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Jotham Dhemba

Eswatini's Social Policy Response to Covid-19: Temporary and Donor-Driven

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Content

Eswatini's Social Policy Response to Covid-19: Temporary and Donor-Driven

Jotham Dhemba*

Abstract

The major landmark in Eswatini's response to the Covid-19 pandemic was the adoption of the Coronavirus (Covid-19) Regulations 2020 under Section 43 of the National Disaster Management Act, Legal Notice No 72 of 27 March 2020. Though this statutory instrument provides mainly for containment measures against the spread of the pandemic, it also established a National Disaster Management Task Force responsible for the provision of relief assistance to the poor and vulnerable. Other measures that were adopted by the government include the postponement of increases in water and electricity prices, relief assistance to workers who lose their jobs, suspension of the dismissal of employees during the pandemic and the reduction of fuel prices twice since the arrival of the pandemic. Responses to the social impacts of the pandemic have largely been as a result of government decisions and pronouncements rather than legislative processes. Moreover, relief efforts have largely been donor-driven, which brings into question issues of sustainability, which suggests the need for establishing robust social protection systems in order to promote the wellbeing of all Swazis.

Introduction

Covid-19 is an unprecedented pandemic that has and continues to wreak havoc in people's lives in Eswatini (known as Swaziland until 2018) and elsewhere globally. Apart from the massive loss of life, its social, economic, political and psychological impacts on individuals, families, communities and countries is too ghastly to contemplate. In this vein, the Covid-19 pandemic brought to the fore the imperative of urgent social policy responses to mitigate its destructive impacts on people's livelihoods, especially among the poor. Social policies have thus been adopted in many countries, Eswatini included, in the response to the social and economic impacts of the novel Covid-19 pandemic, caused by the Coronavirus. Hence, this report focuses on the measures adopted in Eswatini from March to September 2020 to mitigate the social and economic impacts of the pandemic.

First and foremost, it is important to state that the Covid-19 pandemic is viewed as a health crisis (International Trade Centre, 2020). Resultantly, many governments around the world are preoccupied with the adoption of measures to prevent the spread of the Coronavirus. The implication of this is that measures aimed at mitigating the negative socioeconomic impacts of the virus are relegated to the periphery, especially in poor countries that were already suffering (socially and economically) prior the advent of the pandemic.

The first case of Covid-19 (positive test) in Eswatini was reported on 14 March 2020. This involved a woman with a history of travel from the United States of America and Lesotho, at the end of February. Two more cases were identified thereafter. One of them also had a history of foreign travel, while the other case had hosted visitors from Germany. There was therefore a heightened risk of the spread of the virus, leading to the declaration of a state of emergency by the Government of Eswatini (GoE) on 17 March 2020. Thus, following these reported cases the government was forced to act swiftly to contain the spread of the Coronavirus. The swift action was also probably because of the lessons learnt from the HIV and AIDS pandemic in the country, which reached its peak in the mid-1990s and early 2000s, leaving many people dead. As such, there was an urgent need to avoid a repeat of this devastating experience.

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In this regard, the state declared a state of emergency on 17 March 2020 using the existing law, namely the Disaster Management Act No 1 of 2006 (Gonese, Shivamba & Merkotter, 2020). The declaration was followed by the implementation of a partial lockdown which came into effect on 27 March 2020, in an attempt to contain the pandemic. Like elsewhere, in many countries internationally, this involved restrictions on gatherings and movement between cities, suspension of air travel and closure of schools, universities and non-essential businesses. The lockdown was then eased only temporarily, as the government resorted to an almost total lockdown in the middle of April to contain the spread of the virus. By the end of March, nine cases of Covid-19 had been recorded in the country, and this figure rose to 100 (positive test) by the end of April. The first recorded Covid-19 related death in Eswatini was on 16 April 2020. According to the Ministry of Health (2020) there were 4,618 confirmed cases of Covid-19, 3,562 recoveries, 962 active cases and 94 deaths as of 2 September 2020.

Political and Socioeconomic Context

Geographically, Eswatini is a small country located in Southern Africa and it has a population of about 1.1 million people. It is almost completely surrounded by South Africa to the north, south and west. To the east is Mozambique, the only other neighbour apart from South Africa. Eswatini also has close economic linkages with South Africa and unfortunately it is heavily dependent on this country. In this regard, 85% of Eswatini's imports and 60% of its exports are to South Africa (World Bank, 2020). It is a monarchical democracy whereby absolute power rests with the monarchy. The King (King Mswati III) has ultimate authority over the legislature, as well as the judiciary and cabinet. There is also a prime minister and a partially elected parliament, but political power rests with the King and his traditional advisors, the most influential being the Queen Mother. Thus, Eswatini has a coexistence of both traditional and parliamentary systems.

Eswatini is a lower-middle income country with a GDP per capita of 3,895 USD (in 2019), and it is ranked at number 138 of 189 countries in the Human Development Index of 2019 (World Bank, 2020). The country faces a host of intractable social problems, chief among them being poverty, food insecurity, unemployment, inequality and HIV/AIDS. The Swaziland Household and Income Expenditure Survey (SHIES), which was carried out in 2012 (such studies are rare and far apart) showed that 63% of the population lived in poverty. The high rate of poverty is also corroborated by the World Bank (2019) which estimated the poverty rate to be 59% in 2017. The Multiple Indicator Survey (MIS) of 2010 also revealed that 70% of children and 80% of orphans and vulnerable children in Eswatini were poverty stricken. Periodic droughts have also exacerbated the problem of food insecurity in the country and as a result the country remains structurally deficient in key staples such as maize (GoE, 2018). Also contributing to the problem of poverty in Eswatini is the high rate of unemployment in the country, which is about 40% (Khumalo, 2011). This is worsened by the high level of income inequality, as Eswatini's Gini coefficient (a factor also associated with high levels of poverty) stands at 50.45 (World Bank 2014). The country has also been impacted greatly (thereby exacerbating the situation of poverty) by the unrelenting HIV/AIDS pandemic, whose prevalence is 26%, making it the highest in the world (World Food Programme, 2019). Thus, Eswatini was already experiencing acute social problems of poverty, food insecurity and unemployment among others and the arrival of the Covid-19 pandemic made the country's situation direr.

Eswatini's social protection system

The social protection system in Eswatini is rudimentary and fragmented. The Government of Eswatini (GoE) operates a non-contributory social assistance programme which is funded from public revenue. The programme, which is administered by the Department of Social Welfare, under the Deputy Prime Minister's Office, has two major components, namely Old Age Grant (OAG) and the Public Assistance Grant (PAG). The PAG provides for disability, orphans and vulnerable children (OVC) and an educational grant, as part of the social protection programme in Eswatini.

The OAG, which is a categorical grant, was introduced in 2005 to mitigate the impacts of HIV/AIDS on older persons and also as a response to the problems of poverty and food insecurity in the country. This scheme is by far the biggest social cash transfer programme in the Kingdom of Eswatini. It is a universal scheme for older persons from the age of 60 years upwards. To qualify for the old age grant, applicants must show proof of citi-

zenship (Eswatini) by submitting their national identity registration documents or passport and be 60 years of age or over. The number of beneficiaries for this scheme has risen from 49,000 in 2006/07 to an estimated 55,000, which is about 5% of Eswatini's population (Deputy Prime Minister's Office, Department of Social Welfare, n/d).

Also significant to note is that the monthly (but paid quarterly) allowance for the OAG was increased from SZL 400 to SZL 500 (SZL 100 currently equals approx. USD 7.01) in early 2020 to cushion older persons from the hardships and suffering caused by the Covid-19 pandemic, among other challenges (Rijkenburg, 2020). Furthermore, there was migration from the manual to an electronic payment system of OAG in April 2020, to contain the potential spread of Covid-19 through the overcrowding that occurred at pay points for the grant. Nonetheless, given the pervasiveness of poverty and food insecurity in the country, as well as rising prices of basic commodities, the revised OAG monthly allowance is still inadequate and cannot be expected to cushion older persons against Covid-19 induced hardships. Furthermore, the OAG amount is not based on the size of the household of the older person, although many older persons in Eswatini are looking after orphaned grandchildren. Older persons receiving grants are also the breadwinners in their households, because of the high levels of unemployment in the country. Thus, the OAG is the only source of income for many households with older persons. Therefore, in its current form, the OAG in Eswatini cannot be expected to enable older persons to rise above poverty and vulnerability.

Furthermore, in relation to the care of older persons in Eswatini, an old people's home, located at Mankayane is expected to be completed in the 2020/21 financial year (Rijkenburg, 2020). This is the first and only residential care home for older persons in Eswatini under the Department of Social Welfare (government). The only other residential care facility for older persons in Eswatini is Dvokolwako Old Age Home, which is run by a private charity organisation, Philani Maswati. Its construction is also still to be completed. These residential care facilities were established in response to the increasing incidence of older persons living alone, and without anyone to look after them.

The disability grant component of the social assistance programme in Eswatini was only accessed by 4,744 out of 13,196 people living with disabilities in 2018, because it is means-tested (Schubert, 2019). Furthermore, the approval of new beneficiaries for the disability grant has been suspended for some time. Consequently, there have not been any new enrolments since then. Resultantly, the number of people with disabilities excluded from coverage under this programme is growing, giving an exclusion error of 64% (Schubert, 2019). Nonetheless, it is also significant to note that the monthly allowance for the disability grant (for those receiving the grant) was revised from SZL 180 to SZL 280 from January 2020. Unfortunately, this is also inadequate and bears little relation to the needs of the poor, given the high cost of living due to Covid-19 induced hardships.

The other programme is the orphans and vulnerable children (OVC) cash grant (child support grant), piloted with donor funding in 2016. It was expected that the government of Eswatini would take over the financing of the programme from September 2018. However, according to Schubert (2019), it is not clear whether the piloting was extended or whether the government took over the programme. Nonetheless, this programme is also exclusionary in coverage, as the Swaziland Household Income and Expenditure Survey of 2016/17 showed that only 19% of households with orphaned children received the child support grant. This is against a background where about 60% of all children in Eswatini have been classified as being vulnerable and 71% of them are orphaned children (Schubert, 2019).

In addition, there is also the OVC Educational Grant, which is meant to facilitate the enrolment of orphaned and vulnerable children in secondary and high schools in Eswatini. However, Schubert (2019) posits that only 26% of the orphaned and vulnerable children living in extremely poor households benefit from the educational grant, because it is means-tested. Also of concern, given the high levels poverty and food insecurity in the country is that the OVC Educational Grant does not cater for related costs involved in going to school. These include living costs, cost of books, stationery and uniforms as well as transport. Thus, this hinders even those children benefiting from the education grant from going to school or deriving maximum benefits from this programme.

Therefore, although it is laudable that Eswatini boasts a grant-based social protection programme of social assistance, the lack of a legal framework (besides the National Constitution of Swaziland of 2005) for its implementation compromises its effectiveness. According to Dlamini (2007), Eswatini's social assistance programme is implemented under a Cabinet Resolution of 2005, which is supervised and regulated by a Cabinet Subcommittee on Social Welfare. Thus, it is paid subject to the availability of funds. This state of affairs is inimical to the sustainability of the programme and reliability in the payment of benefits. On the same note, in spite of the

existence of the National Social Development Policy of 2010, which spells out government's intention to meet minimum standards of wellbeing and livelihood (Government of Swaziland [GoS], 2010), its implementation is fraught with many challenges.

As such, it is imperative for the government of Eswatini to institute a policy and legislative framework for the implementation of the social assistance programme. This will help to strengthen the programme and also ensure its sustainability. The lack of synergies and coordination of existing programmes, which the government announced it was going to address in the 2018/19 budget speech by developing an integrated social protection system, also undermines the efficacy of these interventions. In addition, though the government was going to get assistance from the European Union and other development partners to implement a comprehensive social protection system in Eswatini, it is not clear how much progress has been made in this regard (UNICEF, 2018). Furthermore, a major weakness of the social protection system of Eswatini is the absence of social safety nets for the unemployed and yet this is one of the contributory factors to the high levels of poverty in the country.

It is also worth noting that Eswatini does not have a universal social insurance scheme, thereby exposing the majority of the country's labour force to vulnerability. However, in this regard, the Minister of Finance reported in the 2020 budget speech that the government had finalised a National Social Security Policy (NSSP) and implementation plan (Rijkenburg, 2020). The policy is intended to establish the Workmen's Compensation and Insurance Fund (WCIF), the Eswatini National Pension Fund (ENPF) and the National Health Insurance Fund. It is therefore hoped that the NSSP will, this time around, overcome the obstacles to its adoption and implementation.

Eswatini's Social Policy Response

Given this state of affairs, the government of Eswatini was forced to adopt measures aimed at containing both the spread of the virus as well as mitigating its social impacts. The earliest and perhaps most significant legislative response to the pandemic was the adoption of the Coronavirus (Covid-19) Regulations 2020 under Section 43 of the National Disaster Management Act, on 27 March 2020 (GoE, 2020). This was published in the Eswatini Government Gazette Extraordinary Vol. LVII, Legal Notice No 72 of 27 March 2020. Though this statutory instrument provides mainly for containment measures against the spread of the pandemic, it also established a National Disaster Management Task Force responsible for the provision of relief assistance to the poor. The All Africa Foundation (2020) asserts that Eswatini is the country second hardest-hit by the social and economic impacts of the pandemic, after South Africa, in the whole of Southern Africa.

Thus, in response, the government instituted a package of fiscal, monetary and financial sector measures to mitigate the socioeconomic impacts of the Covid-19 pandemic on vulnerable households and businesses (IMF, 2020). In this regard, the IMF approved USD 10.4 million in emergency financial assistance to the country to support the government's efforts to address the adverse impacts of the Covid-19 pandemic (IMF, 2021). Furthermore, the government established a relief fund worth SZL 25 million towards the support of workers dismissed from their employment (IMF, 2021). These measures include, scaling up of healthcare spending, food assistance programmes, improved access to water and sanitation and social protection transfers. In addition, planned increases in electricity and water tariffs were also postponed by the government (IMF, 2020). These are expounded on in the sections below.

Support for the poor and vulnerable

It is also significant that the National Disaster Management Agency (NDMA), mandated in terms of the Coronavirus (Covid-19) Regulations 2020 to coordinate and provide relief assistance to the most vulnerable, paid cash transfers to 13,659 households in 14 constituencies in the country. In this regard, the government through the NDMA provided a payment (grants) of SZL 700 to the poor and vulnerable to help them to buy food and other basic necessities. Moreover, the City Press (2020) observes that the prices of essential goods and services rose by more than four times since just before the advent of the disaster, thereby necessitating support for the poor and vulnerable. The government also planned to provide food parcels to over 300,000 individuals from 63,000 households throughout the country (Swazi Media Commentary, 2020).

To complement these efforts, the United Nations World Food Programme (WFP), with assistance from the European Union, is supporting 94,000 vulnerable Swazi households through a monthly (for 12 months) cash transfer of SZL 140 per individual, or SZL 700 for a family of five members (WFP, 2020). Other NGOs such as All Out Africa Foundation, also provided food relief assistance on a monthly basis to 44 and later 55 (from July) families from April to September 2020 (All Out Africa Foundation, 2020). Another NGO Young Heroes, with assistance from MTN Bushfire has also been distributed food parcels and monthly cash transfers of SZL 200 for three months, to families looking after orphaned and vulnerable children in Lobamba Lomdzala (Hlabatsi, 2020).

Support for workers and the unemployed

In an endeavour to contain the loss of jobs on the labour market, the government suspended the dismissal of employees during the period of the pandemic (Ministry of Labour and Social Security, 2020). However, enforcement of this requirement is problematic, given the prolonged and varying impact of Covid-19 on the viability of mainly small and medium-scale enterprises, characteristic of Eswatini's economic landscape. In this regard, the government has already disbursed SZL 12.8 million of the relief fund towards the support of workers who have lost their jobs as a result of the Covid-19 pandemic (IMF, 2021)

Price support for fuel, water, and electricity

According to the IMF (2021) the government of Eswatini reduced the price of fuel twice since the beginning of the pandemic. This was meant to keep the cost of transport at affordable rates. In addition, the government also postponed increases in water and electricity prices.

Conclusion

The social policy response to the Covid-19 pandemic in Eswatini has been ad hoc and piecemeal. Resultantly, there are gaps in coverage and the benefits are inadequate and not comprehensive. In actual fact, most of the interventions are largely temporary and as a result some of them have already been phased out, thus leaving gaps in coverage. Furthermore, most of the responses were not as a result of legislative processes but government decisions and pronouncements by relevant government ministers. Interventions to mitigate the negative impacts of Covid-19 have also been derailed by inadequate resources and the absence of a national database of people living in poverty, given the multiplicity of players involved in the provision of relief assistance. In this regard, although the Department of Social Welfare and the National Disaster Management Agency are the lead players, they are constrained in their delivery of services by the lack of both human and financial resources, as well as poor coordination of activities. It is also important to note that there is a significant dependence on development partners and other non-governmental organisations in the response to the social and economic impacts of Covid-19 in Eswatini. Thus, Eswatini's response has largely been donor-driven, which suggests the need to reform existing social protection measures to ensure sustainability and the wellbeing of all Swazis, especially the poor.

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Appendix 1: Social Policy Developments in Response to Covid-19 by Policy Area (Eswatini, January–September 2020)

	Policy Area	Pensions	Healthcare	Long-term care and disability	Labour market	Education
(1)	Have there been any significant legislative reforms in the indicated policy area during the indicated time period?	No	No	No	No	No
(2)	If (1) yes, have any of these reforms been explicit responses to the Covid-19 pandemic?	N/A	N/A	N/A	N/A	N/A
(3)	If (2) yes, has there been significant regional variation in the implementation of these reforms?	N/A	N/A	N/A	N/A	N/A
(4)	Have subnational governments enacted any significant legislative reforms in the indicated policy area during the indicated time period?	N/A	N/A	N/A	N/A	N/A
	Policy Area	Family benefits	Housing	Social assistance	Other*	
(1)	Have there been any significant legislative reforms in the indicated policy area during the indicated time period?	No	N/A	N/A	N/A	
(2)	If (1) yes, have any of these reforms been explicit responses to the Covid-19 pandemic?	N/A	N/A	N/A	N/A	
(3)	If (2) yes, has there been significant regional variation in the implementation of these reforms?	N/A	N/A	N/A	N/A	
(4)	Have subnational governments enacted any significant legislative reforms in the indicated policy area during the indicated time period?	N/A	N/A	N/A	N/A	

* Legislative reforms in other policy areas explicitly aimed at social protection, e.g. food subsidies or tax cuts aimed at social protection.