

Social Protection and Social Security (including social protection floors)

In Zimbabwe the right to social security and social protection is defined generally in the Founding Provisions of the Constitution of Zimbabwe, Section 30 of Chapter 1. Sections 81, 82 and 83 of this constitution, respectively provide for the Rights of Children, the Rights of the Elderly and the Rights of persons with disabilities. Section 71 providing for Property rights defines ‘pension benefit’, but does not contextualise such a pension benefit in social security and social protection principles and practices. Social protection thus constitutionally provided, with the proviso that State protection will be provided conditional on resource availability, appears non-committal¹.

Social protection in the country² is more concisely defined in the relevant Parliament Acts covering social insurance³. Of significant coverage are Pension and Provident Fund Act, Insurance Act, State Services (Pensions) Act, National Social Security Authority Act. The elderly are largely unlikely to be covered under these private provisions schemes given the high unemployment in the country. The schemes have been publicly condemned for benefits entitlements below reasonable expectations. A Commission of Inquiry set up to investigate honouring of benefits has recommended compensation, without specifying the compensation framework, among other loose ends. Subscribers have proceeded to appeal to Parliament and to the courts. Both houses of Parliament are still debating the issue. Court judgements still have to be made for those in court. Apparent from poor performance of these schemes, is an absence of Government prioritisation of social protection.

There are no other Social Insurance schemes covering the larger informal sector workers and other classes of society.

Social assistance in Zimbabwe, as a component of Social protection, provides for means-tested non-contributory maintenance allowances to the poor, inclusive of the elderly, food security and nutrition, institutional care, cash transfers, free health care. Cash transfers of US\$25 per household and US\$10 per person living alone, are known to have been made. There are about 71 old people’s homes providing for alternative care for destitute elderly, but only as a last resort.

¹ See Tarusenga’s “Pension rights abuse breach of constitution” in Newsday March 2014

² See Kaseke for a discussion of the development of social security systems in Zimbabwe, see also Fultz and Pieris in International Labour Organisation’s “Social Security Systems in Southern Africa”

³ Taken from Tarusenga’s “Porting long-term pension and insurance contracts from an inflation-hit environment to a stable hard currency environment”

The Department of Social Services largely administers public assistance schemes. The 2012 Older Persons Act, is intended to provide for means-tested but non-contributory public assistance allowances among other services for the elderly. It is still to be implemented. There is also the National Action Plan for Orphans and Vulnerable Children which provides cash transfers. Sparse NGO interventions exist, e.g. HelpAge Zimbabwe supports the elderly destitute in institutional care, while UNICEF funds the National Action Plan for Orphans and Vulnerable Children.

An efficient health care delivery system, especially for the older persons, still needs to be set up.

Once again public assistance is largely a State intention, allowances to date given falling below the established poverty lines.

Transport costs to the social welfare offices and/or a lack of awareness of the existence of public assistance scheme preclude many potential beneficiaries.

According to the World Bank report, social protection spending in Zimbabwe is under 0.5 percent of GDP, and ranks among the lowest in Africa. In light of the apparent gaps in Social Protection in Zimbabwe, a comprehensive social protection system is necessary, complete with benefit structures, funding strategies, management techniques and administration systems. Normative elements such as those stipulated by the ILO, providing individuals and households access to health care and guaranteeing income security, particularly in cases of old age, unemployment, sickness, invalidity, work injury, maternity or loss of a breadwinner)⁴ should be provided for explicitly, with enforced performance and accountability measures.

The perceived range of social protection schemes are listed in the tables from EU Social Protections statistics⁵. The size of each social protection scheme will depend on the demand of its services to targeted groups. In order that due consideration is given to allocation of resources to each such scheme, social protection expenditure in the EU-27 in 2008⁶ could be used for the typified schemes.

⁴ See Holzmann & Hinz in 'Old Age Income Support in the 21st Century: An international perspective on pension systems and reforms'. See also World Bank Pension Conceptual Framework.

http://siteresources.worldbank.org/INTPENSIONS/Resources/395443-1121194657824/PRPNoteConcept_Sept2008.pdf See also Norton in "Social Protection concepts and approaches: Implications for policy and practices"; see also The ILO Social Security (Minimum Standards) Convention, 1952 (No. 102) https://www.ilo.org/secsoc/areas-of-work/legal-advice/WCMS_205340/lang-en/index.htm. See also "The Right to Social Security in the Constitutions of the World: Broadening the moral and legal space for social justice." ILO Global Study, Volume 1: Europe

⁵ See https://ec.europa.eu/eurostat/statistics-explained/index.php?title=File:Expenditure_on_social_protection_benefits_by_function,_2015_SPS17.png

⁶ See <https://ec.europa.eu/eurostat/documents/3433488/5578716/KS-SF-11-017-EN.PDF/5ec66e6e-c175-46ad-8219-3c49fd253975>

