



REPORT OF THE SOUTHERN AFRICAN DEPARTMENTS AND MINISTRIES OF SOCIAL DEVELOPMENT AND SOCIAL AFFAIRS REGIONAL SOCIAL POLICY ROUND TABLE

22 - 25 NOVEMBER, 2009

LIVINGSTONE, ZAMBIA

JOINTLY HOSTED BY THE MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL SERVICES (ZAMBIA) AND THE DEPARTMENT OF SOCIAL DEVELOPMENT (SOUTH AFRICA)

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1.0. INTRODUCTION

The Southern Africa Regional Roundtable on Social Policy was held at the Sun International Hotel, Livingstone, from 22 to 24 November, 2009. The Roundtable was jointly organised by the Ministry of Community Development and Social Services, Zambia, and the Department of Social Development, South Africa.

- 1.1.1 The Welcome and Opening Remarks were made by Mrs. Gladys Z. Kristafor, Permanent Secretary, Ministry of Community Development and Social Services. The Keynote Address on Social Policy development in the Southern African Region was read by Mr. Robert H. Mataka, Deputy Secretary to the Cabinet on behalf of Dr. Joshua L. Kanganja, Secretary to the Cabinet. The Welcoming Remarks and Keynote Address are attached to this Report as Appendix 1 and Appendix II respectively.
- 1.2. The participants were high level civil servants drawn from Departments responsible for Social Development and Social Affairs from respective countries in the Southern African Region, namely:
 - (i) The Democratic Republic of the Congo (DRC);
 - (ii) Malawi;
 - (iii) Mauritius;
 - (iv) Mozambique;
 - (v) Namibia;
 - (vi) South Africa;
 - (vii) Seychelles;
 - (viii) Swaziland;
 - (ix) Tanzania;
 - (x) Zambia; and

(xi) Zimbabwe.

The list of participants from the SADC countries is attached to this Report as Appendix IV.

- 1.3. The purpose of the Roundtable was for high level civil servants from countries in the Southern African Development Community (SADC) to come together in order to deepen discourse in social development and social policy issues so as to arrive at some common understandings, share lessons and experiences as well as practices from their respective countries.
- 2.0. BACKGROUND TO THE ROUNDTABLE OF DEPARTMENTS OF SOCIAL DEVELOPMENT AND SOCIAL AFFAIRS IN THE SOUTHERN AFRICAN REGION
- 2.1. The Roundtable is linked to various initiatives made by international and regional bodies. Amongst the key developments are the following:
 - 2.1.1. The Management of Social Transformation (MOST) Programme of UNESCO

MOST was launched in 1994 and its primary purpose was to transfer relevant social science research findings and data to decision-makers and other stakeholders across regions of the world. In MOST, UNESCO served as a facilitator for regular meetings of Ministers of Social Development. In order to strengthen the link between social science research and policy-making in an effort to address poverty and social issues in Latin America, UNESCO convened a meeting of Ministers of Social Development in that region in 2001. In partnership with the participating States, UNESCO undertook to formalise and institutionalise the Forum.

In November, 2004, the Government of the Republic of South Africa (RSA) hosted the first Meeting of the Forum of Ministers of Social Development for the SADC countries. Between 26 and 27 January 2006, the Government of Mali hosted the first Forum for Ministers representing countries of the Economic Community of West African States (ECOWAS) grouping and from

26-27 May, 2006 the Government of Pakistan also hosted the first Forum of Ministers of South Asian countries. The latter two fora led to the establishment of a Permanent Forum and the creation of a Secretariat for the respective regions.

2.1.2. The African Union and the Social Policy Framework for Africa: Addressing the lack of the 'social' in NEPAD

At the Third African Union Ordinary Session of the Labour and Social Affairs Commission of the African Union held in April 2005 a Draft Social Policy Framework was considered. The Draft envisaged that Regional (Pan African), Sub-Regional (e.g. SADC), and National Programmes would be developed by the African Union Social Affairs Department whilst working with the United Nations, African Development Bank and the Economic Commission for Africa (ECA). The New Partnership for Africa's Development (NEPAD), created in 2001, had since taken a centre stage in fostering the development of the African continent. Its objectives are: (i) to eradicate poverty; (ii) to place African countries, both individually and collectively, on the path of sustainable growth and development; (iii) to halt the marginalisation of Africa in the globalisation process and enhance its full and beneficiary integration into the global economy; and (iv) to accelerate the empowerment of women. The SADC partners initiated a more elaborate operational Social Policy Framework for Africa and the SADC sub-region has developed an infrastructure and capacity for the implementation of sub-regional social policy.

The objectives of the Roundtable held in Livingstone, Zambia, were conceived within the context of the earlier initiatives and commitments made by the sub-region.

2.1.3. Meetings of Ministers of Social Development and Social Affairs in the Southern African Region (Cape Town, November, 2004 and Johannesburg, November, 2006)

The SADC Special meeting of Ministers for Social Development held in Cape Town, South Africa, in 2004, underscored the fact that the

Southern African Development Community was pursuing a broad integration and sustainable developmental agenda that transcended trade liberalisation. The Ministers:

- (a) noted that poverty eradication was one of the over-arching objectives in the Regional Indicative Strategic Development Plan (RISDP) which was launched in March, 2004;
- (b) urged Member States to implement the Maseru Declaration on combating HIV and AIDs in the SADC region and to operationalise the SADC HIV and AIDS Strategic Framework 2003-2007;
- (c) urged Member States to implement the SADC Policy Document on Employment and Labour and the Ouagadougou Declaration on Employment and Poverty Reduction; and
- (d) urged Member States to develop implementation plans at the national level to operationalise the goal, strategies and targets of the RSDP in the area of social and human development.
- 2.2. In their Declaration made at the Johannesburg meeting held in November 2006, the Ministers of Social Development of SADC:
 - (a) noted that rising poverty levels and social exclusion faced by most
 African countries required significant changes in the perception of social policy;
 - (b) called for a SADC sub-regional social policy as a building block towards a Social Policy Framework for Africa; and
 - (c) endorsed the principles of the Johannesburg draft document: *Towards* an African Regional Policy dated 24th November, 2006 and committed themselves to expedite the process of finalising the document and facilitate its adoption as a SADC Sub-regional Social Policy.

3.0. AIMS AND OBJECTIVES OF THE ROUNDTABLE

The aims and objectives of the Roundtable were:

- to deepen discourse in Social Development and Social Policy in order to arrive at a common understanding in the implementation of Poverty Reduction Programmes in the Southern Africa sub-region;
- (ii) to establish strategies for social development and social policy in the Southern African sub-region;
- (iii) to recommend ways of integrating the proposed African regional social policy in the NEPAD action plans;
- (iv) to share lessons, experiences and practices from respective member countries;
- (v) to promote synergies among social development departments in the region;
- (vi) to make recommendations on how to effectively implement comprehensive and integrated social development interventions in the region; and
- (vii) to come up with a common regional position on social development issues which would increase the strength of the African voice in the global arena.

4.0. COUNTRY PRESENTATIONS

In their respective country presentations, participants shared information and experiences on issues relating to social protection and welfare policies, and challenges relating to the implementation of programmes and the strategies employed by the participating countries.

Social Policy defined

The Roundtable understood social policy as defined in the 2006 Draft Regional Social Policy document to refer to "Collective state-led measures implemented by the state and its partners - private sector, civil society and international development partners. Social policies are interventions which are about promoting the well-being of citizens and which address structural

inequalities in wealth, ensure greater equality for all, correct market shortcomings, reduce poverty and promote social inclusion."

4.1. DEMOCRATIC REPUBLIC OF THE CONGO

Institutional Framework

- 4.1.1. The formulation of policy usually took place within the context of the prevailing political, economic and social environment. Therefore, social policies, programmes and interventions in the Democratic Republic of the Congo (DRC) were conceived, designed and implemented within the context of a post-war/conflict environment which had beset the country since the 1960s.
- 4.1.2. In the Democratic Republic of the Congo, the design and management of social policy was the responsibility of the Ministry of Social Affairs, Humanitarian Action and National Solidarity whose objectives are:
 - (i) to pay non-contributory basic pensions;
 - (ii) to provide social aid and assistance;
 - (iii) to grant an income support for the purchase of rice and flour;
 - (iv) to advise the Government on issues pertinent to the disabled, the elderly and vulnerable groups;
 - (v) to provide financial assistance to victims of flood, fire and cyclones;
 - (vi) to manage the National Pensions and National Savings Funds;
 - (vii) to provide medical care for persons above 90; and
 - (viii) to empower NGOs through an NGO Trust Fund

Social Policy

- 4.1.3. The DRC's social policy is focussed on two approaches namely:
 - (i) Integration of vulnerable persons by taking into account their concerns in the formulation of sector policies and design of programmes and projects. The sectors included are: Health, Education, the Environment and Agriculture. In the short-term, measures were put in place to address the plight of people with disabilities and the

- displaced due to the civil war. A system of support allocations to vulnerable groups such as retirees, widows and people with disabilities was reported to be in existence; and
- (ii) Strategic plan for women This aims to cater for victims of sexual violence which had been exacerbated by the civil unrest.

Challenges

- 4.1.4. The challenges faced by the DRC were worsened by political/social instability due to the ravages of unending civil wars. The other constraints are:
 - (i) economic budgetary constraints, especially for social programmes;
 - (ii) disparities in interventions; and
 - (iii) duplication of services across departments/ministries.

Interventions

- 4.1.5. The social sector interventions were effected through programmes and strategies hinging on the following pillars:
 - (i) promotion of good governance and consolidation of peace due to historic circumstances (continuous civil conflict);
 - (ii) pro-poor structural initiatives growth spearheaded by the World Bank;
 - (iii) promoting an enabling environment for easy access to social services by vulnerable groups;
 - (iv) HIV and AIDS strategies aimed at mitigating the impacts of the scourge; and
 - (v) economic dynamism includes provision of support to communities and families by empowering them to take care of vulnerable persons.
- 4.1.6. A National programme under the Ministry of Social Affairs, Humanitarian Action and National Solidarity provides support to orphans (8.3 million covered so far) in order to enable them attend free education. Under other programmes, certain non-governmental organisations provide school requirements such as books to orphans.

- 4.1.7. As at the date of this Report, eight (8) provinces were covered under programmes focusing on various social concerns, including the promotion of gender equality through sectoral policies.
- 4.1.8. The other interventions included the enactment of legislation aimed at enhancing social protection such as: a code for women; and legislation relating to HIV and AIDS, and sexual violence. The other major piece of enacted legislation was the provision for education as a right (and not a mere social need) in the Constitution.
- 4.1.9. The delivery mechanisms included support to communities and families to enable them take care of the vulnerable.

4.2. MAURITIUS

Institutional Framework

- 4.2.1. Apart from the Ministry of Social Security, voluntary charitable institutions play a vital role in the delivery of social security services in the country. A daily per capita grant is payable to infirmaries and orphanages in respect of sick or abandoned persons admitted at the Ministry's request to any of the voluntary charitable institutions. The Ministry also pays these institutions a grant for:
 - (i) maintenance of the building (on a monthly basis);
 - (ii) payment of staff (on a monthly basis); and
 - (iii) purchase of clothing and domestic appliances.

Social Security Policy

- 4.2.2. The Social Security policy aims at ensuring the protection, promotion and enhancement of social welfare and national solidarity. According to the presentation, the objectives of the Ministry of Social Security are:
 - (i) to pay Non-Contributory basic pensions;
 - (ii) to provide Social aid and assistance;

- (iii) to grant an income support for the purchase of rice and flour;
- (iv) to advise the Government on issues pertinent to the disabled, the elderly and vulnerable groups;
- (v) to provide financial assistance to victims of flood, fire and cyclones;
- (vi) to manage the National Pensions and National Savings Funds;
- (vii) to provide medical care for persons above 90; and
- (viii) to empower NGOs through the NGO Trust Fund.

Successes and challenges

4.2.3. Compared to most countries in the SADC region, Mauritius faces fewer challenges in the delivery of social benefit/programmes. This could partly be attributed to the relatively healthier economy catering for a total population of only about 1.3 million. Mauritius has attained a literacy rate of 85 per cent. Education is free education up to the tertiary level with primary education being compulsory. As an example of efficient delivery of benefits, the Government pays retiree benefits within three weeks before the retirement date while widows' benefits are paid within four weeks. However, the above notwithstanding, Mauritius anticipated more challenges in the implementation of its three pension system in view of an increasing population that was estimated to treble by the year 2015.

Interventions

- 4.2.4. There are various Social benefit schemes in Mauritius. They include the National Pensions Scheme covering Universal non-contributory Pensions and Contributory Pensions (1978). Programmes also focus on the promotion of Gender equality through sector policies. The types of social benefit programmes include Universal Benefits; Social Insurance; Social Assistance and Provident Funds.
- 4.2.5. The Social benefit schemes hinge on the following four pillars:

First Pillar - Basic Pensions /Social Aid/UHR;

Second Pillar - Contributory Pensions: NPF/NSF Civil Servants Scheme and Parastatal Bodies Schemes;

Third Pillar - National Savings Fund (Provident);

Fourth Pillar - Private Occupational Pension Scheme.

- 4.2.6. Social development concerns and interventions in Mauritius have been evolving as far back as 1902 with the passage of the Poor Law Ordinance.

 The subsequent enacted legislation were:
 - 1950 Old Age Pension;
 - 1962 Family Allowance;
 - 1976 National Pensions Scheme;
 - 1983 Social Aid Act;
 - 1983 Unemployment Hardship Relief Act;
 - 1991 Employees Welfare Fund Act; and
 - 1995 National Savings Fund Act.

Non-Contributory Benefits

- 4.2.7. These benefits were wholly financed by the State and included the Basic Retirement Pension (BRP) amounting to USD 100; Basic Widows' Pension (BWP) costing USD 100; Basic Invalids' Pension (BIP) of USD 100; Basic Orphans' Pension (BOP) USD 90; Child's Allowance 30 USD; Guardian's Allowance USD 20; Inmates' Allowance USD 15 and Carer's Allowance for the severely DISABLED (BRP, BIP) USD 60.
- 4.2.8. Eligibility Criteria: The Non-contributory scheme caters for citizens aged 60 years and non-citizens aged 70 years. There were several other qualification criteria as reflected in Appendix III (c).

Contributory Pensions

4.2.9. These Pensions are paid to insured persons or their dependants and are based on career re-valued contributions. Other pension schemes include:

- (i) Industrial Injury Benefits;
- (ii) Industrial Injury Allowance;
- (iii) Survivor's Pension and Child Allowance;
- (iv) Orphans' Pension;
- (v) Dependants' Pension;
- (vi) Constant attendance allowance and Disablement Benefit (in case one has suffered a loss of faculty due to an industrial accident resulting in a disability); and
- (vii) Child Allowance to a Maximum of 3 children.

Social Aid

4.2.10. Social Aid is a means-tested assistance payable to needy persons who cannot adequately provide for their dependants owing to, inter alia: physical or mental impairment, abandonment by spouse, imprisonment, and sudden loss of employment. A beneficiary is also entitled to the following benefits: Examination Fees (Cambridge SC, HSC, G.C.E. "O" and "A" levels, IVTB).

Elderly Persons Protection Unit

4.2.11. The Unit was set up to ensure the protection of the elderly against abuse and neglect in accordance with the Elderly Persons Protection Act (2005).

Lessons Learnt

- 4.2.12. In the plenary it was learnt that:
 - (i) the Government of Mauritius provided funding to NGOs based on submission of acceptable work programmes;
 - (ii) payment of retiree benefits were effected within three weeks prior to date of retirement;
 - (iii) widows' pension claims were paid within four weeks;
 - (iv) the unemployment rate was about 8% with the majority being women;
 - (v) the unemployment allowance was, among others, paid to drug addicts and prisoners;

- (vi) the Universal Fund was funded from the Consolidated Fund (taxes);
 and
- (vii) that the Social fund was 3-4 % of the GDP.

4.3. MALAWI

Institutional Framework

Co-ordination of Social Welfare Services

4.3.1. The Department of Child Development Affairs has the overall mandate to coordinate all activities concerning children and social welfare in Malawi. Other ministries and departments were created to deal with specific social welfare issues. They include the Ministry of Youth; Ministry of People with Disabilities and the Elderly and the Department of Poverty and Disaster Management Affairs.

Social Policy

- 4.3.2. Social policy in Malawi focuses on:
 - (i) provision of essential health care and strengthening service delivery;
 - (ii) improving the quality, relevance, access and management of education at all levels;
 - (iii) fostering an improved utilisation of nutritious foods; and
 - (iv) scaling up efforts to tackle and mitigate the impact of HIV/AIDS through curative and preventative measures.

Legal Framework

4.3.3. The Ministry of Gender, Children and Community Development was assigned the responsibility to oversee and ensure that an institutional and legal framework was provided within which services for the care and protection for vulnerable groups are organised and managed. A number of pieces of legislation had been reviewed to make sure that issues of children and welfare were covered comprehensively. The legislation includes the Affiliation Act, the Maintenance of Married Women Act, and the Wills and Inheritance

Act. At the time of report, Bills were being drafted to cover some of the existing gaps in various areas.

Interventions

- 4.3.4. In order to address policy concerns, the following programmes were put in place:
 - (i) The National Orphans and Vulnerable Children (OVC)
 Programme

The National OVC Programme aims at strengthening family and community coping capacities for the care, protection and support of children and families affected and infected by HIV and AIDS. Implementation of the OVC programme is guided by the National Plan of Action (NPA) for OVC.

(ii) The Social Cash Transfer Scheme

The Social Cash Transfer was implemented so as to economically empower poor households. As at the date of this report, the Social Cash Transfer Scheme was being piloted in seven out of twenty-eight districts.

Targeting criteria

The Social Cash Transfer scheme is targeted at the ultra poor (the lowest expenditure quintile and under the ultra poverty line) and the Labour constrained households. A household is defined as labour constrained when it has no able-bodied household member in the age group 19 to 64, who is fit for work, or when one household member in the age group 19 to 64 years, who is fit for work, had to care of more than 3 dependants.

Beneficiaries

At the time of the report, there were 24,051 Households with 92,000 individual beneficiaries. Other social protection activities include Public

Works Income Generating activities, Fertilizer Subsidy Programme, School Feeding Programme and Insecticide Treated Nets (ITNs) for pregnant women and under five children.

(iii) Public Assistance

This programme provides assistance to the destitute to prevent them from falling into the state of deprivation and caters for destitute children, the aged, the disabled, the sick, victims of disasters, deserted wives, discharged patients, deportees and repatriates. The challenge lies in inadequate financial support.

Opportunities

- 4.3.5. According to the presentation, opportunities exist in the following areas:
- (i) the Malawi Growth and Development Strategy which is under review;
- (ii) the National Social Support Policy which has been finalised and is awaiting Cabinet approval;
- (iii) A structural review conducted by the Ministry which has led to the upgrading of the positions of social welfare officers at all levels;
- (iv) A comprehensive policy for children which is underway;
- (v) upgrading of the Magomero College of Social and Community

 Development so that in the near future it would offer diploma and

 degree courses (it is hoped that this would help build the capacity of
 social workers); and
- (vi) lack of awareness of the importance of investing in the early years as an investment in human development.

4.4. NAMIBIA

Institutional framework

4.4.1. The Government ensures the development and management of social policy and delivery of social protection services, through relevant institutions, including the Social Security Commission.

Social Policy

4.4.2. The National policy Goal is "to provide affordable, accessible and available quality social welfare/protection services to eligible members of society."

Challenges

- 4.4.4. The challenges highlighted by the presenter are as follows:
 - (i) fragmented social welfare/protection services;
 - (ii) duplication of responsibilities mandate could be shifted from one institution to another, yet activities would still be carried out at old entity;
 - (iii) negative perceptions about social welfare/protection;
 - (iv) inadequate policy, legal and regulatory framework;
 - (v) inadequate funding; and
 - (vi) transport difficulties that make it hard to reach the isolated communities.

Interventions

- 4.4.5. The interventions put in place include Social Welfare and Protection Programmes covering:
 - (i) Old Age Grant

A grant amounting to N\$ 450 per month (USD1= N\$ 7.50; SAR1= N\$

- 1) is granted to persons resident in Namibia who hold Namibian citizenship or are permanent residents;
- (ii) Disability Grant

A grant amounting to N\$ 450 per month paid to Namibian citizens and permanent residents. The applicants should reside in Namibia and should be:

- (a) persons who are aged 16 years or above and medically diagnosed by a State doctor as being temporarily or permanently disabled (blind people included); and
- (b) persons with full-blown AIDS as certified by a medical doctor;

(iii) Funeral Benefit

The funeral grant valued at N\$ 2, 200 was given to persons who are recipients of the Old Age or Disability Grant;

(iv) Places of Safety Allowance

An allowance of N\$10 per child per day is granted to a person or institution taking care of a child under the age of 21 years placed in a place of safety by a Commissioner of Child Welfare in terms of the Children's Act No 33 of 1960 or the Criminal Procedure Act No 51 of 1977.

(v) Special Maintenance

A special maintenance allowance of N\$ 200 per month is granted to children below 16 years who are medically diagnosed by a State doctor as being temporarily or permanently disabled (blind people included). It applies to persons holding Namibian citizenship and permanent residency.

(vi) Maintenance Grant

A maintenance grant of N\$ 200 for a first child plus N\$ 100 for every additional child up to a maximum of three children is granted. The grant applies to a biological parent with a child under the age of eighteen (18), whose gross-income is not more than N\$ 1000 per month and whose spouse (mother/father of the child) is receiving an old age or disability grant or had passed away or is serving a prison sentence of three months or longer. The beneficiary should be a Namibian citizen or permanent resident.

(vii) Foster Parent Allowance

An allowance of N\$ 200 for the first foster child plus N\$ 100 for every additional foster child is paid to any person who, whether for reward or otherwise, undertakes the temporary care of any child, who has been placed in his/her custody in terms of section 31(1) b or section 50(1) of the Children Act, 1960 (Act No. 33 of 1960). The beneficiary should be a Namibian citizen or permanent resident.

(viii) Veterans Subvention

An allowance of N\$ 2,500 per month was paid to Namibian citizens resident in Namibia who participated in the struggle that led to independence in 1990.

(ix) Maternity Leave

The maternity leave benefits apply to Namibian citizens and permanent residents. To qualify, one has to be aged between 15 and 65 years with a minimum of six (6) months of paid-up membership. The allowance covered 100% of one's salary with a maximum of N\$ 7,000 per month for the duration of three (3) months, with an option to extend to four (4) Months.

(x) Sick Leave

The sick leave grant covered 75% of salary with a maximum of N\$ 7,000 per month, for duration of 24 months. The allowance was reduced to 65% of salary from the seventh month to the twenty-fourth month. Contribution and membership requirement is the same as for maternity Leave.

(xi) Death Benefit Pension Fund

A lump sum of N\$ 4, 500.00 per claim was payable once. The benefit was also paid out on retirement or permanent disability. Contribution

and membership requirement was the same as for maternity leave and sick leave.

(xii) Skills Development Fund

The Skills Development Fund (SDF) provides funding for training schemes and financial assistance to students at higher education centres. The SDF also provides for the unemployed, retrenched workers and historically disadvantaged persons.

(xiii) Employee's Compensation Fund (ECF)

The benefits under the ECF include:

- (i) medical expenses for occupational injuries/diseases;
- (ii) compensation for temporal and permanent disability due to injuries at work;
- (iii) burial/funeral expenses for deceased employees; and
- (iv) pensions for survivors of deceased employees.

All employees who earn less than N\$ 72 000 per annum contribute towards the membership. The fund covers Namibian citizens as well as permanent and temporal residents.

Legislation

4.4.5. In the implementation of social welfare and social security policies, pieces of enabling legislation were enacted and they include: National Pensions Act (10 of 1992); War Veterans Act (8 of 2008) and Social Security Act (34 of 1994).

Achievements

4.4.6. The following were highlighted as achievements:

(i) eradication of extreme poverty and hunger through various social welfare and social protection interventions;

- (ii) achievement of universal primary education through the introduction of the Education and Training Sector Improvement Programme. It was reported that 85,000 learners were participating in the school feeding programme;
- (iii) boarding schools increased and development assistance to OVCs' Early Childhood Education strengthened;
- (iv) under five mortality rate decreased from 83.2 to 69 deaths per 1000 live births while the proportion of one year old children immunised against measles increased from 75.7 in 1992 to 83.8 in 2006; and
- (v) the HIV and AIDS prevalence rate declined among various age groups as shown below:

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*15-19 - 6%, 1994; and 5.1% - 2006;

*20-24 - 11%, 1994; and 14% - 2006;

*25-29 - 7%, 1994; and 27% - 2006; and

*30-34 - 7%, 1994; and 30% - 2006.
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4.4.7. The access to ARVs, which was nil in 1994, rose to 66% in 2007, for populations with advanced HIV Infection.

4.5. SOUTH AFRICA

Institutional Framework

- 4.5.1. In South Africa, the management of policy and implementation is the responsibility of the National Department and Provincial Departments of Social Development. The main delivery institutions are:
 - (i) the South African Social Security Agency, which is responsible for the administration of social grants;
 - (ii) non-governmental organisations, responsible for the provision of welfare services; and
 - (iii) the National Development Agency through which civil society support is mobilised.

4.5.2. The private sector and Non-governmental organisations (NGOs) also play a critical role in the social sector. Most social programmes are undertaken by (NGOs). Their involvement includes the co-operative social involvement, welfare services and provision of training for community development workers.

Social Policy

4.5.3. South Africa pursues an integrated and comprehensive approach to addressing multi-dimensional poverty. As is the case with other countries in the SADC region, social policies are designed to address a range of social issues and challenges such as poverty, unemployment and social justice.

Institutional Arrangement

- 4.5.4. The National Department and Provincial Departments of Social Development are responsible for policy development and policy implementation. The key delivery institutions are as follows:
 - (i) The South Africa Social Security Agency responsible for social grant administration (SASSA);
 - (ii) Non Governmental Organisations responsible for social welfare provision; and
 - (iii) The National Development Agency (NDA) responsible for civil society support.

Challenges

- 4.5.5. In the presentation, it was pointed out that although, compared to other countries in the SADC region, South Africa has the highest GDP economic growth and stable exchange rate. Social indicators also showed that it was relatively worse off compared to some of the countries in the SADC region. The other challenges include:
 - (i) very high unemployment rate which was described as a very big challenge;

- (ii) an apartheid-era phenomena of very low wages resulting in the creation of a class of the working poor; and
- (iii) limited capacity, skills, funding and lack of proper integration of social interventions.

Interventions

4.5.6. The key pillars of the Department of Social Development are as follows:

(i) Comprehensive Social Security

This was stated as one of South Africa's key anti-poverty measures through direct state social grants outside of the social wage (provision of public goods such as no fees schools, free public health, health care for pregnant women and children, etc). Under the Comprehensive Social Security specific groups are targeted and selected through a means-testing process.

(ii) Social Welfare Services

Under the Social Welfare Services, the Departments of Social Development provides care and support services to:

- (a) persons with disabilities;
- (b) older persons;
- (c) families:
- (d) children in conflict with the law;
- (e) victims of domestic violence; and
- (f) prevention and rehabilitation of substance abuse.

(iii) Community Development

Under the Community Development pillar, focus is placed on the following policy and programmes:

- Youth,
- Non Profit Organisation,

- HIV and AIDS,
- sustainable development for communities; and
- the unemployed in different communities (for example women in rural areas).
- 4.5.7. In addition, the other important Inter-Departmental initiatives include:
 - (a) Expanded Public Works Programme focussing on:
 - (i) employment creation;
 - (ii) skills development;
 - (iii) early childhood development; and
 - (iv) home and community based care
 - (b) Co-operatives and local economic development.

4.6. SEYCHELLES

4.6.1. The population of Seychelles in 2008 was 86,956. In the presentation of the situation regarding social protection, it was reported that the political commitment by Seychelles hinged on every Seychellois to enjoy social protection and be empowered to participate in the development of Seychelles and share in the prosperity of such development.

Institutional Arrangements:

- 4.6.2. The presenter outlined the institutions that were involved in social protection in Seychelles:
 - (i) Ministry of Education;
 - (ii) Ministry of National Development;
 - (iii) Ministry of Community Development, Culture, Youth and Sports;
 - (iv) Ministry of Finance/Social Security Fund;
 - (v) Ministry of Internal Affairs;

(vi)

NGOs;

	(vii)	Civil society; and		
	(viii)	Faith-Based Organisations.		
	Programmes and Interventions			
4.6.3.		commitment for every Seychellois to enjoy social protection, it was ed that Seychelles had put the following programmes in place:		
	(i)	the Home for children in Care;		
	(ii)	Lead action at community level for social ills;		
	(iii)	Parenting Education facility;		
	(iv)	Central authority for adoption;		
	(v)	Guardian of Children in Institution;		
	(vi)	Rehabilitation of juvenile delinquents; and		
	(vii)	The Parent Department of the Council for the disabled, Council for the Elderly, and the Drug and Alcohol Council.		
4.6.4.	Th	e interventions were as follows:		
Free access to health care services - "Health for all, health by all";				
	(i)	Free education- "Education for all, education for life";		
	(ii)	The Social Security Act implemented in 1988;		
	(iii)	Seychelles Pensions Fund (1990);		
	(iv)	Social housing through Home Ownership Scheme;		
	(v)	Unemployment Relief scheme;		
	(vi)	Post Secondary Bursary;		
	(vii)	Domiciliary Care/Family support programme;		

- (viii) Subsidised travel for the elderly and students;
- (ix) Specialised health treatment overseas; and
- (x) Subsidised school meal programme.
- 4.6.5. In addition, it was reported that Seychelles has family tribunals which handle cases such as domestic riots and custody. There are also twenty-five (25) districts with forces responsible for identifying issues such as delinquency, drug abuse and how such situations can be handled and that penal courts on the other hand handle all criminal offences.

Achievements

- 4.6.7. It was reported that as a result of the above programmes and interventions, Seychelles had scored a number of successes as listed below:
 - (i) Immunisation programme 99% (2008);
 - (ii) Maternal Mortality 1% (2008); Child Mortality 3% (2008);
 - (iii) Education 100% enrolment primary and secondary (2008);
 - (iv) Housing-Home Ownership Scheme/Ile Perseverance;
 - (v) Safe drinking water 87% (2005);
 - (vi) Environment Protection 45% natural protected areas;
 - (vii) Literacy 91 % (male); 92% (female)(2007);
 - (viii) Life expectancy 68 (male); 79 (female) (2008);
 - (ix) Fertility 2.33 (2008); and
 - (x) HIV/AIDS Policy for Seychelles 2000.

Challenges

4.6.8. Despite the above stated successes, it was stated that Seychelles would be faced with a number of challenges in the future which include:

- (i) economic liberalisation;
- (ii) fiscal discipline and sustainability;
- (iii) better targeting mechanism;
- (iv) reduction in welfare path dependency;
- (v) promoting and maintaining development; and
- (vi) new social ills.

4.7. SWAZILAND

4.7.1. Swaziland, with a population of approximately 1 million, has 54% of its population below the age of 24 years and 4% above the age of 60 years. It was reported that Swaziland has high HIV and AIDS prevalence, high poverty rates of 69%, regional income disparities, growing numbers of vulnerable populations, growing numbers of orphans and child-headed households of about 31%, high infant mortality and high unemployment rates, especially among the youth.

National Planning Framework on Social Protection

- 4.7.2. Given the above situation, the presenter reported that the National Planning Framework on social protection hinges on the following:
 - (i) the National Constitution of the Kingdom of Swaziland advocating for Universal free Primary Education;
 - (ii) the Poverty Reduction Strategy and Action Plan including programmes such as the Social Protection of Vulnerable Children including orphans;
 - (iii) National Action Plan for OVCs;
 - (iv) National Education Policy;
 - (v) National Health Policy;
 - (vi) Disaster Management and Preparedness Act;

- (vii) Youth Policy; and
- (viii) National Children's Policy.

Interventions

4.7.3. In order to enhance social protection in Swaziland, the following programmes were implemented:

(i) Old Age Grant Scheme

This is a state funded grant to all elderly persons nationwide, who meet the selection criteria. The presenter explained that the objective of the Grant is to provide cash grants to all beneficiaries in order to enable them meet their basic needs. The beneficiaries are:

- (a) elderly persons aged 60 years and above;
- (b) pensioners not earning above E1 000.00/month;
- (c) all members of the living ex-servicemen and widows; and
- (d) rural health motivators.

The beneficiaries receive a monthly and quarterly payment of the grant, electronically and manually respectively.

(ii) Public Assistance Scheme

This is a national means-tested grant available to needy persons who cannot adequately provide for the needs of members of their households.

The objective of the scheme is to cushion beneficiaries from the impact of external shocks.

The beneficiaries are child-headed households and vulnerable individuals, including persons with disabilities. The beneficiaries receive quarterly grants to support sustenance of persons rendered incapable to self support due to debilitating circumstances.

(iii) Military Pension for Ex-Servicemen

It was explained that this is a national social assistance grant to all living members of ex-servicemen and widows. Its objective is to enable war-veterans and their dependants meet their basic needs. The beneficiaries receive monthly grants.

(iv) Foster Care Grant

This is a social assistance grant for children in alternative care-centres. It was stated that the objective of the grant is to provide assistance to the alternative care-centres in order to enable them to cater for their basic needs. The beneficiaries are disadvantaged children who receive annual grants. The grant is given by the Government subject to the availability of funds.

(v) Compulsory Civil Servants Pension Scheme

The objective of the scheme is to provide monthly pension allowances to civil servants after the retirement age of 60 years in a sustainable and ethical manner.

(vi) Educational Grant for Orphans and Vulnerable Children (OVCs)

The objective of the grant is to reduce school drop-out rates at both Primary and High school levels. The beneficiaries are all disadvantaged children whose school fees, books and stationery are paid for. The OVC grant is mandatory.

4.7.4. Other interventions included:

- (i) Establishment of the National Children's Co-ordination Unit; and
- (ii) Children's Portfolio Committee in Parliament;
- (iii) Free Primary Health Care Services;
- (iv) Provision of free medical services for elderly people (60 years and above);

- (v) Community Child Protectors;
- (vi) Neighbourhood Care Points;
- (vii) Promotion of access to water and sanitation, food security, provision of child health preventive programme;
- (viii) KaGogo Centres; and
- (ix) Co-ordination of community response and mitigation for children; collection of data on children's status and provision of agricultural inputs.

Challenges

- 4.7.5. The presenter explained that Swaziland was faced with a number of challenges in its social protection efforts. Among the challenges are:
 - (i) increasing advent of HIV and AIDS, and the growing number of disadvantaged children;
 - (ii) increasing incidence of TB and other diseases;
 - (iii) poor macro-economic outlook (GDP growth averaged 2%);
 - (iv) recurrent drought;
 - (v) chronic poverty;
 - (vi) inadequate Monitoring and Evaluation system;
 - (vii) inadequate policies and legislation that governs social protection; and
 - (viii) inadequate of improvement delivery mechanisms.
- 4.7.6. Further, the presenter stated that the way forward for Swaziland was, among others, to:
 - (i) strengthen co-ordination and capacity;
 - (ii) enhance research to inform evidence-based interventions;

- (iii) finalise policies and legislation; and
- (iv) efficiently utilise available resources.

Lessons learnt

- 4.7.7. Following the plenary discourse the Roundtable took note of the following:
 - (i) that Grants to OVC were paid directly to schools;
 - (ii) that the package paid by Government included school fees, uniforms and books;
 - (iii) that the only mandatory grant was school fees for OVC children;
 - (iv) that there was collaboration between Government and NGOs;
 - (v) that Pension payment slips were produced to ensure that pension was not paid to non-beneficiaries;
 - (vi) that there were many people who volunteered as foster parents but that the number was higher among foreigners than nationals;
 - (vii) that foster grants were dependent on the availability of funds and was given to the institutions in charge of children; and
 - (viii) that Public assistance was provided to all vulnerable groups while the old age pension grant was only provided to those over 60 years.

4.8. ZAMBIA

4.8.1. The presenter stated that the preoccupation among human beings revolved around improving their welfare. In that regard, it was considered that Social Policy had the potential to help tackle ills such as extreme poverty, destitution, illiteracy and unemployment. Social Policy was core to economic and social development.

Policies

4.8.2. The major policies addressing social development were highlighted as follows:

- (i) Community Development Policy;
- (ii) Social Welfare Policy;
- (iii) Child Policy;
- (iv) Education Policy;
- (v) Health Policy;
- (vi) Labour Policy; and
- (vii) Gender Policy.
- 4.8.3. The Ministry of Community Development and Social Services spearheaded social protection through the Sector Advisory Group. The presenter explained that social policy was necessary because it raised productivity. By investing in people, social policy helped to stimulate economic growth, redistribute opportunities and promote social justice and inclusion, among others.
- 4.8.4. It was stated that social policies covered sector programmes and investments in the field of education, health, employment, social protection and housing.
- 4.8.5. The presenter pointed out that initially, the social protection strategy to cover very poor and other vulnerable groups was given low priority as was evident in the Poverty Reduction Strategy Paper developed in 2002, and later incorporated into the National Development Plan, which excluded issues of social protection. Instead, the plan focused on poverty reduction based on economic growth.
- 4.8.6. It was further explained that Social protection was only taken into account in 2006 when the Fifth National Development Plan was produced. It included several objectives and policy directives for comprehensive and effective social protection provision.

Target Beneficiaries

4.8.7. The targets of social protection are as follows:

- (i) incapacitated households which, according to a study numbered two hundred thousand (200,000). The incapacitated households lacked self help capacity. They were too old, too young, sick, disabled and usually depended on the good will of the community and relatives to survive;
- (ii) *low capacity households* 200,000 households were very poor but had self capacity (labour) to fight poverty; and
- (iii) children without adult care givers 1.1million were orphaned (19% double orphans).

Incapacitated Households

4.8.8. Incapacitated households were assisted through:

(i) Public Welfare Assistance Scheme (PWAS)

The objective was to help meet basic needs of the poor and destitute. The target was female-headed, disability-headed, chronically sick and old-headed households. The assistance was administered through community structures.

PWAS was operational in all districts. It provided "in-kind" support in the area of education and health to help vulnerable people meet basic needs. By 2009, thirty-three thousand (33,000) beneficiaries were reached.

(ii) Social Cash Transfer Scheme

Under the social cash transfer scheme, bi-monthly cash transfers were provided to destitute and incapacitated households in 5 districts only, reaching 11, 000 households.

(iii) Food Programme Management Unit

This involves the provision of food to vulnerable households (HIV/AIDS patients) and community schools.

Vulnerable Children-Programmes

- 4.8.9. It was reported that there were too many vulnerable children due to high poverty levels (51% extreme poverty), HIV AIDS at 16% and high unemployment. The programmes for vulnerable children were as follows:
 - (i) Street Children Programmes which included:
 - (a) Re-integration programme under the Ministry of Community Development;
 - (b) Rehabilitation programme for former street kids, under the Ministry of Sport, Youth and Child Development - trained for 18 months in various skills such as carpentry, crop husbandry and animal husbandry;
 - (c) Free basic education from grades 1 to 9 to increase access. However, there were still hidden costs such as stationery, uniforms;
 - (d) Bursaries Programme under the Ministry of Education, for vulnerable children at secondary schools; and
 - (e) Bursaries for Colleges and two Universities. Selection was done with the involvement of Social Welfare Department.

Low Capacity Households

4.8.10. The focus under this component is on the following:

(i) Food Security Pack

The objectives are to improve productivity, household food security, reduce poverty and to empower vulnerable but viable farmers, especially female-headed households through input grants.

Holistic approach included yield enhancing inputs, seed banks, conservation farming and improved storage. Targeting was done by

District Food Security Committees, Community Welfare Assistance Committees and some NGOs.

- (ii) Food Security Pack Components which involves:
 - (a) crop diversification-cereal, legume, tuber/root;
 - (b) market entrepreneurship, seed bank market support services to transport and sell excess produce;
 - (c) alternative livelihood support fishing; and
 - (d) livestock to promote rearing of neglected animals such as goats and ducks.
- (iii) Food Security Pack Food Pack consisting 50 KG urea, 50 kg D Compound, 10 kg grain, 7.5 kg legumes, cassava cuttings and sweet potato vines.
- (iv) Micro Credit Schemes

The scheme will enable the poor to engage in risky but more rewarding ventures by accessing the following credit schemes:

- (a) Microfinance credit availed through the National Trust to vulnerable people with disabilities. Soft loans are given to groups; and
- (b) Micro-bankers Trust which gives loans to vulnerable groups mostly women, who engage in various activities such as Public Works Programme PUSH. These were funded by the Ministry of Community Development and Social Services and UN/WFP to implement the Food for Assets Programme. PUSH uses labour based techniques, creates employment and builds capacity. PUSH includes building of access roads, fish ponds, community schools and rehabilitation of earth dams.

Policy Issues

4.8.11. All the mentioned different programmes derive direction from more than one policy which includes Social Welfare policy, Community Development policy, Child policy, youth policy and education policy. The presenter emphasised the need to have a Social Protection Policy in place.

Challenges

- 4.8.12. It was pointed out that Zambia was faced with a number of challenges in its efforts to enhance social protection. Among the challenges were:
 - (i) many programmes scattered in the different ministries;
 - (ii) social protection was viewed as a cost and not a necessary investment;
 - (iii) poor infrastructure hampered delivery of social assistance;
 - (iv) high poverty levels;
 - (v) whilst government efforts were appreciated there was a feeling that more needed to be done in terms of resource allocation;
 - (vi) there is a need to legislate some of the Social Protection programmes;and;
 - (vii) need to develop regional indicators for monitoring the performance of social protection interventions in the region.

4.9. ZIMBABWE

4.9.1. The presenter stated that a large percentage of the households in Zimbabwe were subjected to poverty and vulnerability due to economic shrinkage, the perennial droughts, hyper-inflation, receding international community suport, and the ravaging HIV and AIDS pandemic. As a response, the short term economic recovery programme, prioritised social protection as one of the strategic pillars for early recovery and stabilisation.

Policies

4.9.2. The following remedial measures were put in place:

(i) Restoration of income security

Since the current income levels of the majority of the population did not only make it impossible to save but also did not induce any effective demand. The following Social Protection options were considered:

(a) <u>Cash transfer and public</u> work aimed to:

- inject cash into the rural economy;
- stimulate demand;
- stimulate cash-based transactions and revitalise the rural commercial businesses;
- revitalise agro dealers and link them to agricultural recovery and;
- rehabilitate social infrastructure (schools, clinics, dip tanks, roads etc).
- (b) Realistic Minimum Wages: to induce an upward-pull of a significant number of workers who were currently the working poor;
- (c) <u>Realistic Agricultural Producer Prices</u> to offer realistic return to investment;

(d) Support to Small and Medium Enterprises and Informal Sector

By injecting/investing resources into that sector it was expected to have short-term supply response and hence open opportunities to a greater majority of the urban unemployed.

(ii) Social Security

(a) Revival of Pension Schemes

In order to revive the collapse of the once thriving social protection sector, which has rendered almost all pensioners destitute, Zimbabwe is planning to revive occupational schemes so that they could render meaningful pensions.

(b) Revival of Medical Aid Schemes

Considering establishment of the compulsory medical insurance scheme albeit in the medium to long-term since failure to access health implies declining human capital indicators, low productivity and consequent downward spiral in growth.

(iii) Programmes Safety Nets

- (a) Agriculture Input Social Safety Net Programme was introduced in order to:
 - ensure household food security;
 - reduce demand for imports;
 - generate small surplus that increase rural incomes and stimulate rural trading;
- (b) Revitalisation of BEAM: to ensure that the almost 1.8 million orphans and vulnerable children were protected and continued to access Education was critical.

(c) <u>Enhance the Assisted Medical Treatment Orders (AMTOs)</u>

To ensure that the majority of marginalised persons accessed health and, therefore, prevent unnecessary deaths or loss of productive time.

(d) <u>National Action Plan for Orphans and Vulnerable children (NAP for OVCs)</u>

The National Action Plan was developed by Government in response to the financial challenges and poor macro-economic conditions. Resources mobilised are currently being accessed by civil society organizations to implement the programmes.

(e) <u>Public Assistance</u>

This was a form of social assistance to support families in distress, children in difficult circumstances and could also be extended to the chronically ill, people living with disabilities, child-headed families and the elderly. The amount transferred would be equivalent to their basic consumption basket.

(f) Maintenance of disabled persons

It was intended to meet their special needs such as assistive devices like wheelchairs, crutches and artificial limbs.

(g) <u>Transfers to Heroes' Dependants</u>

Rendered assistance to dependants in the form of monthly allowances covering both surviving spouses and minor children as well as medical and miscellaneous assistances from the Heroes Dependants' Fund.

Challenges

4.9.3. The challenges faced by Zimbabwe included:

- (i) inadequate allowances to meet basic needs of beneficiaries due to inadequate allocations from the Treasury, (15% of the total national budget is allocated towards Social Protection);
- (ii) implementation of programmes impacted by high staff turnover due to harsh economic conditions;

- (iii) increase in the number of vulnerable people who needed social services due to effects of HIV and AIDS and other socio-economic hardships; and
- (iv) ineffective co-ordination of programmes at all levels: weak institutional arrangements and poor co-ordination of social protection programmes resulting in the fragmentation of responsibilities and duplication of efforts among government ministries and other agencies rendering such programs costly with minimum impact on the intended beneficiaries.

Interventions

- 4.9.4. At the time of the report, the Ministry responsible was drafting a National Social Protection Strategic framework whose objectives are to:
 - (i) promote partnership for the revitalisation and strengthening of key social safety nets for the disadvantaged groups, including women, children and people with disability;
 - (ii) develop mechanisms for strengthening the participation of vulnerable groups in development, planning and implementation;
 - (iii) support sector ministries in developing social protection interventions within the armpit of the Social Protection Strategic framework; and
 - (iv) promote the public works approach to delivering assistance to the able-bodied poor and vulnerable individuals and households.

Lessons Learnt

- 4.9.5. In the plenary discussion the Roundtable took note of the information that:
 - (i) individuals presented themselves before they were sick and were means-tested by social welfare officers and given medical cards after being assessed; and

(ii) the impact of hyper-inflation was that all social transfers were wiped out and that it only made sense with the introduction of multicurrency.

4.10. TANZANIA

4.10.1. In presenting the Tanzanian situation, the presenter informed the meeting that the Department of Social Welfare had been in several ministries before it was finally placed in the Ministry of Health and Social Welfare. The presenter explained that the fight against poverty was a long-standing agenda in the history of Tanzania, which started immediately after independence in 1961. Disease, ignorance and poverty were singled out as the main impediments to development and welfare improvement. In that regard, various policies and strategies were designed to eradicate the three ills.

Policy Environment

- 4.10.2. It was reported that in order to fight the three ills highlighted above the following policies were implemented:
 - (i) Arusha Declaration which was made immediately after independence and whose main emphasis was on socialised social services, free health and medical services at point of delivery and expansion of health and social net work;
 - (ii) Vision 2025 which aims at achieving a high quality livelihood, attaining good governance through the rule of law and developing a strong and competitive economy that reduced abject poverty;
 - (iii) National Strategy for Growth and Reduction of Poverty(NSGRP) which addresses the Millennium Development Goal of improving the quality of life and social well-being;
 - (iv) Millennium Development Goals, which was an international commitment to, among others, reduce child mortality by two-thirds (147/1000 in 1999), improve maternal health by reducing MMR by three quarters (529/100000 in 1996), combat malaria and reverse the spread of HIV/AIDS by 2015;

- (v) National Health Policy to provide basic health services that are integrated within the health system, services of good quality, affordable, sustainable and gender sensitive;
- (vi) National Social Welfare Policy aims at the provision of rehabilitative and welfare services of good quality, which are accessible, affordable and equitable to all vulnerable groups;
- (vii) National Policy on Disability which emphasises on the provision of a conducive environment for people with disability to engage in productive work for development and utilisation of available resources for improved service delivery; and
- (viii) National Ageing Policy which aims at ensuring provision of basic and quality services to the elderly.
- 4.10.3. The presenter stated that other policy initiatives were as follows:
 - (i) Health Sector Reform which is a sustainable process of fundamental change in National Health policy and institutional arrangement aimed at improving the health sector in the provision of quality health services for communities;
 - (ii) The Public Service Reform which aimed at transforming the public service into a service that had the capacity, systems and culture for continuous improvements of services. The delegate explained that it focused on issues of weak capacity and poor delivery of public services; and
 - (iii) Local Government Reform Policy which aims at the devolution of power to the lower levels of implementation.

Strategies and Programmes

- 4.10.4. In order to implement the policies, the following strategies and programmes were put in place:
 - (i) Health Sector Strategic Plan set forward eleven priority strategies that are implemented at the district health, regional health and

- national level through district health services, health care financing, human resource, social welfare and social protection.
- (ii) Primary Health Sector Development Programme (MMAM) aimed at addressing equitable, accessible and quality social and health services. The programme focuses on having a fully operative health facility in every village and ward;
- (iii) Social Welfare Strategic Plan: involves 10 strategic areas of focus;
- (iv) National Strategy for Community Based Care Support and Protection of Most vulnerable Children whose focus is on ensuring that most vulnerable children and their needs were identified through a community based identification process and the needs of the identified children were met as per set standards;
- (v) National Guidelines for quality care; and
- (vi) Health Care Financing Reforms which were initiated due to underfunding, poor management and planning and deterioration of health care services.

Health Sector Reform

4.10.5. The health sector reforms covered *Ideological change, Economic and social policies, System development, Enhancing Resources Mobilization* {(Govt/Donors) - +Budget allocation/ Basket Fund}, Introducing complementary Health care financing options (CS/NHIF/CHF) and Promotion of Community empowerment and participation.

Strategies and Programmes

4.10.6. The strategies and programmes include:

Social Schemes

(i) CHF - Scheme: Concept for Sustainable Development:

The objective of the CHF scheme is to promote community participation and empowerment. The scheme is pro-poor (affordable/exemptions). The other aspects of the scheme are:

- (a) voluntary with user fee as a control mechanism;
- (b) two payment methods: annual contributions (Members) and direct payment at the point of service delivery(user-fee);
- (c) matching grant-100% by Government, based on members' contribution;
- (d) exemption mechanism: community and facility based;
- (e) a member may be a household or any person over 18 years;
- (f) special member- boarding school students; and
- (g) legal framework: By-laws which work within a district area.
- (ii) National Health Insurance Fund which is a compulsory scheme for public service staff established by an Act of Parliament; and
- (iii) Private sector and Public Health insurance Funds.

Achievements

- 4.10.7. The presenter informed the meeting that as a result of the implementation of the strategies, the country scored achievements which included the following:
 - (i) high <5 MR of 162/1000 live births way back in 1990 and substantial and rapid deceleration of both <5 and infant mortality rate over the years;
 - (ii) 38% and 41% decline in <5MR and IMR, particularly between 1999 and 2007 respectively;
 - (iii) Most Vulnerable Children (MVC) identification process covered 81 districts;

- (iv) MVC committees established to co-ordinate MVC support in their respective areas;
- (v) development of community participatory plans to support identified MVC. As part of this initiative, MVC welfare fund existed at village level into which the community, individuals and other stakeholders contribute;
- (vi) MVC were provided with education support at secondary school level and vocational training;
- (vii) framework for co-ordination and management existed at all levels of implementation;
- (viii) installation of data management system and periodic reporting forms;
- (ix) the same success was for MDG 6 on HIV/AIDS, malaria and other diseases but specifically on HIV/AIDS which the State stopped and started reversing the prevalence rates in late 1980's;
- (x) the prevalence had dropped to less than 5.6% for the same age group;
- (xi) the TB completion rate of treatment with DOTs moved from 82% in 2005, 84.5% in 2007, to 87.4% in 2008;
- (xii) there were seventeen (17) homes for the elderly and destitute in the country run by the Ministry of Health and Social Welfare (MoHSW);
- (xiii) the elderly (60 years and above) access health care through exemption mechanisms CS/CHF;
- (xiv) equally, MoHSW manages seven Vocational training centres for people with disability and one National children's home; and
- (xv) destitute relief assistance to vulnerable families managed by MoHSW.

Major Challenges

- 4.10.8. The presenter explained that despite the above achievements, the country still faced some challenges:
 - (i) maternal deaths were still high due to various factors such as haemorrhage, unsafe abortion and "eclampsia";
 - (ii) only 32% skilled workforce of the human resource in health and social welfare was in place and those in place were poorly compensated;
 - (iii) financial resources were not sufficient to deliver even the bare minimum of essential health and social welfare services;
 - (iv) HIV and AIDS epidemic was increasing the workload on the already overstretched health and social welfare systems; and
 - (v) ever increasing numbers of vulnerable groups against available resources.

Lessons

- 4.10.9. Following the deliberations, participants learnt that:
 - (i) there existed numerous uncoordinated social protection and social welfare related policies. These needed to be harmonised; and
 - (ii) for ownership and sustainability of MVC care and support, programmes that there was need for mainstreaming in the LGA/ Central Budgets.
- 4.10.10. Further, the Roundtable took note that:
 - (i) social schemes were coordinated by the Ministry of Health and Social Welfare which was given the mandate to harmonise all social welfare schemes;
 - (ii) factors which contributed to the reduction in infant mortality was some arrangement such as basket funding;

- (iii) National Plan of Action resulted in programmes which identified children and their needs and that participatory plans were developed by communities. Further, that support was sought from the Government and NGOs; and
- (iv) there was a Steering Committee on HIV/AIDS at National level and a Technical Committees at Council level, ward and village levels.

ISSUES EMERGING FROM THE ROUNDTABLE

5.0. COMMON ISSUES AND CHALLENGES

The Roundtable identified the following issues and challenges as being generic to the participating SADC countries.

5.1. Macro-strategic issues

- (i) Economic and budgetary constraints, especially for social programmes in most countries;
- (ii) lack of a specific national social policy framework in some countries;
- (iii) Poor Macro-economic outlook; and
- (iv) The impact of climatic change/ factors

5.2. The conceptual issues

- (i) Social Protection is viewed as a burden on national budgets;
- (ii) lack of a specific national social policy framework in some countries and;
- (iii) Generally, the ranking of the social welfare sector/ programmes is low in most countries.

5.3. Institutional and operational issues

- (i) poor coordination leading to duplication of services and fragmentation of activities across a number of ministries and departments;
- (ii) inadequate capacity in the social development sector;
- (iii) disparities in the modes of interventions at national and regional level;
- (iv) inadequate national birth registration system for children in the region;
- (v) lack of Monitoring and Evaluation mechanisms for social protection programmes in some countries;
- (vi) inadequate policies and legislation that governs social protection; and
- (vii) poor infrastructure hampering delivery of social assistance.

5.4. Target social groups

- (i) inadequate national registration systems for vulnerable groups in the region;
- (ii) there are disjointed child related policies;
- (iii) there is no comprehensive National Plan for Children in some countries;
- (iv) increasing numbers of vulnerable children; and
- (v) increase in the number of vulnerable people who need social services due to effects of HIV and AIDS and other socio-economic hardships.

6.0. PROPOSED SOLUTIONS FOR THE COMMON ISSUES AND CHALLENGES

After serious consideration of the common issues and challenges, the Roundtable came up with the following:

6.1. Macro-strategic issues

- (i) integrating social and economic policies in national development plans is key;
- (ii) prioritise budget allocations for social protection and social development; and
- (iii) establish National social policy framework.

6.2. The conceptual issues

Raising awareness at both national and regional levels on social protection and social development as critical investments for national economic growth and prosperity.

6.3. Institutional and operational issues

Establish/strengthen an effective national institutional mechanism for the provision of social protection and social development programmes.

6.4. Target social groups

Define target groups and establish comprehensive national statistics and database.

7.0. WAY FORWARD

- 7.1 Having identified the challenges in the delivery of efficient and effective social security services and benefits, and having come up with relevant proposals, the Roundtable adopted the way forward as follows:
 - (i) to communicate resolutions of the Roundtable to the Ministers responsible for management of social sector policies and delivery of social security benefits in order to obtain their support and engage them in the promotion of the Roundtable resolutions;
 - (ii) to set up a core technical group to advocate, coordinate and to advise on social development. The proposed membership was constituted as follows:
 - (a) one representative from each member SADC country;
 - (b) the hosting country (Zambia) to chair the technical Committee and the next host to provide the secretariat; and
 - (c) terms of reference to be worked out and circulated to members of the core group by 1st January, 2010.
 - (iii) institutionalisation of Annual events for the Roundtable, timed in such a way as to enable the Roundtable to feed into the SADC social sector programmes/initiatives; and
 - (iv) involvement of the Media in the respective member countries to promote awareness amongst citizens and civil society.

7.2. Next Roundtable host

A tentative offer, subject to confirmation, was made by Mauritius while Swaziland and Zimbabwe put themselves on Standby.

ANNEXES

Appendix I. Welcoming Remarks

Appendix II. Keynote Address

Appendix III. Presentations

- (a) Democratic Republic of Congo
- (b) Malawi
- (c) Mauritius
- (d) Mozambique
- (e) Seychelles
- (f) South Africa
- (g) Swaziland
- (h) Tanzania
- (i) Zambia
- (j) Zimbabwe

Annex IV List of Participants

Annex V Programme

APPENDIX I - WELCOMING REMARKS

OPENING AND WELCOME REMARKS

BY THE PERMANENT SECRETARY-

MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL SERVICES

IT IS A GREAT PLEASURE AND PRIVILEGE TO WELCOME FIRSTLY TO ZAMBIA AND SECONDLY TO THIS SADC ROUNDTABLE ON SOCIAL POLICY ALL THE DELEGATES FROM THE ELEVEN COUNTRIES REPRESENTED HERE TODAY.

ZAMBIA IS A BEAUTIFUL – NOT LANDLOCKED BUT LAND SURROUNDED COUNTRY WITH EIGHT NEIGHBOURS. WE HAVE SEVENTY TWO TRIBES IN ZAMBIA; BUT WE ARE 1 PEOPLE, 1 ZAMBIA 1 NATION.

SO TO OUR VISITORS HERE THIS MORNING YOU ARE WELCOME TO BECOME THE 73rd, 74th, 75th, TRIBE WHILST YOUR ARE HERE. LET ME SAY THAT POVERTY IS A UNIVERSAL CONCERN THAT HAS ESCALATED IN PAST DECADE BECAUSE OF THE EFFECTS OF THE GLOBAL RECESSION AND AN EMPLOYMENT SCURGE, THE DETERIORATION OF FAMILY VALUES, THE AIDS PANDEMIC. IN SOME CASES THE EFFECTS OF POLITICAL INSTABILITY AND GENDER VIOLENCE TO MENTION BUT A FEW.

LADIES AND GENTLEMEN, COUNTRIES NOW MORE THAN EVER ARE EMPHASIZING ONE FACT THAT DEVELOPMENT IS ONLY MEANINGFUL WHEN PEOPLES NEEDS ARE EFFECTIVELY ADDRESSED ESPECIALLY IN THE AREA OF POVERTY ERADICATION ALONGSIDE WITH PSYCHOSOCIAL HELP.

AS WE ARE GATHERED HERE TODAY, AS PERSONS WORKING IN THE DEPARTMENTS OF COMMUNITY DEVELOPMENT AND SOCIAL WELFARE IN OUR COUNTRIES; OUR MANDATE IS TO IMPLEMENT POLICY AIMED AT WORKING TOWARDS THE ERADICATION OF POVERTY AND I HOPE AT THE END OF THIS ROUNDTABLE WE WILL STRATEGICALLY PLAY A ROLE IN THE LONG TERM ERADICATION OF POVERTY. THE CHALLENGE IS GREAT, MAYBE A THREAT BUT IT

IS ALSO A COMPELLING INSTRUMENT THAT WILL MAKE US CARE ABOUT TODAY; AND ABOUT OUR CHILDREN'S FUTURES; OR WE MAY FIND OURSELVES RECITING A SENTENCE FROM ALLAN PAYTON'S BOOK AND I QUOTE " CRY THE BELOVED COUNTRIES, FOR UNBORN CHILDREN; THE INHERITORS OF OUR FEAR" END QUOTE.

WE HAVE TO DO SOMETHING AND I BELIEVE WE WILL DO SOMETHING SIGNIFICANT IN THE SADDC REGION IN ENSURING FOOD SECURITY AND A PSYCHO HAPPY ENVIRONMENT.

LADIES AND GENTLEMEN, THIS ROUNDTABLE IS A FOLLOW UP OF THE 2006 SYMPOSIUM WHICH WAS ATTENDED BY MINISTERS FROM MEMBER STATES. AS A REGION ITS TIME NOW MORE THAN EVER TO TAKE UP THE CHALLENGES BY IMPLEMENTING THE RESOLUTIONS FROM THESE ROUNDTABLE.

WITH THESE FEW OPENING REMARKS, I WISH YOU ALL A VERY ENJOYABLE STAY IN ZAMBIA; EVEN AS YOU MAKE A NOTABLE CONTRIBUTION TO THIS ROUNDTABLE.

I THANK YOU AND MAY GOD BLESS YOU ALL.

APPENDIX II

REPUBLIC OF ZAMBIA



CABINET OFFICE

KEYNOTE ADDRESS BY
THE SECRETARY TO THE CABINET
DR. JOSHUA L. KANGANJA

DELIVERED DURING THE OFFICIAL OPENING

OF THE SADC REGIONAL POLICY SYMPOSIUM $22^{nd} - 25^{th} \text{ NOVEMBER 2009}$ LIVINGSTONE

THE CHAIRPERSON, THE PERMANENT SECRETARY – MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL SERVICES IN ZAMBIA

THE DIRECTOR GENERAL – DEPARTMENT OF SOCIAL DEVELOPMENT IN SOUTH AFRICA

THE PERMANENT SECRETARIES AND DIRECTOR GENERALS FROM THE REGION

THE PERMANENT SECRETARY SOUTHERN PROVINCE

SENIOR GOVERNMENT OFFICIALS,

PROGRAMME DIRECTOR

INVITED PARTICIPANTS,

LADIES AND GENTLEMEN,

IT IS A GREAT HONOUR AND PRIVILEDGE FOR ME TO OFFICIATE AT THIS

IMPORTANT SOUTHREN AFRICAN REGIONAL SOCIAL POLICY

ROUNDTABLE. FIRST AND FOREMOST I WISH TO EXTEND A WARM

WELCOME TO ALL THE DELEGATES TO THIS ROUNDTABLE, IN

PARTICULAR I WISH ALL OUR VISITORS A HAPPY AND PRODUCTIVE STAY IN LIVINGSTONE THE HOME OF THE MIGHTY VICTORIA FALLS WHICH IS ONE OF THE SEVEN NATURAL WONDERS OF THE WORLD. LIVINGSTONE HAS AMONG OTHER REASONS ITS SYMBOLIC VALUE WHICH EMANATES FROM THE 2006 INTERGOVERNMENTAL CONFERENCE ON SOCIAL PROTECTION WHICH WAS HELD HERE IN 2006.

LADIES AND GENTLEMEN,

AS REPRESENTATIVES FROM A NUMBER OF COUNTRIES WITHIN THE SOUTHERN AFRICAN REGION, INTERNATIONAL ORGANIZATIONS, NON GOVERNMENTAL ORGANIZATIONS AND INDEED THE ACADEMIA, WE ARE GATHERED HERE TO DISCUSS AN IMPORTANT TOPIC THE REGIONAL SOCIAL POLICY. SOCIAL POLICY IS BROADLY UNDERSTOOD TO REFER TO PLANNED INTERVENTIONS IN ALL SPHERES AND SYSTEMS IN A SOCIETY THAT ARE AIMED AT SECURING SOCIAL CHANGE THAT PROMOTES LIVING CONDITIONS THAT ARE CONDUCIVE TO HUMAN WELFARE.

IN THE DRAFT SADC "TOWARDS AN AFRICAN REGIONAL SOCIAL POLICY"

(JOHANNESBURG, NOVEMBER 2006) A DOCUMENT I AM SURE YOU ARE

ALL FAMILIAR WITH, SOCIAL POLICY IS UNDERSTOOD TO "MEAN

COLLECTIVE STATE-LED MEASURES, IMPLEMENTED BY THE STATE AND

ITS PARTNERS SUCH AS THE PRIVATE SECTOR, INTERNATIONAL

DEVELOPMENT PARTNERS AND CIVIL SOCIETY ORGANISATIONS AIMED

AT IMPROVING HUMAN WELFARE BY MEETING HUMAN NEEDS FOR

EDUCATION, HEALTH, HOUSING, FOOD AND SOCIAL SECURITY AS WELL AS SOCIAL PROTECTION. IN MOST AFRICAN COUNTRIES SOUTH OF THE SAHARA, SUCCESSIVE GOVERNMENTS HAVE, UNDER DIVERSE POLITICAL-ECONOMIC FRAMEWORKS, SET THEIR DEVELOPMENT OBJECTIVES BASED ON IDEOLOGICAL DEFINITIONS OF THEIR NATIONAL PROBLEMS. IN THIS CONTEXT, THE DEFINITION AND THE PROCESS OF CHANGE OF SOCIAL POLICY IN AFRICA HAVE BEEN DOMINATED, LED, AND AT TIMES HELD TO RANSOM BY IDEOLOGY.

AFRICA IS A BEAUTIFUL CONTINENT WHICH HAS MANY POSITIVE ATTRIBUTES, REMARKABLE POTENTIAL; AND CAN BE SELF RELIANT BUT UNFORTUNATELY THE CONTINENT HAS THE HIGHEST POVERTY LEVELS, THIS SYMPOSIUM WHICH IS ADDRESSING THIS VERY ISSUE OF HUMAN DEVELOPMENT IS INDEED TIMELY.

THE CONTINENT IS SCARRED WITH POVERTY; ALL THE 32 LOW HUMAN DEVELOPMENT INDEX COUNTRIES ARE IN AFRICA. MANY OF AFRICA'S PEOPLE LIVE ON LESS THAN ONE DOLLAR A DAY. IN AFRICA THE BIGGEST CHALLENGE IS TO COMBAT POVERTY. THIS COULD NOT HAVE BEEN PUT MORE APTLY THAN WHAT IS STATED IN THE COMMISSION FOR AFRICA REPORT, AND I QUOTE "AFRICAN POVERTY AND STAGNATION IS THE GREATEST TRAGEDY OF OUR TIME". POVERTY IS MULTIFACETED AND MULTI DIMENSIONAL. POVERTY IS NOT ONLY A FUNCTION OF INADEQUATE INCOME BUT INCLUDES SUCH FACTORS AS SOCIAL EXCLUSION, STIGMA AND POWERLESSNESS. IT IS FOR THESE REASONS

THAT WHEN AS A REGION WE COME UP WITH SOLUTIONS TO OUR SOCIAL PROBLEMS, ISSUES OF POLICY ALIGNMENT, POLICY COHERENCE AND POLICY CO-ORDINATION WITHIN DIFFERENT SOCIAL AND ECONOMIC SPHERES MUST BE STRICTLY ADHERED TO AS THEY PLAY A CRITICAL ROLE.

LADIES AND GENTLEMEN,

IT IS THEREFORE IMPORTANT THAT WE WORK HARD TO ACHIEVE THE MILLENNIUM DEVELOPMENT GOALS WE SET FOR OUR SELVES. I AM AWARE THAT MANY COUNTRIES HAVE SET IN MOTION PROGRAMMES AIMED AT ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS (MDGS) BY 2015. ACCORDING TO THE MILLENIUM DEVELOPMENT GOALS PROGRESS REPORT (2005). IF THE MILLENNIUM DEVELOPMENT GOALS ARE ACHIEVED BY 2015, MORE THAN 500 MILLION PEOPLE WILL BE LIFTED OUT OF EXTREME POVERY, AND AT THE SAME TIME MORE THAN 300 MILLION WILL NO LONGER BE SUBJECTED TO HUNGER. ATTAINMENT OF THE MDGs WILL TRANSLATE INTO MORE THAN 350 MILLION PEOPLE HAVING SAFE DRINKING WATER AND 650 MILLION WILL HAVE BASIC SANITATION. WITH ONLY FIVE YEARS REMAINING, I URGE ALL COUNTRIES TO REDOUBLE THEIR EFFORTS AND MOVE SWIFTLY TO ACCOMPLISH THESE GOALS. I HAVE NO DOUBT THAT OUR COUNTRIES WILL REMAIN FOCUSED AND RESOLUTE TO ENSURE THAT THIS IS ACHIEVED.

LADIES AND GENTLEMEN,

THE DISCUSSION ON SOCIAL POLICY IS EXTREMELY IMPORTANT, AS YOU MAY BE AWARE THAT AT THE JOHANNESBURG SADC MINISTERIAL MEETING IN 2006, IT WAS AGREED THAT THERE WAS NEED TO ADDRESS THE GAPS THAT EXIST IN THE SOCIAL DEVELOPMENT POLICY IN THE REGION. THIS WILL ULTIMATELY TRANSLATE INTO THE NEPAD PLAN OF ACTION ON SOCIAL POLICY.

FOR THIS REASON, AS SENIOR POLICY MAKERS YOU ARE PARTICIPATING IN THIS CONFERENCE TO IDENTIFY AND TAKE FORWARD IN A PRACTICAL FASHION THE POTENTIAL OF COOPERATION AT A REGIONAL LEVEL. YOU WILL SEEK TO MAXIMIZE THE BENEFITS FROM SHARING YOUR DIFFERENT EXPERIENCES AND TAKE ADVANTAGE OF SYNERGIES. I AM OPTIMISTIC THAT WITH SUCH A RICH MIX OF EXPERTISE FROM DIFFERENT GOVERNMENTS, COOPERATING PARTNERS AND CIVIL SOCIETY, THE CONFERENCE WILL PRODUCE GOOD RESOLUTIONS AND PRACTICAL, WORKABLE RECOMMENDATIONS.

LADIES AND GENTLEMEN,

COMPREHENSIVE SOCIAL POLICIES SHOULD BE TREATED AS AN URGENT PRIORITY IF WE ARE TO ACHIEVE DEVELOPMENT OBJECTIVES AND BUILD NATIONS THAT ARE SOCIALLY INCLUSIVE, ECONOMICALLY RESILIENT AND POLITICALLY STABLE.

WE STAND AT A TIME WHEN WE HAVE A UNIQUE OPPORTUNITY IN THE HISTORY OF OUR REGION AND CONTINENT AT LARGE, AS WE ARE FACED WITH MANY CHALLENGES TO SOLVE. THIS IS AS A RESULT OF A LOT OF FACTORS AND FLEMENTS INTERACTING AT DIFFERENT SPEEDS AND IN DIFFERENT DIRECTIONS. WE ARE STILL EXPERIENCING AN ECONOMIC SLOW DOWN, HIGH POVERTY RATES AND HIV INFECTIONS. EVERYONE KNOWS, CRISIS BREEDS INNOVATION AND THIS PRESENTS AN OPPORTUNITY TO DEVISE WAYS TO MAKE EVERLASTING POSITIVE CHANGES IN THE HUMAN WELFARE. WHEN PROBLEMS SEEM INSURMOUNTABLE SOME PEOPLE SHY AWAY AND TURN AWAY. BUT TODAY I AM ASKING ALL OF YOU TO ENGAGE IN SERIOUS AND FOCUSSED DISCUSSIONS ON SOCIAL POLICY. FROM TODAY ONWARDS YOU MUST BE THE INITIATORS AND CHAMPIONS OF NEW SOCIAL TRANSFORMATIVE CHANGE. YOU ARE THE PEOPLE THAT MUST BRING SOCIAL CHANGE IN THE NEXT 100 YEARS.

AS POLICY MAKERS, AM SURE YOU APPRECIATE THAT COMPARATIVE RESEARCH INTERNATIONALLY DEMONISTRATES THAT NO SUSTAINABLE ECONOMIC GROWTH CAN BE ACHIEVED IN THE ABSENCE OF GOOD SOCIAL POLICIES. THE OPPOSITE IS ALSO TRUE I.E GOOD SOCIAL POLICIES CANNOT BE ACHIEVED IN THE ABSENCE OF SUSTAINABLE ECONOMIC GROWTH. THUS, SOCIAL POLICIES PROVIDE VITAL LIFE SUPPORT MECHANISMS FOR SUSTAINED ECONOMIC GROWTH. AT THE REGIONAL LEVEL, THEREFORE WE NEED A SOCIAL POLICY THAT STARTS BY UNDERSTANDING THE HOLISTIC NATURE OF THE FAMILY AND THE

COMMUNITIES. IT IS ONLY BY FULLY UNDERSTANDING THE NEEDS OF FAMILIES AND COMMUNITIES THAT WE CAN COME UP WITH RESPONSIVE SOCIAL POLICIES.

LADIES AND GENTLEMEN.

SOCIAL POLICY AT NATIONAL LEVEL PROVIDES MECHANISMS FOR SOCIAL REDISTRIBUTION THROUGH STRATEGIES SUCH AS EMPOWERMENT PROGRAMMES, LAND REFORMS, TAXATION, CASH TRANSFERS AND FOOD SECURITY. THEREFORE, SOCIAL PROTECTION IS ONE OF THE PILLARS OF SOCIAL POLICY WITH THE POTENTIAL TO NOT ONLY HELP EXTRICATE PEOPLE OUT OF POVERTY BUT TO HELP REDUCE INEQUALITIES. SOCIAL PROTECTION REFERS TO POLICIES AND PRACTICES THAT PROTECT AND PROMOTE THE LIVELIHOODS AND WELFARE OF PEOPLE SUFFERING FROM CRITICAL LEVELS OF POVERTY IT IS IMPERATIVE THEREFORE THAT OUR AND DEPRIVATION. GOVERNMENTS LEAD THE WAY IN THE PROVISION OF SOCIAL PROTECTION IN OUR COMMUNITIES.

IT IS ENCOURAGING THAT A NUMBER OF COUNTRIES IN THE REGION HAVE NOW REALISED THE UNEQUIVOCAL IMPORTANCE OF SOCIAL PROTECTION AND MEASURES SUCH AS SOCIAL CASH TRANSFERS AND FOOD SECURITY PROGRAMMES WHICH ARE BEING IMPLEMENTED WITH MORE CONVICTION AND SPEED.

LADIES AND GENTLEMEN,

EDUCATION IS THE FULCRUM OF DEVELOPMENT. EDUCATION IS A KEY THAT UNLOCKS THE HIDDEN RESOURCES FOR HUMAN DEVELOPMENT. IT IS A KEY DETERMINANT OF THE LIFESTYLE AND GENERAL STATUS OF THE POPULATION. STUDIES CONSISTENTLY SHOW THAT EDUCATION ATTAINMENT HAS A SUBSTANTIAL EFFECT ON THE POPULATION AND SOCIO ECONOMIC ISSUES SUCH AS HEALTH, POVERTY LEVELS, EMPLOYMENT EARNINGS AND NUTRITION.

LADIES AND GENTLEMEN,

I WOULD BE FAILING IN MY DUTIES IF I DID NOT THANK THE SOUTH AFRICAN GOVERNMENT THROUGH THE DEPARTMENT OF SOCIAL DEVELOPMENT FOR INITIATING AND STEERING THIS ROUNDTABLE, AND INDEED THE ZAMBIAN, MINISTRY OF COMMUNITY DEVELOPMENT AND SOCIAL SERVICES ORGANIZING COMMITTEE FOR SUCCESSFULLY ORGANIZING THIS ROUNDTABLE.

LADIES AND GENTLEMEN,

IT IS NOT MY WISH TO TAKE MUCH OF YOUR TIME. I WOULD LIKE TO THANK YOU FOR INVITING ME TO COME AND GIVE THIS KEYNOTE ADDRESS AT THIS IMPORTANT GATHERING. ON BEHALF OF MY GOVERNMENT AND INDEED ON MY OWN BEHALF, IT IS MY HONOUR AND RARE PRIVILEGE TO DECLARE THIS SOCIAL POLICY ROUNDTABLE OFFICIALLY OPENED AND I WISH YOU FRUITFUL AND SUCCESSFUL DELIBERATIONS.

I THANK YOU ALL AND MAY THE GOOD LORD GIVE YOU WISDOM AS YOU DELIBERATE.

APPENDIX III (a)

DEMOCRATIC REPUBLIC OF THE CONGO PRESENTATION

APPENDIX III (b)

MALAWI PRESENTATION

H. Kulemeka

Director of Child Development Affairs

Ministry of Gender, Children and Community Development

Country Context

- i) Malawi is a landlocked country located in Sub Saharan Africa.
- ii) Malawi is 118, 484 sq km; ¼ of Malawi is occupied by Lake Malawi.
- iii) Malawi is divided into three regions of South (13 districts), Centre (9 districts), and North (6 districts).
- iv) Malawi became independent in 1964 and republic status in 1966
- v) From 1964 to 1994 Malawi was under one-party rule.
- vi) From 1994 the country is enjoying a stable political environment in the multiparty system of Government.

Demographics

- i) Malawi has a population of 13, 066, 320
 - a. 51.3% (female) and 49.7 (male)
 - b. 52% of the population are children (<18 years old)
- ii) HIV prevalence has reduced from 14.4% in 2003 to 12.6% in 2007.

- iii) There are 100,000 new HIV infections in Malawi annually with about ½ occurring among Young People aged 15 24 and nearly the same number of deaths per annum
- iv) Of the 70,276 children aged 0 17 surveyed in the Multiple Indicator Cluster Survey (MICS) 2006, 12% were orphaned. Of these 9% were single orphans and 3% were double orphans) and nearly 7% were vulnerable
- v) there are over 1.1 million orphans and other vulnerable children in Malawi with about half of them being orphaned or made vulnerable by HIV and AIDS
- vi) As of 2005, there were 930,000 people including children under the age of 15 who were living with HIV
- vii) Women and girls in the age group of (15 24) account for 60% of infection.

 The increase in female infections are attributed to:
 - a. Girls have their sexual debut early in life (14% of girls aged 14-19 have had sex before the age of 15
 - b. Poverty
 - c. Harmful cultural practices
- viii) Of the total number of people living with HIV, 83,000 are children under 15 years of age.
- ix) MTCT of HIV is the single largest cause of HIV infection in children. In 2003 alone, mother to child transmission of HIV was responsible for 70,000 HIV infected children under the age of 15.
- x) 480, 000 persons of the population consists of persons with disabilities
- xi) Most children with disabilities are denied their right to education due to lack of policy guidelines to ensure that there is early detection, prevention, intervention, parent education and possible integration.

National Frameworks and Commitments

- i) Policies and National Plans
 - a. The government of Malawi is implementing the Malawi Growth and Development Strategy (MGDS) 2006 2011
 - b. The MGDS has five themes namely: Sustainable Economic Growth; <u>Social Protection and Disaster Management</u>; <u>Social Development</u>; Infrastructure; and Good Governance.
- ii) The Social Protection & Disaster Management theme focuses at protecting the most vulnerable by:
 - (a) Caring for the most vulnerable who have limited factors of production.
 - (b) Preventing the vulnerable from slipping into poverty due to economic shocks
 - (c) Increasing the assets of the poor to enable them engage in economic growth
 - (d) Preventing disasters where possible and reducing the negative impact of disasters upon the vulnerable.
- iii) The Social Development theme focuses on:
 - (a) providing essential health care and strengthening service delivery;
 - (b) improving the quality, relevance, access, and management of education at all levels;
 - (c) fostering an improved utilization of nutritious foods;
 - (d) scaling up efforts to tackle the curative, preventative, and mitigate impact of HIV and AIDs.

iv) Sector Policies

- (a) National OVC Policy
- (b) National ECD Policy
- (c) National Plan of Action (NPA) for Orphans and other Vulnerable Children
- (d) National ECD Strategic Plan (NECDSP)
- (e) ART Equity Policy
- (f) Integrated Management of Childhood Illnesses (IMCI) policy
- (g) Community Home Based Care (CHBC) Policy
- (h) HIV Testing and Counselling (HTC) Guidelines
- (i) Training Curriculum,
- (j) National HIV and AIDS Policy.
- (k) Reproductive Health policy
- (I) National Policy on Equalization of Opportunities for Persons with Disability.
- (m) ECD Advocacy Strategy

Legislation

The Ministry of Gender, Children and Community Development oversee that an institutional and legal framework is being provided within which services for the care and protection for the vulnerable groups of people are organized and managed.

A number of pieces of legislation have been reviewed to make sure that issues of children and welfare are covered comprehensively. These are:

- the Affiliation Act
- the Maintenance of Married Women Act,

Wills and Inheritance Act.

Bills are being drafted to cover some of the existing gaps in various areas.

- Trafficking in Persons Bill (in Progress)
- Child Care, Protection and Justice Bill (completed)
- Gender Equality Bill (in Progress)
- HIV and AIDS Bill (in progress)
- Adoption Bill (in Progress)

Interventions

The National OVC Programme

The National OVC Programme aims at strengthening family and community coping capacities to care, protect and support children and families affected and infected by HIV and AIDS.

Implementation of the OVC programme is being guided by the National Plan of Action (NPA) for OVC.

The Social Cash Transfer Scheme

The Social Cash Transfer is one of the programmes in the Social Protection realm.

- This is a programme being implemented to empower poor households economically.
- Currently being piloted in seven out of twenty-eight districts.

Targeting criteria:

Ultra poor

This means that they are in the lowest expenditure quintile and under the ultra poverty line.

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Labour constrained

A household is labour constrained when it has no able bodied household member in

the age group 19 to 64, who is fit for work, or when one household member in the

age group 19 to 64 years, who is fit for work, has to care for more than 3

dependants.

Beneficiaries to date:

24,051 Households with 92,000 individuals benefiting

Other social protection activities include:

Public Works Income Generating activities

Fertilizer Subsidy Programme

School Feeding Programme

Insecticide Treated Nets (ITNs) for pregnant women and under five children.

Public Assistance

This is a programme which provides assistance to people that become destitute to

prevent them from falling into the state of deprivation.

Deals with: Destitute Children; the aged; the disabled; the sick; victims of disasters;

deserted wives; discharged patients; deportees; and repatriates.

Challenge: Inadequate financial support.

Coordination of Social Welfare Services

The Department of Child Development Affairs has the overall mandate to coordinate

all activities concerning children and social welfare in Malawi.

Other Ministries and departments have been created to deal with specific social

welfare issues:

Ministry of Youth

- Ministry of People with Disabilities and the Elderly
- Department of Poverty and Disaster Management Affairs.

Challenges

- Malawi does not have a specific policy on Social Welfare.
- Limited funding by Government on Social Welfare issues
- Inadequate capacity of staff in terms of numbers and as well as skills.
- Generally the rank/position of Social Welfare staff at District level is very low as compared to other Government staff in different sectors at that level.
- There is no council for social workers
- There is no national registration system for children.
- There are disjointed child related policies.
- There is no comprehensive National Plan for Children
- There is no comprehensive Integrated Child Development District implementation plans.

Opportunities/what is being done?

- The Malawi Growth and Development Strategy is currently being reviewed.
- The National Social Support Policy has been finalized and is at cabinet level pending approval.
- The Ministry conducted a structural review which has led to upgrading of the position of social welfare officers at all levels.
- Lack of awareness of the importance of investing in the early years as an investment in human development.

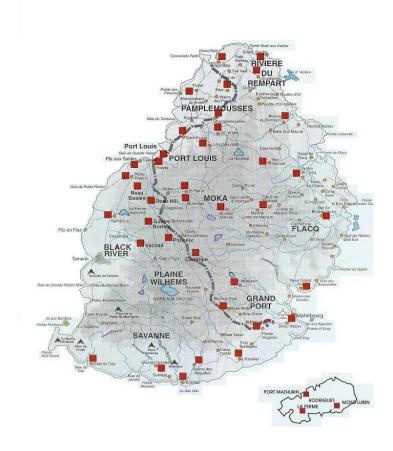
Opportunities/what is being done?

- Consultations on the development of a comprehensive policy for children are underway.
- Magomero College of Social and Community Development is now being upgraded so that in the near future it would start offering diploma and degree courses. This will help build the capacity of social workers.
- CBCCs as a convergence point for community development programmes

Thank you for your attention.

Annex III (c)

MAURITIUS - PRESENTATION



40 local offices where applications for all benefits are registered on the computer system which is connected to a main server.

Mission Statement

To protect, promote and enhance social welfare and national solidarity

Objectives of the Ministry:

- i) To pay Non-Contributory basic pensions
- ii) To provide social aid and assistance
- iii) To grant an Income support for the purchase of rice and flour
- iv) To advise the government on issues pertinent to the disabled, the elderly and vulnerable groups
- v) To provide financial assistance to victims of flood, fire and cyclones.
- vi) To manage the National Pensions & National Savings Funds
- vii) To provide medical care for persons above 90
- viii) To empower NGOs through NGO Trust Fund

I L O Definition of Social Security

Social Security is "the protection which society provides for its members through a series of public measures against economic and social distress that otherwise would be caused by the stoppage ,or substantial reduction of earnings resulting from sickness, maternity, employment injury, unemployment, invalidity, old age and death; the provision of medical care; and the provision of subsidies for families with children."

EVOLUTION

1902 - Poor Law Ordinance

1950 – Old Age Pension

1962 – Family Allowance

1976 – National Pensions Scheme

- 1983 Social Aid Act
- 1983 Unemployment Hardship Relief Act
- 1991 Employees Welfare Fund Act
- 1995 National Savings Fund Act

Social Security Provisions

- > Needed by every one.
- > Risks are universal.
- > Contingencies :
 - o Birth.
 - o Old Age.
 - o Maternity.
 - o Sickness
 - o Invalidity.
 - o Injury.
 - o Unemployment.
 - o Widowhood

Types of Programmes

- Universal Benefits
- Social Insurance
- Social Assistance
- Provident Funds

Mauritius: 4-Pillar System

> 1st. Pillar : Basic Pensions /Social Aid / UHR

2nd. Pillar : Contributory Pensions - NPF / NSF Civil Servants Scheme Parastatal Bodies Schemes

> 3rd. Pillar : National Savings Fund (Provident)

➤ 4th. Pillar : Private occupational pension scheme

National Pensions Scheme

➤ NPS Act 1976

Universal non-contributory Pensions

Contributory Pensions (1978)

Implementation

- > 1976 Non-contributory Benefits
- ➤ 1978 Contributory Benefits
- ➤ 01.08.1979 Industrial Injury Benefits

Non-Contributory Benefits

- > Wholly financed by the State
- ➤ Basic Retirement Pension (BRP) USD 100
- ➤ Basic Widow's Pension (BWP) USD 100
- ➤ Basic Invalid's Pension (BIP) USD 100
- ➤ Basic Orphan's Pension (BIP) USD 90

- ➤ Child's Allowance USD 30
- ➤ Guardian's Allowance USD 20
- ➤ Inmate's Allowance USD 15
- ➤ Carer's Allowance for severely handicapped (BRP, BIP)

USD 60

Eligibility Criteria

➤ BRP

Age: 60 years

Residency: Citizens --- 12 yrs since age 18

Non-citizens --- 15 yrs since age 40; None for citizens aged 70 or over

Child Allowance

- Beneficiaries of BRP, BWP, BIP
- Children aged less than 15 & up to 20 if at school
- Limited to 3 children

Guardian Allowance

Paid to the person looking after the orphan/s

Inmate's Allowance

Paid to inmates of State subsidized residential homes

Contributory Scheme

Implementation

- 1.7.78 --- Employers with 10 or more Employees
- 1.1.80 --- Employers with < than 10 Employees
- 1.7.80 --- Employees in the private household & the self or non-employed

Contribution Rate – 3% for employee & 6% for the employer. (Salary Ceiling not exceeding Rs 10095 as from July 2009 – Revised annually)

CONTRIBUTION RATES

	Employer	Employee	Total
Standard	6 %	3 %	9 %
Prescribed	10½ %	3 %	13½ %
Higher	5 %	81⁄2 %	13½ %

	Floor & Ceilir	Floor & Ceiling		
Private Sector Ees	Rs 1440	Rs 9435		
Private household Ees	Rs 900	Rs 9435		
Self & non-employed	Rs 80	Rs 520		

Contributory Pensions

- Paid to insured persons or their dependants
- Based on career re-valued contributions

➤ CRP

1/3 of career-average earnings for standard rate

1/2 of career-average earnings for higher rate

➤ CWP & CIP

1/6 of career-average earnings for standard rate

1/4 of career-average earnings for higher rate

➤ COP

15% of deceased parent's pension (for each child)

Industrial Injury Benefits

- i) Industrial Injury Allowance
- ii) Disablement Benefit
- iii) Survivor's Pension & Child's Allowance
- iv) Orphan's Pension
- v) Dependant's Pension
- vi) Constant Attendance Allowance

Industrial Injury Allowance

- i) Calculation: 80 % x insurable wages as from the 3rd week.
- ii) Payable for a maximum period of 36 months

Disablement Benefit

An injured person qualifies for a disablement benefit in case he has suffered a loss of faculty due to an industrial accident resulting into a disability.

Calculation

Disability of less than 100 %

65 % X the average monthly earnings of the employee in the year immediately before the date of the accident X the degree of incapacity

Disability up to the extent 100 %

80 % X the average monthly earnings of the employee in the year immediately before the date of the accident

Survivor's Pension

Payable to the spouse of an insured person who happens to die as a result of an industrial accident.

<u>Calculation</u>:

50 % X basic monthly wage/salary of the deceased immediately preceding the date of accident.

Child's Allowance

Maximum of 3 children

A widower qualifies for Survivor's Pension if he is permanently incapacitated to the extent of 60 % or more.

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Constant Attendance Allowance

Conditions

The injured person suffers from an incapacity of 100% and needs the constant

attendance of another person

Payment

The payment of constant attendance allowance is made at a flat rate.

Orphan's Industrial Injury Pension

Payable to the orphan/s of the deceased employee.

Calculation: 7.5 % of the insurable salary of deceased.

Dependant's Pension

In the absence of a surviving spouse or an orphan, payable to a person who was

wholly or partly dependant on the earnings of the employee at the time of his death;

Other Allowances

Where the injured person is entitled to industrial injury allowance, he may also

claim:

• Expenses for medical treatment in a clinic, spectacles, dentures, artificial aid,

etc.

Travelling expenses for attending medical treatment at hospital.

National Savings Fund

Contributions:

- i) Rate: 2½ % of basic wage(up to a ceiling of Rs 10090 as from July 2009)
- ii) Employees of both private & public sector
- iii) Remitted by Employers only

Benefits:

Paid as a lump sum (with interests) on retirement/death/redundancy

SOCIAL AID

Social Aid is a means-tested assistance payable to needy persons who cannot adequately provide for their dependants owing to, inter alia:

- (a) physical or mental impairment;
- (b) abandonment by spouse;
- (c) imprisonment;
- (d) sudden loss of employment, etc.

A beneficiary is also entitled to the following benefits-

- (a) Examination Fees (Cambridge SC, HSC, G.C.E. "O" & "A" levels, IVTB, etc);
- (b) Spectacles for self and dependents
- (c) A Funeral Grant payable on the death of beneficiary or dependants
- (d) Books on loan to children of social aid beneficiaries attending a secondary school.
- (d) Rice and Flour Allowance (Food Aid) is paid to beneficiaries of social aid, Unemployment Hardship Relief, needy beneficiaries of a basic pension, and families consuming less than 75 Kwh of electricity per month.

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CHARITABLE INSTITUTIONS

A daily per capita grant is payable to infirmaries and orphanages in respect of sick or

abandoned persons admitted at the Ministry's request to any of these voluntary

charitable institutions. The Ministry also pays to these institutions a grant for:-

(a) maintenance of the building (on a monthly basis);

(b) payment of staff (on a monthly basis); and

(c) purchase of clothing and domestic appliances

Elderly Persons Protection Unit

This Unit has been set up to ensure the protection of elderly against abuse and

neglect in accordance with the Elderly Persons Protection Act (2005)

Unemployment Hardship Relief Scheme

The Unemployment Hardship Relief is paid to a head of household who is

unemployed, has insufficient income, and is actively looking for work (200+cases)

Statistics – Govt financed benefits (June 2008)

No of cases

BRP- 142,861

• BWP - 22,189

• BIP - 26, 212

• BOP – 434

Child all – 19515

- Social Aid 17159
- Food Aid 53000
- UHR- 440
- CRP 39472
- CWP 15188
- CIP 6445
- COP 97
- IIB 894

•

Expenditure on Basic Pensions 2008-2009 amounts to 8.1 billion rupees.

Statistics - NSF (June 2008)

- ➤ No of Employers 16500
- ➤ No of Employees 353,900
- ➤ No of beneficiaries 11,720

NPF in figures

- > 2007/2006
- ➤ No of Employers 13000
- ➤ No of Employees 230000

Challenges

Statistics Unit: Ministry of Social Security.

Population and Projection, Republic of Mauritius,

2007-2047.

	2007	2017	2027	2037	2047
Total Population		1,346.2	1,412.7	1,441.3	1,437.5
i opulation					
Population	126.1	195.1	281.3	330.8	362.7
60+					
%	10.0	14.5	19.9	23.0	25.2
Pensioner	6.7	4.5	3.1	2.6	2.3
support					
ratio					

Life expectancy

	Male	Female
Life expectancy at birth	69.1	75.9
Life expectancy at age 60	16.4	20.5

QUESTIONS?

Thank You For Your Attention

Annex III (d)

As Politicas Sociais em Moçambique: A Componente de Assistência Social

Mesa Redonda Sobre Desenvolvimento Social

Livingstone, 22-25 de Novembro de 2009)

INDICADORES SOCIO DEMOGRAFICOS

Populacao Total:	20.226.296
Posição no índice de DH:	175 (0,366)
Taxa de pobreza nacional (em % da pop.):	54,1
Esperança de vida:	49,4 A
Taxa de analfabetismo:	50,4%
Taxa de mortalidade infantil:	118,3/1000
Pessoas portadoras de deiciencia: 47	73.000
Despesa privada em saúde (em % do PIB):	1,3
Despesa pública em protecção social (em % do F	PIB): 0,7
Pessoas com mais de 65 anos beneficiárias de pe 19,9	nsão (em %):
População activa que contribuí para SS (em %):	1,7
DESENVOLVIMENTO SOCIAL EM I	MOCAMBIQUE
Em Mocambique, sistema de Desenv princimpalmente as seguintes Instituicoes:	volvimento social envolve
 Ministerio da Saude, da Educacao, da Mande Publicas e Habitaca (Agua e Saneamento) Organizacoes da sociedade civil, sector principal. 	

CONCEITOS BÁSICOS

Protecção social: "conjunto de medidas visando atenuar, na medida das condições económicas do País, <u>as situações de pobreza absoluta das populações</u>, garantir a subsistência dos trabalhadores nas situações de falta ou diminuição de capacidade para o trabalho, bem como dos familiares sobreviventes em casos de mortes dos referidos trabalhadores e conferir condições suplementares de sobrevivência." (Lei nº 3/2007, de 7/02).

Acção Social: "intervenção organizada e integrada visando garantir <u>assistência</u> social e outro tipo de apoio social a indivíduos, grupos sociais e famílias em <u>situação de pobreza</u>, de modo a melhorar as suas condições de vida e se tornarem aptos a participar no desenvolvimento global do país, em pleno gozo dos seus direitos sociais básicos" (Politica de Acção Social, 1998).

SISTEMA DE PS

LEI DE PROTECÇÃO SOCIAL (Lei nº 4/2007)

Estabelece um quadro legal da Protecção Social adequado a realidade sócioeconómica do país ao abrigo da Constituição.

Objectivo Geral:

Definir as bases em que assenta a protecção Social e organizar o

respectivo sistema.

Objectivo Específico:

Atenuar as situações de pobreza absoluta das populações, garantir a subsistência dos trabalhadores nas situações de falta ou diminuição de capacidade para o trabalho, bem como dos familiares sobreviventes em caso de morte dos respectivos trabalhadores e conferir condições suplementares de sobrevivência.

OUTRA LEGISLACAO

Lei Contra a Violencia Domestica,
Lei Contra o Trafico de Seres Humanos, Especialmente Mulheres e Criancas

	Lei d	le organizacao Tutelar de menores.	
IM	PLE	MENTAÇÃO E COORDENAÇÃO DA SEGURANO	ÇA SOCIAL BÁSICA
A imp	olen	nentação da Segurança Social Básica e da	
respoi	nsal	pilidade do MMAS através de:	
		Coordenação e integração de esforços de governamentais e não governamentais	todas as instituições
		Coordenação e promoção da assistência aos grup vulneráveis	oos populacionais mais
		Coordenação e definição de politicas, programa de assistência aos grupos mais vulneráveis.	as, planos e estratégias
		MECANISMOS DE COORDENACAC)
Existe	nte	s e em funcionamento:	
		CNAM: Conselho Nacional para o Avanço da	Mulher,
		CNAC: Conselho Nacional para os Direitos da	Criança,
	_	CNAD: Conselho Nacional para a Área da	Deficiência.
		Políticas e Planos	
		POLÍTICAS SOCIAIS	
Para a	ma	terialização do seu mandato, o Governo aprovou a	S
seguir	ntes	politicas:	
C		Política Nacional de Acção Social (1998)	
	_	Política de Género e Estratégia de Implementaçã	o (2005)
		Política da Pessoa Portadora da Deficiência e Implementação (2002)	Estratégia de

	Ц	Política do Idoso e Estratégia de Implementação (2004)	
		Estratégia Nacional da Criança(1998)	
		Estratégia da pessoa Portadora de Deficiência na Função Publica (2009)	
		Estratégia de Atendimento aos Desmobilizados e Deficientes Ex- Militares (2008)	
		Regulamento de proteccao Social Basica (A ser aprovado: 24/11/09)	
		Estratégia de Protecção Social Básica (Por aprovar pelo CM).	
		PLANOS	
Para	a im	plementação das politicas definidas, foram	
apro	vado	os os seguintes Planos de Acção:	
	Pla	no Nacional de Acção para a Criança (2006 – 2010)	
	Plano de Acção para as Crianças Órfãs e Vulneráveis (2006 – 2010)		
	Plano Nacional de Acção para a Pessoa Portadora de Deficiência (2006 – 2010		
	Pla	no Nacional de Acção para o Avanço da Mulher (2006 – 2010)	
	Plano Nacional de Combate a Violencia Domestica(2007)		
		GRUPOS ALVO DA PSB	
	Pess	soas em situacao de pobreza absoluta e vulneraveis:	
		Criancas em situacao dificil (criancas em idade pre-escolar, criancas da/na rua, COV's, criancas desamparadas, vitimas de trafico e abuso sexual, criancas vitimas de violencia, criancas prostituidas;	
		Mulheres viuvas e maes solteiras,	
		Pessoas portadoras de deficiencia,	
		Pessoas idosas,	
		Doentes cronicos,	
		Toxidepedentes,	

☐ Reclusos.

Programas

PROGRAMAS DE PROTECÇÃO SOCIAL

PROGRAMAS DE PROTECÇÃO SOCIAL
Programa Subsídio de Alimentos
Programa de Apoio Social Directo
Programa Beneficio Social pelo Trabalho
Programa de Geração de Rendimentos
Programa de Desenvolvimento Comunitário
PROGRAMAS DE ASSISTÊNCIA A CRIANÇA
Atendimento da criança desamparada(Infantários)
Atendimento da criança Orfaos e Vulneraveisntros de Acolhimento)
Educação pré-escolar (Centros Infantis, Escolinhas Comunitárias)
Localização e Reunificação Familiar
PROGRAMAS DE ASSISTÊNCIA AO IDOSO
Acolhimento nos CAV
Atendimento nos CCA
Apoio Social Directo
Assistência medica e medicamentosa
Isenção de pagamento de tarifas nos transportes públicos.
PROGRAMAS DE ASSISTÊNCIA AS PPD
Apoio Social Directo

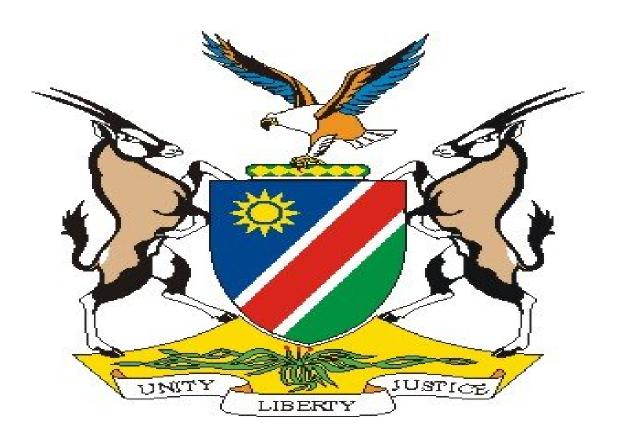
		Distribuição de meios de compensação			
		Integração em programas de geração de rendimentos e de desenvolvimento comunitário.			
		DESAFIOS			
	Respo	onder demanda do HIV/SIDA,			
Ga	Garantir maior abrangencia dos programas e alargar para mais beneficiarios:				
		☐ Maior disponibilidade de recursos financeiros			
		☐ Minitoria e avaliacao dos programas			
	Monitoria e avaliacao dos programas				
	Aprovacao e implementacao da Estrategia da Proteccao Social Basica:				
		Mapeamento da Vulnerabilidade.			

Muito Obrigado!

Livinguistone, 22-25 de Novembro de 2009

Annex III (e)

NAMIBIA - PRESENTATION



Government of the Republic of Namibia

Towards Better Performance

Presentation to Round Table Meeting On Social Development/ Welfare In The Southern Africa Region, Livingstone, Zambia

Content

- Namibia in Facts and Figures
- Millennium Development Goals
- Legislative Framework
- Role of Social Protection
- Social protection Programs
- Overview of SP Processes
- Achievements
- Challenges

Namibia in Facts and Figures

- Located on western side of southern African Continent
- Surface Area: 824 000km² with close to 2 million citizens
- 13 Ethnic cultures (rich cultural diversity)
- Political stable and Good Governance
- Borders: Angola, Zambia, Zimbabwe, Botswana, South Africa and the Atlantic Ocean.
- Driest Country in Southern Africa some areas prone to occasional flooding.
 E.g. Caprivi and northern regions.
- Comparative Advantages: Vast open spaces, diverse wildlife, biodiversity, minerals and meat and fish products
- Serves as gateway to landlocked neighbouring countries, i.e. Zambia,
 Zimbabwe and Botswana.
- Member of UN, AU, ILO, SADC, SACU, and supported by Int. and Regional bodies.



NDP3 Development Targets

Socio-economic Indicator	NDP3 Target
GDP (% per annum)	5-6.5
Relative poverty (% households)	20
Extreme poverty (% households)	2

Primary school enrolment rate (%)	99
Access to safe drinking water (% households)	95
Access to improved sanitation (% households)	65
Life expectancy (years)	51
Infant mortality rate (deaths/ 1,000 live births)	38
Child mortality rate (deaths/ 1,000 live births)	45
Maternal mortality rate (deaths/ 100,000 live births)	265
Employment (% per annum)	2.6-3.2
HIV prevalence rate	
15-19 years old	8
20-24 years old	12

Millennium Development Goals

The eight Millennium Development Goals (MDGs) are to:

- > Eradicate extreme poverty and hunger
- > Achieve universal primary education
- > Promote gender equality and empower women

Millennium Development Goals

► Reduce child mortality

- ▶ Improve maternal health
- ▶ Combat HIV/AIDS, malaria and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development

LEGISLATIVE FRAMEWORK

National Pensions Act (10 of 1992)

To provide for national pensions to be paid to aged, blind and disabled persons and to provide for maters incidental thereto.

War Veterans Act (8 of 2008)

To provide for the establishment of the Veterans Trust Fund; to Provide for the management and control of the said fund; to provide for the establishment and constitution of the war veterans Subvention Administration Board; to provide for the registration of veterans and dependants of deceased veterans; to provide for the payment of subventions to veterans and dependants of deceased veterans;

Children Status Act, Act 6 Of 2006/ Children's Act (33 of 1960)

To provide for equal status to both parents in cases of custody, placement and responsibilities; To provide for the care and protection of a child; payment of places of safety allowance, maintenance grant and foster parent allowance

Social Security Act (34 of 1994)

To provide for the payment of maternity leave benefits, sick leave benefits and death benefits to employees and to establish for that purpose the Maternity Sick Leave and Death Benefit Fund; To provide for the payment of medical benefits to employees and to establish for that purpose the Medical Benefit Fund; To provide for the payment of Pension benefits to retired employees and to establish for that purpose the National Pension Fund; To provide for the funding of training schemes

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for disadvantaged, unemployed persons and to establish for that purpose the Development Fund;

Social Welfare/ Protection Role

Goal

To provide affordable, accessible and available quality social welfare/ protection services to eligible members of our society.

Mission Statement

The mission of the social welfare/ protection sub-sector is to strive towards a socially stable and forward looking Namibia, in which the disparities and inequalities of the past are being corrected; where all human rights and fundamental freedoms are ensured; and where the Government in cooperation with affected communities and all other stakeholders work together to make the best use of the country's resources for socio-economic development and the well-being of all Namibians.

Social Welfare/ Protection Programs

- Old Age Grant
- Disability Grant
- Funeral Benefit
- Places of Safety Allowance
- Special Maintenance
- Maintenance Grant
- Foster Parent Allowance
- Veterans Subvention
- Maternity Leave

- Sick Leave
- Death Benefit
- Pension Fund
- Skills Development Fund
- ECF (Employee's Compensations Fund)
- Motor Vehicle Accident Fund

Old Age Pension (OAP)

- Amount:
 - N\$ 450 per month (USD1=N\$7.50; SAR1=N\$1)
- Requirements:
 - 60 years +
 - Namibian citizenship / permanent residents if not born in Namibia
 - Applicant must reside in Namibia

Disability Grant (DG)

- Amount:
 - N\$ 450 per month
- Requirements:
 - 16 years or above and medically diagnosed by a State doctor as being temporarily or permanently disabled (blind people included)
 - Persons with full-blown AIDS as certified by a medical doctor

- Namibian citizenship / permanent residents if not born in Namibia
- Applicant must reside in Namibia

Funeral Benefit

- Value:
 - N\$2200
- Requirements:
 - Must be a recipient of Old Age or Disability Grant
- The Package include:
 - A standard Citizen Coffin
 - A Grave site (nominal cost)
 - Programme for the Funeral Service
 - Burial & Preparation Services
 - Transport within Regions
 - The Undertaker will guide and help you though the whole process

Place of Safety Allowance

- Amount:
 - N\$10 per child per day
- Requirements:
 - Person or institution, who is taking care of a child:
 - who is under the age of 21 years

- who is placed in a place of safety by a Commissioner of Child Welfare in terms of the Children's Act No 33 of 1960 or the Criminal Procedure Act No 51 of 1977
- Where to apply?
 - Office of the Magistrate. The Form has to be completed and signed by the claimant and Commissioner of Child Welfare
- Documents needed:
 - Place of Safety grant claim form
 - Original order/s of detention
- Method of Payment:
 - Cheques

Special Maintenance Grant (DG for children) (SMG)

- Amount:
 - N\$ 200 per month
- Requirements:
 - Children below 16 years and medically diagnosed by a State doctor as being temporarily or permanently disabled (blind people included)
 - Namibian citizenship / permanent residents if not born in Namibia

Maintenance Grant (MG)

- Amount:
 - N\$200 for first child plus N\$100 for every additional child

- Maximum of 3 children in total
- Requirements:
 - Biological parent with child under the age of 18, whose gross-income is not more than N\$1000 per month and
 - Whose spouse (mother/father of the child)
 - is receiving an old age or disability grant or
 - has passed away or
 - is serving a prison sentence of 3 months of longer
 - Namibian citizenship / permanent residents if not born in Namibia

Foster Parent Allowance (FPA)

- Amount:
 - N\$200 for the first foster child plus N\$100 for every additional foster child
 - Period of pay out:
 - Grant is payable as from date of application until the advice for the termination of the grant is received from the Record Clerks
- Requirements:
 - Any person who, whether for reward or otherwise undertakes the temporary care of any child, who has been placed in his/her custody in terms of section 31(1)b or section 50(1) of the Children Act, 1960 (Act No. 33 of 1960)
 - Namibian citizenship / permanent residents if not born in Namibia

Veterans Subvention (VS)

- Amount:
 - N\$2,500 per month
- Requirements:
 - Namibian citizenship
 - Participate in the struggle that led towards independence in 1990
 - Applicant must reside in Namibia

Cash Payout System

- Recipient gets a Smart Card (Includes the recipient fingerprint, photo and ID number as well as a history of payouts)
- Payment by biometric verification process
- The recipient can authorize one person (Procurator), who can collect the grant on the recipient's behalf
- The money needs to be collected at least every 3 months or else the payout is stopped

Post Office

- Recipient may choose to receive direct payment via RIPOSTE system over the counter
- Recipient gets a Smart Card (Includes the recipient pin code, photo and ID number as well as a history of payouts) enhance purchases at selected retail stores

- The recipient can authorize one person (Procurator), who can collect the grant on the recipient's behalf
- The money needs to be collected at least every 3 months or else the payout is stopped

Banks

- Direct transfer to beneficiary's bank account on a monthly basis
- The money needs to be collected at least every 3 months or else the payout is stopped

Institutions

- One single cheque printed for all beneficiaries residing or receiving care giving service at institutions
- · Head of institution responsible for transferring payment to each individual
- The money needs to be collected at least every 3 months or else the payout would be stopped

Social Security Commission

- SSC Administers Act, 34 of 1994 & ECA 30 of 1941, as amended.
- Maternity leave, Sick leave and Death benefits Fund, (MSD), or
 Social short-term insurance against defined contingencies
- Employees' Compensation Act ECA

Coverage against injuries on duty (IOD) and/or occupational diseases

SSC - Maternity Leave (ML)

- Benefit:
 - 100% of salary with Max. of N\$7,000 per month for duration (3
 Months, with option to extend to 4 Months)
- Contribution and Membership:
 - Minimum of 6 months of paid up membership
 - Between ages 15 and 65 years
 - Namibian citizenship /permanent resident
 - Application to be submitted 7 days before ML is taken
 - Application must be supported by medical certificate

SSC - Sick Leave (SL)

- Benefit:
 - 75% of salary with Max. of N\$7,000 per month, for duration of 24 Months.
 - Reduced to 65% of salary from 7th month till month 24.
- Contribution and Membership:
 - Same as for Maternity Leave
 - Application to be submitted within 30 days
 - Paid sick leave by employer must be exhausted

SSC - Death Benefit (DB)

- Benefit:
 - Once lump sum of N\$ 4 500.00 per claim is payable.
 - DB is also paid out on Retirement or Permanent Disability
- Contribution and Membership:
 - Same as for Maternity and Sick leave
 - Claim to be submitted within 30 days

Pension Fund (PF)

- Benefit:
 - Pension design still to be agreed by stakeholders
 - Research project now under way to suggest appropriate design of NPF
- Contribution and Membership:
 - Provision exist to exempt covered members of existing Funds
 - All Namibian citizenship and permanent residents are eligible
 - Contribution rates still to be agreed and gazetted.

Skills Development Fund (SDF)

- Benefit:
 - Funding of Training Schemes and Financial Assistance to Students at Higher Education Centres

- Funding of Employment Schemes
- Evaluated by the SSC and approved by the President

Contribution and Membership:

- A portion of prescribed contribution from other Funds (2% of surplus)
- No direct contributions by members of other Funds
- No DF membership is applicable
- Caters for Un-employed, retrenched, historically disadvantaged and students

Employee's Compensation Fund (ECF)

Benefits:

- Medical expenses for Occupational Injuries/Diseases
- Compensation for Temporal and Permanent Disability due to Injuries at work
- Burial/funeral expenses for Deceased Employees
- Pensions for Survivors of deceased employees

Contribution and Membership:

- All employees who earn less than N\$72 000 per annum
- Namibian citizenship and permanent and temporal residents
- Only employers pay annual assessment to the Fund (ECF)
- Assessment are based on the risk nature of the business
- GRN is exempted from assessment, but bears its own

Achievements

- ➤ Eradicate extreme poverty and hunger Basic State Grants in Place, OA, DG, MG, FPA, Places of Safety, Funeral Benefit Social Security Programs, Emergency Food Relief Program, NPC Poverty Reduction program, partly introduction of the BIG, ELCIRN & NUNW and other partners.
- ➤ Achieve universal primary education and Training Sector Improvement

 Program introduced 85,000 learners participating in school feeding program

 Boarding Schools increased Development Assistance to OVC's Early childhood

 Education strengthened
- Promote gender equality and empower women

Primary Education 98 females for 100 males

Secondary Education 117 females for 100 males

Tertiary Education 88 females for 100 males

Women in parliament from 7% 1992 to 27% 2007

Reduce child mortality

Infant mortality increase from 38.1 to 46 deaths per 1000 live births

Under five mortality rate decreased from 83,2 to 69 deaths per 1000 live births

Proportion of one year old child immunized against measles 75.7 in 1992 vs. 83.8 in 2006

- development
- Improve maternal health

Maternal mortality ratio (deaths in 100,000 life births) increased from 271 to 449 deaths in 100,000 live births

Proportion of births attended by trained health personnel 68% in 1992 and 88% in 2006

Achievements

▶ Combat HIV/AIDS, malaria and other diseases

HIV/ Aids Prevalence rate

15-19 6% ,1994 and 5,1% 2006

20-24 11%, 1994 and 14% 2006

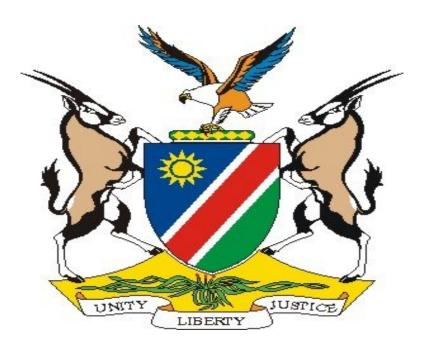
25-29 7%, 1994 and 27% 2006

30-34 7%, 1994 and 30% 2006

Access to ARV 1994, 0 and 2007, 66% for population with advanced HIV Infection

Challenges

- Fragmented Social Welfare/ Protection services
- Duplication/ mandate shifted yet activity still carried out at old entity
- Perceptions about social welfare/ protection significance
- Dissolution staff members
- Policy legal and regulatory framework
- Funding mostly inadequate
- Transport/ reaching the isolated



Presented by: AE Biwa

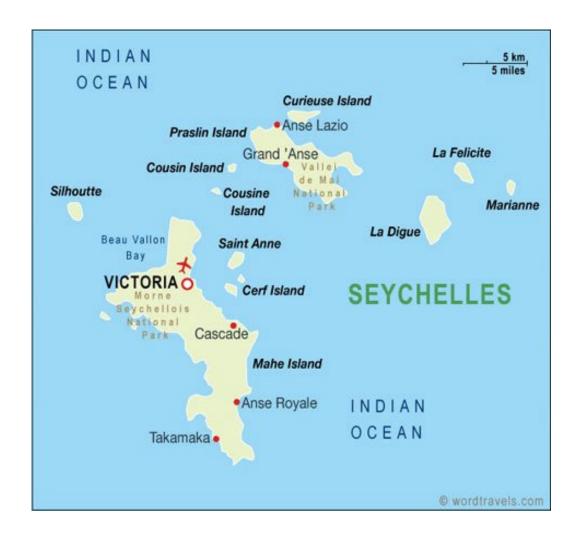
Deputy Director: Social Welfare

Ministry of Labour and Social Welfare: Namibia

Email: abiwa@mol.gov.na

Annex III (e)

SEYCHELLES PRESENTATION



BACKGROUND

- The Republic of Seychelles with a population of 86,956 in 2008 consists of 115 islands with an area of 455 square kilometres.
- Most populated islands are Mahe, Praslin and La Digue.
- Mahe consisting of more than 80% of the population.

- Mixed origins from Africa, Asia and Europe with approximately 90% of the population being Christian (87% Roman Catholic).
- The GDP is at \$842 Million
- The GDP per capita \$9675 (2008)
- HDI is at 0.843 (50th) (2007/2008)
- Minimum wage is at Rs.2350/Rs18 per hour
- \$1=Rs. 10

Seychelles Demographic Characteristics

Characteristics	2008
Population	86,956
Population Growth Rate (%)	0.5
Women as % of the population	49
Population > 15 as %	23
Population 15-63 as %	68
Population < 63+ as %	9

Political commitment

"Every Seychellois should enjoy social protection and be empowered to participate in the development of Seychelles and share in the prosperity of such development" Manifesto: Seychelles People's Progressive Front-Ruling Party

ORGANISATION STRUCTURE OF THE SOCIAL DEVELOPMENT
DEPARTMENT

Mission & Vision

Vision

The vision of the Social Development Department is to create a society where all individuals and families enjoy a good quality of life.

Mission

- Empower individuals and families to reduce dependency
- Safeguard the interest and promote the well-being of children
- Integrate and protect marginalised and vulnerable groups
- Adopt an integrated and evidence based approach to development in order to promote social functioning and self reliance

POLICIES/LEGISLATIONS

- Population Policy and Plan of Action
- The Children's Act 1982 Child Protection
- Convention on the Rights of the Child
- Family Violence (Protection of victims) Act 2000
- Penal Code

- Domestic Violence Strategy for Seychelles
- Convention on the Elimination of all forms of Discrimination against Women
- National Commission for Child Protection
- Social Welfare Agency Act 2008

PROGRAMMES

- Administer the home for children in care
- Lead action at community level for social ills
- Facilitate Parenting Education
- Central authority for adoption
- Guardian of Children in Institution
- Rehabilitation of juveniles delinquents
- Parent Department of Council for the disabled, Council for the Elderly and Drug and Alcohol Council

Other Partners Responsible for Social Protection

- Ministry of Education
- Ministry of National Development
- Ministry of Community Development, Culture Youth and Sports.
- Ministry of Finance/Social Security Fund
- Ministry of Internal Affairs
- NGOs

- Civil Society
- Faith Based Organisations

Other Social Protection Policies, Programmes and Interventions

- Free access to health care services- "Health for all, health by all"
- Free education- "Education for all, education for life"
- The Social Security Act implemented in 1988
- Seychelles Pension Fund (1990)
- Social housing through Home Ownership Scheme
- Unemployment Relief scheme
- Post Secondary Bursary
- Domiciliary Care/Family support programme
- Subsidised travel for elderly and students
- Specialised health treatment overseas
- Subsidised school meal programme

Successes

- Immunisation programme-99% (2008)
- Maternal Mortality-1 (2008) Child Mortality -3 (2008)
- Education-100% enrolment primary and secondary (2008)
- Housing-Home Ownership Scheme/Ile Perseverance
- Safe drinking water-87% (2005)
- Environment Protection-45% natural protected areas
- Literacy-91 %(male) 92% (female) (2007)

- Life expectancy-68 (male) 79 (female) (2008)
- Fertility-2.33 (2008)
- HIV/Aids Policy for Seychelles 2000

Future Challenges

- Economic Liberalisation
- Fiscal Discipline and sustainability
- Better targeting mechanism
- Reduction in welfare path dependency
- Promote and maintain development
- New social ills
- Learn from this conference to improve system

Annex III (f)

SOUTH AFRICA- PRESENTATION

PRESENTATION OUTLINE

Background

Strategic Objectives

Legislative Framework

Features of Social Assistance Scheme

Description of Social Assistance Scheme

Social Grants Statistics

Impact of Social Grants

Strategic Challenges

Programme Shortfalls

Concluding Remarks

BACKGROUND

The South African population size is just above 49 million.

Close to 13 million are formally and informally employed. Children and youth make up more than half of the population.

Over 13.6 million are reliant on social assistance.

The cost of the programme is at 3,5% of GDP.

This presentation outlines the current social assistance programme in South Africa.

STRATEGIC OBJECTIVES

Income poverty should be eliminated and prevented.

Provision should cover everyone - children, youth, adults and the aged.

Subsidies should be transparent.

Arrangements shout be subject to regulation and governance.

Social assistance should, as far as possible, encourage employment creation and formal sector participation.

LEGISLATIVE FRAMEWORK

Social Assistance Act 2004: Provides for the rendering of social assistance to beneficiaries

SASSA Act 2004: Provides for the establishment of the South African Social Security Agency as an agent for the administration and payment of social assistance

FEATURES OF SOCIAL ASSISTANCE SCHEME

There are eight major social grants

older person's grant (OPG),

disability grant (DG),

war veterans grant (WVG),

care dependency grant (CDG),

foster care grant (FCG),

child support grant (CSG),

grant-in-aid (GIA) &,

social relief of distress (SRD)

DESCRIPTION OF SOCIAL ASSISTANCE SCHEME

Social Assistance Scheme is a state-funded system, also referred to as social grants.

It is non-contributory and financed through general tax revenues.

All grants except the Foster Care Grant are means-tested and the onus is upon individuals to prove that they are destitute.

Social assistance provided to individuals is in cash or in-kind to enable them to meet their basic needs.

Social grants are implemented & administered by a separate national government agency, the South African Social Security Agency (SASSA)

SOCIAL ASSISTANCE STATISTICS

IMPACT OF SOCIAL GRANTS
Poverty Reducing Impacts

Social grants are effective in addressing the prevalence of poverty.

Social grants reduce poverty by 66% when the destitution poverty line used as benchmark.

Spending patterns in households that receive social grants are more focused on basics necessities like food, fuel, and education

This increased spending on food is associated with better nutritional outcomes.

Developmental Impacts

Increase school attendance

Investment in human capital because of improved school attendance

Improve health and nutrition

Increase gender equity

Promote job searching

IMPACT OF SOCIAL GRANTS (LABOUR & MICROECONOMY)

Labour Market Impacts

People in households receiving social grants as compared to non recipients have:

Increased their labour force participation

Increased their employment rates

Realised more rapid wage increases

Social grants increase consumption and stimulate local demand

The Macroeconomic Impacts

Improved access to education leads to higher rates of economic growth

Increases domestic employment

Promotes a more equal distribution of income

Positive impact on national savings

STRATEGIC CHALLENGES-TARGETING & MEANS TESTING

Most of the grants are Means Tested. As a result, we rely on people's to declare their income:

This result in inclusion and exclusion errors

the multiple cost of targeting exceeds the realized benefits.

PROGRAMME SHORTFALLS

Although social assistance is a substantial programme with significant impact, many gaps remain.

Children in poverty aged14 to 18 receive no income support; This has been addressed by a decision to extend CSG in a phased approach as from Jan 2010.

Caregivers of children in poverty receive no income support;

Males aged 60 receive no income support, and this is being addressed by a gradual equalisation of the old age grant. Consequently men aged 60 years will qualify from 2010;

Structurally unemployed youth (ages 19 to 25) receiving limited or no support;

Structurally unemployed adults (ages 26 to 59) receiving limited or no support.

CONCLUDING REMARKS

Social assistance has been expanding at an unprecedented rate, from covering just 2,7 million people in 1994 to over 13.6 million people today.

Its total expenditure makes up 3,5% of GDP and is the second biggest expenditure item of government's budget.

We raised the means test thresholds and introduced new Regulations to the Social Assistance Act.

SASSA was set up and took responsibility for implementation and service delivery improvement.

We have build a body of empirical evidence to show the positive socio-economic impact that the provision of social grants is developmental.

A major challenge that remains for government is addressing gaps that still remain.

ANNEX III (g)

SWAZILAND- PRESENTATION

SOCIAL PROTECTION PROGRAMS IN SWAZILAND

Presented by; Eric Maziya

Director- Social Welfare Department [The Deputy Prime Minister's Office]

Demographic Features

Total population approximately 1,000,000

54% are youth below age of 24 years

Approximately 4% aged above 60 years

Life expectancy has declined to below 40 years

High HIV/AIDS prevalence rates – 26%

High poverty rates (69%) and regional income disparities

Growing number of vulnerable population

Growing number of orphans and child-headed households -31% of all children

High Infant mortality 120/ 10000

High levels of unemployment (especially the youth) over 40%

Crude death rates have generally increased due to an increased of HIV/AIDS, TB and other diseases.

National Planning Frameworks on Social Protection

National Constitution of the Kingdom of Swaziland

Advocates for Universal Free Primary Education.

Poverty Reduction Strategy and Action Plan

Social Protection of Vulnerable Children including orphans.

National Action Plan for OVC's

National Education Policy

National Health Policy

Disaster Management and Preparedness Act

Youth Policy

National Children's Policy

Socio-Economic Situation

Progressive decline of real per capita incomes.

Growing unemployment levels.

Increasing poverty levels

Social Protection Interventions In Swaziland

Old Age Grant Scheme

Public assistance Scheme

Military Pension for Ex-Servicemen

Foster Care Grant

Compulsory Civil Servants Pension Scheme

Educational Grant for OVC's

Old Age Grant Scheme

This is state funded grant to all Elderly persons, who meet the selection criteria.

Objective: To provide cash grants to all beneficiaries in order to enable them meet their basic needs.

Beneficiaries: -Elderly persons aged 60 years and above.

- -Pensioners not earning above E1 000.00/month;
- -All members of the living Ex-servicemen and widows.
- -Rural Health Motivators.

Form of support: Monthly and Quarterly payment of the grant, Electronic and Manual respectively

Coverage: National

Public Assistance

This is a means tested grant to needy persons who cannot adequately provide for the needs of members of their households

Objective: to cushion beneficiaries from the impact of external shocks.

Beneficiaries:

child-headed households and vulnerable individuals (including persons with disabilities)

Form of assistance: Quarterly grants, to support sustenance of persons rendered incapable to self support due to debilitating circumstances.

Coverage: National but means tested

Military Pension for Ex-Servicemen

This is a social assistance grant to all living members of Ex-servicemen and widows.

Objective; To enable war-veterans and dependents to meet the basic needs.

Beneficiaries; All living members of the Ex-servicemen and widows.

Form of Assistance: Monthly grants.

Coverage: National

Foster Care Grant

This is a social assistance grant for children under the alternative care-centres.

Objective; To provide grants to the Alternative care-centres in order to enable them to cater for the basic needs.

Beneficiaries; Disadvantaged children

Form of Assistance; Annual grants

Coverage: Depends on the availability of funds.

Compulsory Civil Servants Pension Scheme

The Civil servants pension scheme is mindful of the challenges confronting the environment and society we live in.

Objective: To provide monthly pension allowances to members in a sustainable and ethical manner.

Beneficiaries: Civil servants

Form of Assistance: Monthly pension allowances after the retirement age of 60

years.

Coverage: National

Educational Grant for OVC's

Objective: Reduce school drop out rates at both primary and High school levels.

Beneficiaries: Disadvantaged children

Form of assistance: Payment of school fees, books and stationery

Coverage: National

Other Social Protection Interventions in Swaziland

Other social protection programmes in Swaziland consists of the following interventions:

Establishment of the National Children's Coordination Unit and Children's Portfolio Committee in Parliament

Free Primary Health Care Services

Free medical services for Elderly people (60 years and above)

Community Child Protectors

Neighbourhood Care Points

Access to water and sanitation, food security, provision of child health preventive programme

KaGogo Centres

Coordination of community response to impact mitigation for children, collection of data on children's status and provision of agricultural inputs

Challenges

Increasing advent of HIV and AIDS and the growing number of disadvantaged children.

Increasing incidence of TB and other diseases

Poor Macro-economic outlook (GDP growth averaged 2%)

Recurrent Drought

Chronic Poverty

Inadequate Monitoring and Evaluation system.

Inadequate policies and legislation that governs Social Protection.

Improve delivery mechanisms

Way Forward

Strengthen Coordination and Capacity

More Research to inform evidence –based interventions.

Finalization of Policies and legislation

Efficient utilization of available resources

THANK YOU!

ANNEX III (h)

TANZANIA- PRESENTATION

COUNTRY PROFILE

- ▶ The United Republic of Tanzania is a union between Tanganyika and
- Zanzibar, formed in April 1964
- ► Tanzania Mainland is divided into 21 administrative regions and 114 districts with 133 Councils
- ▶ Each district is divided into 4 5 divisions, with each having 3 4 wards. There are a total of about 10,342 villages where about 80% of the population live
- ▶ Health outcome indicator shows that Life expectancy at birth for Tanzanians is on average of 51 years)
- ▶ A total of 611,150 children were identified

in 81 councils as most vulnerable children

- ▶ Under Five Child mortality is on declining trend from 147 per 1000 in 1999 to 91 per 1000 in 2007/8
- ▶ Infant mortality rate declined from 99 per 1000 to 68 to 58 in 2007/8 respectively. Population 40 million people.
- Growth rate is estimated at 2.9 with fertility rate being 6.3 per woman
- Population density is 38 per sq km
- ▶ GPD per capita is at 360. The real GDP is estimated to grow at 5.8 per annum.
- ▶ Low level of GDP = direct effect to development and operations of the health and other social services development.

- ► Health identified one of the priority sectors within the first Poverty Reduction Strategy (PRS)
- Benefits for health and social services is13 per cent of the total Go to budget. Bamako declaration is 15%
- ▶ Health outcome indicator shows that Life expectancy at birth for Tanzanians is on average of 51 years)
- ▶ A total of 611,150 children were identified
- in 81 councils as most vulnerable children
- ▶ Under Five Child mortality is on declining trend from 147 per 1000 in 1999 to 91 per 1000 in 2007/8
- ▶ Infant mortality rate declined from 99 per 1000 to 68 to 58 in 2007/8 respectively.

FIGHT AGAINST POVERTY

Fight against poverty = longstanding agenda in the history of Tanzania. At independence, (1961) disease, ignorance and poverty singled out as main impediments to development and welfare improvement. Various policies and strategies were designed to eradicate the three ills.

A. Policies

Arusha declaration

First vision document of the country after independence; emphasised; socialised social services; free health and medical service at point of delivery and expansion of health and social net work

▶ Vision 2025-The Tanzania Vision 2025 aims at achieving a high quality livelihood for its people, attaining good governance through the rule of law and develop a strong and competitive economy" Reduction of abject poverty

National Strategy for Growth and Reduction of Poverty -

NSGRP places these MD goals within cluster II which addresses improvement of the quality of life and social well being.

▶ Millennium Development Goals

(international commitment)- reduce child mortality by two-thirds (147/1000 in 1999), improve maternal health by reducing MMR by three quarters (529/100000 in 1996), combat malaria and reverse spread of HIV/AIDS by 2015.

National Health Policy –

To provide basic health services that are integrated within the health system, services of good quality, affordable, sustainable and gender sensitive"

National Social Welfare Policy-

Aims at provision of rehabilitative and welfare services of good quality, accessible, affordable and equitable to all vulnerable groups

National Policy on Disability

emphasizes on provision of conducive environment for people with disability to engage in productive work for development and utilization of available resources for improved service delivery

National ageing Policy

aims at ensuring provision of basic and quality services to elderly

B. Other initiatives

▶ Health Sector Reforms

is a sustainable process of fundamental change in national health policy and institutional arrangement aiming at improving the health sector in provision of quality health services for communities.

▶ The Public Service Reform

aims at transforming the public service into a service that has the capacity, systems and culture for continuous improvements of services. Focuses on issues of weak capacity and poor delivery of public services

Local Government Reform Policy

denotes devolution of power to the lower levels of implementation

OTHER INITIATIVES

Strategies and Programmes

Health sector strategic Plan

Set forward eleven priority strategies that are implemented at three levels: district health services, regional health services and national level. Strategies for implementation include; district health services, Health care financing, PPP, human resource, and Social welfare and social protection

Primary Health Sector development programme (MMAM)

developed by the government purposely to address equitable, accessible and quality social and health services. The programme focuses on having health facility fully operative in every village and ward

Social Welfare Strategic Plan; 10 strategic areas of focus:

 National Strategy for Community Based Care Support and Protection of Most vulnerable Children

The focus is to ensure that all MVC and their needs are identified through community based identification process and the needs of the identified children are met as per set standards

Strategies and Programmes

HEALTH CARE FINANCING REFORM

Why reforms?

- Under funding;
- Poor Management and Planning;
- Deterioration of health care services;
- Health Sector Reform direction:
 - Ideological change,
 - Economic and social policies,
 - System development,
 - Enhancing Resources Mobilization{(Govt/Donors)- +Budget allocation/
 Basket Fund}
 - Introducing complementary Health care financing options (CS/NHIF/CHF)
 - Promotion of Community empowerment and participation.

Strategies and Programmes

C. Social Schemes

- i) CHF- Scheme: Concept for Sustainable Development:
 - Promote community participation and empowerment
 - Pro Poor (Affordable/exemptions)
 - Voluntary with –User fee as a control mechanism
 - ► Two payment methods: annual Contributions (Members) and Direct payment at the point of service delivery(User Fee)
 - ▶ Matching grant 100% by Government based on Members' contribution
 - ▶ Exemption mechanism: community and Facility based.
 - ▶ Member is a House hold or any person over 18 years
 - Special Member- boarding school Students
 - ▶ Legal framework: By Law which, work within a District area.
- ii) NHIF = Compulsory scheme for public service staff. By Act of Parliament
- iii) Private Sector and public institution Health Insurance Funds

ACHIEVEMENTS

- ▶ The graph shows way back in 1990, the high <5 MR of 162/1000 live births. There is substantial and rapid deceleration of both <5 and infant mortality rate over the years.
- ▶ Particularly between 1999 and 2007 (38% and 41% decline in <5MR and IMR respectively)
- ▶ MVC Identification process covered 81district
- MVC committees established to coordinate MVC support in their respective areas

- ▶ Development of community participatory plans to support identified MVC. As part of this initiative MVC welfare fund exists at village level into which the community, individuals and other stakeholders contribute
- ► MVC are provide with education support at secondary level and vocational training
- ▶ Framework for coordination & management exists at all levels of implementation
- Installation of data management system & periodic reporting forms
- ▶ The same success is for MDG 6, specifically on HIV/AIDS which state stop and start reversing the prevalence rates in late 1980's,
- ▶ The prevalence shot up to 12% of the population at age 15 49.
- ▶ Today the prevalence has dropped to less than 5.6% for the same age group.
- ▶ The TB compeletion rate of treatment with DOTs moved from 82% in 2005, 84.5% in 2007, and 87.4% in 2008.
- ▶ There are 17 homes for elderly and destitute in the country run by MoHSW
- ► Elderly 60 years+ access health care through exemption mechanisms CS/CHF
- ▶ Equally, MoHSW manages 7 Vocational training centres for people with disability and one National children home.
- Destitute Relief assistance to vulnerable families managed by MoHSW

MAJOR CHALLENGES

- ▶ Maternal deaths still High- due to various reasons:- to mention few; haemorrhage, unsafe abortion & eclampsia.
- ▶ Human Resource for Health & social welfare (only 32% of the skilled workforce is in place and those in place, poorly compensated.
- ▶ Financial Resources are not sufficient to deliver even the bare minimum of essential Health and social welfare services
- ► Coverage of MVC identification
- ▶ HIV and AIDS epidemic is increasing the workload on the already overstretched health & social welfare systems (+50% HIV/AIDS related conditions
- Ever increasing number of vulnerable groups against available resources

LESSONS AND WAY FORWARD

- ▶ There exists numerous uncoordinated social protection & social welfare related policies. These need to be harmonised
- ► For ownership and sustainability of MVC care and support, programmes should be mainstreamed in the LGA/ Central Budgets

ANNEX III (i)

ZAMBIA- PRESENTATION

POLICIES, PROGRAMMES AND INTERVENTIONS SOCIAL POLICY ROUNDTABLE

Livingstone Nov, 2009

Presenters by-

Mr. Henry Nkhoma and Mr. Stanfield Michelo

Ministry of Community Development and Social Services

OUTLINE

- Introduction
- Social Policy
- Social Protection
- Social Protection Strategy Target
- Incapacitated HH- Programmes
- Vulnerable Children- Programmes
- Low Capacity HH-Programmes
- Policy Issues

INTRODUCTION

- The preoccupation of human beings revolves around improving welfare.
- Social Policy has the potential to help tackle extreme poverty, destitution, illiteracy, unemployment etc in Zambia. Social policy is pivotal to economic and social development.
- Social Policy is a system of interrelated principles of courses of action aimed at improving the quality of life. Tool to solve human problems.

MAJOR POLICIES

- In Zambia the major policies addressing social dev are, Community Development, social welfare, child policy, education, health, labour, and gender.
- Min of Comm. Dev spearheads social protection through the Sector Advisory Group.

WHY SOCIAL POLICY?

- Investment in people raises productivity
- Help stimulate economic growth- increased income demand production
- Redistribution of opportunities
- Redistribution of resources/inequality breeds instability
- Promote social justice and inclusion

SOCIAL POLICY AND SOCIAL PROTECTION

- Social Policies are sector programmes and investments in the field of education, health, employment, social protection and housing.
- Social Protection refers to policies and practices that protect and promote the livelihood and welfare of people suffering from critical levels of deprivation, and/ or vulnerable to risks and shocks.

SOCIAL PROTECTION STRATEGY

- Before the social protection strategy coverage of very poor and other vulnerable groups was patchy and insufficient.
- Zambia first developed the PRSP in 2002, and later incorporated into the national development plan

- PRSP excluded issues of social protection and focused on poverty reduction based on economic growth.
- In 2006 the FNDP was produced and now included a chapter on social protection. The chapter puts forward several objectives and policy directives for comprehensive and effective social protection provision
- Social Protection strategy has been developed which takes further the FNDP chapter and makes it practical and operational.

TARGET OF SOCIAL PROTECTION STRATEGY

- Incapacitated Households
- Based on a study there are 200 000 households. These lack self help capacity- too old, too young, sick, and disabled. Usually depend on good will of community and relatives to survive.
- Low capacity households- 200 000 households. Very poor but have self capacity (labour) to fight poverty.
- Children without adult care givers- 1.1 M are orphaned (19 % double orphans).

INCAPACITATED HOUSEHOLDS-

Public Welfare Assistance Scheme (PWAS)-

Objective- To help meet basic needs of the poor and destitute.

- Target -Female headed, disability headed, chronically sick, old headed households. Done by community structures. Want to reach 200 000.
- PWAS is operational in all districts. It provides in-kind support in the area of education and health to help vulnerable people meet basic needs.
- In 2009 we reached 33 000 beneficiaries.
- In 2009 the budget is 6.7 B.
- Social Cash Transfer Scheme- bi-monthly cash transfers to destitute and incapacitated households. Only on 5 districts and reaching 11 000 households.

 Food Programme Management – provision of food to vulnerable households (HIV/AIDS patients) and community schools.

VULNERABLE CHILDREN-PROGRAMME

High poverty levels (51 % extreme poverty), HIV AIDS at 16% and high unemployment give rise to many vulnerable children.

Street Children Programmes-

- Reintegration programme under Ministry of Community Development.
- Under the Min of Sport, Youth and Child Development there is a rehabilitation programme for former children found on the street. Trained for 18 months in various skills such as carpentry, crop husbandry and animal husbandry.
- Currently 462 being trained. K2.9 B
- So far 648 have graduated.
- Free Basic Education from grade 1 to 9 to increase access. However there are still hidden costs such as stationery, uniforms.
- Bursaries Programme Under the Min of Education, for vulnerable children secondary schools.
- Bursaries for Colleges and 2 Universities. Selection done with involvement of social welfare department.

LOW CAPACITY HH - Food Security Pack (FSP)

Objective. Improve productivity, household food security and reduce poverty. Empower vulnerable but viable farmers especially Fem Headed Households through input grant.

Holistic approach- yield enhancing inputs, seed banks, conservation farming, improved storage.

Targeting is done by Dist food Security committees, Community Welfare Assistance Committees and some NGOs.

FSP Components

- Crop Diversification-cereal, legume, tuber/root
- Market entrepreneurship, seed bank market support services to transport and sell excess produce.
- Alternative livelihood -support fishing
- Livestock-promote neglected animals e. g goats, ducks

FSP -Food Pack

- 50 KG urea, 50 kg D compound, 10 kg grain, 7.5 kg legumes, cassava cuttings, sweet potato vines.
- National Target is 200 000.
- In 2009/10 season reach 17,227
- Cost is K10 B in 2009
- In 2010 K24 B W

LOW CAPACITY HH

Micro Credit Schemes

Lack of capital has been recognized as one of the hindrances of the poor to engage in risk but more rewarding business ventures.

- Through the National Trust for the disabled microfinance credit is availed to vulnerable people with disabilities. Soft loans are given to groups.
- The Micro-bankers Trust gives loans to vulnerable groups mostly women.
 They engage in various activities such as

Public Works Programme-PUSH

- Funded by Min of Community Dev and UN WFP to implement the Food for Assets Programme.
- Uses labour based techniques- create employment and build capacity.
- Build access roads, fish ponds, community schools, rehabilitate earth dams. Also form savings groups.

Reached 10.112 beneficiaries.

POLICY ISSUES

- All these different programmes derive direction not from one Policy but from different policies. E. g Social Welfare Policy, Community Development Policy, Child policy, youth policy, education policy.
- Need to have a social protection policy in place.
- New policy space for SP e. g SAG, SP strategy.
- Increased awareness to social assistance

CHALLENGES

- Many programmes scattered in the different Ministries.
- Social Protection viewed as a cost.
- Poor infrastructure hampers delivery of social assistance.
- High poverty levels.

GENERAL ISSUES & CONCLUSION

- Whilst govt efforts are appreciated there is a feeling that more needs to be done in terms of resource allocation.
- Need to legislate some of the Social Protection programmes.
- Need to develop regional indicators for monitoring the performance of social protection intervention in the region.

ANNEX III (j)

ZIMBABWE-PRESENTATION

SOCIAL POLICY, GROWTH & DEVELOPMENT IN ZIMBABWE

COUNTRY LOCATION

INTRODUCTION

The legitimacy of modern governments the world over is based on written or unwritten social contracts between the citizens and the state wherein the rights and obligations are agreed to by all to promote common interest. These social contracts are effected and consummated through people cantered social policies.

These benefits of Social policy would ordinarily flow to the generality of the populace under stable and prosperous socio-economic conditions. However in Africa and most developing countries there exist a lot of distortions and frequent exogenous shocks that increase risk and consequent welfare loses. As a result, social policy needs to be complemented at times by social protection strategies that aim at:

- (i) protecting the vulnerable members of society against livelihoods risks;
- (ii) promoting the vulnerable member's livelihoods and capabilities; and
- (iii) enhancing the social status and rights of the marginalized.

Social policies are by definition instruments used by governments to regulate and supplement market institutions and social structures with a view to:

- (i) enhance human capital and productive employment;
- (ii) boost domestic demand;
- (iii) increase productivity;
- (iv) secure political support;
- (v) prevent conflicts, create stable and cohesive societies; and

(vi) promote social justice by providing equal opportunities and equitable outcomes.

LINKING SOCIAL DEVELOPMENT TO GROWTH AND DEVELOPMENT

In the development discourse world over there is no longer any contestation on the role of social policy in development.

The jury is out, that:

- investing in people enhances the quality and productivity of the Labour force, thus improving the investment climate and hence growth –(For Zimbabwe – the case of BEAM and investment in Education);
- (ii) raising the incomes of the poor increases domestic demand and, in turn, encourages growth, greater consumption ratios among the income groups and contribute to expanding the domestic market: (For Zimbabwe the case of cash transfer through public works);
- (iii) redistributive policies are not antagonistic to growth but can in fact raise productivity, and secure political stability which is critical to sustaining growth itself. (For Zimbabwe: the case for utilizing public resources to provide subsidized agricultural inputs to the marginalized farmers as a Social Protection Strategy);
- (iv) among the children, poverty and malnutrition damage health, cause premature death, and impair cognitive abilities, resulting in lower productivity in future adults what a price to pay for any country! (For Zimbabwe: the case for NAP for OVC); and
- (v) gross inequalities and their associated intense social tensions are more likely to result in violent conflicts, ultimately destabilizing governments and regions, and may make people more susceptible to terrorist appeals. (For Zimbabwe: the case for land redistribution)

Rationale For Social Policy and effective Social Protection in Zimbabwe

Over the past decade, Zimbabwe has experienced a plethora of negative shocks caused by both internal and external factors. These shocks have resulted in welfare loses to a significant percentage of the population, thus negating the gains which had been achieved through the good post independence social policies.

Additionally, a weakened government capacity resulted in near collapse of basic social services delivery in health, education and essential social safety nets. The economic shrinkage, the perennial droughts, hyper inflation, receding international community, and the ravaging HIV and AIDS pandemic all have worked as a complex web which has dragged a big percentage of households into poverty and vulnerability. Having realized the impact of this decline on human developments, the GNU, in its short term economic recovery program, prioritized social protection as one of the strategic pillars for early recovery and stabilization.

STRATEGIC SOCIAL PROTECTION OPTIONS FOR ZIMBABWE

1.0 Restoration of income security

The internal and exogenous factors alluded to earlier, have completely bartered the majority of the population pushing them into poverty and deprivation. The current income levels of the majority of the population do not only make it impossible to save but also do not induce any effective demand. Without effective aggregate demand, no meaningful recovery is possible. In this regard, Zimbabwe is considering the following Social Protection options.

1.1 <u>Cash transfer and public works</u>

To all intents and purposes the rural economy of Zimbabwe had almost stopped functioning as a cash economy. Literally majority of the population had receded centuries backwards to a barter economy.

A cash transfer strategy effected through public works would primary aim to:

- (i) In the first instance inject cash in the rural economy;
- (ii) Stimulate demand:
- (iii) Stimulate cash based transaction;
- (iv) Revitalize the rural commercial businesses; and
- (v) Revitalize agro dealers and link them to agricultural recovery and as a secondary objective rehabilitate social infrastructure (Schools, clinics, dip tanks, roads etc).

1.2 <u>Realistic Minimum Wages</u>

Just as in the rural areas, in the urban areas the levels of income are also too low to stimulate any meaningful aggregate demand. There is need to ensure that through the current TNF, realistic collective bargaining frameworks are agreed to which will guide Unions in their collective bargaining. Realistic formal employment wages will induce an upward pull of a significant number of workers who are currently the working poor.

1.3 <u>Realistic Agricultural Producer Prices</u>

The redistributive land reform programme alluded to earlier and the productive safety nets through agricultural inputs to be discussed later will come to naught if agricultural producer prices remain unviable and do not offer realistic return to investment.

1.4 Support to Small and Medium Enterprises and Informal Sector

The under utilization of industrial plant capacities and in some cases out right closure of industries had pushed a lot of people into small scale enterprises and Informal sector. This has become a safety net for most retrenched workers and unemployed persons.

A strategy to inject/ invest resources into this sector is likely to have short term supply response and hence open opportunities to a greater majority of the urban unemployed.

SOCIAL SECURITY

2.1 Revival of Pension Schemes

The collapse in the economy, which gave rise to retrenchments and consequent low levels of employment, coupled with hyper inflation has rendered most occupational pension schemes unviable. As a result the once thriving social protection sector has collapsed and now almost all pensioners have been rendered destitute.

There is need to serious think new ways of reviving these ailing occupational schemes so that they can render meaningful pensions thus pulling out from the poverty trap, a significant population group

2.2 Revival Medical Aid Schemes

Just as with pensions these schemes have suffered the same fate. They can no longer afford their members access to health. Failure to access health implies declining human capital indicators, low productivity and consequent downward spiral in growth. There may be need to have serious rethink on the establishment of the compulsory medical insurance scheme albeit in the medium to long term.

3 PROGRAMMES SAFETY NETS

3.1 <u>Agriculture Input Social Safety Net</u> <u>Programme</u>

As alluded to earlier, the massive sea of rural poverty is currently exerting a downward pull to the rest of the economy. Zimbabwe has introduced an Agricultural input support programme that will be consistent and predictable

for the next 2 to 3 years. If well implemented such a Social Protection programme will ensure:

- Household food security.
- Reduce demand for imports.
- Generate small surplus that increase rural incomes and stimulate rural trading.

3.2 Revitalization of BEAM

As argued above investment in education is not just a social expenditure it is an investment in human capital for future growth. In this respect revitalization of BEAM to ensure that the almost 1.8 million orphans and vulnerable children are protected and continue to access education is critical.

3.3 Enhance the assisted medical treatment orders (AMTOs)

As with education expenditure health is an investment for growth. Under the current circumstances a lot of poor people are delaying seeking health attention thus leading to unnecessary deaths or loose of productive time. Enhancement of AMTOs strategy will ensure that majority of marginalized person's access health

3.4 <u>National Action Plan for Orphans and Vulnerable Children (NAP for OVCs)</u>

In response to the financial challenges and poor macro-economic conditions, the government developed a framework of the Programme of Support for OVCs through the NAP for OVC. Resources mobilized through PoS are currently being accessed by civil society organizations to implement the programs.

3.5 <u>Public Assistance</u>

This is a form of social assistance to support families in distress, children in difficult circumstances and can also be extended to the chronically ill, people living with disabilities, child headed families and the elderly. The amount transferred will be equivalent to their basic consumption basket.

3.6 Maintenance of disabled persons

This is a social protection programme designed specially for persons living with disabilities over and above the general public assistance. It is intended to

meet their special needs such as assistive devices like wheelchairs, crutches and artificial limbs.

3.2 <u>Transfer to Heroes' Dependants</u>

This renders assistance to dependents in the form of monthly allowances covering both surviving spouses and minor children as well as medical and miscellaneous assistances from the Heroes Dependents Fund.

CHALLENGES

- (a) inadequate allowances to meet basic needs of beneficiaries due to inadequate allocations from the Treasury, (15% of the total national budget is allocated towards Social Protection);
- (b) implementation of programmes is being affected by high staff turnover due to harsh economic conditions:
- (c) increase in the number of vulnerable people who needs Social Services due to effects of HIV and AIDS and other socio-economic hardships;
- (d) ineffective coordination of programs at all levels: weak institutional arrangements and poor coordination of social protection programmes resulting in the fragmentation of responsibilities and duplication of efforts among Government ministries and other agencies rendering such programs costly with minimum impact on the intended beneficiaries.

It is against this background that the Ministry is now drafting a National Social Protection Strategic framework which aims to:

Promote partnership for the revitalization and strengthening of key social safety nets for the disadvantaged groups, including women, children and people with disability.

- Develop mechanisms for strengthening the participation of vulnerable groups in development, planning and implementation.
- Support sector ministries in developing social protection interventions within the armpit of the Social Protection Strategic framework.
- Promote Public Works approach to delivering assistance to the able bodied poor and vulnerable individuals and households.

Growth enhancing effect of investing in education & health

CONCLUSION

As the GNU ushers a new era of possibilities, expectations are high on economic recovery, employment creation, increased incomes to the people e.t.c. the expectations are endless. For the recovery strategies to be effective, they need to be given some elbow room, some breathing space to take root. A well conceived social protection strategy is the answer!

It is expected that the outcomes of this workshop will provide the building blocks of Zimbabwe's social protection strategic framework.

THANK YOU!!

Annex IV

List of Participants

Democratic Republic of the CONGO

1. Alexi Kanyenye Byumanine

Ministry of Social Affairs

Kinshasa DRC

E-mail akoinyeuye@yahoo.fr

2. Matiaba Mwaka Masandi Ceule

Ministry of Social Affairs, DRC

E-mail: cecilematiabe@yahoo.fr

3. Mpiana Bijimba Erick

Conseiller/Advisor, Ministry of Social Affairs

A2 Avenue College/Advisor

Kinshasa

E-mail: mpianaerick@yahoo.fr

MALAWI:

5. Hyacinth Kulemeka

Director of Child Development Affairs

Ministry of Gender, Children and Community Development

p/Bag 330, Lilongwe 3, Malawi

E-mail: hkulemeka@childaffairs.gov.mw

6. Harry Satimba

National OVC Coordinator, Ministry of Gender, Children and Community Development

P/Bag 330, Lilongwe 3, Malawi

E-mail: <u>hsatumba@yahoo.co.uk</u>

7. Arson J. Mpunga

Chief Community Development Officer, Ministry of Gender

P/bag 330 Lilongwe Malawi

MAURITIUS:

8. Gopaul Anirood

Commissioner, Social Security

33 Koenig Lane,

St, Paul, Mauritius

E-mail: argopaul@mail.gov.mu

9. Nazir Soobratty

Minister of Social Security, National Solidarity and Senior Citizens Welfare and Reform Institute

Closel Road RItoenix

Mauritius

E-mail: nsoobratty@mail.gov.mu

10 Budory Bedy (Ms)

Social Welfare Commissioner, Ministry of Social Security

NPF Building, Port Louis

Mauritius

ZIMBABWE:

11 Isaac T. Mukro

Deputy Director Social Services, Ministry of Labour and Social Services Ioely Avenue, Greencroft, Harare

12 Sidney Gozho Mhishi

Director, Ministry of Labour and Social Services

P. O. Box 7707, Causen Avenue,

Harare, Zimbabwe

E mila: samhishi@@zimnaporc.co.zw

13. Lancester Clever Museka

Permanent Secretary, Ministry of Labour and Social Services

14 Dart Road, Vainona Borrowdale

Zimbabwe

E mail: parsec@zarnet.ac.zw

MOZAMBIQUE

14. Lucia Bernardete Mairosse

National Director, Ministry of Human and Social Action

Mozambique

E-mail: lbernardete@yahoo.com

15. Miguel Aureuo Mausse

National Director, Ministry of Women and Social Action

Mozambique

16. Noe Olate

Maputo Mozambique

E mail: noemathe@yahoo.com

SEYCELLES:

17. Tania Lucie Fransoise Labiche

Senior Rearch Officer, Social Development Department

Victoria House, Mahe

Seychelles

E-mail: <u>tlabiche@gov.sc</u>

18. Linda Jenna William

Principal Secretary, Department Social Development

Mont Buxton Mahe

Seychelles

E-mail: lwilliam@gov.sc

NAMIBIA:

19. Albert E. Biwa

Deputy Director, Ministry of Social Welfare

315 Tsauchad St Eimbebasia

Windhoek, Namibia

E-mail: abiwa@mol.gov.na

20. Keendjele David

General Manager, Social Security Community

Namibia

E-mail: <u>David@ssc.org.na</u>

21. Kathleen Joyce Nakuta

Deputy Director, Ministry of Gender Equality and Chile Welfare

22 Roentgen Street, Whka West Namibia

E-mail: jnakuta@infecw.gov.na

SOUTH AFRICA:

22. Wiseman Magasela

Deputa Director General

National Department of Social Development

Social Policy Unit

Private Bag X901, Pretoria 0001

South Africa

Tel. 27.12.312.79.18

wisemanm@socdev.gov.za

23. Mapula Rametse

Deputy Director

National Department of Social Development

International Relations Directorate

South Africa

mapular@socdev.gov.za

24 Vuyehwa Nhlapo

Deputy Director General

Integrated Development

National Department of Social Development

South Africa

vuyelwan@dsd.gov.za

25 Maureen Motepe

Director

Comprehensive Social Security Branch

National Department of Social Development

No. 134 Pretorous Street Pretoria

South Africa

maureenm@socdev.gov.za

26. Jackie Mbonani

Chief Director, Welfare Services

National Department of Social Development

430 Section A. Kwamhlanga 1022

South Africa

E mail: JackieM@socdev.gov.za

27 Ndangwa Noyoo

Chief Director,

National Department of Social Development

Pretoria South Africa

E-mail: NdangwaN@socdev.gov.za

SWAZILAND

28 Ellen T. Mabuza

Senior Social Worker

D.D.Ms Office

P. O. Box A33

SWAZI PLAZA

29. Eric Maziya

Director Social Welfare

E-mail emaziya@yahoo.com

30. Dickson Mkhonta

Under Secretary, D.P.M's Office

P. O. Box A33

Swazi Plaza

TANZANIA

31. Rose Wambura Wiasiea

Ministry of Health and Social Welfare

Box 9086

Tanzania

E-mail : <u>rwasira@gmail.com</u>

32 Fares Jeremia Masaule

Head Health Social Reforms Advocacy, Ministry of Health and Social Welfare

P. O. Box 9083

Tanzania

E-mail: fmasaule@yahoo.com

33. Jeanne K. Ndyetabura

Assistant Commissioner for Social Welfare, Ministry of Health and Social Welfare

P. O. Box 9083

Tanzania

E-mail: jndyeta@yahoo.com

ZAMBIA

34 Gladys Kristafor

Permanent Secretary, Ministry of Community Development

6369 Fir Road Woodlands, Lusaka

Zambia

E mail: kristafor7@yahoo.com

35 Reuben Zulu

Director Planning Information, Ministry of Community Development and Social Services

Plot No. 17959, Libala, Lusaka, Zambia

E-mail: gozonzulu@mail.com

36. Simmy Chapula

Chief Planner

MInistry of Community Development and Social Services

P/Bag W252

LUSAKA

ZAMBIA

Mob. +260 (0) 955 958 017

Email: simmy.chapula@mcdss.gov.zm / simmy.chapula@ncczambia.org

37. Henry Nkhoma

Director, Community Development

Plot 18024, Libala South, Lusaka

E mail: henrynkhoma1@yahoo.com

38. Wesley Musamba Kaonga

Director Cultural Affairs

Ministry of Community Development and Social Services

Lusaka, Zambia

39. Gilbert F. Makambwe

Consultant, National Institute f Public Administration (NIPA)

16 Mpulungu Road, Olympia Park

Lusaka, Zambia

40. Rose N. Mutupo

Director Social Welfare, Ministry of Community Development and Social Welfare

Lusaka, Zambia

vnmutupo@yahoo.com

41. Professor Mwelwa Musambachime,

University of Zambia,

P. O. Box 32379,

Lusaka, Zambia

E-mail <u>mwelwamusabachime@yahoo.com</u>

42. Stanfield Michelo

Chief Social Welfare Officer, Ministry of Community Development and Social Services

Lusaka Zambia

E-mail: stanmichelo@yahoo.com

43. Hilda Mungoma

Consultant, Rapportuer

5 Inveness Court, Nasser Road

Lusaka, Zambia

E-mail hmungoma2003@yahoo.co.uk

44. Edwin M. Mwendabai

Consultant, Rapportuer

823, Kabwata, Lusaka, Zambia

E-mail edwinmwendabai@yahoo.com

45. Musonda Kunkuta

Director HRA, Ministry of Sport, Youth and Chile Development

Lusaka, Zambia

E-mail kunkmusonda@yahoo.com

Annex V

PROGRAMME

Roundtable of Departments of social Developments Social Welfare and Social Affairs in the Southern Region

Jointly hosted by the Ministry of Community Development and Social Services of the Government of the Republic of Zambia and the Department of social Developments of the Government of South Africa, Livingstone, Zambia, 22-25 November, 2009

AGENDA Sunday 22nd November, 2009- Arrival of Delegated and Registration

	DAY 1- Monday 23 rd November	, 2009		
Programme Director- Mr Gilbert Makambwe				
08.30-08.45	Welcome and Opening Remarks	Mrs Gladys Z. Kristafor		
		The Permanent Secretary - Ministry of Community Development and Social Services - Zambia		
08.45-09.15	Introductions by delegates from Departments in the Region	All Departments		
09.15-09.30	Keynote address: Social policy development in the Southern Region	Dr Joshua L. Kanganja-Secretary to the Cabinet of the Republic of Zambia		
09.30-09.45	Cultural performance	Ministry of Community Development and Social Services		
09.45-10.00	Background of the Roundtable	Mr Wiseman Magasela-Deputy Director General Department of Social Development-South Africa		
10.00-10.15	Aims and Objectives of the roundtable	Mrs Gladys Z. Kristafor -The Permanent Secretary - Ministry of Community Development and Social Services- Zambia		
10.15-10.30	Comments and questions on background, aims and objectives of the Roundtable	Democratic Republic of Congo, Malawi, Mauritius, Mozambique, Namibia, South Africa, Seychelles, Swaziland, Tanzania, Zambia and Zimbabwe		

10.30-11.00	Refreshment Break	
11.00- 13.00	Policies, programmes and interventions: Presentations by each Department outlining approaches, activities and statistics and information (30 minutes for each country presentation and questions and comments	All Departments
13.00-14.00	Lunch	
14.00- 15.30	Continuation of country presentations	All Regional Departments/Ministries
15.30-16.00	Refreshment Break	
16.00-18.00	Continuation of country presentations	All Regional Departments/Ministries

DAY 2-Tuesday 24 th November 2009 Programme Director- Mr Gilbert Makambwe				
11.00-11.30	Refreshments			
11.30-13.00	Discussion on emerging common challenges and issues			
13.00-14.00	Lunch			

14.00-15.00	Exploring resolutions and commitments to ongoing dialogue on social development and social policy in the Region	Plenary Session
15.00-16.00	Refreshment Break	
16.00-17.45	Presentation on Resolutions and Commitments for Adoption by delegates	Rapporteurs
17.45-18.00	Closing Remarks	Mrs Gladys Z. Kristafor -The Permanent Secretary - Ministry of Community Development and Social Services- Zambia