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ARTICLE

Enhancing older persons welfare before, during and after the COVID-19 crisis- Zimbabwe, Lesotho and Eswatini perspectives

Mejorar el bienestar de las personas mayores antes, durante y después de la crisis del COVID-19 - Perspectivas de Zimbabwe, Lesotho y Eswatini

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Abstract

The embedding of robust approaches for ageing in national development agendas has been made more urgent by COVID 19. The article explores these three countries' social protection domains of in offering an enabling environment for older persons' dignity and enhanced social functioning before, during and hopefully after the COVID-19 pandemic. Secondary sources of data including review of policy and research documents are used. The article also suggests pathways by which frontline social workers can contribute to galvanising older persons safeguarding and welfare in COVID-19 pandemic milieu., and offers some reflections on social workers' challenges.

Keywords:

Lesotho, Eswatini, Zimbabwe, older persons, poverty, COVID-19

Resumen

La incorporación de enfoques sólidos para el envejecimiento en las agendas nacionales de desarrollo se ha hecho más urgente con el COVID-19. El artículo explora los ámbitos de protección social de estos tres países para ofrecer un entorno propicio para la dignidad de las personas mayores y un mejor funcionamiento social antes, durante y, con suerte, después de la pandemia de COVID-19. Se utilizan fuentes secundarias de datos que incluyen la revisión de documentos de política e investigación. El artículo también sugiere vías por las que los trabajadores sociales de primera línea pueden contribuir a impulsar la salvaguarda y el bienestar de las personas mayores en el entorno de la pandemia de COVID-19, y ofrece algunas reflexiones sobre los retos de los trabajadores sociales.

Palabras Clave:

Lesoto; Eswatini; Zimbabwe; personas mayores; pobreza; COVID-19



Introduction

The central question this article addresses is how before, during and post COVID-19 pandemic social security systems harnessing in Zimbabwe, Eswatini and Lesotho result in robust older persons centred social safety nets. Certainly Leach, MacGregor, Scoones and Wilkinson (2021) outline that attention to structural drivers and conditions aids in understanding COVID's onset, its unfolding in different regions plus uneven ways people and places have been affected.

Focus on these three countries was motivated by how they all aspire to pursue a socio-economic trajectory for them to attain middle income countries status. It is therefore crucial that in the milieu of COVID-19, knowledge is generated on social security perspectives that cushion older persons navigate this crisis. Generating knowledge on the situation of older people is crucial as it allows development of innovative and robust policies that can be more responsive to the ever changing needs of older persons. It also helps deconstruct piecemeal and fragmentary social policies when targeting older people. Murphy's (2018) postulations justifies this research problem. It is important to highlight that 2021 – 2030 is the UN's Decade of Healthy Ageing a global collaboration bringing together governments, civil society, international agencies, professionals, academia, the media and the private sector to improve the lives of older people, their families, and the communities in which they live.

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This strategy aligns and integrated into the UN's 17 Sustainable Development Goals (SDGs), with one of its core universal principles being "leave no one behind" (LNOB). Undeniably, aging issues intersect all 17 SDGs, especially SDG 3, regarding "Good Health and Well-being", which aims to "ensure healthy lives and promote well-being for all at all ages." The UN strategy provides "every human being regardless of age, an opportunity to fulfil their potential with dignity and equality,". According to Murphy (2018) SDGs include general goals applicable to everyone including "ending poverty, in all its forms, everywhere" and "reducing inequality". However, Murphy comments that particular emphasis is on tackling specific groups marginalisation such as children, women and girls, people with disabilities and older people to reduce their well-recognised disadvantages. Furthermore, as observed by Lloyd-Sherlock, et al. (2020) a weak public health infrastructure, lack of gerontological expertise at all health system levels and limited trust in government result in a conundrum in COVID-19 mitigation endeavours. Accordingly, different constituencies must collectively think of solutions, particularly social service responses dealing with the psychosocial effects and exacerbation of inequality resulting from COVID-19 (Rasool 2020).



Given the foregoing, the SDGs framework insisting on Leaving No One Behind (LNOB) will be the framework for interrogating duty bearers as the state, social workers and Departments of Social Service. LNOB principles insist on development work responses ensuring equality and equity in participation, access, ownership and resources utilisation and the benefits of development, targeting that the furthest behind are reached first and those at risk, do not fall behind (UNDP 2020). This subject is discussed in more detail in this article, in which I argue the importance of sufficiently articulating the concept's theoretical underpinnings and empirical application in order to generate relevant lessons for older persons safeguarding before and after the COVID-19 pandemic. Furthermore, reflecting about social workers' challenges in this context is critical to reflect on how the navigating of COVID-19 induced social protection challenges and their impacts to frontline social work interventions for enhancing older persons functioning.

Context of Eswatini, Zimbabwe and Lesotho

In this section I provide the socio-economic trajectory of Eswatini, Lesotho and Zimbabwe. Firstly, Eswatini population according to the Population and Housing Census 2017, is 1,093,238 made of 531,111 males (48.6 per cent) and 562,127 females (51.4 per cent) (Madzingira, 2019).

Eswatini's human development index in 2019 was classified as a middle human development country rated 138 out of 187 countries (World Bank Eswatini Country Team, 2020). Furthermore, its HIV/AIDS prevalence remains the highest globally at 27.2% among adults between the ages 15–49 years (Madzingira, 2019). In Nhlengano, in the south of Eswatini the illegal farming of cannabis is a risk many grandmothers are ready to take (Dewa 2021).

Through National Multi Sectoral HIV and AIDS Strategic Framework (NSF) 2018–2022, Eswatini aims significantly reducing both new infections and mortality through super-fast tracking the responses.

As for Zimbabwe, economic instability characterised by an already spiralling currency was exacerbated by COVID-19 arrival (Scoones, 2021). Before the COVID-19 pandemic, Zimbabwe's economy was already in recession, contracting by 6.0% in 2019. Output fell because of economic instability and the removal of subsidies on maize meal,

² Leave no one behind (LNOB) is the central, transformative promise of the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs). It represents the unequivocal commitment of all UN Member States to eradicate poverty in all its forms, end discrimination and exclusion, and reduce the inequalities and vulnerabilities that leave people behind and undermine the potential of individuals and of humanity as a whole

fuel, and electricity prices; suppressed foreign exchange earnings; and excessive money creation. The onset of the COVID-19 pandemic and continued drought led to 10% contraction in real GDP in 2020. Inflation soared, averaging 622.8% in 2020, up from 226.9% in 2019. After a 10-year hiatus Zimbabwe reintroduced its own currency in 2019 and has been battling high inflation and shortages of foreign currency to food. In 2019 the local unit was pegged at parity to the U.S. dollar, but plunged to 84.6 against the greenback, This has proved particularly devastating for urbanites many already living from hand-to-mouth whilst working in multiple informal sector jobs (Ndlovu, 2021).

In March 2019, just after the droughts induced by El Niño weather pattern Cyclone Idai also hit Zimbabwe causing floods mainly affecting the eastern and southern provinces, (Food and Agriculture Organization of the United Nations, 2021). In November 2020, Government of Zimbabwe (GoZ) adopted the National Development Strategy (NDS) 2021 – 2025 towards driving inclusivity and sustainable economic growth vital towards the country's Vision 2030 and SDGs achievement.

Finally, Lesotho is a small country landlocked within South Africa and in 2016 the country's population was enumerated at 2 million with more than two-thirds living in rural areas. Classified by the World Bank as a lower-middle-income economy, Lesotho had a per capita GDP in 2018 of \$1,401 (Boko, Raju, & Younger, 2021). The effects of ageing in Lesotho are gendered hence different needs and challenges between men and women especially the effect of feminization of ageing. The inherently patriarchal system in Lesotho results in significant socio-economic differences between men and women often leaving older women as witchcraft accusations victims and denied rights to their inheritance (Ministry of Social Development and Help Age International, 2014).

The Lesotho government allocates 7 percent from the national budget to social protection programmes as school meals, older persons' pensions, child grants and public works (Boko, Raju, & Younger, 2021). High HIV prevalence rate (25.6 percent: 30.4 percent for women and 20.8 for men) characterises Lesotho and more than 250,000 orphaned children require care most having lost their parents to AIDS. Lesotho's life expectancy stands at 49 years. As the major livelihood source for 80 percent of the population living in rural areas, agriculture contributes 7 percent of GDP. Lesotho has a 27.3 percent poverty rate based on the international poverty line of US\$1.90 per person per day. Lesotho is ranked 165/189 on the Human Development Index.



Conceptual framework

To begin with, examining interactions between breakdown of social contract, poverty, vulnerability, social functioning, dignity, life cycle, older people, social security for older people, among other concepts, need theoretical exploration. Reflecting on available literature, social protection scholarship deeply concerned with universal social welfare targeting requires a detailed understanding of the crucial elements of social security targeting process. Despite gerontology is in its infancy across Africa, population ageing, and the social benefits and problems associated with this process are getting growing recognition (Ministry of Social Development and Help Age International, 2014).

Of particular significance in this regard is Barrantes' (2020) assertions that Global South countries base their social protection provision on negative narratives around poverty and the "deserving and undeserving poor". This approach challenges us as a society to change the very roots of mainstream (neoliberal) anti-poverty policies. According to Barrantes, than focusing on inclusive lifecycle systems, service delivery systems are being instead fragmented by Global South countries. Schubert (2020) wades into this debate by insisting that a convincing political argument is that because everybody will benefit once, he or she has reached a certain age, universal social pensions enjoy public support. According to Schubert (2020) in poor countries people aged above 60 or even 70 is below 10 percent a universal OAG is expensive but affordable, whilst a universal child grant would also be popular but not affordable as children are up to 50 percent of the total population.

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Another perspective is provided by Leach et.al (2021) who forthrightly emphasise that COVID-19 intensifies fragilities in health and wellbeing, food, sustainable livelihoods, resilient ecologies, resource access, employment, trade, finance, inclusive governance, citizen rights systems. UNRISD further observes this however is a complex concept which relates to questions of dis-tribution and redistribution of privileges and re-sources based on moral, political values and normative frameworks (United Nations Research Institute for Social Development, 2021).

In Noyoo's (2017) analysis as human rights do not diminish with ageing many aspects of a person's life are threatened if age is relied on as a proxy for competency and functional well-being. These include basic rights of independence, security, and dignity. Certainly, social welfare services as articulated by Noyoo (2017) are the arteries delivering well-being to older persons towards ensuring maintenance of an acceptable living standard defined by policies ensuring fulfilment of older persons rights as guaranteed by the constitution. In the same vein Schubert insists irrespective of a country's poverty status



in establishing social assistance arguably Old Age Grants [OAGs] are most appropriate.

Henceforth, too few African countries have any form of non-contributory or ‘social’ pension. As posited by Noyoo (2017) this is despite evidence from South Africa, Lesotho and Botswana showing that non-contributory or ‘social’ pension is a practical and affordable way of tackling poverty, and HIV and AIDS impacts reduction. Schubert (2018) further goes on to state that a technical argument is that universal categorical programs avoid exclusion and inclusion errors associated with means testing.

With the COVID-19 coupled with limited gerontological expertise reduced further by illness, these challenges are further exacerbated (Lloyd-Sherlock, et al. 2020). Henceforth, COVID-19 eruption is a timely reminder of the structural faultiness and fragility of health care and social services delivery systems globally.

Furthermore, Dafuleya (2020) notes the Southern Africa region has state social assistance deficits and non-state initiatives have been inadequately filling this gap. As observed by Dafuleya, in countries that finance their own social assistance the reach of the emergency assistance extends to all the citizens that require it but countries with weak social assistance fail to reach all the citizens that require it.

On the same note using the life-cycle approach Schubert (2018) contends children, the elderly and a host of other “vulnerable groups” need to protection against life-cycle risks by establishing categorical cash transfer programs. In the same vein Ansell et al (2019) note cash transfers to older people create empowerment and autonomy for a group previously highly dependent on younger family members. Given this theoretical background, it can be asserted that recognising older persons social security and dignity emerges out of a particular history and socio-political and economic context; hence, the next section closely examines the Zimbabwe, Eswatini and Lesotho context.

Results

The following section outlines dominant narratives emerging from the three countries of how older persons navigate socio-economic barriers to guarantee their access to social security before and during COVID-19.

Results

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Zimbabwe

According to HelpAge, older people in Zimbabwe are estimated to be 760 000 or six percent of the population. Furthermore, Zimbabwe's health system faces a plethora of challenges including a lack of mostly financial resources and a host of institutional and governance issues all of which render service delivery problematic. Furthermore, in June 2020 the Centre for Community Development Solutions (CCDS) supported by Help Age International conducted a rapid needs assessment in northern and eastern Zimbabwe. The purpose of this assessment by CCDS and Help Age (2020) was to enable CCDS to adapt its programming and provide advocacy messages to humanitarian partners and the government. According to Help Age (2020) 79% of older people interviewed during the rapid needs' assessment indicated that they could not afford protective materials such as face masks to prevent them from contracting COVID-19, and 68% of those 70+ said they have difficulty accessing medicines.

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The health system is beset by periodic strikes by health workers over remuneration, low morale among the workers and poor working conditions (UNCT 2020). In public health care systems analysis, it must be noted that health care workers numbers, quality and capability as a ratio of the population is low. Chitambara (2020) stated that in 2016 the World Health Organisation (WHO) noted Zimbabwe had a skilled health professionals' density (per 10 000 population) of 12,7 which pointed to a huge deficit. Zimbabwe's health spending for 2022 is only US\$74 per capita (per person), which is way below the recommended US\$209 per capita health spending for the Southern Africa Development Community, and the Global average of US\$1 080 per person per year (Sibanda 2022).

According to Muzarabani (2022) United Kingdom's National Health Services (NHS) revealed Zimbabwe as second after Nigeria in terms of health professionals numbers working in the UK. NHS considers Zimbabwe as one of its biggest exporters of labour in the health sector and in 2021, 4 780 medical professionals reportedly left for the UK (Muzarabani 2022).



Furthermore, surveys indicate that nearly 500,000 households have at least one member who lost their job in 2020, causing many to fall into poverty and worsening the plight of the existing poor. Urban households suffered most economically (World Bank Zimbabwe country Programme, 2021). Zimbabwe's macroeconomic situation has remained highly volatile, exacerbated by the war in Ukraine and its negative impacts on the availability and prices of key commodities such as fuel, wheat, cooking oil, and fertilizer. As a result, annual inflation, as reported by ZIMSTAT, stood at 191.6 percent in June. According to Kairiza (2022) figures from the Zimbabwe National Statistics Agency (Zimstat) show that the cost of living for a family of six in June soared to ZW\$110 550 (US\$297) from ZW\$14 041 (US\$38) for monthly expenses. Pensioners have scoffed at the \$10 000 (US\$15) once-off grocery voucher offered by National Social Security Authority (NSSA), describing it as a mockery to a lifetime of service and dedicated contribution to the development of the country (Buwerimwe 2022).

As noted by Scoones (2021) since WHO's approval of Chinese Sinopharm vaccine Zimbabwe's vaccination drive has been in full swing. To contextualise the obtaining social security gaps, Mlope (2020) reported that the Social Welfare minister indicated that government had by end of 2020 only managed to pay about 202 000 vulnerable people out of the targeted one million for the monthly \$180 Zimbabwe dollars (which is approximately 4 US dollars) cushioning allowance. The minister stated that treasury is yet to release the needed funds to support the programme and the Mhlope (2020) reported that in May 2020 the minister stated government had paid 201 000 people the \$180 cushioning allowance, despite having promised to increase the money to \$300. According to Mlope (2020), the minister stated the government's awareness that the promised grant had been eroded by inflation and that the slow pace in paying the allowance to the vulnerable was because treasury had not yet availed the necessary funds. However, older persons lack the technological savvy to flawlessly access mobile based social safety nets brokered by the government.

Eswatini

According to Schubert (2020), the total population is made up of 7% of older persons. With regard to drivers of poverty, it is estimated that 35,349 households suffer from extreme poverty. Approximately 15,446 are poor because of conjunctural poverty caused by unemployment or underemployment where households have able-bodied adults without no access to productive employment (Schubert, 2020). The extreme poverty of the other 19,903 households is structural as it is related to the structure of the household



where there are few or no able-bodied adult household members (Schubert, 2018). HIV and AIDS and other causal factors have resulted in deaths of breadwinners leaving grandparents who are too old to work and orphans who are too young (Schubert, 2018).

In terms of older people social services provision, once all Eswatini citizens have reached 60 years they are supposed to be provided with OAG. As UNICEF Eswatini Country Office (2018) observes the OAG is by far the biggest social cash transfer programme in Eswatini with a reach of 70,000 individuals out of a population of 1.1 million (6.4 percent) and Lesotho's goes to 80,000 out of a population of 2.1 million (3.8 percent) (Freeland, 2020).

The universal OAG costs in Eswatini, have been increased such that other programs have been crowded out leaving no funds for programs tailored to reach extremely needy households without older people. The cost explosion of the OAG seems not able to be tamed by policymakers. Thus, Eswatini social assistance system for distributing its meagre resources to a large extent to non-poor households, leaves no money to close serious social protection coverage gaps (Schubert 2020).

A state of Emergency towards containing COVID-19 was declared by Eswatini on March 17, 2020. Parliament passed a budget supporting the COVID-19 response and National Disaster Management Agency (NDMA) activation. For addressing vulnerability and poverty, the Department of Social Welfare (DSW) partnered by key stakeholders is mandated for comprehensive, integrated and equitable social welfare services provision. The OAG provision is one such DSW social security programme targeting all Eswatini citizens once they have reached the age of 60 years. With 69,697 beneficiaries and monthly transfers of E400 per beneficiary, the OAG is by far Eswatini's biggest social cash transfer programme (UNICEF 2018). Government's OAG adoption was towards mitigating escalating plight of the destitute older persons largely as an indirect HIV& AIDS consequence. Loss of remittances from young family members and the increasing phenomenon of older persons being orphaned children care-givers coupled with chronic drought conditions in certain parts of Eswatini were key variables that informed the OAG policy response (Schubert, 2020).

Significantly, 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). On the same note Dhemba (2021) observes the inadequacy of the revised OAG monthly allowance to cushion older persons against Covid-19 induced hardships. This is because OAG amount



payment is not grounded on the household size of the older person, notwithstanding the many older persons in Eswatini 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. Apparently, many Eswatini households with older persons have the OAG as the only income source inhibiting older persons to rise above poverty and vulnerability.

Finally, it is commendable that in terms of COVAX vaccine roll out the government has provided on-site registration for older persons without access to smartphones thus unable register online. This registration is conducted prior to vaccination (Kumani 2021).

Lesotho

7.85 per cent of its population above the age of 70. Perceptions of Basotho toward older persons have changed over time. Traditionally, Basotho respect for older persons was underpinned by how they were perceived to be closer to God, and/or would soon be gods (Balimo). As a highly Christian society, this factor was reinforced by the doctrine linking respect for older persons to blessings from God (Ministry of Social Development and Help Age International, 2014).

Lesotho has an extensive public social protection portfolio—a mix of social assistance and insurance programs, several with a long history. While incomplete in their span, these programs are aimed at covering different risks to income or consumption and provide benefits at different points in the individual's life cycle. All Lesotho citizens aged over 70 years have entitlement to a monthly pension benefit of 550 Lesotho Maloti (LSL)(US\$40). While eligible persons' coverage is approximately 100 per cent, it is estimated that many more benefit indirectly (ILO 2016). The Lesotho Policy for Older Persons advocates for older persons' rights protection and realisation by giving directions on the most effective approaches to dealing with their challenges (Ngozwana 2019).

Government of Lesotho has a distinguished history of traditional social support systems and within sub-Saharan Africa established itself as a pioneer of formal social protection programmes. To achieve this, the National Strategic Development Plan (NSPS) for 2012–2017 included a significant emphasis on social protection towards reduction of vulnerabilities. The NSPS is structured around four key life-course stages (pregnancy and early childhood; school age and youth; working age, and old age), (Government of the Kingdom of Lesotho 2014).

Under each of the life-course stages the NSPS outlines an implementation plan towards core programmes addressing vulnerabilities throughout the life-course. The proportion of Lesotho older people is higher than in other sub-Saharan African countries spurred by young people's outmigration and a demographic transition towards an older society (Granvik 2016). Many Basotho are resident in South Africa as migrant workers in the mines, domestic and industrial sectors (every month over 60 percent of Basotho households access remittances from South Africa) (World Bank 2020). Remittances by over 400,000 Basotho working in South Africa had declined as migrants returned home due to job losses and COVID-19 lockdowns, increasing remittances dependent households' vulnerability (17 per cent of households) (UNICEF Lesotho, 2020).

While the M700 (50 US dollars) monthly pension might present as insignificant, money often goes a long way in cushioning older people from poverty and economic deprivation. Eswatini and Lesotho's pension transfers value has increased faster than inflation (they are now USD25/month and USD42/month respectively). In Lesotho the pension sufficiently allows older people to exercise economic influence beyond the household as employers, lenders and key members of savings groups (Ansell, et al. 2019). However, Ngozwana (2019) critiques the older persons policy for Lesotho by noting its silence on how older adults should be empowered to cope with, adapt and adjust to changes in times of disruption.

Method

The article makes a case study approach grounded on secondary sources of information. Against this backdrop the central research question was how does these three Southern African countries' social security strategies compare to pandemic responses to protect livelihoods especially in regards to the generosity of, comprehensiveness of and eligibility for older persons? The desk review is based on peer reviewed articles and other reports in English providing qualitative and quantitative evidence on older persons circumstances pre and post COVID-19 in the three southern Africa countries. A search term strategy was used to obtain papers from online databases like African Journals Online and specific filters were used to include reports, research studies that were relevant to the thematic and geographical areas covered in the targeting older persons lived experiences.



In reviewing documents related to older persons reliance was made on discourse analysis of evaluations, research studies commissioned by state and non-state actors and scholarly journal articles produced between 2015-2022. Local and national government bodies generated discourses and policy documents are important artefacts as state actors significantly shape or advance certain viewpoints and values regarding citizens' lives.

According to Makore-Ncube and Al-Maiyah (2021) the written language presentation of older persons encodes ideas and assumptions constituting the prevailing culture and ideologies surrounding their lives. Henceforth, discourse analysis and artefacts evaluation are useful in identifying the construction of a certain phenomenon or reality, like framing older persons social security, and its envisioning in society, in policy, and practice (Makore-Ncube & Al-Maiyah, 2021).

The discourse analysis included published peer-reviewed articles, official government documents, World Health Organization (WHO), United Nations (UN)/non-governmental organisational (NGO) documents/evaluation, technical, programmatic and funding support reports and academic publications retrieved from various journals and internet sources. These studies and reports were of the timeline of years between 2015-2022 for the purpose of comparing the obtaining situation for older persons before and during pandemic. The themes I focused on were on social security approaches targeting older persons in the context of intractable socio-economic challenges, natural climate disasters and as of 2020, the COVID-19 pandemic. I conclude by reflecting about my main learnings and proposing

Towards robust social security mechanisms for older persons

The LNOB framework sharpens our insight into mainstreaming of older persons best interests during and after the COVID -19 pandemic. The inadequacy of social security element of responses targeting older persons cushioning during COVID-19 pandemic here prompts us to ask how claims of commitments for older persons cushioning by the three countries are operationalised. I posit that robust social security dominated by donor programming be deconstructed and replaced by harnessing of local resources. Zimbabwe for example is agro based and government has been initiating a rural households agricultural inputs support scheme, Pfumvudza for the desired outcomes of food security. Chikwati(2022) reports that at least 2,6 million small-scale farming households signed into Pfumvudza/Intwasa, the conservation-agriculture system under

the climate proofed Presidential Inputs Scheme Programme, for this farming season.

Thus, robustness of social security schemes needs not to encompass only cash transfers but provide a holistic targeted approach ranging from livelihoods support to capacitating communities tackle aspects as climate change and rural to urban migration. In that way older people are better cushioned from socio-economic shocks. LNOB reframed my analysis of dearth of dynamic robust older persons social security programmes with few viable cash transfers programmes being predominantly donor driven hence lack long term sustainability. Since their onset in early 2000s Eswatini and Lesotho old age pensions are and have been fully funded by the two governments. They are genuinely home-grown responses to the particular challenges faced in the two countries as they emerged from autochthonous political processes (Freeland 2020). Fast-growing OAG costs emanate from the growing number of older persons combined with the growing costs per person. Eswatini OAG funds were ringfenced since it was a flagship social assistance program of the country and as additional government funding for social assistance was not forthcoming, the OAG started to crowd out other social assistance programs as Public Assistance, Child Welfare, Foster Children, and Handicapped Children (Schubert, 2020).

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This article endorses the call by Schubert (2020) for a systemic and needs-oriented approach not focused on a single program but considers an ensemble of programs, ensuring that all most pressing social needs are covered. This approach provides fuller insight to human rights requisites of universalism by insisting that a country's overall arrangement of social protection be universalistic, not just a single program (Schubert 2020). However, arguably cash transfers programmes' disadvantage is reinforcing dependency syndrome where communities then fail to be imaginative in designing own sustainable grassroots and community based social safety nets that do not have to exclusively rely on state and non state actors. Henceforth, social security programmes must aspire to be transformative acting as a vector for overcoming structural inequalities in society (United Nations Research Institute for Social Development (UNRISD, 2016). Freeland's (2020) assertions reinforce these observations as he highlights that the much higher place on the political agenda for the pensions in Eswatini and Lesotho, manifested by increased transfers value pensioners demand, and usually get a yearly Cost-of-Living Adjustment. Similarly, at one stage, untimely payments of pensions by Eswatini resulted in its parliament's closure until the situation was resolved. However, in Zimbabwe old age and other state administered social welfare payments are erratic and currently have limited coverage.



Eswatini's DSW is navigating threats impacting negatively its operations and professional service delivery especially with regard to older persons. However, it is commendable as Freeland (2020) observes that rights-based life-course entitlement programme implementation enhances the programme's expansion and commencement of other life-course programmes. Lesotho and Eswatini now implement government funded child-oriented programmes alongside old age pensions and Eswatini has a disability benefit (Freeland, 2020).

As for Zimbabwe the pandemic's effects on every economic sector and all segments of society including older persons has been through differential impacts dependent on age group, gender, disabilities, socio-economic status, geographic location (United Nations Country Team Zimbabwe 2020). A robust social protection system cushions older persons from further poverty exposure and justifies increased public expenditure for social protection provision for poor and vulnerable groups.

The role of social workers

Apart from the above, the paper argues that examining social security responsiveness to older persons in Lesotho, Zimbabwe and Eswatini needs to be extended and be more grounded and dynamic. In a world of serial and simultaneous crises where countless certainties are shattered, many people are beginning to question the principles and values our societies are founded upon. Current debates have wider scope: diving deep into our broken relation with nature; governments' failure to protect their populations or denial of basic democratic and human rights; migrants falling between the cracks; informal workers without fundamental labour rights, social protection or just wages (Hujo and Kempf 2021).

Through their repertoire of skills, social workers are positioned to capture changing structures, processes and conditions underpinning older persons adaptation to COVID-19 impacts. The other task is for social workers to direct attention regarding gaps of COVID-19 impacts adaptation practices implemented by state and non state actors so that policy makers can take corrective action. To contextualise this in Zimbabwe it is reported that under 11 Government-led programmes like the Basic Education Assistance Module (BEAM), the Food Deficit Mitigation Strategy (FDMS),



the Harmonised Social Cash Transfer (HSCT), and the Health Assistance Programme more than 4 million individuals received social protection support among other social support interventions (Matabvu 2022). However, this data is not disaggregated to illustrate how many older persons or children were targeted.

Moyo (2021) cites Priscilla Gavi, executive director of a non-governmental organisation HelpAge Zimbabwe's indications of old-age poverty pervasiveness and how as of July 2021, approximately 713,000 people were over age 65 in Zimbabwe. Of these, 80% live in abject poverty with no source of income, no resources to fall back on, no medical insurance and no pension. Currently, cost of living implies that a family of six requires US\$363 for meeting monthly requirements (Vinga 2022).

As for Eswatini, urban livelihood zones are reportedly showing increased acute food insecurity. The Lubombo reaching 35% and Shiselweni Peri-urban areas and Lubombo Plateau present with highest proportion (45%) of households classified in crisis with over 90,000 people (40%) requiring urgent assistance. Limited livelihood opportunities, high food prices and the impact of the COVID-19 pandemic are the key drivers of acute food insecurity in the urban areas (Integrated Food Security Phase Classification 2021). Thus, social workers need to commission applied action research studies to empirically verify intensity of this intractable urban poverty and how it impacts the vulnerable like older persons.

This allows reflection on how these practices like repertoire of social security programmes are formed and reproduced, negotiated and contested between social groups, and how they become institutionalised. As an illustration, Zimbabwean and Eswatini social worker could advocate so that their national governments benchmark social protection as Lesotho has endeavoured to do. According to World Bank (2021) Lesotho's significant social protection programs investments exhibits Lesotho Government's commitment to protecting vulnerable groups. Over the last 20 years, Lesotho has sought to develop and scale up a lifecycle approach to social protection programming. As a result, Lesotho now ranks highest among any African country and twice that of its neighbours (6.4 percent) on social protection spending as a share of Gross Domestic Product (GDP) (World Bank 2021). Related to this is the challenge for social workers to identify constraints and opportunities within such complex social security arrangements in order to institute shifts in practices towards robust social security approaches adaptation.



On the same note, this resonates with The Global Agenda 2020-2030 commitments anchored active participation of all voices, particularly the marginalized, as being core for social work and social development and is essential to co-design and co-build inclusive social transformation (International Association of Schools of Social Work, International Council on Social Welfare, and International Federation of Social Workers) IASSW, ICSW, and IFSW 2020).

Conclusion

This article begun by reflecting on the contexts and key reasons perpetuating the sub-Saharan Africa conundrum on older persons welfare and COVID-19 mitigation. After conducting documentary analysis, I established that in order to overcome this gridlock, research and advocacy strengthens policies focusing on robust older persons social security in line with global standards. Research limitations were on the grounds that there is a paucity of more up to date data and empirical research studies on older persons in the three countries. The question of whether and how exactly social security and older persons' welfare are connected, and which robust mechanisms can be incrementally targeted to reinforce older persons welfare and dignity, should feature prominently on the agenda of future social work research. In the current climate of food insecurity, poverty, and social exclusion, on the part of social workers imaginative intervention methods towards older persons' resilience fosters transformative and empowering practice agenda. This certainly guarantees during and post COVID-19 older persons benefit from the SDGs mantra of 'LNOB.'

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