigation of poverty is both just and in their interests (Seekings, 2010). In most cases (including Botswana), middle class scepticism about most forms of social assistance would probably not be moderated by personal inclusion, but instead justifies broader exclusion (Green, 2021; Seekings, 2023).

Some of the champions of rights-based individualism recognise that debates about social protection have an ideological dimension. Kidd, for example, refers to the ‘cult’ of poverty targeting. He confesses that he himself was, when he was employed by DfID, a ‘true believer in poverty targeting’. Over time, he avers, he came to recognise the evidence that targeted programmes have high exclusion errors, generate jealousy and undermine dignity. Moreover, he argues, it is not clear that they are any more affordable than universal programmes (Kidd, 2024).<sup>3</sup> In response to Kidd, fellow British social protection expert Freeland suggests that it does not require evidence to know that targeting and conditionality were and are wrong. Freeland describes his opposition to targeting and conditionality as ‘instinctual’. He writes: ‘It really staggers me, twenty years on, that we are still having to persuade unreconstructed poverty targeters that such targeting is an embarrassing dead-end, that workfare is as unacceptable now as it was in Victorian poorhouses, and that people should not be deprived of social assistance if they don’t meet arbitrarily imposed conditions’<sup>4</sup> (Freeland, 2024). As Freeland makes clear, rights-based individualism is itself an ideological position, and might even be described as a cult.

If rights-based individualism and universalism are a cult, then it is one which has few members within policy-making elites across most of Africa. In Africa, support for targeting, workfare and conditionality is widely regarded as ‘instinctual’. Most social protection programmes in Africa are targeted, using some form of means test, and many are also conditional, whether by design or in practice (reflecting the norms and values of the street-level bureaucrats or community leaders involved in implementation, or even of beneficiaries themselves). The application of means tests generally reflects the beliefs that (firstly) even elderly people should be assisted by their families, with the state stepping in only when families fail to do so, and (secondly) households with able-bodied adults should be supported through workfare or other work rather than through ‘handouts’. Workfare programmes (i.e. public employment or public works programmes) are typically self-targeted through paying very modest allowances. In Botswana, for example, the *Ipelegeng* workfare programme paid (as of 2024) the local equivalent of about US\$ two per day (which is about one-tenth of daily GDP per capita).

<sup>3</sup> <https://www.developmentpathways.co.uk/blog/confessions-of-a-former-true-believer-in-poverty-targeting/>

<sup>4</sup> <https://www.developmentpathways.co.uk/blog/come-on-and-open-up-your-heart/>

Even the exceptional universal programmes are revealing of elite and popular preferences. In Botswana, neither the old-age pension (introduced in 1996) nor the orphan care grant (introduced in response to HIV/AIDS in 1999) is means-tested. South Africa's Foster Care Grant is also not means-tested. Several other social old-age pension programmes (including in Zanzibar: Seekings, 2016) are similarly universal. These cases of categorical universalism—that is, everyone in the selected category is eligible – reflect a belief that some categories of people (the elderly, caregivers of orphans) should be rewarded for their contributions to society regardless of need. More widely, however, even programmes targeted at deserving categories of people are means-tested. South Africa's old-age 'grant' (as the old-age pension is now officially called) is quasi-universal. It excludes rich people on the basis that they do not need income support. In practice, almost everyone who is excluded has other sources of income, including contributory pensions. Moreover, the means test appears to be administered loosely. Although there are no data on rejected applications, anecdotal evidence suggests that many older South Africans whose assets or income exceed the limits (albeit not egregiously) nonetheless receive the old-age grant.

One consequence of these beliefs among elites, middle classes and (it appears) the population generally is that inclusion errors are seen as more of a concern than supposed exclusion errors. Inclusion errors occur when people access grants for which they should not be eligible (on normative as well as regulatory grounds). This 'fraud' is widely viewed as an outrage because it embodies the individualistic self-interest that is, the antithesis of responsible membership of the community. In South Africa, the discovery that many SRD grants were being paid to people who were probably not eligible prompted outrage.<sup>5</sup> In Botswana, officials worry about 'double-dipping', when people access multiple programmes (whether concurrently or serially). When beneficiaries 'abuse' their grant, that is, by spending it in ways that do not meet with official approval, then these are regarded as inclusion errors, even if the beneficiary is poor. In South Africa, it is widely believed that some young women spend on themselves the child support grants that they receive on behalf of their children.

<sup>5</sup> See <https://groundup.org.za/article/sassa-recovers-over-r148-million-in-srd-grants-paid-to-ineligible-beneficiaries-says-auditor-general/> and <https://groundup.org.za/article/minister-says-social-grant-flaws-found-by-students-will-be-investigated-within-30-days/>

Given this understanding of who is deserving and thus what constitutes an inclusion error, exclusion errors are not a concern insofar as the people being excluded are considered undeserving. In Botswana, officials and many other people believe that poor people should be accessing ‘developmental’ grants to build independent livelihoods; if they access social grants, then they should use these similarly. If beneficiaries do not use grants in these approved ways, then it is not an error to exclude them. Excluding people who can and should be supported by kin might not be an error. Underlying this understanding of who is deserving and thus what constitutes inclusion and exclusion errors is the belief that the longer-term needs of the family, community or nation (as well as of poor people themselves) are as important as (or even more important than) any short-term needs of individuals. Neither individual rights nor individual need is prioritised as in more individualistic ideologies.

## CONCLUSION

Understandings of ‘need’ are embedded in diverse ideologies. The individualistic ideologies that characterise international organisations and donor agencies certainly have some adherents across Africa, especially in civil society organisations that are funded by international donors. Generally, however, the hegemonic ideologies are more communitarian and more developmental. Within elites, middle classes and even general populations, and rooted historically in agrarian societies and the risk of drought, ‘need’ is widely understood as temporary, and the appropriate response is therefore developmental as well as social programmes that help poor families and communities to get back on their feet, rebuild the social fabric of family, community and nation, and contribute to national economic development. The temporality of responses to the COVID-19 pandemic and lockdowns was not entirely in keeping with these beliefs.

Social, economic and cultural change has eroded the historical bases of these beliefs. Land is no longer abundant and labour is no longer scarce. Amidst landlessness and rising unemployment, poor households cannot simply (re)build their own independent livelihoods. Urbanisation entails people moving to the cities which are – relative to the countryside – places of opportunity, but the urban informal sector is often so crowded that it can sustain only bare subsistence. This is clearest in South Africa, where peasant production and the cohesion of families were largely destroyed before and under apartheid, and where unemployment stands at a massive

40% of the labour force. Under these circumstances, and given the country's long history of social grants, it is not surprising that the permanent expansion of social protection is on the agenda. But even in South Africa, elites and poor people themselves have a strong preference for developmental programmes and job creation rather than social grants for working-age adults.

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# Automatic Stabilizers and Social Protection

*Michael Kpessa-Whyte and Kafui Tsekpo*

## INTRODUCTION

The COVID-19 epidemic has caused an unprecedented global crisis, with broad implications for public health, economic stability, and social welfare. While the epidemiological trajectory of the virus in Africa has defied initial apocalyptic projections (Mbow et al., 2020; Rosenthal et al., 2020), the continent has not been immune to the impact of the pandemic on its fragile healthcare systems and economies (Osseni, 2020; Tessema & Nkengasong, 2021). In this context, the role of social protection mechanisms has become increasingly important, serving as critical instruments for mitigating socioeconomic shocks and safeguarding vulnerable populations (Barron et al., 2022). Within the broader framework of social protection, automatic fiscal stabilizers have emerged as a subject of particular interest. By way of definition, automatic fiscal stabilizers are policies or

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M. Kpessa-Whyte (✉)

Institute of African Studies, University of Ghana, Accra, Ghana

State Interests and Governance Authority (SIGA), Accra, Ghana

K. Tsekpo

African Leadership Centre, Nairobi, Kenya

King's College, London, UK

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D. Béland et al. (eds.), *The State and the Imperative for Social Policy Reform in Africa*, Global Dynamics of Social Policy,

[https://doi.org/10.1007/978-3-032-02432-9\\_3](https://doi.org/10.1007/978-3-032-02432-9_3)

mechanisms that help to spontaneously ensure stabilization during economic fluctuations in a country, without the need for discretionary government action. Often, automatic stabilizers are activated by adjusting revenue and spending in response to changes in economic conditions. The structural features of modern government budgets, encompassing income taxes and transfer payments, operate independently of discretionary policy actions to moderate economic cycles (Christl et al., 2022; Packer & Ripley, 1975). The efficacy of automatic stabilizers in dampening economic fluctuations has been widely recognized in economic literature (Brown, 1955; Packer & Ripley, 1975), with recent analyses expanding their scope to include a diverse array of social spending programs (Darby & Melitz, 2008).

The African context presents unique challenges and opportunities for the implementation and evaluation of automatic stabilizers. The continent's predominantly youthful population and predominantly rural residential patterns (Mbow et al., 2020; Bwire et al., 2022) interact with limited healthcare infrastructure and socioeconomic vulnerabilities to create a complex landscape for social protection interventions. Moreover, the proactive response of many African nations to the pandemic, including the implementation of stringent public health measures (Rosenthal et al., 2020), provides a rich backdrop for examining the relationship between automatic stabilizers and discretionary policy actions. Despite the growing body of literature on social protection during crises, there remains a significant research gap regarding the specific role and effectiveness of automatic stabilizers in the African context during the COVID-19 pandemic. This gap is particularly pronounced given the continent's unique demographic, economic, and social characteristics, as well as the heterogeneous impact of the pandemic across different African countries (Salyer et al., 2021).

In this chapter, we fill this gap by critically examining the role of automatic stabilizers as social protection mechanisms during the COVID-19 pandemic in Sub-Saharan African countries. By analyzing policy responses and social outcomes across African nations, we seek to examine the dynamic efficiency of automatic stabilizers in moderating cyclical fluctuations within the continent's diverse economies (Helliwell & Gorbet, 1971). Furthermore, this study is designed to contribute to the ongoing discourse on strengthening social protection systems in the face of global crises, with a particular focus on the unique challenges and opportunities presented by the African context. Through this analysis, we aim to provide valuable insights for governments, policymakers, economists, and public health professionals engaged in crisis management and social protection in Africa.

## THE ROLE OF AUTOMATIC STABILIZERS IN SOCIAL PROTECTION

Automatic stabilizers represent a fundamental component of fiscal frameworks, serving as endogenous mechanisms that mitigate economic fluctuations without necessitating discretionary policy interventions (Baunsgaard & Symansky, 2010; Stiglitz, 2009). These inherent features of tax-benefit systems operate by influencing disposable income and, consequently, aggregate demand in a countercyclical manner, thereby contributing to macroeconomic stability (Paulus & Tasseva, 2020). The mechanism through which automatic stabilizers function is intrinsically linked to the economic cycle (Şen & Kaya, 2021). During periods of economic expansion, these stabilizers generate a fiscal drag by increasing government revenues and decreasing expenditures (Baunsgaard & Symansky, 2010). As employment and incomes rise, individuals and corporations fall into higher tax brackets, leading to increased tax revenues.

Simultaneously, government expenditures on social benefits decrease as fewer individuals qualify for programs such as unemployment insurance. This combined effect of increased revenue and reduced spending results in a smaller budget deficit or a larger budget surplus, which serves to curb excessive demand and inflationary pressures (Paulus & Tasseva, 2020; Jara et al., 2022). In contrast, during economic downturns, automatic stabilizers provide a fiscal stimulus by cutting government revenue collections and raising government expenditures (Baunsgaard & Symansky, 2010; Stiglitz, 2009). As economic activity contracts and unemployment rises, tax revenues decline while government spending on social benefits increases as more individuals become eligible for these safety net programs. This expansionary fiscal stance, achieved without deliberate policy changes, helps to mitigate the severity of the recession and supports aggregate demand in the economy (Paulus & Tasseva, 2020; Galeano et al., 2021; Jara et al., 2022).

Two primary examples of automatic stabilizers are the progressive income tax system and unemployment insurance. The progressive income tax system acts as a stabilizer by subjecting individuals to higher tax rates as they earn higher incomes, leading to a greater proportion of their income being collected as taxes during economic expansions (Baunsgaard & Symansky, 2010). During economic downturns, as incomes decline, individuals fall into lower tax brackets or experience a decrease in their tax liabilities, thereby increasing their disposable income (Baunsgaard &

Symansky, 2010; Stiglitz, 2009). This automatic adjustment in tax revenues acts to moderate the economic cycle. Unemployment insurance serves as another key automatic stabilizer (Andersen, 2016; Di Maggio & Kermani, 2016; McKay & Reis, 2021). During recessions, as unemployment rises, government expenditures on unemployment benefits automatically increase (Baunsgaard & Symansky, 2010; Stiglitz, 2009). These benefits provide a safety net for unemployed individuals, partially offsetting the decline in their disposable income and supporting aggregate demand. As the economy recovers and unemployment falls, government expenditures on these benefits automatically decrease (Baunsgaard & Symansky, 2010).

The effectiveness of automatic stabilizers is influenced by various factors, including the structure of the tax and expenditure systems, the responsiveness of these systems to economic fluctuations, and the characteristics of the economic shock (Baunsgaard & Symansky, 2010; Stiglitz, 2009). Countries with more progressive tax systems or more generous unemployment insurance programs tend to have larger automatic stabilizers (Baunsgaard & Symansky, 2010). The strength of a country's automatic stabilizers is also correlated with the size of its government, with a larger government generally corresponding to stronger automatic stabilizers (Baunsgaard & Symansky, 2010). Measuring the effectiveness of automatic stabilizers involves several approaches. The Income Stabilization Coefficient, as described by Dolls et al. (2022), assesses how changes in market income translate into changes in disposable income for households. The Cyclical Primary Balance (CPB) approach, highlighted by Karras and Yang (2022), involves analyzing changes in government revenue and expenditure in relation to changes in gross domestic product (GDP) over the business cycle. Elasticity-based measures provide a clearer understanding by directly estimating the responsiveness of specific budgetary items to changes in the output gap (Karras & Yang, 2022). Additionally, the impact on output volatility and counterfactual analysis are used to quantify the "stabilization benefit" of automatic stabilizers (Karras & Yang, 2022).

It is crucial to note that the effectiveness of automatic stabilizers can vary significantly across countries and periods. Factors such as the specific design of tax-benefit systems, the responsiveness of government revenues and expenditures to economic fluctuations, and the presence of other fiscal policies can all influence their effectiveness (Dolls et al., 2022; Karras & Yang, 2022). For instance, Jara et al. (2022) found that in Ecuador

during the COVID-19 pandemic, while Social Insurance Contributions (SIC) provided some automatic stabilization, other components of the tax-benefit system had a limited impact due to structural factors such as the prevalence of informal employment. While automatic stabilizers play a valuable role in dampening economic cycles, they may not be sufficient to fully counteract severe economic downturns (Stiglitz, 2009). In such situations, discretionary fiscal policy actions may be necessary to provide additional stimulus to the economy (Baunsgaard & Symansky, 2010). Yet, the inherent flexibility of automatic stabilizers allows them to respond promptly to economic fluctuations, providing a crucial first line of defense against economic instability.

As such, automatic stabilizers represent a crucial component of fiscal policy, designed to mitigate the adverse effects of economic fluctuations on household incomes and, by extension, poverty and inequality (Gasior et al., 2024). These mechanisms, embedded within tax and benefit systems, operate without requiring explicit government interventions, thereby providing a timely and efficient response to economic shocks (Paulus & Tasseva, 2020). The primary mechanism through which automatic stabilizers function is income smoothing. In countries with progressive tax-benefit systems, economic shocks to gross market incomes are partially offset by automatic adjustments in benefit entitlements and tax liabilities. During economic downturns, as average gross market incomes decline, benefit entitlements increase while tax liabilities and SIC decrease. Conversely, during periods of economic growth, gains in gross market incomes are moderated through automatic reductions in benefits and increases in taxes and SIC (Paulus & Tasseva, 2020). This smoothing effect is particularly evident in the strong negative correlation observed between the impact of automatic stabilizers and changes in average gross market incomes across countries.

Furthermore, automatic stabilizers contribute to countercyclical government spending, particularly in industrialized nations. This countercyclical nature is largely attributable to the presence of more generous automatic stabilizers, such as comprehensive unemployment insurance systems, in these countries. In contrast, developing countries often exhibit procyclical government spending patterns, partly due to less robust automatic stabilizer mechanisms (Galeano et al., 2021). The impact of automatic stabilizers on poverty mitigation is most pronounced through unemployment benefits. During economic recessions, as unemployment rates rise, government expenditure on unemployment benefits

automatically increases, providing a critical safety net for individuals who have lost their jobs (Paulus & Tasseva, 2020). This automatic expansion of social protection helps to prevent many households from falling into poverty during economic downturns.

However, the effectiveness of automatic stabilizers in mitigating poverty can vary significantly between countries, particularly between developed and developing economies. For instance, in Ecuador, the primary social protection scheme, the Human Development Transfer, is a proxy means-tested benefit that does not respond automatically to economic shocks. Its eligibility criteria are based on a composite index independent of household income. Moreover, the country's unemployment insurance benefit only covers workers in formal employment, leaving a substantial portion of the workforce, particularly those in informal sectors, vulnerable to economic fluctuations (Jara et al., 2022). The Ecuadorian case resonates with the experiences of many African countries characterized by a large informal economy and limited to non-existent unemployment insurance schemes. This underscores the limitations of automatic stabilizers in developing countries and highlights the need for more comprehensive and responsive social protection systems. The relationship between automatic stabilizers and income inequality is complex and often contradictory (Stiglitz, 2015). While these mechanisms can reduce income inequality, their impact is not uniform across all countries and can sometimes even exacerbate inequality (Paulus & Tasseva, 2020). It is crucial to note that the primary function of automatic stabilizers is to stabilize income at the individual level, rather than to directly address overall income distribution. Consequently, their impact on inequality can be unpredictable and varies depending on the specific design of tax and benefit systems, as well as the nature of economic shocks.

The effectiveness of automatic stabilizers in addressing inequality is significantly influenced by how social security benefits are adjusted over time (Hardy, 2017). In many developed countries, benefits are typically adjusted based on formulas linked to inflation, which tends to have a neutral effect on inequality (Feldstein, 1997). However, in developing countries, benefit adjustments are often discretionary and linked to government revenue, potentially leading to procyclical effects that can exacerbate inequality during economic downturns (Galeano et al., 2021). The presence and design of unemployment insurance schemes play an important role in determining the impact of automatic stabilizers on income inequality. Comprehensive unemployment insurance systems can significantly

enhance the ability of automatic stabilizers to mitigate inequality during economic fluctuations (Galeano et al., 2021). Taxes and SIC as automatic stabilizers have an impact on income inequality (Dolls et al., 2012; Darby & Melitz, 2008; Gasior et al., 2024; Jara et al., 2024; Paulus & Tasseva, 2020). Their effect can either increase or decrease income inequality depending on various factors, including income shocks, tax progressivity, and the distribution of the population across the tax schedule. Generally, the impact of taxes and SIC on income distribution as automatic stabilizers is less pronounced than that of benefits, primarily because many countries, particularly in the EU, employ flat-rate SIC levied on earnings (Paulus & Tasseva, 2020).

In progressive tax systems, if market incomes of lower-income groups decline, the automatic reduction in their tax burden would be proportionally smaller than that of higher-income earners, potentially leading to an increase in income inequality. Conversely, if market incomes at the upper end of the distribution increase, the automatic increase in their taxes would mitigate these gains, potentially reducing income inequality (Paulus & Tasseva, 2020). Empirical evidence from EU countries between 2007 and 2014 suggests that automatic stabilizers played a significant role in offsetting the inequality-increasing effects of changes in market incomes and population characteristics. Benefits, acting as automatic stabilizers, were particularly important in reducing inequality in Southern EU countries and Ireland (Paulus & Tasseva, 2020).

### SOCIAL PROTECTION SYSTEMS IN AFRICA

In Africa, social protection has become a vital component of national development policies, playing a pivotal role in mitigating poverty, reducing vulnerability, and creating social cohesion. The concept encompasses a broad spectrum of public initiatives designed to safeguard individuals and households against various risks and vulnerabilities, including poverty, unemployment, illness, disability, and old age (Eichhorst et al., 2020). The significance of social protection in Africa has been underscored by its capacity to address both chronic poverty and acute crises, as evidenced by its role in responding to the COVID-19 pandemic and other historical challenges faced by the continent. The evolution of social protection in Africa is deeply intertwined with the continent's postcolonial history and development trajectories. In the early postcolonial period, countries like Ghana implemented transformative social policies as part of their

nation-building and modernization efforts (Kpessa-Whyte, 2021). These policies were characterized by a state-centric approach, with governments taking a direct role in providing social services such as education and healthcare. The Ghanaian experience illustrates how social policies were conceptualized not merely as expenditures but as investments in human capital, expected to yield long-term benefits in terms of economic growth and social progress (Kpessa-Whyte, 2021).

Contemporary social protection systems in Africa typically comprise several key components. Social assistance programs, including regular cash or food transfers targeted at vulnerable demographics such as individuals with disabilities, the elderly, and unemployed individuals in rural areas, form a critical element of these systems (Devereux, 2021). Social insurance schemes, primarily benefiting formally employed individuals, offer another layer of protection, particularly during periods of unemployment due to circumstances like sickness, maternity leave, or retirement (Devereux, 2021). However, the substantial prevalence of informal employment, self-employment, and unemployment across Africa leaves a significant portion of the population without access to formal social protection mechanisms (Devereux, 2021). The implementation of social protection in Africa faces numerous challenges. The high prevalence of informal employment and limited fiscal resources constrain the expansion of comprehensive social protection coverage. Moreover, the uneven distribution of social protection benefits, often skewed toward formal sector workers, exacerbates existing inequalities (Devereux, 2021). The COVID-19 pandemic has further exposed these systemic inadequacies, particularly in urban areas where low-income informal workers were disproportionately impacted by lockdown measures and lacked access to existing social assistance or insurance schemes (Devereux, 2021). An examination of case studies from Ghana, Malawi, and Zimbabwe illustrates the specifics of program design, execution, and impact in varied African countries. Handa et al. (2022) highlight the diversity of social protection programs implemented across sub-Saharan Africa (SSA), with cash transfer programs emerging as a predominant form of intervention. These programs, often a cornerstone of national poverty reduction strategies, aim to address immediate needs while fostering long-term development (Handa et al., 2022).

Ghana's Livelihood Empowerment Against Poverty (LEAP) 1000 program, targeting families with young children, exemplifies the challenges of linking social protection with other essential services. Despite automatic

eligibility for health insurance fee waivers, bureaucratic hurdles hinder full utilization (Handa et al., 2022). In contrast, Malawi's Social Cash Transfer Programme (SCTP) demonstrates successful implementation, characterized by timely and consistent cash disbursements. This robust implementation likely contributed to the program's positive impacts across multiple domains (Handa et al., 2022). Zimbabwe's Harmonized Social Cash Transfer (HSCT) experienced significant inconsistencies in payment schedules, creating unpredictability for beneficiaries. While the total cash amount was eventually disbursed, the irregular timing potentially limits transformative impacts (Handa et al., 2022). Evaluating the impact of social protection programs requires a multidimensional approach, moving beyond a singular focus on economic indicators to encompass broader well-being outcomes. Across the case studies, a consistent finding is the positive impact of cash transfers on food security and consumption, aligning with the primary objective of most programs (Handa et al., 2022). Evidence suggests that beneficiaries utilize cash transfers to enhance their livelihoods, including activities such as livestock purchase, debt reduction, and investment in agricultural inputs (Handa et al., 2022). The impact on children's well-being, particularly education, is mixed. While positive effects are observed in Malawi's SCTP, results in Ghana and Zimbabwe are less consistent. This highlights the importance of considering transfer value and contextual factors influencing educational outcomes (Handa et al., 2022).

Several debates and future directions emerge from the analysis of social protection in Africa. The issue of conditionality versus unconditionality in cash transfer programs remains contentious. While some argue for conditionality, particularly regarding school attendance, others emphasize the empowering nature of unconditional transfers, allowing households to address their most pressing needs (Handa et al., 2022). Targeting and exclusion remain crucial concerns, with sources acknowledging the risk of exclusion due to elite capture, geographical bias, and the challenges of identifying and reaching the most vulnerable (Handa et al., 2022; de Haan, 2017). As SSA experiences rapid urbanization, social protection programs need to adapt to the changing dynamics of poverty and vulnerability. Sources underscore the importance of considering mobility patterns and the need for more comprehensive approaches to urban poverty reduction (de Haan, 2017). A central theme is the call for social protection to move beyond immediate needs and contribute to broader societal transformation. This necessitates addressing power imbalances, promoting inclusion, and empowering communities to participate in shaping their own development trajectories (de Haan, 2017).

A significant challenge lies in extending formal social protection to informal workers, who constitute a substantial portion of the workforce in SSA (Torm, 2023). A comparison of Kenya and Tanzania offers insights into the role of informal worker associations in bridging this gap. Despite similar challenges, Kenya exhibits a more centralized regulatory framework for informal workers compared to Tanzania. This difference is reflected in the higher overall participation in social insurance schemes in Kenya (Torm, 2023). Informal worker associations play a crucial role in linking informal workers to formal social protection schemes, particularly in health insurance (Torm, 2023). However, their effectiveness varies depending on factors such as leadership, membership base, and the broader political context (Torm, 2023). With declining fertility and increasing life expectancy, SSA faces the challenge of providing social protection to a growing older population (Sabates-Wheeler et al., 2020). The case of Rwanda highlights the need for a detailed understanding of older people's vulnerabilities and the limitations of informal support systems. Analyses of Rwanda's demographic trends and poverty profiles suggest that a universal social pension represents a feasible and impactful policy option. Such a system could significantly reduce poverty among older people while aligning with Rwanda's commitment to inclusive growth and social protection (Sabates-Wheeler et al., 2020).

International organizations (IOs) play a crucial role in shaping social protection policies in Africa. Functioning as "proposal actors," IOs leverage their expertise and global purview to identify social problems, advocate for specific policy solutions, and disseminate best practices among nations (Leisering, 2021). In the context of the COVID-19 pandemic, IOs have consistently championed the importance of bolstering social protection systems, particularly in the global South. This advocacy translated into significant expenditures on social protection measures globally (Leisering, 2021). Gender considerations have emerged as a critical aspect of social protection in Africa. Evidence suggests that social protection measures, such as cash transfers, can enhance basic consumption, socioeconomic status, agency, and health outcomes for women, as well as improve schooling outcomes for girls and reduce intimate partner violence (Gavrilovic et al., 2022). However, the effectiveness of these measures hinges on their systematic integration of gender-responsive design and implementation. The COVID-19 pandemic response revealed a critical gap in addressing gender considerations, with less than 20% of global social protection and labor market measures incorporating a gender lens (Gavrilovic et al., 2022).

## AUTOMATIC STABILIZERS DURING COVID-19 IN AFRICA

Like governments in other parts of the world, many African governments also implemented automatic stabilizers as part of their social protection measures to mitigate the economic impact of the crisis. These stabilizers included various fiscal policies aimed at providing financial support to vulnerable populations, given the disruptions caused by lockdowns and economic downturns. A wide range of diverse automatic stabilizer policy instruments was deployed, and this was shaped largely by social, cultural, and political contexts as well as the magnitude of disruptions to decent livelihoods caused by the pandemic. For instance, desirous to protect informal workers, the government of South Africa introduced the COVID-19 Social Relief of Distress Grant, which provided a temporary cash transfer of ZAR 350 (approximately USD 23) per month to individuals who lost their income due to the pandemic and expanded the Unemployment Insurance Fund (UIF), ensuring the inclusion of informal sector workers (ILO, 2021). Ethiopia introduced several automatic stabilizers, including cash transfers and food assistance programs aimed at vulnerable populations, and public spending on health and social services was increased to address the immediate impacts of the pandemic (Lastunen et al., 2023).

In Togo, the government launched a new program called Novissi to provide cash transfers to eligible households, especially those in the informal sector who were severely affected by lockdown measures to stabilize their incomes during the crisis. In addition, the government also implemented measures to reduce utility costs and provide food assistance (ILO, 2021). In Ghana, the government announced a range of automatic stabilizers, including the provision of cash transfers to vulnerable households, the expansion of the LEAP program, a temporary tax relief package for businesses affected by the pandemic, and transitory subsidy on utilities such as water and electricity (Lastunen et al., 2023). Mozambique also widened the scope of its existing cash transfer programs to include an additional one million households during the pandemic to provide immediate financial relief to vulnerable populations affected by the economic downturn (Lastunen et al., 2023). Similarly, in Namibia, the government introduced a stimulus package to provide relief to both affected businesses and individuals during the first 21 days of the lockdown. This stimulus started with N\$8.1 billion but was later increased to N\$8.35 billion, providing economic stimulus, wage subsidies, emergency income grants, and

support services for education, health, and other safety measures (Republic of Namibia, 2021). Table 3.1 highlights some automatic stabilizer policy interventions deployed by a select few of SSA governments. Overall, the automatic stabilizer policies implemented by African countries across the continent during the COVID-19 pandemic showcased a range of responses to mitigate economic shocks. In the African context, some countries were able to implement targeted cash transfer programs that reached vulnerable populations, while others faced significant challenges for various structural and systemic reasons. Although only a limited number of countries were selected in Table 3.1 to illustrate the deployment of stabilizers in the COVID-19 era, and cannot claim to reflect complete picture of the situation in the region, the choice of countries presented in the table depicts sub-regional representatives with tremendous shared insights for others.

The impact of the pandemic on African economies has been particularly severe. The United Nations Development Programme (UNDP) estimated that South Africa's GDP could contract by up to 8% in 2020 (Gronbach, 2021), showing the magnitude of the economic challenge faced by nations across the continent. In response, several African countries implemented various social protection measures. An analysis of social protection measures in Africa between March 2020 and December 2021 reveals a diverse range of policies aimed at mitigating the socioeconomic impacts of the crisis. As noted in Table 3.1, the implementation of social protection policies varied significantly across the sub-regions of Africa, reflecting diverse priorities, capacities, and socioeconomic contexts. West Africa emerged as a leader in comprehensive policy implementation, demonstrating a notable commitment across multiple functional areas (Table 3.2 and Fig. 3.1). West Africa's approach was particularly pronounced in areas such as access (41.94%) (Table 3.1 and Fig. 3.1). The emphasis on education and disability support in West Africa to education (100% of policies in this category), disability support (100%), and health interventions is noticeably unique among the sub-regions, potentially indicating a more inclusive approach to social protection or addressing pre-existing gaps in these areas.

East Africa exhibited a broad and balanced distribution of policies across various functional areas. The sub-region's focus on old-age support (55.56% of policies in this category), sickness benefits (50%), and poverty/vulnerability interventions (45.16%) suggests a holistic approach to social protection. North Africa's policy distribution revealed a particular emphasis on general income support (28.57%) and unemployment benefits (27.27%). This focus might be indicative of the region's economic

**Table 3.1** Selected social protection interventions aimed at stabilization by some African countries in response to COVID-19

<i>Country</i>	<i>Policy interventions</i>
Botswana	The COVID 19 Pandemic Relief Fund is to provide financial resources to cater to the procurement of national relief supplies and evacuation costs for citizens outside Botswana, among other expenses. An Industry Support Facility was also introduced, targeted at providing support to the informal sector. Other measures included tax reliefs and loan guarantee schemes
Cameroon	Tax exemptions for operators in the hospitality industry and small-scale food vendors; some transport activities, including parking tax for taxis and motorcycle taxis, as well as axle taxes, and the use of municipal marketplaces. Other measures include increment in family allowances, from 2800 FCFA to 4500 FCFA, and a 20% upward adjustment in old-age income support for some categories of pensioners
Nigeria	Interventions include cash transfers of 20,000 Naira (US\$52) to individuals in poor and vulnerable households who had registered in the National Social Register (NSR)
Kenya	A reduction in personal income tax rate from 30% to 25%, complete tax relief for individuals earning less than 24,000 shillings (approximately US\$224), a reduction in the resident corporate income tax rate from 30% to 25%, a reduction of the turnover tax rate for small and medium-sized enterprises from 3% to 1%, and an immediate reduction in the value-added tax (VAT) rate from 16% to 14%
Zambia	Waiver of tax penalties and interest on outstanding tax liabilities resulting from the impact of COVID-19. The government has also extended the list of medical-related devices that are not subject to customs duty and value-added tax (VAT). These medical devices include thermometers, ventilators, testing equipment, and disinfectants
Senegal	Among others, tax rebates were introduced to enable local government to issue partial tax debt forgiveness from a fund of \$330 million (CFA 180 billion) to some of the population, as well as financial and commercial institutions affected by the COVID-19 pandemic
Guinea	Policies include exemptions from the payment of utility bills for businesses in the hospitality and agricultural sectors; reduction of taxes on health and life insurance contracts; exemption from the payment of the apprenticeship tax as an incentive to retain workers; and import duty exemption on fishing equipment

Source: Authors' compilation

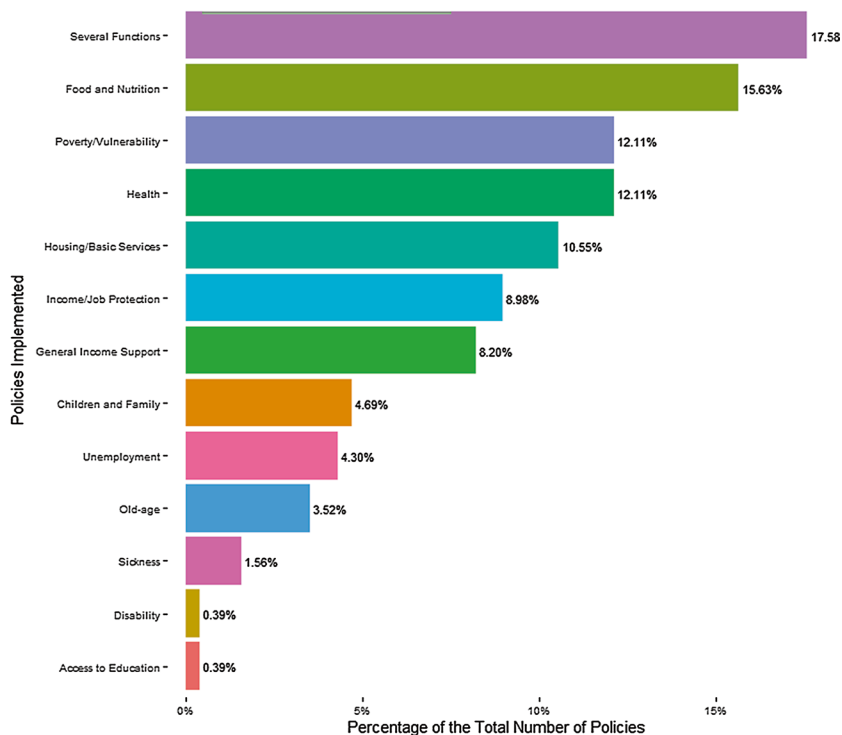
**Table 3.2** Social protection response to COVID-19 crisis in African sub-regions

<i>Policy function</i>	<i>Sub-region</i>			
	<i>Central%</i>	<i>East%</i>	<i>Southern%</i>	<i>West%</i>
Access to education	0.00	0.00	0.00	100.00
Children and family	50.00	25.00	8.33	0.00
Disability	0.00	0.00	0.00	100.00
Food and nutrition	17.50	32.50	17.50	27.50
General income support	4.76	19.05	28.57	19.05
Health	19.35	19.35	0.00	41.94
Housing/basic service	33.33	7.41	11.11	44.44
Income/job protection	26.09	26.09	17.39	26.09
Old age	0.00	55.56	11.11	22.22
Poverty/vulnerability	3.23	45.16	3.23	29.03
Several functions	17.78	31.11	8.89	28.89
Sickness	0.00	50.00	25.00	0.00
Unemployment	0.00	9.09	45.45	18.18

Source: ILO's Social Protection Monitor (<https://www.social-protection.org/gimi/ShowWiki.action?id=3426>)

structure and the pandemic's impact on formal employment sectors. The relatively lower emphasis on areas such as access to education and disability support (both at 0%) raises questions about the comprehensiveness of the region's social protection response.

In Southern Africa, there was significant focus on unemployment policies (45.45% of policies in this category) and general income support (28.57%). This concentration suggests a prioritization of economic stabilization measures, possibly in response to significant job losses and income reductions during the pandemic. Central Africa's policy distribution showed a marked emphasis on support for children and families (50% of policies in this category) and housing/basic services (33.33%). This focus could reflect the region's demographic structure or pre-existing vulnerabilities in these areas. However, the minimal engagement in areas such as access to education, disability support, and old-age benefits suggests potential limitations in the breadth of the region's social protection response. Across functional areas, several noteworthy trends emerge. The universal implementation of education access policies in West Africa stands out as a unique regional priority. Food and nutrition policies saw significant attention in East Africa (32.50%) and West Africa (27.50%), underscoring the critical importance of food insecurity, particularly during the



**Fig. 3.1** Social protection response to COVID-19 crisis by function in Africa. (Source: ILO's Social Protection Monitor (See <https://www.social-protection.org/gimi/ShowWiki.action?id=3426>))

crisis. The focus on health-related policies was prominent across all regions except Southern Africa, reflecting the direct health impacts of the pandemic.

The distribution of policies addressing poverty and vulnerability was particularly pronounced in East Africa (45.16%) and West Africa (29.03%), potentially indicating higher levels of pre-existing poverty or greater recognition of pandemic-induced vulnerabilities in these regions. The implementation of policies covering several functions was most evident in East Africa (31.11%) and West Africa (28.89%), suggesting more integrated approaches to social protection in these sub-regions. This analysis reveals significant regional variations in social protection approaches during the

COVID-19 crisis. While some regions, notably West and East Africa, implemented a broad spectrum of policies across multiple functional areas, others showed more targeted approaches. These differences may reflect varying regional priorities, economic conditions, existing social protection frameworks, and the specific impacts of the pandemic in each sub-region. A detailed analysis of the implementation and efficacy of such social protection policies in some countries during the pandemic offers insights into their respective approaches and outcomes. For instance, Ghana's response to the pandemic was characterized by both immediate relief and long-term economic stabilization. The government initiated the Coronavirus Alleviation Programme (CAP) in April 2020, allocating substantial funds to various sectors (Ministry of Finance, 2020). Notable allocations included GH¢579.5 million for the COVID-19 Emergency Preparedness and Response Plan, GH¢1028 million for electricity subsidies, and GH¢600 million for Micro, Small, and Medium-Sized Enterprises (MSMEs) support (Ministry of Finance, 2020). The government's commitment to infrastructure development, evidenced by the ambitious "Agenda 111" project to construct 101 new district hospitals, demonstrates a forward-looking approach to crisis management (Ministry of Finance, 2020).

Ghana's stabilization efforts from July to December 2020 focused on reducing the cost of basic services, ensuring food security, supporting businesses and workers, and strengthening the health system (Ministry of Finance, 2020). The extension of free water provision and electricity for lifeline tariff customers, coupled with a reduction in the Communications Service Tax, aimed to alleviate the financial burden on citizens (Ministry of Finance, 2020). The expansion of agricultural support programs and the establishment of a National Food Security Committee addressed concerns about food (in)security. Moreover, the creation of a GH¢ two billion Guarantee Fund to assist large businesses and the initiation of a National Unemployment Insurance Scheme demonstrated Ghana's commitment to comprehensive economic support (Ministry of Finance, 2020). South Africa's response stood out for its utilization of its well-established social protection framework. The government adopted a two-pronged approach, encompassing both social security and social assistance measures (Gronbach, 2021). The revision and extension of the Temporary Employee or Employer Relief Scheme (TERS) provided crucial support to formal sector workers affected by the pandemic (Gronbach, 2021). By October 2020, TERS had disbursed ZAR51 billion (USD3.46 billion) to

workers of over one million companies, highlighting the scale of the intervention (Gronbach, 2021).

In addition to supporting formal sector workers, South Africa implemented top-up payments for existing social grant recipients, benefiting 11.3 million individuals (Gronbach, 2021). The introduction of the COVID-19 Social Relief of Distress (SRD) grant, a temporary cash transfer of ZAR350 (USD24) per month for unemployed working-age individuals, marked a significant expansion of the country's social protection net (Gronbach, 2021). Despite initial implementation challenges, by the end of October 2020, this first temporary basic income grant had reached six million individuals, demonstrating the government's capacity to rapidly deploy new social protection measures in response to the crisis (Gronbach, 2021; Leibbrandt et al., 2020). The Ethiopian government's Productive Safety Net Program (PSNP), which provides cash or food transfers to households in exchange for work on public infrastructure projects, was expanded during the pandemic, and this intervention shaped access to income. During the pandemic, the government expanded the PSNP to provide additional support for households that had lost income due to the lockdown measures. The World Bank 2021b noted that the expansion of the PSNP in Ethiopia assisted in mitigating the economic impact of the pandemic by providing a buffer against food insecurity for vulnerable households.

Mozambique's response to the pandemic highlighted the challenges faced by countries with high levels of informal employment (Saute et al., 2020). With approximately 80% of the labor force working in the informal sector, which accounts for 31% of GDP, the government faced the daunting task of providing support to a large, vulnerable population without access to formal social protection mechanisms (Saute et al., 2020). In collaboration with international partners, Mozambique implemented one of the most ambitious social safety net response plans in the region, aiming to benefit more than 1.5 million affected families (Saute et al., 2020). Mozambique's approach included the provision of single cash transfers equivalent to three months of regular subsidies to existing social assistance program beneficiaries, covering 566,642 households at an estimated cost of US\$25.4 million (Saute et al., 2020). The Post Emergency Direct Cash Transfers Program (PASD-PE COVID) aimed to reach 990,000 new beneficiaries, representing almost 40% of the poor urban population, with monthly cash transfers of Mt.1500 (approximately US\$21) for six months (Saute et al., 2020). This program's implementation was phased, with

initial funding secured for 290,000 families in priority urban areas (Saute et al., 2020). A notable aspect of Mozambique's response was the emphasis on leveraging digital platforms and tools to improve the delivery, prioritization, and targeting of social transfers (Saute et al., 2020). The introduction of digital payments through mobile wallets, supported by the World Bank and other partners, aimed to address the challenge of financial exclusion, particularly among women and rural residents (Saute et al., 2020).

Comparing the approaches of these four countries reveals both commonalities and distinctions in their social protection strategies. All four countries prioritized cash transfer programs, recognizing the immediate need for financial support among vulnerable populations. However, the scale and implementation of these programs varied significantly. South Africa's response, building on its existing social protection infrastructure, was arguably the most comprehensive, reaching millions of beneficiaries through both existing and new programs. Ghana's approach was notable for its emphasis on long-term economic stabilization alongside immediate relief measures. Tunisia's response was characterized by strong international support and a focus on strengthening the overall social protection system. Mozambique's strategy highlighted the challenges of reaching informal sector workers and the potential of digital solutions in overcoming these obstacles. The effectiveness of these social protection policies in stabilizing economies during the COVID-19 crisis is evident, though challenges remain. Rapid implementation of cash transfer programs provided crucial support to vulnerable populations, potentially mitigating the depth of economic contraction. However, issues such as targeting accuracy, digital infrastructure limitations, and the sustainability of expanded programs in the face of fiscal constraints pose ongoing challenges.

Notwithstanding the tremendous efforts to arrest the socioeconomic impact of the pandemic through the deployment of automatic stabilizers, the overall experience of some African countries has not been impressive. A study by the International Monetary Fund (IMF) that analyzed data from 45 countries on the continent found that African countries with stronger automatic stabilizers were better able to cushion the economic impact of the pandemic and, overall, had marginal declines in economic growth in 2020 compared to countries with weaker automatic stabilizers (International Monetary Fund, 2021). In another study by the African Development Bank (AfDB) that analyzed 30 African countries, it was found that automatic stabilizers played a crucial role in mitigating the

impact of the pandemic on African households. In particular, this study noted that automatic stabilizers introduced by African countries provided safety nets that helped to reduce poverty and inequality for persons in vulnerable households. In addition, it averred that comparatively, countries with stronger automatic stabilizers provided more generous social protection benefits during the pandemic (AfDB, 2021).

However, the effectiveness of automatic stabilizers in African countries has been constrained by several factors. For instance, many African countries have limited fiscal space, which can constrain their ability to implement automatic stabilizers. Additionally, weak institutional capacity imposed limitations on the effectiveness of automatic stabilizers, particularly in situations where state bureaucracies were unable to quickly and efficiently deliver support to vulnerable populations. In some cases, automatic stabilizers were also less effective in addressing the specific needs of vulnerable populations, such as women or people with disabilities, who may require targeted support (United Nations Economic Commission for Africa, 2020). For instance, in Mozambique, the government implemented several measures to protect poor households from income losses during the pandemic. These included cash transfers and food assistance programs. However, while they mitigated the immediate impact on specific groups, they only marginally cushioned the overall rise in poverty and inequality across the entire population. The poverty rate increased significantly, demonstrating that while targeted measures can help, they often fall short of addressing broader economic challenges during widespread crises (Lastunen et al., 2021).

Similarly, the effectiveness of automatic stabilizers in Ghana in addressing the challenges imposed by COVID-19 was undermined by the suspension of the national school feeding program during lockdowns. This program was crucial for many low-income families, but as schools were temporarily closed to enforce adherence to social distancing policies, the school feeding program was halted as well. The suspension negated the positive impacts, resulting in food insecurity and hardship among populations in vulnerable households. Consequently, the overall deployment of automatic stabilizers was insufficient to mitigate the economic fallout for many households, especially those in the informal sector, which remained largely unprotected (Lastunen et al., 2021).

In the case of Uganda, the government did not implement substantial policies to support informal workers, who constitute a large segment of the working population. As a result, many individuals faced severe income

losses without any safety net. This situation was exacerbated by the absence of effective cash transfer programs and unemployment benefit schemes, thereby making automatic stabilizers unable to ameliorate the adverse economic impact of the pandemic for a significant segment of the population and pushing many more into abject poverty (Lastunen et al., 2021). Tanzania shares a similar experience with Uganda, where the government's response to COVID-19 was rather one of cautious minimal intervention, exposing many of the citizens to the adverse impact of the pandemic, resulting largely from the absence of significant automatic stabilizers or social protection measures. In particular, the lack of a structured response by the government of Tanzania meant that many workers in the informal sector and their families were exposed to dire economic conditions, underscoring the ineffectiveness of existing stabilizers in providing necessary support during crises (Lastunen et al., 2021). In the case of Rwanda, while the implementation of automatic stabilizers increased incomes by about 1.9% during the crisis, the impact was marginal in the context of the economic shock experienced by the country. Therefore, there was some relief from the adaptation of automatic stabilizers; however, its overall impact was insufficient due to the economic disruptions associated with the pandemic. The reliance on existing tax and benefit systems, which were already under strain, imposed limitations on the effectiveness of the government's response (Lastunen et al., 2023).

The ineffectiveness of automatic stabilizers in African countries during the COVID-19 crisis should be understood against the backdrop of system and structural factors characteristic of African economies, and these include limited fiscal space (International Monetary Fund, 2020), a weak institutional capacity that limits the ability of countries in the region to effectively implement automatic stabilizers (World Bank, 2019), a large informal economy that challenges the effectiveness of adopting automatic stabilizers such as unemployment insurance that relies heavily on formal labor market relationships (International Labour Organization, 2020), limited scope of social protection programs in terms of coverage (United Nations Economic Commission for Africa, 2020), and an endemic culture of macroeconomic instability that reflects in high inflation or exchange rate volatility. The combined effect of which undermines confidence in the ability of automatic stabilizers to yield optimal results in protecting the population (International Monetary Fund, 2020).

## CONCLUSION

This analysis of the role of automatic stabilizers in social protection during the COVID-19 pandemic in Africa reveals significant regional disparities and highlights the critical importance of these mechanisms in mitigating socioeconomic shocks. The pandemic revealed the fragility of healthcare systems and economies across the continent and the need for social protection measures to safeguard vulnerable populations. The findings indicate that West Africa emerged as a leader in comprehensive policy implementation, with a notable emphasis on education, disability support, and health interventions. This region's inclusive approach reflects a strong commitment to addressing pre-existing gaps and ensuring broad-based social protection. In contrast, Central Africa's policy focus was predominantly on support for children, families, and housing/basic services, with minimal engagement in other critical areas such as education and disability support. This limited scope suggests potential constraints in the social protection framework of the region.

The analysis of specific country cases provides useful insights into the effectiveness of automatic stabilizers in mitigating the socioeconomic impacts of the pandemic. For instance, Ghana's CAP and South Africa's expansion of existing social protection frameworks exemplify the potential of automatic stabilizers to provide immediate relief and long-term economic stabilization. The rapid deployment of new measures, such as South Africa's COVID-19 SRD grant, shows the adaptability of social protection systems in crises. Furthermore, Tunisia's international cooperation-backed approach and Mozambique's ambitious social safety net response plan highlight the importance of external support and innovative solutions in strengthening automatic stabilizers, particularly in countries with high levels of informal employment. These findings have significant implications for policy and practice in African social protection systems. The varying degrees of success in implementing automatic stabilizers across different countries suggest that policymakers should consider tailoring social protection mechanisms to their specific national contexts while also learning from successful interventions in other African nations. The observed effectiveness of pre-existing social protection frameworks in countries like South Africa emphasizes the importance of investing in robust social safety nets that can be quickly mobilized and expanded during crises.

While the long-term impacts of these interventions and their sustainability remain to be fully assessed, it is worth mentioning that African

countries need to prioritize strengthening fiscal capacity, expanding social protection programs, improving the design and implementation of automatic stabilizers, enhancing policy coordination, building resilience to future shocks, and working together to improve regional cooperation and knowledge or experience sharing. By doing so, they can better coordinate and withstand future economic and health crises and promote sustainable and inclusive growth. The condition of SSA countries with automatic stabilizers during COVID-19 opens avenues for further research that focuses on assessing the long-term effectiveness of the implemented automatic stabilizers, notably their effects on poverty reduction, economic recovery, and social cohesion, especially for comparative lesson-drawing and best practices.

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## CHAPTER 4

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# The Need for Transformative and Equitable Health Policy

*Kadidiatou Kadio, Abdourahmane Coulibaly,  
Abdou Elhadji Dagobi, Emmanuel Bonnet,  
and Valéry Ridde*

### INTRODUCTION

The social question has never been so worrying in African countries, given the multiple economic, political and security crises that have followed one another and their consequences on the social fabric. The Structural Adjustment Programmes (SAPs) of the 1990s were a harsh experience for

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K. Kadio (✉)

Institute for Research in Health Sciences (IRSS), Ouagadougou, Burkina Faso

The National Center for Scientific and Technologic Research (CNRST),  
Ouagadougou, Burkina Faso

A. Coulibaly

Faculty of Medicine and Odontostomatology, Université des Sciences, des  
Techniques et des Technologies, Bamako, Mali

A. E. Dagobi

University of Niamey, Niamey, Niger

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D. Béland et al. (eds.), *The State and the Imperative for Social Policy  
Reform in Africa*, Global Dynamics of Social Policy,

[https://doi.org/10.1007/978-3-032-02432-9\\_4](https://doi.org/10.1007/978-3-032-02432-9_4)

the people of Africa, whose governments were subjected to austerity that was often ineffective—the following period marked a profound deterioration in public policies and household living conditions (Mkandawire & Soludo, 1999). This saw a succession of social violence, initially confined to certain Central African states. Some extent to North Africa, then gradually spreading to almost all the states of West Africa, affecting nearly half of Mali and Burkina Faso, a tenth of Niger, and progressively taking hold in the north of the coastal countries (Benin, Togo, Ghana, Côte d'Ivoire) (Olivier de Sardan, 2023). The increase in natural disasters linked to climate change and conflicts on the continent has amplified the precarious conditions of households living in extreme poverty (Banque Mondiale, 2025). In the Sahel region, climate change combined with the security crisis has exacerbated social and economic problems and increased the number of people living in poverty as a result of forced population displacement (UNHCR, 2024). For example, Niger experienced heavy rains and flooding in 2021, affecting more than 88,000 people (Blunden & Boyer, 2024). The security crisis has led to a reorientation of government actions (Burkina Faso and Mali) and increased public spending on security to the detriment of social sectors (Somda, 2024). For example, in 2020, in Burkina Faso, only 10.3% of internally displaced persons (IDP) households reported receiving government support to finance their children's schooling (Zahonogo, 2020).

COVID-19 has had disastrous social and health consequences throughout the world. In 2020, it led to a loss of income for populations in low- and middle-income countries, mainly those in the informal sector in urban areas who cannot work at home and are not protected by social assistance or social insurance schemes (WIEGO, 2020). In French-speaking West Africa, Burkina Faso, Mali, Niger and Senegal saw an increase in extreme

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E. Bonnet

Institute of Research for Development, French National Institute for Sustainable Development, Paris, France

e-mail: [emmanuel.bonnet@ird.fr](mailto:emmanuel.bonnet@ird.fr)

V. Ridde

CEPED, Université Paris Cité, IRD, Paris, France

Inserm, Paris, France

Université Sorbonne Paris Nord, Paris, France

poverty of more than three percentage points due to the COVID-19 pandemic between 2020 and 2022 (Abay et al., 2023). This deterioration in people's living conditions necessarily raises questions about the actions taken by the State to provide them with support and protection. More broadly, this context calls for reflection on the social policies developed and implemented to deal with the consequences of this situation. This chapter examines the social policy responses to COVID-19 in Burkina Faso, Mali, Niger and Senegal, focusing on the issue of social assistance for indigent people, a paragon of the challenges of equity.

Most African countries have implemented public health measures to contain the spread of the SARS-CoV-2 virus (Bonnet et al., 2021). These measures have negatively affected households, particularly the poorest, leading to the implementation of public social interventions to mitigate them. Indeed, the economic activities that these people were carrying out were interrupted when the measures to encourage physical distancing became stricter (Economic Commission for Africa, 2021; Sene, 2021).

However, the pandemic has highlighted the fragility of social protection systems in supporting these households. In fact, the difficulties in implementing social assistance interventions (e.g. targeting) in some countries have often resulted in less inclusive programmes due to the context of their weak institutionalisation. In addition, the strategies and social responses that have been proposed are ad hoc in nature. In contrast, the socio-economic consequences of health measures are potentially long-lasting for populations (Abay et al., 2023). Targeting the beneficiaries of cash transfers during the pandemic was difficult due to the failure of specific population registers and administrative data on vulnerable populations. Also, many poor people were excluded because of the limited pre-pandemic coverage of the programmes, and it was impossible to expand them rapidly because they were financed by donors who were economically weakened by the pandemic (Abay et al., 2023). In the health sector, COVID-19 reignited the political debate on plans for a national health insurance scheme in South Africa (Reid, 2020), while in Morocco, beneficiaries of the medical assistance scheme (RAMED) received a one-off cash transfer worth between USD 80 and 120 (International Monetary Fund-IMF, 2021). Using the COVID-19 crisis as an entry point, this chapter examines the fundamental issues of social policy in general and the indigent in particular, based on the cases of four countries: Burkina Faso, Mali, Niger and Senegal. Data is drawn from scientific publications, grey literature, institutional websites and the authors' research.

## COUNTRY RESPONSES TO SUPPORT VULNERABLE POPULATIONS DURING COVID-19

The first cases of Covid-19 were confirmed in the four countries in March 2020. The governments took several measures to curb the spread of the COVID-19 virus within the population as soon as the first cases appeared (Bonnet et al., 2021). These measures initially concerned the organisation of the healthcare system in terms of treating patients, monitoring contact cases and screening. Vital decisions were also taken to restrict individual freedoms. These included a ban on gatherings of more than 50 people and the introduction of measures to encourage physical distancing (closing schools, markets, places of worship, entertainment venues, curfews, confinement of contaminated towns). However, these measures to control the transmission of the disease, in particular the measures to encourage physical distancing imposed on the population, had adverse effects for thousands of people. These physical distancing measures have led to a slowdown in the economic activities that occupy most of the urban working population (Bonnet et al., 2021) and disrupted the income generation for their subsistence. For example, the few employees who were able to work from home or who benefited from paid leave were less affected than low-income workers in the informal sector, such as street vendors, women engaged in income-generating activities in markets, street children, beggars and impoverished people, whose livelihoods depend on daily interactions with other people (Bolton & Georgalakis, 2022; Economic Commission for Africa, 2021). Following the decrees limiting people's mobility and activities, governments announced a series of measures designed to mitigate these consequences. These measures mainly targeted informal economic players such as traders, market workers and vulnerable categories. These were primarily social assistance measures, which accounted for around 86% of all responses recorded worldwide (Gentilini, 2022). They took the form of cash and food transfers, subsidies and fee exemptions for public services, tax breaks and VAT exemptions (International Monetary Fund-IMF, 2021).

### *Cash and Food Transfers*

Cash transfers have been the most widespread intervention to compensate individuals and households for the loss of income due to the confinements associated with COVID-19 (Gentilini, 2022). In Africa, governments

have most often relied on existing programmes (Devereux, 2021). The government of Burkina Faso set up a food assistance operation worth 48.1 billion CFA francs (CFAF), distributing food and cash and subsidising the sale of cereals. Food was distributed to vulnerable groups, including women heads of household, people with disabilities and older people. Cash transfers of 20,000 CFA francs per month for three months were sent to 43,000 people identified from social safety net programmes (Pambè & Thorsen, 2021). Niger has spent 65.2 billion CFAF on measures to support the most vulnerable households through the distribution of cereals, seeds, and livestock feed (Sahel and West Africa Club Secretariat-SWAC/OECD, 2020). Mali has used the Jigisemjiri transfer programme to distribute cash, food, and vouchers worth around 15 billion CFAF (UN-Mali, 2020). Senegal used the Single National Register (RNU 588,045 households) as well as community targeting (411,955 households) and households from specific groups (people with disabilities, refugees, bus station drivers) to distribute food and cash to 1.1 million households (Cours des Comptes-Sénégal, 2022; Diouf et al., 2021). Sixty-nine billion CFAF was allocated to food assistance in the context of the pandemic. In its evaluation report, the Senegalese Court of Auditors noted numerous inclusion and exclusion errors in targeting beneficiary households. It states that “*this raises a problem of the reliability of RNU information*”. For example, some regional governors have reprocessed the RNU lists to remove ineligible people. The politicisation of social programmes is also a worldwide constant, with political figures using these programmes to attract the support of beneficiaries.

### *Subsidies and Fee Exemptions for Public Services*

Burkina Faso, Mali, Niger and Senegal temporarily abolished payment for water and electricity for a period of two to three months (between April and June 2020), either for the whole population or for targeting a specific population group. Mali, for example, provided electricity and water free of charge for two months to consumers in the lowest social bracket. Senegal suspended electricity and water payments for the poorest customers for two months (15.9 billion FCFA). In Burkina Faso, the poorest households were exempted from paying their water and electricity bills for three months, while the others received a 50% rebate on electricity. However, we are not aware of any impact assessment of these measures.

### *Tax Breaks and VAT Exemptions*

Countries have organised tax exemptions and relief for businesses to mitigate losses and bankruptcies. Burkina Faso has suspended or postponed the collection of various taxes and suspended or remitted penalties to secure the country's supply of consumer goods and pharmaceutical products (Kobiané et al., 2020; Pambè & Thorsen, 2021). Mali has introduced a three-month exemption from VAT on electricity and water tariffs and a three-month exemption from customs duties on imports of basic foodstuffs (rice and milk) (UN-Mali, 2020). In Niger and Senegal, measures have also been taken to ease the liquidity constraints on businesses in difficulty, including the deferral of tax payments and tax breaks for the hardest-hit companies, particularly those in the hotel, restaurant and transport sectors (ITUC-AFRICA, 2020; International Monetary Fund-IMF, 2021). In Burkina Faso, small and medium-sized enterprises (SMEs) have benefited. In Senegal, even Air France obtained a subsidy of more than 100 million CFA francs, which did not exceed the monthly tax withheld in January and February 2020. Several luxury hotels received large subsidies (over 450 million for one of them, the Terrou Bi), and even the national lottery company (LONASE) received over 460 million. The section below discusses the social protection mechanisms deployed in countries to protect low-income people.

### *Ad Hoc Responses and Indigent People*

Most countries have mobilised resources to combat the pandemic and support people and businesses affected by government health measures. However, the fight against COVID has focused on targeting people at risk (health, clinical, epidemiological) without considering the social risk. The social responses that have been proposed are one-off, whereas the socio-economic consequences of health measures are potentially long-lasting for populations (Abay et al., 2023). Moreover, in Sahelian countries, the measures taken to manage the collateral effects do not consider the social dimensions linked to the security situation. For example, the displacement of people caused by insecurity has not been explicitly considered in the response plans of Burkina Faso, Mali and Niger, which have large numbers of internally displaced people living in precarious conditions.

The social consequences of public health measures have increased the number of people in extreme poverty, living on less than \$1.90 a day

(Abay et al., 2023). These people are also known as the destitute: “people who are extremely disadvantaged socially and economically, unable to meet their needs and lacking internal or external resources”. Suppose researchers have little to say about indigence, and little is written on the subject. In that case, it is undoubtedly less because it is absent from the daily lives of many people in Africa than because the concept is labile and a “wicked problem” in the sense of the study of public policy (Atchessi et al., 2018). All welfare interventions in Africa are generally concerned with the vulnerable and the poor, but the indigence is rarely named as a category of “beneficiary” people. This was also the case during COVID-19.

Yet, the willingness of governments to include people with low incomes is reflected in strategies to reduce socio-economic losses. The countries covered in this chapter have built on existing social protection programmes and introduced new programmes to support the poor and vulnerable during the pandemic. The government of Senegal used the National Family Security Grant Programme (PNBSF) developed in 2013 to support the poorest. Then, it targeted beneficiaries through the single social register (RSU) and ad hoc community processes. In Burkina Faso, the government’s social assistance beneficiaries were selected by local authorities and social services, and the many humanitarian actors drew on their existing interventions. However, implementation difficulties related to targeting and coordinating actions made it difficult to include the poorest people. In theory, it could be said that Senegal and Mali, which have used RSU to select people with low incomes, have excluded fewer needy people than Burkina Faso and Niger, which do not yet have this tool. The following sections highlight the inclusion of the chronically poor in the responses to COVID-19 in various countries.

#### FRAGMENTATION AND COVERAGE CHALLENGES FOR THE POOREST IN BURKINA FASO

The government of Burkina Faso has decreed public health measures to combat COVID-19. The socio-economic impact of these measures on households has increased the proportion of people living in extreme poverty by 0.5 percentage points in 2020, with around 300,000 new poor people. The 2020 economic recovery plan (4.6% of 2020 GDP) aimed to contain the virus and support vulnerable populations and MSMEs. The

plan focused on health measures<sup>1</sup> with 44% of the budget. Only 18% were devoted to social assistance for vulnerable households and individuals. The remainder of the budget was allocated to supporting businesses and protecting jobs, including in MSMEs and the informal and vulnerable sectors (hotels, trade and transport) Banque mondiale, (2021).

However, the fragmentation of social assistance, poor geographical coverage and lack of distribution platforms have been a challenge despite the gradual increase in social protection spending since 2010 (2.4% of GDP in 2019 and higher than the average for sub-Saharan countries, 1.53%). In 2019, more than 200 separate social assistance programmes illustrated this fragmentation (Beegle et al., 2018). The 20 most extensive programmes accounted for almost 80% of social assistance spending in 2019, including five cash transfer programmes. Stakeholders have relied on their existing social assistance programmes to respond to vulnerable households and individuals. However, most programmes are based on category targeting, and coverage is lower for the poorest quintile (Banque mondiale, 2021). Burkina Faso had not yet implemented the RSU to have a database that would serve as a single platform for the response. The government's response, based on targeting specific categories (the disabled, the elderly, widows, etc.), consisted of distributing food and goods in kind without necessarily addressing equity of access. The World Bank used its "Burkin Naong Saya" project to transfer money to households (PFS-BNS, 2024). The FAO distributed cash to around 228,000 people identified in 32,590 IDP and female-headed households.

During the pandemic, the leading players involved in social policy were the Ministry of Social Action, the permanent secretariat for implementing the national social protection policy, donors and the Caisse Nationale de l'Assurance Maladie Universelle. They disagreed on the concepts of the indigent, the poor and the vulnerable, as well as on the identification strategy, thus creating a deadlock. Each player believes he has the best approach to targeting. This illustrates the need for intersectoral coordination to implement inclusive social policies that meet needs. As a result, the actors worked without consulting each other, and the amounts of cash transfers and the targeting of beneficiaries were not harmonised, creating community tensions in some areas. This lack of coordination between

<sup>1</sup>These include monitoring and containing the spread of the virus, strengthening medical infrastructures and health staff, communication, purchasing medical equipment and building temporary health facilities.

stakeholders led the government to suspend cash transfers (Cash Working Groups, 2024).

In addition, some donors of social safety nets wish to focus on vulnerability to shocks to target beneficiaries and lift them out of extreme poverty. This attitude is supported by the fact that indigence seems to be a situation of chronic irreversible poverty, given the socio-sanitary characteristics of these people (Kadio, 2013; Kadio et al., 2014; Ouédraogo et al., 2017). Indeed, indigence is a category of people who need multidimensional assistance to break intergenerational transmission of poverty and from their social conditions. Yet they are often forgotten, even in health emergencies or natural disasters that are supposed to affect them more. The management of COVID-19 is a case in point. The specific needs of people living in chronic poverty, who are usually discriminated against in terms of health or education, are often not considered in the response plan. For example, measures such as learning through television and radio, which were proposed to ensure continuity in education, were likely to increase inequalities in schooling (Pambè & Thorsen, 2021). Subsidies and exemptions from paying for public services such as water and electricity exclude them since almost all own none.

What's more, they are generally unable to get to the places where food is distributed because of old age, disability, isolation, and so on (Kadio et al., 2014; Ouédraogo et al., 2017). In short, COVID-19 once again demonstrated the absence of debate on equity and social justice issues in the social policy debate. The problem of the indigent is only addressed when policymakers can exploit it to illustrate a “semblance of solidarity” (Kadio et al., 2017).

#### SOCIAL PROTECTION FOR PEOPLE IN NEED AS PART OF THE FIGHT AGAINST COVID-19 IN NIGER

In this hinterland country, which receives very little rainfall and has crop failures every other year on average, the restriction on trade imposed by containment has considerably reduced the supply of foodstuffs and various equipment and inputs for production. In the Global Plan for the Response to the Coronavirus Pandemic drawn up by the Interministerial Committee for Pandemic Management (Premier ministère, 2020, p. 26), the impact of COVID-19 is presented in these terms: “The main impact would be linked to the loss of income, which would result from a slowdown, or even

a halt, in economic activities in a context of gradual scarcity of essential goods. This could lead to an acute food crisis, given the shortfall in the 2019/202 agricultural season, and to the emergence of societal phenomena such as rural exodus, migration, theft, organised crime, begging, prostitution and street demonstrations, which could exacerbate the difficult context linked to the country's security situation" (Premier ministre, 2021). To account for this situation, the government has increased the number of vulnerable people eligible for the food and nutritional support usually provided to populations in the event of a cereal shortage. The budget estimated at 186 million CFA francs in the initial plan<sup>2</sup> 2021 has been increased to 343 million FCFA in the revised plan, an increase of 46%. The target was estimated at 5.6 million people, including 2.7 million for emergency food assistance during the lean season and 2.9 million for unconditional cash transfers such as social safety nets and conditional cash transfers. We do not have precise data on evaluating the implementation of the revised support plan for vulnerable populations in the fight against COVID-19. However, if we go by what some beneficiaries have said, it can be argued that this operation has produced mixed results, particularly in the effectiveness of targeting. On the one hand, the money received enabled some households to solve specific problems, such as buying food or clothing for their children. On the other hand, many other households were removed from the list of beneficiaries after the first round and fell back into poverty. In short, the cash transfers made as part of the fight against COVID-19 in Niger seem to have been a flash in the pan because they were not linked to a genuine programme to combat poverty.

### MEASURES TO COMBAT ECONOMIC INEQUALITIES LINKED TO COVID-19 AT THE EXPENSE OF INEQUALITIES IN ACCESS TO HEALTHCARE IN MALI

In Mali, many workers are employed in the tertiary and secondary sectors and are poorly covered by social protection systems. During the COVID-19 crisis, curfew periods with travel restrictions harmed the activities of workers, particularly those engaged in nighttime activities: security guards and

<sup>2</sup>For a detailed presentation of this plan, see Dispositif National de Prévention et de Gestion des Crises Alimentaires, Plan de Soutien aux Populations vulnérables du Niger 2021, 116 p.

service staff in bars, nightclubs and restaurants. Complementing other daytime activities has also had a significant negative effect.

To strengthen social protection, the government of Mali has announced several social protection measures worth CFAF 137 billion (1.3% of GDP): VAT relief on electricity for three months, tariff relief on rice and milk imports, food distribution, and support for utility bills for the poorest. Among the measures announced, the creation of a Special Fund for Vulnerable Households is the most critical measure to mitigate the negative impact of the crisis on the most vulnerable (CFAF 100 billion), and this fund exceeds the entire budget allocated to social protection in the State budget for 2020. A third of this fund was to finance the Jigisemjiri programme, one of Mali's humanitarian cash transfer programmes. These various government measures were intended to reduce the social and economic inequalities associated with COVID-19. However, the specific situation of the indigent during the pandemic was not at the centre of the health agenda. Despite a medical insurance scheme (RAMED) designed to cover indigent people, their access to care during the pandemic was restricted because of certain indirect costs not covered by the social security system. For example, during the first wave of COVID-19 in April 2020, some healthcare workers linked the right to consult outpatients to wearing masks to protect against the risk of contamination. This health precaution has resulted in additional healthcare costs, particularly for the poorest sections of the population. Overall, all the measures were designed to alleviate the economic difficulties of vulnerable groups, but very few of them directly targeted access to healthcare. The pandemic has demonstrated the inadequacy of such an approach and the need to include access to healthcare for vulnerable groups in future policies to combat epidemics.

### CARE FOR VULNERABLE PEOPLE IN SENEGAL DURING COVID-19

Senegal has mobilised enormous public resources to combat the COVID-19 pandemic and support the organisations and individuals affected. The government had announced 1000 billion CFA francs for the FORCE COVID-19 national programme. Ultimately, 790 billion CFA francs (including loans) will have been spent in 2020 and 2021, 84.5% of which was financed by international donors. Over and above the management errors and fraud uncovered by the Cour des Comptes (French audit

office)<sup>3</sup> in the context of significant political change in 2024, it is interesting to study the place of social protection and health in this national response on an unprecedented scale. Thus, the two critical ministries for social security (health and social action; community development) have respectively obtained 11.71% (86 billion) and 10.92% (81 billion) of the resources in 2020 out of a total of 740 billion for 2020. This proportion is lower than the allocation to the Ministry of Petroleum and Energy, which obtained 28.88%, or 214 billion, and close to the 11.81% obtained by the Ministry of Finance and Budget.

The governance of the health response to COVID-19 in Senegal has been similar to the global response to it and to the history of the fight against past epidemics (Rajan et al., 2020; Ost et al., 2022). This governance has not been very inclusive, ignoring issues of equity, social representation and community participation. The approach has been very medical and clinical, with equity and social matters missing from the health sector's national preparedness and response plan, and even the planned national scientific committee has never been convened (Ridde & Faye, 2022). The risk was, therefore, perceived first and foremost from a clinical and medical point of view before social issues were considered, mainly the exclusion of the poorest people. These measures have been applied to the whole population without considering sub-groups' needs, neglecting the proportionate universalism essential to equity in public health (Marmot, 2015). None of the activities the National Epidemic Management Committee prioritise concerns the poorest people or equity issues more broadly (CNGE, 2020). The poorest people, victims of the pandemic and, above all, of measures to contain it (Bonnet et al., 2021), have had little support to cope. However, the Senegalese government quickly grasped the scale of the problem and used its National Family Security Grant Programme (PNBSF) to support the poorest people. This programme was set up in 2013 to support the destitute through a cash transfer (initially 25,000 francs per quarter) and free services (mutual health insurance and free healthcare). These people have been selected through community and administrative targeting and are registered with an RNU. The low effectiveness of the programme in lifting its beneficiaries out of poverty (World Bank, 2022) and the challenges of targeting are well-known (Deville et al.,

<sup>3</sup>The Court notes, for example, that “with regard to the French Development Agency, an amount of 4.49 billion is not taken into account in the PLR for COVID-19 resources, even though it is actually collected by the Treasury”.

2018a), not to mention the national and local political influences on the selection of the people concerned. However, as in many countries worldwide, it is worth noting the willingness of those in charge to support the poorest households during this pandemic period (by selecting other people in addition to those in the RNU, for example, bus drivers). An evaluation of the use of the PNBSF during the COVID-19 pandemic has never been carried out. Still, the Senegalese media very often highlighted the vast distribution of resources in the villages without the selection of beneficiaries being called into question.

Moreover, recent analyses show that these people are not taking advantage of their right to access free healthcare (Ly et al., 2022), and nothing has been done during the pandemic to tackle this. The support measures needed by recipients of these cash transfers were not mobilised, even though they were one of the four key recommendations of the pre-pandemic evaluation of the PNBSF (World Bank, 2022). In addition, the Cour des Comptes notes that although 1.1 million households benefited from cash transfers and food aid during the pandemic, “interviews with regional governors revealed major shortcomings in the targeting of beneficiary households”. Social justice issues about equality and equity were more often discussed in this distribution. The Cour des Comptes report does not mention “poor” or “indigent” (Dia, 2022). Nor does the report evaluating the 1.2 billion euros granted by the Agence française de développement (AFD) in the health sector in 2020 to respond to the pandemic look at the equity of its use (Lacave et al., 2024). This large-scale initiative has not been an opportunity for AFD to redirect its support for health and social protection in recipient countries (the majority of which are in Africa) to take more excellent account of equity issues and the plight of the poorest. The few projects targeting “vulnerable populations” have not produced “results beyond the intervention”, demonstrating the ephemeral nature of emergency responses, not to mention that gender inequality issues have been sidelined in all the projects supported.

#### PERSISTENT VULNERABILITY OF SOCIAL POLICIES IN FRENCH-SPEAKING WEST AFRICA

The recent experience of COVID-19 at the global level shows that strategic interventions in times of crisis are usually based on social policies to improve the human condition. To avoid the economic and social

consequences of the COVID-19 crisis, countries with so-called advanced economies<sup>4</sup> have all abandoned or rejected budgetary rigour in favour of costly emergency social and economic programmes to provide rapid support for the unemployed, their families and their businesses (Béland et al., 2021a). Our analysis has shown that French-speaking West African countries have implemented assistance measures combining social transfers, public service subsidies, tax and VAT exemptions. The countries have continued their current assistance programmes, which new social measures have strengthened. In the health sector, they continued implementing targeted free healthcare policies and added care for COVID-19 patients. However, the pandemic has once again revealed the limits of social policies and the weaknesses of healthcare systems regarding reception capacity, the availability of technical facilities to offer quality services, and funding to ensure the subsidisation of all these services. In addition, protective instruments such as wage subsidies for temporary unemployment could not be used. Unemployment insurance is non-existent, or even embryonic, in the four countries and could not, therefore, be deployed to protect workers in the formal or informal sector who were most affected. The benefits of protecting public and formal private sector workers cover accidents at work, maternity leave, sick leave, retirement pensions and so on (International Labour Organization, 2021). Those in the informal sector have no protection at all. Analysis of the case of indigent people also showed that assistance probably did not reach this category of people. Social responses were mainly aimed at stabilising incomes and preventing a free fall in the economy, thus excluding people in chronic poverty, such as people in need. This situation again highlights the vulnerability of social protection programmes in French-speaking West Africa and calls for reflection on the central challenges facing social policies in French-speaking West Africa and the prospects for improvement.

Developing social public policy is a highly political process involving power relations, access to resources, and the dominant ideology of the role of the state and markets (Mkandawire, 2004; Béland et al., 2021b). In Africa, the role of donors is vital (Cherrier, 2016; Kadio et al., 2018). The historical trajectory of social policies in the four countries is almost identical. In addition to sharing the same colonial history, they are under the influence of the same technical financial partners who develop a political programme according to their values and preference regarding policy

<sup>4</sup>Defined here as OECD member states plus China.

instruments. These countries have been subjected to the neoliberal ideas of the SAP period, according to which “doing something social” would be a luxury and “sunk funds” for countries with budget deficits (Polet, 2014). This view assumes that the interplay of labour markets will provide material well-being for everyone and not investment in social policies. Social policies in this era have been reduced to emergency social protection for shock management and are implemented through targeted rather than universal measures (Cling et al., 2002).

At the beginning of the twenty-first century, a consensus emerged that social policy is part of the core function of the state and that it is more than interventions of safety nets and services to cover market failure (ILO, 2012). Despite awareness of its broader mandate, these policies have remained reduced to social assistance, neglecting a more comprehensive set of instruments. There is a growing interest in targeted conditional or unconditional transfer and exemption programmes to protect the poor and vulnerable (Kadio, 2018). In the health field, health insurance schemes are struggling to get off the ground, favouring instead policies of exemptions and free health care targeted at specific categories of people and pathologies (Ridde, 2021).

This makes it difficult for countries to leave the beaten track laid down during the SAP period. Protection measures during COVID-19 in Burkina Faso, Mali, Niger and Senegal partly reflect existing national social policy legacies, as has been found in studies conducted in advanced economy countries (Béland et al., 2021a). They have often copied the measures taken by France, their former colonising country. Governments react to shocks by relying on instruments and platforms already in place. Countries with comprehensive, well-functioning and well-financed social protection systems have been better able to implement “shock-responsive” interventions quickly and effectively (Alderman, 2020; Béland et al., 2021b).

Unlike the advanced economies, which have a variety of policy instruments at their disposal to deal with the economic shocks of the COVID (Béland et al., 2021a). African countries are characterised by their profound vulnerabilities (Devereux, 2021). Firstly, most countries have limited fiscal space to expand social protection programmes, partly because social protection programmes and safety nets in Africa were set up as part of an employment assistance programme dependent on funding from development partners, who were also affected by the pandemic (Abay et al., 2023). Secondly, the programmes are often very modest, fragmented and designed to deal with short-term emergencies. They are also

financed by many partners, which do not favour their institutionalisation for sustainability and scaling up (Beegle et al., 2018).

The sustainability of funding is also essential to establish a long-term vision for social assistance programmes. Around a quarter of social assistance programmes in Burkina Faso are funded by more than 30 different international partners (including multilateral and bilateral partners as well as NGOs) (World Bank, 2021). Sustainability is also undermined by delays in spending, resulting in low financial and physical implementation rates (reaching only 57% of the social assistance budget and covering only 45% of the final target). However, social assistance spending in Burkina Faso (2.4 per cent of GDP) is higher than the average for sub-Saharan countries (1.53 per cent), which means that the challenge lies more in refocusing social assistance programmes than in mobilising additional resources (World Bank, 2021).

Even though promising results have been recorded in Ghana and Ethiopia in Africa, the sustainability of transfer programmes remains an issue, and the question of the impact of these programmes on long-term economic stability is still being asked (Berhane et al., 2014; Handa et al., 2022). In addition, the challenge of targeting beneficiaries in the context of poverty leads to exclusion errors, with the result that the majority of poor and vulnerable households are excluded from programmes (Deville et al., 2018b; Ridde et al., 2021; Samuel, 2022). Also, without complementary interventions, cash transfer programmes alone cannot significantly improve the standard of living of impoverished people (Amofa et al., 2023). Often, these programmes do not sufficiently tackle the structural causes of social tensions or build institutions to ensure the sustainable well-being of the population (Adésinà, 2015). This again highlights the challenges facing welfare systems and the need to implement equitable and transformative social policies. For example, multidimensional (institutionalised) national social programmes (education, health, health, agriculture, employment, housing) implemented through cross-sectoral coordination, considering the pre-existing conditions in the regions hard hit by the security crisis and the displacement of people it has caused, could help to break the cycle of precariousness among these populations in the Sahel countries.

## CONCLUSION

The pandemic has highlighted existing shortcomings in social protection systems despite the willingness of governments to support poor and vulnerable people. They have responded by building on existing systems, which are fragmented and fraught with implementation challenges. In the four countries discussed in this chapter, implementing new programmes has been difficult, with problems of targeting and corruption reducing the inclusion of the poorest people. These countries, which share a colonial history, are also finding it difficult to leave the beaten track. Protection measures during COVID-19 partly reflect colonial social policy legacies (minimal social security for civil servants, assistance for the deserving poor, weak link between social and economic policies, etc.). It is essential to strengthen the social protection system in these countries by institutionalising integrated social protection mechanisms combining several instruments. These include implementing health insurance to reduce out-of-pocket payments for health services, establishing national social safety net programmes nationwide for the poorest, improving the efficiency and sustainability of social protection funding, and establishing pension schemes for workers in the informal sector. Implementing these reforms in a coordinated way under the state's leadership could increase the efficiency of public spending on social protection and guarantee equity.

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# Persons with Disabilities and Social Policy

*Florence Ndagire and Privilege Haang'andu*

## INTRODUCTION

Persons with disabilities constitute up to 16 percent of the world's population, 80 percent living in developing countries, including in sub-Saharan Africa (WHO, 2022). They include those with long-term physical, mental, intellectual and sensory impairments that, in interaction with various barriers, are hindered from full and effective participation in society on an equal basis with others (United Nations, 2006). Disability is an evolving concept which results from the interaction with attitudinal, physical, policy and environmental barriers in society (United Nations, 2006). These barriers result from the lack of involvement and consultation of persons with disabilities in development processes.

The UN Women's Disability and Development Report of 2024 provides a very sobering assessment of progress for persons with disabilities on the United Nations' Sustainable Development Goals (SDGs). Thirty

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F. Ndagire (✉)

Department of Social Work and Social Administration, School of Social Sciences, Makerere University, Kampala, Uganda

P. Haang'andu

Canadian Institutes of Health Research, Government of Canada, Ottawa, ON, Canada

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D. Béland et al. (eds.), *The State and the Imperative for Social Policy Reform in Africa*, Global Dynamics of Social Policy, [https://doi.org/10.1007/978-3-032-02432-9\\_5](https://doi.org/10.1007/978-3-032-02432-9_5)

percent of agreed targets are deemed insufficiently achieved while 14 percent have been missed or progress has stalled or gone into reverse (UNDESA, 2024). Wide gaps persist between persons with and without disabilities. These gaps fall particularly on food insecurity, health, access to energy and information and technology (gaps above 10 percentage points) and on multidimensional poverty and employment (with gaps above 20 percentage points). Thus, persons with disabilities experience higher levels of poverty, lower levels of employment, lower levels of education and greater barriers to maternal, sexual and reproductive health (MSRH) services compared to persons without disabilities (Kuper et al., 2020).

### COVID-19 IN SUB-SAHARAN AFRICA

First identified in Wuhan, China, in December 2019, the World Health Organization (WHO) declared COVID-19 a disaster and pandemic at the beginning of 2020 (Bollyky et al., 2022). WHO tasked governments to put in place all appropriate measures to prevent the disease from spreading across populations. The pandemic, however, spread rapidly, its effects evolved and preventive measures remained elusive. Countries struggled to enact effective public policies to prevent the spread of COVID-19 and to treat it.

In Asia, a special Association of Southeast Asian Nations (ASEAN) summit released a declaration committing member countries to cooperate on reducing vulnerabilities of the most at-risk population (ASEAN, 2020). China introduced new policies on scientific publication on COVID-19 and adjusted its social credit system of incentives and punishments to manage the disease (Gao & Zhang, 2021). The InterAmerican Development Bank launched a web hub of resources including targeted public health and economic responses for vulnerable populations (IDB, 2020).

Many governments in sub-Saharan Africa implemented a series of containment measures to reduce transmission of COVID-19 and to prepare the health system for an increase in the number of COVID-19 patients. Restrictions included closure of international airports and border points for passengers, closure of schools and high congregation points, the ban on public and private transport, and on mass gatherings, the institution of curfew times and a nationwide lockdown. However, many countries were not prepared to treat and manage the pandemic. In sub-Saharan Africa, health services lacked lifesaving equipment for the Corona virus, including ventilators, intensive care units and beds (Bollyky et al., 2022).

Despite the flurry of policies and programmes to manage COVID-19, the UN's 2024 flagship report on disability and development (UNDESA, 2024) observes that COVID-19 policies and responses were largely not inclusive of persons with disabilities, especially in the early stages of the pandemic. The policies and responses contained discriminatory practices in COVID-19 treatment, lack of information in accessible formats and lack of access to COVID-19 testing. Indeed, the report further noted that half of COVID-19 deaths were of persons with disabilities.

COVID-19 disproportionately affected the socioeconomic wellbeing and safety of persons with disabilities in all countries and communities in which they lived. It exacerbated their vulnerability in a number of ways. Catalina Devandas-Aguilar (the UN Special Rapporteur on the Rights of Persons with Disabilities at the time of the pandemic) remarked that persons with disabilities had more health care needs than those without disability and were more likely to have had poor health conditions associated with their impairments. These conditions, she indicated, put them at a huge disadvantage during the COVID-19 pandemic. Lack of accessibility to health care and other vital facilities during the pandemic accentuated persons with disabilities' low quality of life. These underlying conditions associated with disability put persons with disabilities in a more dangerous situation in the presence of the COVID-19 pandemic (Devandas-Aguilar, 2020).

The World Bank's International Development Association (IDA) acknowledged that vulnerable groups' daily support was severely restricted, limiting the ability to look after themselves, to secure their livelihoods, access shops, health services and transport (IDA, 2020). Whereas all countries faced significant economic, social, health, cultural and environmental impact during the period of the pandemic and its post-recovery, clearly, sub-Saharan Africa had far less capacity and resources than high-income countries to respond adequately.

The COVID-19 pandemic brought most services in sub-Saharan Africa to a standstill. Across the board, COVID-19 exacerbated these disadvantages for persons with disabilities (Devandas-Aguilar, 2020). New barriers were created to accessing MSRHR services, as well as across a spectrum of other socio-economic, educational and health support services (Sakellariou et al., 2020). This included MSRHR services, the impact of which disproportionately affected persons with disabilities. Shakespeare et al. (2021) suggest that restrictions tripled persons with disabilities' vulnerability, leading to their low quality of life. Although MSRHR services and

medicines are lifesaving, the pressures from the COVID-19 disrupted these essential health services. This included maternal health, HIV/AIDS testing and counselling, the provision of contraception, safe abortion and post-abortion care (Musoke et al., 2023). Indeed, the UN Rapporteur, Catalina Devandas-Aguilar, argued that persons with disabilities needed to be reassured that their survival was a priority. She urged states to establish clear future protocols for public health emergencies to ensure that, when medical resources were scarce, access to health care, including lifesaving measures, did not discriminate against people with disabilities (Devandas-Aguilar, 2020).

### UGANDA AS A CASE STUDY FOR SUB-SAHARAN AFRICA

With a population of over 45 million people, Uganda has a similar demographic and socioeconomic profile to many sub-Saharan African countries (such as Tanzania, Kenya, Rwanda and Burundi). It faces similar development challenges such as limited access to education, health care and high levels of poverty and inequality. Indeed, Uganda's response to the COVID-19 pandemic has been similar to other African Countries. This includes measures such as curfews, lockdown, vaccination campaigns and social distancing (Ministry of Health, 2020). Uganda also has a relatively well-developed research infrastructure with several universities, research institutions and organizations that have conducted studies on disability and COVID-19.

Uganda also has a significant population of persons with disabilities, estimated at 13.6 percent (UBOS, 2019). It has made significant progress in developing laws and policies that promote the rights of persons with disabilities. These include the Persons with Disabilities Act of 2020 (Government of Uganda, 2020) and the National Policy for Persons with Disabilities of 2023 (Government of Uganda, 2023). Like other sub-Saharan countries, the pandemic in Uganda has equally exacerbated unique inequalities disproportionately affecting persons with disabilities who face unique barriers in accessing health care, economic opportunities and education. These many intersecting factors therefore make Uganda an ideal case study for examining the impact of COVID-19 on the socioeconomic wellbeing of persons with disabilities across sub-Saharan Africa.

The findings of this chapter draw from qualitative data of 60 semi-structured interviews with respondents with disabilities and key informants from organizations of persons with disabilities, conducted from

October 2021 to April 2022. The analysis focuses on the lived experiences of persons with disabilities, and the policy makers and health service providers during the COVID-19 pandemic. The data reflects the disproportionate impact that COVID-19 imposed on persons with disabilities' MSRH and socio-economic wellbeing in Uganda in the four districts of Kampala, Luwero, Wakiso and Mpigi.

The chapter examines the impact of COVID-19 on the socioeconomic wellbeing and health outcomes of persons with disabilities in Uganda, as a case study for sub-Saharan Africa. Specifically, it examines persons with disabilities' knowledge and awareness of COVID-19, the effects of lockdown on access to MSRH, on livelihoods and the extent to which interventions and response measures were inclusive of persons with disabilities. The chapter responds to two research questions: What impact did the COVID-19 pandemic have on access to persons with disabilities' MSRH services? What do/might inclusive MSRH services look like? It presents empirical evidence of the disproportionate effects of COVID-19 on persons with disabilities resulting from non-inclusive policy design and implementation. It also examines the experiences of other stakeholders, such as non-governmental organizations and health workers, who were in close contact with persons with disabilities during the COVID-19 pandemic. It also examines the experiences of other key government policy and decision makers, such as the line Ministries, Members of Parliament and the technical staff from different government agencies. It assesses how the COVID-19 pandemic ran its course in Uganda, the public health measures and programmes undertaken, and how these mostly left persons with disabilities absent in their design and implementation.

## COVID-19 AND POLICY RESPONSES

We know from the research conducted worldwide that the COVID-19 pandemic had a disproportionate impact on persons with disabilities requiring MSRH services. Reports from frontline organizations indicate that the supply of contraceptives and provision of abortion, post-abortion care and wider MSRH services was affected by COVID-19 (see Ministry of Gender, 2020; Ministry of Health, 2020; Musoke et al., 2023; Muyinda et al., 2022). In many countries, reproductive health clinics were forced to close due to lockdowns, and those which worked did so at reduced hours (Church et al., 2020).

Catalina Devandas-Aguilar (2020) observed that persons with disabilities were often not considered in government responses to the pandemic,

and this resulted in exclusionary practices. A study by Scott et al. (2020) indicated that in New York state, persons with intellectual and developmental disabilities living in institutions were at greater risk of contracting COVID-19. At the beginning of the pandemic, there was widespread concern in the UK of the susceptibility of persons with disabilities to contract COVID-19 and the resulting infections (Shakespeare et al., 2022). In England and Wales, two-thirds of people who died from COVID-19 were persons with disabilities. Due to their support needs that required personal contact, according to estimates, persons with disabilities were eleven times more likely to die from COVID in the first two months of the pandemic than people without disabilities (Kuper et al., 2020). In addition, people with learning disabilities in Scotland were twice as likely to have experienced severe symptoms and three times more likely to die of COVID-19 (Henderson et al., 2022). According to Scherer et al. (2023), 35 percent of people with learning disabilities who died of COVID-19 lived in residential care settings, and those who lost their lives experienced difficulties in taking COVID-19 tests and accessing nurses and other health support.

COVID-19 pandemic restrictions were imposed through lockdowns, curfews and closure of schools without considering the interests and support needs, or indeed the social and cultural environments, of persons with disabilities. For example, the adoption of social distancing that limited tactile contact posed many challenges to persons with a visual loss (Senjam, 2020 in the case of India). Schools and churches were closed to promote social distancing (El-Sadr & Justman, 2020 in the case of South Sudan). In South Africa, the President declared a total lockdown of the entire country to prevent the spread of COVID-19 (El-Sadr & Justman, 2020). However, in most communities in Africa, people live very close to each other, which makes social distancing, a critical strategy that was designed to prevent the spread of COVID-19, very difficult. As a result of such measures, millions of people with disabilities lived without access to clean running water, making hand washing impossible. At Kisumu Hospital in Kenya, teams of health workers set up tents to provide information on COVID-19 and to take visitor's temperatures. However, the information provided was not in accessible formats and did not consider the different access needs of different categories of persons with disabilities. In most cases, there were no policies or safety frameworks put in place to promote the interests and wellbeing of persons with disabilities during the COVID 19 and its post-recovery (Wangari et al., 2021).

## UGANDA'S CONTEXT OF THE COVID-19 PANDEMIC

In Uganda, there are over 8 million persons with disabilities, accounting for almost 13.6 percent of Uganda's population (UBOS, 2019). Since their support needs require personal contact, both they and those providing them the required support were at greater risk of contracting COVID-19. Many people with disabilities live in high-density places with their families, renting rooms in the slums of Uganda's districts of Kampala, Luwero, Wakiso and Mpigi. This placed persons with disabilities at greater risk of COVID-19 transmission. The COVID-19 crisis therefore posed considerable challenges to persons with disabilities in Uganda (Mwine et al., 2023). It was certain that, despite the existing mechanisms to prevent the COVID-19 virus in Uganda, confirmed cases were rising day-by-day (Wasswa, 2021). In 2020, 40,591 cases were confirmed in Uganda, 334 lost their lives, 15,099 were recorded as recoveries and 901,884 were tested for the COVID-19 virus (Worldometer, 2023). However, there was no disaggregated data based on disability in terms of the numbers that had been tested and confirmed. Across the nation, the pandemic had exposed the extent to which the Government of Uganda would compromise its commitment to implement its obligations in promoting the wellbeing of persons with disabilities. It had accepted these obligations upon ratification of the United Nation Convention on the Rights of Persons with Disabilities (CRPD) and the political commitments brought about by the Sustainable Development Goals (SDGs) of promoting equity, inclusion and to 'leave no one behind'.

Although the Government of Uganda implemented a series of containment measures to reduce transmission of COVID-19 and to prepare the health system for an increase in the number of COVID-19 patients, they had not integrated the specific needs of persons with disabilities (Ministry of Health, 2020). These emergency public health measures resulted in unprecedented restrictions on access to MSRHR services. This disproportionately affected persons with disabilities (Muyinda et al., 2022).

At the time of writing this chapter, over 169,473 Ugandans had been infected by COVID-19. The approaches adopted as response measures towards the prevention of COVID-19 were discriminatory because they were not designed to meet the needs of persons with disabilities. Also, such policies were designed without consulting persons with disabilities or organizations of persons with disabilities to incorporate specific needs of persons with disabilities. Further, persons with disabilities were not

represented at the COVID-19 task forces, their needs were not assessed and the response measures did not include specifications for persons with disabilities (Devandas-Aguilar, 2020; El-Sadr & Justman, 2020).

There are many examples of gaps in policy design that might have addressed the concerns and needs of persons with disabilities. A public radio information song on hand washing by a popular Ugandan singer, Bobby Wine, was not interpreted in sign language to allow deaf people to access this vital information. There was no support to people with disabilities on physical and social distancing, transport to health centres to access services, and to counter the stigma and discrimination of persons with disabilities resulting from COVID-19 (National Council for Persons with Disabilities, 2021). For many persons with disabilities in the rural areas, living without access to clean running water made frequent hand washing very hard.

From March 2021, the government relaxed COVID-19 restrictions when it started to administer vaccinations. However, only a small number of people categorized as at 'high risk' were vaccinated. These included teachers, health workers, security personnel, Members of Parliament, older persons and those with underlying health conditions, such as diabetes, hypertension and liver, heart and kidney disease. Even though persons with disabilities were associated with poor health status, they were not prioritized in the vaccination process. It was very unlikely, therefore, that persons with disabilities would be prioritized in the post-recovery plan that included access to MSRH services.

With few vaccines to curtail its transmission, Uganda experienced a second and third wave of the COVID-19 pandemic (Muyinda et al., 2022; Mwine et al., 2023). Uganda's health sector, including referral hospitals and health centres, were overwhelmed with the number of patients admitted every day (Ajari & Ojilong, 2020). Emergency units, including intensive care units, were overwhelmed and had almost no capacity to handle high dependency patients (Wasswa, 2021). With meagre supplies of oxygen, many COVID-19 patients were in serious, critical conditions, and many died (Ajari & Ojilong, 2020; Wasswa, 2021). As a result, the Government of Uganda put more restrictions in place in 2021. These included lockdowns, curfews and the closure of schools to reduce the spread of the virus. In addition to lockdowns and losses in incomes, the cost of commodities soared, further threatening the livelihoods of persons with disabilities.

## FINDINGS

COVID-19 is a public health issue and a development concern. Because of its effect on human lives and their livelihoods, it called for concerted efforts to combat its spread. That the policy response measures overlooked their issues and needs has led to a disproportionate impact on persons with disabilities compared to non-disabled people. Of all the 60 respondents interviewed, 25 respondents had contracted COVID-19 and received treatment, while the rest experienced the aftermath of the pandemic and its restrictions. Some respondents with disabilities contracted COVID-19, while others had a family member who had contracted it. Many persons with disabilities with severe underlying conditions, such as complications in breathing and epilepsy, experienced the severe symptoms of COVID-19. A diversity of disabilities has meant that different respondents had different experiences and views of the effects of COVID-19 on their reproductive health and wellbeing.

### *Persons with Disabilities' Knowledge and Awareness of COVID-19*

Many respondents with disabilities had knowledge of the COVID-19 pandemic. They described it as a virus that started in China and affected the sense of taste and smell, and had an effect on the nose and throat and lungs. A male respondent with visual impairment, from a rural area, described COVID-19 as “a virus that affected everyone globally ... transmitted through air, and liquids, and has no cure”. Respondents were also aware of the signs and symptoms of COVID-19: high temperature, flue, cough and headache.

### *Fear of Contracting COVID*

COVID-19 instilled much fear in both health service providers and persons with disabilities seeking MSRHS services. Many respondents said they were afraid of going to hospitals to access MSRHS services during the pandemic. One key respondent noted, “... in some facilities, there were health workers who were hiding from giving people services since they didn't want to get in contact with COVID-19”. Confirming this assessment, a midwife respondent stated, “... persons with disabilities have high support needs and as a midwife, I am scared of the effects of COVID. That is why

I keep away even when I see them approaching. This is because many of my fellow health workers have contracted COVID and I do not want to fall victim” (KII # 5, October 2021). One respondent noted: “My wife and son contracted COVID-19 after visiting some medical personnel and I also got it from them. If they had not visited this particular health worker, perhaps we would have survived the pandemic” (KII # 6 October 2021).

### *Disaggregated Data*

Although COVID-19 testing had been conducted in Uganda, there was neither disaggregated data nor reports on persons with disabilities and the pandemic in Uganda (Ministry of Health, 2020). The absence of this data clearly had implications on policy formulations, funding and prioritization of disability in the COVID-19 response measures. The registration form provided before accessing treatment provided for self-identification data such as age and gender but not disability. One key respondent noted, “... we engaged the Ministry of Health demanding for those numbers, and we told them that it was time for them to stop vaccinating people without asking them their disability status” (KII # 4 October 2021). Despite the profound effects of COVID-19 on all Ugandans, the impact on persons with disabilities has remained largely un-investigated. Presidential pronouncements regarding the risks of COVID-19 made neither mention of persons with disabilities nor provided sign language interpretation for most of these broadcasts (Government of Uganda, Presidential pronouncement 2020).

### *Effects of Lockdown on Persons with Disabilities*

In Uganda, lockdowns were implemented for a period of two years and included closure of international airports, border points for passengers, schools and high congregation points. There were bans on public and private transport, on mass gatherings, and the institution of curfew times (Ministry of Health, 2020). The first lockdown happened on 1 April 2020, after the first few cases of COVID-19 had been identified in Uganda. The second lockdown occurred on 7 June 2021. Although both lockdowns had severe effects on persons with disabilities, the Ministry of Health’s measures and standard operating procedures provided no special measures for persons with disabilities. For example, persons with severe disabilities couldn’t access family planning services, and there were no

mobile clinics to deliver them at home (KII # 19, January 2022). Some of the key informants who had been infected by COVID 19 couldn't access treatment due to the high cost of treatment involved in treating the virus.

#### *Lack of Transportation Services*

Total lockdown disrupted access to essential services such as health centres, markets, schools and banks. The absence of transportation, and the resulting increase of transport fares once the lockdown had finished, meant that persons with disabilities were unable to access essential services. Although the COVID-19 restrictions limited access to transport for all Ugandans, many persons with disabilities were unable to access even the most essential of services. “First of all”, a respondent with visual impairment noted, “... because of COVID-19 we went under lockdown so there was no means of transport to take us to government hospitals which were far away”. Another respondent observed that, even though recovery from COVID-19 depended on how soon one could get to the hospital, it was very difficult for patients with disabilities to secure a permit to travel. “The cost of living became so high [even] to get the food”, another respondent commented, “... and [for] health services, if it's not Covid-19, I just had to bear with the situation” (KII#2). A key informant from civil society observed, “... when [...] Uganda [...] was locked down, there was no movement at all and even if a health facility is near, for a person with disability who cannot walk, it was very challenging”. Expectant mothers also found it difficult to move to health centres. One key respondent pointed out, “... the bureaucracies of getting recommendations from the Resident District Commissioners were so tedious; it was a long process—if you are in labour, you could deliver before even getting to the hospital”. Health workers too had challenges accessing transport since fares had doubled and therefore many of them could not afford to travel to hospitals to attend to patients (KII#1, March 2022).

#### *Effects of COVID-19 on Access to MSRH Services*

The unprecedented COVID-19 pandemic in Uganda disrupted the health system and negatively affected the delivery of MSRH services. Efforts to provide MSRH services to persons with disabilities were limited since most health services focused on addressing COVID-19. MSRH services for persons with disabilities were not prioritized by policy makers and implementers creating disproportionate barriers to their access to reproductive health and other support services. The health care system was

overwhelmed by COVID-19 patients and had limited capacity to provide other health services. Although having different experiences, most respondents acknowledged that COVID-19 had exacerbated their difficulties. With lockdown restrictions and long distances between hospitals and the communities, expectant mothers with disabilities' access to maternal health services became increasingly difficult. COVID-19 restrictions led to the reduction of access to essential newborn, child, and adolescent health, and MSRHR services. Several hospitals limited the number of pre-natal consultations and large gatherings in antenatal clinics was forbidden. Women who were expectant were therefore unable to receive MSRHR services (KII#2). A midwife from Bombo Military Hospital explained that most of the referral hospitals were turned into COVID-19 isolation centres. MSRHR services were consequently unavailable. Young women and girls with disabilities had unplanned pregnancies because they could not access preventive measures, such as contraceptives (KII#1). A Marie Stopes key respondent noted that all NGO health service providers, facilities and volunteers turned their concentration from MSRHR services to the prevention of COVID-19 (KII #20 February 2022).

As MSRHR programming shifted to the prevention of COVID-19, health workers' capacity to deliver MSRHR services was impacted. This affected the provision of contraceptives, antenatal care and post-natal care (Church et al., 2020). Reproductive and mental health centres were changed into COVID-19 isolation and treatment centres. Other health issues were deprioritized. A key government official from the National Council for Disability observed, "... it was as if other sicknesses didn't exist at the time" (KII #5 November 2021).

### *Limited Access to Sexual Education*

During the pandemic, several respondents reported a shift from radio and television programmes that sensitized Ugandans on the need to engage in safe sex, the ability to negotiate and the need to prevent sexually transmitted diseases and infections. All awareness programmes were replaced by COVID-19 awareness campaigns. This shift potentially increased the magnitude of sexually transmitted diseases, unplanned pregnancies and risks of HIV/AIDS.

### *Inability to Negotiate for Safe Sex*

Many female respondents from the interview data stated that they did not have the ability to negotiate for safe sex during the pandemic since most sexual-related decisions were made by the male. One male respondent with hearing impairment confirmed this power imbalance. "... power", he affirmed, "... belongs to the man, the woman has no power, the woman should just give in when I want sex" (KII #5 October 2021). As a result of COVID-19, many women and girls with disabilities experienced unplanned pregnancies arising from their inability to negotiate for safer sex.

### *Sexual Violence*

The prolonged lockdowns kept people in homes and communities. Accompanying the absence of reproductive services, key informants reported an increase in sexual abuse and exploitation of persons with disabilities in their homes.

The fact that there were no movements [meant that] ... many persons with disabilities became victims of unwanted pregnancies and somehow COVID affected their reproductive services. They couldn't do much and yet there were no deliberate services by government to deliver these items door to door to deal with the situation of COVID during the lockdown. (KII# 6 March 2022)

It is important to note that women and girls with disabilities more frequently experience forms of gender-based violence compared to men and boys with disabilities (UN Women, 2020). Although information on gender-based violence among women and girls with disabilities may not be currently available, the National Council for Persons with Disabilities (2021) observed that people with disabilities are particularly at risk where domestic violence services and assistance are not accessible. Hot-lines, emergency centres and other services are also often poorly adapted to meet the needs of different categories of persons with disabilities.

### *Limited Access to Contraceptives*

During the interviews, many respondents said they had been unable to access contraceptives. Government-supported Youth Friendly Centres, where most young women and girls with disabilities access family planning

services and community outreach, were closed during the pandemic (KII #7 October 2021). Many young women and girls with disabilities therefore had unplanned pregnancies. A special needs teacher noted that, although there were several appeals made by health workers for women and girls to access contraceptives, the underlying assumption was that persons with disabilities were not sexually active and therefore did not need family planning services (KII #8 April 2022).

Half of the key informant respondents observed that often persons with high support needs were unable to access essential services because their support persons were scared of contracting COVID-19. A key government official also noted that, for people providing treatment, disability was not always obvious (for example, where a person is not a wheelchair user or visually impaired). “Even when you were a visually impaired person” he added, “... there would be no one to assist you except if a family member or a friend would be forced to go with you to the hospital” (KII #9 April 2022). Indeed, apart from the difficulties faced in accessing MSRHS services, respondents who contracted COVID-19 experienced other severe challenges. Because the health register itself did not capture disability, it was very difficult for those providing treatment and support to identify the specific needs for persons with disabilities, except where a disability was obvious (such as with wheelchair users or persons with visual impairments).

### *Lack of Effective Communication Between Persons with Disabilities and Health Service Providers*

Many people with disabilities experienced communication challenges with health workers. Unless presented in accessible formats (such as braille and large print), visually impaired persons would be unable to read their test results. Health workers also preferred to communicate the results through the visually impaired persons’ assistants, posing challenges of confidentiality (KII #10 April 2022).

Even when the COVID-19 information was circulated on television and radios, it was not done using accessible means for persons with disabilities, for example, those with hearing or visual impairments (KII#11 April 2022). For some respondents, the exclusive focus on COVID-19 messaging on radios and televisions came at the expense of other vital information on sexual and reproductive health, despite the growing

COVID-19 impact on sexual violence for many girls and women (KII #12 March 2022).

Respondents observed that COVID-19 had been a big threat to the country and a lot of priority had been channelled towards its prevention. A respondent from the Ministry of Health observed, “in Uganda the COVID-19 pandemic exerted a lot of pressure on the health sector and we were left with no options for alternative care. Because of the threat it pauses to life, the health sector will give more priority towards the treatment of COVID-19” (KII#13 February 2022).

### *Lack of Inclusive Standard Operating Procedures*

COVID-19 policies, regulations and restrictions introduced by the government had the laudable intention of preventing the spread of the pandemic. However, they also had significant negative impacts on persons with disabilities. Respondents had different views about the restrictions but agreed that most excluded provisions for persons with disabilities.

One key respondent observed, “persons with disabilities were not consulted during the design of response plans and therefore they could not accommodate their needs” (KII #14 January 2022). Although acknowledging that the design of the COVID-19 standard operating procedures had an objective of mitigating the spread of the pandemic, a key informant complained that it nevertheless failed to address issues of diversity and humanity. The policies, standard operating procedures and regulations put in place by the Ministry of Health in 2021 to prevent the spread of COVID19 ignored the specific protection needs for persons with disabilities.

### *Security Personnel and Persons with Disabilities*

Respondents observed that most of the security personnel were both uninformed and unaccommodating of specific needs of persons with disabilities. Respondents observed that security personnel assumed that non-compliance with the guidelines because of disability was the same as defiance. Managing the curfew hours was problematic, especially those with mobility challenges looking for food. Many reported harassment, arrest and beating by the police, or had to explain why they were not following social distancing. One respondent gave an example of a person with hearing impairment who had been stopped by security personnel.

Without the benefit of a sign language interpreter, the security personnel had thought that the hearing-impaired person was being stubborn. He was therefore forced to stay with them through the night (KII #15 November 2021).

Respondents also reported security personnel brutality towards persons with disabilities. A respondent with a visual impairment reported, “the security personnel who were tasked to enforce curfews did not care whether one had a disability or not. Those who were not blind like me ran away when they saw security personnel approaching. On my side, the policemen found me seated in my compound and started beating me” (KII 16 April 2022). Another respondent reported an even more violent response from security personnel:

When they said curfew time, most people with disabilities did not know what it meant [... one] person with a disability was short and lost the leg because he was deaf and didn't know that there was even curfew time as it was never communicated in sign language. While he was walking back home, the security personnel stopped him shouting, but of course, he was a deaf person and could not hear, neither did they know sign language. They ended up shooting at him. (KII #17 January 2022)

### *Hand Washing Facilities*

Hand washing had been cited as the most effective way of preventing the spread of COVID-19. Hand washing facilities were placed at most of the essential service points. However, they were either too high for people with physical disabilities and short stature or difficult to locate for persons with visual impairments.

### *Stigma*

COVID-19 responses increased stigma, particularly for persons with visual and hearing impairments needing personal contact support. Unable to adhere to social distancing, their activities were often either misunderstood by security personnel or they were neglected by their own families. Masks prevented hearing impaired people from lip reading (perhaps needing transparent masks), while security personnel rebuked people with visual impairment for holding hands with their sighted guides (KII #19 October 2021).

### *Disability-Related Support*

COVID-19 was life-threatening for everyone, yet its prevention removed much support to those who needed it most. Many respondents with disabilities reported receiving little support for their disability during the pandemic. Social distancing took away much mobility support, the support of personal assistants and access to shopping and other social engagements. COVID-19 preventive information should have included explanations on hand washing and double sanitising in appropriate ways rather than completely ignoring persons with disability. A visually impaired respondent complained: “Due to lack of personal assistants/guides, I fell in ditches, knocked myself on walls, trees and stones without help, could not access treatment, food and other essentials due to lack of support” (IDI # 1 October 2021).

However, other respondents did report receiving support, such as talk therapy for persons with psychosocial disabilities, food items for those with visual and physical disabilities, and cash transfers from organizations of persons with disabilities, such as the National Union of Women with Disabilities of Uganda.

### *Economics of COVID-19 on Persons with Disabilities*

Disability is inextricably linked to poverty and persons with disabilities in sub-Saharan Africa remain the poorest of the poor (CBM, 2016). COVID-19 increased economic hardships because many people lost their businesses and earnings (United Nations, 2020). COVID-19 also brought about the additional costs of sanitizers, soaps and face masks. One key informant explained that persons with disabilities had responsibility to not only sanitize themselves, but also their assistive devices and personal assistants. The cost, she complained, became prohibitive (KII # 6). A government official observed that, while the earnings of many people with disabilities reduced, the costs of essential needs considerably increased. COVID-19 treatment was expensive and, indeed, prohibitive for many persons with disabilities (KII #19 April 2022).

KII# 13 from the Ministry of Gender, Labour and Social Development, reported that COVID-19 restrictions had pushed many women with disabilities into sex work as a survival strategy for themselves and their families. This led to exploitation and increased the chances of sexually transmitted infections and unwanted pregnancy.

### *Lack of Access to Food Supply and Nutrition*

As many people with disabilities were unemployed and had no means of income, access to essential and nutritious foods for themselves and their children during COVID-19 was problematic. Whilst the government did distribute food supplies and cash transfers, respondents noted that persons with disabilities were not a priority. There was also food rationing and hoarding, and service points were thinly spread. Persons with disabilities thus had difficulties obtaining sufficient supplies.

In addition, healthcare centres' costs (such as the purchase of protective gears, oxygen, intensive care units and beds), the cost of treatment (where available) and disability support were also often well beyond the capacity of persons with disabilities to pay.

## DISCUSSION

During the pandemic, African governments made positive contributions towards the prevention of the spread of the COVID-19 virus. Following the World Health Organization's guidelines, at the onset of COVID-19 in 2020, governments introduced legal and policy frameworks to control and prevent the spread of the COVID-19 virus. This was done through the COVID-19 regulations, policies and standard operating procedures. These standard operating procedures included the wearing of masks, sanitising/hand washing, curfew times, closure of public places and social distancing. African governments provided COVID-19 preventive information on television and radio and selectively distributed food, masks and sanitizers. Many people in sub-Saharan Africa were immunized against COVID-19 at no cost and cash transfers were made to those mainly in the informal sector. This was followed by several amendments to the restrictions that had been imposed at the time.

However, for all these laudable legal and policy frameworks, persons with disabilities were not consulted at their design phase. Throughout the COVID-19 response, disability was not recognized as a priority, and, as shown in the research findings, people with disabilities ended up disproportionately missing out on food supplies, cash transfers and COVID-19 preventive equipment. Indeed, through such inactions and omissions, the COVID-19 pandemic highlighted the government's failure to implement its commitment to inclusive MSRHR services for persons with disabilities. Although persons with disabilities faced barriers in accessing MSRHR

services prior to COVID-19 pandemic, government COVID-19 measures increased, rather than eased, the barriers to accessing MSRHR services, which disproportionately affected the maternal health and wellbeing of persons with disabilities.

COVID-19 prevention messaging was only available to those who had access to televisions and radios in urban areas. These media press briefings also had no sign language interpreters, nor was information provided in accessible formats (such as in large print, braille or sign language) to meet the needs of individuals with disabilities. Persons with disabilities living in rural areas, therefore, had little access to information related to the prevention of the pandemic. This put them at much greater risk of contracting the virus. Public transport also came to a standstill preventing persons with disabilities from accessing hospitals, often in distant locations from their homes. Because of such COVID-19 preventive measures, persons with disabilities were also unable to access contraceptives, counselling and testing for HIV/AIDS, antenatal care and post-natal care.

Health centres prioritized prevention of COVID-19, with maternity wards turned into COVID-19 isolation centres. This curtailed access to MSRHR services for expectant mothers with disabilities. Indeed, seeking MSRHR services became risky, since those infected with the COVID-19 virus were isolated in MSRHR service centres. For girls with disabilities, school closures increased their vulnerability. It would clearly be instructive for future research to learn from the Uganda Bureau of Statistics the number of girls with disabilities who got pregnant and therefore did not return to school (KII #1). With health centres focused on COVID-19 and transport largely unavailable, many people with disabilities were unable to access their life-supporting drugs. The response measures and restrictions put in place by the Government often also resulted in persons with disabilities being excluded from distribution of COVID-19 equipment and supplies. This was largely because they were neither consulted nor integrated into the COVID-19 task forces in the districts.

Thus, despite often being the poorest in their communities, many persons with disabilities found themselves missing out on the food distributions. Not considered income earners, persons with disabilities were excluded from government income relief measures. Respondents noted that, where employers were forced to lay off some of their workforce, persons with disabilities were the most vulnerable. Further, the stay-at-home measures prevented persons with disabilities working in the informal sector from operating. People with disabilities selling merchandise from the

shop front verandas (such as cobblers and tailors) were all ordered to stay at home, completely cutting their livelihoods. Respondents reported persons with disabilities' families breaking down as a consequence; children and adults with disabilities being abandoned.

Anxiety, depression and stress brought about by the COVID-19 pandemic also increased considerably (KII #19). With greater domestic social and economic pressures and the psychological impact of the lockdowns, gender-based violence against women with disabilities escalated; many suffered at the hands of their partners (UN Women, 2020). The Ministry of Health and Uganda Counselling Association estimated that 14 million Ugandans suffered from mental health disorders. This translates into 1 in every 35 Ugandans.

Police violence increased during the COVID-19 response, which heavily impacted persons with disabilities. Access to and from health centres was curtailed or severely restricted for many persons with disabilities because of their limited capacity to move within the tight schedules permitted by the curfew. Security personnel who policed the curfews and other restrictions were poorly informed of the needs of persons with disabilities and often ended up punishing rather than supporting them. Clearly, all evidence indicates that persons with disabilities were disproportionately and negatively impacted by the COVID-19 response.

## RECOMMENDATIONS TO IMPROVE INCLUSIVE RESPONSES FOR PERSONS WITH DISABILITIES

### *Prioritization of Disability in the Response Measures*

Like all other conditions (old age, heart disease, hypertension and respiratory conditions), disability should be given priority in disaster response measures. This should include vaccination, communication of preventive measures and in accessing treatment. Policies and guidelines should provide indicators in their results frameworks to report on the inclusion of persons with disabilities, both as a priority area and as a public health concern. Health data collection forms should disaggregate disability to highlight the number of persons with disabilities tested and confirmed with infections in order to inform policy development, planning and implementation.

Governments in sub-Saharan Africa countries introduced COVID-19 post-recovery programmes to support the population that was affected by the pandemic. International cooperation, which is funding most of these post-recovery programmes, should be made conditional on the inclusion and integration of persons with disabilities in programmes implementation in all sub-Saharan African countries. This should particularly target access to essential services (including MSRH services) and providing for cash transfers to relieve impacted livelihoods and businesses.

### *Awareness Raising*

There is a need for all governments and all concerned institutions, including focal points for disability, to raise awareness throughout communities (including families, health centres and support persons) of the needs of persons with disabilities. This awareness should highlight the need to continue availing persons with disabilities with support in COVID-19 preventive measures, to address the fear of contracting COVID-19 while providing support, and to deconstruct the stigma associated with COVID-19 and disability.

Further, there is a need to build the capacities of COVID-19 enforcement officers (including the security personnel) on disability inclusion. This should especially address the needs, accessibility and reasonable accommodation required for their survival. This could help reduce police violence, harassment and other violations against persons with disabilities. In addition, there is a need to train security personnel in basic sign language to enable effective communication between them and persons with hearing impairments.

Many respondents emphasized the need to incorporate disability inclusion into the training curricula of health professionals—including sign language interpretation—in order to change mindsets and attitudes and to deconstruct the stigma associated with disability.

### *Comprehensive Accessibility*

African governments should ensure that at all times, during the COVID-19 and future pandemics, there is access to essential services for persons with disabilities, including information, transport, public spaces and clean water. In cases where persons with disabilities have contracted COVID-19, evacuation measures should be put in place to ensure the safety of others,

while providing the patient with support to access treatment. Governments should provide more protective equipment to health workers (such as gloves, sanitizers and disinfectants) and build incinerators for busy health centre facilities allowing them to burn infectious materials.

Service providers should conduct accessibility audits to health centres that provide MSRH services to ascertain their level of accessibility to persons with disabilities. They should ensure that all the newly constructed health centres adhere to the accessibility standards in terms of the built environment, including the sanitation facilities, and digital accessibility. In addition, respondents stressed the importance of equipping maternity wards with adjustable beds and examination tables in order to meet the needs of people with different categories of disabilities.

There is a need to develop systematic emergency plans to specifically look at supporting persons with disabilities in such crises. The presence of a well-documented strategic plan, with information collected from persons with disabilities themselves, will provide robust guidance to service providers in addressing persons with disabilities' specific needs during emergencies and health crises, such as the COVID-19 pandemic.

Respondents recommended sign language interpretation at all health facilities where treatment and access to MSRH services is administered, including the testing centres, vaccination centres and isolation centres. Respondents also proposed the provision of a focal person, knowledgeable in disability-related issues and needs, at every health facility in order to deal with the issue of attitude.

Programmes initiated by governments, especially on COVID and access to MSRH Services, should be deliberate and target persons with disabilities. Efforts should be made by the sub-Saharan African governments to enact policies on MSRH services for persons with disabilities. In terms of communication, governments should find a way of disseminating information on sexual and reproductive health specifically to persons with disabilities. Through line ministries of health, sub-Saharan governments should have sexual reproductive health camps targeting persons with disabilities. Here they can learn more effectively than in the general camps that do not accommodate their needs.

Other proposals from the respondents include: the provision of information on sexual and reproductive health in accessible formats for all persons with disabilities; the provision of free support services to persons with disabilities; governments partnering with other service providers to ensure that persons with disabilities that need these services have access to them.

## CONCLUSION

The COVID-19 pandemic exacerbated existing socio-economic challenges faced by persons with disabilities in sub-Saharan Africa. This chapter has highlighted the disproportionate impact of COVID-19 policies and responses on the wellbeing of persons with disabilities in the region. The study reveals wide levels of discrimination, inequality, human rights violations and exclusion of persons with disability in the policies and response measures. Broadly, persons with disabilities and their organizations were not consulted during the design and development of COVID-19 response measures. There was also lack of targeted support by the development cooperation, humanitarian actors as well as member states of sub-Saharan Africa.

The study's findings showed that persons with disabilities faced significant barriers in accessing healthcare services, including testing, vaccination, and treatment. Lockdowns and economic disruptions led to increased poverty and food insecurity among persons with disabilities. Not only did schools close and the economy disrupted, which affected the education and employment opportunities of persons with disabilities, but the existing social protection mechanisms proved to be inadequate in supporting persons with disabilities during the pandemic.

Addressing the widespread discrimination and human rights violations against persons with disabilities should be treated by member states as a matter of priority. Member states to the UN CRPD are bound by international customary law, international human rights and international humanitarian law to implement the obligations. These obligations are stipulated under Article 32 of the CRPD on international cooperation as well as Article 11 on disaster risk reduction. The CRPD therefore calls upon member states to adhere to the principle of "nothing about us without us". Member states should do this by putting in place measures in the form of legislative and administrative frameworks to implement disability inclusion, development cooperation and humanitarian action. Persons with disabilities wish to be part of the processes of decision making during the design stages of policies and response measures. Persons with disabilities are best situated to identify their own priorities and needs, leading to good practices and innovative solutions to support the implementation of an inclusive COVID-19 response measures. The gains of inclusion far outweigh the results of exclusion. It is therefore imperative for sub-Saharan member states to partner with organizations of persons with disabilities to

identify the needs of persons with disabilities, provide reasonable accommodation and accessibility to both the physical environment and information. Going forward, it is vital for sub-Saharan African states to address disability inclusion as a matter of priority by: (a) ensuring that COVID-19 response plans are inclusive of persons with disabilities and address their specific needs; (b) strengthening social protection mechanisms to support persons with disabilities, including cash transfers, food assistance, and other forms of support; (c) ensuring that healthcare services and education opportunities are accessible and inclusive of persons with disabilities; and (d) ensuring the participation and representation of persons with disabilities in decision-making processes and COVID-19 response efforts.

By adopting these best practices and recommendations, sub-Saharan Africa can provide more inclusive policy responses and frameworks that accommodate the needs of persons with disabilities, promoting their socio-economic wellbeing and resilience in the face of future crises.

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# Navigating the Terrain of Education in Post-COVID-19 Era

*Titus Ogalo Pacho and Mahona Joseph Paschal*

## INTRODUCTION

Sub-Saharan African countries have made significant progress towards access to education. However, many children remain out of school due to various interconnected factors, including geography, gender, extreme poverty, disability, crises, conflict, and displacement (UNESCO & the African Union Commission, 2023). In sub-Saharan Africa, 58% of upper secondary school-aged youngsters do not attend school (UNESCO & the African Union Commission, 2023). The region still has the world's highest out-of-school population (UNESCO, 2024). Many children in sub-Saharan Africa still lack access to inclusive and equitable quality education and lifelong learning opportunities due to challenges of long distance to schools, poor infrastructure and learning environment, lack of basic resources like technology, lack of computers, limited internet access, and

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T. O. Pacho (✉)  
Kisii University, Kisii, Kenya  
e-mail: [tpacho@kisiiversity.ac.ke](mailto:tpacho@kisiiversity.ac.ke)

M. J. Paschal  
White Zuberi Secondary School, Dodoma, Tanzania

digital skills gaps. Additionally, gender disparities persist in sub-Saharan Africa, where dropout cases are high, especially among girls.

Education has been understood as an effective agent of change that prepares a person for life and living. Therefore, sub-Saharan African countries ought to invest in education to ensure that everyone has equitable access to high-quality education, which is critical for addressing social and economic concerns like inequality, unemployment, and poverty (Mauti et al., 2023). In recent years, education remains a field of global concern. Mostly, professionals from different learning institutions worldwide have been tirelessly trying to improve education to prepare learners to solve problems and challenges facing society. From this standpoint, there have been significant changes in education in the twenty-first century. The old methods have been receiving less attention, and the new pedagogies of teaching and learning are being implemented so that learners and their instructors can attain the intended goal of globalised education. Education is viewed as the liberation by which both women and men deal analytically with reality and discover how to transform the world (Freire, 1993; Pachó, 2013). This demonstrates the value of education in today's world and the need for change and development. Freire (1993) advocates for problem-solving approaches and progressive education that emphasise discoveries for acquiring knowledge in this changing world. The growing variety of literature points out that the education field has not remained firm and static; it has adopted several changes occasionally (George, 2020). The changes have been triggered by the advancement in innovation, research, societal changes, and adversities that have affected human life in many ways.

Almost 47 million students were forced to miss nearly half of in-person schooling worldwide (Spiteri et al., 2023). The COVID-19 epidemic affected around 1.6 billion students in over 190 countries, thus disrupting the education process of 94% of students globally. This was about 99% of the students coming from low- and lower-middle-income regions (United Nations, 2020). The COVID-19 pandemic is among the big catastrophes that brought several challenges in human life worldwide (WHO, 2020; United Nations, 2020). This pandemic forced several countries across the globe to close learning institutions ranging from lower schools to tertiary institutions (Paschal & Mkulu, 2020; Batty, 2020). In the era of COVID-19, both developed and developing countries must respond creatively and quickly to alleviate the adverse effects caused by adapting to remote education. Remote education was being practiced asynchronously and synchronously through radio, television, Zoom, WhatsApp, email

correspondences, and YouTube channels (Amstrong et al., 2020; Opondo & Paschal, 2023). Similarly, many learning institutions opted for online methods of delivering education through Zoom meetings, Skype, Google Classroom, and YouTube videos, among other online tools (George, 2020; Paschal & Mkulu, 2020). Even though remote education has faced several challenges, several pieces of literature, for example, the study conducted, have shown that the pedagogies of distance learning have had great support in the education process (Paschal & Mkulu, 2020; Sun & Chen, 2016; Tagoe, 2012).

However, the several educational changes that followed in the beginning as a result of the COVID-19 onset are not indispensable changes that education desires to make in the world of the COVID-19 pandemic. The changes were invented as a way forward towards helping students thrive during the COVID-19 crisis. Some of the critical proactive measures to curb the spread of COVID-19 were the closure of educational institutions, lockdowns, and social distancing in many countries like Italy, Germany, Canada, the United States of America, India, Kenya, Uganda, Rwanda, South Africa, and Rwanda (Paschal & Mkulu, 2020). This led to the rise of online teaching and learning to help students continue with learning at home. In this regard, the changes during the pandemic were meant to respond quickly to the needs of educators' and learners' continual teaching and learning rather than to rethink education. Similarly, some of the teaching and learning innovations were intended for a short-term purpose rather than long-term.

It is important to note that changes always exist, but the pandemic has accelerated them. COVID-19 has not only brought adverse effects to the education sector but also stimulated possibilities and desire for fundamental educational changes. It affected many learning institutions, resulting in the suspension of face-to-face learning by closing schools. From this critical point, the COVID-19 pandemic offered opportunities with uniqueness for educators, policymakers, and learners to rethink about education development and evolving models that are suited to post-COVID-19 society's needs rather than sticking to obsolete methods.

Different professionals across the globe have revealed that there is a need to come together for improvement of education by reviewing the curriculum and teaching methodologies that allow global connectedness and fast changes in course contents, methods of delivery, and assessment. This is mainly for addressing challenges in society. Like any other education system across the globe, sub-Saharan African education systems were

primarily affected by the COVID-19 pandemic, which has increased disparities in how education has been delivered (United Nations, 2020). To reduce the spread of the pandemic, many African governments decided to close learning institutions and shift the teaching and learning process to remote education (Kamga, 2020). Remote education was practiced asynchronously and synchronously via radio, television, Zoom, WhatsApp, email correspondences, and YouTube channels (Amstrong et al., 2020). However, teaching and learning using these methods faced several challenges due to the lack of planning and effective preparations. The traditional ways, rules, and regulations that governed learning institutions have been slightly implemented, and examinations and tests were concealed.

The methodology in this study involved conducting a thorough review of literature with analysis of secondary data to understand COVID-19's impact on education in sub-Saharan Africa. Sources of data included comprehensively examining the existing reports, research, and publications mainly from reputable sources like government agencies, academic journals, as well as international organisations. In this case, therefore, the review helps in identifying trends, key themes, and gaps in the present knowledge. This provided insights into the impact of the pandemic on teaching and learning outcomes. This methodology ensured an understanding of the topic and allowed recommendations to be made.

## EDUCATIONAL LEADERSHIP AND ADMINISTRATION

Educational systems in different parts of the world have been and are different in organisation and content (Pacho, 2013). They are different because the societies providing the education are different and also because education, formal or informal, has a purpose. That purpose is to transmit the accumulated wisdom and knowledge of society from one generation to the next and to prepare young people for their future membership and active participation in its maintenance or development (Nyerere, 1967; Pacho, 2018). To fulfil the purpose of education in the post-COVID-19 pandemic era, policymakers, researchers, and educators in Africa must implement more innovative ways of education, including reimagining education, accelerating change in teaching and learning, and building resilient education systems for equitable and sustainable development (United Nations, 2020).

Implementing radical changes within a particular society would require bold leadership with effective approaches and mindset to shape the future

and encourage global development (Tenuto, 2021). To enhance the progression and growth of the institution and its members, the role of a leader is vital. Leadership in general is considered one of the stepping stones for development (Rehman et al., 2019). Effective leadership encompasses several managerial roles, and leaders must have adequate knowledge and skills to achieve the intended goals (Lopez & Ensari, 2014). Sadly, the impact of the COVID-19 pandemic has been made worse by the absence of global coordination, which has raised important questions about how to ensure the health and well-being of people worldwide. Effective educational leadership is critical for building education resilience during crises and for coming up with relevant strategies for preparedness in the future.

In the school context, most educational leaders in sub-Saharan Africa have been using transformational leadership styles to attract and bring changes to their learning institutions. Being committed as an ethical leader brings about positive academic excellence in schools at all levels. In some learning institutions, such as primary schools and universities, educational leaders find it difficult, challenging, and stressful to bring about or adapt changes they want in their learning contexts. Practical changes in learning institutions and bold leadership styles are interrelated. School leaders, policymakers, and other educational stakeholders have the responsibility to employ leadership styles that act as catalysts for innovation and social development. This is due to the following roles that leaders play in influencing changes:

1. Leaders such as educational administrators and faculty possess a distinctive position to effectively influence education in physical and distance learning.
2. Leaders act as role models for planning, guiding, managing, and offering support to education institutions to influence learning and positive changes.
3. Leaders seek to evaluate and prioritise the curriculum and contents that meet the demands for effective learning and teaching.
4. Leadership enforces the application of new technologies and conducts an applicable assessment to encourage the adoption of innovative practices for the learning and teaching process.

Corruption has become a cancerous growth in many sub-Saharan African countries (Pacho, 2013). Some of the identified corrupt practices in education include fraud in tendering, syphoning of school supplies,

ghost deliveries, fraud in the appointment and deployment of teachers (favouritism, bribes, gifts), ghost teachers, absenteeism, illegal fees (for school entrance, exams, assessment, private tutoring), manipulating data to misrepresent, and bribes or favours during inspectors and auditors' visits (United Nations Development Programme, 2011). Corruption undermines attempts to fulfil SDG 4 by diverting resources intended for educational development and enhancement to benefit a few individuals at the price of educational infrastructure. According to Kirya (2019), corruption reduces educational quality, depletes school resources, raises educational costs, and adds to service delivery, bad infrastructure, and poor educational outcomes.

This chapter proposes that educational leaders and administrators in sub-Saharan Africa need to embrace and implement integrated ethical leadership styles to fight against corruption and embezzlement of education resources. Corruption has spread like cancer over several sub-Saharan African countries (Pacho, 2013). Some of the identified corrupt practices in education include fraud in tendering, syphoning of school supplies, ghost deliveries, fraud in teacher appointment and deployment (favouritism, bribes, gifts), ghost teachers, absenteeism, illegal fees (for school entrance, exams, assessment, private tutoring), data manipulation to misrepresent, and bribes or favours during inspectors and auditors' visits (United Nations Development Programme, 2011).

Given its disastrous consequences on education, unless sub-Saharan countries commit to combating corruption, progress towards inclusive and equitable quality education and lifelong learning will be stalled. The United Nations Development Programme (2011) recommends the following measures to combat corruption and financial misconduct in the education sector: a strong legislative framework, criminal sanctions, harsher penalties and disciplinary action, and codes of conduct for education personnel (including head teachers, inspectors, education authority staff, teachers, and ancillary staff) to improve professional behaviour and performance.

Mulford (2008) noted that each leadership style, such as transformational, distributed, and instructional leadership style, has its advantages and disadvantages. However, flexibility in elements of each leadership style, like situational leadership, and partaking in aspects of each style would be most suitable and appropriate. Comparable to that, Hallinger (2003) argues that the effectiveness of instructional and transformational leadership styles is vital for school development. In recent times, Bahadur

et al. (2017) argue that the best practices in learning institutions in Malaysia resulted from the selection of the best flexible leadership styles, which were adaptive and multiple. These flexible leadership styles indicated that the leaders were not only focusing on managerial and task practices but also vital in giving valuable change, ethics, and relations. Hence, the literature review shows that integrated leadership styles, which are instructional, transformational, and moral, would contribute significantly to successful education rather than using a rigid and single style.

Nelson Mandela asserts that “one of the challenges of our time is to re-instil in the realisation of our people that sense of human solidarity of being in the world for one another and of and through others” (Mandela, 2006). Similarly, an Ethiopian proverb that states, “When spider webs unite, they can tie down a lion”, encourages solidarity among the people. The COVID-19 pandemic has strengthened these messages and ideas more strongly than ever; hence, it is time to take proactive steps by belonging to each other and standing together to solve existing global and societal problems. From that standpoint, leadership is crucial because their decision will either propel action forward or be a setback for sustainability. Therefore, in this chapter, we encourage leaders from every sub-Saharan African country and across the world to uphold intergenerational unity and to be realistic, idealist, and visionary to make sure that there is a way to build a meaningful life and make a positive impact on the lives of people by finding innovative ways to overcome the issue and challenges facing the society now and in the future.

## RESPONSIVE CURRICULUM

A responsive curriculum involves a flexible and adaptive curriculum that bridges the gap between abstract educational theories as well as the dynamic and demanding realities of everyday life of ever-changing realities and the workforce (Ameyaw et al., 2019). To meet the ever-evolving needs of students, a responsive curriculum must bridge the gap between theories and general knowledge and the context of daily life and the workplace (Ameyaw et al., 2019).

Currently, millions of people across the globe seek knowledge and a way forward to the countless challenges and issues facing the education sector because of the COVID-19 pandemic (Tenuto, 2021; Gul & Khilji, 2020). As the world changes so quickly, traditional skills and knowledge become outdated, and an innovative set of knowledge and skills becomes

more essential (Ullah, 2020). In the dynamic world, it is crucial to note that even career and employability skills need to change with time. The way people do business, teach, learn, and live will not be the same due partly to technological advancement, which has revealed a new set of knowledge and requires new skills. These innovative knowledge and skills include innovative expertise and critical thinking, creativity, entrepreneurship, growth of mindset, communication, collaboration, and global competence (Duckworth & Yeager, 2015). Therefore, it is also vital for learning institutions to reform their curriculum to respond to the issues and changes to enhance learning that liberates every individual and prepares them for a better future and a competitive world.

As in other countries across the globe, education in sub-Saharan African countries has been negatively affected by the COVID-19 pandemic (Paschal & Mkulu, 2020; Armstrong et al., 2020). As proactive ways for education, distance teaching and learning have been initiated and practiced by many learning institutions both in sub-Saharan Africa and beyond. However, the teaching and learning resources and technologies in general are limited to sub-Saharan African learning institutions. Due to limited resources and infrastructure, sub-Saharan African learning institutions have been failing to implement distance or online education. With these challenges, the COVID-19 pandemic is the stimulus for curriculum to be more proactive and responsive than before to ensure the development of integrated curricula to permit flexibility in course contents and methods of delivery to respond to the changing and unpredictable future that the world may face. In this article, we propose a new and responsive curriculum that will respond to the uncertainty of the pandemic post-COVID-19.

Additionally, the curriculum should integrate the essential skills of the twenty-first century to enable learners to live and work effectively in the globalised world. A twenty-first-century curriculum should integrate thinking and innovation skills, information and digital literacy, and life and career skills in context across all subjects in an interdisciplinary way (Pacho, 2020). The Partnership for 21st Century Learning (P21) has identified four essential skills (the 4Cs) for the twenty-first century: creativity, critical thinking, communication, and collaboration (Partnership for 21st Century Skills, 2008; Pacho, 2020; Paschal & Owino, 2024).

The responsive curriculum must be designed with the following characteristics for humans to thrive in the post-COVID-19. First, it must be proactive to influence competence in learners (Duckworth & Yeager,

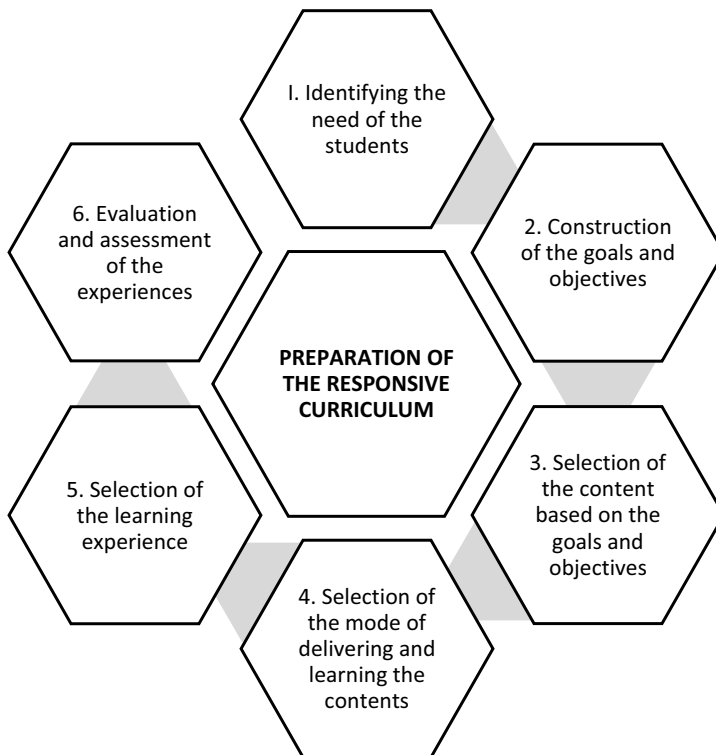
2015; Wagner, 2012). A competency-based approach to curriculum development emphasises the learning outcomes and less on content and its mere acquisition (Pacho, 2020). In comparison, Ullah (2020) notes that education should help students develop creativity, global competence, and entrepreneurship skills to influence learning in this fast-changing world. Moreover, the curriculum needs to develop learners to learn skills that will be internationally connected instead of getting certificates. Although learning institutions can no longer utilise traditional knowledge as a way forward to issues and challenges facing society, the content of basic skills and their practice is still of value in the human development of sub-Saharan African cultures. Still, it needs to be integrated into a competency-based curriculum. This will enable the curriculum to adopt a transactional or transformational approach to education and help students move from passive recipients to active partners and participants in the teaching and learning process (Miller & Seller, 1990). Additionally, Moore (2015, pp. 164–165) recommends the following features to be considered for a new and responsive curriculum:

1. Active and forward-looking: This means that the curriculum should be focused on the present while valuing the past.
2. Responsive: The curriculum should respond to the changes that may occur in society and be responsible in promoting courage to learners who wish to be change agents to solve issues and challenges.
3. Relevance: The curriculum must promote relevant education to learners and the society around them.
4. It should equip the learning institutions with the stability that educators and learners need.
5. It also should allow individual development by instilling happiness and creativity.

Generally, we suggest that a responsive curriculum should allow learners to make their own choices of learning and sharing what they plan, innovate, develop, or work on the results of what they have carried out as they examine the contents of the topic. However, we suggest that the curriculum should identify the needs of the learners, as well as goals and objectives during the learning process, to enable the teachers and students to select the contents based on the needs of the learners. Lastly, we propose that during the preparation of the curriculum, the education stakeholders should consider the mode of delivering content and evaluating

and assessing the learning process. From that standpoint, we adopt the following steps shown in Figure 6.1 below that must be taken to develop a proactive and responsive curriculum that may respond to the impact of uncertainty in the post-pandemic.

From Figure 1, a responsive curriculum can be developed through a process that is structured to begin with the identification of the needs of students while ensuring that teaching and learning are targeted and made relevant. The next step is setting clear objectives and goals which give a foundation for meaningful instruction while learning materials are well aligned with expected outcomes. The selected delivery mode usually plays an important role in makes the content engaging and accessible for various



**Fig. 6.1** Preparation of a responsive curriculum. (Source: Modified from Gul & Khilji, 2020)

learners. By selecting learning experiences appropriately, students can be able to receive interactive, hands-on, and relevant instructions. Finally, a continuous evaluation and assessment of the experiences can allow for any improvements and adjustments while ensuring that the curriculum remains responsive and effective to the changing student needs.

## PEDAGOGY

Dewey (1916, in Pacho, 2018, p. 12) declares that education is not an affair of ‘telling’ and being told but an active and constructive process. Dewey (1916) insists that students must always be involved in the learning process. From the standpoint of this quote, it must be illustrious that the secret of bringing attainable change in education during crisis and post-crisis times is to set efforts on inventing new teaching and learning pedagogies that help develop knowledge for solving problems and inspiring development. Therefore, the pedagogical approaches to be promoted should be implemented so that passivity in learners is replaced by inspiration to embark on constructive action to transform situations based on open experience and careful reflection (Paschal & Owino, 2024).

Literature has shown that to enhance social, political, and economic changes in society, the need for learning institutions to improve teaching and learning pedagogies in the world is indispensable. So far, learners are convinced to be involved more actively in personalised learning. Sadly, enough, teaching and learning in many sub-Saharan African countries have been practiced under traditional teaching pedagogies, which are theoretical and examination-oriented. This teaching approach is dominated by traditional teaching, which includes memorisation and repetition of contents taught by a teacher (Sharma, 2018; Pacho, 2013). Besides, Damodharan and Rengarajan (2013) insist that traditional teaching methods discourage the effectiveness of learning since they fail to meet the needs of the students in the learning environment and society in general. The traditional and conservative approaches to education in sub-Saharan Africa must be transformed by pedagogies that can equip learners with relevant knowledge, skills, values, and attitudes to respond appropriately to the everyday realities of the changing world (Pacho, 2013). However, it is important to note that no method is appropriate in all contexts of teaching and learning processes. Therefore, a variety of pedagogies should be applied interchangeably in varied degrees to promote the creativity and development of learners (Pacho, 2013).

The ineffectiveness of traditional methods of teaching and learning has amplified the call for educators and all education stakeholders to help and encourage learners to be more involved in personalised learning rather than applying banking or lecture methods of learning (Kallio & Halveson, 2020; Paschal & Ismael, 2023). There are reasons for learners to be involved in personalised learning because they come from different contexts and have different passions and interests. They are also involved in personalised learning because they come from different contexts and have different passions, interests, and levels of learning. Hence, learners need to know according to their interests, passions, and abilities to become more active in learning. During the learning process, students need to decide what is necessary for them to learn, while a teacher will be there as a facilitator rather than a dominator of the learning process. The Confucius saying “I hear, and I forget; I see, and I believe; I do, and I understand” can inspire our pedagogy choices for enhanced knowledge retention and application of skills. From this standpoint, learners need to learn by themselves to be creative and critical thinkers rather than gaining all the knowledge and skills from the teacher. The teachers’ role will also change from being instructors to facilitators of learning and coordinators of learning resources. Teacher education needs to be more active in enabling teachers to learn about how to care for their learners as they serve as facilitators of learning and coordinators of learning resources.

To promote the effective development of an individual, social and political economy, Pachó (2013) maintains that a good education is effective and well organised to shape an individual’s mind both spiritually and intellectually. Moreover, John Dewey (1916) also notes, “If we teach today as we taught yesterday, we rob our children of tomorrow”. Similarly, Paulo Freire (1993) warns that when we use obsolete passive pedagogical approaches to education, we risk preaching in the desert.

Therefore, to improve the quality of education in sub-Saharan African nations in the post-COVID-19 pandemic, the teacher-centred learning approach must be eliminated by developing learner-centred innovative methods of learning. The innovative approaches must be relevant and emphasise innovation and active knowledge acquisition for solving societal issues and problems to enhance social, economic, and political development. According to Kapur (2016), new learning methods should focus on personalised and learner-centred learning. Furthermore, the norms of teaching and learning need to be more authentic, inquiry-based, and purposeful to instil desirable knowledge, skills, values, and a positive attitude

to allow learners to be more involved in solving existing and unknown problems. For instance, the teaching models should be used based on the environment and needs of the learners. They should be used interchangeably in various formats like online modes of delivery, recorded lectures, social media, Massive Open Online Courses (MOOCs), and voice-over PowerPoint. However, during the teaching and learning process, learners and other education stakeholders must note that the effectiveness of the teaching and learning pedagogies comes from how they are applied and not from the approaches themselves, as explained by Pacho (2013). How to do it in terms of pedagogical approaches to enable learners to acquire the desirable knowledge, skills, values, and positive attitude is the most important part of teaching and learning.

### LEARNING ENVIRONMENT

The social environments in which teaching and learning take place generally influence how learning takes place (Pacho, 2013). Learning context plays a significant role in learning. It can hinder or influence effective teaching and learning. Boa (2014), in her study of “determinants of high academic performance in secondary schools, establishes that high-performing learners in secondary schools had conducive learning environments and sufficiently qualified teachers who influence constructive teaching and learning to their learners. The teaching and learning environment, coupled with qualified teachers in the field of education, are vital in producing qualified learners who will later use their knowledge and skills to raise innovation and productivity in their country.

Additionally, Montessori (2013) adds that a learning environment that is well-equipped with teaching and learning resources, democracy, and constructive pedagogies is vital in helping learners acquire knowledge. Unfortunately, many countries on sub-Saharan Africa are still facing a variety of challenges in offering effective and innovative education because of the poor learning contexts, which are characterised by inadequate democracy, traditional teaching and learning pedagogies, as well as inadequate material and human resources. For instance, many learning institutions in developing countries in sub-Saharan Africa were unable to continue teaching and learning due to the COVID-19 pandemic, which led to the closure of learning institutions because of a lack of innovation that could help the continuation of learning. As the world tries to return to normal life, this normality will not be realised because of uncertainty and catastrophes,

which are the effects of various changes in our surroundings. Therefore, embracing and strengthening online education is vital because it can help students learn by retrieving learning resources through technology. Teaching and learning in the online mode are significant because it helps learning to take place at anytime, anywhere, depending on the learner's decisions. The emergence of the COVID-19 pandemic and the world's expertise have paved the way for education to be offered in the blended mode. To continue teaching and learning in sub-Saharan African countries uninterrupted in the post-COVID-19 pandemic, a blended mode of delivery should be effectively implemented in education.

### CONCLUSION

The outbreak of the COVID-19 pandemic strongly impacted education systems globally. COVID-19 posed serious challenges to education due to COVID-19-related school closures and its disruption to traditional face-to-face learner-teacher interaction. However, the COVID-19 pandemic may provide unprecedented potential for the education sector in areas such as technology integration in education and for distance and online learning. Teaching and learning approaches will continue to take various forms and shapes depending on the context and circumstances of the ever-changing innovations. The changes in how education is offered will include the transformations in curriculum, pedagogy, and educational policies. The majority of learners will effectively learn for global connection and to get skills and be competent in solving various global challenges as they arise in the dynamic world. Teaching and learning will be conducted anywhere, anytime. However, one may note that students have different learning abilities, and by this, we may say that innovation in learning is not the same. Hence, it is vital to rethink education by finding innovative and possible ways to make education be productive, reasonable, critical, and creative toward solving problems of a fast-changing world in the post-COVID-19 pandemic society. To effectively address the educational challenges brought about by COVID-19 and prepare for the future, education stakeholders must prepare for the future before it keeps on developing. This means that education stakeholders must embrace integrated leadership styles, educational technology, online education, a conducive learning environment, learner-centred pedagogies, and a responsive curriculum that addresses the changing needs of learners in different contexts. Sub-Saharan African countries must note that everyone

has an idea, but only a few turn their ideas into actions. Let sub-Saharan African nations be among the few who do that by creating new innovative ideas, new environments, new tasks, and new cooperation, which should be applied to enhance effective teaching and learning for the better future of the people of sub-Saharan Africa and other countries globally.

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# The Role of Transnational Actors in African Social Policy

*Rosina K. Foli and Daniel Béland*

## INTRODUCTION

Transnational actors are key policy actors in social policy in sub-Saharan Africa. Not only do they influence the ideas that underpin social policy, but they also provide the much needed material resources required for program facilitation and development generally (Foli, 2023; Foli & Béland, 2014; Foli et al., 2018; Béland, 2005; Béland & Orenstein, 2013). Their involvement has been critical especially during periods of crisis. Indeed, most sub-Saharan African countries have seen heightening relations with transnational actors particularly during times of economic crisis, as was the case in the late 1970s to the 1980s. The COVID-19 pandemic, which started in Wuhan, China, in 2019, presented an uncertain environment that required a collective search for solutions. In this search,

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R. K. Foli (✉)

Department of Political Science, University of Ghana, Legon, Ghana  
e-mail: [rfoli@ug.edu.gh](mailto:rfoli@ug.edu.gh)

D. Béland

Department of Political Science, McGill University, Montreal, QC, Canada  
e-mail: [daniel.beland@mcgill.ca](mailto:daniel.beland@mcgill.ca)

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D. Béland et al. (eds.), *The State and the Imperative for Social Policy Reform in Africa*, Global Dynamics of Social Policy,  
[https://doi.org/10.1007/978-3-032-02432-9\\_7](https://doi.org/10.1007/978-3-032-02432-9_7)

transnational actors were involved. However, their roles of providing programmatic ideas and material support did not change significantly during the COVID 19 pandemic era. Transnational actors, including international governmental organizations, bilateral and other multilateral organizations provided information and health logistics and other materials needed in the pandemic management. Various global health actors led by the World Health Organization (WHO) significantly contributed to the pandemic response (Kheir-Mataria et al., 2024). While there were criticisms regarding certain aspects of the pandemic response (in the first few months), particularly, vaccine acquisition by rich countries who demonstrated nationalistic tendencies and raced to secure vaccines, and personal protective equipment (Murhula & Singh, 2022), the salience of transnational actors within a broader global governance framework cannot be gainsaid.

The argument for collaboration and cooperation was made stronger at the height of the pandemic when there was a global search for solutions. Especially for developing countries, the weaknesses of health infrastructure and the broader social policy frameworks made collaboration even more critical. Consequently, there were multiple levels or scales of collaboration from the intra-country level, through inter-country to multiple countries and also among countries and bilateral and multilateral organizations. Yet, cooperation and collaboration were not the natural response of some countries, even though WHO continually emphasized the need for cooperation in the pandemic response.

As policy actors in the broad sphere of social policy in the pre- and pandemic periods, which roles should transnational actors play in the post-pandemic period. Should it be business as usual? This chapter argues for new roles for transnational actors in the post-pandemic era from an institutional perspective.

The remainder of this chapter is organized into five sections. The first section offers a brief discussion of the role of transnational actors as they relate to institutional and ideational processes. The second section provides an overview of pre-pandemic transnational actor roles. The third section deals with pandemic roles and activities citing examples from across the region. Subsequently, the fourth section explores the question: what roles should transnational actors play in the post-pandemic era? The short final section features concluding remarks.

## IDEAS, INSTITUTIONS, AND TRANSNATIONAL ACTORS

Institutions are conceptualized as rules of the game which shape the conduct and behavior of policy actors and shape the outcomes of policy. Such ‘rules of the game’ comprise both formal and informal aspects, which according to North (1991, p. 97) “structure political, economic and social interactions.” Implying that social policy outcomes are incentivized by the existing institutions at both the transnational and national levels. Social policy ideas, therefore, may emanate from different sources but their impact on citizens is mediated by institutions (Béland, 2005, 2019). Consequently, a discussion of post-pandemic transnational actor roles cannot be done outside of domestic institutions.

On this issue, the work of Mitchell Orenstein (2008) about pension reform around the world offers useful insight, which is relevant for the study of transnational actors and their interaction with domestic political institutions and players. According to Orenstein (2008), transnational actors, even large international organizations like the International Monetary Fund and the World Bank, do not have unlimited power over less-developed countries. This is the case because, in order to get their preferred policy ideas implemented at the national and subnational levels, they have to rely on domestic veto players that, unlike transnational actors, have the capacity to enact policies due to their institutional position within a specific polity. Although they do not have formal institutional veto power within domestic political institutions, transnational actors do have the capacity to influence domestic veto players to get them to adopt and implement their policy recommendations. Even if conditionality associated with loans from international organizations like the World Bank can help them pressure domestic actors to implement the policies these organizations promote, in his book Orenstein (2008) shows that financial pressure stemming from conditional loans is not always the main way in which transnational actors shape national and subnational policy decisions and outcomes. This is the case because these actors typically seek to convince domestic veto players that it is in their interest to adopt and implement the policy ideas such actors promote across the globe (Orenstein, 2008).

These remarks should not hide the asymmetrical power relations that exist between large international organizations and poor countries located in the Global South, including and especially in sub-Saharan Africa, which witnessed clear cases of policy imposition during the structural adjustment

period, an issue discussed in the next section. Yet, as suggested below, transnational actors, including international organizations, use different means to influence domestic veto players, including ideational persuasion. This suggests that, following the work of Orenstein (2008) and many other scholars, students of transnational social policy influence in sub-Saharan Africa should pay attention to ideational processes, which exist alongside material processes and are, like them, part of the tools of international organizations, including large international organizations. The fact that these organizations spend a lot of resources on the organization of conferences and the publication of reports indicate that they do care about the diffusion of their policy ideas around the world and in specific countries, by appealing to domestic players (Béland et al., 2023; Foli, 2023; Orenstein, 2008).

Finally, and more generally, it is important to study the role of transnational actors in the context of the countries in which they operate, often through the creation of coalitions and partnerships with domestic players. This is why our analysis pays close attention to interactions between transnational and domestic actors over time and the varieties of forms they take, from financial conditionality and material incentives to institutional collaboration and ideational influence.

### AN OVERVIEW OF PRE-PANDEMIC TRANSNATIONAL ACTOR ROLES

Transnational actors' interaction with sub-Saharan African countries predates colonialism and has continued from colonial times through the post-independence era. Prior to colonialism interactions between people living on the continent and outside actors were characterized by economic activities, mostly trade. Formal colonialization expanded transnational actors' activities beyond the economic sphere to the socio-political realm, until colonized African countries gained independence during the post-World War II era. From the post-independence era when newly independent countries explored ways of developing themselves and building social cohesion, we again see the involvement of transnational actors in various roles. We focus the subsequent discussion on the post-independence era.

The attainment of political independence amplified the socio-economic and political needs of the new nations, creating a general search for solutions. Within this context, national leaders in the immediate post-independence period interacted with transnational actors acting as policy advisors

and consultants who contributed to the development ideas and plans of political leaders (Grischow, 2011; Mohan, 1967). It is noted that Kwame Nkrumah, the first president of Ghana, had foreign policy advisors such as economist Arthur Lewis and a community development expert F. H. Hilliard in the 1950s; and in 1961 a technical advisor from Britain's labor commission assisted with Ghana's rehabilitation program (Grischow, 2011). The World Bank brought together some experts in 1963 to advise on Ghana's Seven Year Development Plan.

From this period most African nations were plunged into political and economic crises, especially following the oil price shocks of the 1970s (Issawi, 1978; Johnson & Wilson, 1982; Lancaster, 1983). The crisis which saw the plummeting of economic growth rates "knocked African development plans out of their traditional moorings, and nearly drowned the new states in a sea of debts" (Johnson & Wilson, 1982, p. 211). Another impact of the crisis is the increasingly central positions that transnational actors including the World Bank (WB), International Monetary Fund (IMF), bilateral and other multilateral actors came to occupy in the development process in Africa through economic policy advice that largely hails neoliberalism. Usually backed by financial resources which poor African countries need, development advice by transnational actors, particularly international financial institutions, usurped the policy autonomy of national leaders and local authorities which characterized the immediate post-colonial era (Adésinà, 2007; Hormeku-Ajei et al., 2022). For instance, Tanzania pursued a socialist course of development under its nationalist leader, Julius Nyerere; however, the country turned to international financial institutions in the 1990s and followed the development advice of the IMF and the WB (Bunting, 1999). Similarly, faced with economic crises, Zambia sought help from the IMF and the WB, which conditioned the assistance they were offering on economic reform and stabilization programs (Wulf, 1988). Also, in the 1980s, contrary to his popular stance against neoliberal policies, the Ghanaian military leader of the Provisional National Defence Council, Jerry John Rawlings, adopted structural adjustment policies nudged by the WB and the IMF.

Thus, from the 1980s, not only did transnational actors assume the position of policy advisors – providing development policy ideas—but they also supplied financial and technical resources to back their advice in developing countries. Although in the 1980s, transnational actors, especially the international financial institutions, adopted policy conditionalities backed by material incentive to influence policies, the post-structural

adjustment era is characterized by a mix of mechanisms. In a study of policymaking in Ghana, Foli (2023) showed how transnational actors push various programs using material incentives, various ideational platforms, and their connections with formal policy actors through institutional avenues such as the sector working groups. Besides, some government ministries such as the Ministry of Gender, Children and Social Protection, and the Ministry of Health are supported by transnational actors in capacity building and with technical experts when necessary. Most of these partnerships with governmental ministries are informed by the core mandates of the transnational actors. Adesina's (2020) study indicates how transnational actors actively promote social protection programs such as cash transfers in developing countries. In promoting specific social policy instruments, transnational actors take on the identity of proposal actors who use conferences, seminars, and publication among others to purvey these program ideas. This was emphasized by studies on instrument constituencies, which showed how transnational actors together with others rally around specific social policy instruments and promote these actively (Béland et al., 2018; Foli et al., 2018). This was the situation when COVID-19 struck in 2019 and assumed the status of a pandemic. The next section explores transnational actor roles during the pandemic.

### TRANSNATIONAL ACTORS ROLES DURING THE COVID-19 PANDEMIC

Considering the scale and impact of the pandemic, although countries individually sought to put in place responsive measures, it was soon realized that collaboration was critical to effective management. Thus, the management of the pandemic saw the collaborative involvement of stakeholders spanning national, regional, and international levels. What roles did transnational actors play during the pandemic? In discussing transnational actor roles during the pandemic, we begin at the regional level considering the activities of the Africa Centres for Disease Control and Prevention (Africa CDC) and how transnational actors partnered with the Africa CDC and then consider transnational actor activity in some individual African countries. The discussion here shows that they played crucial roles during the pandemic, including contributing to public health, humanitarian assistance, economic support and policy coordination.

At the regional level, the Africa Centres for Disease Control and Prevention (Africa CDC) coordinated a pan-African response to the

pandemic. Beginning with the first case on the continent, the Africa CDC organized meetings with African ministers of health and finance, as well as worked with heads of states and governments through the African Union to boost preparedness and response to the pandemic (Fallah et al., 2024). It collaborated with transnational actors including the World Health Organization (WHO) and World Food Program (WFP) to enhance the capacity of health workers and provide resources for response to the pandemic. In an interview, the WHO Regional Director for Africa, Dr. Matshidiso Moeti, indicated “We have carried out a lot of training together [with the Africa CDC] on the different aspects of preparedness and response; on laboratory capacity-building, testing, case management and surveillance. ... we helped ... our member states to developed national response plans...” (Africa Renewal, 2020). She further pointed out that WHO through its regional office mobilized and sent about 80 experts to 30 African countries; assisted with the establishment of rapid response teams; and have participated in ministerial meetings. In its work in the African region, WHO has partnered with the UN agencies such as UNICEF.

In a similar vein, the Mastercard Foundation helped to provide testing kits and enhance surveillance capacity in the continent, and they supported the Saving Lives and Livelihood (SLL) initiative. The Saving Lives and Livelihood (SLL) initiative with funding support of over \$1 billion from the Mastercard Foundation aims to “acquire vaccines for at least 50 million people, support the delivery of vaccinations to millions more across the continent, lay the groundwork for vaccine manufacturing in Africa through a focus on human capital development, and strengthen the Africa CDC” (Mastercard Foundation, 2021). The SLL was critical in promoting access to vaccines and vaccine uptake in the region, especially in a context of the growth of nationalistic strategies of vaccine acquisition by rich nations. Besides collaborating with international organizations, the Africa CDC worked with some African countries to help other less fortunate ones, for instance, assisted by Senegal and South Africa, training for laboratory technicians was organized for countries with less capacity.

There were also other multilateral and bilateral efforts at the country level. Between January 2020 and December 2021, the IMF provided various types of emergency funding to support the COVID-19 response of sub-Saharan African countries totaling approximately US\$ 25,934.24 million (IMF, 2022). In July 2020 South Africa received emergency support of US\$4.3 billion from the IMF toward addressing the pandemic. Similarly,

Ghana received US\$1 billion in April 2020, and Rwanda received support of US\$ 220.46 million from April to June 2020 for the purpose of dealing with the effects of the pandemic particularly the fiscal and balance of payment challenges. In the face of disruptions to supply chains and the need for critical health supplies, the USAID through its Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) helped to procure and supply needed health logistics for managing the pandemic to various countries, including ventilators (Egypt, Nigeria, Ethiopia, etc.) and oxygen equipment (e.g. Ghana, Kenya and Mozambique) (USAID GHSC-PSM, 2021).

In Burkina Faso, the United Nations Development Programme (UNDP) helped the government to devise a plan to keep markets open in a safe manner (Ighobor, 2020). The need to open the markets which were closed in March 2020 was emphasized by demonstrating traders in April 2020 (African News, 2020). Stressing the role of the UNDP in providing information and helping recovery strategies, the director of UNDP Regional Bureau for Africa, Ahunna Eziakonwa, explained regarding the market closures that UNDP helped because of the central role the market plays in sustaining the livelihoods of the population. The World Bank through its Local Government Support, COVID-19 and Resilience Response Project in Burkina Faso, provided household items, trained officials, and supported local government authorities by providing "...resources to municipalities to contain the spread of COVID-19, support IDPs [internally displaced persons], and ensure the continuity of social services" (World Bank, 2022). UK's Foreign, Commonwealth & Development Office (FCDO) fully financed an emergency cash transfer program in Liberia, described as a COVID relief package costing US\$3.4 million. According to the country's Minister of Gender, and Children and Social Protection, this support will provide much needed assistance to the extremely poor and vulnerable families impacted by the pandemic (Koinyeneh, 2021). The FCDO contributed 49% of the total bilateral COVID-19 vaccines Ghana received during the pandemic (Foreign, Commonwealth and Development Office, 2023). To support COVID-19 response in Ghana, the United States provided over \$30 million to address the impacts of the pandemic on health, agriculture, and education (USAID, 2021). Additionally, the country provided Ghana with an Oxygen Plant, and a Negative Pressure Isolation System.

In addition to providing material resources, some transnational actors supplied critical information that countries required to help with their

response strategies. For instance, in Burkina Faso, as noted in an interview, the UNDP provided information to help in economic recovery. The World Bank conducted a number of high-frequency phone surveys in a number of African countries, including Nigeria and Kenya, to monitor the impacts of the pandemic. In Nigeria, the WB initiated and provided technical support for the Nigeria COVID-19 National Longitudinal Phone Survey (COVID-19 NLPS), which was implemented by the National Bureau of Statistics to measure and track the social and economic effects of the COVID-19 crisis by tracking the welfare and behavior of households monthly for a year (World Bank, 2021). The survey in Kenya was implemented by the WB in partnership with the Kenyan National Bureau of Statistics (KNBS), the University of California, Berkeley and the United Nations High Commissioner for Refugees (UNHCR) to enumerate the impacts of shocks such as the COVID-19 pandemic, inflation, and droughts (Pape et al., 2020).

### TRANSNATIONAL ACTOR ROLES IN POST-COVID-19 PANDEMIC AFRICA

As seen from the above, transnational actors have played significant roles in sub-Saharan Africa prior to and during the COVID-19 pandemic spanning the supply of material resources, technical experts, and policy ideas in the policy development process. Furthermore, while the structural adjustment period saw the use of hard approaches to shape policies involving policy conditionalities tied to financial support, contemporarily there is the adoption and combination of various mechanisms, including material, ideational, and institutional, to influence policy. During the pandemic, transnational actors acted in various capacities which span “defining and measuring the problem, sharing information and technical capacities, making policy recommendations, guiding and advising national governments, and where necessary holding governments and other actors to account” (Cook & Ulriksen, 2021, p. 381). Underpinning the transnational actor role during the pandemic is the recognition that a crisis of this nature requires cooperation for success. However, there is a search for the role of transnational actors especially in a post-COVID era (Carayannis & Weiss, 2021; Fraundorfer & Winn, 2021; Susskind et al., 2020). Will their roles change? Should transnational actor roles change? Has it changed? As the discussion below indicates, there is a general call for role reform. The changes advocated spans greater cooperation, equitable partnerships,

exploring alternative and African-led approaches to social policy, institutional strengthening, and capacity building toward self-dependency.

In a recent discussion a presenter at a conference<sup>1</sup> recounts an interaction with an official; when asked about the role of transnational actors in a post-pandemic era, the official responded, “our partners assisted during the pandemic in various ways, but they have long gone back to what they were doing before the pandemic” (Asante & Foli, 2024). Contrary to going back to their previous activities, without any changes, the Committee for Development Policy (CDP), in a call for greater cooperation in a post-pandemic era, urges national governments and transnational actors, to support least developed countries to build stronger health systems, facilitate access to vaccines and other healthcare logics on a need rather than ‘ability to pay’ basis, to promote industrialization, and expand and institutionalize social protection systems (CDP, 2020). This call emanates from the difficulties of developing countries in accessing vaccines and other health logistics during the pandemic. Similarly emphasizing greater cooperation, Carayannis and Weiss (2021) prioritize the need for international organizations to engage with other actors, including independent analysts, think tanks, and CSOs, beyond national and international bureaucrats. This was further identified in another study which recommends the creation of a forum for policy dialogue, which involves policymakers, civil society groups, private actors, and international actors (Leininger et al., 2021).

Not only is there need for greater cooperation, but also for equitable partnership in the relationship between transnational actors and national actors (Devermont, 2021). In a meeting of African ministers and other partners within the framework of Tokyo International Conference on African Development (TICAD), the need for strengthening partnerships for mutual benefit was stressed (UNDP, 2022). Such a partnership considers Africa’s interests and pursues context-relevant policies. The frustration with dependency in an unequal partnership was captured in a statement by the current president of Ghana as follows “We can no longer continue to make policy for ourselves, in our country, in our region, in our continent on the basis of whatever support that the western world or France, or the European Union can give us. It will not work. It has not worked and it will not work” (Asiedu, 2017)

<sup>1</sup>*Social policy in post-Covid Africa: In search of an inclusive and equitable architecture* (unisa.ac.za). One of the authors participated in this conference.

Transnational actors are invited to move beyond the regular way of doing things and explore alternative approaches to social policies. Yi (2024) notes that the post-COVID African countries and transnational actors need to consider alternate economies to shape social policy. This is critical because problems in developing countries such as inequality have different dimensions, and so solving it only from an income perspective may not be effective. Besides, policies must be pursued acknowledging and adopting indigenous knowledge with African-led solutions. The neo-liberal project was pushed by the international financial institutions which circumscribed the state's role in social provisioning and severely influenced the social policy structures in place when COVID-19 struck. Due to the negative effects of limiting the role of the state in social provision in a residual social policy framework, it is further suggested that in a post-pandemic era, development policymaking should be African state actor led with support by transnational actors (Asante & Foli, 2024)

Institutional strengthening is also deemed critical in a post-pandemic era. Salifu and Salifu (2024) focus on governance systems and leadership toward ensuring effective development assistance in a post-COVID African society. For them, transnational actors need to contribute to building and strengthening institutions of accountability, so that material resources to developing countries can be made more effective.

Transnational actors are called to lead and assist with facilitating industrialization toward self-dependence, building capacity to make health systems in developing countries able to withstand future shocks (CDP, 2020). As noted by the current South African president, Cyril Ramaphosa (2022), this is important because global partnerships are fragile particularly during emergencies and “as the global crisis unfolded, [our] continent could not rely on the generosity of wealthy countries. We had to do things for ourselves.” But, low industrial capacity coupled with high import dependency meant that during the height of the pandemic when countries were unwilling to export protective and health equipment, and supply chains were disrupted, developing countries found themselves in dire straits with no access to essential medicines and critical health logistics (Ejekam et al., 2023). The African Union and the Africa CDC have started a partnership for vaccine production, and African countries mobilized resources within the continent and from other partners to help with the pandemic. For the post-pandemic era countries are urged to seek international partnerships which provide knowledge to build their health systems rather than just receiving product donations; prioritize developing their herbal and locally

produced medicines, and establish an effective regulatory framework to enforce standards. The international community is urged to provide the needed support for realizing this, including “a temporary waiver of the Agreement on Trade Related Aspects of Intellectual Property Rights at the World Trade Organisation (WTO)...” to facilitate the production of vaccines on the continent (Ramaphosa, 2022).

## CONCLUSION

Although the common wisdom within the policy world is that crises are opportunities for transformative changes that should never be “wasted,” it remains unclear at this stage whether the COVID-19 pandemic will have a lasting impact on the interactions between transnational and national social policy actors in sub-Saharan Africa. Because the COVID-19 pandemic was relatively short, it proved tempting for both domestic and transnational actors to return to “business as usual” after the most dramatic moments of this global crisis had passed.

Beyond this pandemic, there is a clear need for better and more respectful cooperation between transnational and domestic actors that is likely to lead to more African-led policy solutions. The rise of Africa both economically and demographically should make it harder and harder for large international organizations such as the IMF and the World Bank to treat domestic social policy actors in sub-Saharan Africa in a purely top-down manner. As sub-Saharan Africa becomes a more populous and more prosperous continent, the power relations between transnational actors, especially large international organizations, and increasingly strong African countries should prove less and less asymmetrical over time, which would make genuine cooperation and a greater emphasis on ideational persuasion than on conditionality and financial coercion.

Africa is a large and diverse continent, so the patterns of interaction between transnational and domestic actors within the field of social policy and beyond are likely to keep varying greatly from country to country and over time. This is why more systematic single case study and comparative case study research on these interactions are needed. As Orenstein (2008) and Foli (2023) have shown, studying the role and potential influence of transnational actors on social policy requires paying close attention to the diversity of means used by them to influence domestic players operating in concrete national and sometimes subnational institutional configurations,

which can vary greatly from country to country. Future research in the area should build on this existing institutional scholarship to study more closely diverse patterns of transnational and domestic interaction in ways that can help us better understand how these patterns change over time and, perhaps, make policy recommendations about best practices and forms of cooperation that might prove more successful than others, depending on the ideational, institutional, and material domestic context at hand.

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# Gender and Social Policy in Africa

*Hellen Venganai and Abigail R. Benhura*

## INTRODUCTION

Social Protection mechanisms perform an important function in guaranteeing access to social services and to the entitlements afforded by social inclusion policies, particularly in relation to health, education, food security, employment, housing, and personal social services (Robles & Rossel, 2022; Benhura & Venganai, 2022; Masuku et al., 2023). The need for robust social policies cannot be overemphasised especially in African societies that are strongly stratified and have high income and wealth inequalities (Künzler & Nollert, 2017). Yet, the coverage of social assistance in low-income countries is mostly patchy, benefits are limited, while the majority (over 90 percent in sub-Saharan Africa) may lack any access to any formal social protection (Devereux, 2021; Gronbach & Seekings, 2021).

The demand for social welfare systems multiplies when nations face external shocks such as natural disasters and pandemics such as COVID-19 (Masuku et al., 2023). The pandemic intensified pre-existing

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H. Venganai (✉) • A. R. Benhura

Women's University in Africa, Gender and Diversity Centre, Harare, Zimbabwe

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D. Béland et al. (eds.), *The State and the Imperative for Social Policy Reform in Africa*, Global Dynamics of Social Policy,

[https://doi.org/10.1007/978-3-032-02432-9\\_8](https://doi.org/10.1007/978-3-032-02432-9_8)

vulnerabilities, and created new ones due to policy responses such as restrictions on mobility and lockdowns (Cook & Ulriksen, 2021) as well as poor funding. Of note is that in most cases, the pandemic had a gender differential impact (Atkins et al., 2022), reflecting intersecting forms of disadvantage and policy neglect of particular issues or groups (Cook & Ulriksen, 2021). Incidences of gender-based violence (GBV) escalated while women's means of livelihood was threatened especially for those in the informal sector (UN Women, 2021). Despite this reality, there is significant evidence that COVID-19 social protection responses "overlooked gender considerations, a reflection of existing systems that are poorly prepared to tackle gender within shock-responsive programming" (Gavrilovic et al., 2022, p. 1112). To some extent, this was attributed to limited funding. A meta-analysis study of thirty-six in-depth country reports on early Covid-19 social policy responses in the Global South found that social policy responses of developing economies were often rudimentary, focusing on cash transfers and food relief, and heavily relied on external funding (Dorlach, 2023). The sustainability of external funding proved a challenge amid the COVID-19 crisis due to shifting donor priorities. Lambin 2024, for example, reports that bilateral aid to Africa shrunk by 7.8 percent in real terms between 2021 and 2022 following the COVID-19 pandemic and crisis in Ukraine.

In the absence of adequate social assistance systems, vulnerable populations find themselves falling back to informal welfare systems in their communities to cover gaps created by formal social security (Nhapi, 2022). As a result, there have been calls for the revival and strengthening of informal social welfare systems in Africa (Boon, 2007; Devereux & Getu, 2013; Elliesie, 2017). Social protection mechanisms founded on African traditional values and based on kinship or self-organised mutual aid have long acted as an important tool for welfare protection and social cohesion (UN, 2024). In this chapter, we echo arguments that highlight the complementary role that informal welfare systems can play to strengthen existing social protection services and programmes particularly for the hard-to-reach populations such as the informally employed, women, and the aged and, in the majority of cases, rural-based populations. The chapter goes further to interrogate the gender responsiveness of informal social welfare and protection interventions in promoting more equitable and social justice outcomes even in times of shocks. This is because most scholarship on gender and social policy tends to focus on formal welfare systems (Holmes et al., 2019; Betrams, 2020; Gavrilovic et al., 2022).

This chapter is based solely on a desk-based review of secondary academic and grey literature which provided a relevant framework for analysis. An extensive literature review was undertaken to contextualise and draw some gendered insights from both the theoretical and empirical literature on formal and informal social protection initiatives in Africa before and during COVID-19. In the next sections, we begin by providing a contextual background on the debates around formal and informal social protection in Africa. We then provide a synopsis of existing research on gender and social policy in Africa in general, and gender and informal social welfare systems in particular. The theoretical insights guiding the chapter are then discussed before delving into discussing the key findings. In the findings section, we analyse some of the traditional and informal social protection responses with specific focus on GBV, health and food security, and economic empowerment.

### FORMAL VERSUS INFORMAL SOCIAL PROTECTION

The call for revival and strengthening of informal social welfare systems in Africa should be understood in the context of historical and existing socio-political global relations. With formal social protection systems in Africa, there is mistrust between authoritarian African governments and some Western donor-funded non-governmental organisations who provide social assistance yet are perceived as agents of regime change (Toepler et al., 2020). In such contexts, marked by a shrinking space for civil society, the free flow of social assistance is hindered even during shocks, which further threatens the social security of those especially in rural areas. Even in cases where authoritarian and democratic governments alike attempt to build relationships with other NGOs “in efforts to improve the quality and availability of public social, health or educational services” (Toepler et al., 2020, p. 650), there is also the realisation that because NGOs (international and local) rely heavily on external funding, the sustainability of their efforts is compromised once this external support ends or is withdrawn. The abrupt USAID foreign funding freeze by the Donald Trump-led American government provides a compelling example. Lastly, NGOs tend to be more accountable to donors than to the communities they are meant to serve and to support. With reference to humanitarian assistance, for example, while bringing the necessary relief, NGOs are accused of offering only short-term solutions without making the necessary investments into building communities’ resilience to future shocks (Nhapi, 2022).

Studies on social security coverage in Africa reveal a dichotomy between formal and informal economic activities with different implications on social security coverage (ISSA, 2024). It is critical to realise that informal and semi-formal systems and institutions, though less recognised, continue to operate alongside ‘modern’ publicly administered social protection programmes, meeting specific needs and reaching groups of people that most formal social protection programmes do not reach (Devereux & Getu 2013). Yet, as Elliesie (2017) observes, global scholarly discourse on social policy predominantly focuses on Western-centric formal statutory programmes while neglecting traditional or informal community-based forms in Africa. This leaves little room for understanding the nuances within and between countries, the crossover between different systems, the rationales that inform policy choices, questions of feasibility, sustainability, the role of agency of beneficiaries in improving their lives, the role of civil society, families, communities, and how gender norms shape welfare policies and institutions in development contexts (Patel, 2018). Elliesie (2017, p. 60) argues that such “models from developed countries require sufficient records, administrative capacity and particular socio-economic conditions, which may not exist in many countries in Sub-Saharan Africa”. This entails that formal social protection regimes leave protection gaps for many vulnerable populations in SSA (and other low-income countries globally). Because of this exclusion, “many of the vulnerable poor have had to rely on Indigenous Social Security Systems (ISSS) of mutual support, which have been the cornerstone of community life for many African communities and/or families” (Noyoo & Boon, 2018, p. 48). Therefore, this chapter aligns with the view that family and community welfare regimes should be recognised and adapted to complement “transplanted” European-modelled social security systems (Elliesie, 2017) for communities under stress as well as regular social protection in SSA. The importance of the family as an informal social protection space in most African countries is illustrated by the fact that often persons already covered by formal social protection schemes revert to family support in times of need, particularly for social care and income replacement in old age (Kpessa-Whyte, 2018).

COVID-19 social protection interventions such as social solidarity funds and social assistance often bypassed people who were made most vulnerable by COVID-19, notably retrenched and informal workers with no access to social insurance (Devereux, 2021). The COVID-19 pandemic brought about an “enhanced recognition of kinship and

community interventions as a complementary pillar of national social protection systems” ISSA (2024). This is particularly pertinent given the background that,

Social protection is not a novelty to Africans. Long before the formal recognition of social protection as a universal and fundamental human right (UDHR, 1948), Africans pursued the course towards better lives for all through a set of social obligations constituting the African kinship and community support systems. (ISSA, 2024)

However, there is also recognition that informal social protection is declining throughout Africa due to shrinking family resources and a shift from values such as social cohesion, solidarity, and mutuality (Devereux & Getu, 2013). Nonetheless, the informal social protection support systems appear more effective, resilient, and adaptive in the times of economic instability even when shocks in some cases have exceeded the coping capacity of these informal systems (Devereux & Getu, 2013).

### GENDER AND FORMAL/INFORMAL SOCIAL WELFARE SYSTEMS: AN OVERVIEW

In most instances, women face the brunt of inadequate formal social assistance interventions. While formal social protection measures, including cash transfers, have potential to improve women’s basic consumption, socioeconomic status, agency, mental and physical health, and schooling outcomes for girls and to reduce intimate partner violence, among others (Gavrilovic et al., 2022), in most instances they fail to adequately respond to women’s needs (Newton, 2016). Reviews of social protection programmes in Africa show that only a few have fully taken on board the gender perspective in their design and implementation (Atkins et al., 2022). Additionally, they fail to address gender issues across the life cycle, and do not explicitly promote women and girls’ empowerment through a more transformative approach (Holmes et al., 2019).

Social security in most African countries has focused mainly on formal social security (often based on employment in the formal sector), which puts women, who are overrepresented in the informal sector, in a more disadvantaged position (Atkins et al., 2022). Social welfare models that are non-responsive to women’s needs may reproduce unequal social and economic outcomes for men and women, and in other contexts even cause

gender-based violence (Plagerson et al., 2019; Newton, 2016). For instance, the UNDP and UN Women COVID-19 Gender Response Tracker shows that out of 233 social protection and labour market measures taken across sub-Saharan Africa in response to COVID-19, only 28 percent were exclusively aimed at strengthening women's economic security such as cash transfers or in-kind support given specifically to women (UN WOMEN Policy Brief No 24, 2021).

This chapter adds to the emerging scholarship that recognises the importance of applying a gender lens in social protection in achieving more inclusive development in the post-COVID-19 era (Gavrilovic et al., 2022). This is because in the majority of cases, social protection interventions operate within environments that are traditionally beleaguered by gender inequalities and gender-based violence. Newton (2016, p. 6) highlights that women have “limited intra-household decision making and bargaining power, time poverty due to unpaid work responsibilities and family care”. A similar observation is made by UN Women noting that,

Gender-specific life course risks and vulnerabilities intersect and are exacerbated by structural gender inequalities that cut across and accumulate over the life course, including women's lesser access to and control over resources, exposure to gender-based violence, and disproportionate responsibility for unpaid care and domestic work. (UN Women Policy Brief No 24)

Therefore, effective and robust social protection strategies, both formal and informal, must recognise these paradoxical variance needs and the consequent inequalities so as to intentionally address them. To cement this view, Plagerson et al. (2019, p. 293) argue that social security measures should interact with gender-specific vulnerabilities and risks exacerbated by gender inequalities in several ways to design and implement approaches that are gender-responsive, transformative, and redistributive (*ibid.*). This will help to reduce the gender gap in the implementation of social protection programmes in SSA.

In looking at the interplay between gender and social policies, it is important to recognise how unequal gender dynamics within the household and community could dampen the effectiveness of social welfare systems (Newton, 2016). A key reason for including gender as a focus of analysis of social protection is that across their life course, women and men experience poverty and deprivation differently, and encounter different risks (Atkins et al., 2022). Therefore, a gender analysis of social protection

should look at issues of targeting, conditionality, unintended impact, and empowerment. Existing studies focusing on formal social welfare and protection systems reveal that when women are exclusively targeted as social protection recipients, there can be a backlash from men and other community members. At the same time, conditionalities attached to social protection interventions have been criticised for the burden they place on women regarding compliance (Newton, 2016). There are also debates about the extent to which these interventions are ‘empowering’ particularly if they do not address the unequal gender relations underpinning women’s disadvantage (Newton, 2016).

Research reviews found relatively few papers that discussed gender influences on social protection systems in Africa within the context of a crisis or an external shock (Atkins et al., 2022). Women, particularly in the marginalised communities, are overrepresented in those groups that have no access to social protection, and yet they are often on the forefront as carers and even providers in the household. Therefore, Plageron et al. (2019, p. 299) suggest transformative social protection systems that focus on the feminisation of programmes to overcome the challenges that women face in “bridging their double roles as poorly rewarded carers and productive economic agents”.

The chapter acknowledges the liberal coverage and acknowledgement of informal (traditional) social security<sup>1</sup> mechanisms in contemporary SSA societies (Kpessa-Whyte, 2018; Noyoo & Boon, 2018; Nhapi, 2022). However, while there is significant discourse on gender-responsive social protection in many studies, there is dearth of literature on the assessment of gender dynamics in informal social welfare systems. Like most formal social protection programmes, informal social welfare systems do not operate in a vacuum but have to contend with existing gender complexities which may affirm gender inequalities and further create barriers in the development as well as the exercise of women’s rights (Venganai, 2015; Plummer & Njuguna, 2009; Teffo-Menziwa et al., 2010; Gasa, 2011; Hodzi, 2024).

Noyoo and Boon (2018, p. 57) argue that the family is an important conduit for ISS. This being so, it must also be acknowledged that families are generally gendered spaces. Holmes et al. (2019, p. 8) observe that,

<sup>1</sup>In this chapter, the terms ‘informal social welfare’, ‘indigenous social security systems’, and ‘traditional social protection/welfare’ are loosely/interchangeably used.

Households are not homogenous units, but are sites of ‘bargaining’, in which women and men have different abilities to decide and control how the transfers<sup>2</sup> are pooled back into the household. Understanding gender as ‘relational’ is key, as women and men negotiate how social protection resources are used for consumption, production and investment.

The above contention confirms that the success and efficacy of all forms of social protection are largely determined by gender relations and cultural norms in the home. Most African indigenous social protection systems are premised on the philosophical foundations of *Ubuntu*, the African belief system that promotes togetherness, community, and justice (Chikoko et al., 2022). Often cast as gender-neutral and beneficial to both women and men, it is critical to note that *Ubuntu* can valorise violence against women if the implicit oppressive and patriarchal systems within this philosophy are not challenged (Sanni & Ofana, 2021). In many instances, the harsh individual realities of many women in violent marriages are subdued in community narratives that prioritise the maintenance of community harmony at the expense of individual justice. This is not to discount the relevance of the philosophy of *Ubuntu* in social protection, but to highlight the need to redefine it and apply it in gender sensitive ways. This will ensure that traditional justice systems provide an enabling environment that does not undermine the voices of women or expose them to more vulnerability especially where GBV is concerned.

Gender responsiveness in the implementation of informal social protection is therefore needed to complement formal (contributory and non-contributory) social protection systems in SSA in order to minimise gender inequalities. Newton (2016) states that “a gender lens helps illustrate how some social protection programming, although addressing women’s practical gender needs, can reinforce traditional gender stereotypes”. More so, Holmes et al. (2019, p. 7) argue that “to date, gender-responsive social protection has remained disconnected from discussions about the political economy of gender relations”. Thus, women may not necessarily be empowered by social protection programmes that do not address inherent gender inequalities in the home where they do not have any bargaining or decision making powers to determine the use of resources. But, as shall be discussed later in the chapter, women have carved their spaces in various family/community needs-driven social protection systems so as to meet unique demands that fall under their responsibilities.

<sup>2</sup>Cash transfers.

## THEORETICAL FRAMEWORK

### *Social Relations Framework*

The paper draws from Naila Kabeer's Social Relations Framework (SRF), a gender-analysis framework developed to understand gendered power dynamics as well as division of labour within social relations. In the context of SP programming, the "... failure to understand the dynamic nature of gendered relations and the subtleties and complexities of bargaining processes can lead planners to misinterpret the ways an intervention may affect men and women" (Hillenbrand et al., 2014, p. 354). The strength of the SRF approach lies in its capacity to illuminate not only "the complexity of gender-power relations" but also "the gendered nature of institutions" (e.g. family/household, state, community, market) and "the interactions between policies and practices at different institutional locations" (Hillenbrand et al., 2014, p. 354). In essence, the SRF calls for the understanding of gender in terms of relationships rather than individuals (Seymour, 2014). According to Mbo'o-Tchouawou et al. (2019), the SRF comprises five dimensions, namely, Rules, Activities, Resources, People, and Power. Rules entail institutional values, norms, customs, laws, and community or societal traditions that are either formal or informal but may encourage or limit action by certain gendered actors. Thus, in implementing SP interventions, rules may determine what is done, how it is done, by whom it will be done, and who will benefit (March et al., 1999). Activities focus on the differing productive, distributive, or regulative roles performed by different actors to achieve specific goals. Questions critical to assessing activities within SP include who does what, who gets what, and who can claim what.

Resources, on the other hand, encompass financial, human, natural, and physical resources as well as social networks and political influence. What is more significant about this SRF dimension is the presence of mechanisms to ensure equitable access, control, and ownership of these varied resources. Mbo'o-Tchouawou et al. (2019, p. 9) go further to explain that People refer to those who "determine who is included in or excluded from various social processes", while Power "determines who decides and whose interest is served", adding that those with power tend to "promote practices that entrench their privileged position and are most likely to resist change".

The five SRF dimensions described above are interlinked in that “the rules may determine what activities are undertaken, how resources are distributed and which people are included or excluded, whereas the powerful decide what rules to enforce...” (Mbo’o-Tchouawou et al. 2019, p. 9). In essence, these dimensions have implications on who is directly, indirectly, or systemically included or excluded in SP policies and programmes. Reflecting on the interplay between people, power, and resources, Hillenbrand et al. (2014, p. 355) have also observed that “while poor people rely on networks of social relations to survive, social relationships can also reinforce inequality and unequal access to resources”. Equally Seymour (2014, p. 1) asserts that “women of minorities or indigenous groups, women living with disabilities, and women of different ages all require consideration in terms of the intersecting aspects of their identity which drive their (social protection) experience”. Therefore, it becomes imperative to pay attention to how these SRF dimensions relate since it is critical when evaluating indigenous SP interventions in terms of their transformative potential.

## FINDINGS

This section provides evidence from the desk review organised around three themes, namely, health and food security, protection from gender-based violence, and economic empowerment.

### *Health and Food Security*

In and out of crises, health issues have always been a very visible indicator of the (in)adequacy and (in)efficiency of social protection programmes existing in diverse contexts. This applies for both the global north and global south contexts, but is more pronounced in the latter. With only 17.4 percent of Africa’s population receiving at least one social protection benefit (ILO, 2021, p. 1), the majority run the risk of being excluded from this critical service. In turn, such population groups are exposed to increased vulnerabilities and the violation of (inalienable) human rights. This is particularly evident when communities experience covariate shocks such as the COVID-19 pandemic. In the African context, COVID-19 proved how porous social protection regimes were on their shock-responsiveness. For these reasons, Devereux (2021, p. 422) states that “COVID-19 prompted a reconsideration of the social contract around

social protection in many countries”, although this did not necessarily lead to an expansion of social protection services in many African countries. A study by Gronbach and Seekings (2021) notes that while the South African government expanded expenditure and coverage of social protection programmes in response to the pandemic, other African governments such as Zambia remained reluctant to expand significantly their existing programmes. The study also highlighted the hesitancy by most African governments to expand social protection to cover the urban poor (most affected by the crisis), because social protection programmes have largely focused on the rural poor. The economic shock therefore did not lead to the substantive urbanisation of social protection despite the increased food insecurity during the COVID-19 pandemic (*ibid.*).

Besides the negative impact of the pandemic on food security, Robles and Rossel (2022) also attest to the severe interruptions of health monitoring services. COVID-19 stretched families, communities and nations’ resilience and coping strategies particularly in the field of primary health care and all forms of health care systems. However, while COVID-19 exposed social protection gaps in many areas, it also “provoked an unparalleled social protection policy response” (ILO, 2021, p. 7). Therefore, Yokobori et al. (2023, p. 6) confirm that social protection is important in the promotion of access to health service as well as contribute to reducing the risk factors while strengthening the protective factors. While this general success is commendable, the question of certain segments of populations lagging behind is always a concern, particularly traditional marginalised groups such as women, children, and people with disabilities. Therefore, it’s critical to assess how gendered dynamics influence policy change in this (COVID-19) and other crises.

According to the UN Women Policy Brief No 24, COVID-19 reaffirmed the general position of women during disease outbreaks, at the forefront of carers. Patel (2018) supports the argument that women have always traditionally been associated with providing social care of the vulnerable persons in their kinship groups. Likewise, crises like COVID-19 added to these gendered burdens raising questions on possible responses to the increased demands on women to meet the health needs of their families. Despite this, women (ironically) tend to face greater challenges at accessing adequate social protection cover than men (Alfers, 2021).

Therefore, Yokobori et al. (2023, p. 5) argue that social determinants of health need to be addressed through social protection to ensure access to health services for vulnerable populations that are most affected during

crises. In the absence of robust social assistance and social insurance systems, vulnerable populations find themselves falling back to informal welfare systems in their communities. In the caregiving and health management areas, women and girls are traditionally recognised as playing a key role. Thus, Betrams (2020) notes that while “many health indicators are inexorably gendered, attention to gender and gender equality is absent from social protection evaluation evidence relating to the health sector”. In this case, the interplay between health and social protection seems driven by intricate/complex gender dynamics.

ILO (2021) states that almost two-thirds of the global population are protected by a health scheme of some kind, but significant coverage and adequacy gaps remain. Of serious concern, specific health care needs such as maternal care delivery were severely affected by the pandemic. It is these gaps that this chapter seeks to address. We suggest that informal welfare systems can complement and inform the existing social protection services and programmes particularly for the hard-to-reach populations such as the informally employed, the aged and, in the majority of cases, rural-based populations. The chapter particularly focuses on the nexus between informal (traditional) social welfare and gender. For instance, research on access to antenatal care found that additional policies to address women’s economic insecurity are needed to enable women to bridge the gap between service availability and service affordability (UN Women Policy Brief No 24). However, Rifkin (2023, p. 2) emphasises the need for a multi-sectoral approach to issues of social policies; “the aim is to integrate multi-sectoral collaboration and collective action with the community and stakeholders to develop health and social policies”.

This is particularly pertinent in Africa given the background that,

Social protection is not a novelty to Africans. Long before the formal recognition of social protection as a universal and fundamental human right (UDHR, 1948), Africans pursued the course towards better lives for all through a set of social obligations constituting the African kinship and community support systems. (ISSA, 2024)

For instance, in the peak of the COVID-19 pandemic when travel restrictions (and other measures to curb the spread of the virus) were imposed, pregnant women had to resort to community grounded forms of social welfare. Kpessa-Whyte (2018) argues that informal institutions are socially embedded mechanisms of exchange that often derive their

legitimacy from symbolic-cultural logics. These indigenous knowledge systems could be applied in maternal health care services cited above. For instance, pregnant women during the pandemic had to rely on traditional midwives or traditional birth attendants (TBAs) to assist them during childbirth. Traditional midwives have historically provided prenatal care and childbirth services especially in rural communities where formal health facilities that provide maternal services such as childbirth are inadequate or inaccessible (Chirongoma et al. 2021). However, COVID-19 restrictions forced women in urban communities to also seek the services of TBAs available in their immediate communities.

In the same vein, Nhapi (2022) argues that “tapping into informal social security mechanisms guarantees enhanced social functioning of the majority of Zimbabweans given dominance of informal workers in rural and urban areas”. Likewise, Mutombo et al. (2023) attest that the use of African Traditional Medicines (ATMs) became widely acceptable during COVID-19 due to limited resources and high costs of vaccines, among other challenges. The use of traditional herbal remedies and interventions became common (in Africa) in this period regardless of scarcity of clinical evidence on their safety, efficacy and quality to support their use in general (Mutombo et al. 2023). Therefore, the COVID-19 pandemic brought about an “enhanced recognition of kinship and community interventions as a complementary pillar of national social protection systems” (ISSA, 2024). Kpessa-Whyte (2018) advances that after the family, the community level is the second pillar of social protection in sub-Saharan Africa. This is supported by Elliesie (2017) who suggests that family or community mutual support and solidarity concepts, often with pre-colonial roots, remain important for welfare. Hence, children often take care of health-care and other financial needs of their parents at old age through mutual community benefit systems. Therefore, we argue that family and community welfare regimes can be adapted to complement “transplanted” European social security systems (Elliesie, 2017) for communities under stress as well as regular social protection in SSA. Robles and Rossel (2022) advance that integrated caregiving policies are seen as a cross-cutting element and pillar of social protection systems.

However, the significance of the role of gender in the implementation of traditional social welfare systems is still underrated and underplayed. Yet a lot of women find themselves having to play the dual role of breadwinner and nurturer (Noyoo & Boon, 2018). Despite this, women, particularly in the rural and informal sectors, are generally excluded from the formal

(contributory) social protection schemes. Even when they are included, Newton (2016, p. 6) admits that a few social protection programmes primarily seek to transform gender relations as the main objective, and at worst, some schemes are gender unaware. Therefore, women have no choice but to gravitate towards the easily accessible indigenous social welfare systems in their communities and families. However, these (traditional systems) need to then consider gender dynamics which usually relegate women's value and significance due to traditional norms prevalent in African contexts.

Perhaps one of the most common forms of formal social assistance in times of lack is food parcel donations. This form of social welfare is, however, not new to Africans. In South Africa, *Letsema* or *ilima* is a concept where a group of people work towards a common goal, and the former has always been an important indigenous practice where communities would work in teams in farming (Noyoo & Boon, 2018). In Zimbabwe, the chief's granary (*Zunde Ramambo*) is one of the oldest traditional social safety nets based on the spirit of collectivism (UN, 2024). In these and other similar concepts in Africa, the aim is to improve food security within each community. In north-central Namibia, Ohangwena region, traditional social welfare systems are preferred as they are more inclusive, locally rooted in the identities and common sense and said to be local realities than the globalising idea of a nation-state (Noyoo, & Boon, 2018). Therefore, Newton (2016) purports that such mechanisms address different practical and strategic needs within households, as well as go beyond households and communities towards the structures of inequality. For these reasons, Robles and Rossel (2022) conclude that social protection systems should guarantee access to social services and to the entitlements afforded by social inclusion policies, particularly in the areas of health, education, and food security. Equally, social protection should "contribute to economically and socially, empowering girls and women, which reduces their need to rely on exploitative/transactional sex or marriage for economic security" (Betrams, 2020).

### *Protection from Gender-Based Violence*

Gender-based violence, which disproportionately affects women and girls, is widespread in most societies globally, including in Africa (Mabemba et al., 2023; John et al., 2023). Women and girls' vulnerability to GBV is further exacerbated in times of complex emergencies and crises (Roy et al.,

2022). Many countries globally and in Africa reported a significant escalation of GBV against women and girls during the COVID-19 period (Akudolu et al., 2023; John et al., 2023). Kenya and Nigeria, for example, are said to have experienced a 30–50 percent average increase in SGBV during the COVID-19 lockdown period (Akudolu et al., 2023). It is not therefore surprising when Dlamini (2021) describes GBV as a ‘twin pandemic’ to COVID-19. Social, economic, and psychological reasons have been attributed to the increase in GBV during COVID-19 lockdowns. Lockdowns led to economic constraints, social isolation owing to the absence of regular social outlets, and exposure to exploitative relationships (Akudolu et al., 2023). Child marriages, which disproportionately affect girls, also increased significantly during the pandemic as a result of increased poverty, school closures, and weakened law enforcement (Mabemba et al., 2023). Increased poverty in particular forced parents to marry off their girl children to get an income for the family (ibid.). Mashau (2022, p.3) also observes that “women and children found themselves trapped in their homes with family members who abused them physically, emotionally, psychologically, and with some dying in the hands of people who should be protecting them”.

Despite the rise in GBV cases, the pre-existing GBV prevention and response services became either unavailable or limited during the lockdowns. A cross-sectional online survey conducted by Roy et al. (2022) of people who work in GBV prevention and response in Kenya, Uganda, Nigeria, and South Africa concluded that GBV prevention and response services were highly impacted by the COVID-19 pandemic, largely due to government restrictions and the failure of governments to deem GBV services as essential. As such, access to shelters, psychosocial, and legal support services for GBV survivors was either unavailable or partly available (ibid.). This was worse for more vulnerable and harder-to-reach groups of people such as adolescents, women with disabilities, older women, domestic workers, women without access to technology, sexual minorities, migrants, refugees, and other displaced people (Roy et al., 2022; Dlamini, 2021). Access to formal justice for GBV survivors was particularly constrained because several African governments shut down the courts (either completely or partially), while GBV cases were not prioritised with the exception of rape in the case of Kenya, and extreme physical violence in the case of South Africa (John et al., 2023)

A review by Venganai (2015) shows that traditional or community-based mechanisms have always existed to prevent GBV in African

communities. Plummer and Njuguna (2009, p. 528), who conducted research on child sexual abuse in Kenya, found that among the Luo ethnic group of Kenya, there existed certain sex taboos which sought to protect children, for example “the threat of death if one had sexual relations with a child”. Those found guilty of child rape and other sexual offences would be heavily fined and ostracised. These findings are similar to those by Jewkes et al. (2005, p.1816), where study participants claimed that within the Namibian cultural context, rape is considered “unacceptable” while child rapists are considered social outcasts.

Although community-based prevention activities were said to be affected by restrictive policies especially at the onset of the COVID-19 pandemic, later they provided the much needed services that GBV-centred organisations could not provide virtually due to the digital divide. Community health workers, for example, were able to provide services to those hardest to reach because of limited enforcement of COVID-19 lockdown restrictions in rural areas, “highlighting the critical need to build capacity of these providers as they are most likely to be successful in reaching structurally excluded populations during times of crisis” (John et al., 2023, p. 10).

### *Traditional Court Systems*

Customary courts remain very important justice institutions for African rural communities (Weeks, 2011), which has resulted in calls to restore and affirm the role of these courts in postcolonial Africa. Traditional leaders are influential in most rural communities in Africa and have historically played a key role in adjudicating cases of gender-based violence in communities at grassroots level in South Africa (Teffo-Menziwa et al., 2010), Kenya (Odero et al., 2014), Democratic Republic of the Congo (Kohli et al., 2015), Tanzania (Simmons et al., 2020), and Zimbabwe (Hodzi 2024), to mention but a few. As observed by Chigwata (2016), traditional leaders in their communities wield more considerable support and respect in their communities than elected leaders (Chigwata, 2016). As custodians and protectors of African culture, customs, and values, they aim to promote positive values within the community and advocate for the respect of women and children to maintain social cohesion. As such, traditional justice offered by traditional leaders has an overarching emphasis on restorative justice and reparation rather than retribution, implying more emphasis on reconciliation and restoration of harmony in community

relationships rather than punishment for offences (Mukungu & Kamwanyah, 2020). Where punishment is through fines, these are usually expected from the family rather than the individual perpetrator (Teffo-Menziwa et al., 2010). This is said to ensure that the GBV perpetrator can be held accountable by his or her own family should they repeat the offence (Teffo-Menziwa et al., 2010.). The payment of compensation takes place between the families. In Zimbabwe, wife beaters in the Shona culture were traditionally required through customary courts to apologise and heavily compensate their wives (Venganai, 2015). Traditional courts have been applauded for being flexible, negotiable, participatory, and for taking into consideration the needs of victims, perpetrators and the community (Mukungu & Kamwanyah, 2020). Furthermore, traditional justice system is considered a reliable and readily available means of addressing SGBV incidents (Venganai, 2015).

However, traditional justice systems have their own limitations, in particular the absence of an instrument that compels perpetrators to attend Traditional court sessions and that enforces the sentences passed (Teffo-Menziwa et al., 2010). Even though the traditional courts are more accessible for GBV survivors because of their close proximity to the community, the judgements passed are not always favourable (Venganai, 2015; Lorist et al., 2022). Separation from a violent partner is not an option in local justice, and women are often condemned by community peers for any attempts to demand divorce. Furthermore, traditional practices may perpetuate inequality given traditional leaders' belief that advocating for gender equality causes GBV in society (Hodzi, 2024). The patriarchal nature of customary courts renders them weak in addressing issues of GBV against women (Gasa, 2011) because in other African contexts, women have minimal and often superficial participation in traditional justice hearings (Weeks, 2011). Despite these limitations, the proximity of traditional leaders provided the much needed alternative justice system for women in COVID-19 moments when formal justice institutions were inaccessible due to multiple restrictions.

### *Kinship Structures*

In African families, the majority of GBV cases are handled within the extended family structures where unfortunately survivors are discouraged from reporting such matters to the police or are silenced in the name of protecting the family (Mashau, 2022). There are individuals in families

who have responsibilities to mediate GBV cases within the family. In Zimbabwe, for example, this responsibility is bestowed upon aunts and uncles who often play a significant role in the marriage process. In Uganda (as in other African countries), Lorist et al. (2022) note that women prefer to deal with violence within kinship relations because they fear additional violence, as well as the shame and stigma attached to violence. Some women may leave their marital home after experiencing violence to seek refuge from their parents, but in most instances, they return after the husband's family has paid a cow as a penalty for his violence, after mediation by male elders (ibid.). Those women who may seek divorce are not only shamed, but ostracised socially and economically. Within the context of COVID-19, Chavula et al. (2023) noted that movement restrictions during the pandemic decreased informal mechanisms of social support through family and close friends, where GBV survivors could receive encouragement and emotional support. This left survivors exposed to further violence, while emotional or psychosocial support was reduced or non-existent due to the disruption of family and other social networks such as the church.

### *Economic Empowerment*

Prior to the advent of COVID-19, population groups in Africa's marginalised communities relied mainly on informal economic strategies as a source of livelihood. Among these, the IASC Gender Alert for COVID-19 states that women are particularly vulnerable to crises as they are overrepresented in the informal sector. The 2020 World Bank Gender Innovation Lab adds that

Women in Africa are more likely than men to be entrepreneurs, and they make up 58% of the continent's self-employed population. However, women-owned businesses are particularly vulnerable to shocks, as they are disproportionately informal and operate in less-profitable sectors.

COVID-19 resulted in the shrinking of many economic strategies at both formal and informal levels. The 2021 UNDP's Regional Bureau for Africa (RBA) concluded that countries with lower government capacity had the worst economic downturns. At the same time, the period witnessed the strengthening of some traditional forms of economic empowerment. According to this report, the absence of robust social protection

policies and no income due to restricted movements impacted heavily on most categories of the informal sector. Voluntary savings and credit associations are among the informal economic empowerment strategies whose resilience and sustainability was tested during the pandemic.

### *Voluntary Savings and Credit Associations*

Informal voluntary savings and credit associations are a strategy that community members across Africa, especially women, have used to fight poverty and promote their economic empowerment. Popularly referred to as *Susu* in Ghana, these associations are informal protection schemes used to save towards raising capital for starting small businesses, trading, livestock accumulation, credit for domestic expenditure, and lifelong savings against contingencies such as old age, invalidity, and death (Boon, 2007; Mabundza & Dlamini, 2018). Also known as *Metshele* in Botswana (Mokomane, 2018), *Stokvels*, or *gooi gooi, diswaeti umgalelo, umjikelezo* in South Africa, and *Mikando* in Zimbabwe, the rotating savings and credit associations are informal group savings schemes in which members voluntarily agree to contribute a fixed amount to a common pool on a regular basis such as every month, fortnightly, or quarterly (Mokomane, 2018; Seepamore, 2018; Chikoko et al., 2022). Though they may differ in how they are operated, these savings and credit systems are quite prevalent in low-income communities, and mostly among women. Furthermore, while these associations exist mainly amongst those in the informal sector, those who are formally employed can also participate in them (Mushunje & Kaseke, 2018). Informal savings and credit associations continue to gain popularity in both rural and urban areas in response to the several barriers that limit access to credit from formal financial institutions, as well as inadequate formal social protection and social insurance coverage (Mokomane, 2018).

During crises such as COVID-19, these have proved to be more accessible compared to the formal financial institutions. According to the 2020 Economic Observatory, “the common bond is based on a pre-existing social connection such as belonging to a particular community, industry or association”. Some studies suggest that there was a marked increase in the number of people who sought to borrow money from credit associations during the COVID-19 period, although the average amounts being sought for also was significantly lower than pre-COVID-19 (Sornoza & Colamarco, 2022). This can be attributed to informal livelihoods suffering

due to measures which were put in place to curb the spread of the pandemic. However, the same studies also established that women were more likely to report arrears more frequently than men (*ibid.*). Other studies indicate that rural communities drastically changed their expenditure patterns and preferred saving towards emergencies (Gopal & Malliasamy, 2022). Adegbite et al. (2022, p. 1) concluded that

Savings, credit, and group support from other members all likely contributed to the ability of groups to positively affect the resilience of women's group member during COVID-19. Households with a female member in a savings group in Nigeria and Uganda have coped with the crisis better than those not in savings groups.

Therefore, during the COVID-19 period, savings and credit systems to a greater extent proved to be more responsive to local economic needs which in turn impacted positively on the resilience of the communities in the context of this crisis.

### *Livestock-based Economic Empowerment*

Literature shows there are indigenous knowledge- and agriculture-based poverty alleviation approaches in Africa that have potential to economically empower vulnerable community members. One example is Girinka, an agricultural indigenous knowledge-based approach to poverty reduction in Rwanda that places the highest economic value on cows and cow ownership and the giving of a cow to the less privileged as the highest level of economic assistance that can be rendered (Ezeanya, 2014). The programme, which has now been adopted by the government, is founded on the ancient and enduring traditional status of a cow as a symbol of prosperity and wealth in Rwanda (*ibid.*, p. 245). Girinka works through a pass-on principle known as *Kuziturirana/Kwitura* where poor members of the community receive free pregnant dairy cows, and are expected to pass the first female offspring of the cows to another poor and malnourished person in the community. The selection of beneficiaries for the Girinka program is a strictly grassroots affair where community members identify and list potential beneficiaries who should be persons of integrity in the community, but malnourished and in need of economic assistance. Cows would then be distributed to individuals who do not own a cow and who have been established to be poor by their community. Girinka, thus,

represents a traditional wealth creation system through cow-giving. However, the potential beneficiaries are expected to demonstrate a level of preparedness in caring for the cow through the planting of a minimum of 20 acres of animal fodder and the construction of a cow shed according to given specifications.

Cattle-based indigenous poverty alleviation systems are also documented in other African countries. In Botswana, there is the traditional *Bo-tshwarateu* or *bodisa* system where able-bodied poor people are given an opportunity to look after other people's cattle and in return receive a payment of a cow each year (Mokomane, 2018). In Swaziland, *Go tshwara teu* is a similar social protection system where able-bodied young men would look after the cattle of others and, in return, be given a cow each year to start their own herd (Seepamore, 2018). Related to this is the *Mafisa* system which implies lending cattle to the poor. This system was a form of special contract by which rich relatives or members of the community in Botswana placed one or more cattle into the care of a poor relative or person (Mokomane, 2018). The recipient herdsman took care of these cattle for an indefinite period and had the right to use them as draught animals and as a source of milk and transportation to fetch water or firewood. If the cattle multiplied, the herdsman would usually be rewarded with a heifer together with any offspring that they may subsequently produce. However, ownership of the cattle remained with the original owner who could claim back the cattle after an agreed period (Mokomane, 2018). The system of lending cattle to poor members of the community is also reported in Zimbabwe and locally known by the term *kuronzera*. The poor people benefitted from this because they could use the cattle as draught power to enhance their agricultural produce, as well as enjoy the milk from the cows (Chikoko et al., 2022).

While the livestock-based economic empowerment thrived before the COVID-19 period, like every industry, livestock systems were adversely affected by the pandemic. A number of studies noted marginal disruption of farming and food production systems during the pandemic (Hussain et al., 2020; Singh Malik et al., 2024; Abu Hatab et al., 2021). However, this seemed to be confined to agricultural systems and less so on the use of livestock for economic empowerment purposes. Therefore, due to the dearth of studies focusing on this subject during crises like the COVID-19 pandemic, we could not ascertain whether the system was weakened or strengthened by the pandemic.

## CONCLUSIONS

The findings presented above demonstrated the limitations of state and non-state social protection interventions around health and food security, economic empowerment as well as GBV prevention and response during the COVID-19 pandemic. In several African countries, governments failed to expand the coverage of formal social protection interventions at a time when the number of people who required social assistance rose significantly. Partly this was due to limited expenditure, and also due to the lockdown measures taken to contain the spread of the COVID-19 virus. The pandemic, therefore, to a large extent weakened the existing formal social assistance interventions in supporting the most vulnerable groups of people, including those who had lost employment during the pandemic and those in the informal sector. The GBV referral systems were also negatively impacted due to unavailability or limited availability of relevant services and facilities.

With the limited impact of the usual interventions by the state and non-state actors, the chapter has shown how some informal social protection mechanisms appear strengthened during the pandemic. For example, economic resilience for both rural and urban communities was to a certain extent sustained through informal voluntary savings and credit schemes which became more accessible than formal financial institutions whose operations had been constrained by lockdown restrictions.

Community and kinship interventions became more relevant to provide health care to family members infected by the COVID-19 virus. At the same time, the use of African traditional medicines became very common amid the overburdened formal health facilities that prioritised severe COVID-19 cases. Furthermore, the important role of traditional midwives became evident in communities including in urban areas as they covered the gap for medically trained midwives. Equally important was the significant role that traditional justice systems took to respond to GBV cases in rural communities due to their proximity in the absence of functional formal justice systems as a result of lockdown measures.

While we raise the need to adopt informal social protection systems, the chapter has also shown some challenges associated with these interventions such as the overburdening of women through unpaid care work as they provided care to family members with less severe COVID-19 cases. For traditional livestock-based economic empowerment systems, while useful in lifting the poor members of the community out of poverty, are

less likely to benefit women and older men. This is because cows are often given, owned, and cared for by men while small livestock such as chicken (with less economic value) are cared for by women. The chapter also highlighted the dominance of men in traditional leadership presiding over customary courts. As such, a conscious effort needs to be made to enlist female traditional leaders or the wives of chiefs in future to create a gender-responsive traditional justice system. Female traditional leaders remain an untapped resource in rural communities that expand access to services for young girls. They can help to create an enabling environment for increased reporting, referral, and support of GBV cases even during crises and pandemics.

We therefore argue that kinship ties as well as other traditional welfare practices in sub-Saharan Africa can be remodelled and adapted into gender-sensitive contemporary forms of informal social welfare systems during shocks post the COVID-19 era. Traditional social welfare practices are likely to be more transformative and sustainable because they are context specific, controlled, and owned by the communities themselves. Consequently, strengthening informal social welfare practices can complement non-contributory forms of social welfare policies and programmes generally administered by the state. We support the argument by Noyoo and Boon (2018, p. 34) that there is need “to build synergies between formal and informal social protection and adopt an integrated approach, where the two systems truly complement each other” and inform stronger social policy responses. It is hoped that such synergies will create more gender-responsive and gender-transformative social protection systems in Africa.

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# The Fate of Sub-Saharan Migrants and Refugees

*Babatope O. Adebisi and Ferdinand C. Mukumbang*

## BACKGROUND

Global social welfare institutions have long-standing weaknesses that became more apparent and severe due to the COVID-19 epidemic. This assertion is especially true in sub-Saharan Africa, where the virus spread quickly and presented a new set of difficulties for migrants, refugees, and asylum seekers. A sizable number of migrants, refugees, and asylum seekers live in sub-Saharan Africa (particularly South Africa), where many of them already struggle with marginalization, restricted access to resources, and legal precariousness (Molobe et al., 2020). These difficulties were made worse as the pandemic spread by extensive interruptions to

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B. O. Adebisi (✉)

University of Calgary, Cumming School of Medicine, Department of Paediatrics,  
Section of Rheumatology, Calgary, AB, Canada

University of the Western Cape, Faculty of Community and Health Sciences,  
Centre for the Interdisciplinary Studies of Children, Families and Society,  
Cape Town, South Africa

F. C. Mukumbang

Department of Global Health, University of Washington, Washington, DC, USA

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D. Béland et al. (eds.), *The State and the Imperative for Social Policy  
Reform in Africa*, Global Dynamics of Social Policy,

[https://doi.org/10.1007/978-3-032-02432-9\\_9](https://doi.org/10.1007/978-3-032-02432-9_9)

livelihoods, limitations on travel, and insufficient social safety nets (Litzkow, 2021; Mushomi et al., 2022). Governments and international organizations responded inadequately to the pressing need for all-encompassing help, depriving many migrants, refugees, and asylum seekers of vital support (Bara, 2020; Manirambona et al., 2021).

A crucial concern within the epidemic was the deficiency of focused assistance for populations of migrants, refugees, and asylum seekers (Molobe et al., 2020). Many sub-Saharan African nations (including South Africa) have social welfare systems that are primarily created for their inhabitants, ignoring the unique needs and vulnerabilities of migrants, refugees, and asylum seekers (Makhema, 2009; Bertinelli et al., 2025). Consequently, during the crisis, these underprivileged populations were more likely to experience food shortages, homelessness, and poor health-care services (Nisbet et al., 2022).

Furthermore, the economic depression brought on by the epidemic made already-existing hurdles to receiving social assistance worse (Mushomi et al., 2022). Migrants, refugees, and asylum seekers frequently work in unregulated industries with limited job security and no access to benefits provided by regular employment (Dluhopolska & Khita, 2022). Many people lost their jobs due to lockdown procedures and economic disruptions, which made them even poorer and exacerbated already-existing disparities (Makhema, 2009).

The absence of emergency assistance programs specifically designed to meet the needs of migrants, refugees, and asylum seekers was one of the most glaring examples of how inadequate sub-Saharan African social welfare systems were (Seyfert and Quarterman, 2021; Andrade et al., 2021). While several governments conducted support programs, migrants, refugees, and asylum seekers communities frequently could not access these poorly funded, ill-coordinated endeavors (Mukumbang et al., 2020). Many people and families were left alone without enough assistance (Bertinelli et al., 2025).

Furthermore, the pandemic revealed structural weaknesses in the region's asylum and refugee decision procedures (Mushomi et al., 2022). Restrictions on cross-border travel, the closure of refugee camps, and delays in processing asylum requests left many migrants, refugees, and asylum seekers stranded in dangerous situations without access to safety or basic services (Molobe et al., 2020).

Human rights and social justice are more broadly impacted by social welfare services' inability to meet the needs of immigrants, refugees, and

asylum seekers during the COVID-19 pandemic (Kondo, 2020). It emphasizes the importance of implementing rights-based, inclusive social protection strategies based on solidarity and nondiscrimination (Andrade et al., 2021; Mukumbang, 2021a). A multipronged approach is needed to address the deficiencies of current systems, including additional money for social programs, policy reforms, and improved coordination between governments, international organizations, and civil society groups (Vearey et al., 2021; de Gruchy & Vearey, 2022; Mukumbang 2021b). Considering these challenges, this chapter looks at how the COVID-19 pandemic's effects on migrants, refugees, and asylum seekers were worsened by sub-Saharan Africa's (particularly South Africa) inefficient social assistance institutions. This research adds to our understanding of the vulnerabilities experienced by migrants, refugees, and asylum seekers in sub-Saharan Africa during crises by thoroughly analyzing the nexus of migration, social welfare, and public health. This chapter aims to identify gaps in assistance, inform policy debates, spur action toward greater equity and justice for all members of society, regardless of their immigration status, and make recommendations for future support mechanisms. The chapter does this by looking at testimonies from affected individuals, highlighting the shortcomings of current social welfare systems, and advocating for more inclusive approaches to social protection.

This chapter is based on qualitative research conducted in Gauteng and Western Cape provinces of South Africa. The study employed an interpretative phenomenological analysis (IPA) approach, using in-depth interviews with 20 migrants, refugees, and asylum seekers. Data were collected through digital platforms and analyzed thematically to understand participants' experiences during the COVID-19 pandemic.

### SOCIAL WELFARE FAILURES DURING COVID-19: MIGRANT EXPERIENCES

This chapter is based on qualitative research conducted in Gauteng and Western Cape provinces of South Africa, using an interpretative phenomenological analysis (IPA) approach. Data were collected through in-depth interviews with 20 migrants, refugees, and asylum seekers via digital platforms. Thematic analysis was applied to explore participants' experiences during the COVID-19 pandemic.

We explored the impact of South Africa's social welfare systems on migrants, refugees, and asylum seekers during the pandemic, focusing on their inclusion or exclusion from social welfare programs. Through the IPA approach, three main areas of social welfare system failure were identified: (1) Discrimination resurgence—xenophobic stigmas and nationalism resurfaced, deepening the social vulnerabilities of these groups; (2) weaponization of measures—measures like social distancing were used not just to limit the virus's spread, but also to alienate these groups socially; and (3) exacerbation of vulnerabilities—the pandemic exacerbated both direct vulnerabilities, such as the loss of loved ones and social support, and indirect vulnerabilities, as migrants, refugees, and asylum seekers were excluded from various socioeconomic buffer measures.

### *Discrimination Resurgence*

Our data suggested that the social vulnerabilities of migrants, refugees, and asylum seekers were exacerbated during the COVID-19 pandemic and were underpinned by reemerging and adapting preexisting social drivers such as xenophobia, stigmas, and nationalism.

There were two subthemes: lack of documentation and perceived discrimination.

#### *Lack of Proper Documentation*

Migrants usually require proper documents to access services (such as health and social welfare services) and live and work in their host countries. In most instances, the type of services an individual can access and the job or work they can get or do depend on the documents they possess. The lockdown affected everyone; however, migrants were affected more because the lack of proper documents seemed to have prevented them from accessing some of the social welfare provided by the government. The quotes below illustrate what participants have to say.

No, because of the political situation. They used to say, come with your IDs. When they bring food, then they call your name. As foreigners, we did not get the chance. (Voice 4; Zimbabwe; Undocumented)

Oh, the organization they used to come back. They said if you like the papers, it could allow you to get the things, even the food we give people. (Voice 6; Zimbabwe; Undocumented)

The lack of proper documentation facilitated the resurgence of discrimination for vulnerable groups—those qualified for assistance or protection—including migrant populations (Heidbrink, 2020). However, the COVID-19 pandemic lockdown worsened the vulnerabilities of migrant populations in South Africa (Mukumbang et al., 2020). The lack of proper documentation to access health care and social welfare supports compounded the vulnerability of migrant populations (Mukumbang et al., 2020). The Scalabrini organization made efforts to obtain documentation for migrants during the pandemic. However, the South African Department of Home Affairs was unwilling to support such efforts. Therefore, some migrant populations could not acquire new documents or renew the expired documents due to the closure of the South African Department of Home Affairs refugee reception office and visa facilitation center (Mukumbang et al., 2020). Moreover, a previous study found that institutional barriers and impediments, lack of proper documentation, bad communication, low amounts of social grants, widespread corruption, and an unfriendly environment make it difficult for non-South Africans to apply for social welfare assistance programs or to receive social grants in South Africa (Mukumbang et al., 2020).

### *Perceived Discrimination*

The lack of documents resurrected perceived discrimination. Before COVID-19, xenophobic attacks were a usual occurrence in South Africa, representing a validation that the locals discriminate against migrants. Many of the COVID-19 pandemic relief programs implemented by the South African government exacerbated the perceived discrimination because, during their implementations, they seemed to exclude most migrants explicitly.

Many participants reported being discriminated against in benefiting from the government's social welfare program during the COVID-19 pandemic (such as food parcel distribution, social relief distress grants, unemployment insurance fund reimbursements, small business grants, and government-guaranteed bank loans).

Not at all. The only information we heard from the news was that everyone would be included, even migrants. They might say we do not have clear documents, but in my case, we have that ID. (Voice 16; Congo DRC; Refugee)

Unfortunately, every time we apply, we cannot benefit. It was more beneficial to the South Africans than the international students. The university does not prioritize international students. (Voice 15; Zimbabwe; Permit Holder)

In South Africa, health services are part of the social welfare system for the vulnerable. However, some of the participants also reported discrimination concerning health services during the COVID-19 pandemic. This discrimination showed how migrants, refugees, and asylum seekers were excluded from the social welfare system.

She said she went from six o'clock to that hospital until six o'clock in the evening, which ended that day. She never did anything. They asked her to come the next day, but she never opened a file. I see hatred in that hospital because they do not like us. (Voice 8; Rwanda; Asylum Seeker)

There is a bit of discrimination. People were wondering why many foreigners. It gave the impression that the South Africans would be favoured over foreigners. That is what made foreigners there hesitant. So, if you go to the hospital, you are more likely to die. At home, there were techniques that we used to protect ourselves rather than going to the hospital. (Voice 19; Congo DRC; Asylum Seeker)

The data revealed a resurgence of discrimination concerning the government welfare program during the COVID-19 pandemic (such as health services, food parcel distribution, social relief distress grants, unemployment insurance fund reimbursements, small business grants, and government-guaranteed bank loans). Many participants believed they were excluded from the programs because they were migrants, refugees, or asylum seekers. Previous studies have reported that migrants, refugees, and asylum seekers in South Africa faced challenges in accessing COVID-19 palliative measures and were excluded from government food relief programs and other support initiatives during the pandemic (Mukumbang et al., 2020; Mushomi et al., 2022). They were also excluded from testing and treatment (Mukumbang et al., 2020). This supports what some of the participants have said (so if you go to the hospital, you are more likely to die).

## MEASURES WEAPONIZATION

The ineffective social welfare system made the COVID-19 containment measures (such as lockdown, social distancing, and isolation) used to punish migrants, thereby causing social exclusion for migrants, refugees, and asylum seekers. The subthemes from this theme include restriction, lockdown duration, activity closure, informal sector crumbling, and changing ways of life.

### *Restriction*

Human beings are social animals who like to move around and socialize. Therefore, anything that prevents socialization will lead to hardship for human beings. During the COVID-19 pandemic lockdown, the restrictions implemented, such as mask-wearing, hand sanitization, staying at home, physical distance, and so on, disrupted socialization for many in this study. Not only the rule but also the enforcement of the rule made life unbearable for many. The participants said:

I could not shop in town in the first lockdown. (Voice 2; Malawi; Asylum Seeker)

Yeah. So, when is the COVID restriction? Yes, we were introduced, but it was not easy to board taxis or travel. (Voice 3; Zimbabwe; Undocumented)

### *Lockdown Duration*

COVID-19 is one of the transmissible diseases caused by a virus. This means that the virus can be transmitted from one person to another. Therefore, at the onset of the COVID-19 pandemic, many countries implemented lockdowns—an emergency measure preventing people from leaving an area to break the chain of infection. According to the participants interviewed, what made the lockdown period difficult for them was the way it was implemented, with little or no time to prepare. Also, no one knows the duration of the lockdown. Some of the participants said:

Trying to save because of the situation, no one knows when the situation will end. (Voice 4; Zimbabwe; Undocumented)

They added other days because we thought the lockdown would be only two weeks. (Voice 6; Zimbabwe; Undocumented)

### *Activity Closure*

It is usual for people to carry out various activities in their daily lives. Some of these activities bring joy, happiness, and comfort. For some, these activities serve as their daily work—where they get money to buy essential things for their living. Therefore, the closure of these activities may cause adversity. For example, the closure of activities may prevent parents from getting money to buy essential things for their children. During the COVID-19 pandemic lockdown, the rules implemented by the government caused the closure of activities. Some of the participants say:

Now I am not working. I am not selling the vegetables. Because of that time, they always say Metro police would take all the stuff where I was selling vegetables. Since then, I do not know when I will return to sell. They said no, no, do not sell here. Moreover, I am not working anymore. (Voice 5; Malawi; Asylum Seeker)

We were supposed to do our data collection during the same period. We are dealing with farmers, and we need access to farms and so forth. So, it means that it was blocked. We cannot do anything. (Voice 15; Zimbabwe; Permit Holder)

### *Informal Sector Crumbling*

In many economies, including South Africa, there are usually two sectors: the formal and informal sectors. The informal sector is a big part of every economy. It is not unusual for migrants, refugees, and asylum seekers to be engaged in the informal sector because many may not have the documents required for the formal economy or cannot secure jobs. During the COVID-19 pandemic lockdown, the informal sector of the economy crumbled. Many participants said they were unable to make a living. The quotations below illustrate this.

So, the only way to make money is to sell. Whatever I wanted to sell goods, I would come into the street. (Voice 4; Zimbabwe; Undocumented)

At that time, I was running a small business selling vegetables. So, during lockdown, I stay home. (Voice 5; Malawi; Asylum Seeker)

### *Changed Ways of Life*

Human beings usually have a specific way of life. Some of these ways of life are based on the culture of these individuals. It is not unusual for people to get used to a particular regime. Therefore, disruptions to these ways of doing things will bring adversity to people. These changes were what the COVID-19 pandemic caused for many. The lockdown regulations prevented many from shopping, working, or exercising. Below are some of the things the participants in this study have to say.

Before that, it was really good because we could get out or maybe go to a vendor, and you could shop and get something. (Voice 1; Tanzania; Permit Holder)

Because of the number of things I did before, I could not do them, but I liked the cluster for support. (Voice 17; Permit Holder; Nigeria)

This study found that restriction, lockdown duration, activity closure, and informal sector crumbling affected migrants, refugees, and asylum seekers more than the other population groups in South Africa. This is because most migrants, refugees, and asylum seekers work in the informal sector, which was heavily affected by the measures to curb the virus (Mukumbang et al., 2020; World Health Organization, 2021). Also, many migrants, refugees, and asylum seekers were unable to travel to their country because of the lockdown and restrictions on both air and road travel. Moreover, they were not included in most of the palliative measures provided to cushion the impact of the COVID-19 pandemic.

### MEASURE IMPACT

The ineffectiveness of the social welfare system made migrants more vulnerable during the COVID-19 pandemic, both directly through the impact of the viral infections (loss of loved ones and social support) and indirectly through their exclusion during the execution of different measures to buffer the socioeconomic impact of the pandemic. Many sub-themes were derived from this theme. The subthemes are inability to

afford rent, hard times, hunger, exhaustion of saving, lack of assistance, lack of saving, and employment loss.

### *Inability to Afford Rent*

One thing that is very important to every human is where to lay their heads—a house—after returning from work or school. During the COVID-19 pandemic lockdown, the economy’s informal and formal sectors, except for essential services, were closed. The closure of both sectors prevented people from earning and making money. Therefore, many participants could not afford to pay their house rent because they were not earning or making money. The participants said:

There was a time when the landlord wanted to rent, but they could not. (Voice 1; Tanzania; Permit Holder)

Regarding food, I was supposed to pay the rent. (Voice 6; Zimbabwe; Undocumented)

### *Exhaustion of Saving*

Many people usually rely on their savings when they are not working. However, you can exhaust your savings depending on the amount you have saved. When this occurs, it is usually challenging and stressful for people, especially if they are not in paid jobs. This is what happened to participants during the COVID-19 pandemic lockdown. Many people, including migrants, exhausted their savings. Some of the participant quotes are listed below.

I think it has because it is only one week. They said the lockdown would last when they announced it. Because I saved only a small amount of money, I do not know where to buy food for the day. (Voice 5; Malawi; Asylum Seeker)

I was, but I have two sisters for whom I am paying school fees, and the money is finished. (Voice 7; Zimbabwe; Undocumented)

### *Hard Time*

The COVID-19 pandemic came as a surprise to everyone. Also, the measures implemented to curb the virus brought various hardships to people, including migrants. The participants used words, phrases, and sentences to describe the adversities brought upon them by the COVID-19 pandemic and the containment measures implemented. They used the following quotations to describe the period:

It was really hard because there was a time when the shutdown was hard. I stayed with my kids and friends; it was terrible then. I may sell goods when I try to survive. (Voice 1; Tanzania; Permit Holder)

I stayed with my husband during the lockdown. It was not easy to feed myself because I was not working. Now, it is not easy to survive. He pays money for rent. He pays for electricity and buys food, which is difficult. (Voice 5; Malawi; Asylum Seeker)

### *Hunger*

Food is essential for life. We need food to get the energy to carry out our daily activities and boost our immune systems. Also, the quality of food we consume and the number of times we eat a day are equally important. We have three main types of meals (breakfast, lunch, and dinner). Each meal is essential for life. Quality of life may be affected if we reduce the quality of food consumed and the number of times we eat. Therefore, anything that can reduce the quality of life will lead to adversity for individuals. One of the adversities many participants faced during the COVID-19 pandemic lockdown by many participants was hunger.

Some of the participants acknowledged that it was a challenge to find what to eat. Many sacrificed for their children by ensuring food was provided even if they would not eat. The extract shown below illustrates this:

The challenge was to get something to eat, especially my baby, because I did not want to see him suffer. However, I do not want to see him grow up like I did. So, mostly, I go out of my way to sacrifice for him. (Voice 7; Zimbabwe; Undocumented)

What we observed from the interview was that the eating patterns of the majority of the participants changed from three meals a day to two. The change is evident in the following statements by the participants:

Yeah. It has affected our eating period and our eating timing a lot. We used to have breakfast, lunch, and supper. So, we had to cancel the breakfast and then go for lunch and supper, so the pattern was changed. (Voice 3; Zimbabwe; Undocumented)

We eat breakfast, then we do not eat supper, and we eat dinner but not lunch. (Voice 9; Congo DRC; Asylum Seeker)

Many other participants also changed their eating patterns to once a day. These changes in the eating pattern made the COVID-19 pandemic lockdown difficult for many people. Many of them have to explain these changes to their spouses and children. The quotes below illustrate this.

Of course, we could have one meal a day because my boys are particularly good, but I had to explain why this way. Mummy, nobody has three meals daily, but why must we live like this? We can afford that now. (Voice 1; Tanzania; Permit Holder)

Because the money was not circulating as usual, we ate once daily. Tomorrow, once a day like that. (Voice 4; Zimbabwe; Undocumented)

### *Lack of Assistance*

It is not unusual for people to need assistance during emergencies because they disrupt people's daily activities. They come from individuals, friends, neighbours, nongovernment organizations, and governments. However, many participants did not get the assistance they required. The lack of this made the COVID-19 pandemic lockdown difficult.

So, I still do not get anyone who said they did get a food parcel from the government. (Voice 10 Rwanda; Asylum Seeker)

We tried to call the numbers that they were sharing. If you need something, dial the number. We did not get this. (Voice 12; Malawi; Asylum Seeker)

### *Lack of Saving*

For many people, having savings is one of the ways to survive when they are not working or during an emergency. However, migrants did not save because they worked in the informal sector, which was closed during the COVID-19 pandemic lockdown. Some also do menial jobs that do not pay enough for them to feed, pay rent, and save. Some other participants could not do so because they do not send money home and are not financially wise. The lack of savings made lockdown difficult for them. They said:

There were no savings. Because it was too difficult to send the money home. (Voice 4; Zimbabwe; Undocumented)

No, no, no, no, no, no, no, no, no, I did not have any savings. Because I do not save that much from my salary. I do not save that much. (Voice 10; Rwanda; Asylum Seeker)

### *Employment Loss*

People are happy when they can pay their bills without a problem. Having a job is one of the ways that people pay their bills. Therefore, without work, it is not easy to survive. Many participants reported losing their jobs during the lockdown. The loss of livelihood and the fear of the unknown brought about by the pandemic compounded their woes. The participants say:

Yes, some of us are not employed, and it was very difficult for us to travel to do these manual jobs, these piece jobs. (Voice 3; Zimbabwe; Undocumented)

Some participants lost their jobs because of the lockdown.

I was working before, and when the lockdown started, they closed down. [Voice 7; Zimbabwe; Undocumented]

Before the lockdown, I was working when they announced on television that we should no longer leave the house because of the covid, ... we were told to go home. [Voice 13; Congo DRC; Asylum Seeker]

Some participants were unable to renew their contracts. Also, others could not renew their scholarship.

I did not have the employment contract. (Voice 14; Congo DRC; Asylum Seeker)

In 2020, it was better because of the scholarship, but unfortunately, these guys could not extend it even though they knew we were affected. We could not go for data collection. They could not extend it to 2021, So that was a compromise. (Voice 15; Zimbabwe; Permit Holder)

The current study identified inability to afford rent, exhaustion of saving, hard times, hunger, lack of assistance, exhaustion of saving, lack of saving, and employment loss as some of the direct and indirect impacts of viral infections. Previous studies have shown that the COVID-19 pandemic containment measures have amplified the nutritional challenges worldwide, particularly in low- and middle-income countries (LMICs) (Knorr & Khoo, 2020; Aborode et al., 2021). Various factors might have caused this particular adversity. One of the factors could be difficulties accessing food (Wright et al., 2020, 2021). The pandemic and containment measures disrupted the food chain, including agricultural production, postharvest handling, processing, distribution/retail/service, and consumption (Aday & Aday, 2020; Barman et al., 2021). Other factors that could be responsible for the hunger experienced by migrants during the pandemic lockdown include financial difficulty (Adebiyi et al., 2021; October et al., 2022) and the loss of paid jobs that made it difficult for migrant populations to buy food (Donga et al., 2021; Aborode et al., 2021). Although hunger affected everyone during the COVID-19 pandemic lockdown, what made it worse for migrants was that they were not included in the government program to cushion the effect of the pandemic (Mukumbang et al., 2020).

In addition, previous studies have found the loss of jobs to be one of the adversities faced during the COVID-19 pandemic lockdown (Wright et al., 2020, 2021; Alloun et al., 2022). The adversities mentioned above are intertwined because the restriction implemented to curb the spread of the virus led to the closure of activities, the crumbling of the informal sector, the loss of jobs, and the lack of savings. The adversities created much anxiety for migrant populations because they could not meet their responsibilities, including providing for their families. What made the pandemic lockdown more difficult for migrant populations compared to the general population was that they usually work in the informal sectors (Mukumbang et al., 2020; World Health Organization, 2021).

## RECOMMENDATIONS

This research highlighted significant failures in South Africa's social welfare systems and underscored the urgent need for reforms. First, *policy reforms for inclusive social welfare systems* are imperative. Legislative changes must ensure that social welfare programs are inclusive, particularly by revising eligibility requirements to prevent excluding immigrants, refugees, and asylum seekers based on their status. Such reforms can guarantee that vulnerable populations receive the support they need without discrimination.

Second, *anti-discrimination measures* should be incorporated into social welfare programs to eliminate exclusion based on nationality, ethnicity, or immigration status. Anti-discrimination measures require implementing accountability systems to address prejudice incidents and training public servants and service providers on nondiscriminatory practices. A focus on fostering inclusivity and fairness will ensure equitable access to social welfare services.

Third, *documentation support services* should be established to assist immigrants, refugees, and asylum seekers in obtaining necessary documentation. Outreach initiatives, legal aid programs, and mobile documentation centers can ensure that underprivileged communities can access the papers required for social welfare benefits. Addressing documentation barriers is essential to improving access to support systems.

Additionally, adapting *COVID-19 response measures* is critical to better serving migrant populations. Targeted assistance programs for migrant workers in the informal sector and ensuring containment measures do not disproportionately impact vulnerable groups can mitigate the adverse effects of the pandemic. This approach aligns public health efforts with equitable service delivery.

Moreover, *community outreach and awareness programs* should inform immigrant populations about their rights and entitlements to social welfare benefits. Collaborations with civil society organizations, migrant assistance networks, and neighborhood associations can effectively disseminate this information and empower communities to access available resources. Awareness is a key step toward enhancing inclusivity and support.

To address immediate needs, *emergency food assistance programs* should be implemented to alleviate food insecurity among migrant groups during the pandemic. Partnerships with local food banks and humanitarian organizations can facilitate the distribution of food parcels and coupons to

at-risk migrant households, ensuring basic nutritional needs are met during crises.

Furthermore, *financial support for rent relief* is essential to prevent evictions among migrant populations struggling to afford housing. Housing subsidies and rental assistance programs tailored to the needs of immigrants, refugees, and asylum seekers can reduce the risk of homelessness and provide stability during challenging times.

In addition to immediate relief, long-term solutions such as *skills training and employment opportunities* must be prioritized for migrant populations affected by job losses during the pandemic. Vocational training, job placement assistance, and entrepreneurial initiatives can support livelihood recovery and foster economic independence.

Equally important is the expansion of *psychosocial support services* for migrants experiencing heightened stress, anxiety, or mental health challenges due to the pandemic. Mental health awareness campaigns, support groups, and counselling services can provide much-needed emotional support and resilience-building for affected individuals.

Lastly, *collaborative policy dialogue and advocacy* should be encouraged. Engaging representatives from migrant communities, academics, nongovernmental organizations, and government agencies in dialogue can identify weaknesses in the social welfare system and inform evidence-based policy recommendations. Collaborative efforts ensure that the needs of vulnerable immigrant populations are effectively addressed and that systemic barriers are dismantled.

These recommendations collectively provide a comprehensive roadmap for addressing the systemic failures in South Africa's social welfare systems, ensuring greater inclusivity, equity, and resilience for migrant populations.

## CONCLUSION

This chapter highlights the urgent need for social welfare system reform in South Africa, as demonstrated by the COVID-19 pandemic's effects on migrant, refugee, and asylum seeker populations. It highlights structural flaws that significantly negatively influence livelihood and well-being, such as the reappearance of prejudice and insufficient pandemic responses. Policymakers should prioritize inclusive social welfare frameworks as we negotiate the post-pandemic recovery process to ensure migrants have fair access to basic services. Governments, civil society, and international

players must work together to remove barriers to discrimination and strengthen social safety nets. We can create more compassionate and resilient societies where everyone can prosper and contribute to the general well-being by giving migrant voices more clout in decision-making.

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# The Politics of Socio-Economic Rights and Constitutionalism

*Privilege Haang'andu and O'Brien Kaaba*

## INTRODUCTION

The novel coronavirus (COVID-19) crisis wreaked havoc across the globe, disrupting social life, destroying economies, overwhelming health care systems and limiting the enjoyment of human rights (Feyisa, 2020; Gershon et al. 2020; Badalov et al. 2022). In sub-Saharan Africa (SSA), the coronavirus pandemic exposed not just the shortfalls in social policy resilience, but weaknesses in the democratic commitment and governance systems. In order to contain the spread of the virus and ameliorate the economic and social consequences of the pandemic, many countries in SSA applied restrictions, frequently violating domestic constitutional guarantees for the enjoyment of human rights.

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P. Haang'andu (✉)

Canadian Institutes of Health Research, Government of Canada,  
Ottawa, ON, Canada

O. Kaaba

University of Zambia, Southern African Institute for Policy and Research  
(SAIPAR), Lusaka, Zambia  
e-mail: [obrien.kaaba@unza.zm](mailto:obrien.kaaba@unza.zm)

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D. Béland et al. (eds.), *The State and the Imperative for Social Policy Reform in Africa*, Global Dynamics of Social Policy,  
[https://doi.org/10.1007/978-3-032-02432-9\\_10](https://doi.org/10.1007/978-3-032-02432-9_10)

This chapter discusses the impact of governments' measures to combat coronavirus on social and economic rights in SSA. To illustrate this, while citing examples from across SSA, we apply a human rights perspective to the Zambian government's responses to the COVID-19 pandemic. We use the Zambian case because the country stands out in SSA as a beacon of democracy and good governance (Haang'andu & Beland, 2019; Simutanyi, 2021). Since independence in 1964, Zambia has undergone three electoral transitions from incumbents to opposition political parties, a rare phenomenon in postcolonial SSA. Despite this democratic reputation, the COVID-19 pandemic challenged the country's commitment to its democratic gains.

The chapter contends that the consequences of the policy measures on the enjoyment of socio-economic rights should be seen in light of the trajectory of weakening commitment to democratic rule in SSA and how this impacts prospects for an effective social policy infrastructure. We use textual evidence to demonstrate that the COVID-19 pandemic was exploited by African regimes to crack down on opposition movements, promote disinformation, and surveil citizenry (Aidi, 2021). In the case of Zambia, the government took advantage of the coronavirus to further close the political space by persecuting the opposition and critical civil society, thereby significantly limiting their capacity to mobilise, protest and hold the government accountable. In other SSA countries such as Ethiopia, Uganda and Rwanda, studies show that ruling parties resorted to increasingly repressive and violent methods to deal with political opposition (Simpson, 2024). Lockdowns were weaponised and "violently enforced to ban political gatherings and electoral campaigning" (Aidi, 2021, p. 2). In Ethiopia, Prime Minister Abiy Ahmed postponed elections in 2020 due to COVID-19, worsening tensions with the opposition and threatening democratic transitions. These and many more examples across SSA demonstrate that the coronavirus pandemic provided a perfect cover for governments to shrink democratic spaces under the guise of implementing coronavirus containment measures. Ultimately, the deprivation of socio-economic rights in this context demonstrates the failure of governments to adhere to constitutionalism and collective efforts to address public health crises. The impact on social and economic rights is premised on the doctrine of the indivisibility and interdependence of human rights whereby if there is suppression of civil and political rights, that will inevitably have an effect on social and economic rights.

The chapter is divided into five parts, starting with the introduction. The second part of the chapter discusses the concept of a crisis and its impact on governance and ultimately on social and economic rights. The third presents our case study of Zambia, highlighting the government's response to the coronavirus pandemic in Zambia. Here, we demonstrate how the measures, overall, seem to have been designed for populist ends and not as robust means to develop and implement effective social policy measures to address a public health crisis. The fourth part discusses the impact of the pandemic and government measures on the enjoyment of socio-economic rights in SSA. It dovetails the consequences with the concept of constitutionalism and argues that the failure to respect and fulfil social and economic rights denotes failure of government to respect the tenets of constitutionalism.

### CRISES, POPULISM, AND SOCIO-ECONOMIC RIGHTS: A CONCEPTUAL RELATIONSHIP

Major crises of any kind, such as natural disasters, economic meltdowns, wars and security threats tend to provoke populist sentiments that in turn put a strain on democratic institutions (Levitsky & Ziblatt, 2018). As a large-scale epidemic, the coronavirus was no exception. This is because pandemics such as the coronavirus pandemic disrupt social order by engendering stigmatisation of the victim, uncertainty, panic and social disintegration. A crisis episode is a moment of fluidity and openness, where what guaranteed certainty and predictability no longer holds (Volpi & Gerschewski, 2020). This is more so when the pandemic is new, and much is unknown about it as it is likely to 'instill suspicion of others and the fear that they might transmit the disease, leading to prejudicial attitudes and behaviours' (Hartman et al., 2021). The coronavirus crisis should, therefore, be treated like any other major crisis that is disruptive to the normal ordering of social life, such as security threats. As a crisis, it plays into the hands of political populists who seek to exploit it to the fullest. It is a golden opportunity for political populists.

Political populism has been defined as 'a political strategy through which a personalist leader seeks or exercises governmental power based on direct, unmediated, un-institutionalised support from large numbers of mostly unorganised followers' (Kaltwasser, 2018). A populist, therefore, seeks to exercise public power in a manner that does not allow for

countervailing mechanisms to check on how that power is exercised. This can only happen if there are large enough numbers of people who share in the populist's views, which the populist uses to dismantle mechanisms intended to be a check on the exercise of public power (Kaltwasser, 2018). Rovira Kaltwasser (2018) has argued that populist sentiments are relatively widespread across the population in every society or country. However, these attitudes tend to be largely dormant when there is no crisis and become activated in moments of crisis, real or imaginary.

Populists often use times of crisis to paint a picture of being at war through their rhetoric. Studies on the use of war narratives by autocratic leaders around the world show that many non-democratic leaders, both in Europe and Africa, used military narratives to legitimise their repressive policies geared towards controlling the society. In Europe, countries like Hungary, Poland, Turkey and Serbia, whose democratic credentials fell in the last decade, adopted the war narrative in the COVID-19 governance and to contest the European Union and the liberal democratic order in general (Soyaltin-Colella & Sert, 2024). Similarly, several SSA leaders adopted the communicative metaphor of "being at war" with the COVID-19 pandemic. For example, in Uganda, Atuhura (2022) shows that President Yoweri Kaguta Museveni and other government officials persistently used the war metaphor to communicate about and to make intelligible an emerging unknown virus as a threat that should be managed through combat behaviour. In Zambia, President Edgar Lungu was quick to describe his government as being 'at war against the COVID-19 pandemic' in which the government was already scoring 'victories' (President Edgar Lungu, 2020). Paul Taggart (2018) argues that the tone or metaphors of war by populists in addressing a crisis serve at least two distinct roles. In the first instance, it is to polarise the nation by making a distinction between those perceived to be on the side of the populist ruler and those against. Those against are often painted as enemies of the state. The second role played by the war rhetoric of populism is to divest the perceived enemy of human rights. According to Taggart (2018), the war metaphor 'implies that the enemy is very much an enemy in everything'. As the perceived enemy, it means they must be defeated at any cost and defeating them is presented as a noble cause. As such, suspending or neglecting their rights is considered a legitimate thing.

Not only does a crisis trigger populism but it presents an opportunity for populists to concentrate and abuse power, by whipping up public sentiment. The concentration or abuse of power in a crisis is possible, as

Steven Levitsky and Daniel Ziblatt (2018) have shown, for two reasons. First, in a time of crisis, the uncertainty makes citizens fearful for their safety and lives and very suspicious. This makes them more likely to tolerate or even actively support populist measures. This seems to be true of Zambia. A survey conducted in July and August 2020, established that two out of three Zambians were fearful of COVID-19 and 60% of Zambians feared that if they got the virus, others would think poorly of them (Government of Zambia and SAIPAR 2020). The survey also found that 90% of the respondents placed their faith in authorities to be knowledgeable about the virus. However, at the same time 71% of the respondents feared that the politicians would use COVID-19 to enrich themselves and extend their power (Government of Zambia & SAIPAR 2020). Second, in moments of crisis, many constitutions allow presidents to exercise exceptional powers with little or no effective checks and balances. This is usually through the declaration of a state of emergency. Where this occurs, the president is usually given power which may be used to target and weaken perceived political enemies and critics (Levitsky & Ziblatt, 2018).

Where an emergency is declared, its effect on democracy and human rights is usually detrimental. This is because by its very nature, an emergency usually replaces rule of law with personal rule, although international law and many modern constitutions now place limitations on what can be done within an emergency. The use of states of emergency has been traced back to the Roman empire, where during times of national crises, Roman consuls nominated ‘dictators’, vested them with nearly absolute power, and authorised them to act even in disregard of institutions of accountability (Luhmann & Rooney, 2021). Emergencies may still operate in the same way today, especially in sub-Saharan African countries where there are inadequate mechanisms to control the exercise of emergency power. They provide an opportunity to an incumbent president or government to accumulate power instantly, overcome democratic mechanisms of accountability, and target those they consider to be political enemies.

In many SSA countries, governments did not promulgate a state of emergency in responding to the coronavirus. This, however, does not imply that the governments took a more human-rights-sensitive approach to fighting the virus. For the most part (e.g., in Uganda, Rwanda, South Africa and Zambia), the opposite was the case, as governments used the coronavirus pandemic to abuse human rights, limit political space and

undermine the rule of law. As Zambian law scholar Felicity Kayumba Kalunga (2020) argued, ‘The ongoing violations of the rule of law in Zambia suggest that the country is fast sliding into a despotic state, under the guise of containing the Covid-19 pandemic.’

As will be shown below, lack of adherence to the rule of law does not only stifle civil and political rights, but it also undermines the enjoyment of social-economic rights. This is because when there is respect for human rights and freedom, as Amartya Sen (2008, p. 228) argues, ‘...more freedom gives us the opportunity to pursue our objectives—things that we have reason to value’. To demonstrate the relationship between democracy and the enjoyment of socio-economic rights, Sen (2008, p. 342) uses his research on the occurrence of famines and concludes that

no major famine has ever occurred in a functioning democracy with regular elections, opposition parties, basic freedom of speech and a relatively free media (even when the country is very poor and in a seriously adverse food situation).

This finding illustrates the importance of democracy and respect for human rights, and that frameworks for addressing crises such as the COVID-19 pandemic should not negate them. Respect for civil and political rights enables citizens to hold their governments accountable and responsive to their social and economic rights. It demonstrates the ‘protective power of political liberty’ (Sen, 2008, p. 342). Where there is no respect for democratic principles underpinned by civil and political rights, the people have no means of holding governments accountable and, therefore, the citizens suffer in silence. But where democracy thrives and civil and political rights are respected, citizens have the tools to hold governments accountable and be responsive to their needs. In Sen’s (2008, p. 343) words, this is because ‘when there is free news-reporting and uncensored public criticism, then the government too has an excellent incentive to do its best to eradicate famines’.

## ZAMBIAN GOVERNMENT’S RESPONSE TO THE COVID-19 PANDEMIC: AN OVERVIEW

Zambia recorded its first two cases of COVID-19 on 18 March 2020 (Kalunga, 2020). Prior to that, the government had announced wide-ranging measures to combat the virus, primarily based on public health

legislation. There are generally three legal ways the government could have responded to the coronavirus crisis. First, it could have considered it as a public emergency and declared a state of emergency. From this perspective, the president could either have invoked Article 30 of the Constitution to declare a full state of emergency or Article 31 to declare the existence of a situation that could lead to a state of emergency (partial emergency) (Constitution of Zambia Articles 30 and 31, n.d.-c). Without going into the intricate details, in both circumstances, the president could, under consequential regulations, arrogate himself power to restrict the enjoyment of human rights with the full imprimatur of the Constitution. For example, this could have authorised detention and restrictions of persons without trial; prohibition, restriction and control of assemblies; the regulation, control and maintenance of supplies and services; the prohibition and dissemination of matter, production, publishing, sale, supply, distribution and possession of publications; the taking of possession or control of any property or undertaking and the acquisition of any property other than land; and authorised the entering and search of premises (Constitution of Zambia Articles 30 and 31, n.d.-c). Indeed, in March 2020, an influential Zambian lawyer, John Sangwa, wrote to President Lungu asking him to consider declaring a state of emergency pursuant to Article 30 in order to provide a comprehensive framework for responding to the virus.

While President Lungu did not invoke a state of emergency, his actions were not guided by forbearance considering that in previous instances he had invoked extreme executive powers over minor incidents. For example, in July 2017 President Lungu invoked Article 31 to declare a threatened state of emergency, an act which was mainly used to target the opposition, following the burning of a market building in Lusaka (See Statutory Instrument 53 of 2017). A more likely explanation is that the declaration of an emergency has inbuilt mechanisms for checking the discretion of the president, albeit of limited effectiveness, such as parliamentary approval and remedies for those whose rights are restricted or detained (see Articles 26, 30 and 31 Constitution of Zambia, n.d.-b). It is likely that considering the slide towards autocratisation (as argued below), the pandemic provided an opportunity to run affairs through decrees not based on any specific law. This way, the pandemic, provided a cover for deliberately disregarding the few inbuilt mechanisms of holding the actions of government within check. As will be shown below, almost all the major measures announced by the president had no basis in law.

The second legal approach the government could have taken would have been to trigger provisions of the Disaster Management Act. Section 36 of the Act empowers the President to declare a national disaster (Disaster Management Act 13 of 2010, Zambia). The declaration is premised on the recommendation of the Disaster Management Council, and should only be made if the president considers that the emergency or situation giving rise to the disaster

is of such nature and extent that exceptional measures are necessary to assist and protect the public or property in the area, or that circumstances are likely to arise making such measures necessary, by notice published in the Gazette, declare the situation or emergency a state of disaster and the area in which the emergency or situation exists, to be a disaster area. (Section 36, *n.d.*)

The potential consequences of the declaration of a disaster are listed in section 37(1).<sup>1</sup> The potential consequences are not designed to restrict human rights and seem predominantly designed to facilitate the rescue of the victims and provide supplies. It is probably because the Act lacks far-reaching powers to limit political space that the government could not countenance invoking it as part of its response to the coronavirus pandemic.

<sup>1</sup>29 Section 37(1) provides: 'Where a declaration of a state of disaster is declared under section thirty-six, the President, in consultation with the Council, may make regulations relating to—(a) the release of any available resources including stores, equipment, vehicles and facilities; (b) the release of personnel of a State organ or institution for the rendering of emergency services; (c) the implementation of all or any of the provisions of a national disaster management plan that are applicable in the circumstances; (d) the evacuation to temporary shelters of all or part of the population from the disaster-stricken or threatened area if such action is necessary for the preservation of life; (e) the regulation of traffic to, from or within the disaster stricken or threatened area; (f) the regulation of the movement of persons and goods to, from or within the disaster stricken or threatened area; (g) the control and occupancy of premises in the disaster stricken or threatened area; (h) the provision, control or use of temporary emergency accommodation; (i) the suspension or limiting of the sale, dispensing or transportation of alcoholic beverages in the disaster stricken or threatened area; (j) the maintenance or installation of temporary lines of communication to, from or within the disaster area; (k) the dissemination of information required for dealing with the disaster; (l) emergency procurement procedures; (m) the facilitation of response and post-disaster recovery and rehabilitation; (n) other steps that may be necessary to prevent an escalation of the disaster, or to alleviate, contain and minimise the effects of the disaster; or (o) steps to facilitate international assistance.'

The third approach, which the government actually took, was to rely on public health legislation. The Public Health Act, Chapter 295 of the Laws of Zambia, empowers the minister of health to declare an infectious disease as a notifiable disease (see Section 9 Public Health Act, *n.d.*), or to make regulations relating to management of infectious diseases (see Section 28 Public Health Act). Acting on these powers, the minister of health, in March 2020, promulgated two statutory instruments.

The first statutory instrument is the Public Health (Notifiable Infectious Disease) Declaration Notice 2020 (Statutory Instrument 21 of 2020). Paragraph 2 of the Statutory Instrument declared that the disease specified in the schedule was a notifiable disease while the schedule named the notifiable disease as ‘coronavirus disease 2019’.

The second statutory instrument is the main legal instrument containing government measures responding to the coronavirus pandemic, that is, the Public Health (Infected Areas) (Coronavirus Disease 2019) Regulations 2020 (Statutory Instrument 22 of 2020). The Statutory Instrument provides for the principal public health measures such as quarantines, restrictions of movement, disposal of infected bodies and mandatory reporting of COVID-19 infections.

Statutory Instrument 22 of 2020 also imposes restrictions on holding gatherings or ceremonies. Paragraph 9 of the Statutory Instrument bans public ceremonies or gatherings of more than five people (except family members) in an infected area without the written permission of relevant authorities. An infected area is defined under paragraph 2 as a part of the country or conveyance declared as being or appearing to be threatened by COVID-19. Paragraph 10 gives discretionary power to an authorised officer to prohibit or restrict trade of food products and ready-to-eat foods from or in any location that could pose a danger to health of the customers and traders. By virtue of paragraph 11, this includes power to prohibit or restrict trading or vending in food in unsanitary conditions. Paragraph 12 authorises an authorised officer to inspect public premises in order to ensure that there is sufficient sanitation and hygiene to prevent the occurrence or transmission of COVID-19. This includes the power to close such facilities where conditions are found to be inadequate to prevent the transmission of the disease to people.

In July 2020, the minister of health amended Statutory Instrument 22 of 2020 to proscribe the holding of public gatherings in an infected area except with the written permission of an authorised officer (Statutory instrument 62 of 2020). This is the totality of measures provided for and

which the government could lawfully implement under Statutory Instrument 22 of 2020.

However, these measures were not designed to start immediately. They could only be triggered when the minister raised the level of seriousness of the situation to 'alert level'<sup>2</sup> in line with the schedule in Statutory Instrument 22 of 2020 (see Paragraph 13, Statutory Instrument 22 of 2020). An alert level is defined in the schedule to the Statutory Instrument as 'conveying the highest level of importance and warranting immediate action or attention'. There was no official declaration by the minister raising the national level to 'alert level.' In the absence of the formal raising of the risk level to 'alert level', means that all the measures implemented by the government under the statutory instrument were patently illegal.

Apart from the legal measures, the government also announced a number of other measures to combat the pandemic. Shortly before the recording of the first two cases of COVID-19 on 18 March 2020, the government ordered the closure of all schools. On 7 April 2020, the Ministry of General Education announced that following the closure of schools, learning would continue through e-learning platforms and on a self-instruction basis. No details of how this would work were given. The likely consequences of this in terms of socio-economics rights are considered in the next section. In July 2020, the Ministry of Higher Education further extended the delay of the opening of schools. Citing a recent surge in cases, it ordered universities and colleges to remain closed, except for students in the final year of study (MOHE/101/23/2 of 24 July, 2020b).

However, there is one type of measure that continued to be applied to limit political space and to shut down dissent. The coronavirus pandemic provided a golden opportunity for the government to limit political space and demobilise critical voices and restrict its political opposition. Although there was no legal measure in effect limiting the holding of meetings, the government continued to use the police to prohibit the opposition from meeting, and those who disobeyed were arrested. This approach clearly was not to stave off the spread of the coronavirus, as the ruling Patriotic Front (PF) members continued to mobilise and hold meetings

<sup>2</sup>The schedule has three urgency category levels. The first level is known as the 'update level', which simply requires the minister to update the nation but does not require immediate action; the second level is the 'advisory level', which requires provision of important information on an incident or situation but does not need immediate action; and finally, there is the 'alert level', which is the highest urgency level and requires immediate action.

unhindered. For example, in July 2020, police arrested members of the opposition United Party for National Development (UPND), who were holding intra-party elections on a farm in the Copperbelt province, despite their holding the meeting outdoors on a farm in order to maintain physical distancing (Sakala, 27 July 2020). These arrests were on the pretext that the police were not given any notice of the meeting. Similarly, police blocked youths who planned to hold a procession in June 2020 in protest against government corruption (Ncube, 23 June 2020).

The police, habitually under the control of ruling party supporters (popularly referred to as ‘carders’ in Zambian parlance), acted as agents of enforcing the closure of the political space in favour of the ruling party, under the guise of enforcing government coronavirus measures. An editorial in a national tabloid succinctly summarised this situation as follows:

Patriotic Front cadres have been the main enforcers of the Public Order Act. They have been stopping the opposition structures from holding even the smallest of meetings saying the campaign period has not started. And they would order the police to arrest them. But any other meetings or gatherings they would tolerate. And today the COVID-19 regulations are being enforced by them in the same way. Anybody else can gather for a meeting but not opposition members. But they themselves are holding meetings to organise and mobilise for next year’s elections. (The Mast Newspaper, August 11, 2020)

The approach that the Zambian government used to limit political space under the guise of fighting coronavirus seemed to validate Joao Nunes’ (2018, p. 37) assertion that misrecognition of where the problem lies can lead to imposition of ‘narratives that do not correspond to actual lived experiences’. A superficial reading of the situation in Zambia would make one believe that the narrative of fighting the coronavirus by the government held water, considering that the disease was a global pandemic. A close look, however, exposes the injustices that motivated government action, that is, to limit political space.

So how are all these measures, especially the political measures including closing political space, related to socio-economic rights? As argued above, when freedoms are restricted, citizens are divested of their power to hold governments accountable. There is no incentive for governments to provide social goods to the people as it is no longer answerable to the citizens. The people are left to scavenge for a living while institutions, such

as civil society organisations and political parties, that are designed to be a check on the government, are left to fight for their survival. This leads to the adjustment and narrowing of expectations, as the government is absolved of the people's highest expectations. It is such a situation Amartya Sen (2008, p. 283) compellingly described as follows:

The hopelessly deprived people may lack the courage to desire any radical change and typically tend to adjust their desires and expectations to what little they see as feasible. They train themselves to take pleasure in small mercies.

The closing of political space, therefore, had a detrimental effect not only on civil and political rights but also on socio-economic rights.

The views by Sen also find support in the human rights concepts of indivisibility and interdependence of all human rights. The doctrine of indivisibility and interdependence holds that there is no hierarchy among human rights (Quane, 2012). This entails that no human right can be realised fully without the full realisation of other human rights. As a result, states should not pick and choose what rights to implement. This is because rights reinforce and support each other (Nickel 2008). As one commentator noted:

[W]e cannot enjoy civil and political rights unless we enjoy economic, cultural and social rights, any ... more than we can ensure our economic, social and cultural rights, unless we can exercise our civil and political rights. True, a hungry man does not have much freedom of choice. But equally true, when a well-fed man does not have freedom of choice, he cannot protect himself against going hungry. (Quane, 2012, p. 49)

The approach taken by the Zambian government is manifestly a violation of human rights and is at variance with the guidance by both the United Nations (UN) and the African Union (AU) on the best approach to combat COVID-19 in a manner that respects human rights. The UN, for example, asserted that the time of the pandemic should not be the time to neglect human rights (United Nations April, 2020). The UN emphasised that in responding to the pandemic, states have a triple responsibility: to enhance the effectiveness of the response to the health threat; to minimise the impact of the crisis on the people's lives; and to avoid creating new or worsening existing problems. In demonstrating the

interdependence of civil and political rights with social and economic rights, the UN emphasised that protecting the livelihoods of people would help protect lives, and that states that protected social and economic rights were more likely to be resilient. At the regional level, the AU took a similar approach. For example, the AU strategy for combating the pandemic indicates that the goal of responding to the virus should not only be to prevent severe illness but also to ‘minimise social disruption and economic consequences’ of the pandemic (African Union, 5 March 2020).

### IMPACT ON SOCIO-ECONOMIC RIGHTS AND INTERPLAY WITH CONSTITUTIONALISM

The Zambian constitution does not expressly recognise socio-economic rights. The Bill of Rights (i.e., Part III Constitution of Zambia) only recognises what have traditionally been known as civil and political rights. These include the right to life, personal liberty, freedom from torture, cruel or inhumane punishment or treatment, privacy, freedom of association and assembly, freedom of speech, religious freedom and right to fair trial. A few socio-economic rights were included in the Constitution as mere directive principles of state policy and expressly made non-justiciable (See Articles 110–113 Constitution of Zambia 1996). These included adequate means of livelihood and employment, clean and safe water, health, education, shelter, and a clean and healthy environment. In 2016, the Constitution was amended, and the resulting document did not contain directive principles of state policy. Instead, it was planned that the Bill of Rights should be expanded to include social and economic rights. The draft Bill of Rights containing social economic rights was duly subjected to a referendum in August 2016 but failed to garner the requisite number of votes to pass. The Zambian Bill of Rights, therefore, does not expressly enshrine social-economic rights.

The non-inclusion of socio-economic rights in the constitution does not of itself entail that they are not enforceable in Zambia. In a 2019 case, the Supreme Court effectively held that socio-economic rights are enforceable provided they are articulated in a manner that connects them with already recognised rights in the Bill of Rights (SAIPAR Case Review 2020 (5) 9). In this case, two prisoners who were HIV positive brought an action arguing that the food they were given in prison was inadequate in quantity and deficient in nutritional value, contrary to their health needs

as HIV positive people. That being the case, their right to life was threatened or violated. The High Court dismissed the case because the Zambian Constitution did not recognise socio-economic rights. On appeal, the Supreme Court reversed the decision of the High Court and ruled in favour of the petitioners (SAIPAR Case Review 2020 (5) 9). The Supreme Court considered that human rights were interdependent and inter-related, and that life would be meaningless without social economic rights that enhance its quality. Although this case related to two litigants, its holding is of general relevance as it articulates constitutionally guaranteed rights. It is therefore to be considered that the Zambian Constitution, via articulation by case law, indirectly recognises enforceable socio-economic rights.

There are currently no comprehensive statistics detailing the impact of the coronavirus pandemic or of consequential measures taken by the government on social and economic rights in Zambia. It is, however, self-evident that the effects have been devastating. The national economy, which was predicted to grow by about 2–3% before the onset of the coronavirus, was dramatically affected and recessed, shrinking by about –3% (Statement of the Minister of Finance, April 2020c). Many businesses were forced to close and had to lay off workers; health facilities were overwhelmed; and social services disrupted. A survey conducted in July and August 2020 found that 43% of Zambians needed financial, social or medical support to make ends meet. However, only 16% of these received help. Hardly any support came from the central government as the bulk of support came from family and friends (31%), while other stakeholders provided meagre support (health workers 18%, employers 15%, local council 9%, NGOs 8%, Members of Parliament 7%, and religious organisations 7%). To illustrate the complexity of the interplay of the coronavirus pandemic and socio-economic rights, this chapter used the right to education and how it was impacted by policies around COVID-19.

The right to education is firmly established in international human rights law. This is provided, for example, under Article 13 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) and Article 17 of the African Charter on Human and Peoples' Rights. The normative content of the right to education has been articulated by the Committee on Economic Social and Cultural Rights (CESCR), in its General Comment 13. In General Comment 13, the Committee has indicated that the right has four key normative components. These are availability (which means that education institutions and programmes

should be available in sufficient quantities), accessibility (which entails that education institutions and programmes should be available to everyone without discrimination), acceptability (which means that the form and substance of education should be acceptable), and adaptability (which refers to the flexibility of education to meet new societal needs) (Paragraph 6 CESCR General Comment No. 13, 1999). State parties are under an obligation to respect, protect and fulfil (See paragraph 46 of CESCR General Comment No. 13). The duty to fulfil would require the state to not only facilitate but also to actually provide education. Where the means of education are only available to a small number of citizens, that is a clear violation of the right to education.

As noted above, in March 2020, the government ordered the closure of schools as a way of containing the spread of the virus. This was seen as a proactive measure, as at that time Zambia had not recorded any cases of coronavirus. Although schools closed physically, the government ordered learning to be conducted online and through other virtual mechanisms. On the face of it, this seemed laudable as it entailed that students did not miss out on their education. This is especially so in view of the fact that the coronavirus was novel, and no one knew when it would end or come under control. However, when one considers that successful online learning has prerequisites and that if these are not provided, then online learning translates into deprivation for those without the means.

Successful online learning, for example, requires electricity, working radio and or television sets, computers equipped with appropriate software, access to the Internet, appropriately trained staff and properly developed materials. None of these were provided by the government or schools in a country where more than half the population have no access to electricity or Internet services. Without these amenities, the ensuing learning in effect only served the interests of those with the means. A few statistics can help put these assertions in context.

A 2018 survey on access and usage of information and communications technology (ICT) in Zambia demonstrated very low access and usage. For example, it established that only 32.9% of households had electricity (see the Zambia Information and Communication Technology Authority 2018 report). Without electricity, the effective use of electronic devices upon which virtual learning depends is impossible. Further, only 37% of households owned a working television set and only 45% of households had a working radio set; only 8.1% of households owned a computer; (in rural areas, this was as low as 2.7%); 6.8% individuals knew how to use a

computer; 53.5% of individuals were active users of cellular phones (of these, only 29.6% possessed smartphones); and only 14.3% had ever used the Internet (see the Zambia Information and Communication Technology Authority 2018 report).

Under these circumstances, and without government and schools intervening to provide means to make online learning accessible to all students, it is manifestly clear that online learning deprived the majority Zambians, especially those under the poverty line, access to education and only served those endowed with means. This conclusion is validated by the findings of a non-governmental organisation (NGO) which carried out a snap survey on the status of online learning in rural areas. The NGO found that the online learning was ineffective and actually risked widening the deprivation gap between the rich and poor. It stated in part that:

Furthermore, the snap survey and, community and stakeholders engagements held in Lifeline/Childline Zambia's child protection project sites in Katete, Kapiri-mposhi, Lufwanyama and Choma has revealed that pupils especially in those rural settlements have challenges of accessing the E-learning introduced by the government due to various factors such as lack of ICT facilities, poor internet connectivity, prolonged hours of power outages as a result of load shedding, lack of accessibility to television sets (TVs), lack of financial resources to subscribe to different TV platforms or bouquets. Lifeline/Childline Zambia through its child protection projects has further revealed that many schools in rural areas are under-resourced and ill-equipped to provide support to pupils learning at home through the newly established e-learning and education channels. Furthermore, parents in those areas are unable to support children's learning due to either literacy levels and others are just too committed looking for 'bread and butter'. Certainly, this has the capacity to amplify and widen the equity gap between the well-off and worse-off children in accessing e-learning and this may lead to life-long negative impact on the education of children in Zambia. (Lifeline/Childline Zambia, August 2020, p. 4)

The failure by the government to provide tools that could enable online learning to all students cannot be because of limited resources in the country. Zambia loses significant amounts of money to mismanagement and official corruption. Corruption by senior government officials is endemic. For example, official corruption and lack of fiscal discipline primarily led the country into a new public debt and economic crisis by the end of 2020. The country has seen unprecedented levels of corruption, especially

in the infrastructure sector. For instance, the World Bank in December 2017 categorically stated that ‘unfortunately, when compared to the median cost of paving roads in the region, Zambia’s roads stood out as being very expensive’, and that ‘the tragedy is not the recent rapid build-up of debt, but the lack of productive assets Zambia can show from the borrowing’ (The World Bank Group, December 2017). Africa Confidential in January 2018 reported:

A key reason behind the lack of certainty about the exact debt figures is that many of the loans that were contracted in 2016 and 2017 ended up in the pockets of individuals and cannot be accounted for.

Similar sentiments were expressed by *The Economist*:

The government blames a fall in copper prices from 2011 [for the poor economic performance]. But the real reason is that Zambia is run by an inept and venal elite who used easy credit to line their own pockets. Much of the money Zambia borrowed was squandered or stolen. Big-wigs skimmed from worthy-sounding contracts. (*The Economist*, 15 September 2018)

The Financial Intelligence Centre (FIC), an autonomous public institution created to investigate suspicious financial transactions, has documented cases of official corruption. FIC, in its 2016 report, stated that over K3 billion (about US\$ 300 million) was received by public officials or their associates through kickbacks from public contracts (see FIC report, 2017). In 2017, the FIC figures more than doubled. FIC reported that politically exposed persons received more than K6.3 billion (US\$ 630 million) in kickbacks mainly from the infrastructure contracts (see FIC report 2017). Considering that these are just figures for one year, and only capturing suspicious transactions through the formal banking system, one can safely conclude that what was reported is only the tip of an iceberg.

The 2021 Report of the Auditor General on the utilisation of the COVID-19 resources revealed massive corruption and abuse of both donor and national funds and resources set aside for purposes of containing the pandemic (Republic of Zambia, 2021). For example, donors committed more than 300 million USD to the fight against COVID-19 but the Ministry of Finance failed to produce documentation relating to the funds; and the Jack Ma Foundation donated multiple equipment and

medical supplies, but the government failed to account for them, giving credence to media reports that these were sold off by corrupt officials (see 'Interim report of the Auditor General', 2020a).

Given this scenario and the large sums of public funds lost through corruption, it cannot be argued convincingly that the country lacks resources to provide requisite equipment to facilitate online learning. The failure by the government to provide the necessary tools should therefore be seen from the perspective alluded to above, that once political space is limited, then the mechanisms for holding the government accountable are taken away. The government then no longer makes decisions primarily in service of the social needs of the people. This demonstrates the interconnectedness of civil and political rights with social and economic rights. Once civil and political rights suffer, social and economic rights are left to the benevolence of the ruling elite and are no longer considered entitlements of the people.

It is this situation that dovetails with the lack of constitutionalism in Zambia. The deprivation should be seen as a result of the failure of constitutionalism in the country and how it negatively affects effective social policy implementation in times of crises. The concept of constitutionalism derives from the idea of a written constitution. The current concepts of a written constitution for a nation state have roots in the eighteenth century in the context of the French and American revolutions (Chen, 2014). What is distinct about the idea of a written constitution is that it is considered the fundamental law that not only establishes the government but regulates the exercise of governmental power by prescribing limits to such power. Liolos (2013) has argued that this entails that the constitution has two elements: the functional and aspirational. The functional elements of the constitution create the organs of the state and the rules that govern them, while the aspirational elements articulate the nation state's principles and values such as social justice, transparency and accountability which every well-ordered state aims at achieving (Liolos 2013). In a well-ordered state, the aspirational elements of the constitution provide the nation with a moral compass that ought to dictate the policies and activities which the functional elements should implement to achieve legitimacy and promote social development (Liolos, 2013).

Distilled from this, constitutionalism, and its application to effective social policy infrastructure, therefore entails the establishment of a nation state government that is enabled to carry out the task of governing effectively and efficiently but doing so within the confines of constitutional

limits and in furtherance of collective national benefits. The state should provide social goods to enable its nationals to live meaningful lives. However, this does not usually happen and the current situation in Zambia, where the government is riding on the coronavirus to limit political space, abuse human rights and effectively disavow the rule of law speaks to the existence of a government that has no respect for constitutionalism. Although the formal trappings of constitutionalism, such as reference to a written constitution and legislation as a basis for government action are in place, these are often used as a cover for what scholars have coined as ‘politically enabling documents’, ‘constitutions without constitutionalism’, ‘façade constitutions’, ‘trap constitutions’, ‘nominal constitutions’, and ‘abusive constitutionalism’ to aptly describe the phenomena (Chen, 2014; González-Jácome, 2017; Landau, 2013). In such a situation, the government is not limited and susceptible to being accountable to the people. It does not consider itself as duty bound to provide social goods to its people and only considers itself as acting benevolently when it does so.

## CONCLUSION AND RECOMMENDATIONS

This chapter demonstrates how governments in SSA weaponised the COVID-19 pandemic to stifle democratic space, with ripple effects on social and economic rights, and governments’ abilities to administer effective social policy measures. Drawing on examples from Uganda, Rwanda, Ethiopia, South Africa and Zambia, the chapter establishes a strong relationship between populism and authoritarianism in the administration of COVID-19 policies. We have anchored our analysis on theoretical literature about the relationship of a crisis to political populism. It builds on the scholarship that establishes that a crisis provides an opportunity for autocratisation to political populists. While citing how authoritarian governments in Europe and SSA used militarised narratives to symbolize governments’ forceful behaviours and impositions, the chapter adopts the case study of Zambia to demonstrate similar trends across SSA. The chapter shows that, using the exigencies of the COVID-19 pandemic, SSA governments closed political space and effectively squeezed out opposition political parties, peaceful protests, and independent the opposition and civil society as agents of accountability. Draconian restrictions crippled opposition political parties, journalists, and other civic actors and thwarted their ability to hold governments accountable in their responses to the

coronavirus and to promote more rational social policy interventions during the pandemic. As demonstrated in the case study of Zambia, the failure to protect social and economic rights, particularly the right to education used for purposes of illustration, clearly demonstrates the lack or failure of government adherence to constitutionalism. Without the respect for civil and political rights, the tools for holding the government accountable for provision of social and economic rights are diminished and rendered largely ineffective.

Arising from the foregoing, it is important to draw lessons for SSA countries on how to better respond to moments of crisis in future. First, recognising that some countries like South Africa already have constitutionally enshrined social and economic rights, and the widespread advocacy for these rights in SSA (Ocran, 2007), it is important to recognise that not only are human rights indivisible at conceptual level but also in practice. This means that political rights on the one hand, and social and economic rights on the other, are mutually reinforcing. The assault on civil and political rights invariably weakens the capacity of stakeholders to hold the government accountable for failing to fulfil social and economic rights. In future crises, therefore, all activities aimed at fostering the realisation of social and economic rights must also be concerned about civil and political rights.

Second, it is important to recognise that a moment of crisis provides an opportunity to a regime to accumulate power, limit political space, and annihilate opportunities for viable social policy responses. As demonstrated in examples of Ethiopia where elections were postponed during the COVID-19 Pandemic, and in Zambia, Rwanda, Uganda, Ivory Coast and other SSA where political mobilisation of opposition political parties was suspended (in some cases state of emergency imposed), crises provide opportunities for power consolidation. In such moments, it is important that civil society should not defer too much to the government but have in place measures to provide oversight and hold the government accountable. This could entail building auditing capacity to see how and where funds are utilised and readily providing the public with information on the impact of government decisions.

Finally, many government authorities officially only acted on public health legislation. As discussed, however, it has been shown that the pandemic is not only a medical condition because the measures adopted in its wake have had a bearing not only on civil and political rights but also in equal measure on social and economic rights. This suggests that an

isolated response is not adequate. It is therefore recommended that SSA countries' constitutions and public health legislation entitling governments to take measures to control an infectious disease should be modernised to include provisions that would bind governments to respect both civil and political rights as well as social and economic rights in equal measure. This should be done out of the realisation that human rights are indivisible and interdependent.

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# Young People and Social Media for Social Change

*Gregory Gondwe*

## INTRODUCTION

The emergence of the COVID-19 pandemic represented a significant turning point for most governments across the globe. Essentially, the pandemic highlights challenges faced by governments and local communities globally when implementing social policies. This complexity was more pronounced within the African context, particularly sub-Saharan Africa, where governments leaned heavily on Western recommendations for policy formulations (Patterson & Balogun, 2021; Noyoo, 2022). This disparity led to a discernible divergence between government directives and the perceived practical solutions by local communities (Sapkota et al., 2024). For instance, quarantine measures, emblematic of these discrepancies, showcased a stark contrast between the prescribed Western approach and the living conditions prevalent in most African households. In many African settings, households accommodate more than six individuals within confined spaces, such as a two-bedroom house. As a result,

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G. Gondwe (✉)

California State University, San Bernardino, CA, USA

Berkman Klein Centre, Harvard University, Cambridge, MA, USA

e-mail: [ggondwe@cyber.harvard.edu](mailto:ggondwe@cyber.harvard.edu)

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D. Béland et al. (eds.), *The State and the Imperative for Social Policy Reform in Africa*, Global Dynamics of Social Policy,

[https://doi.org/10.1007/978-3-032-02432-9\\_11](https://doi.org/10.1007/978-3-032-02432-9_11)

adherence to Western-style quarantine measures became challenging and impractical (Song et al., 2020).

When disseminating governmental policies to local communities, community media outlets find themselves in a complicated predicament. This complexity arises primarily due to the dual roles held by community reporters who not only function as mediators but are also integral members of the communities they serve. Gondwe et al. (2023) note the inherent conflict emerging from this situation, positing that community reporters often align with community-centric approaches in addressing the pandemic, potentially at odds with broader governmental directives. Moreover, the contemporary landscape of social media platforms amplifies the influence wielded by community members who actively engage in steering conversations within the realms managed by their respective community media outlets. As these individuals serve as pivotal agenda-setters, their actions and discussions shape the discourse surrounding pertinent issues, including those related to the pandemic and government policies.

This dynamic brings forth crucial questions regarding the autonomy and agency of community members in influencing public opinion and policy discussions within the context of community media outlets. Therefore, an essential inquiry emerges: How does the intrinsic alignment of community reporters with community-oriented approaches impact the dissemination of governmental directives, particularly during crises such as the COVID-19 pandemic? Additionally, what roles do community members play in shaping conversations on social media platforms managed by community media outlets, and how do these interactions influence public perceptions and policy discussions surrounding government initiatives? This interplay between community values, the role of community reporters, and the influence of community members on social media platforms operated by community media outlets delineate a complex terrain warranting a comprehensive exploration to discern the dynamics influencing public opinion and policy formulation amidst crisis.

This study focuses on Zambia as a representative case to explore how rural youth engage with community-led social media in contexts marked by news deserts and limited institutional responsiveness. Zambia presents a compelling case due to its vibrant yet under-resourced community media landscape, high youth population, and significant rural–urban digital divide. During the COVID-19 pandemic, Zambian community media platforms played a vital role in relaying public health information, countering misinformation, and enabling civic engagement among

marginalized groups, particularly rural youth. The country's experience, therefore, offers critical insights into how grassroots media can shape policy responses in low-resource settings, making Zambia not only a relevant but also a richly illustrative context for this study.

## COUNTRY CONTEXT

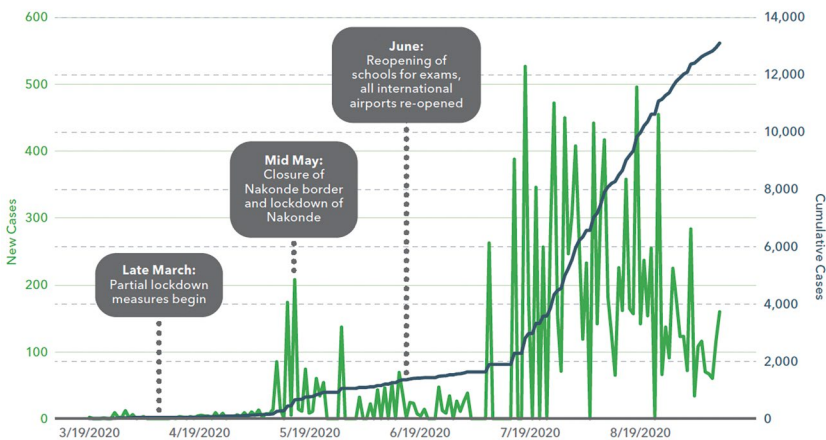
In addition to emerging from 27 years of authoritarian single-party rule after British colonial governance, Zambia is recognized as a beacon of democracy (Chipenzi, 2016). This acknowledgment stems from its successful transitions between different political administrations, a rare phenomenon in both Africa and the global context. To date, Zambia has witnessed the inauguration of seven presidents, three of whom have originated from opposition parties. Despite this, the implementation of a multiparty system has not significantly altered the entrenched power dynamics characterized by a colonial constitutional order, personality-driven and clientelistic relationships that trace back to the colonial period (Posner, 2007; Banda, Hinfelaar, & Ndulo). The political landscape is further marred by relentless power struggles within parties, a pervasive lack of internal democracy, and widespread corruption, all of which have eroded public trust. Often, the endurance of ruling parties is less attributable to exemplary governance and more to a public resignation to the absence of viable alternatives.

Zambia's political environment is also influenced by its location amidst numerous ethnic and political flashpoints, leading to a cautious electorate often swayed by considerations other than political ideology (Gondwe, 2018). This tendency toward nonideological voting factors has gained prominence alongside the diversification of the media industry following the liberalization of private investment in the early 1990s. The Zambian media landscape is thus characterized by significant growth and the integration of new media technologies, challenging the regulatory framework's capacity to adapt. In this evolving media environment, community, and religious media outlets have marked their presence, reinforcing cultural and religious values through both traditional and digital platforms (Imai, 2023). These entities frequently engage with their audience via websites and social media, fostering active participation, especially among the youth. Such platforms are often regarded as conducive spaces for civil discourse and meaningful community-related discussions.

## ZAMBIA AND THE COVID-19 CONUNDRUM: THE CURIOUS CASE OF COPY-PASTING POLICIES

Zambia's response to COVID-19 presents a distinctive case, diverging from the trends observed in other sub-Saharan African countries. When the pandemic swept across the globe in 2020, Zambia initially seemed to buck the trend. Unlike many African nations with similar vulnerabilities, Zambia exhibited low case numbers (Fig. 11.1). Its first case arrived on March 18th, 2020, relatively late compared to other parts of the world. Initial case numbers remained low, possibly due to the country's lower population density and limited international travel (Lawal, 2021).

However, following the Western script, the Zambian government implemented stringent measures mirroring those of Western nations (Gondwe, 2020). These included lockdowns, mandatory mask-wearing, and border closures. These measures, while potentially effective in different contexts with robust safety nets and formal economies, raised concerns about their applicability to Zambia's unique socioeconomic landscapes. (Phiri et al., 2021). This early "reprieve" fueled cautious optimism that Zambia might escape the pandemic's brunt (Kaiser et al., 2023). However,



**Fig. 11.1** Distribution of policy measures by daily and cumulative COVID-19 cases in Zambia. (Source: IFPRI (2020) and European Centre for Disease Prevention and Control, available at *Our World in Data* (<https://ourworldindata.org/coronavirus/country/zambia?country=~ZMB>))

the initial reprieve did not translate to long-term immunity, raising questions about the adopted response strategies and their applicability to the country's specific context. For example, there was a public outcry suggesting that the quarantine confined crowds into single spaces, thus creating breeding grounds for COVID-19.

Essentially, there was a pervasive observation that African governments instrumentalized Western-driven safety fears to stifle dissenting opinions (Adebisi et al., 2021). Terms such as 'national security' and 'hate speech' are used as instruments for oppressive actions. For example, Tanzania's 2015 Cybercrimes Act illustrates how digital repression is expanding across Africa. While framed as a measure to combat cybercrime, the law criminalizes "insulting" speech, enables unchecked law enforcement actions, and targets whistleblowers. This was followed by the 2018 Electronic and Postal Communications Regulations, which mandate blogger registration and force Internet cafes to surveil users. Many African governments have also imposed politically motivated Internet shutdowns and deployed military-grade spyware like Pegasus to monitor activists and political opponents (Marczak et al., 2014). Authorities exploit vague cybercrime laws to suppress dissent, stifle the press, and expand executive powers. Though justified as necessary for combating terrorism and crime, these tactics primarily erode fundamental freedoms, undermining government transparency, legitimacy, and accountability. This echoes concerns raised by Fawole et al. (2023) regarding the imposition of Western values on African contexts. The result is a situation where legitimate concerns from local communities are exploited by authorities to silence dissent and maintain control, under the guise of protecting national interests and combating hate speech (Agbozo & ResCue, 2024). The pattern of behavior reflects deeper tensions between Western ideals of freedom of expression and the realities of governance in many African countries.

Further, advocates for community-oriented approaches argue that targeted interventions relying on copy-and-paste methods have often failed to address specific vulnerabilities in most African settings (Mfumbusa, 2010). This is evident from the lack of specific contextual responses by most governments to the problem (Atuire, 2023; Faley, 2023; Patterson & Balogun, 2021). While it is acknowledged that no country had all the answers, it is argued that several others managed to develop health sector strategies and policies tailored to their specific contexts. In doing so, they were able to assess their capacities and abilities to effectively contain the pandemic, ultimately implementing seemingly mundane policies that

helped their local communities cope (Patterson & Balogun, 2021). For example, Ndiang’ui and Darah (2020) highlight how local strategies and policies in Kenya played a crucial role in combating the pandemic.

At the outset, locally based organizations like African Medical and Research Foundation (AMREF) worked collaboratively to train both health workers and local community members on sanitary practices to protect themselves during pandemics. This approach not only dispelled myths and misconceptions but also focused on preventing the spread of the virus. While some local strategies were initially dismissed by the West and certain African leaders, they eventually served as a starting point for a collaborative strategy between the government and local communities, particularly in instances where local governments in Africa had to address the concerns of their constituents. Additionally, some public discourses suggested that certain African countries may have inflated the numbers of confirmed COVID-19 cases in hopes of receiving funds from the WHO. Early Facebook comments reflected skepticism, with individuals claiming that reported COVID-19 numbers did not align with their observations and experiences. These sentiments fuelled conspiracy theories about government motives behind quarantine measures and chemical fumigation, further complicating public perceptions and responses to the pandemic.

### YOUTH ACTIVISM IN ZAMBIA: EMERGING VOICES, PRESSING ISSUES

The events that unfolded in Solwezi, Zambia on April 19, 2020, amidst the COVID-19 pandemic reflect the broader challenges of most countries in sub-Saharan Africa. Essentially, the Zambian government, through its local councils in rural Solwezi decided to fumigate the local markets as a COVID-19 response safety measure. In the wake of the fumigation controversy, youth activists in Solwezi took to the streets, demanding accountability, and meaningful participation in decision-making processes. Through peaceful demonstrations, social media campaigns, and community forums, they voiced their concerns and called for transparent governance practices. These actions, according to most pundits, exposed the disconnect between top-down policies and grassroots involvement (Malambo et al., 2020).

Beyond the immediate issue of fumigation, the protests sparked broader conversations about governance, public health, and community empowerment. While many studies have analyzed the region's epidemiological picture and policy responses, a deeper exploration of the impact on communities and the broader conversation sparked by these experiences remains crucial. Some scholars argue that most governments ignored the essential needs of their communities in support of the Western directives. For instance, Adhvaryu et al. (2021) argues that top-down lockdowns in Tanzania, without considering informal markets and crowded housing, led to increased economic hardship and potential virus spread. Similarly, the abrupt school closures, pointed above, exacerbated the digital divide, disproportionately affecting students who rely on schools for information and resources, as highlighted by Agyapong et al. (2022). This highlights the need for culturally sensitive and context-specific approaches that actively engage communities in decision-making and consider their unique needs.

Moreover, there has been widespread skepticism and distrust of government responses to the pandemic, particularly regarding the dismissal of herbal remedies suggested by local communities. As argued by Kala (2021), dismissing traditional medicine without investigation overlooks valuable local knowledge systems and undermines community trust. This reflects broader historical imbalances between the global north and south, prompting calls for decolonizing research and knowledge production in global health (Fofana, 2021). Despite limited scientific evidence, many communities in sub-Saharan Africa have long relied on traditional herbal remedies for health and wellness (Fofana, 2021). However, most African governments, including Zambia discouraged the use of these remedies, favouring pharmaceutical interventions endorsed by Western health authorities. Critics argue that governments' reluctance to explore and test local remedies reflects a broader lack of engagement with community knowledge and expertise (Arukwe, 2022; Fofana, 2021; Mnenuka, 2024). By disregarding traditional healing practices and alternative treatments, governments risked undermining community trust and missing out on potentially effective solutions to the pandemic.

Consequently, several conspiracies such as COVID-19 was a product of Western machination to alter African populations emerged and were made viral on community media channels that operated on social media platforms like Facebook. These narratives not only fuelled distrust in official directives but also contributed to heightened tensions within

communities. This intersection highlights a significant research gap in understanding how community media and social media platforms influence youth activism amidst divergent policy approaches. While the incident in Solwezi shows the many challenges faced by African communities, there remains a need to explore how young people utilize these platforms to engage with policy discourses that drive changes in society and bridge the gap between official directives and local realities. Questions surrounding the efficacy of communication strategies, the impact of social media narratives on collective action, and the potential for youth-driven initiatives to address systemic inequalities emerge as critical areas for investigation.

### *Community Media, Social Media Platforms, and Youth Engagement*

Historically, community media outlets in Zambia have predominantly relied on radio stations as their primary platform (Banda, 2003; Kankutula, 2012; Nchimunya, 2021; Willems, 2013). Radio stations held significant sway as the most accessible media platforms in rural areas, requiring lower literacy levels and covering a wider geographical reach (Banda, 2003; Kasoma, 1995). These community radio programs tailored their content to suit specific local needs, garnering substantial attention within their respective communities (Gondwe, 2021). However, with the surge in social media usage, particularly among the youth, community media outlets have expanded their reach by integrating social media platforms into their broadcasting strategies, directly engaging with their audiences (Gondwe, 2023; Gondwe et al., 2023). Consequently, social media platforms owned by community media outlets in rural Zambian communities have emerged as influential tools driving social activism and facilitating change.

Habermas' concept of the public sphere has been fundamental in understanding civic engagement and the role of the public in governance oversight (Calhoun, 1993). However, its practical application encounters considerable challenges in many African cultures, where traditional leadership models exert significant influence. These cultures often have entrenched systems, such as chiefdoms or monarchies, shaping societal structures and norms (Mandhu, 2021). In these contexts, the concept of a public sphere as envisaged by Habermas faces complexities due to the hierarchical nature of traditional leadership, limiting open, egalitarian

discourse integral to Habermas' concept. The cultural significance placed on authority, respect for elders, and communal consensus-building sometimes restricts the formation of an open and critical public sphere. Moreover, the idea of a public space where citizens engage in rational debate and hold authorities accountable may conflict with cultural norms that prioritize consensus-building and deference to established authority figures. Consequently, in these cultural contexts, adapting Habermas' concept of the public sphere necessitates a nuanced understanding of traditional values and practices to effectively foster civic engagement and democratic discourse.

The surge in social media usage among African youth challenges traditional governance structures and redefines the notion of civil society (Asongu & Odhiambo, 2021). This shift is driven by several factors: the emergence of social media platforms, increased digital literacy among the youth, and governments recognizing digital proficiency (Asongu & Odhiambo, 2021). These dynamics have fostered the establishment of a robust digital public sphere, offering a substantial platform for enhanced civic engagement among the younger demographic (Asongu & Odhiambo, 2021; Dwyer & Molony, 2019a). Despite this empowerment, the control over these platforms extends beyond African governments, encompassing corporations and organizations that own them (Dwyer & Molony, 2019b).

Scholarly literature widely acknowledges the pivotal role played by youth in driving social change, attributed to their passion for social justice, dynamic energy, and distinct perspectives (Noyoo, 2010). The advent of social media has equipped them with powerful tools to catalyze societal transformation, offering global connectivity and channels for advocating their causes, and amplifying their voices across boundaries (Dwyer & Molony, 2019b). These platforms have become indispensable for voicing grievances, mobilizing support, challenging established power structures, and fostering the creation of online communities and collaborative initiatives to address societal disparities (Bennett et al., 2014; Van Laer & Van Aelst, 2010). Despite empowering youth, social media platforms do not guarantee substantive societal change. Constraints like the digital divide, limiting marginalized youth's access to technology, further perpetuate social inequalities (Loader et al., 2016). Nevertheless, youth engagement through social media remains a potent force in reshaping societal norms and structures (Loader et al., 2016).

In sub-Saharan Africa, social media platforms have evolved into a public sphere similar to Habermas' vision (Asongu & Odhiambo, 2021; Dwyer

& Molony, 2019a). Platforms like WhatsApp and Facebook have facilitated the emergence of marginalized voices, challenging traditional narratives (Adu-Kumi, 2016). Government leaders, such as Zambia's President Hichilema, acknowledge the potential of these platforms for engaging civil society, conducting live streams engaging millions worldwide, showcasing a notable shift from traditional governance structures that restricted access to the public sphere (Gondwe, 2018). However, entrenched cultural values continue to hinder democratic participation, especially among marginalized groups, highlighting the need to balance these values with evolving democratic mandates (Akasoma, 1995). In these instances, the youth, especially in rural communities of Zambia have adopted conventional methods to interact with foreign technologies. Their mundane approaches have sparked inquiries into how their strategies prompt policy alterations that counter their government's directives. This study investigated how the youth in rural Zambia, used social media technologies/platforms of their community media stations to influence social policies while balancing the conflicting demands of governments and grassroots communities. Against the backdrop, we examine how the youth in rural parts of Zambia used mundane strategies to engage with foreign technologies and influence COVID-19 policy dynamics that potentially conflicted with governmental mandates.

## METHOD

A two-wave national panel was conducted in 2021 and 2023 on 28 social media platforms owned by community radio stations across Zambia. Trained undergraduate students in Zambia assisted in administering surveys aimed at active participants involved in debates concerning COVID-19 protests within their respective communities. To ensure representativeness, the sample was stratified by gender and age, mirroring the demographic distribution. Rigorous data-cleaning processes were applied, including the removal of unreliable responses and duplicates. The final dataset comprised 600 responses, drawn from a combined analysis of the two-wave survey.

### *Measurements*

*Social Media Engagement:* Participants rated their frequency of engagement in COVID-19-related debates across diverse online community

sources using a 5-point Likert scale (1 = never; 5 = always). The scale included items covering engagement with news media, governmental bodies, self-media/Big Vs, alternative information sources, and other outlets. The composite index demonstrated moderate engagement levels ( $M = 3.22$ ,  $SD = 0.87$ , Cronbach's  $\alpha = 0.90$ ), exhibiting strong internal consistency.

*Policy Expression on COVID-19:* Drawing from prior research methodologies (Gil de Zuniga et al., 2014), respondents expressed their opinions on COVID-19-related policies, specifically focusing on government-issued mandates such as lockdowns, quarantines, vaccinations, and school closures. The frequency of “commenting on government policy debates” and “replying to others’ comments” was rated on a 5-point Likert scale (1 = never, 5 = always). An average across four items captured participants’ tendencies to express opinions on COVID-19 policies online.

*Offline Civic Engagement:* This aspect gauged participants’ involvement in community-related activities such as voluntary work for nonpolitical groups, fundraising for charity, and attendance at community problem-solving meetings. Participants rated these activities on a 5-point Likert scale. An average across three items depicted the extent of participants’ offline community-focused engagements.

*Community Norms on COVID-19:* The study evaluated two types of COVID-19 norms prevalent within communities. Community-driven narrative norms (e.g., use of herbal remedies) and pro-government citizenship norms (e.g., adherence to government policies) were assessed. Community-driven norms were evaluated based on respondents’ inclination to “actively participate in government ordinance discussions regarding the pandemic.” Pro-government norms were determined by participants’ agreement with statements aligning with official perspectives on COVID-19 and their impact on the community (positive/negative energy). Averaging responses across two and four items respectively provided indices for each norm type.

### *Data Analysis*

The analysis commenced by accessing content on online platforms affiliated with community media outlets, concurrently sourcing participants from these platforms. Initially, mean perspective-generated probability values within comments and submissions data were assessed, all displaying scores of  $p < 0.30$  across the datasets. Continuous perspective-generated  $p$

values were then converted into binary outcomes: 1 for COVID-19 policy-driven messages and 0 for non-COVID-19 policy-driven messages, using a moderate confidence approach (i.e.,  $1 = p > 0.80$ ) for classification outcomes. Subsequently, the two-wave panel data method was employed, enabling a comprehensive understanding of the variable dynamics over time. Initially, analyzing data from the first wave helped establish connections between variables, and subsequently applying a panel-lagged and autoregressive approach utilizing two waves of data provided insights into causal relationships between the studied factors. This methodological approach, commonly employed in communication research, facilitated a deeper comprehension of these entangled relationships.

## RESULTS

This study investigated how the youth in rural Zambia used social media technologies/platforms of their community media stations to influence social policies while balancing the conflicting demands of governments and grassroots communities. The results (cross-sectional:  $B = 0.523$ ,  $SE = 0.031$ ,  $p < 0.001$ ; autoregressive:  $B = 0.123$ ,  $SE = 0.042$ ,  $p < 0.01$ ) demonstrate a significant association between social media engagement on selected community platforms in Zambia during the COVID-19 pandemic and government directives, which focused on quarantines, fumigation of public spaces with unknown chemicals, school closures, and the discouragement of the use of herbal remedies (note that this was also a time when the government was not proposing solutions but operated under the Western mandates, thus raising suspicion and conspiracy). These results also demonstrate that social media engagement is significantly related to civic engagement.

Further results from the mediation analysis indicate the indirect effect of social media engagement on offline civic engagement through increased policy expressions. In other words, the results ( $B = 0.087$ ,  $SE = 0.037$ ,  $p < 0.01$ ) indicate that community norms on COVID-19 significantly interacted with the youth engagements on social media platforms, which in turn affected civic engagement (the moderated mediation index = 0.021,  $SE = 0.009$ , 95% CI = [0.006, 0.038]). On the other hand, the indirect effect of social media engagement on offline civic engagement through policy expressions was significant at different levels of the norms communities held about COVID-19. The effects were stronger when the norm increased. In other words, as community discussions amplified on

handling COVID-19, these conversations increasingly countered perceived Western-driven government messages, thus forcing governments to implement community-centred policies. For example, after continued scrutiny from the local communities, the government of Zambia relented and introduced some policy measures that allowed the use of home-based care solutions to combat the COVID-19 surge.

The Minister of Health, Jonas Chanda, indicated after testing the concoctions that local home-based and traditional remedies were vital in managing less severe and nonsymptomatic patients at home. Among the recommended preventive remedies include “hot steaming,” consuming Vitamin C, ginger, garlic, honey, and cinnamon concoctions. However, the government was clear to indicate that the traditional home-based remedies were not a cure, but a prevention. Other examples include the government’s decision to revert to a partial lockdown.

## DISCUSSION

This study examined how the Zambian youth harnessed the potential of social media platforms owned by community media outlets to influence COVID-19 social policies amid pressures from both governmental authorities and grassroots movements. The findings uncovered a compelling correlation between social media engagement and government directives during the COVID-19 pandemic (Gondwe et al., 2025; Gondwe, 2024). These directives encompassed multifaceted measures, ranging from enforcing quarantines and disinfecting public spaces to school closures and discouragement of herbal remedies. Notably, social media platforms facilitated community dialogues that substantially heightened youth involvement in civic matters, catalyzing changes in governmental policies to better address the urgent needs of the local population. These findings unravel the intricacies that defined the engagement of rural Zambian youth with community media platforms to influence and shape social policies, echoing the sentiments echoed in Habermas’ perspectives on the public sphere (Asongu & Odhiambo, 2021; Mandhu, 2021).

Furthermore, these findings provide a critical insight into the extensive reliance of African governments on Western recommendations throughout the pandemic. This dependence has starkly highlighted a palpable discrepancy between the overarching global policies and the nuanced ground realities at the local level (Gondwe, 2024). The adoption of policies that failed to resonate with the everyday lives and cultural contexts of African

citizens was a recurrent theme, echoing the debates witnessed in incidents akin to the Solwezi event (Cottle, 2011; Mandhu, 2021; Salih, 2013). This inclination toward Western directives underscored Africa's susceptibility to external influences, exposing the challenges of harmonizing standardized global solutions with locally sensitive approaches (Gondwe, 2022a, 2022b). The policies enacted by African governments often seemed to be incongruent with the sociocultural fabric and immediate needs of their populations. For instance, in various African communities, deeply rooted cultural practices and social structures were at odds with the Western-recommended strategies for combatting the pandemic. This disconnect was not merely theoretical but practical, impacting the efficacy of implemented measures and the acceptance of those measures by the local populace.

The Solwezi incident and similar instances serve as poignant examples, highlighting the repercussions of policies detached from local realities. These incidents illuminated the struggles arising from the imposition of strategies that didn't align with the daily lives, beliefs, and sociocultural norms of the African communities they were meant to serve (Cottle, 2011; Mandhu, 2021; Salih, 2013). The discordance between global policies and local contexts emphasized the vulnerability of African societies to external influences and underscored the immense challenge faced by governments in balancing international guidelines with the pressing needs and cultural sensitivities of their populations. In essence, these findings offer a compelling narrative that emphasizes the necessity of policies deeply rooted in the sociocultural, economic, and healthcare landscapes of African nations. They highlight the pivotal importance of crafting strategies that not only consider the global paradigms but also carefully intertwine with the nuanced tapestry of local cultures and societies, bridging the gap between global mandates and local realities.

The implications of these findings pave the way for significant avenues of future research that explore deeper into the grassroots concerns during pandemics. A people-centred policy design emerges as a critical facet rooted in principles of community engagement, tailored interventions, grassroots empowerment, transparent communication, equity, and adaptability (Asongu & Odhiambo, 2021; Atuire, 2023). Crucially, the localization of policies to fit specific contexts emerges as a fundamental aspect of this approach. The response to COVID-19 in Zambia highlighted the necessity of tailoring interventions to align with the country's unique socioeconomic and healthcare landscapes.

This accentuates the importance of nuanced policies that are sensitive to local challenges, rejecting a one-size-fits-all approach of global directives, and advocating for policies that genuinely resonate with local realities. Therefore, a people-centered policy framework vehemently supports the empowerment of grassroots initiatives and youth activism, recognizing the transformative potential of such initiatives and urging institutional support to amplify local voices in policy deliberations. Transparent communication between policymakers and communities emerges as a pivotal cornerstone of this approach, as underscored by the Solwezi incident. The lack of transparency in policy implementation had far-reaching consequences, emphasizing the necessity of clear and open communication regarding the rationale behind policy decisions to foster trust, mitigate skepticism, and ensure community buy-in for effective policy execution. Moreover, a critical lens on a people-centered policy approach emphasizes equity, flexibility, and adaptability. The glaring disparities highlighted during the pandemic, such as unequal access to vaccination, underscore the need for policies that prioritize equitable resource allocation. Such a framework advocates for flexible policies that can adapt to evolving circumstances, valuing feedback from communities and being responsive to changing needs.

Beyond governance, the role of social media in alerting and deliberating on humanitarian interventions remains significant. These platforms serve as pivotal instruments capable of not only disseminating information but also educating global audiences about significant frameworks such as the Responsibility to Protect. Through compelling narratives, discussions, and advocacy, social media platforms create avenues to apprise the global community about the moral obligation of governments worldwide to intervene and safeguard human lives in instances of state failure or the deliberate targeting of citizens. By leveraging the immediacy and widespread reach of social media, grassroots movements and activists effectively raise awareness, rallying support for decisive action in crises demanding urgent international attention. These platforms function as virtual forums, facilitating robust discussions, advocacy campaigns, and educational initiatives. They provide a space for diverse voices to converge, enabling the dissemination of critical information and fostering a collective understanding of the moral imperatives in humanitarian crises. Through user-generated content and interactive dialogues, social media serves as a powerful catalyst for mobilizing public opinion, influencing

policy decisions, and galvanizing international responses to dire situations worldwide.

Overall, this study advocates for a paradigm shift in policymaking, urging an inclusive and comprehensive approach that reflects the diverse needs of local communities, not just a privileged few. The central argument lies in the idea that social media serves as a vital bridge, fostering dialogue, amplifying community voices, and boosting civic engagement to close the gap between global directives and local realities. By integrating social media within a people-centered policy framework, this approach holds immense potential for more effective crisis governance. Working hand-in-hand with communities to develop and implement policies ensures they are responsive and tailored to their specific needs. This collaborative approach not only fosters a sense of ownership and legitimacy but also leads to more equitable interventions and effective solutions during crises. Ultimately, the study calls for harnessing the transformative power of social media within a framework that empowers local communities, placing them at the center of both policymaking and crisis management.

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# Conclusion: The Future of Social Policy Reform in Africa

*Privilege Haang'andu, Rosina K. Foli, and Daniel Béland*

## INTRODUCTION

This edited volume provides a systematic discussion of social policy reform in sub-Saharan Africa in the aftermath of the COVID-19 pandemic. In this short Conclusion, we draw lessons from other parts of the world that might be helpful in the African context before looking at what is specific about it, allowing us to suggest how to adapt and translate such lessons into clear policy recommendations. As shown, context matters a great deal for lesson drawing and, in today's post-COVID-19 context, simple policy borrowing from other regions is not what should be emphasized. This attention to the specificities of the African context is thus central to our

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P. Haang'andu

Canadian Institutes of Health Research, Government of Canada,  
Ottawa, ON, Canada

R. K. Foli

Department of Political Science, University of Ghana, Legon, Ghana  
e-mail: [Rfoli@ug.edu.gh](mailto:Rfoli@ug.edu.gh)

D. Béland (✉)

Department of Political Science, McGill University, Montreal, QC, Canada  
e-mail: [daniel.beland@mcgill.ca](mailto:daniel.beland@mcgill.ca)

© The Author(s) 2026

D. Béland et al. (eds.), *The State and the Imperative for Social Policy Reform in Africa*, Global Dynamics of Social Policy,  
[https://doi.org/10.1007/978-3-032-02432-9\\_12](https://doi.org/10.1007/978-3-032-02432-9_12)

recommendations, although readers interested in a specific country might need to further adapt them to its concrete cultural, institutional, and political setting.

## SOCIAL POLICY IN AFRICA AND LESSON DRAWING FROM AROUND THE WORLD

African countries can learn from social policy reforms that have taken place for a long time in other parts of the world. For instance, as far as cash transfers are concerned, African countries like Ghana have drawn lessons from Latin American countries like Brazil (Foli, Beland & Fenwick, 2018). This type of lesson drawing (Rose, 2018) is facilitated by international organizations and transnational academic and policy networks, which play a central role in policy diffusion (Haang'andu, 2019). Yet, as discussed by Foli and Béland in their chapter, the adaptation of transnational policy ideas and lessons to particular countries is mediated by domestic actors and institutions (Orenstein, 2008). With these general remarks in mind, it is interesting to look at some of the scholarship on welfare state development and restructuring in advanced industrial societies to draw potential lessons for African countries, which can later decide whether they want to use these lessons or not.

The first lesson from the welfare state development literature is simply that, in broad terms, the creation of modern social policies is in sync and reflects, at least in part, far-reaching demographic, economic, and social trends such as industrialization, urbanization, and population aging. As John Myles and Jill Quadagno (2002, p. 36; cited in Béland & Mahon, 2023, p. 18) put it: “Industrialization creates new demands for public spending as systems of social support based on kinship and the patrimonial traditions of agrarian societies are eroded.” Overall, in the advanced industrial world during the twentieth century as much as on the African continent today, there is a general relationship between economic development and social policy according to which extensive social programming becomes possible when a country meets a certain level of both economic development and fiscal autonomy. This is why, in Africa, as elsewhere, we cannot separate social policy from broader issues such as economic development and state building, especially as the latter relates to fiscal capacity, without which strong domestic social programmes cannot be sustained.

The second lesson we can draw from the welfare state development literature is that, while economic, demographic, and social factors are at the foundation of modern social programmes, major policy differences exist among countries that are very similar from a socio-economic standpoint. This is the case because domestic political factors such as variation in labour mobilization (Esping-Andersen, 1985) and state capacity (Skocpol, 1992) lead to cross-national differences in social programming that affect the scope and the nature of social protection coverage at hand in each country. The emphasis on state capacity is particularly crucial in the African context, with regard to both the fiscal side (taxation) and the administrative side, especially the fight against corruption, which for a long time proved a key issue in debates about social programming in Global North countries like the United States (Skocpol, 1992).

Simultaneously, countries can be clustered into different welfare regimes that feature specific patterns of interaction between states, markets, and families (Esping-Andersen, 1990, 1999). At least in a revised form, theories of welfare state development in the Global North are relevant for students of Africa (Kpessa & Béland, 2013), the discussion about welfare regimes is helpful to map national patterns of social programming in the Global South, including sub-Saharan Africa (Wood & Gough, 2006).

A third general lesson from the international and comparative scholarship on social policy is that countries can adapt existing social protection systems to changing economic, demographic, and social circumstances by implanting meaningful yet typically incremental reforms. Such reforms can pursue different objectives such as addressing population aging, favouring gender equality, and favouring the social inclusion of disadvantaged populations (Béland & Mahon, 2023).

Over the last quarter century, efforts have also been made to realign social programming and economic rationality, which had been in explicit tension since the decline of Keynesianism and the rise of pro-market neoliberal policies starting in the late 1970s and early 1980s. Although these policies failed to dismantle the welfare state in countries such as the United Kingdom and the United States (Pierson, 1994), neoliberalism has long depicted social spending as wasteful and economically inefficient, a situation that has eroded the economic rationale for social programmes, which were previously understood under Keynesianism as positive tools of counter-cyclical economic regulation (Rice & Prince, 2013). In response to this reality, scholars and policymakers in the Global North have advocated for the diffusion of “social investment” as a new policy paradigm

that reconciles social policy with economic rationality through the emphasis on measures that increase labour market participation while fostering human capital in the context of a knowledge economy through investments in things like training and early childhood education (Morel et al., 2012).

In the aftermath of the COVID-19 pandemic, it has become increasingly clear that turning to both social investment and increased social spending are much more effective responses to global crises than austerity and the neoliberal policies associated with it (Hemerijck & Matsaganis, 2024). This emphasis on social programming as a potential tool of economic development through social investment is potentially meaningful for African scholars and policymakers who reject neoliberalism and seek to articulate development and social policy in the post-COVID-19 world. Such an example suggests that looking at other regions of the world, including those located in the Global North, is a possible source of positive lesson drawing for sub-Saharan African countries that are looking to improve social policy while bringing about economic development. At the same time, we must also recognize that policy ideas and instruments formulated elsewhere around the world must be adapted to the African context through concrete ideational and institutional translation mechanisms that will adapt them to a different set of demographic, economic, political, and social realities, which can vary greatly from one continent to the next, and from one country to the next within the same continent (Béland et al., 2023).

### ADDRESSING AFRICA'S SYSTEMIC ISSUES IN SOCIAL POLICY

To properly adapt lessons learned from other contexts to the sub-Saharan African context, it is necessary that we understand the continent's social policy terrain. Most systems of social policy on the continent feature a dualized nature that combines indigenous and formal social policy systems (Oduro, 2010). Indigenous social policy systems structured by norms of reciprocity and intergenerational support existed prior to colonialism and remain in existence today. However, the adoption of formal governance institutions bequeathed to developing countries at independence meant that the modern states took on the responsibility for the provision of social welfare—described as formal social policy. Formal social policy has been characterized by limited social provisioning from the colonial period but it saw some expansion during the immediate post-independence era in ways

related to nation-building (Garba, 2007). This expansion was stalled and even reserved in many countries due to the structural adjustment programs of the 1980s, which subjected governmental social provisioning to the liberal-market logic (Adésinà, 2009). Consequently, indigenous social welfare systems have been filling up the gap left by the formal social policy framework.

Impliedly, one cannot talk about the social policy system in sub-Saharan Africa without factoring in the indigenous social welfare systems in place. Indigenous welfare systems, based on social networks, are mostly underpinned by kinship norms of trust, reciprocity and intergenerational support, which play a significant role in protecting the social fabric of most communities (Asiamah, 2024; Mumtaz et al., 2024). Due to the sphere within which this type of welfare is located, most governments do not include them in the social policy frameworks that are designed. Thus, the focus has been on formal social policies.

Formal social policies in most African countries have evolved from the colonial era system through the immediate post-independence era through to the structural adjustment and post-structural adjustment. Overtime, there has been a shift from social policies determined by ideas of nation-building to one which is mostly shaped by global economic and policy ideas, which are transferred to developing countries through development advice (Garba, 2007; Adésinà, 2009, 2020). Especially since the 1980s, development advice offered by international partners, including international financial institutions and other multilateral and bilateral donors, have shaped social policy. The structural adjustment policies of the 1980s and 1990s gave way to the international development targets established in 1996 by the Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD), which reflected their concern with certain indicators. At the same time, the World Bank (WB) and the International Monetary Fund (IMF) established the Highly Indebted Poor Countries' (HIPC) initiative and its associated Poverty Reduction Strategy Papers (PRSPs) to provide debt relief and social development. On top of all of these, the Millennium Development Goals were agreed on in 2000. A decade and a half later, in 2015, they were replaced by the Sustainable Development Goals. These changes within the international development community shape social policies across the continent and globally.

Besides the influence of development advice through international financial institutions on social policy change in sub-Saharan Africa,

electoral competition has become another source of change observed within the social policymaking sphere. It is observed that electoral competition across the continent has incentivized the introduction of new social policies (Asante, 2023) or, in some cases, has led to the overpromising of welfare benefits (Shim, 2022). For instance, the Malawian president, Joyce Banda (2012–2014) promoted a pro-poor agenda focused on social protection though she delivered less than promised (Hamer & Seekings, 2017). It is such that the importance of social policies in a development context is sometimes lost on some observers who tend to focus on the parochial interests of politicians who may introduce such policies to gain electoral advantage. Yet, the promise of social programs on electoral platforms do not automatically result in positive electoral outcomes in some cases, as demonstrated in the Ghanaian case where the government that introduced cash transfers in 2008 (an election year) lost the elections afterwards. Despite the mixed outcomes, during political campaigns party leaders can use such programmes as ostensive pointers of their commitment to social development, generally, and to pro-poor policies, specifically.

Politicizing social policies and programmes is underpinned by the bigger problem the COVID-19 pandemic exposed: the inadequacy or the lack of system-wide social policies and programmes that deal with life course challenges in most sub-Saharan African countries (Surender, 2023). At the height of the pandemic, this situation worsened existing challenges such as growing inequalities across countries and within countries, weak social infrastructure, precarious social security systems especially for the informal sector workers who constitute the majority of the workforce (Foli & Ohemeng, 2022). Emphasizing the need for reforms, the pandemic resulted in conversations around how the existing system can be reformed to better deal with future risks. Of necessity, this conversation raises issues of how social policies are financed in most countries.

While social policies promote economic development, the financing mechanisms underpinning social expenditure are weak, especially in developing countries that have a limited tax base. It is noted that the existing tax system focuses on a few taxpayers, especially those in the formal sector, which leaves many people who work in the informal sector outside the coverage of the tax net (Nwanma, 2024). Thus, taxation brings in insufficient revenue, which means public social sector spending typically remains very low. Consequently, governments depend on external sources to finance their social policies. However, external financing generally

comes with policy prescriptions that promote specific policies or programmes over others. The dependency on external sources for financing social policies rather than on internally generated revenue through the domestic tax system tends to affect citizens' demand for accountability (de la Cuesta et al., 2021). The need to better finance social policy calls for reform of tax institutions, expanding the tax net to cover the sector described as "informal", which is the dominant economic sector in most African economies. Simultaneously, taxpayers want to know what the tax revenues are used for, and this is a legitimate demand. In reforming tax institutions, therefore, political leaders should include tools to report public expenditures in a transparent manner as a way to increase public trust, encourage tax payment, and discourage tax evasion.

## DESIGNING RESILIENT SOCIAL POLICY SYSTEMS FOR THE FUTURE

This volume demonstrates that sub-Saharan African countries need multi-faceted approaches to build resilient social policy systems. Future social policy systems must be self-reliant, inclusive of demographic diversities, and be open to learning from best practices around the world. They must also be structured to respond to systemic crises such as the COVID-19 pandemic which, as argued earlier, was more than a health or economic crisis in sub-Saharan Africa, but a system-wide crisis. It is clear from the chapters in this volume, especially Foli and Béland's, that the starting point for building resilient social policy systems in sub-Saharan Africa is the recognition of the unique nature of existing social policy infrastructure on the continent. Once again, this recognition of contextual uniqueness is important to facilitate effective lesson drawing from other parts of the world with more successful social policy systems. As Haang'andu and Béland (2019) argue, lesson drawing is neither copy and paste, nor is it a total replacement of what exists, as new policy ideas and institutions typically mesh with existing cultural, historical, and policy legacies.

So, what is the unique social policy positionality for Africa? It is the above-discussed duality and co-existence of the indigenous, communal safety nets, and the formal state-driven policies (Oduro, 2010). This is important to note because, in the times when state institutions fail, traditional modes of social protection have been resilient (Oduro, 2010). The question, therefore, is: what ought sub-Saharan African countries learn

from successful social policy mechanisms around the world to build resilient social safety nets to withstand future challenges such as those experienced during the COVID-19 pandemic? How can sub-Saharan African countries translate lessons drawn from other countries, especially given the dual nature of the continent's existing systems?

Our first recommendation is that sub-Saharan African countries, respecting their pre-existing indigenous, family-driven safety nets, pay attention to global evolution of social policy programmes and draw lessons to continuously restructure their own. We propose a translation of lessons from other jurisdictions without supplanting traditional policy anchors. We propose that legitimate, credible, and resilient social policy institutions and systems rooted in sub-African context could emerge through a combination of lesson-drawing and translation. As Campbell (2004) argues, when new ideas are introduced in a new cultural and institutional context through diffusion processes, these ideas are translated into local practice in varying degrees (also see Haang'andu & Béland, 2019). From this perspective, translation is about adapting foreign ideas to a particular institutional setting so that they can blend in (on translation, see also Clarke et al., 2015).

Second, we recommend that sub-Saharan African countries reconstruct their social policy systems within the broader context of institutional reforms, good governance, and economic management. As demonstrated from examples cited in this book (e.g., see Rose, 2018; Orenstein, 2008; and Esping-Andersen, 1985), strong social policy systems are a product of coherent and self-reinforcing institutional frameworks. Acemoglu and Robinson (2012, p. 674) summarize this relationship between institutions and efficient economies and systems very well: "Economic institutions matter for economic growth because they shape the incentives of key actors in society. In particular, they influence investments in physical and human capital and technology, and the organization of production." In sub-Saharan Africa, despite many countries being endowed with rich natural resources, their economies have remained small, their institutions fragmented, and their social policy systems heavily reliant on foreign aid. This combination of factors exacerbated Africa's vulnerability during COVID-19 and must be addressed to avert similar catastrophes in the future. As North (1990) argues, strong institutions are a precursor to economic growth, and economic growth is the bedrock for every solid social policy system.

Third, based on a coherent institutional framework, sub-Saharan African countries should broaden economic growth through industrialization. As seen in other jurisdictions around the world, the relationship between economic growth and resilient social policy provision is indivisible. As Jeremy Seekings, Kadidiatou Kadio et al., and others demonstrate in their chapters, strong economic development is the bedrock of efficient social security and redistribution in a society. Industrialization boosts economic activity, creates jobs, and provides a basis for revenue collection that bolsters disbursements of citizens in moments of vulnerability. Sub-Saharan African countries should design their social policy programmes as outcomes of their economic productivity and development. This relationship between economic development and social policy, according to which extensive social programming becomes possible due to both economic development and fiscal autonomy, must be taken very seriously in sub-Saharan Africa's social policy reform agenda.

The fourth recommendation, contingent on the preceding two, is that sub-Saharan African countries must build robust capacities and systems for taxation. As stated above, poor countries, including those in sub-Saharan African countries, collect very low revenues from taxations. Besley and Persson (2014, p. 99), for example, argue that "low-income countries typically collect taxes of between 10 to 20 percent of GDP, while the average for high-income countries is more like 40 percent" (Besley & Persson, 2014, p. 99). As stated above, a country's fiscal strength has corresponding implications for its capacity to support strong social safety nets for its citizens, especially in moments of crisis and acute vulnerability. A country's taxing power is central not only to the state's capacity to raise revenue, but also to its capacity to provide goods and services and to support a market economy. Therefore, the emphasis on state capacity to collect revenue is crucial for social policy reforms in sub-Saharan Africa.

However, as Robinson and Acemoglu (2012) argue, the state capacity for revenue collection alone is insufficient. It must be complemented with capacity on the administrative side, especially the systemic accountability and the erection of credible anti-corruption mechanisms, which for a long time proved a key issue in debates about social programming in Global North countries like the United States (Skocpol, 1992). Sub-Saharan African countries should at the same time grow capacities to collect revenues and build strong institutions to detect, punish, and deter extractive practices, often institutionalized in political leadership.

Finally, starting with existing systems, sub-Saharan African countries could pursue the diffusion of “social investment” as a new policy paradigm that reconciles social policy with economic rationality through the emphasis on measures that increase labour market participation while fostering human capital in the context of a knowledge economy through investments in things like training and early childhood education (Morel et al., 2012). As earlier observed, in the aftermath of the COVID-19 pandemic, it has become increasingly clear that turning to both social investment and increased social spending are much more effective responses to global crises than austerity and the neoliberal policies associated with it (Hemerijck & Matsaganis, 2024). This emphasis on social programming as a potential tool of economic development through social investment is potentially meaningful for African scholars and policymakers who reject neoliberalism and seek to articulate development and social policy in the post-COVID-19 world.

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# INDEX

## A

- Absenteeism, [134](#)
- Access/accessibility, [119](#), [121](#), [129](#)
  - to energy, [102](#)
  - formats, [103](#)
  - free healthcare, [89](#)
  - means, [114](#)
  - vaccines, [156](#)
- Accountability, [16](#), [220](#)
- Activities, closure of, [202](#)
- Actors, [25](#), [149](#)
- Adaptability, [135](#), [169](#), [254](#), [255](#), [263](#)
- Adaptive social protection, [29](#)
- Administrative capacity, [168](#)
- Africa, [2](#), [23](#), [25](#), [33](#), [62](#), [83](#)
- Africa Centres for Disease Control and Prevention (Africa CDC), [152](#)
- African, [52](#)
  - allies, [25](#)
  - communities, [168](#)
  - context, [245](#), [261](#), [263](#)
  - countries, [24](#), [56](#), [69](#), [104](#), [262](#)
  - culture, [180](#)
  - economies, [62](#)
  - governments, [61](#), [132](#), [175](#), [249](#), [253](#)
  - societies, [6](#)
- African-led approaches, [156](#)
- African-led solutions, [157](#)
- African Traditional Medicines (ATMs), [177](#)
- African traditional values, [166](#)
- African Union Commission, [129](#), [153](#)
- Agrarian societies, [28](#), [45](#)
- Aid donor agencies, [29](#)
- Alternative approaches, [157](#)
- Alternative treatments, [247](#)
- Antenatal clinics, [112](#)
- Anti-corruption mechanisms, [269](#)
- Anti-discrimination measures, [15](#), [209](#)
- Apartheid, [45](#)
- Apocalyptic projections, [51](#)
- Aspirational elements, [232](#)
- Assessment, [139](#)
- Assimilation, [3](#)
- Assistance, [206](#)

Asylum seekers, 15, 195, 197  
 Asymmetrical power, 149  
 Asynchronously, 130  
 Authoritarian, 167  
 Autocratic leaders, 218  
 Autocratisation, 221, 233  
 Automatic fiscal stabilizers, 51  
 Automatic reductions, 55  
 Automatic stabilization, 10, 11,  
 52–57, 61, 68–70  
 Autonomy, 242

**B**

Basic consumption, 60, 169  
 Basic income grant, 67  
 Basic services, 196  
 Bearer of need, 27  
 Beggars, 80  
 Beneficiaries, 33, 59, 67, 81, 84, 88  
 Bilateral efforts, 153  
 Bilateral organizations, 148  
 Bill of Rights, 227  
 Bisdcretionary power, 223  
 Bobby Wine, 108  
 Bold leadership, 132, 133  
 Border closures, 7  
 Botswana, 24, 30, 35, 183, 185  
 Breadwinner, 177  
 British, 3  
 Budgets, 52  
 deficit, 53  
 surplus, 53  
 Bureaucracy, 40  
 Burkina Faso, 78, 81, 154

**C**

Carers, 171, 175  
 Cash transfers, 59–61, 79, 80, 84, 86,  
 89, 117, 169  
 programs, 68

Central African, 78  
 Centres for Disease Control and  
 Prevention (Africa CDC), 7  
 Checks and balances, 219  
 Chemical fumigation, 246  
 Child grants, 26  
 Child marriages, 179  
 Child rape, 180  
 Children, 86  
 Child Support Grant, 31  
 Chronic poverty, 57, 85  
 Citizens, 25  
 Civic engagement, 249, 252  
 Civil society, 9, 16, 33, 167  
 Cleavage, 25  
 Climate change, 29, 78  
 Closures, 15  
 schools, 102, 106, 108  
 Collaboration, 148, 152  
 initiatives, 249  
 policy, 16  
 scales of, 148  
 strategy, 246  
 Collective efforts, 216  
 Collectivism, 178  
 Colonialism, 150  
 historical eras, 3  
 history, 90  
 legacies, 12  
 period, 243  
 times, 150  
 Committee for Development Policy  
 (CDP), 156  
 Communal consensus-building, 249  
 Communality, 3  
 Communication challenges, 114  
 Communications Service Tax, 66  
 Communitarian ideologies, 40, 45  
 Community, 186  
 empowerment, 247  
 engagement, 254  
 harmony, 172

- media, 242, 248
- media landscape, 242
- media outlets, 242
- media platforms, 253
- membership, 25, 30
- mutual support, 177
- narratives, 172
- participation, 88
- relationships, 180–181
- reporters, 242
- targeting, 81
- Community-based forms, 168
- Community-based informal welfare systems, 14
- Community-based mechanisms, 179
- Community-based prevention activities, 180
- Community-centred policies, 253
- Community-centred public health policies, 17
- Community-centric approaches, 242
- Community-oriented approaches, 242, 245
- Competency-based approach, 137
- Competency-based curriculum, 137
- Competing ideologies, 25
- Complementary interventions, 92
- Comprehensive approach, 256
- Comprehensive unemployment insurance systems, 55
- Conditional cash transfers, 27, 86
- Conditionality, 24, 43, 59, 149, 155, 171
- Conditional loans, 149
- Confidentiality, 114
- Conflicts, 78
- Conservative approaches, 139
- Constitution, 219, 227
  - provisions, 3
- Constitutionalism, 16, 232, 233
- Construction of community, 28
- Constructive action, 139
- Consultants, 151
- Containment measures, 205, 208
- Contestation, 24, 25
- Contextual uniqueness, 267
- Contraception, 104, 114
- Contributive theory, 25, 28
- Cooperation, 155, 158
- Coronavirus Alleviation Programme (CAP), 66, 71
- Corruption, 133, 230, 263
- Corrupt practices, 133
- Counselling, 119
- Counter-cyclical economic regulation, 263
- Counterfactual analysis, 54
- Countervailing mechanisms, 218
- Course contents, 131
- COVID 19
  - containment measures, 216
  - crisis, 16, 68, 70, 90, 131, 166, 215, 219, 221
  - lockdowns, 39, 179
  - pandemic, 2, 6, 15, 23, 30, 35, 41, 45, 51, 60, 62, 66, 78, 79, 103, 105, 113, 132, 148, 155, 168, 176, 197, 199, 201, 217, 219, 224, 242, 264
  - prevention, 119
  - response, 110, 120
  - Social Relief of Distress (SRD) grant, 61, 67, 71
  - testing, 110
  - transmission, 107
  - vaccines, 154
- Credit associations, 183
- Credit systems, 183
- Crisis, 147, 218
  - governance, 256
- Critical civil society, 216
- Critical thinking, 136
- Cross-border, 196
- Cross-national differences, 263

Cultural norms, 172  
 Cultural sensitivities, 254  
 Curfews, 104, 106  
 Customary courts, 180, 181  
 Customs duties, 82  
 Cyclical Primary Balance (CPB), 54

## D

Data, 110  
 Debt burdens, 7  
 Decolonizing research, 247  
 Delivering education, 131  
 Democracy, 219  
   governments, 167  
   institutions, 217  
   reputation, 216  
   spaces, 216  
   transitions, 216  
 Department of Home Affairs, 199  
 Dependency, 37  
 Development, 3  
   advice, 265  
   assistance, 157  
   partners, 91  
   nationalists, 28, 30  
 Dialogue, 210  
 Diffusion, 150  
 Digital accessibility, 122  
 Digital divide, 180, 247  
 Digital infrastructure limitations, 68  
 Digital payments, 68  
 Digital platforms, 197  
 Digital public sphere, 249  
 Digital repression, 245  
 Directive principles, 227  
 Disabilities, 12, 57, 62, 84, 85, 101,  
   103, 114, 121  
   disability-related, 122  
   Grant, 38  
   inclusion, 121, 124  
 Disaster response, 120

Disaster risk reduction, 123  
 Disciplinary action, 134  
 Discretion, 221  
 Discretionary policy, 52, 53, 56  
 Discrimination, 107, 108, 199  
 Disposable income, 53, 54  
 Disproportionate impact, 105  
 Distance learning, 131  
 Distance teaching, 136  
 Distribution platforms, 84  
 Diversity, 115  
 Domestic actors, 149, 262  
 Domestic institution building, 8  
 Domestic players, 150  
 Domestic political institutions, 149  
 Domestic political players, 13  
 Domestic social programmes, 262  
 Domestic violence, 113  
 Domestic workers, 179  
 Dominant ideology, 90  
 Donors, 79, 84, 85  
   agencies, 40  
   organisations, 40  
 Donor-driven systems, 8  
 Donor-funded, 167  
 Dropout cases, 130  
 Droughts, 28, 155  
   relief, 28, 38  
 Dynamic energy, 249

## E

East Africa, 62, 65  
 Eating patterns, 206  
 Economic  
   activities, 150  
   assistance, 184  
   conditions, 70  
   crises, 147, 151  
   cycles, 55  
   depression, 196  
   development, 266, 269, 270

- downturns, 11, 53, 61
- effects, 155
- empowerment, 15, 30, 174, 185
- fluctuations, 52, 53
- hardship, 247
- incentives, 14
- insecurity, 176
- instability, 169
- management, 268
- opportunities, 104
- problems, 78
- rationality, 263, 264
- recovery, 155
- rights, 16, 216, 220, 232
- shocks, 56, 62
- stability, 51, 92
- stabilization, 64, 66
- Education, 62, 85, 104, 129, 130, 136, 229
  - access, 64
  - infrastructure, 134
  - institutions, 131
  - leaders, 133
  - leadership, 133
  - quality, 134, 140
  - sector, 135
  - stakeholders, 133, 137, 142
  - support services, 103
  - systems, 131, 132
  - value of, 130
- Effective communication, 121
- Effective development, 140
- Effective leadership, 133
- Effective preparations, 132
- Egalitarian discourse, 248–249
- Elasticity-based measures, 54
- Elderly, 84
- E-learning platforms, 224
- Elected leaders, 180
- Electoral advantage, 266
- Electricity, 81, 87
- Elite capture, 59
- Email correspondences, 130–131
- Embezzlement, 134
- Emergency, 35, 219
  - assistance programs, 196
  - measures, 24, 31, 34
  - power, 219
  - state of, 219, 221
- Emergency Income Grant, 38
- Employability skills, 136
- Employment assistance programme, 91
- Empowerment systems, 169, 171, 186
- Enforcement officers, 121
- Entrepreneurial initiatives, 210
- Entrepreneurship, 136
- Equitable partnerships, 155, 156
- Equitable quality education, 129
- Equity, 79, 88, 107, 254
  - of access, 84
  - issues, 89
- Essential services, 114
- Essential skills, 136
- Ethical leader, 133
- Ethiopia, 61
- Evaluation, 139
- Examination-oriented, 139
- Exceptional powers, 219
- Exclusion, 42, 203
  - errors, 44
  - practices, 106
- Executive powers, 221
- Exemptions, 85
  - programmes, 91
- Expenditures, 53
- Extended family, 181
- External funding, 23, 167
- External influences, 254
- External organisations, 25
- External shocks, 165, 171
- External sources, 267
- External support, 167
- Extractive practices, 269

Extreme neoliberal versions, 26  
 Extreme poverty, 78, 82, 83, 85

**F**

Facebook, 246  
 Face-to-face learning, 131  
 Facilitating change, 248  
 Families, 28  
 Fast-changing world, 137, 142  
 Feeding programme, 36  
 Feeding schemes, 33, 38  
 Fee exemptions, 80  
 Female traditional leaders, 187  
 Feminisation, 171  
 Financial coercion, 158  
 Financial conditionality, 150  
 Financial needs, 177  
 Financial pressure, 149  
 Fiscal accountability, 8  
 Fiscal autonomy, 269  
 Fiscal discipline, 230  
 Fiscal frameworks, 53  
 Fiscal independence, 8  
 Fiscal policies, 55, 61  
 Fiscal stimulus, 53  
 Flexibility, 255  
 Fluidity, 217  
 Focal person, 122  
 Food assistance, 61, 81  
 Food baskets, 37  
 Food crisis, 86  
 Food distributions, 119  
 Food insecurity, 15, 67, 69, 102, 175, 209  
 Food parcel, 178  
 Food relief programs, 200  
 Food security, 7, 14, 66, 174, 175, 178  
 Food shortages, 196  
 Food transfers, 39, 80  
 Foreign aid, 7, 8, 268

Foreign, Commonwealth & Development Office (FCDO), 154  
 Foreign direct investments, 7  
 Foreign technologies, 250  
 Formal colonialization, 150  
 Formal economy, 202  
 Formal employment, 24, 64  
 Formal financial institutions, 183  
 Formal institutional veto power, 149  
 Formal justice systems, 179, 186  
 Formally employed workers, 36  
 Formal policy actors, 152  
 Formal political institutions, 3  
 Formal sector workers, 58, 67  
 Formal social assistance, 14  
 Formal social policy systems, 3, 264  
 Formal social protection interventions, 58, 60, 165, 167–169, 186  
 Formal social security, 166  
 Formal social welfare, 171  
 Fragmentation, 84  
 Fraud, 134  
 French, 3  
 French-speaking West Africa, 90  
 Fumigation, 252  
   controversy, 246  
 Functional areas, 62  
 Functional bureaucracy, 33  
 Functional elements, 232  
 Funding, 110  
 Fund reimbursements, 200  
 Future shocks, 157

**G**

Gender analysis, 60, 169–172  
 Gender-based violence (GBV), 15, 113, 120, 166, 170, 174, 178–180  
 Gender differential impact, 166  
 Gender dynamics, 14, 171

Gendered burdens, 175  
 Gendered dynamics, 175  
 Gendered insights, 167  
 Gendered power dynamics, 173  
 Gender equality, 181, 263  
 Gender gap, 170  
 Gender inequalities, 170, 171  
 Gender influences, 171  
 Gender lens, 14, 170  
 Gender-neutrality, 172  
 Gender relations, 169, 172, 178  
 Gender-responsive social protection,  
     170, 171, 187  
 Gender sensitivity, 172, 187  
 Gender-specific vulnerabilities, 170  
 Gender-transformative, 187  
 Geographical bias, 59  
 Ghana, 59, 66, 92, 156  
 Ghanaian, 58  
 Ghost deliveries, 134  
 Ghost teachers, 134  
 Girinka approach, 184  
 Global community, 255  
 Global connectedness, 131  
 Global crises, 2, 51  
 Global directives, 255  
 Global governance, 148  
 Global health actors, 148, 247  
 Global Health Supply Chain  
     Program, 154  
 Global level, 23  
 Global North, 29, 42, 264  
 Global pandemic, 225  
 Global partnerships, 157  
 Global policies, 254  
 Global social welfare institutions, 195  
 Global South, 23, 29, 60, 149, 166  
 Good governance, 16  
 Google Classroom, 131  
 Governance, 16  
 Governments, 118  
     agencies, 210

    directives, 252, 253  
     expenditures, 53  
     leaders, 250  
     responses, 105  
     restrictions, 179  
     of Uganda, 107  
 Grants, 32  
 Grassroots empowerment, 254  
 Grassroots movements, 253  
 Guarantees, 215

**H**

Hand washing, 106, 108, 116  
 Harassment, 115  
 Hard approaches, 155  
 Hardships, 205  
 Health, 85, 102, 103  
     facilities, 122  
     infrastructure, 148  
     insurance, 59, 93  
     issues, 174  
     measures, 82  
     outcomes, 105  
     personnel, 6  
     register, 114  
     response, 88  
     sector strategies, 245  
     service providers, 109  
     services, 200  
     support, 106  
     system, 102, 107, 156, 157  
     workers, 110, 246  
 Healthcare, 6, 85, 102–104  
     costs, 87  
     logics, 156  
     policies, 90  
     system, 2, 71, 80  
 Hegemonic ideologies, 25, 45  
 Herbal remedies, 247, 252  
 High congregation points, 110  
 High-density, 107

- Higher incomes, 53
- High-income countries, 9, 103
- High-performing learners, 141
- Holistic approach, 62
- Households, 79
- Human capital development, 153, 268
- Human Development Transfer, 56
- Humanitarian actors, 123
- Humanitarian assistance, 152, 167
- Humanitarian cash transfer programmes, 87
- Humanitarian crises, 255
- Humanitarian interventions, 255
- Humanitarian relief, 29
- Humanitarian responses, 38
- Humanity, 115
- Human rights perspective, 174, 196, 215, 216, 218–221, 226
- Hunger, 31
  
- I**
- Ideas, 268
  - influence, 150
  - mechanisms, 14
  - persuasion, 150
  - platforms, 152
  - priorities, 25
  - processes, 150
  - strategy, 84
  - translation, 264
  - underpinnings, 3
- Ideologies, 24, 28, 35
- ILO, 27
- Immigrants, 196
- Impact assessment, 81
- Impairments, 103
- Implementation challenges, 93
- Impoverished people, 80
- Inclusion, 59, 83, 103, 107, 178, 209
  - approach, 256
  - education, 129
  - equitable quality education, 134
  - errors, 44
  - persons, 12
  - social protection, 197
- Income earners, 119
- Income-generating activities, 7
- Income grants, 61
- Income inequality, 56, 57
- Income relief measures, 119
- Income smoothing, 55
- Income Stabilization Coefficient, 54
- Income support, 6, 35
- Income taxes, 52
- Increased stigma, 116
- Independence, 4, 150
- Indigence, 85
- Indigenous knowledge-based approach, 157, 177, 184
- Indigenous poverty alleviation, 185
- Indigenous practice, 178
- Indigenous social policy systems, 3, 264
- Indigenous social protection, 172
- Indigenous Social Security Systems (ISSS), 168
- Indigenous social welfare, 265
- Indigenous welfare systems, 265
- Indigent people, 79
- Indirect effects, 35
- Indirect impacts, 208
- Indirect rule, 3
- Individualism, 25, 28
- Individualistic ideologies, 26, 40, 45
- Industrialization, 9, 156, 157, 262
- Individual justice, 172
- Individual needs, 28
- Individual rights, 25
- Inequalities, 25, 55–58, 69, 85, 104, 123, 130, 165, 174, 181, 266
  - structures of, 178
- Infant and Child Grant, 38
- Inflation, 56, 155

- pressures, 53
- Influence, 150
- Informal economy, 56
  - activities, 2
  - players, 80
  - strategies, 182
- Informal employment, 58, 67, 71
- Informal indigenous social policy systems, 6
- Informal institutions, 176
- Informal insurance, 42
- Informal livelihoods, 24, 183
- Informal markets, 247
- Informal mechanisms, 182
- Informal protection schemes, 183
- Informal sectors, 11, 56, 61, 78, 80, 90, 119, 169, 202, 208, 209
- Informal sector workers (ILO), 61
- Informal social protection systems, 168, 169, 172, 186
- Informal social welfare, 166, 167, 187
- Informal support systems, 60, 169
- Informal voluntary savings, 183
- Informal welfare systems, 14, 166, 176
- Informal workers, 58, 60, 61, 69, 168
- Information and communications technology (ICT), 229
- Information and technology, 102
- Infrastructure, 216
- Innovative approaches, 140, 142
- In-person schooling, 130
- Insecurity, 82
- Institutions, 15, 149, 262
  - of accountability, 157
  - avenues, 152
  - barriers, 199
  - collaboration, 150
  - configurations, 158
  - constraints, 13
  - perspective, 148
  - reforms, 268
  - strengthening, 156, 157
  - support, 255
  - translation, 264
- Instructional leadership, 134
- Instrument constituencies, 152
- Insurance, 90
- Integrated caregiving, 177
- Integrated leadership styles, 135
- Intensive care units, 108
- Interactions, 149
- Inter-country, 148
- Interest group, 26
- Intergenerational support, 3, 264
- Intergenerational transmission, 85
  - of poverty, 27
- Interministerial Committee for Pandemic Management, 85
- Internally displaced people, 82
- International actors, 9
- International attention, 255
- International cooperation, 121
- International donors, 45, 87
- International financial institutions, 151, 265
- International law, 219
- International Monetary Fund (IMF), 68, 149
- International organizations (IOs), 25, 29, 38, 45, 60, 196, 262
- International partners, 265
- International travel, 6
- Internet shutdowns, 245
- Interpretative phenomenological analysis (IPA), 197
- Intersectionality, 14
- Interventions, 23, 55, 168
- Intimate partner violence, 60, 169
- Intra-country level, 148
- Introduce, 118
- Ipelegeng* workfare programme, 38
- Isolation centres, 112, 119

**J**

Jigisemjiri programme, 87  
 Job placement assistance, 210

**K**

Keynesianism, 263  
 Kinship groups, 3, 166, 175  
 Kinship interventions, 186  
 Kinship ties, 187  
 Knowledge economy, 264  
 Knowledge production, 247  
 Knowledge retention, 140  
 KwaZulu-Natal, 34

**L**

Laboratory technicians, 153  
 Labour market, 25  
 Lack access, 129  
 Law, rule of, 220  
 Leadership style, 133–135  
 Learner-centred innovative methods, 140  
 Learning disabilities, 106  
 Learning innovations, 131  
 Learning institutions, 130, 131, 141  
 Learning materials, 138  
 Legal approach, 222  
 Legal measures, 224  
 Legislation, 233  
 Legislative changes, 209  
 Legitimacy, 177  
 Legitimise policies, 218  
 Less-developed countries, 149  
 Lesson-drawing, 72, 268  
 Level of accessibility, 122  
 Lewis, Arthur, 151  
 Liberal coverage, 171  
 Liberia, 154  
 Lifelong learning opportunities, 129  
 Limited funding, 166

Limited tax base, 266  
 Livelihood Empowerment Against Poverty (LEAP), 58  
 Livelihoods, 27, 30, 45, 61, 80, 105, 108, 154  
 Local communities, 241, 242, 246, 253  
 Local contexts, 254  
 Local economic needs, 184  
 Local Government Support, 154  
 Localization of policies, 254  
 Local knowledge systems, 247  
 Locally sensitive approaches, 254  
 Local populace, 254  
 Local practice, 268  
 Lockdown, 2, 6, 15, 23, 24, 30, 35, 58, 61, 102, 104–106, 110, 131, 198, 207  
     measures, 186  
 Long-term immunity, 245  
 Lower-income countries, 23  
 Lower literacy levels, 248  
 Low-income, 69  
     people, 82

**M**

Macroeconomic stability, 53  
 Mafisa system, 185  
 Mali, 81, 86  
 Management, 152  
 Mandela, Nelson, 135  
 Marginalised communities, 171  
 Marginalized groups, 250  
 Markets, 80, 90  
     economy, 269  
     failure, 91  
     incomes, 57  
 Mass gatherings, 110  
 Massive Open Online Courses (MOOCs), 141  
 Mastercard Foundation, 153

- Material incentives, 150–152  
 Material processes, 150  
 Material resources, 155  
 Maternal care delivery, 176  
 Maternal health care, 177  
 Maternal health services, 112  
 Maternal, sexual and reproductive health (MSRH), 12, 102, 111  
 Maternal support, 29  
 Maternity leave, 90  
 Means-testing, 27, 40, 44  
 Mechanisms, 152  
 Media, 89  
   channels, 247  
   landscape, 243  
   narratives, 248  
   press briefings, 119  
 Medical insurance scheme, 87  
 Mental health disorders, 120, 210  
 Methodologies, 131  
*Metshele*, 183  
 Migrant assistance networks, 209  
 Migrant populations, 199, 208  
 Migrants, 15, 195  
 Minimalist strategy, 4  
 Mobile documentation centers, 209  
 Mobile phones, 32  
 Mobility  
   restrictions on, 166  
   support, 117, 249  
   wallets, 68  
 Modern constitutions, 219  
 Modern social policies, 262  
 Moral imperatives, 255  
 Moral politics, 10  
   of need, 24  
 Movement restrictions, 7  
 Multidimensional approach, 59  
 Multifaceted approaches, 267  
 Multilateral efforts, 153  
 Multilateral organizations, 148  
 Multiple levels, 148  
 Multiple restrictions, 181  
 Multipronged approach, 197  
 Multi-sectoral approach, 176  
 Mutual community benefit systems, 177  
 Mutuality, 169
- N**
- Namibia, 33, 61  
 National governments, 25  
 National health insurance scheme, 79  
 Nationalism, 8, 198  
 Nationalistic tendencies, 148  
 National preparedness, 88  
 National responses, 24  
 Nation-building, 6, 58  
 Natural disasters, 78, 217  
 Natural resources, 8  
 Natural response, 148  
 Need, 30  
 Needs-based targeting, 27  
 Negative effects, 157  
 Neoliberal individualism, 25  
 Neoliberal project, 157  
 Neoliberalism, 263, 264, 270  
 Nkrumah, Kwame, 151  
 Non-compliance, 115  
 Nondiscrimination, 197  
 Non-governmental organisation (NGO), 230  
 Non-inclusive policy design, 105  
 Non-state actors, 16, 186  
 Norms, 36  
 North Africa, 78  
 Novissi, 61  
 Nutritional value, 227
- O**
- Oil price shocks, 151  
 Old age, 85

- Older people, 27
- Older women, 179
- Once-off emergency, 36
- Online communities, 249
- Online education, 136
- Online learning, 131, 230, 232
- Online methods, 131
- Online platforms, 251
- Online teaching, 131
- Online tools, 131
- Orthodox social protection programmes, 29
- Oxygen Plant, 154
  
- P**
- Palliative measures, 203
- Pan-African response, 152
- Pandemic lockdown, 202, 208
- Pandemic management, 24, 30, 51, 61, 64, 68, 81, 82, 88, 102, 117, 148
- Pandemic relief, 199
- Pandemic response, 148
- Paradigm shift, 256
- Paradox of redistribution, 10, 41, 42
- Partnership, 156
- Partnership for 21st Century Learning (P21), 136
- Party supporters, 225
- Paternalistic conservatism, 26, 28–30
- Paternalistic conservative ideology, 25
- Paternalistic individualism, 27, 30
- Pedagogical approaches, 139, 141
- Pedagogies, 131, 139–141
  - choices, 140
- Pension reform, 149
- People-centred policy design, 254
- Permit to travel, 111
- Personal assistants, 117
- Personal inclusion, 42
- Personalised learning, 140
  
- Personnel, 120
- Persons with disabilities, 105, 110
- Physical disabilities, 117
- Physical distancing, 80, 225
- Physical health, 169
- Police violence, 120
- Policies, 149
  - actors, 148
  - advisors, 150, 151
  - autonomy, 151
  - choices, 168
  - conditionalities, 151
  - coordination, 152
  - decisions, 256
  - design, 108
  - development, 155
  - diffusion, 262
  - expressions, 252
  - formulations, 241
  - frameworks, 118
  - ideas, 149, 151, 155, 262
  - institutions, 268
  - instruments, 91, 152
  - interventions, 62, 234
  - makers, 11, 111
  - networks, 262
  - paradigm, 270
  - prescriptions, 14
  - recommendations, 149, 261
  - reforms, 197
  - solutions, 158
- Political construction of need, 10
- Political context, 60
- Political environment, 243
- Political ideology, 243
- Political independence, 150
- Political institutions, 149
- Political leadership, 269
- Political measures, 225
- Political opposition, 216
- Political parties, 16
- Political populism, 16, 217, 233

- Political rights, 16, 220, 232  
 Political space, 16, 216, 224, 225, 233  
 Poor health conditions, 103  
 Poor healthcare services, 196  
 Poor people, 79  
 Population aging, 262  
 Populisms, 218  
   measures, 219  
   promises, 39  
   sentiments, 217  
 Positive attitude, 140  
 Positive impact, 135  
 Post-abortion, 104  
 Postcolonial Africa, 180  
 Postcolonial history, 57  
 Postcolonial SSA, 216  
 Post-COVID era, 131, 155, 157  
 Post-crisis, 139  
 Post-independence era, 150, 264  
 Post-recovery plan, 103, 108  
 Post-recovery programmes, 121  
 Post-World War II, 150  
 Poverty, 26, 27, 40–43, 55–57, 59,  
   65, 69, 86, 88, 102, 104, 130  
   rate, 7  
   reduction, 72, 184  
 Power, 9  
   consolidation, 234  
   imbalances, 59  
 Pre-colonial roots, 177  
 Pregnant women, 176  
 Prenatal consultations, 112  
 Preschool feeding programme, 31  
 Presidential pronouncements, 110  
 Problem-solving approaches, 130  
 Procurement, 37  
 Productive education, 142  
 Productive Safety Net Program  
   (PSNP), 67  
 Program facilitation, 147  
 Program ideas, 152  
 Progressive education, 130  
 Progressive income tax system,  
   53, 54, 57  
 Prohibition, 117, 221  
 Pro-market neoliberal policies, 263  
 Proper documentation, 199  
 Pro-poor agenda, 266  
 Proposal actors, 60, 152  
 Protective equipment, 122  
 Proxy means-tested benefit, 56  
 Psychological impact, 120  
 Psychosocial disabilities, 117  
 Psychosocial support, 182  
 Public funds, 232  
 Public health, 51, 197  
   crises, 216  
   directives, 17  
   legislation, 223  
   measures, 82, 83  
   restrictions, 15  
 Public radio, 108  
 Public resources, 87  
 Public social interventions, 79  
 Public spaces, 249, 252  
 Public sphere, 248  
 Purchase, 118
- Q**  
 Quarantine measures, 246
- R**  
 Radical changes, 132  
 Rapid response teams, 153  
 Rapid support, 90  
 Rawlings, Jerry John, 151  
 Reasonable accommodation, 121  
 Reciprocity, 3, 25, 264  
 Recovery strategies, 154  
 Redistribution, 6, 41  
 Redistributive reforms, 33, 42, 170  
 Referendum, 227

- Reforms, 2, 209
- Refugees, 15, 29, 195, 196
- Regional level, 152
- Regulatory framework, 158
- Reimagining education, 132
- Relief, 87
- Remittances, 7
- Remote education, 130–132
- Reparation, 180
- Repressive policies, 218
- Reproductive health, 109, 122
- Reproductive services, 113
- Resilience, 215
- Resilient education systems, 132
- Resource extraction, 3
- Resource mobilisation, 7
- Responsive curriculum, 135–137, 220
- Restorative justice, 180
- Restrictions, 2, 102, 107, 196
- Retribution, 180
- Revenue collection systems, 9, 53
- Rights-based individualism, 25, 27, 35, 43
- Rights-based strategies, 197
- Rights-based systems, 40
- Rights-bearing individuals, 27
- Right to education, 228
- Rotating savings, 183
- Rules of the game, 149
- Ruling elite, 232
- Rural-based populations, 166
- Rural communities, 250
- Rural poor, 175
- Rural populations, 28
- Rural–urban digital divide, 242
- Rwanda, 60, 184
  
- S**
- Safe abortion, 104
- Safe sex, 113
- Safety net programs, 53, 54, 56
- SARS-CoV-2, 2
- Saving Lives and Livelihood (SLL) initiative, 153
- Savings, 204, 207
- School closures, 179, 252
- School feeding programme, 31
- Schools, 31
  - closure of, 229
- Sector working groups, 152
- Security crises, 77, 78, 92
- Security personnel, 115, 116
- Security threats, 217
- Self-dependency, 156, 157
- Self-identification, 110
- Self-reinforcing institutional frameworks, 268
- Senegal, 81, 87
- Services, 111
- Severe lockdown, 31
- Sex taboos, 180
- Sexual abuse, 113
- Sexual minorities, 179
- Sexual violence, 115
- Shock-responsiveness, 29, 174
- Sick leave, 90
- Sign language interpreter, 116, 121
- Single National Register, 81
- Skype, 131
- Slums, 107
- Small business grants, 200
- Social activism, 248
- Social assistance systems, 25, 29, 42, 58, 66, 78–80, 83, 84, 92, 165–167, 186
- Social benefits, 53
- Social bracket, 81
- Social care, 175
- Social cash transfers, 23
- Social change, 249
- Social cohesion, 57, 72, 166, 169, 180
- Social conditions, 85
- Social credit system, 102

- Social determinants, 175
- Social development, 133
- Social disintegration, 217
- Social distancing, 104, 106, 116, 131, 198
- Social-economic rights, 220
- Social environments, 141
- Social exclusion, 15, 201
- Social fabric, 77
- Social grants, 34, 36
- Social inclusion, 165
- Social inequalities, 249
- Social insurance, 25, 42, 58, 78
- Social insurance contributions (SIC), 55
- Social investment, 263, 264, 270
- Social justice, 25, 85, 89, 196, 249
  - outcomes, 166
- Social life, 217
- Socially embedded mechanisms, 176
- Social media, 10, 16, 249, 252, 255, 256
  - campaigns, 246
  - engagement, 17
  - platforms, 247–249, 253
  - technologies, 250
- Social networks, 265
- Social policy, 1, 6, 16, 84, 91, 147, 170, 215, 264
  - ideas, 149
  - instruments, 152
  - legacies, 91, 93
  - positionality, 267
  - provision, 269
  - reforms, 2, 261, 262
  - roles, 14
  - systems, 265, 267
- Social programmes, 14, 81, 263, 264
- Social protection, 5, 24, 27, 36, 41, 51, 52, 57–60, 82, 84, 87, 91, 152, 165
  - gaps, 175
  - interventions, 170
  - programmes, 174
  - systems, 79, 93, 156
- Social question, 77
- Social relations, 173
- Social Relations Framework (SRF), 14, 173
- Social Relief of Distress Grant (SRDG), 31, 200
- Social representation, 88
- Social risk, 82
- Social safety nets, 24, 85, 86
- Social sectors, 78
- Social security, 56, 66, 167–169
- Social services, 154
- Social solidarity funds, 168
- Social spending, 264, 270
- Social structures, 254
- Social support, 262
- Social violence, 78
- Social vulnerabilities, 198
- Social welfare, 51, 198
  - models, 169
  - officers, 36
  - services, 196
  - structures, 2
  - systems, 2, 165, 196, 198, 200, 203, 209
- Societal structures, 248
- Socio-economic consequences, 79, 82
- Socio-economic rights, 216
- Socioeconomic shocks, 51
- Socio-economics rights, 224
- Socioeconomic vulnerabilities, 2
- Socioeconomic wellbeing, 105
- Solidarity, 169
  - concepts, 177
- Solwezi incident, 254, 255
- South Africa, 15, 24, 30, 62, 183, 197
- South African, 175
- Special Fund for Vulnerable Households, 87

- SRF dimensions, 174
  - Stabilizers, 61, 62
  - Stakeholders, 85, 152
  - State, 90
  - State capacity, 263
  - State-centric approach, 58
  - Statutory instrument, 223
  - Stay-at-home measures, 119
  - Stigmas, 108, 182, 198
  - Stimulus, 55
    - package, 61
  - Stokvels*, 183
  - Stratified, 165
  - Street children, 80
  - Street-level bureaucrats, 37
  - Street vendors, 80
  - Strengthening partnerships, 156
  - Structural adjustment, 1, 3, 149, 155, 265
    - policies, 151
  - Structural Adjustment Programmes (SAPs), 77
  - Structural features, 52
  - Structural weaknesses, 196
  - Students, 130
  - Subnational levels, 149
  - Sub-Saharan Africa (SSA), 1, 2, 16, 52, 58, 102, 130, 147, 158, 195, 196, 219
  - Sub-Saharan countries, 92
  - Subsidies, 24, 80, 85
  - Substantive societal change, 249
  - Supplies, 118
    - chains, 7
    - contraceptives, 105
  - Support, 117
    - needs, 106
  - Sustainability, 92
  - Sustainable Development Goals, 265
  - Susu*, 183
  - Symbolic-cultural logics, 177
  - Synchronously, 130
  - System, 9
  - System-wide crisis, 267
  - System-wide social policies, 266
- T**
- Tailored interventions, 254
  - Talk therapy, 117
  - Tanzania, 41, 151
  - Targeting, 24, 40, 43, 59, 79, 81–84
    - accuracy, 68
    - conditional, 91
    - issues, 171
  - Taxation, 269
    - breaks, 80, 82
    - exemptions, 82
    - institutions, 267
    - liabilities, 55
    - mechanisms, 11
    - revenues, 53
  - Tax-benefit systems, 53, 54
  - Teacher education, 140
  - Teaching pedagogies, 139
  - Technical experts, 152, 155
  - Technical resources, 151
  - Technical support, 12
  - Technocratic infrastructure, 32
  - Technology integration, 142
  - Temporality, 24, 29, 33, 38, 67
    - need, 29
    - relief, 37
    - tax relief, 61
  - Temporary Social Support Grant, 38
  - Tertiary institutions, 130
  - Testing and treatment, 200
  - Theoretical orientations, 139
  - Togetherness, 172
  - Togo, 61
  - Top-down policies, 246
  - Traditional governance structures, 250
  - Traditional healing practices, 247
  - Traditional herbal remedies, 177, 247

- Traditional justice system, 180, 181  
 Traditional leaders, 180  
 Traditional leadership, 15, 248  
     hierarchical nature of, 248  
 Traditional methods, 140  
 Traditional midwives, 177  
 Traditional modes, 16  
 Traditional norms, 178  
 Traditional remedies, 253  
 Traditional skills, 135  
 Traditional teaching, 141  
 Traditional wealth creation  
     system, 185  
 Transformational leadership, 133, 134  
 Transformative approach, 169, 170  
 Transformative power, 256  
 Transitory subsidy, 61  
 Translation, 268  
 Transmissible diseases, 201  
 Transnational academic, 262  
 Transnational actors, 147, 148, 150,  
     151, 157  
 Transparent communication, 254  
 Transport fares, 111  
 Travel restrictions, 176  
 Trickle-down, 8  
 Twenty-first-century, 136  
 Twin pandemic, 179  
 Two-wave panel data, 252
- U**
- Ubuntu, 172  
 Uganda, 12, 104  
 Uganda Bureau of Statistics, 119  
 Ukraine, 166  
 Uncertain environment, 147  
 Unconditionality, 59  
     cash transfers, 86  
     social grant, 35  
     transfer, 91  
 Unemployment, 31, 40, 118, 130  
     benefits, 55, 70  
     insurance, 11, 12, 32, 35, 53,  
         54, 56, 200  
 Unemployment Insurance Fund  
     (UIF), 61  
 Unequal gender dynamics, 170  
 Unequal gender relations, 171  
 UNICEF, 153  
 Unintended impact, 171  
 United Nation Convention on the  
     Rights of Persons with Disabilities  
     (CRPD), 107  
 United Nations Development  
     Programme (UNDP), 7, 62, 154  
 United Nations's Millennium  
     Development Goals, 1  
 United Nations Sustainable  
     Development Goals, 1  
 Universal basic income (UBI), 34  
 Universalism, 40, 43, 88  
 Universalist critics, 40  
 Universal programmes, 41, 43, 44  
 Unpaid care work, 186  
 Unplanned pregnancies, 113  
 UN Women's Disability and  
     Development Report, 101  
 Urban informal sector, 45  
 Urbanisation, 45, 59, 262  
 Urban poor, 175  
 Urban poverty, 59  
 USAID foreign funding, 167  
 Utility costs, 61
- V**
- Vaccinations/vaccines, 108, 153, 156  
     acquisition, 153  
     campaigns, 104  
     manufacturing, 153  
     production, 157  
 Ventilators, 154  
 Vertical expansion, 24

Veto players, 149  
 Violent, 216  
 Virus, 219  
 Visual impairment, 109, 111  
 Visual loss, 106  
 Vocational training, 210  
 Voice-over PowerPoint, 141  
 Vulnerabilities/vulnerable, 2, 57, 59,  
 64, 84, 91  
   groups, 81, 87, 199  
   populations, 12, 14, 69, 168  
   sectors, 84

## W

Wage subsidies, 36  
 War, metaphors of, 218  
 Water, 81  
 Weak industrialisation, 8  
 Weak institutional capacity, 69  
 Weak institutionalisation, 79  
 Welfare protection, 166  
 Welfare regimes, 263  
 Welfare state development, 262  
 Well-equipped, 141  
 West Africa, 62, 64, 65, 78, 90  
 West African, 12  
 Western approach, 241  
 Western-centric approaches, 15, 168  
 Western recommendations, 253  
 Western script, 244  
 WhatsApp, 130  
 Wicked problem, 83  
 Women, 80, 81, 166, 169, 172,  
 175, 176  
 Workfare programmes, 43

World Bank, 26, 27, 30, 40, 42, 84,  
 149, 151, 155  
   International Development  
     Association (IDA), 103  
 World Food Program (WFP), 153  
 World Health Organization (WHO),  
 102, 118, 148, 153

## X

Xenophobia, 198  
 Xenophobic attacks, 199  
 Xenophobic stigma, 15

## Y

Young people, 16, 132  
 Youth activism, 248, 255  
 Youth activists, 246  
 Youth population, 242  
 Youth-driven digital public  
   sphere, 17  
 Youth-driven initiatives, 248  
 YouTube channels, 131  
 YouTube videos, 131

## Z

Zaire, 8  
 Zambia, 16, 151, 175, 218  
 Zambian Bill of Rights, 227  
 Zimbabwe, 181  
   Harmonized Social Cash Transfer  
     (HSCT), 59  
 Zoom, 130  
   meetings, 131