



Government social protection policy impact on elderly women headed households in rural Zimbabwe

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degree Doctor of Philosophy in Development Studies
at the North-West University**

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DECLARATION

I, Vakai Matutu, do hereby declare that this thesis titled “**Government Social Protection Policy Impact on Elderly Women-Headed Households in Rural Zimbabwe**” hereby submitted at the North West University for the degree of Doctor of Philosophy (PhD) in Development Studies, is entirely my own work. This thesis has not been previously submitted to this or any other university for the award of a degree. All materials and sources used or quoted and contained therein have been acknowledged with complete references.

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DEDICATION

This work is dedicated to my late mother Joyce Mthombeni who worked hard and struggled in life as a widow in an endeavour to raise me and my siblings to our current status. Her commitment to hard work, determination and endurance have remained my life inspiration.

I further dedicate this study to my lovely wife Sthembile for her support; and to my son Eric Jonathan who represents a great, bright and sustainable future of my family and our world at large.

ABSTRACT

Government financed social protection for the poor vulnerable populations is an important social security instrument which ensures that vulnerable members of society do have a sustainable and resilient livelihood. Social protection is both a human right and a government responsibility in Zimbabwe and across the globe yet public social protection in Zimbabwe remains weak and fragmented both at policy and implementation levels.

The study therefore focussed on Zimbabwe government's social protection policy for the elderly women. The major aim of the study was to investigate the impact of government social protection policy on the elderly women-headed households in rural Zimbabwe. This was necessitated by the fact that Old age is a major idiosyncratic and demographic vulnerability among the rural population in Zimbabwe. Hence the inevitable need for the existence of public social protection policy to avert old age destitution among women.

The study reviewed various academic literature on social protection and old age from a global, African and Zimbabwean perspectives. This was to establish that, Resilience is an important aspect which provides a base for sustainable livelihoods. Thus, Government social protection policies should strengthen household resilience towards self- sustenance.

This research employed mixed methods approach (a combination of both qualitative and quantitative methodologies) to collect data. The study administered both open-ended and close-ended questionnaires to 318 households who provided the data needed. A total of 18 key informants were interviewed using key informant guide. Four focus group discussions were also conducted with elderly women-headed households receiving government social protection support.

In analysing the data obtained, the study found amongst others that government social protection targeting elderly women-headed households does not take into consideration the multiple vulnerabilities in these households. Secondly, little attention is paid towards strengthening household resilience. Thus, Government social protection in Zimbabwe did not significantly contribute towards building household resilience to food insecurity as well as asset accumulation. In the absence of a cash transfer component public social protection interventions

remain ineffective in increasing the asset base and income levels of beneficiary households. The study further found that public social protection in Zimbabwe remains underfunded hence it has limited coverage among the intended beneficiaries.

It is recommended that Social protection interventions must be directed at addressing the complex, intricate and multiple social economic vulnerabilities among elderly women-headed households by strengthening household resilience to food insecurity. This study further recommends that a new alternative framework, that can be referred to as Prioritised and Targeted Social Protection framework (PTSP) needs to be formulated to effectively prioritise and target the special needs of elderly people in the context of social protection support. This framework should also look at sufficient funding and inclusion of Cash transfer component.

Key Concepts: Social Protection, Social Policy, Poverty, Elderly Women-Headed Households, Resilience, Policy Impact, Vulnerability, Livelihood.

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AMTO	Assisted Medical Treatment Order
AU	African Union
BEAM	Basic Education Assistance Module
DFID	Department for International Development
DSW	Department of Social Welfare
ECOWAS	Economic Community of West African States
EW-HH	Elderly Woman-Headed Household
GDP	Gross Domestic Product
GoZ	Government of Zimbabwe
HIV	Human Immune Virus
IDS	Institute of Development Studies
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
IMF	International Monetary Fund
IPCC	Intergovernmental Panel on Climate Change
LIC	Low Income Country
MIC	Middle Income Country

MOU	Memorandum of Understanding
MoHCC	Ministry of Health and Child Care
MoPSE	Ministry of Primary and Secondary Education
NAC	National AIDS Council
NGO	Non -Governmental Organisation
ODA	Official Development Assistance
OPM	Organisation for Public Management
OVC	Orphans and Vulnerable Children
PSNP	Productive Safety Net Programme
RDC	Rural District Council
SADC	Southern African Development Community
SRM	Social Risk Management
SPSS	Statistical Package for Social Sciences
TB	Tuberculosis
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Education Fund
VIDCO	Village Development Committee
WADCO	Ward Development Committee

WFP	World Food Programme
ZESN	Zimbabwe Election Support Network
ZIMSTATS	Zimbabwe Statistical Agency
ZIMVAC	Zimbabwe Vulnerability Assessment Committee

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CHAPTER ONE

INTRODUCTION TO THE STUDY

1.0 Introduction

This chapter introduces the study and provides a detailed background to what the study intended to achieve. Specifically, it presents the study's background, explains the research problem, and outlines the research objectives and questions. It concludes with an outline of the structure of the study.

1.1 Background

Social protection policies and programmes play a critical role globally in meeting the fundamental human rights to social security for all citizens. Social protection remains the responsibility of Governments particularly for the old aged (UNDP, 2010:121; ILO, 2013: 98). While the need for social protection is widely recognized, the fundamental human right to social security remains unfulfilled for a large majority of the world's population. Only 27 per cent of the global population enjoys access to comprehensive social security systems, whereas 73 per cent are partially covered or not at all (ILO, 2015:45; UN, 2015:98). The 2015 World Social Protection Report further observes that lack of access to social protection constitutes a major obstacle to economic and social development (ILO, 2015:22). The absence of social protection policies is associated with high and persistent levels of poverty and economic insecurity, growing levels of inequality especially in developing countries. Globally only 48% of men and women in need of old age social securities do receive support. Thus, the majority of the World's older men and women are not covered by any social protection scheme (World Bank, 2010:89).

Despite the growing and expanding global commitment to social security as a fundamental human right, between 75 per cent and 80 per cent of the world population is excluded from any form of social security (ILO, 2011:67). In many countries, coverage is limited to a small package of benefits, and only a small part of the population has access to the existing social protection

schemes (Piovani and Aydiner-Avsar, 2015:3). There are thus a constantly growing numbers of older persons everywhere across the world in need of social protection. However, such care and support are at present predominantly provided by relatives, mainly women who are not paid and recognized for such work.

The global privatisation and commodification of social services under neoliberalism has seen governments with a residual welfare role in social protection based on the flawed assumption that care is a gender-neutral domain. There is a need therefore to establish social security through redefining the neoliberal policy space in developed and developing countries and mainstreaming gender equity and women's empowerment in the design of social protection. Social protection should therefore be socially equitable to the gender needs irrespective of age race and creed (Piovani and Aydiner-Avsar, 2015:6).

In Sub-Saharan Africa, one in five older persons (16.9 per cent) receive an old-age pension which provide them with a certain level of old age income security. In the Middle East, 29.5 per cent of older persons receive a pension; the figure is 36.7 per cent in North Africa, 47.0 per cent in Asia and Pacific Islands, 32.4 per cent and 56.1 per cent in Latin America and the Caribbean respectively (ILO, 2015:5).

From the above figures one can see that social protection has gained prominence in development policy and practice in some parts of Africa. Social protection policies and programs have therefore become the main beacon of hope for addressing the social and economic challenges facing older people on the continent. Consequently, it has emerged as a critical area policy focus in Africa (Lowder *et al*, 2016:95). The domain of social protection has seen the increasing role of non- governmental organisations and governments through various programme with the ultimate aim being to reduce vulnerability and poverty among the vulnerable populations.

The African Union has been playing a role in guiding social protection in Africa by providing a social policy framework for African governments (AU, 2008: 4). The role of the African Union has seen social protection gaining attention as a key development pillar rather than being a corrective mechanism to the flaws of economic policies pursued by various governments across the continent. The commitment towards social protection by African governments has been quite

pronounced. This is noted from the increased budget allocations towards poverty alleviation programmes, public assistance, old age pensions funds, food and cash transfers targeting mostly the poor vulnerable populations (ILO, 2014:67).

The major drivers of social protection policy in Africa are governments working with international financial institutions, such as the World Bank, International Monetary Fund (IMF), local and international Non- Governmental Organisations, bilateral donors. All these actors have played major roles in shaping the development agenda in Africa through social protection policies and subsequent funding of programme implementation (World Bank, 2010:113).

As noted above governments have of recent been playing a major role in the development of social protection policy in Africa; however the social protection agenda dates as far as the Cold War era. The end of Cold War marked a new paradigm shift in development policy under the direction and influence of the IMF and World Bank through neo liberal policies. The 1980s saw the ushering in of structural adjustment programmes in most African countries and this resulted in the scaling down of the role of the state in the economy in pursuit of small government structures, privatization of state owned enterprises, reduction of social spending, opening up of markets, and the opening of space and opportunities to foreign investments (Barret, 2008:23; Holmes and Ntale, 2012:38). The impact of structural adjustment programmes is well documented in the literature key to note being increased poverty, unemployment, vulnerability and deprivation. These effects saw the World Bank and IMF introducing social safety nets to mitigate the negative effects of structural adjustment programmes which was an acknowledgement that something was not right, hence the need for some social protection schemes (World Bank, 2015:39). Yet, the World Bank and IMF have had a 'residualist' view of poverty and vulnerability as a result of structural adjustment programmes which led to weak social protection schemes being implemented by most governments in Africa (Holmes and Ntale, 2012:89).

Social protection in Sub Saharan Africa takes various forms with cash transfers, emergency relief and social security, public assistance, social cash transfer, food for work depicting the face of social protection in Sub Saharan Africa and targeting the poor vulnerable populations such as the disabled persons, widows, orphans and the elderly. Social or public assistance remains one of the

most common social protection schemes in Sub Saharan Africa practiced in countries such as Botswana, Lesotho, Mauritius, Namibia, Senegal, Kenya, Ethiopia, South Africa, Swaziland, Zambia and Zimbabwe (Barrientos, 2015:143).

Ethiopia administers one of the largest social protection programmes in Africa known as the Productive Safety Nets Programme (PSNP) (Devereux, 2008:24). The programme was launched in 2005 and was part of a collaborative effort by government and donors with the aim of reducing reliance on unpredictable emergency food aid appeals. In 2006 and 2007, the programme had 5.1million beneficiaries with beneficiary numbers averaging between 7 and 8 million in subsequent years (Devereux 2008:31). The programme delivers benefits in two ways: about 80% of the beneficiaries complete public works in order to receive food, cash or a combination of food and cash equivalent to half a daily cereal ration, whilst the remaining households which are labour constrained are given support without the need to work (Devereux 2008:31).

The social policy domain in pre independent Zimbabwe was dominated by a colonial and apartheid social security regime which ensured social protection for non-African white population while the black Africans were not considered for any social protection scheme. The whites had a guaranteed old age non -contributory social security and occupational pensions. However rural areas were considered to be an indigenous pension for the black people where they would find refuge and security in old age The African population were expected go back to their rural homes upon being labour constrained by old age, illness and or disability (Kaseke, 1998:18; Dhembba, 2010:14). The Old Age Pensions Act of 1936 provided the legal and operational framework for social protection support to non-Africans and Africans during the colonial era in Zimbabwe. Africans were not provided for under the Old Age Pensions Act of 1936 as they were also considered to be temporary residents in urban areas (Clarke, 1976:102: Kaseke 1998:46). Social protection for the elderly population was therefore limited to whites who enjoyed the benefits of state supported social protection and social policy.

At independence Zimbabwe inherited a social policy which ran on racial lines. A call to reform the social policy to reflect the interest of the black majority population was made. In 1980 Zimbabwe abolished the Old Age Pensions Act of 1936 which promoted racial-based social

policy (Kaseke, 2005:78). The government further adopted the public assistance programme which was broad based and financed from public funds. The public assistance has currently become the hallmark of social policy and social protection against multiple social economic vulnerabilities in Zimbabwe from independence to this day (Kaseke, 1989:23; 1998:67; Dhemba 2013:6). The legal framework guiding the policy is weak in the country hence the operational framework interpretation has been at the discretion of officials in the Department of Social Welfare (Mupedziswa, 2005:162).

Social policy at independence in short was driven by a populist policy by the ZANU PF government with the aim of correcting historical and colonial imbalances regarding access to social protection. Free education and health were some of the major social policy components which were effected by the government in 1980. This policy shift was also meant to ensure that ZANU PF carries the image of being the people's party and government (Dhemba et al, 1998:27).

Despite the adoption of the public assistance program, the government has struggled for more than two decades with developing a sound and strong legal framework for social protection for the elderly people in the country. The Social Welfare Assistance Act Chapter 17: 06 of 1988 is the major legal and policy instrument of social protection in Zimbabwe. In 2012 the government further acknowledged the special needs and vulnerabilities of elderly people through enacting of Old Persons Act Chapter 17:11. It has taken exactly 32 years for government to enact an Act of Parliament addressing the fundamental social security and vulnerability of older people in Zimbabwe.

The social policy domain in Zimbabwe is made up of various policy instruments which include the Social Welfare Assistance Act Chapter 17: 06 of 1988 and the National Social Security Act Chapter 17:04 of 1989. In 2012 the government further improved the legal framework handling social protection of the elderly by enacting the Older Persons Act Chapter 17:11 the aim of which is to provide comprehensive support for the elderly, those that are 65 years and above (Government of Zimbabwe, 2014:12). The current welfare assistance to elderly people in Zimbabwe is composed of medical assistance, food assistance, monthly cash transfer at USD \$20 irrespective of the household size. Government support can be extended to elderly headed households' dependence as well as those who can get educational support through the Basic

Education Assistance Module (BEAM) to pay for school fees. During the drought period drought relief food distribution is also extended to cover vulnerable population groups which include elderly women-headed households (GoZ, 2016:93).

The threshold for old age according to the above-mentioned policy instruments is 65 years in Zimbabwe while the United Nations threshold is at 60 years (GoZ,2014:3; UNDP,2015:67). Elderly Women-Headed households (EW-HHs) are households where the household heads are women aged 60 years and above. This study adopts the United Nations old age threshold. For the purpose of this study an elderly woman headed household shall be defined as a household where the head is a single woman aged 60 years and above. The Zimbabwe Vulnerability Assessment report of 2018 found that nationally 17% of households are elderly headed and the 68% of these households are elderly women-headed households (GoZ, 2018:31). Poverty and social economic vulnerability are higher in elderly headed households compared to none elderly headed households (UN, 2015:69).

1.1.1 Study Area

This research is located in the post 2000 resettlements of Mhondoro Ngezi. While the study does not focus on the history and significance of post 2000 resettlements and land reform, it is important to give a geo-political context of the study area since social protection does not exist in a vacuum. Social protection is built on the base of existing social services infrastructure. The location of this study is rural Zimbabwe with a particular focus on the post 2000 resettlements which the government embarked on as a broad based black empowerment strategy in order to further address poverty and vulnerability in rural areas. The key goal of the post 2000 land reform was to address historical land ownership imbalances between the whites and the majority black population. The post 2000 land reform in Zimbabwe also known as Post 2000 Resettlement scheme or Fast Track Land Reform resulted in a major reconfiguration of land use and rural economy. Over 7 million hectares of land has been transferred to both small-scale farm units and larger scale farms (Kepe and Cousins, 2002; 49). The post 2000 land reform resulted in transfer of land to more than 170 000 households in rural communities. Rukuni (1994), points out that land resettlement program in Zimbabwe emphasized land redistribution for social justice especially poverty alleviation and the correction of historical imbalances. Reference to post 2000

resettlements in this study is for the purpose of locating the research area and the study focus remains social protection impact on Elderly Women-Headed households (EW-HHs). This study is not an assessment of the post 2000 resettlements though life experiences and challenges of EW-HHs in the post 2000 resettlements are partly captured and this is solely for the purpose of exploring social services infrastructure in the study area.

1.1 Statement of the Problem

The Department of Social Welfare is the major institution implementing and administering the social protection programme for elderly people in Zimbabwe. Despite the existence of a legal and institutional framework there still exist challenges in coverage and targeting of social protection interventions by the state (Kaseke, 1990:58, Dhemba, 2013:16). Furthermore, the Government of Zimbabwe's (GoZ) social protection programme has been an anomaly (Munro, 2010, 2014:17). The programme has a clearly defined administrative framework and accounting systems, however the programme is failing to reach most of its beneficiaries. The failure of a social protection intervention to reach most of its beneficiaries has been termed by Cornia and Steward (1996:69) as the F- mistakes of a social protection programme. Elderly women-headed households who have an automatic qualification for this programme have not been specifically targeted in this programme. As a result, in many instances, the commitment expressed by the government through the legislative framework for public assistance has failed to be experienced meaningfully by the elderly women-headed households. In addition, the support for the public social protection implementation has remained weak and fragmented due to limited and inadequate funding by the state (World Bank, 2010: 47; UNDP, 2014:121). Consequently, the number of beneficiaries of the social protection programme has remained too low on a yearly basis (Kaseke, 1997:34; UNDP, 2015: 78). It is the submission of this study that the impact of Zimbabwe's post independent government's social protection programme targeting Elderly Women-Headed households in rural Zimbabwe has not been fully examined, hence this study's exploration with particular focus on Mhondoro Ngezi rural district.

1.2 Research Questions

- What was the extent of coverage of the social protection for the Elderly Women-Headed households in Zimbabwe's post 2000 resettlements in Mhondoro Ngezi rural district?
- What contributions have the government's social protection policy made towards strengthening/sustaining livelihoods in elderly women- headed households?
- What had been the net impact of the government of Zimbabwe's social protection interventions on Elderly Women-Headed households' income and assets in post 2000 resettlements in Mhondoro Ngezi?
- What roles have non-state actors played in the social protection programme for elderly women-headed households?
- What could be done to improve Government of Zimbabwe's social protection programme for the Elderly Women-Headed households?

1.3 Objective of the Study

The study aims to comprehensively investigate the impact of the Government of Zimbabwe Social Protection policy on Elderly Women-Headed households in post 2000 resettlements with particular focus on Mhondoro Ngezi rural district

1.3.1 Specific Objectives

The specific goals were:

- To establish the extent of government social protection policy's coverage in Elderly Women-Headed households in the post 2000 resettlement areas of Mhondoro Ngezi rural district
- To investigate the contribution of government social protection policy towards livelihoods strengthening in Elderly Women-Headed households.in the post 2000 resettlement of Mhondoro Ngezi district
- To assess the full impact of the government of Zimbabwe social protection intervention on Elderly Women-Headed households' income and assets in the post 2000 resettlements of Mhondoro Ngezi district

- To investigate the role of non-state actors in strengthening social protection in Elderly Women-Headed households in post 2000 resettlements.
- To proffer recommendations for developing and strengthening social protection policies and measures focussed on Elderly Women-Headed households in the post 2000 resettlements of Mhondoro Ngezi district

1.4 Significance of the Study

Studies on social protection have been too general in focus and fragmented hence the need for a more detailed and focused study on Elderly Women-Headed households. Social vulnerability among the elderly has been overgeneralised in Zimbabwe. No particular attention has been paid to the needs and policy issues of Elderly Women-Headed households. Further to addressing the current knowledge gaps, the study's results will also help to provide the government and relevant non- state actors with grounded evidence for policy reform and adjustment on public funded social protection programmes on EW-HHs in post 2000 resettlements in Zimbabwe.

The study further provides a framework for effective livelihoods strengthening under public funded social protection interventions in rural Zimbabwe. The study contributes to the discourse of Development Studies through grounded evidence in both theory and practice on social protection and poverty on EW-HHs. Informed new perspectives towards social protection, household resilience for development practice have been established/evinced.

1.5 Delimitations and Limitations of the study

This study was limited to Mhondoro Ngezi rural district of Mashonaland West province in Zimbabwe. The study's findings apply to Zimbabwean context with respect to public social protection. Further application of the study's findings outside Zimbabwe should take note of the geographical, social, political and economic contextual issues around public social protection in Zimbabwe. However, there is no doubt that the study forms a critical base for understanding, informing and debating public social protection in Zimbabwe, Africa and beyond. Further delimitations are provided in Chapter 3 section 3.7. This study further contends that social

protection is a component of social policy which is broader in focus, however the focus of this research is social protection policy interventions for Elderly Women-Headed households in the context of government of Zimbabwe's social support for the elderly

.1.6 Ethical Considerations

This study was guided by research ethics so as to uphold its integrity and soundness. The following are some of the ethical considerations which were upheld in this study; autonomy, confidentiality, informed consent, justice, explanation of risks and benefits associated with study participation. A detailed explanation of these ethical consideration is provided in Chapter 3 section 3.8. An ethical clearance and approval were sought from the University's' Human Resource Research Ethics Committee (HHREC) before conducting this study and an ethical clearance was granted for the study to proceed.

1.7 Scope of the Thesis

The following depicts the scope of this study.

Chapter One: Introduction, Background, Problem Statement, Study Objectives

This chapter introduces the research topic and provides a detailed background to the study. The chapter further explains the research problem under study at the same time outlining the research objectives and questions

Chapter Two: Literature Review

This chapter locates the study in the broad sphere of existing published works on social protection. The chapter examines other studies on social protection in Africa and beyond at the same time identifying the existing gaps to be filled in by the study. This chapter also takes a detailed focus on examining the theoretical foundations of the study. The following theories shall be examined in this chapter, Welfare State theory, Sustainable Livelihoods Framework, Actor Oriented Approach and the 3P and T -3D Resilience Framework.

Chapter Three: Research Methodology

This chapter outlines how data in this study was collected, the type of data collected and tools used in data collection. The chapter further presents how data was analysed in this study and the tools used in data analysis

Chapter Four: Social and Economic Profile of the Study Area

This chapter presents the social, economic and demographic profile of the study area. The chapter also outlines the infrastructure and administrative system of the study area. The chapter further presents the status of social security in Mashonaland West province and the study area.

Chapter Five: Presentation of Data, Analysis and Findings

This chapter presents the finding of the study. Tables, graphs and other data presentation techniques are used in this chapter for the purpose of presenting the study findings.

Chapter Six: Discussion of Research Findings and Conclusions

This chapter examines the research findings in detail in the context of the study. The chapter gives meaning to the research findings as well as the implications of findings at policy and practice levels in the discourse of Development Studies. This chapter further provides the study conclusions

Chapter Seven: Recommendations and Conclusion of the Study

This chapter draws the key recommendations from the research for government and other non-state actors. The chapter also presents possible solutions to the challenges of social protection in Zimbabwe and beyond. Areas for further research and exploration in the social protection discourse are also presented in this chapter. The chapter also presents a conclusion of this study

1.8 Chapter Summary

This chapter has presented the background to social protection at the same time outlining the research objectives, questions and significance of the research. Social protection has grown over the decades to become a major development pillar. Social protection is not about safety nets.

Elderly Women-Headed households are a highly vulnerable population group which provides the best platform for understanding the impact of government social protection interventions.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviews the literature on social protection and starts by defining the key concepts of the study. It then reviews literature on social protection policy. The chapter further presents the Zimbabwe social protection policy, legal and policy frameworks. The chapter concludes by focussing on theoretical approaches followed in the study.

2.1 Definition of Key Concepts

This section provides definitions of key concepts informing the literature.

2.1.1 Social Protection

The International Labour Organisation defines social protection as public measures to protect society against economic and social distress that would be caused by the absence of a substantial income from work as a result of various contingencies. The World Bank (2010:81) also considers social protection as assistance to reduce vulnerability through better risk management. The United Nations Development Programme adding to this defines social protection as ‘interventions to reduce poverty and vulnerability and to improve human welfare’ UNDP, 2011:45. Social protection according to UNDP is about protecting the means of livelihoods in times of need in a population and by that reducing social and economic vulnerability. Social protection policies are funded mostly by governments which are also complemented by other non- state actors. The primary function of social protection is to protect poor and vulnerable people against risks, either idiosyncratic shocks such as illness or disability or covariate forces such as climate shocks or price spikes (ILO, 2015:56; Béné , 2015:4).

The definition of social protection in Africa has proved to be a multifaceted concept as there is no agreed African definition. There is only one pan-African social protection definition developed by the African Union (AU) which emerged through a study commissioned by the African Union Commission. Thus, the AU defines Social Protection as “a range of public

(government funded) measures that gives support to all citizens and helps individuals, households, and communities to better manage risks and participate actively in all spheres of life” (African Union, 2008:3). The African continent has several diverse regions and countries that are underpinned by different political economies and are at different stages of development as well as engagement in the social protection policy process (AU, 2008:89). This accounts for lack of a typically African definition of social protection and this has had implications on the social protection programmes by various governments.

The Chad government defines social protection as measures that lessen vulnerability, ease the poverty of vulnerable groups, help to contain excessive inequality and disparities between different social strata, and mitigate the negative impacts of social and economic policy decisions and choices (Government of Chad, 2009:4). Social protection according to the Nigerian government is defined as interventions aimed at safeguarding the poor from becoming poorer and the non-poor from becoming poor (Government of Nigeria, 2005:79). In addition to the Chad and Nigerian governments definition of social protection, the Ugandan government contends that social protection defines public and private interventions that address vulnerabilities associated with being or becoming poor (Government of Uganda, 2010:29). Further to the above government definitions of social protection, the Tanzanian government seems to present a comprehensive and broad definition of social protection, according to Tanzania social protection defines traditional family and community support structures, and interventions by state and non-state actors that support individuals, households and communities to prevent, manage, and overcome the risks threatening their present and future security and well-being, and to embrace opportunities for their development and for social and economic progress (Government of Tanzania, 2008:31).

The definitions of social protection in Africa as shown above reflect a varied mix of how governments comprehend social protection as a development pillar. The Government of Zimbabwe conceptualises social protection through the Social Welfare Assistance Act which defines social protection as public assistance measures meant to avoid destitution among vulnerable populations (Government of Zimbabwe, 1998:54). The term social protection is not commonly used in the Zimbabwean policy documents, instead the term public assistance is used in the government social welfare programmes and policy documents.

In this research, social protection is defined as “public actions taken in response to levels of vulnerability, risk, and deprivation which are deemed socially unacceptable within a given polity or society” (Norton *et al.* 2002: 543). Social protection encompasses the two main policy fields which are social insurance and social assistance. Social insurance protects people against drops in living standards caused by idiosyncratic risks (illness, old age unemployment) or covariate risks such as drought and epidemics. (Devereaux, 2000:67). Social assistance programmes aim to raise the living standards of the poor by investing in their human capital (free or subsidized health or education) or by transferring free food or cash (income transfers or food aid) (Devereux, 2002: 16). Social Protection according to Devereux (2004:10) is the set of all initiatives, both formal and informal, that provide: **social assistance** to extremely poor individuals and households; **social services** to groups who need special care or would otherwise be denied access to basic services; **social insurance** to protect people against the risks and consequences of livelihood shocks; and **social equity** to protect people against social risks such as discrimination or abuse. This study adopts this definition as the working definition for this research since this is a comprehensive definition of social protection which acknowledges the multidimensional nature of social protection. However, this study focusses on social protection interventions specifically for Elderly Women-Headed households in the context of government of Zimbabwe support to Elderly Women-Headed households.

2.1.2 Elderly-Women Headed-Household

The term elderly in this study defines a person who is 60 years and above, therefore an elderly woman headed household is a household where the household head is a woman aged 60 years and above. An elderly woman headed household is household where is an adult female aged 60 years and above never married, divorced and widowed has household headship (Fuwa,2015:13). Household is a highly fluid term in social sciences. The definition of the term household varies according to the discipline and context. Household defines a group of persons resident in the same family dwelling. The term household is often confused with family. A group of persons resident in the same family dwelling who are related by blood ties or by law, regardless of the degree is considered as a household. The differences between household and family are: that the household can be made up of a single person, whilst the family has to have at least two or more

members. The members of a multi-person household do not have to be related, whilst the members of a family do have to.

A Household is considered to be a basic unit in society for social, economic, political and socialization purpose. Sociologically a household is a co-residential socio-economic unit regardless of kinship ties whereas family is a group where membership is mainly based on affinal and kinship ties. All people occupying a housing unit having a common existence is considered a household. A household may consist of a single person or as many as ten or more based on dependency on each other and relationships. The type and size of the household in most of societies is influenced by kinship rules, demographic and socio-economic factors, level of urbanization and industrialization (Lipton, 1936:156; ZIMSTATS, 2015:47).

The United Nations has played a major role in defining the term household since 1959 as it became paramount to standardize the definition. The UN has consistently maintained its definition of household as of two types. The first being: “A *one person household*”: meaning, “a person who lives alone in a separate housing unit or who, as a lodger, occupies a separate room or rooms in a part of a housing unit but does not join with any of the other occupants of the housing unit to form part of a multi-person household”. The Second type is: “A *multi-person household*”: meaning, “a group of two or more persons who combine to occupy the whole or part of a housing unit and to provide themselves with food or other essentials for living. The group may pool their incomes and have a common budget to a greater or lesser extent. The group may be composed of related persons only or of unrelated persons or of a combination of both, including boarders but excluding lodgers” (United Nations, 1959:74).

The above UN definition of household has been used in Zimbabwe, however households are further categorized as follows in Zimbabwe:

- (a) One-person household;
- (b) Nuclear households whose composition was entirely single-family nucleus;
- (c) Extended household which consisted of single-family nucleus and other persons related to the nucleus, and

(d) Composite household made up of at least single-family nucleus plus other persons who may or may not be related to the nucleus

The head of the household is defined by ZIMSTAT as that member of the household who is regarded as such by those who stay with him or her (ZIMSTAT, 2012:52). This study adopts the UN definition of a household specifically the multi-person household as well as the composite household according to ZIMSTAT (2012:52). In this research the head of the household is a woman aged 60 years and above living with other household members related by kinship or not. The household members can be related or unrelated.

2.1.3 Social Protection Floor

The term social protection floor arose from the work of ILO and other UN agencies and this study adopts the definition by ILO (2012:8) which defines a social protection floor as a nationally defined sets of basic social security guarantees which secure protection aimed at preventing or alleviating poverty, vulnerability and social exclusion.’ The ILO Recommendation 202 (ILO, 2012:9) further recognises and impress upon the overall and primary responsibility of the State in giving effect to social protection floors. The following are the principles guiding member states in the conceptualisation and implementation of social protection floors.

(a) Universality of protection, based on social solidarity;

(b) Entitlement to benefits prescribed by national law;

(c) Adequacy and predictability of benefits;

(d) Non-discrimination, gender equality and responsiveness to special needs;

(e) Social inclusion, including of persons in the informal economy (f) respect for the rights and dignity of people covered by the social security guarantees;

(g) Progressive realization, including by setting targets and time frames;

- (h) Solidarity in financing while seeking to achieve an optimal balance between the responsibilities and interests among those who finance and benefit from social security schemes;
- (i) Consideration of diversity of methods and approaches, including of financing mechanisms and delivery systems;
- (j) Transparent, accountable and sound financial management and administration;
- (k) Financial, fiscal and economic sustainability with due regard to social justice and equity;
- (l) Coherence with social, economic and employment policies;
- (m) Coherence across institutions responsible for delivery of social protection;
- (n) high-quality public services that enhance the delivery of social security systems;
- (o) Efficiency and accessibility of complaint and appeal procedures;
- (p) Regular monitoring of implementation, and periodic evaluation;
- (q) Full respect for collective bargaining and freedom of association for all workers; and
- (r) Tripartite participation with representative organizations of employers and workers, as well as consultation with other relevant and representative organizations of persons concerned.

Social protection floor therefore is a global social protection framework which provides countries with a broad framework guiding the adoption and implementation of social protection policies and programmes at country level. Social Protection Floors provide a global measure for assessing and comparing country level progress and performance with respect to social protection (ILO.2012:15)

2.1.4 Social Policy

Social policy refers to policies which governments use for welfare and social protection, the ways in which welfare is developed in a society and the academic study of the subject. It is

concerned with the social services, the number of issues that extend beyond government action, the means by which welfare is promoted and the social and economic conditions which shape the development of welfare. (ILO, 2013:32) This concept denotes action about means as well as ends in it. It therefore implies changing situations, systems, practices and behaviour. The word policy is used to denote action oriented and problem – oriented sense. This definition emphasises social sectors and social services, and these sectors include health and health care systems, social security, education, employment, community care and housing management (Kaseke, 2000:39).

In addition, social problems refer to crime, disability, unemployment, aging, racism and poverty. Social policies can be defined operationally as a set of decisions, orientations and priorities that generate programmes, projects and actions addressed to solve an identified problem. The social policy of any country lays the basis of social welfare. Values and perspectives of welfare provision have implications for their goals and objectives. This further reflects the existence of social problems and the nature of social change (Williams, 1989:81). The focus of social policy is broad, however this study does not focus on social policy in its broad sense but focusses on social protection among elderly women as a component of social policy.

2.1.5 Social Security

The International Labour Organisation's prescribed minimum social security standards show that social security is composed of nine branches. These being medical care, sickness benefit, unemployment benefit, old-age benefit, employment injury benefit, family benefit, maternity benefit, invalidity benefit, survivors' benefit. It then sets minimum standards for these benefits as concerning scope of coverage, kind of benefits, their duration and their qualifying conditions (ILO, 2014:81).

Social security is therefore a protection that a society provides to individuals and households to ensure access to health care and guaranteed income security particularly in cases of old age, unemployment, sickness, invalidity, work, injury, maternity or loss of a bread winner. According to the ILO conventions, Social security is a basic human right which is the responsibility of governments (ILO, 2013:47). Social security schemes are schemes imposed and controlled by

government units for the purpose of providing social benefits to members of the community as a whole, or of particular sections of the community (OECD, 2015:156).

Social security plays a major role towards the social and economic development of any country. Governments across the globe fund social security systems to protect their citizens through different social security programmes against potential life adversities and risks. Social security has a major role in promoting growth, political as well as human development (Collier and Messick, 1975:37; UNU-WIDER, 2016.3). Social security draws its importance at both policy and operational levels due to its relevance in poverty reduction and eradication strategies especially in developing countries (McKinnon and Hegemejer, 2013:1).

Comprehensive social security ensures access to protection against the contingencies addressed by the nine branches of social security as set out in the ILO's Social Security Minimum Standards No. 102 of 2012 and supported by other important ILO Conventions and Recommendations and international instruments.

There is no country in the world without any form of social security, but in many countries coverage is limited to a few branches only, and only a minority of the global population has – both legally and effectively – access to existing schemes. Only one third of countries globally (inhabited by 28 per cent of the global population) have comprehensive social protection systems covering all branches of social security as defined in ILO Minimum Social Security Standards 102 of 2012 ILO (2014:1) which further observes that member states are obliged to secure the livelihoods of older persons.

2.1.6 Livelihood

The term livelihood basically defines how people make a living (Edger, 2014:89). The hidden complexity behind the term comes to light when governments, civil society, and external organizations attempt to assist people whose means of making a living are threatened, damaged, or destroyed. From extensive learning and practice, various definitions have emerged that attempt to represent the complex nature of a livelihood. A livelihood comprises the capabilities,

assets (including both material and social resources) and activities required for a means of living. A livelihood is sustainable when it can cope with and recover from stress and shocks and maintain or enhance its capabilities and assets both now and in the future, while not undermining the natural resource base (Chambers & Conway, 1991:7).

The United Kingdom Department for International Development (DFID, 2000: 21) further developed the Sustainable Livelihoods Framework (SLF) using this definition. According to this framework, livelihoods are seen as systems and provides a way to understand: the assets people draw upon the strategies they develop to make a living, the context within which a livelihood is developed and those factors that make a livelihood more or less vulnerable to shocks and stresses

Livelihood assets.

Assets may be tangible, such as food stores and cash savings, as well as trees, land, livestock, tools, and other resources. Assets may also be intangible such as claims one can make for food, work, and assistance as well as access to materials, information, education, health services and employment opportunities. In a typical Zimbabwean rural community land and cattle are major assets for sustaining livelihoods.

2.1.7 Policy Impact

A policy is a statement of intent to achieve certain goal(s) by a local, regional or national government of a country (Anderson, 2003:78). A policy could be documented in a legislation or other official documents. Institutional setup (enforcement agency, incentive/penalties schemes, setting up the infrastructure to certify efficiency of equipment etc.) to achieve the goals of a policy is implementation/enforcement of a policy. Dye (1995:51) defined public policy as whatever government chooses to do or not to do. Public policy is not a decision, it is a course or pattern of activity (Adeler, 2014:35). From these definitions, it is clear that public policies are governmental decisions and the resultant activities which the government undertakes in pursuance of certain goals and objectives. Public policies are goal oriented and are formulated and implemented in order to attain the objectives which the government has in view for the ultimate benefit of the masses in general. These policies are clearly spell out the programmes of government. Public policy is the outcome of the government's collective actions. It means that it

is a pattern or course of activity. Public policy is what the government actually decides or chooses to do. It is the relationship of the government units to the specific field of political environment in a given administrative system. It can take a variety of forms like law, ordinances, court decisions, executive orders, decisions. Public policy is positive in the sense that it depicts the concern of the government 'and involves its action to a particular problem on which the policy is made. It has the sanction of law and authority behind it. Negatively, it involves decisions by the governmental officials regarding not taking any action on a particular issue (Makumbe, 1999:39)

For the purpose of this research public social protection policy shall be defined as all government measures to reduce vulnerability among Elderly Women-Headed households. These measures also improve the resilience of Elderly Women-Headed households. These measures are also defined in terms of the Government of Zimbabwe Social Welfare Assistance Act.

Policy impact is a broad term which carries various and varied meaning depending on context and discipline. Impact defines positive and negative, primary and secondary long-term effects produced by a development intervention, directly or indirectly, intended or unintended.

This definition stresses the search for any effect, not only those that are intended and recognises that effects may be positive and negative at the same time they can be short term or long term.

The World Bank (2010:39) defines impact: as changes in the well-being of individuals, households, communities or firms that can be attributed to a particular project, programme or policy. However, White (2010:89) presented a more explicit definition of impact within an experimental and counterfactual logic: which observes that impact is the difference in the indicator of interest (Y) with the intervention (Y1) and without the intervention (Y0). That is, $\text{impact} = Y1 - Y0$. An impact evaluation is a study which tackles the issue of attribution by identifying the counterfactual value of Y (Y0) in a rigorous manner. Impact evaluation is further defined as evaluating the positive and negative, primary and secondary long-term effects on final beneficiaries that result from a development intervention; assessing the direct and indirect causal contribution claims of these interventions to such effects especially for the poor whether

intended or unintended; and explaining how policy interventions contribute to an effect so that lessons can be learnt (Stern *et al*, 2012: 12).

This study adopts definitions by the (World Bank,2010:39; White, 2010:89, Stern *et al* ,2012:12) since the focus of the research is the well -being of Elderly Women-Headed households with support of government social protection support netting out the net effect of the government social protection policy. The research goes beyond the basic evaluation framework as it considers the multiple effects both negative and positive of government social protection interventions in the context of intricate social, economic and political factors affecting interventions.

2.1.8 Poverty

Vulnerability and deprivation have been linked to definitions of poverty in the development literature hence the need to demarcate the blurred boundaries between these concepts. The term poverty defines lack of access to either income or productive assets and low consumption levels (Goudge and Govender, 2000:6). Chambers (1989:6) talks of the dimensions of poverty as deprivation, physical weaknesses, social isolation, powerlessness and vulnerability. The term vulnerability as noted above is inability to withstand shocks. According to Chambers, (1989:10) to be vulnerable is to be physically weaker, economically impoverished, socially dependant and psychologically harmed. Poverty can be permanent or temporary. Transient poverty reflects vulnerability to occasional undesirable fluctuations in the well-being and livelihoods while chronic poverty depicts a more fundamental inability to raise long-term living standards (Ward, 2016:51; McCulloch and Baulch, 2000). Identifying the chronically and transiently poor populations is of paramount importance for policy responses (Carter & Barrett,2006:43). The duration of poverty at the individual or household level is also a crucial issue for understanding how people experience poverty (Alkire *et al*, 2017:2). Alkire *et al* then point out that persistent conditions of insufficiency might precipitate detrimental effects on well-being of communities.

Poverty therefore is also a determining factor of social vulnerability in a community since capacity to cope with disasters such as droughts is determined by access to resources which are labour, human capital, productive assets and social capital. The relationship between poverty and

vulnerability is critical in examining and understanding how labour constrained Elderly Women-Headed households are supported by the government and other non-state actors. Elderly Women-Headed households are supported by the government and other non-state actors. The poor depends more on their labour for survival and when their capacity to exchange labour for income is constrained, they become vulnerable. The importance of labour in the poor is well expressed by Chambers (1989:4) as:

'The main asset of the poorest people is their body. Terms such as labour power, labour availability, dependency ratio blunt this sharp point and miss the stark personal reality.....that the poorer people are. the more it matters to be able to work and earn, the more they depend on physical work and the higher are the personal costs to physical disability.'

Chambers contends that the most important asset of the poor is their physical body, the more the poorer they are the harder they work to meet their food requirements. Ability to offer physical labour by the poor becomes the only path to move out of the vulnerability and poverty cycle. In Elderly Women-Headed households where the capacity to use labour as a cushion against poverty and vulnerability is limited vulnerability becomes a complicated phenomenon. According to Sen (1981:45) vulnerability in a population is determined by entitlements and it is these entitlement relations that determine the extent of vulnerability and adaptive capacity. Entitlement types include:

- Trade based entitlement: one is entitled to own what one obtains by trading something one owns with a willing party (or parties),
- Production based entitlements: one is entitled to own what one gets by arranging production using ones' owned resources, or resources hired from willing parties meeting the agreed conditions of trade,
- Own labour entitlement: one is entitled to ones' own labour power, and thus to the trade based and production based entitlement related to ones' labour power,
- Inheritance and transfer entitlement: one is entitled to own what is willingly given to one by another who legitimately owns it, possibly to take effect after the latters' death.

This entitlement framework provides a foundation for determining multiple vulnerabilities and capabilities within a community and households. As noted above that labour is a key asset of the poor, when this labour power or entitlement is constrained within a household due to chronic illness, disability, and age the ability of a household to realise trade based and production based entitlements is also constrained, hence the need for government social policy to appreciate such dynamics of vulnerability. According to the World Bank (2000:13) “poverty is pronounced deprivation in wellbeing. The conventional view links wellbeing primarily to command over commodities, so the poor are those who do not have enough income or consumption to put them above some adequate minimum threshold. This view sees poverty largely in monetary terms. However UNDP (2015:17) observed poverty is a multifaceted reality. It is not simply a lack of adequate income; it is a cruel mix of human deprivation in knowledge, health, dignity and rights, obstacles to participation and lack of voice. Therefore, comprehensive transformational change is needed to address the root causes of poverty.

2.1.9 Public Assistance

Public assistance defines government funded social security measures meant to reduce vulnerability among the poor vulnerable populations. The term is used interchangeably with public social protection and public social support. (Edger, 2006:39) Public Assistance according to the Government of Zimbabwe defines support to vulnerable populations as per the Social Welfare Assistance Act of 1988 and this support can be food, medical treatment, school fees, transport support which is usually provided to poor vulnerable members of the population such as elderly women- headed households. According to the (Social Welfare Assistance Act, 1988:5) assistance granted can be

" In financial form shall be in such amount as, having regard to the circumstances of the beneficiary, the Director deems reasonable and sufficient, but shall not exceed such rate as may be prescribed; (b) otherwise than in financial form may take any of the following forms: (i) rehabilitation, institutional nursing, boarding or foster home care; (ii) counselling services; (iii) the provision of orthopaedic and orthoptic appliances; (iv) occupational training; (v) pauper burials; (vi) the supply of food or clothing; (vii) any other assistance necessary to relieve destitution. 6 Eligibility for social welfare

assistance. The Director, or any person acting on his behalf, may grant social welfare assistance to a destitute or indigent person where he is satisfied that such person— (a) is over sixty years of age; or (b) is handicapped physically or mentally; or (c) suffers continuous ill-health; or (d) is a dependant of a person who is destitute or indigent or incapable of looking after himself; or (e) otherwise has need of social welfare assistance. (Government of Zimbabwe 1998:2).''

The term Public Assistance shall be used in this study to refer to the social protection measures for elderly women- headed households in Zimbabwe.

2.1.10 Vulnerability

The terms 'vulnerable' and 'vulnerability' are vague and very fluid slippery concepts which have been equated with being poor and poverty (WFP, 1996:156). The roots of the term 'vulnerability' are in Latin *vulnerare* which means 'to wound' hence the vulnerability defines the capacity to be wounded (Kates, 1985:69). Vulnerability defines susceptibility of a given population, system or place to a harm from exposure to the hazard and directly affects the ability to prepare for, respond to, and recover from hazards. The term carries many definitions with a lot of inconsistencies as they vary from one discipline to another (UNEP, 2003:11; Tierney et al, 2001:21). Social vulnerability focuses on the demographic and socio economic factors that increase and attenuate the impacts of hazard events on the local population. The IPCC defines vulnerability as a combination of a systems exposure to threats, its sensitivity and capacity to adapt to such threats therefore vulnerability is susceptibility (Wisner et al, 2004:13) has further defined vulnerability as the level of proneness to hazards which influence the capacity of a community to anticipate, cope with, resist and recover from the impact of natural hazards and any other external pressures.

Most of the definitions of vulnerability share a lot of common ground, they agree that vulnerability shows the degree of level of susceptibility of a community to a hazard which vary with extent of exposure and coping abilities thus adaptive capacity, protection and mitigation (Blaikie et al, 1994:47; Downing and Bakker, 2000:31). Vulnerability in a community is

determined by various factors and these are social, economic, technological, demographic, health and individual as well as community perception of a disaster and its threat.

Vulnerability within a community is not equal but varies depending on place and socioeconomic factors prevailing thus different people have different exposures to hazards and this explains why some groups are more vulnerable to drought than others. Sen (1998:57) observed that in relation to food shortages this answers why other people can feed themselves while others cannot hence differential vulnerability

Vulnerability has time dimensions, Wilhite (2000:178) it changes with time within the same community. Vulnerability presents damage to livelihoods thus the hardest hit communities are those that find it difficult to reconstruct their livelihoods following a disaster (Blaikie et al, 2004:15). Understanding vulnerability is a complex task as it changes with season, technology, population behaviour and perception, practices and policies thus an umbrella approach in dealing with vulnerability will miss the key issues

There is a strong correlation between vulnerability with infrastructure and socioeconomic conditions of a community therefore the poor suffer more from a hazard than the rich. Vulnerability to drought hazards is varied based on the socioeconomic status of a household and the country at large. In developing countries drought presents a serious threat to livelihoods and survival and the entire economy while in the developed countries drought present economic risks for the government and the commercial business community (Downing and Bakker, 2000:39).

The key issue in definitions of vulnerability is exposure to a hazard and inability of a community to positively respond and cope with a disaster due to constrained capacity (Watts and Bohle 1993:81). Literature has a tendency to present vulnerability from a negative stand point of harm due to exposure to a hazard. Adger (2006:67) notes that mostly due to known or unknown constrained and limited capacities of vulnerable communities' especially labour constrained households. Vulnerability to drought should focus more on the impact of drought rather than the drought itself that is the shock consequences (UNEP, 2003:84; UNDP, 2015:27). Drought consequences on a population include loss of human life, malnutrition, income losses, drying up

of water sources as well as various environmental destabilisations. .Therefore studies and analysis of disasters such as droughts should focus on these shock consequences so that mitigation measures can be effectively implemented at the same time building the long term resilience of the affected population

Social vulnerability therefore determines the level of risk a hazard poses to a community. Vulnerability defines drought risk rather than frequency or severity hence in order to reduce the negative impact of drought social vulnerability must be reduced. Downing and Bakker (2000:98) argues that more effort has been spent on predicting climatic conditions rather than identifying social vulnerability factors hence they have been limited success in building sustainable long term resilience of communities affected by droughts

Vulnerability can be classified into three classes that is transitory vulnerability which relates to shocks on livelihoods which might be due to harvest failures, chronic vulnerability which is vulnerability which is due to demographic factors such as widowhood, orphanhood, chronic illness in a household and structural vulnerability which is vulnerability that is located within the social, political and economic failure of the economy or country (Devereux, 2006:54). This explains vulnerability caused by political instability such civil wars in which women and children are more vulnerable, economic failures such hyperinflation as well as policy and institutional failures by the government which can make it unable to meet its obligations to citizens during disasters such as droughts

Vulnerability is made up of five components which are livelihood strength and resilience, wellbeing and base-line status, self-protection, social protection, and governance. The interaction of these five components is important in determining the causes of vulnerability. An understanding of the threats to livelihoods strengths is central in appreciating the vulnerability from the household level to the community and beyond (Cannon, 2008:3).

Vulnerability is a multifaceted term which is widely used in development practice and literature with varied contextual meanings. This study posits that vulnerability refers to the full range of social, economic, political, environmental and demographic factors that place people at risk. The degree of vulnerability of individuals, households or groups of people is determined by their

exposure to the risk factors and their ability to cope with or withstand stressful situations. In this research old age in women headed households is a major vulnerability factor under examination. Vulnerability therefore is a complex phenomenon which carries multiple meanings and interpretations depending on the context. Macro-level vulnerability is greatly related micro-level vulnerability. Vulnerability is a widespread phenomenon in most fragile developing countries hence the need for strong public institutions and policies on social protection.

This research further observes that vulnerability can be brought about by various shocks at individual, household level and community levels therefore a distinction is made between those shocks that affect a large proportion of the population simultaneously (covariate shocks) and those that affect individuals, often through life cycle events such as a loss of jobs, illness, death, old age (idiosyncratic shocks). This distinction is important as this research is more focussed on old age as a vulnerability factor and also as an idiosyncratic shock (Holzmann and Jorgensen 2000: 33; Mc Cord, 2013:48).

2.2 Conceptualising Social Protection

2.2.1. Social Protection

Social protection is a fairly new concept which evolved as early as the 19th century in Europe. Industrialization in the 19th century deeply transformed the social structure of European countries, giving birth to the modern working class. The welfare conditions of the workers became of paramount importance. Countries such as Germany and Great Britain started to create welfare systems to improve the standards of living of the working classes as well as to tackle transient poverty. The Great Depression saw the United States strengthening welfare systems for workers as a way of mitigating the negative effects of economic depression. Thus social protection evolved as social security driven by Keynesian economics. In 1948 the social protection was affirmed by the UN through the adoption of the Universal Declaration on Human Rights (Barrientos, 2012:78).

The spread and expansion of the Washington Consensus through economic structural adjustment in the 1980s led to the contraction of social protection between 1980 and 1990. Throughout the 1980s, social protection was mainly seen as a safety net which is “residual” and temporary

providing subsistence support and security to individuals and households in extreme poverty (Mkandawire 2001: 1; Babajanian, 2013:18). The World Bank's Social Risk Management Framework developed in the late 1990s promoted and enhanced the case for social protection. It legitimised and framed social protection as a mainstream policy area and instrument for economic protection of the poor and vulnerable households. The World Bank further introduced the dynamic concept of vulnerability as lens for the analysis and understanding of human deprivation (World Bank, 2016:69). The renewed interest of in social protection arose of the major global and financial crisis of the late 1990s subsequently buttressed by the adoption of Millennium Development Goals in 2000. Since the mid-2000s, the social protection discourse has advanced broad, developmental goals and benchmarks that go beyond poverty relief and livelihood maintenance. Social protection has become a key policy tool for promoting far-reaching improvements in human well-being in Africa.

The Universal Declaration of Human Rights 1948, observes that everyone, as a member of society has the right to social security and further refers to the right to necessary social services and security in the case of sickness, disability, old age and unemployment. The International Covenant on Economic, Social and Cultural Rights, 1966, recognizes "the right of everyone to social security, including social insurance" (ILO.2015:840). As a result, Social protection has grown to become a key development priority (World Bank, 2015:56).

Social protection is now one of the major pillars in the fight against poverty, especially in developing countries. Poverty remains pervasive across most developing countries with women wearing the face of poverty, thus more women than men are living in poverty. (Kaseke, 2010:123; Barrientos, 2014:37). Weaker and fragmented livelihoods in rural Africa continue to expose communities to poverty and vulnerability. Disposable incomes among the rural populations are generally low when compared to those of urban settings. Rural livelihoods for vulnerable populations remain a great struggle with social protection measures playing a major role in building resilience and sustaining livelihoods among the poor vulnerable populations (Burney and Naylor, 2012: 118).

The major threats to livelihoods in rural areas in Africa are droughts, agricultural trade risks, food price risks, employment risks, health risks. The following are the people at risk from these

threats to livelihoods; small holder peasant farmers with little income diversification compounded by limited access to improved technology, landless farm labourers, female headed households, labour constrained households and elderly people (Braun *et.al*, 1992: 17). Social protection is therefore very important in mitigating against such risks (Barrientos, 2010:16).

Social protection not only benefits people living in poverty, but promotes the well-being of societies at large. The impact of social protection programmes varies according to their design, the level of implementation and the adequacy of transfers (UN, 2000:89). Evidence from around the world shows their potential not only to prevent poverty, but also to reduce inequality and stimulate economic growth. Social protection interventions have helped improve the lives of millions of elderly people in South Africa through social grants which have increased household incomes by more than 30% among poor vulnerable households. In Brazil social protection has strengthened the livelihoods among vulnerable households and in addition it had helped in retention of school going children in the school. The capacity of social protection interventions to reduce poverty and vulnerability among poor households cannot be underestimated in light of existing evidence of positive impact in developing countries (Dhemba, 2002:49)

The UN, International Labour Organisation and the World Bank are the main international agencies that are active in the provision of large scale support to many nations, and are also active in discussing policy, recording and analysing country level shock responses and recommending the design of social security and social protection policy (ILO, 2014; ILO, 2015:849). The World Bank and ILO have played a major global influence on social protection. In most of the global literature, the immediate goal of social protection in a shock context is articulated as compensating for loss of income through forms of income replacement, or as well as compensating for rising commodity prices (either as a direct transfer based on social assistance, or as insurance, subsidies or tax reductions) to protect access to goods and services in a context of rising unemployment, inflation and/or reduced basic service provision (World Bank, 2013:143; ILO, 2016:68). While this can be done to meet a basic social protection objective, it can also be intended to protect economic demand, functioning as a form of automatic economic stabiliser.

The International Labour Organisation's (ILO's) Recommendation 202 of 2012 conceives national social protection floors as 'nationally defined sets of basic social security guarantees which secure protection aimed at preventing or alleviating poverty, vulnerability and social exclusion' (ILO,2012: 202). The ILO Recommendation reaffirms social protection as a human right and firmly anchors the concept of social protection floors to principles of universality, entitlement, adequacy, non-discrimination and social inclusion (ILO, 2016:167).The concept of social protection has been adopted by the African Union in its recommendations on building an African agenda on social protection systems on the continent (African Union, 2014:89).ILO continues to play a leading role in the promotion social protection at a global scale.

The global commitment to social protection is further confirmed by the Sustainable Development Goals which states that countries should implement nationally appropriate social protection systems and measures for all, including social protection floors, and by 2030 achieve substantial coverage of the poor and the vulnerable (United Nations, 2015:15). The Millennium Development Goals failed to give explicit attention to social protection, however the Sustainable Development Goals (SDGs) adopted in 2015 have addressed the importance of social protection. The SDGs commit to implementing "nationally appropriate social protection systems and measures for all, including social protection floors, and by 2030 achieving substantial coverage of the poor and the vulnerable" that is Goal 1, Target 3 (Barrientos, 2015:36; UNDP, 2016:19).The SDGs reinforces the need to expand social protection across the globe, especially in developing countries.

Among the global initiatives to mobilise the international community towards social protection is the One UN Social Protection Floor Initiative which seeks to set minimum standards for social protection among UN member states and a common understanding of what constitutes social protection (ILO 2013:58). The UN Social Protection Floor Initiative aims to promote nationally defined strategies toward social protection and it is grounded in the Universal Declaration, ILO Conventions on Social Security, the Convention on the Rights of the Child and other human rights instruments, it focuses on two critical components:

Services: Ensuring the availability, continuity, geographical and financial access to essential services such as water and sanitation, food and adequate nutrition, health, education, housing and other social services such as life and asset saving information (ILO, 2014:34).

Transfers: Realizing access to services and providing a minimum income and livelihood security through a set of essential social transfers, in cash and in kind throughout the life cycle (children, working life, old persons) paying particular attention to vulnerable groups. (Barrientos, 2015:81)

The Social Protection Floor takes a holistic approach to social protection, by working on the systematic relationship between services and means to ensure effective access including transfers (ILO, 2015:56). A national Social Protection Floor guarantees access to essential services taking into account key characteristics of the population in given contexts (gender, socio-economic status, ethnicity, disabilities, populations exposed to natural hazards)

Global literature on social protection is filled with a lot of research and evidence on social protection schemes and policies for employees and poor vulnerable populations around the world (World Bank, 2010:68, UN, 2012:57; ILO, 2015:49). While there is great consideration of older persons as a population group in need of social protection, there fewer in-depth research focusing on elderly women heading households in developing countries (Hickey, 2003:13; Fisbein *et al*, 2014:169). Social Protection has however grown from being a minor component of poverty and growth policies beyond simplistic safety nets both in literature, research and in the field practice to become a key development pillar in the contemporary development discourse. Most countries in the world use multiple social protection instruments, but their simple presence is not a sign of their effectiveness. The scale, coverage, and adequacy of social protection differ across countries. Hence their real impact on poverty and inequality is also likely to vary a lot and more research is still needed to establish the impact of social protection on poverty reduction in developing countries (Fisbein *et al*, 2014:172; World Bank, 2015:49).

In the 1990 World Bank's *World Development Report*, for instance, safety nets were very much the third prong of the World Bank's three-pronged approach to "attacking poverty" and were

conceptualised as minimalist social assistance in countries too poor and administratively weak to introduce comprehensive social welfare programmes (World Bank, 2001; World Bank, 1990; ILO, 2016:86). During the 1990s, as thinking on livelihoods, risk and vulnerability, and the multi-dimensional nature of poverty became more nuanced, safety nets were increasingly criticised as residualist and paternalistic, and more sophisticated alternatives began to be proposed (Gumbo, 2014:39). At the same time, the broader potential of social protection began to be recognised, and bigger claims are now being made for what social protection can and should strive to achieve.

Social protection provision remains diverse and multifaceted both in the literature and the field of practice, it is possible to identify the potentially divergent ideas of what social protection means and what it should be designed to provide. These ideas reflect, in part, the dichotomy between the social risk management (SRM) approach that was once dominant in the World Bank which prioritised the risk management function of social protection, and the current social protection and labour strategy that do have a greater emphasis on chronic poverty responses (World Bank, 2015). These diverse ideas may be summarised as focussing on consumption smoothing so as to protect demand. Review of the literature on social protection shock responses and readiness notes that social protection is a mechanism to address the needs of the poorest people who are experiencing chronic poverty and compensate for increases in the depth of poverty as a result of shocks which may be temporary or permanent (Devereux, 2014:68). Social protection in broad carries a political, social and economic goal in any country (ILO 2014:105).

Social protection programmes across the globe are built around cash transfers as the flagship component of social protection interventions. These interventions can be divided into three main groups that is pure income/monetary transfers, income transfers combined with asset accumulation; and integrated poverty reduction interventions (UNDP, 2016:167). Cash transfers assume that poverty is largely driven by deficits in income or consumption, therefore cash transfer fills in the gap (Barrientos, 2015:89; UNDP, 2016:24). A broader understanding of poverty often leads to social protection interventions that combine both asset accumulation and cash transfers, thus appreciating the multidimensionality of poverty through an integrated approach. Thus, most interventions that take a multidimensional approach fail at praxis to implement that as they tend to be overshadowed by cash transfers when they are part of the

interventions package. The social protection main interventions in the context of multiple objectives of social protection require a combination social insurance, social assistance and other labour market policies. This trinity of interventions reflects the ILO institutional conception of social security provision, and that has come to define a shared understanding across the major development agencies (IMF, 2014:174; ILO, 2015:86).

The earliest studies on social protection in Zimbabwe focussed on contributory social security schemes among the formally employed which also found out that less than half of the black population were socially protected (Whitsun Foundation, 1979:41). Non- contributory schemes drew limited research in focus more so those targeting elderly women in general. Rural Zimbabwe has not been adequately by covered by social protection schemes as more people are not employed hence the need for government funded social protection measures (Kaseke,1993:91; Dhemba *et al*, 2002:133). Non formal social protection measures such rotating savings clubs and burial societies have remained the most common social protection schemes with a high number of women participation as coverage of government non- contributory schemes is low (Madembo, 1998:81; Chinake, 2000:38; Dhemba *et al*, 2002:78).

The Government of Zimbabwe (GoZ) social protection programme still remains the governments' prime measure to support not only Elderly Women-Headed households but other vulnerable members of society with the aim of relieving distress thereby preventing destitution (Kaseke, 1997:173). It is arguably the oldest and permanent government support programme towards the chronically poor whose implementation is guided by the Social Welfare Assistance Act Chapter 17: 06 of 1988 (Munro, 2003:81).

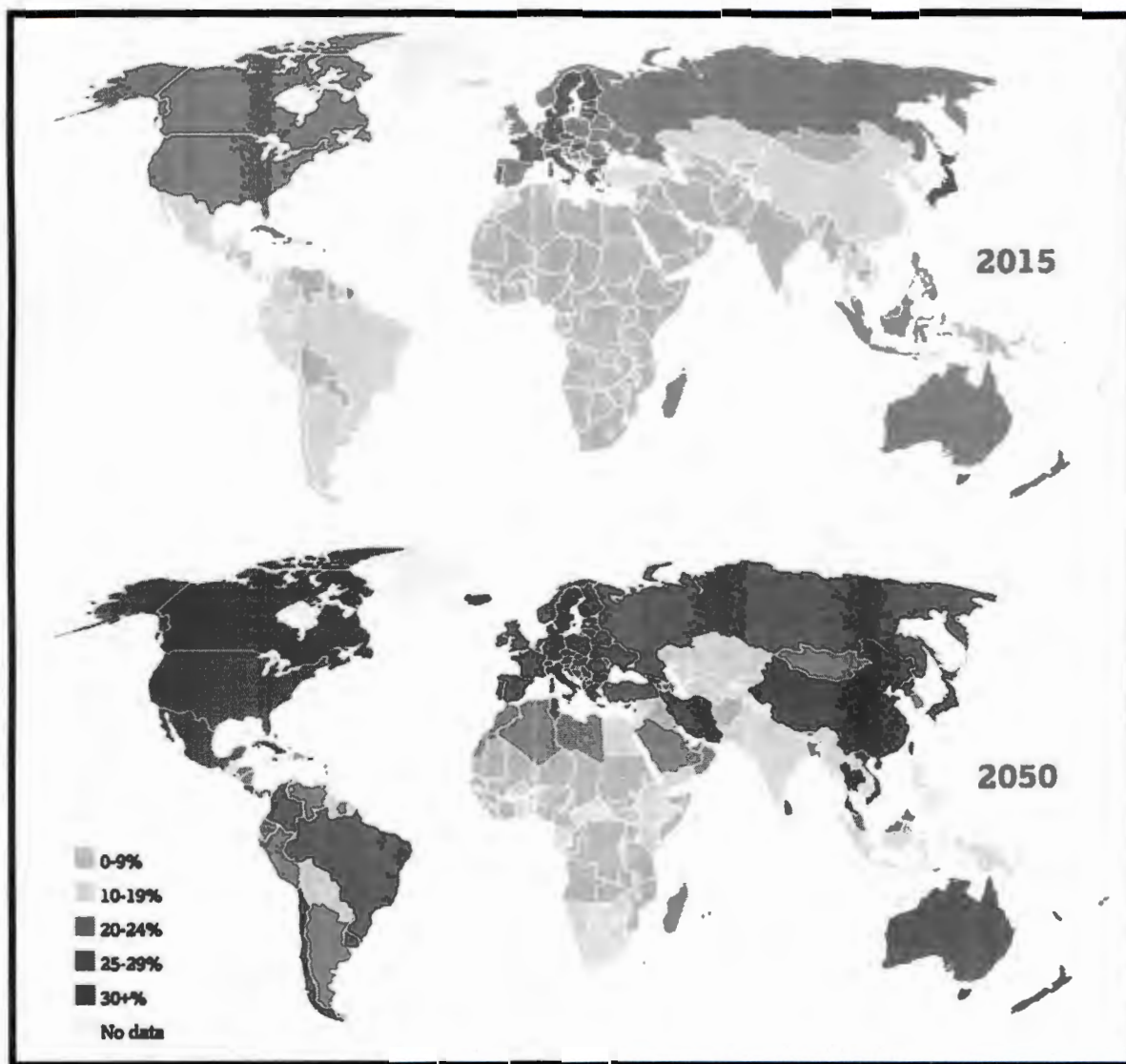
Social protection continues to be under scholarship lances with endless questions under constant examination. Brave (2014:87) OPM (2016:12) have observed that issues to do with managing the 'new poor' in social protection interventions, chronic vulnerability and the push for cash transfers without addressing the root causes of the poverty and vulnerability remain recurring issues in the social policy and protection discourse.

2.2.2 Global Aging Population and Social Protection

According to data from World Population Prospects: the 2015 Revision, United Nations (2015:68) the number of older persons—those aged 60 years or over—has increased substantially in recent years in most countries and regions, and that growth is projected to accelerate in the coming decades. Between 2015 and 2030, the number of people in the world aged 60 years or over is projected to grow by 56 per cent, from 901 million to 1.4 billion, and by 2050, the global population of older persons is projected to more than double its size in 2015, reaching nearly 2.1 billion. Globally, during 2010-2015, women outlived men by an average of 4.5 years. As a result, women accounted for 54 per cent of the global population aged 60 years or over and 61 per cent of those aged 80 years or over in 2015 (World Bank, 2014:23). Map 2.1 below presents a global increasing trend of number of older people from 2015 up to 2050 by way of projections.

In Africa the number of old people is projected to grow from 0 -9 % to 10 -19% in Southern Africa while North Africa is projected to rise from 0- 9% to 20 -24% of the total populations. The rest of the African continent is projected to experience significant increases in the proportion of older people against total population ranging from 0 -19% driven mostly by improvements in health and general quality of life across the continent. However the proportion of older people in developed countries is set for a major growth by 2050 constituting about 20 to 30% of the total population, thus reflecting higher levels in the standards and quality of life in most developed countries (ILO, 2014:34; HelpAge, 2015:68). The growth of the aged population across the globe requires the need for comprehensive social protection policies and programmes that ensures that old people do not sink further into the poverty basket at a time when their labour capacity is constrained (HelpAge, 2013:47).

Map 2.1 Global Population Ageing Map 2015 to 2050



Source: UNDESA Population division, World Population Prospects: the 2015 Revision.

The number of older persons is growing faster than the numbers of people in any other age group. As a result, the share of older persons in the total population is increasing virtually everywhere. While population ageing is a global phenomenon, the ageing process is more

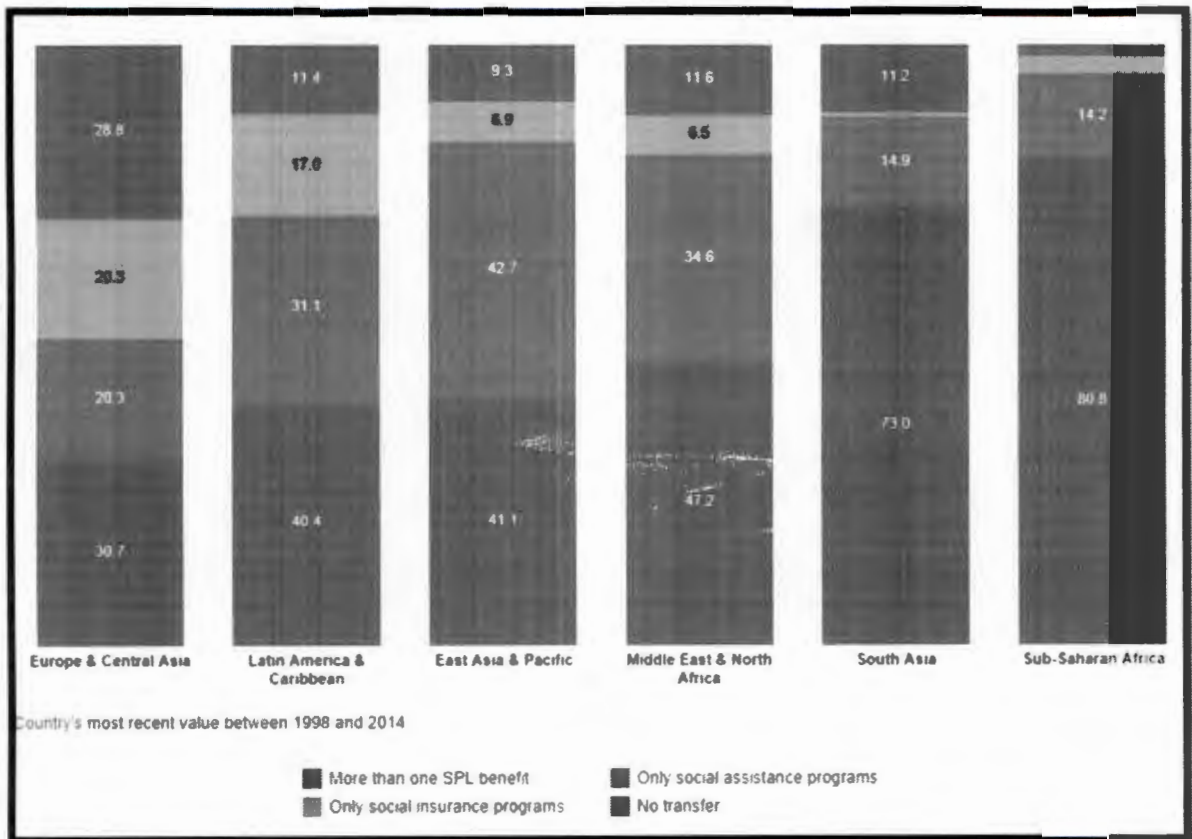
advanced in some regions than in others, having begun more than a century ago in countries that developed earlier, and getting underway only recently in many countries where the development process has occurred later, including the decline of fertility (ILO, 2014:18;UN, 2015:64).

The pace of world population ageing is accelerating. Projections indicate that the proportion aged 60 years or over globally will increase more than 4 percentage points over the next 15 years, from 12.3 per cent in 2015 to 16.5 per cent in 2030, compared to the 2.3 percentage point increase in the share of older persons that occurred between 2000 and 2015 (UN,2015:65; Katz *et al*,2018:211). By 2050, 44 per cent of the world's population will live in relatively aged countries, with at least 20 per cent of the population aged 60 years or over, and one in four people will live in a country where more than 30 per cent of people are above age 60 (UN, 2015:67) The pace of population ageing in many developing countries today is substantially faster than occurred in developed countries in the past. Consequently, today's developing countries must adapt much more quickly to ageing populations and often at much lower levels of national income compared to the experience of countries that developed much earlier

In Asia, the growth rate of the population of older persons is projected to decline precipitously after 2025, reflecting the rapid decline in fertility that began in the mid-1960s in that region (UN, 2015:69). In Africa, the pace of growth of the population aged 60 years or over is projected to accelerate from just over 3 per cent per year in 2010-2015, reaching nearly 3.9 percent per year in 2040-2045, reflecting the relatively high fertility rates of the region during the second half of the twentieth century (UN, 2014:89).The pace of growth of the older population of Africa projected for the 2040s is faster than any region has experienced since 1950, when the data series begins

Older persons' welfare as noted above is related to the share of consumption financed by public transfers. In many low-income countries older persons are less well-off compared to adults in other age groups, public transfers are less than 15 per cent of total old-age consumption compared to 30 per cent or more of older persons' consumption that is financed by public transfers in many high-income countries where older persons tend to be better off than adults in other age groups (UN.2014:156). Older men and women in developing regions are more likely to be active in the labour force than their peers in the developed regions, due in part to differences in the structure and availability of pension systems across regions (UN, 2014:158).

Fig.2.1 Global Social Protection Coverage



Source: (World Bank, 2017: Data topics www.datatopics.worldbank.org accessed 23 April 2017)

Global social protection remains varied across the world as shown by Fig 2.1 above reflecting both differences in commitment and investment towards social protection. Sub Saharan African is outstanding in all the indicators. There is a wider gap in terms of social protection coverage through transfers with the least coverage in most African countries. Social protection is not yet a lived reality for the majority of the world's population especially in developing countries though some progress has been made over the last few years (World Bank,2017:12) According the 2017 to 2019 World Social Protection Report 45 per cent of the global population are now protected in at least one social protection policy area, yet the majority 55 per cent remain unprotected and

only 29 per cent of the global population enjoy access to comprehensive social security systems while 71 per cent are covered partially or not at all (ILO, 2017:23). This further points to serious challenges in the implementation of social protection programmes on the African continent. Government commitment, lack of political will, non- existence of social protection policy framework, funding challenges, poor coordination among government departments are some of the key issues negatively affecting social protection in Africa.

The quality of life of elderly people on the African continent remains low due to policy gaps and limited public finance support towards the ageing population (ILO, 2014:59). Data gaps on pension incomes, welfare of old people and poverty rates in old people points to serious missing information which is key in development issues affecting old people. It is only research which can fill in gaps on the current literature pertaining the life experiences of elderly people. While more women live longer than men, educational attainment of older women remains low compared to those of men (HelpAge, 2015:69). The higher proportion of older people involved in the labour market in Zimbabwe and other Africa states as shown by Table 2.1 below also shows the existence of a weak social protection in Africa.

Table 2.1 Old Age Index: Zimbabwe and other African Countries

	1.1 Pension income coverage		1.2 Poverty Rate in Old Age		1.3 Relative Welfare of older people		2.2 Healthy Life Expectancy at 60		3.1 Labour market engagement of older people (employment rate)		3.2 Educational Attainment of Older People	
Country	M	F	M	F	M	F	M	F	M	F	M	F
Ethiopia	n/a	n/a	n/a	n/a	n/a	n/a	11.9	12.4	90.0	63.3	n/a	n/a
Mozambique	20.0	15.9	n/a	n/a	n/a	n/a	10.8	12.4	71.3	69.6	2.0	0.3
Myanmar	n/a	n/a	n/a	n/a	n/a	n/a	11.7	13.4	N/A	N/A	11.6	8.9
Namibia	n/a	n/a	n/a	n/a	n/a	n/a	11.0	13.7	67.4	52.6	16.7	12.1
Nepal	n/a	n/a	n/a	n/a	n/a	n/a	13.8	14.8	91.3	77.8	16.5	2.2
Niger	n/a	n/a	n/a	n/a	n/a	n/a	13.0	13.0	90.8	36.5	1.2	0.3
Nigeria	n/a	n/a	n/a	n/a	n/a	n/a	14.5	14.2	N/A	N/A	n/a	n/a
Zambia	n/a	n/a	n/a	n/a	n/a	n/a	11.9	12.4	79.8	54.6	17.9	3.7
Zimbabwe	n/a	n/a	n/a	n/a	n/a	n/a	10.4	11.6	90.3	84.6	23.8	13.5

Source: (Global Age Watch HelpAge International, 2016:27)

Social protection policies and programs are the main beacon of hope for addressing the social and economic challenges facing older people in Africa. Social protection has gained prominence in development policy and practice in Africa over the last decade as it emerged as a critical area for increased policy attention in Africa (World Bank, 2016:133; HelpAge, 2016: 91). The domain of social protection has seen the increasing role of non- governmental organisations and governments through various programme with the ultimate aim being to reduce vulnerability and poverty among the vulnerable populations.

2.2.3 Poverty Trends, Patterns and Contextual Issues for Older People

Poverty distribution and pattern among the elderly populations across the globe is a complex and multifaceted issue. They are serious technical issues limiting the comprehensive understanding and analysis poverty among elderly people. Globally poverty studies and assessment surveys do measure income and consumption at the household level rather than for individuals at different ages. Household economy studies do not reflect accurately the welfare of all individuals in the household because the household resources could be distributed unequally across its members. It is very difficult for large scale poverty assessment survey to go deeper in understanding the poverty distribution patterns and vulnerability by age as such studies are disaggregated by gender in most cases. There are different definitions of poverty being used across the globe in addition to different poverty lines ranging from US\$1 per day to US\$2, while the World Banks poverty threshold is at US\$1.90 per day (UN, 2015:267). There are limited studies in both scale and coverage that examines poverty trends and patterns based on age disaggregation. The few studies on the elderly population and poverty are on a small scale which is insufficient for national analysis and comparisons (Siater, 2009:10; Word Bank, 2014:127; UN, 2015:79).

However, despite the above noted gaps in age disaggregated data on poverty trends and patterns, there are few localised studies which examine poverty among elderly people against the general populations of countries. Kakwani and Subbarao (2005:123) observed that while older people in Africa are generally poor and vulnerable compared to the general population, older people especially elderly- women- headed households are poorer when compared to their urban counterparts. The situation is worse off in countries where there is a high HIV prevalence. The high HIV/AIDS mortality among the young economically active age groups leave the elderly

people with limited financial and material support (UN, 2015:71). In Sub-Saharan Africa elderly people are generally poorer and more vulnerable than the other age groups of the population due to diminished and low disposable incomes coupled with poor and weak social security systems for older people. In Zambia 80% of older people were found to be living below the national poverty line compared to 67% for the other age groups (UN, 2015:75).

In Latin America poverty rates among the older people aged 60 and above are lower compared to other age groups at 19% using the poverty threshold line of \$2, 50 per day (World Bank, 2014:72). This reflects the impact of a strong, vibrant social protection policy for the elderly in most Latin American countries. In the United States of America, it is further observed that poverty levels and socioeconomic inequalities among elderly people are exacerbated by race. (World Bank, 2015:109) African American elderly people experience higher levels of poverty when compared to the white Americans. Life expectancy is lower among the black Americans which is further compounded by poor health care and nutrition among the black population which is consistent with high poverty levels among black Americans. It is estimated that more 65% of blacks in areas such as Baltimore do experience higher poverty levels. The poverty levels and inequalities are even higher among old black American women (Khazan, 2018:78).

In Eastern and Southern Europe poverty rates among older persons are less compared to the general population using a poverty definition of US\$5 per day purchasing power parity (PPP) (Khazan, 2018: 79) For all the 21 countries in Eastern and Southern Europe, the poverty rate among the older population is at 10.7 per cent on average, compared to an average 14.5 per cent for the total population (UN, 2015:78). This further shows the impact of high investment by governments on the welfare for the elderly people which is not the case with most African countries. In Northern and Western European countries poverty rates are even lower than the general population (UN, 2015:79). This is explained as being the long and significant contributions to private or public social security systems by both the government and private sector. In Asia poverty rates among the older people are similar to those of the other age groups at the same time being higher in other Asian countries. The UN (2015:83) further observed that data on poverty rates based on ages is more limited and difficult to find in Asian countries compared to the entire bloc of developing nations. In China for example where a quarter of the world's older population is found, 13 per cent of Chinese older persons had incomes below the

US\$1 per day per capita consumption poverty line in 2003, compared to 12 per cent of the working-age population (World Bank, 2010:69).

From the data in the literature and analysed above this study contends that while there are data gaps especially in developing countries about poverty patterns and trends which is age disaggregated, poverty rates among the elderly remains higher and the situation is even worse off for elderly women who control resources and power in household economy and production. Investments of social protection for elderly people in African remains weak and scant when compared to European countries. Social protection policies and schemes for the elderly people remain underfunded and supported by weak institutions in most African nations; thus resulting in higher rates of poverty and vulnerability among the elderly people on the continent (UN,2015:91).

2.2.4 Global Social Protection Commitments on Elderly People

The United Nations has been the major international platform where all countries across the globe convene and pass various internationally coordinated development resolutions. While this section focuses more on the United Nations global social protection commitments for the elderly people, it is important to acknowledge that there are also other important regional and continental platforms such as the SADC, AU, EU and ECOWAS where various commitments have been made towards addressing the social protection needs of the elderly. Besides the United Nations there are also other international organisations and UN agencies which have been instrumental in driving a global social protection agenda for the elderly people. These include, ILO, WHO, IMF, World Bank and HelpAge International (Seidel, 2016:21).

The 1948 Universal Declaration of Human Rights is the founding human rights instrument and social protection foundation in contemporary international human rights discourse and development which included in its provisions the first reference to elderly people's rights. Article 25(1) of the Universal Declaration on Human Rights states that:

'Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control (UN,1984:8).'

The General Assembly of the United Nations did set up First World Assembly on Ageing in 1979 which was followed by the holding of the First World Assembly on Ageing in 1982. The major aim of the First World Assembly on Ageing was to address the development challenges associated with ageing for both developed and developing nations having realised the ageing population was a feature associated with most nations and it was increasing (UN, 2015:16). The First World Assembly is generally known as the Vienna International Plan of Action on Ageing and contains 62 points that include mechanisms and policies that have been integrated into the action plans of many UN member nations. The Vienna International Plan included recommendations to assist and protect the elderly.

The Vienna International Plan of Action on Ageing raised fundamental issues related to health and nutrition, protection of elderly consumers, housing, social welfare, family, income security, unemployment, and education. However the Vienna International Plan of Action on Ageing has been found wanting for not including a mandate to revisit the national legal structures from an age-based perspective (Rodriguez –Pinzo and Martin, 2003:947). In 1991, the United Nations issued its Implementation of the International Plan of Action on Ageing and Related Activities, which contains the United Nations Principles for Older Person which are independence, participation, self-fulfilment, care and dignity.

The United Nations 1992 General Assembly Resolution on 2001 global targets on the ageing population and the Proclamation are the two important global commitments towards addressing the development needs associated with an ageing population globally. The Proclamation urged states to give support to older women for their "largely unrecognized contributions to society," to encourage older men to continue development after their income-earning years, to support families who are providing care to older persons, and to expand international cooperation strategies in order to reach global targets. It also proclaimed 1999 as the International Year of Older Persons (UN, 1992:166).

In 2002, the United Nations Second World Assembly on Ageing was held in Madrid. The framework of the assembly focused on attaining the following goals

- Help Member States to develop and implement policies on ageing by providing practical recommendations based on national-level experience;

- Expand the technical assistance provided by the Division for Social Policy and Development for implementing policies on ageing to a wider number of countries by sharing experience and capacity building case studies
- Promote an age-integrated approach to the analysis and design of national policies and programs;

The Madrid World Assembly on Ageing produced more policy-based recommendations than did the first Vienna round and these included priority directions on older persons and development, alleviation of marginalization of older persons, the question of older migrants and access to knowledge and information. Further the Assembly sought to improve participation in society and development of the elderly populations with more emphasis on rural development across the globe (UN, 2016:23).

Adopted by 159 countries the Madrid Plan of Action called for the promotion and protection of all human rights and fundamental freedoms, including the right to development, the need to include ageing in global agendas, and the need to combat discrimination based on age. The Madrid Plan also highlights the vulnerability of older persons during emergency situations, emphasizing their need to access food, shelter, and medical care, and recommends protecting and assisting older persons through concrete measures taken in situations of armed conflict and foreign occupation.

World leaders across the globe adopted the Sustainable Development Goals (SDGs) in September 2015 at the United Nations. The SDGs set out clearly the 2030 Agenda for Sustainable Development with a commitment to see significant progress towards sustainable development and social, economic and environmental justice (UN, 2017:31). Social protection is very important and fundamental towards attaining the SDGs as it builds a strong base for promoting social justice and social security for all. The reflection of social protection in at least five of the 17 SDGs shows that the world has now come realise that without social protection there is no development. SDC Target 1.3 as shown below is very explicit, calling all countries to adopt social protection measures for all vulnerable populations (ILO, 2017:34).

‘SDG Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors,

*and by 2030 achieve substantial coverage
of the poor and the vulnerable.*

***SDG Indicator 1.3.1: Proportion of population covered
by social protection systems and floors, by sex,
distinguishing children, unemployed persons, older
persons, persons with disabilities, pregnant women
with new-borns, work-injury victims and the poor
and the vulnerable' (UN, 2016:73).***

The transition from the Millennium Development Goals to the Sustainable Development Goals has seen social protection being placed on the core of development across the globe. Development without social remains incomplete.

There is generally a growing and expanding call across the globe to address the development needs of a growing ageing population. While protocols, treaties, frameworks and policies have been put in place both international and national levels more still needs in terms of establishing a sustainable global funding mechanism to support social protection for the elderly people especially in developing countries.

2.2.5 Global Social Policy and the Welfare State Trajectory

Social policy globally is grounded in the development of the welfare state dating back as far as 19th century in Europe. The introduction of minimum wages, pension support and old age support marked great strides in setting the foundation for the welfare state in the growing and industrialising Europe with countries such as Britain and German taking the lead. The legislation of the years 1944 to 1948—the Education Act 1944, the National Health Service Act 1946, the National Insurance Act 1946 and the National Assistance Act 1948 marked defining moment in the transition from a residual to an institutional welfare state transitioning from a residualist approach towards social policy. While there is a lot of evidence pointing out towards the development of a more organised collective, bureaucratic social policy after the World War 11, the 18th century is not empty terms social policy in Europe. Countries like Germany had social policy for the workers and the poor though it was not as organised as it became in the 19th century going forward (Andersen, 2012:13)

Post World War economic developments and reconstruction further shaped and refined the welfare state with a more focussed and comprehensive social policy. The Marshall Plan which

supported the reconstruction of Europe following the end of World War 11. The World Bank and IMF working together with USA administration have played major role influencing the expansion of liberal market based economic policies thus deepening capitalism across the world (Deacon, 2006).

In the late 1970s economics of Africa were suffering serious challenges related to balance of payments, unemployment, reduced economic growth. Structural adjustment reforms with support from IMF and the World Bank were introduced restore African economies. The immediate effect of SAPs was to reduce government expenditure on social services such as health and education subsequently following rising unemployment and high cost of living. Countries such as Zambia and Tanzania which underwent SAPs in 1987 experienced massive food riots and protests as resistance to the economic reform. Zimbabwe had to adopt the SAPs in early 1990s and the effects were not different from what other African states experienced (Moyo, 2010).

Structural adjustments programmes in Africa resulted in eroding and incapacitation of the Welfare State. Government expenditure towards social services was replaced by cost recovery measures and privatisation of social services. Social policy became beyond the reach of many of the poor people. Social protection became a preserve of the few rich minority who could afford private social security. Beyond the structural reform programmes period most African governments todate continue to struggle with provision of strong social security and support for the poor.

2.2.6 Global Social Protection Policies

They are four major defining periods in the global social policy and social protection policy making during the last 100 years, defined mostly through major global political and economic shocks. The first and second World Wars were defining moments for social protection policy (Deacon, 2000:48). The post WWI period saw new social protection policy initiatives in Europe, the US and Latin America. Truly global social protection policy can be traced back to the founding of the International Labour Organisation in 1919 (Cichon, 2014.5). The ILO has remained the dominant centre of global social protection policy till about the second half of the 1940s. The post WWII era led to a further extension of national social protection systems and the Universal Declaration of Human Rights and notably its social policy articles 22 to 26 leading to the International Covenant of Economic, Social and Cultural Rights (ICESCR) in 1966. Global

social policy extended its scope and its number of institutional protagonists in the new UN system, but until the 1990s very few effective and comprehensive efforts were undertaken to transform agreed upon policies into global social governance pursuing concrete and measurable implementation strategies for global social rights (Ibid). The subsequent economic crises of mid 1970s, 1980s and last global economic recession have all played a major role in influencing the need for social protection policies among countries (Cichon, 2014: 11).

Globalisation has affected the way social policy, social protection is conceptualised, understood and analysed. Deacon (2000:123) observed that globalisation sets welfare states in competition with each other. This raises the spectre, but not the certainty, of a race to the welfare governments. It raises the question as to what type of social policy best suits competitiveness without undermining social solidarity and brings new players into the making of social policy, international organisations such as the IMF, World Bank, WTO and UN agencies such as WHO and ILO have become involved in prescribing country policy. Also relevant are regional organisations such as AU and SADC. The global discourse on social policy and social protection has been growing over the past decade shaping the development agenda across the globe.

Globally social policies play a crucial role among countries in defining what constitutes social protection and how it is delivered among poor vulnerable populations. Social protection policy is a term with a complex history both in the academic literature and in practical policy fields. Social protection policies contribute to fostering both economic and social development in the short and the long term, by ensuring that people enjoy income security, have effective access to health care and other social services, and are empowered to take advantage of economic opportunities. Such policies play a key role in boosting domestic demand, supporting structural transformation of national economies, promoting decent work, and fostering inclusive and sustainable (ILO 2015:28). Social protection has drawn interest among states arising from the past global crisis from the 1990s which saw social protection playing a major role in the various mitigation interventions among the poor vulnerable populations.

The global social protection policy agenda has been dominated by the UN, ILO, WHO and other international organisations. The founding charters of the human rights framework are the Universal Declaration of Human Rights (UDHR); the International Covenant on Economic,

Social and Cultural Rights (ICESCR); the International Covenant on Civil and Political Rights (ICCPR). The UDHR, ICESCR and ICCPR set out the rights to claim social, economic and political resources and, concomitantly, government's obligation to meet those claims (World Bank, 2014:352). Social protection floors remain the global major policy platform for countries to develop their national standards.

National social protection floors and broader social security systems provide an enabling framework within which to reduce and prevent poverty, as well as to redress inequalities (ILO, 2015:214). They are key elements of national policies to promote human development, political stability and inclusive growth. The ILO Social Protection Floors Recommendation, 2012 (No. 202), provides practical guidance for setting national social protection floors and building comprehensive social security systems. It reflects a global consensus on the extension of social security reached among governments and employers' and workers' organizations from 185 countries at all levels of development.

The social protection policy agenda as observed by Devereux and Sabates-Wheeler (2007:1) note, "comes with a fresh array of conceptual frameworks, analytical tools, empirical evidence, national policy processes, heavyweight agencies and big names in development studies aligned behind it". International NGOs and donor agencies have been at the forefront of driving the social protection policy at various international forums and in the field of practice. Despite the current efforts to promote universal adoption of social protection policies there is still some resistance among developing countries which stem suspicion about the actual motive of donor agencies and international NGOs. Furthermore, there is a serious disconnection of social and economic policies in most developing countries which has fragmented social protection policies resulting in missing out of the ultra- poor populations (World Bank, 2009:61; Barrientos, 2012:123; Adesina, 2010:4). Beyond social protection policy merchandising by donor agencies and international NGOs, social protection policies should indeed transform the lives of the suffering poor people across the African continent.

There has been endless global and international conferences whose focus has been social protection, social policy and inclusive development and growth. These international platforms have shaped social protection policy, renewed nation states commitments to social protection at the same time setting up frameworks for social protection policies. The Rio+20 UN Conference

on Sustainable Development took place in Rio de Janeiro in 2012 affirmed the commitment of governments towards social policy through a common vision to renew commitment to sustainable development and to ensuring the promotion of an economically, socially and environmentally sustainable future for the planet for present and future generations (UN, 2012:158). The conference placed poverty and hunger at the centre of the matters of concern, and stressed the need to combine economic, social and environmental aspects for the achievement of sustainable development. The importance of a rights-based approach was highlighted: respect for all human rights, including the right to development and the right to an adequate standard of living, including the right to food, the rule of law, gender equality, the empowerment of women and the overall commitment to just and democratic societies for development.

The World Bank in its 2012 to 2022 Social Protection Strategy observes that many social protection programmes are fragmented and lack harmonization, hampering their effectiveness. The World Bank aims to help countries move from fragmented approaches to harmonized systems by focussing on making social protection policies and programs more inclusive of the vulnerable and more attuned to building people's capacities and improving the productivity of their work. The World Bank seeks to make people better able to respond to crises. Reducing fragmentation across programs, actors, and levels of government can decrease inefficiencies, enhance coverage, and improve responsiveness to risks (World Bank, 2015:134). The World Bank through its strategy also focuses on three critical global gaps in social protection and labour today: exclusion, where existing programs fail to reach key vulnerable groups; poor links to opportunities, where programs and systems do not always connect people to productive potential; and inflexibility, where programs are unable to accommodate those made newly vulnerable because of systemic shocks. Zimbabwe is not an exception to the gaps noted by the World Bank on social protection (ILO, 2016:41).

The United Nations notes that 80% of the global population has no access to comprehensive social protection (UN, 2013:94). Social protection programmes tackle multiple dimensions of poverty and deprivation (decent work, education, health care, food security, income security) and can therefore be a powerful tool in the battle against poverty and inequality. Social protection can play a fundamental role in creating more inclusive and sustainable development pathways. In

the absence of social protection, people, especially the most vulnerable, are subjected to increased risks of sinking below the poverty line or remaining trapped in poverty for generations (UN, 2012:4).

The post-2015 UN development agenda requires a new approach to international and national development, taking the multiple interlinked global challenges that exist even more into account. It is therefore of paramount importance that, in view of the multiple roles that social protection can play in social and economic development, the post-2015 UN development agenda will acknowledge the critical role extending adequate social protection plays in furthering key outcomes, ensuring the inclusion of all groups in development and society as a means to combat inequality, vulnerability and poverty (UN, 2014:36). The post-2015 debate needs a renewed and comprehensive focus on poverty, inequality, income distribution and social inclusion. Fiscally sustainable social protection schemes based on strong legal and regulatory frameworks should be an integral component of national development strategies to achieve inclusive, equitable sustainable development (World Bank, 2014:234; ILO, 2015:41).

The notion of social protection has grown greatly among development actors across the globe. International actors in social protection such as the World Bank, ILO, UN and DFID do have active voices in the conceptualising the discourse of social protection which has shaped policy approaches differently on the African continent reflected by various social protection programmes by both governments and other non-state actors such as NGOs (Vaes, 2014:8). The views of the above of the international actors though they are diverse, Adesina (2010:5) argued they are unified in their diversity as shown by Table 2.1a below

Table 2.1a Social Protection Perspectives by Various Actors

	Approach	Goal	Focal Points/Priorities
ILO	Universal approach	Social protection through national systems providing universal coverage	Protection & prevention

World Bank	Targeting approach	Social protection through adapted mechanisms for different population groups. Since recently also stressing coordination at national level	Promotion (and poverty reduction)
IDS	Universal approach + transformative dimension	Social protection through universal coverage + addressing social and political structures	Protection & prevention. Transformative dimension as a crosscutting issue in all measures
EU	Universal approach	Improving equity, social inclusion and social cohesion	National revenue reform for fiscal space; capacity building; support to job creation and employment
DFID	Right-based approach	No specific goal defined	Social transfers
UNICEF	Progressive Universalism Equity	Inclusive and equitable development	Integrated and multisectoral national social protection systems; social transfers; access to

			services; social support and care services; legislation and policy reform to ensure equity and non-discrimination
UNDP	Social investment Right-based	Promoting resilient growth	Employment; poverty reduction

Source: (Vaes, 2014:8)

The above perspectives on social protection though vary in scope and rationale they are not fundamentally divergent as they all come to the same means and ends with respect to the role of social protection in addressing social economic vulnerability. However from their work on social protection. Devereux and Sabates Wheeler (2007:3) observed that there are two main camps on social protection, the first one sees social protection as an element of ‘efficient development’ with risk management mechanisms and social assistance mechanisms for the most vulnerable groups. The second camp believes social protection is an inevitable right for the vulnerable populations as way of addressing persistent poverty and vulnerability among the poor. As pointed earlier it still remains difficult to maintain the silo approaches to social protection due to the interactions and interlocking nature of various perspectives on social protection.

2.2.6 Social Policy in Africa

Social policy in Africa has emerged as major development focus for both governments and development partners in the last two decades. The strong urge and drive towards social policy has also been due to global development commitments such as the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs). The African Union at continental level has been playing a leading role in promoting and guiding social policy. Agenda 2063 lays a

broad-based commitment to social policy development and support for Africa. The vision for agenda for 2063 expresses commitment towards:

A united and integrated Africa; an Africa imbued with the ideals of justice and peace; an inter-dependent and virile Africa determined to map for itself an ambitious strategy; an Africa underpinned by political, economic, social and cultural integration which would restore to Pan-Africanism its full meaning; an Africa able to make the best of its human and material resources, and keen to ensure the progress and prosperity of its citizens by taking advantage of the opportunities offered by a globalised world; an Africa engaged in promoting its values in a world rich in its disparities. (AU, 2014)

The African Union Social Policy Framework (SPF) is grounded in the broad vision of agenda 2063. The AU social policy framework is built on the human on the holistic and human centred approach with the ultimate goal of eliminating abject poverty. Social policy provides a foundation base for strong social protection interventions and economic development (Mkandawire, 2004; AU 2014:16) The following are the guiding principles of AU –SPF which all AU member states should uphold.

- Social policies must encapsulate the principles of human rights, development imperatives and be embedded in the African culture of solidarity.
- It must be intimately linked to economic and political policies aiming at advancing society's well-being
- Policy for social development as a broader goal should be coordinated with, but not subordinate to, economic growth and political development.
- Social policy formulation must include bottom-up approaches to allow the participation of beneficiaries and recipients in decision-making.
- Social policy
- should have a long-term development perspective;
- The different stakeholders should work together in well-coordinated partnerships that enable them to complement and not compete with one another

The AU SPF further places some key responsibilities on member states to ensure implementation of social policy based interventions in Africa. Member states are required to use the SPF as the key guiding framework to national social development policies. Where national social policies exist the SPF requires member states to harmonize all country-level operational plans to adopt a

social development approach across key ministries and build capacity of ministries and their departments to deliver and implement social development objectives in accordance with the principles of a human rights-based approach. Further to implementation of social development member states are required to ensure that national budgets are the primary source of funding for social development in the medium term.

This study acknowledges the commendable step African countries have taken to promote social policy and more importantly social protection through an AU steered framework. However the commitment expressed through the AU SPF remains inadequate in strengthening social policy implementation in Africa due to failure to develop stronger and sound financing mechanisms beyond the already depleted national fiscus resources. The AU SPF does not bind member states to set aside a stipulated percentage of national budgets towards social development. The AU SPF further notes it is 'not legally binding and it does not dictate or impose any obligation to member states.....' (AU, 2008:23). This reduces the AU SPF to an empty framework whose implementation is at the pleasure of a member state.

The absence of a strong financing strategy for social development in Africa and an enforcement mechanism for AU SPF leaves commitment by Africa towards social development being cosmetic and hollow. Political instability, insecurity, endless wars, ethnic battles, poorly coordinated and fragmented government departments further compounded by poor corporate governance in Africa paint a gloomy dark picture on the prospects of high levels of social development in Africa.

2.3 Social Protection Floors

The Social Protection Floors provides the policy framework for directing country policies on social protection. The United Nations launched the Social Protection Floor initiative in 2009 (ILO, 2013:173). According to the Social Protection Floor Initiative social protection is a necessary component of a comprehensive development strategy that addresses poverty, inequality and social exclusion and at the same time seeks to invest in people as a prerequisite for sustainable and fairly shared economic growth (ILO, 2013:178). The Social Protection Floor initiative aims to support countries to put in place a minimum level of social protection for all (UN, 2013:71). According to Recommendation 202 ILO Social Protection Floors aims to establish and maintain, as applicable, social protection floors as a fundamental element of their national social security systems; and implement social protection floors within strategies for the

extension of social security that progressively ensure higher levels of social security to as many people as possible, guided by ILO social security standards. National Social Protection Floors should include at least the following four essential social security guarantees:

- guaranteed access to goods and services constituting essential health care, education and other social services;
- basic income security for children with the aim of facilitating access to nutrition, health, education care and any other necessary goods and services;
- basic income security for persons in active age unable to earn sufficient income;
- basic income security for people in old age.

Social Protection Floors are not a one size fit all policy package but they can be adjusted to country specific contexts. National Social Protection Floors are context specific; they have to be carefully designed, tailored and adapted to country contexts, including institutional capacity and priorities in terms of human needs. Social Protection Floors addresses multidimensional vulnerabilities in an integrated and interconnected way, it provides a framework to develop coherent and coordinated approaches to social protection and employment policies. The Social Protection Floors provides for a platform to draw various synergies from various programs and actors on social protection in a country.

According to the ILO Recommendation on social protection, countries should monitor progress on implementing social protection floors and achieving other objectives of national social security extension strategies. This should include tripartite participation with representative organizations of employers and workers, as well as consultation with other relevant and representative organizations of persons concerned. Countries should also regularly convene national consultations to assess progress and discuss policies for the further horizontal and vertical extension of social security (ILO, 2013:26).

The growth and momentum towards social protection policies on the African continent has been influenced by global commitments towards social protection especially through the United Nations. In Africa there is growing policy shift on development, that is a move away from a residual, incremental, piecemeal safety net or welfare approach to poverty towards social

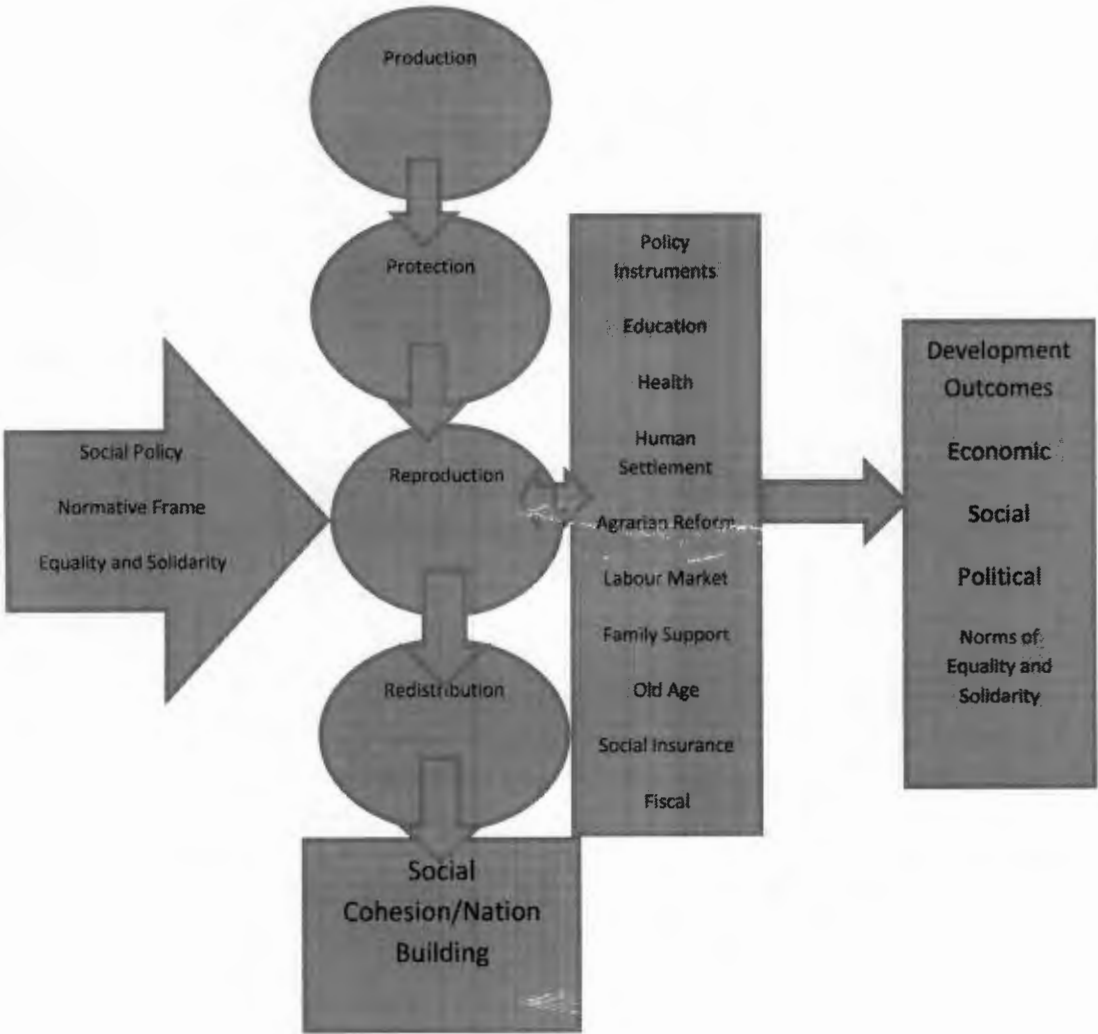
protection as a necessary component of economic growth and human development (Taylor, 2008.7).

The Constitutive Act of the African Union reinforces the need to promote a common agenda to address issues affecting the people of the continent. Articles 3 and 4 of the Constitutive Act emphasise the promotion and protection of human and people's rights in accordance with the African Charter on Human and People's Rights. Explicit mention is made of the intent to promote sustainable development at the economic, social and cultural levels as well as promoting co-operation in all fields of human activity to raise the living standards of African peoples (African Union Constitutive Act, 2000). The Constitutive Act provides the overall framework within which subsequent discussions on poverty, unemployment and vulnerability are put on the policy agenda.

Social protection is gaining momentum on the continent and efforts are being made to sustain and expand existing measures. The African Union Livingstone Conference, held in 2006 was yet another turning point on African governments' commitment to promote social protection as an urgent response to the increasing vulnerabilities of people to chronic and new crises in Africa. A call for action was adopted at the meeting and this call is now known as the Livingstone Call for Action on social protection in Africa. The Livingstone Call for Action recognises that critical to a comprehensive social development agenda is the promotion of an approach that links employment policies and poverty alleviation. A significant outcome of the Livingstone Call for Action was achieving agreement that a sustainable basic package of social transfers is affordable within current resources of governments with the support of international development partners. The African continent is experiencing both chronic mass based poverty and large scale social protection deficits, require more active comprehensive social protection policies that reduce poverty, contributing to asset redistribution at the same time addressing the structural basis of poverty and social exclusion. In the African region social protection measures include cash transfers, such as pensions for the elderly, grants to children and vulnerable households, cash for food and public works programmes. In its more comprehensive role social protection measures can include access to nutrition, health care, housing and education (AU, 2014:68). Social protection can consist of a range of public measures that gives support to all citizens and helps

individuals, households, and communities to better manage risks and participate actively in all spheres of life. Although countries in Africa reflect great variations in social protection arrangements a common feature is the recognition of the significant role of social transfers as a key component of social protection. The development of social protection policies on the African continent are not divorced from the global trends on the international forum.

Fig 2.2: Transformative Social Policy: Norms, Functions, Instrument and Outcome



Source: (Adesina, 2010:17)

The desire for a broad based social protection policy which addresses poverty wholesomely including the structural factors around poverty and vulnerability has seen the emergence of transformative social policy which has been trending in the field of development over the past

decade (UNRISD, 2008; Barrientos, 2011). Fig 2.2 above presents the transformative social policy framework

Transformative social-policy instruments as noted above in Fig 2.2 include education, healthcare, agrarian reform, child-care, old-age care, and fiscal support. The desired development outcomes according to this framework are a result of a multiplicity of social and economic factors and actors. Equality, social justice and the need for universal social protection coverage remain the underlying principles (Adesina, 2010:17). However, this framework presents an ideal situation for social policy implementation which is divorced from the realities of the dynamics on the ground. Social policy is an arena for endless contestations about influence, resources and voices of the poor vulnerable populations against the elites. Along the way the ultra -poor populations remains untouched by social protection policy interventions.

The voices of the poor remain silent in social protection policy design and implementation. It is the duty of policy to address this disconnection especially in public funded social protection interventions. Social protection policy must therefore reach the ultra-poor people at the same time maintaining the long term and sustainable poverty and vulnerability reduction goal especially in developing countries (Devereux and Sabates-Wheeler, 2004:7). Transformative social policy goes beyond the transformation of an economy and or protection from destitution of the poor vulnerable populations, instead it covers the transformation of social relations, policy domain and advocacy around the plight of the poor vulnerable populations (Devereux 2002:51, Adesina, 2010:18). The deep-rooted problems of social vulnerability and poverty need a transformative element and this transformative component attends to the, 'need to pursue policies that relate to power imbalances in society that encourage, create and sustain vulnerabilities' (Devereux and Sabates-Wheeler, 2004:15).

The work of Devereux and Sabates (2002:135) on social protection has led to development of transformative social protection whose prime focus is to go beyond the basic goals of social security but policies and structural factors around poverty and vulnerability, Intra household resource allocations, asset ownership, rights of marginalised groups, social cultural values, gender issues are some of the social protection issues which require transformative social protection for them to be addressed to the bottom. Fig 2.2 below summarises transformative social protection.

Table. 2.2 Transformative Social Protection Framework

Vulnerability Categories	Examples of affected groups	Categories of Interventions	Types of Programmes	
Chronically Poor	Severely disabled Terminally ill Ethnic minorities Unemployed urban Pastoralists Subsistence small holders	Social Assistance	Disability benefit Single parent allowance Social pensions Food aid Food for work	
Economically at risk	Cash crop farmers IDPs Orphans Informal sector workers Widows Elderly people	Social Insurance	Formalised pensions Unemployed benefits Health insurance Maternity benefits Burial societies	
Socially Vulnerable	Ethnic minorities Abducted children People living with HIV Victims of domestic violence Street children Female headed households	Transformative action	Changes to regulatory framework to protect vulnerable groups Operationalizing social economic and cultural rights. Sensitization campaigns	
		Social services	Community based Care Orphanages Refugee/IDP Camps	

			Pre-schools	

Source: (Devereux and Sabates-Wheeler, 2010:13)

Transformative social policy and transformative social protection both present the key fundamentals underpinning sustainable and effective social protection interventions with great potential of transforming the lives of poor vulnerable populations through effective and sustainable social protection interventions (Devereux and Sabates-Wheeler, 2010:12; Adesina, 2010: 17). Both frameworks above fail short when it comes to providing a comprehensive social protection policy framework for addressing poverty and vulnerability among Elderly Women-Headed households in rural areas. While all the two frameworks note that old age is major vulnerability factor, this research observes that there is no further and detailed focus being paid to Elderly Women-Headed households as a special group. Beyond the current transformative social policy discourse, there is still need to develop a social protection policy framework that address poverty, vulnerability and structural factors facing Elderly Women-Headed households in rural areas.

2.4 Impact of Public Social Protection Policies

There growing interest in evaluating social protection policies and programs in Africa, however before examining dynamics around evaluating public social protection policies, it is important to contextualise social protection policy (Fedirco, 2015:13). The social impact of antipoverty policies and social protection policies is globally gaining more relevance in light of the United Nations (UN) Sustainable Development Goals which the UN Millennium Development Goals, the new goals aim to shape a social protection system capable of “ending poverty in all its forms everywhere. The need for evidence of impact of social protection has remained on the global development discourse over the two decades with the 2013 resolution of the UN General Assembly on extreme poverty and the 2012 International Labour Organization (ILO) Recommendation 202, with 185 countries agreeing to implement a social protection floor at the same time understanding the impact of social policies across the globe (Gubrium and Pellissery, 2016:2). In Africa there has been a growing interest evaluating social protection interventions which are mostly driven by donors and NGOs due to the need and requirement to demonstrate impact of donor funding and the pressure to show value for money among the donor world

(Devereux *et al*, 2013:5). The same interest has not been seen on social protection interventions by governments probably reflecting weak accountability systems in the public sector.

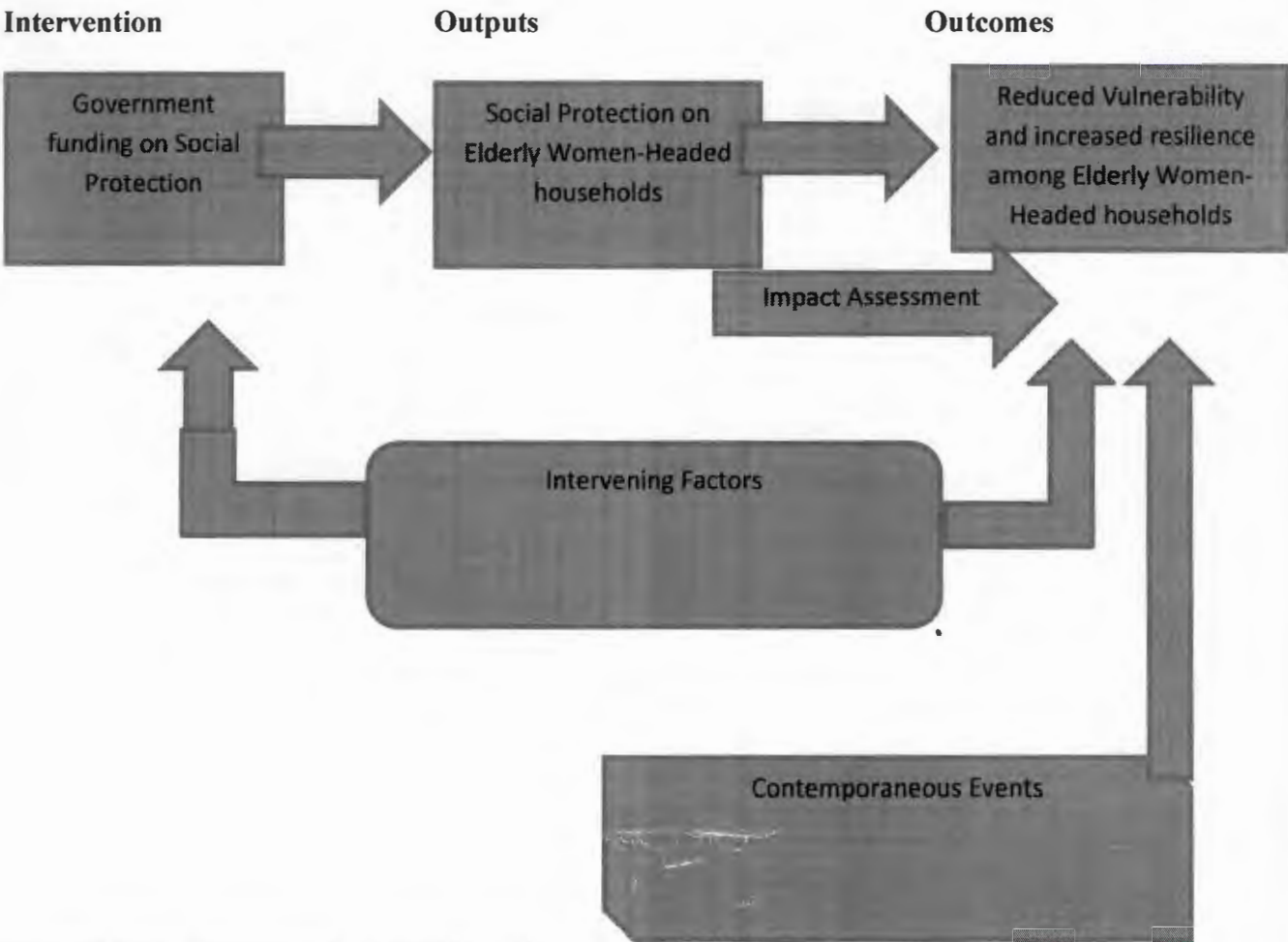
Social protection is increasingly recognised as having the capacity to substantially contribute significant gains in addressing poverty, inequality, vulnerability and exclusion challenges facing a large proportion of the African population (Omilola and Kaniki, 2014:45). Determining social protection policy impact is a policy management instrument whose aim is to trace and analyse the effects of policies, assess the effectiveness of policies in reaching their objectives, identify critical factors in the process of policy formulation and implementation which affect the effectiveness of policies in reaching their objectives, identify external factors and other relevant factors and policies determining policy impacts and identify crucial external and unintended side-effects of policies (FAO, 2005:169). The major challenges to establishing policy impact have been identified as: the failure of research to address issues perceived as politically important, research which is ill timed in terms of the scheduling of national debates and policy processes, and findings which are communicated poorly and fail to present clear, empirically based recommendations (Walt 1994 cited by McCord *et al*, 2016:56).

Impact evaluations are a particular type of evaluation that seeks to address cause and effect questions. The main question to be addressed by an impact evaluation is: *What is the impact [or causal effect] of a program on an outcome of interest?* (Imas and Rist, 2009:36; World Bank, 2011:26). Impact evaluations can be used to explore different types of policy questions; however, the main purpose of an impact evaluation will be to test the effectiveness of a policy or programme in a given context. Policy and program evaluation play a very important role in understanding how efficient a program is at the same time determining which interventions to scale up and those for adjusting to meet the intended goals and outcomes.

Theory of change is central in conducting an evaluation which is policy oriented. Theories of change show a sequence of events leading to outcomes; they explore the conditions and assumptions needed for the change to take place, make explicit the causal logic behind the program, and map the program interventions along logical causal pathways. Theory of change describes the causal logic of how and why a particular project, program, or policy will reach its intended outcomes. The theory of change approach has however been rejected on the basis of

reasoning on merely culmination outcomes, ignoring the relevance of agencies, processes or relations (Sen, 2009: 217). Agents' processes are relevant because the act of choosing a certain pathway to an outcome adds greater relevance and understanding to that outcome that is often ignored (Samson *et al*, 2015:8). This extends beyond an individual institution being responsive to its own systems and influences of course the institutions themselves can sensibly count as part of their realizations that come through them, but they can hardly be the entirety of what we need to concentrate on, since people's lives are also involved (Sen, 2009: 82).

Fig 2.3 Determining Government Social Protection Impact on Elderly Women-Headed Households



Adapted from (Ezemenari K *et al* 2000.3; Catteneo *et al*. 2009)

A theory of change is a key underpinning of any impact evaluation, given the cause and effect focus of the research (UNDP, 2011; World Bank 2011:40). Figure 2.3 above presents the theory of change for this study.

The above result chain is used in this study as the simplest way of presenting the theory of change in this research. A results chain as shown above presents a logical outline of how the sequence outputs, activities, and outputs for which a project is directly responsible interacts with behaviour to establish pathways through which impacts are achieved. The theory of change establishes the causal logic from the initiation of the project, beginning with resources available up to the desired long-term goals of a program (World Bank, 2011:42). Policy impact evaluation across the globe are confounded with a common challenge of counterfactual analysis to effectively determine the impact of a policy. However this study assessed EW-HH pre and post exposure to GoZ social protection for the purpose of managing counterfactuals and determining the impact of a policy with precision of causal inference (World Bank, 2011:44). In practice, a key goal of an impact evaluation is to identify a group of program participants (the treatment group) and the same group is assessed before intervention to establish baseline for impact. If the baseline data is from the same group then we can be sure that any difference in outcomes must be due to the program. In Mexico an evaluation of the Conditional Cash Transfer program whose target were mothers with school going children who were receiving monthly cash transfers or ensuring that their children remain in school was evaluated using randomized groups of children who were in the program using baseline data before intervention. An impact evaluation of the program found an average increase in enrolment of 3.4 percent for all students in grades 1–8, with the largest increase among girls who had completed grade 6, at 14.8 percent (Schultz, 2004:173; UNDP, 2013:51; World Bank, 2014: 82). There is no doubt that social protection interventions significantly contribute towards the reduction of poverty and vulnerability among the poor vulnerable populations especially in developing countries.

In Ethiopia the Productive Safety Net Programme (PSNP) has been the flagship social protection programme of the country with the objective of providing transfers to the food insecure population in chronically food insecure areas in a way that prevents asset depletion at household level at the same time creating assets at the community level.(Devereux, 2013:38). Under the PSNP programme a smaller proportion of the vulnerable population is entitled to direct support

which is not attached to the food for work programme and these are elderly people and people living with disabilities (Berhane *et al*, 2014: 3). The PSNP programme is heavily funded by NGOs, however as with other social protection interventions on the continent Elderly Women-Headed households do not form a major group specifically for targeting with social protection programmes. The trend has been to embrace them in the general vulnerable population groups without giving them a special attention.

An impact evaluation of PSNP in Ethiopia over a long period of time ranging from one to five years showed great evidence of improved food security by 1.29 months (Berhane *et al*, 2014:4). This impact is statistically significant and is equivalent to reducing the length of the hungry season by one-third. Five years of participation in the PSNP raises livestock holdings of a vulnerable household by 0.38 (Berhane *et al* 2014:23). The PSNP is one of the Africa's largest social protection programme which does not however take a detailed and specialised focus to Elderly Women-Headed households as a special vulnerable group. The evaluation work of the PSNP by (Berhane *et al*, 2014) also does not net out the exclusive impact of the programme in elderly people despite their existence as direct support beneficiaries.

Development partners supporting social protection interventions across the globe are increasing getting more interested in finding evidence about how social protection interventions are performing. Interest in evidence in support of the positive impact of cash transfer schemes in Africa "is accumulating rapidly" (Devereux and Cipryk, 2009:20). The findings from social protection impact evaluations have been the back-borne of promotion of the adoption of social protection policies across the globe. The growth of interest in social protection has also been part of potential for social protection to address challenges of chronic poverty, food insecurity, and HIV in the last two decades. However existing evidence base on the potential of social protection in addressing poverty and vulnerability remains limited in terms of its capacity to address needs of policy makers and decision makers in Africa. (McCord, 2016:44). Therefore more research still needed to generate more evidence to fill up this knowledge gap especially the impact of social protection measures in defined settings.

The independence of social protection impact evaluations remains under a compromising standpoint as the donor agencies who are funding social protection interventions are the same

funding social protection impact evaluations (Adesina, 2010:9). Public social protection interventions have not had much more interest from donor agencies as opposed to donor funded social protection interventions. The evaluation of public social protection intervention has been mostly to provide evidence to justify the need for donor funded social protection interventions which are well funded but limited in coverage.

Social protection schemes especially for elderly people have been seen to be effective in supporting livelihoods for old people (HelpAge, 2010). The coverage of social protection interventions for old people has been on a steady increase despite being low in coverage. While there is overwhelming evidence about the contribution of public social protection interventions on strengthening livelihoods and improving the quality of life of elderly people, there are some considerable difficulties in convincing policy-makers in many African countries to implement a menu of “social protection” instruments mostly due to endless question about the suspicious role of international NGOs in development (Devereux *et al*, 2009:194; Adesina, 2010:11).

The components of social protection are so diverse such that evaluating the impact of social protection requires narrowing down to a limited number of components within a clearly defined population (Anacker, 2016:366). This approach has been lacking in most evaluation studies on social protection in Africa as most studies tend to focus on social protection in broad and the general vulnerable population. This study addresses this challenge in social protection impact studies through narrowing its focus to the public sector social protection intervention on clearly defined vulnerable population group which are Elderly Women-Headed households. The mere fact that social protection has different meanings in different countries has seen more studies focussing on social protection systems mainly tied to formal employment as this has been easy as it is common in most countries in Africa. However, Midgley and Piachaud (2013:87) observed the impact of social protection policy is undermined by corruption and weak governance systems and this makes impact studies on social protection in Africa complicated.

In Zimbabwe the public social protection intervention for the poor vulnerable households has drawn little interest among NGOs and funding partners for the simple reason that there is not donor funds being directly channelled into the programme. However there is a significant amount of evaluations conducted on the social protection interventions supported by donors and

NGOs. Cash transfers as observed in countries such as Malawi, Zambia and Ghana are increasing dominating social protection interventions. Zimbabwe has been implementing the Harmonised Social Cash Transfer programme with support of donors and NGOs. The Harmonised Social Cash Transfer programme has been emerging as a major pillar of Zimbabwe's primary social protection programmes and a key pillar of social protection policy which reaches the most vulnerable households. The programme targets labour-constrained households which are also food poor or food insecure.

The Harmonised Social Cash Transfer was introduced in 2011 by the MPSLSW working together with development partners and UNICEF. The programme was designed as a child sensitive social protection programme whose main objectives include enabling beneficiary households to increase consumption above the poverty line, reduce the number of ultra-poor households, and help beneficiaries avoid negative risk coping strategies. HSCT targets the 200,000 households that are food poor and at the same time labour constrained (Seidenfield *et al*, 2016:234).

The beneficiary households enrolled into the Harmonised Social Cash Transfer programme in are mostly headed by elderly people (61 per cent) and children (3 per cent). The majority of the household heads are female (61 per cent), mainly widows; 81 per cent of the households include children, many of them orphans (20 per cent). The household members were mostly children (62 per cent), elderly (18 per cent), and disabled and chronically ill (19 per cent) and the food poverty rate is 81 per cent. Households under the Harmonised Social Cash Transfer receive unconditional cash payments every other month that range from US\$10 for a single person household and \$25 per month for households with four or more members (Seidenfield *et al*, 2016: 237; DSW,2017:167).

A rigorous mixed methods impact evaluation was commissioned for the Harmonised Social Cash Transfer programme in order to generate evidence about how the programme was impacting its beneficiaries. The evaluation matched the households which were on the Harmonised Social Cash Transfer programme with other vulnerable households from other districts based on vulnerability characteristics culture and poverty level for the purpose of effectively determining

the counterfactual effect of the Harmonised Social Cash Transfer programme (Seidenfield *et al*, 2016:238).

Findings from an analysis of the targeting processes of the indicated that the programme's targeting was quite good, especially compared to other programmes in the country. The food poverty rate (individual level) among selected households was 81 percent, and households appeared and typically headed by an elderly woman who is widowed (37 per cent) The evaluation of the Harmonised Social Cash Transfer showed that the programme potential for significant positive impacts on both beneficiaries and the local economy. The evaluation predicted a potential 1.72 multiplier meaning for each dollar received by the beneficiaries (Fisher *et al*, 2017:304). There is overwhelming evidence about the positive effects of cash transfers among beneficiary households, little attention has been paid to the negative effects and while the social dynamics do not carry high priority in most evaluations of social protection interventions (Hidrobo,2018:96).

Cash transfers in Africa are rapidly expanding and becoming the hallmark of social protection programmes on the continent. In Africa where poor people live at the margins of the global economy supported with land-based livelihoods and wage labour which are becoming more and more unreliable, the distribution of cash transfers as a social protection measure is life-sustaining though short-lived (Chopra, 2017:300). This research maintains that social protection goes beyond cash transfers. Social protection must address vulnerability factors of targeted populations at the same building their resilience. It is becoming more and more evident that social protection does not only tackle income poverty, it also provides effective support for broader developmental objectives (Omilola and Kaniki, 2014:4). Social protection is used to improve access to education and health which are all critically important for socio-economic development. Therefore, understanding social protection impact is important and this should arise from understanding the credibility a programme, as well as learning more about its implementation and design (Chopra, 2015:574). Policy impact therefore forms the bedrock of continuous programme effectiveness improvement processes.

Cash transfer programmes as noted above have become a key means of social protection in developing countries and have expanded dramatically over the past decade due to the convincing evidence of their effectiveness Davis *et al* (2016: 36) observes .There is a great amount of

evidence about the effectiveness of cash transfers supported mostly by NGOs and donors, while little evidence has been generated about public assistance social protection interventions mostly funded by governments in Africa. This is due to the pressure to establish value for money in the donor world while in the public sector there is no such urgency and pressure (Devereux *et al*, 2013:68). Conditional Cash Transfers are now an important tool for redistribution of wealth to the poor, reducing poverty, increasing consumption, and improving children's access to school and health facilities. Little is known about the ultimate effect of cash transfers on the broad human development indicators especially in Africa (Davies *et al*, 2016:39).

The prime aim of cash transfer programmes is to protect individuals or households from the impacts of shocks at the same time supporting the accumulation of human, financial, and productive assets among the poor vulnerable populations (UNICEF, 2012:49; Handa, 2015:19). The contribution and the ability of cash transfers in particular towards fostering sustainable lifelong livelihoods remains areas where evidence is still needed as they are few longitudinal studies focussing on this side of cash transfers. The over subscription to cash transfers in Africa with support from international donors and NGOs has seen cash transfers now representing social protection policy (Webb *et al*, 2010:89). However social protection is more than cash transfers. The majority of social protection policy evaluations originate from supply-side sources: the implementing or funding institutions themselves that is NGOs and their donors. However, there is need for evaluations to be demand-driven rather than supply side driven. The supply side- driven nature of social protection impact evaluation in Africa limits the scope of measurable outcomes (Samson *et al*, 2015:18).

There is a growing evidence from impact evaluations in Sub Saharan Africa on cash transfers that social protection is worthwhile investment in terms of uplifting vulnerable poor households out poverty. Evidence from countries such as Malawi, Zambia, Ghana and Zimbabwe point out clearly that cash transfers are affordable and represent an investment with economically beneficial outcomes, rather than just a cost. This finding has played a key role in promoting the perception of affordability of cash transfers among governments in Sub-Saharan Africa (Ortiz and Cummins, 2013; McCord *et al*, 2016:65; McCarthy and Sumarto, 2018:224).

In Nicaragua households enrolled in the Conditional Cash Transfer pilot in Nicaragua were found to be six percentage points less likely to increase the involvement of their children in

income-generating activities when confronted by shocks (World Bank, 2011:49). The social protection measures in Nicaragua were found to have greatly contributed in retention of children in schools and accessing health care among the poor households.

Social protection programmes in Africa remain very varied and do not have a homogenous approach, however despite the variation there is a growing body of evidence demonstrating that social protection programmes are a success in reducing poverty, improving nutrition, school attendance and access to health services on Africa. In South Africa the old age grant (OAG) reaches 2.7 million people in South Africa while in Kenya the older persons cash transfer (OPCT) reaches to 33,000 beneficiaries (UNDP,2015:93; Kaniki *et al*,2016:27).

In South Africa, cash transfers have reduced the poverty gap by 48% while in Mauritius, households with both children and older people have had their poverty rates reduced from 30% to 6% as a result of the old age grant. Cash transfers have had a positive impact on food consumption. As a result of the old age grant in Lesotho, the number of older people reporting that they never go hungry increased from 19% to 48%. In Zambia, a 12% increase in households consuming proteins and a 35% increase in daily oil consumption was reported in the Kalomo cash transfer programme (UNDP, 2014:35).

Social protection interventions in Sub Saharan Africa have been observed to have had the following effects among beneficiary communities; an increase in the use of inputs critical for the accumulation of human capital of children for example, school attendance and progression, early cognitive development and learning, preventive health care, and nutritional intake and enhancement household economic productivity (World Bank, 2011:50; Iperata, 2016:8). Social protection measures especially cash transfers in Sub Saharan Africa have promoted incentives to help households maximize their income-generating capacity through optimal production and investments decisions coupled with multiplier effects that have long-lasting impact on the income of beneficiaries and improvements in risk-coping strategies to avoid behaviours that could perpetuate poverty and have negative consequences on present and future consumption, human capital, and the means on which households rely to generate their incomes and consumption (UNDP,2012:47;World Bank, 2014:94). However more evidence has been generated specifically for the social cash transfer projects in Africa because they are heavily funded by international donors and NGOs. More research is still needed as little is known about

social protection program components, duration of benefits, implementation processes, and local context effect on the impacts of social protection interventions.

The highly shared and publicized success of Brazil's Bolsa Família program (BFP) with support from international donors made the program the largest cash transfer program in the world and it has become a model for cash transfer programs in rural African nations. However this is despite what Iperata *et al* (2016:1) termed the death of information on the impact of social protection program in African rural contexts. In Africa social protection interventions' evidence remain scanty and thin on whether the benefits of social protection programs offset the costs and by how much. There is an even bigger gap in evidence when it comes to public social protection programmes (World Bank, 2015:68).

Public social protection interventions have not enjoyed such research attention and publication as the one being enjoyed by the donor funded social cash transfers. Cash transfers in Africa have invaded the social protection space to represent social protection policy due to the dollar power and big international donors behind them. Public social protection policies and interventions moreso with a focus towards elderly people have remained obscured in the dark shades of research.

2.4.1 Beyond the Standard Impact Evaluation Framework

The core of most impact evaluation has been the ability to accurately determine impact using statistical measures which are easily quantified such as income level and consumption level. Large scale surveys have also been the main data collection method. This study uses a household survey consistent with the basic standard evaluation data collection methods. However as observed by Roelen and Devereux (2014:1) standard impact evaluations for social protection interventions have been limited in unpacking the multifaceted, complex and dynamic impact of social protection interventions due to limited methods and limited focus on household economic outcomes which are measurable (Devereux, 2013:17). The complexity around comprehensive understanding of social protection impact has seen the emergence of alternative approaches to impact evaluation, Roelen and Devereux (2014:2) developed an expanded social protection impact evaluation whose main purpose is to address the shortcomings of the standard evaluation framework. There are limited studies that consider the impact of social protection on social dynamics, inter- and intra-household relations, stigma and discrimination as an important part of

the measurable indicators for social protection impact (Devereux *et al*, 2013:13). The limited literature on social effects of cash transfers has identified some of the social dynamics at household and community levels, however the evidence remains limited scope moreso in the context public social protection interventions (Thompson, 2014:89).

Social protection impact evaluation should be extended in both scope and focus to move beyond household economic measures. The extended and expanded evaluation framework adds three major innovations and adjustment. The framework observes the need for a multi-sectoral pathways in impact evaluations which if not taken note of will result in policy analysts and implementers falsely assigning too much credit of their immediate intervention to the final outcomes and missing key opportunities to further promote the outcomes that, if identified, could be enhanced by reinforcing key sectoral linkages (Samson *et al*, 2015:10). An impact evaluation of social protection interventions should be comprehensive enough to capture all the complexities around an intervention.

Social protection intervention design and implementation processes do have a direct effect on programme outcomes. The distribution of cash vouchers or food vouchers to ultra- poor households do have a major difference purely based on the differences in implementation approach. Beyond the standard evaluation framework, the expanded evaluation framework places greater importance on the unintended impacts or effects of an intervention. The unintended effects can either be negative or positive for a food distribution programme for food insecure households can increase investment in the farming production of households on a positive note while on a negative note the beneficiaries of the food supplement programme can be stigmatised by the community (Barrientos, 2010:79).

The third component or innovation of the expanded evaluation framework considers two feedback loops into the evaluation framework. The first loop is known as recursive causality which observes that programmes have multiple impacts, that is one impact can either reinforce or undermine others and this can happen simultaneously or sequentially. A household food supplement programme has an immediate direct impact on household food security at the same time it can improve household savings and it improve enrolment of children in schools from household being supported. The second feedback loop is the 'deliberate learning' loop, whereby results from the monitoring and evaluation are systematically fed back into the design and

delivery of the programme as part and parcel of the continuous program improvement (Devereux, 2013:18).

Social protection interventions with support from DFID in Africa have contributed to realising the objective of enhanced household food security in the short term and reductions in the severity of poverty, though not necessarily to sustainable poverty reduction in terms of falling poverty headcounts in the longer term. DFID has noted that its social protection interventions in Africa have presented great potential to contribute to the broader economic growth through the multiplier effects which is the recursive causality principle consistent with the expanded evaluation framework (Davies, 2009:8).

The majority of current researches on social protection focus on the short term (Ravallion 2009) however some of the key most substantive benefits and costs of social protection interventions emerge over the long period of time (Ravallion, 2009:37). The lack of a long-term lens on social protection intervention outcomes further creates a distortion in the types of social policy interventions pursued. Some of the more significant social protection interventions, which would reap significant returns on investment in the long term through far-reaching and development outcomes are overlooked due to limited evaluation methods employed especially in the standard culmination outcomes evaluation (Lutz *et al.* 2014; Samson *et al.*, 2015:16).

This study goes beyond the standard evaluation framework as it examines in detail the unintended positive and negative impacts of the government of Zimbabwe social protection interventions and the other multiplier effects of social protection intervention on Elderly Women-Headed households. The study methodology of this research has been designed to capture the innovations of the expanded evaluation framework.

2.5 Public Funding of Social Protection in Zimbabwe

Public funding of social protection in Zimbabwe has been a major contentious issue as the national budget remains tightly limited due continued economic slowdown over the past decade. Government expenditure on social protection and safety nets represented only a small proportion of expenditure in the social sectors in Zimbabwe, amounting to 1.3 percent of the GDP and 2.9 percent of the government budget in 2011 (GoZ, 2013:115).

Before 2005 Zimbabwe used to spend more than 15 percent of GDP on social expenditures and out of this amount, around 8.5 percent was allocated to basic education, 4 percent to health, 2.5

percent to higher education, and 0.5 percent to social protection. Economic collapse and continued economic meltdown left social sectors with limited funding from the government and by 2009 social public expenditures accounted for only 6 percent of the GDP, with education and health sectors experiencing budget cuts of more than half of those allocated in 2005 (UNDP 2010; World Bank, 2011:18). Social protection has always been to the periphery of the development priorities in Zimbabwe and this has been the trend by the government this study establishes. Social protection cannot stand effectively without significant public funding (Gumbo, 2013:17). In the absence of a strong government budget support social protection remains, fragmented and limited in coverage (Mupedziswa, 2012:94; Miller *et al*, 2017:246).

Public expenditures on safety nets have mainly concentrated on assistance to schools to pay for school fees of vulnerable children. Public support in other social assistance interventions targets mainly children, the elderly and families in distress, disabled persons, and specific institutions supporting vulnerable persons (Kaseke, 2014:37). However, these interventions have low coverage, accounting for a small percentage share of the total beneficiaries of public safety nets (less than 3 percent of the total) but absorb a much larger share of the public resources (more than half the government budget for safety nets). The bulk of the funds allocated to these programs cover only administrative costs (Veritas, 2017:4).

The Ministry of Public Service, Labour and Social Welfare (MoPSLSW) is the custodian of social protection in Zimbabwe. (GoZ, 2016:67). In 2016 MoPSLSW was allocated \$174, 24 million to support its work which include the following: increasing access to school fees waivers under the Basic Education Assistance Module (BEAM) by needy primary school children, orphans and other vulnerable children (OVC); provision of probation services to OVCs, scale up support grants to Child Care institutions, scale up social cash transfers; and strengthening the welfare of persons with disabilities through provision of empowerment loans.

The allocated US\$174.24 million saw US\$1.47 million (84%) being classified as Administration and General expenditure. while training centres and labour administration expenses accounts for 1.8% each, social protection and child welfare were allocated 4.5% and 7.9%, respectively (GoZ, 2016:31). Social protection services were in fact allocated \$7,8 million which represents 0.2% of

total budget and 0.05% of the GDP. On a year-on-year basis, allocations to social services have been declining from the peak of US\$38 million in 2012 to US\$7.8 million in 2016. This is a worrying trend in the country considering the continued rise in poverty and vulnerability levels (UNICEF, 2016:3).

In the 2017 national budget there was an expressive commitment by the government to address social protection as key area in the country. Government did set us aside US\$600 million under the 2017 national budget towards empowerment and poverty eradication programmes and this was to be complemented by resources from cooperating partners (Min of Finance, 2017:21).

The declining government funding towards protection in Zimbabwe has seen NGOs expanding their operations on social protection complimenting the diminishing efforts of the government. Public welfare schemes supporting people in extreme poverty have continued to have a low profile within government and very limited funding (Kaseke, 1998:41; Barrientos, 2012:164). In 2017 out of a total national budget of almost \$4 billion only \$2, 3 million was allocated towards the social protection interventions further confirming that social protection remains lowly ranked among the development priorities of the country.

The declining funding towards social protection in Zimbabwe is not consistent with the needs of the elderly people in rural areas whose needs require special support. Ageing is a development reality which requires strong public funding. The enactment of the Old Persons Act Chapter 17:06 in Zimbabwe in 2012 has not resulted in increased government support towards elderly people and there has not been any significant public expression of political will and commitment towards improving the livelihoods of elderly people in the country. The national budget allocations towards social protection from 2013 to 2017 confirms this assertion (Kaseke, 2012:38; Dhemba, 2013:9). The Older Persons Act Chapter 17; 06 of 2012 does not guarantee social and economic security in old age as applicants are means-tested. It excludes those aged 60 to 64 years as the minimum qualifying age threshold for the public assistance is 65 years and above and yet the onset of old age as defined by the United Nations is 60 years (Dhemba, 2013:10).

This implies that there is a deliberate absence of a specific vote or national budget allocation for elderly people in Zimbabwe since 2001 and this indicates the low appreciation of poverty and vulnerability among the elderly people by the government. The enactment of the Old Persons

Act Chapter 17:06 in 2012 has not changed this pattern further buttressing the argument that public funding of social protection for elderly people will remain low and subdued in both short and long term future.

2.6 Non-State Actors and Social Protection Support in Zimbabwe

The widening gap in the need for support and social protection in vulnerable populations such as elderly people in Zimbabwe has seen more NGOs taking an interest to support social protection. NGOs and donors are now the major players in social protection in the country given the weak capacity of the government (Kaseke, 2009:71; World Bank, 2011:32). In 2006 the World Food Program committed a US\$151 million budget, four to five times the estimated total value of government schemes then, and overall donor contribution to social protection and food security programs reached US\$230 million that very same year. In 2010, the government expected donor assistance towards social protection and food security to reach US\$85 million, mainly on food aid, and assistance to OVC and other vulnerable populations (GoZ 2011:132; World Bank 2011:33). Official Development Assistance (ODA) inflows for the period January to September 2013 amounted to USD259.1 million against a combined annual projection of USD642.7 million. Bilateral development partners contributed USD144.6 million of the ODA. Multilateral Development Partners contributed USD114.5 million to the economy (GoZ, 2014:87). The amount of aid received was below the projected amount which also indicates that donor fatigue has also settled in the country. Support from development partners and NGOs in Zimbabwe has played a critical role in bridging the social protection gap, however support remains limited in coverage and funding lifespan. Social protection is broad and multifaceted such that it cannot be effectively delivered through NGO projects with a limited scope (Gumbo, 2010:26). Development partners and NGO support towards social protection for the elderly people in Zimbabwe has been low and short-lived. (HelpAge, 2016:21).

The amount of donor funds inflows to Zimbabwe has been on a steady decline since 2012. (OECD, 2016:8). While the government has always been expecting ODA to support various development programmes in the country, aid flows have already taken a downward trend. This study observed that both government and ODA social protection support are on the decline and there are no prospects of an upward trend in the near- and long-term future.

The amount of Foreign Direct Investment, ODA inflows to Zimbabwe suffered also from the suspension of international funding in the early 2000s by both the World Bank and IMF. However, as a result of the partial lifting of sanctions by European Union, ODA soared, reaching one billion in 2012, OECD (2016:10) and in 2015, ODA was \$ 788 million. The World Bank Group's commitments have remained marginal with \$ 53 million in 2016 and \$ 2 million in 2017 (World Bank, 2017:36). The external debt has been putting pressure on limited resources in Zimbabwe as servicing the arrears draws from the limited fiscal space. The country is currently battling an external debt of more than \$5 billion (World Bank, 2017:37). This explains the subdued interest by international financiers to support Zimbabwe.

NGOs have been the major conduit of Official Development Assistance in Zimbabwe through various development programmes in the communities. The role of NGOs in development has been and still remains under the spotlight in academia. The Zimbabwean government has also treated NGOs with scepticism as some have been accused of driving a regime change agenda (Moyo, 1997:39). However NGOs still play a critical role [in social security] in Zimbabwe by providing food relief and income generating projects targeting vulnerable households. NGOs can be effective in working with those groups ignored by or bypassed by large state development schemes (Pratt & Byden, 1985:113; World Bank, 2013:39). NGOs are still active in the social protection agenda in Zimbabwe.

Help-Age Zimbabwe is the only major NGO in Zimbabwe whose primary focus is on elderly people. However, the coverage of its operations are limited due to limited funding and none of its works are solely committed to Elderly Women-Headed households in rural communities (HelpAge Zimbabwe, 2017:17). In absence of substantial support from the government, the special needs of elderly people will never be adequately addressed and leaving such role to NGOs is a complete disregard of responsibility by state. NGOs should complement existing development efforts and commitment by the government.

2.7 Social Protection Models

Social protection has had varied and diverse classifications both in developed and developing countries. The classifications reflect source of funding, country's political philosophy, population being targeted and nature of vulnerability being addressed. They are no globally accepted standard classifications or models of social protection in literature (Nino-Zarauza, 2012:160). For the purpose of politically and economically locating social protection in Zimbabwe this study adopts the social protection models developed by Nino-Zarazua et al (2012:164) in which they are two social protection models that is Middle Income Countries Social Protection (MIC) and Low Income Countries Social Protection Model (LIC). These models are based on the socio-economic development level of a country.

The social protection variations in Africa reflects diversity and multiplicity in structure and scope across countries reflecting also differences in demographic characteristics, financial capacity, and social and political circumstance (Nino-Barrientos, 2010; Zarazua *et al*, 2012:163). The developers of these two models acknowledge that the differences between the two cannot be solely reduced to development levels of countries. In the MIC model the focus is on the old aged based support and grants such as old age grants which are institutionalised while in the in the LIC model the focus is on extreme poverty and the combination of transfers and services.

In the MIC model social protection is largely managed by public agencies and embedded in legislation and the countries have higher levels of economic development, revenue collection capacity, and delivery capacity from public agencies. The influence of donors is much weaker among the MIC model countries. However, in LIC model countries there is greater role and influence of donors and NGOs and public institutions are also weak to effectively deliver social protection (Zarazua *et al*, 2012:169). This research notes that while MIC and LIC models of social protection provides a global overview classification of social protection they cannot explain countries which combines both characteristics from the two models.

Zimbabwe's social protection according to this model is located in the LIC social protection model but it has got age based social protection programmes for the elderly supported by the Social Welfare Assistance Act Chapter 17: 06 of 1988 and the Old Persons Act Chapter 17:11 of 2012. Therefore this study argues that even in the LIC model there is strong legislation to support social protection as the case in MIC model countries but as noted above implementation and limited political will and commitment towards social protection support can be a major

challenge in countries such as Zimbabwe which are classified as LIC model country (Dhemba,2012:36).The classification of social protection interventions remain a subject of continuous endless debate due to the diversity and multiplicity of what constitutes social protection and how its packaged from one country to another.

2.8 Social Protection Policy for the Elderly in Zimbabwe

Social protection policy specifically for elderly people in Zimbabwe is provided for under the Social Welfare Assistance Act Chapter 17: 06 of 1988 and the Older Persons Act Chapter 17:06 of 2012.These two Acts of parliament provide the legislative framework guiding non-contributory support to elderly people (Kaseke, 1998:13; Dhemba, 2013:5). The government also maintains other contributory schemes such as Old Age Pensions which however is not the focus of this study. The Public Assistance program is a major support scheme under the Social Welfare Assistance Act Chapter 17: 06 of 1988 under which elderly people are with provided a monthly allowance of \$20 per month. Elderly people in Zimbabwe are entitled to free medical attention at public health clinics and hospitals. Public assistance is the main social security instrument in Zimbabwe (Kaseke, 1988:7; Kaseke *et al*, 1999:34; Gumbo, 2013:67).

Public assistance in Zimbabwe is available to all destitute citizens. Assistance is non-contributory and is thus financed from public funds. Public assistance is means tested which means it is granted to persons who are unable to get assistance from their families and those who can prove that they lack the income necessary for the meeting of basic needs. Public assistance is granted to persons who hold Zimbabwean citizenship or those who have been resident in Zimbabwe for at least one year. Non-citizens are usually given temporary assistance pending repatriation to their countries of origin. The public assistance program takes a residual approach in supporting the vulnerable populations such as elderly as such role is first accorded to the family and community and when these have failed, the state comes in as last resort (Mupedziswa, 1995:96).

The government of Zimbabwe has been instrumental in development of social security for the vulnerable population as evidenced by that above two Acts of parliament. The International Labour Organisation has also played a major through provision of global frameworks on social security and technical support shaping the Pensions and Other Benefits Scheme. However social insurance schemes developed on the ILO framework have remained exclusive to most of the people who need social protection but cannot contribute towards such schemes.

The Department of Social Welfare is the major institution responsible for administering the Social Welfare Act Chapter 17: 06 of 1988 and the Older Persons Act Chapter 17:11 of 2012. Older persons who are destitute and vulnerable in need of the public assistance present themselves to the Department of Social Welfare for means testing upon which they will be given support if they qualify. The Social Welfare Assistance Act Chapter 17:06 notes that public assistance to a destitute or indigent person is offered when the Department of Social Welfare is satisfied that such person— (a) is over sixty years of age; or (b) is handicapped physically or mentally; or (c) suffers continuous ill-health; or (d) is a dependant of a person who is destitute or indigent or incapable of looking after himself; or (e) otherwise has need of social welfare assistance (GoZ,1988:2).

The Older Persons Act Chapter 17:11 of 2012 has been regarded as a major milestone in improving the livelihoods and welfare older persons. The Older Persons Act Chapter 17:11 provides for the establishment of an Older Persons Fund and an Older Person Board. However, of the two has been established to date, therefore the Act is not yet fully operational. The Older Persons Fund is set for the provision of social welfare assistance to destitute or indigent older persons; and the promotion of programmes for any one or more of the following objectives

- (i) promoting health and education among destitute or indigent older persons; and
- (ii) providing facilities for developing skills in older persons who are in homes;
- (iii) any other activities or projects aimed at promoting the well-being, welfare, care or protection of older persons (GoZ, 2012:7).

There is glaring policy discord between the Social Welfare Assistance Act Chapter 17:06 of 1988 and the Older Persons Act Chapter 17:11 of 2012 in terms of definition of an old person. The Social Welfare Assistance Act Chapter 17:06 recognises age 60 and above for old age while the Older Persons Act Chapter 17:11 recognises old age from age 65 and above. Dhemba (2013:3) observed that the Older Persons Act Chapter 17:11 is not consistent with the United Nations which recognises old age from age 60 years. There is need to harmonise the two pieces of legislation to ensure a coordinated social security support for elderly people in Zimbabwe.

2.9 Social Protection Policy Operational Challenges and Issues

The implementation of social security for elderly people in Zimbabwe remains compounded by multiple and endless operational challenges and issues ranging from limited budget supporting to failure to reach most of the intended beneficiaries especially vulnerable Elderly Women-Headed households. (Kaseke (1988:11) observed that a social security scheme is useless unless its beneficiaries feel secure once enrolled in it. In order to access the public assistance support an elderly person should be considered a destitute, that is a vulnerable person who does not have any means of livelihoods hence the need for the state support, an individual can apply for public assistance at his or her District Social Welfare Office and the granting of assistance is usually dependent upon a home visit. The home visit enables the investigating officers from the Department of Social Welfare to assess the degree of vulnerability and destitution. The findings from the home visit will then be used to determine whether assistance will be granted or not. The mere fact that public assistance remains means tested is a major problem as it denies full and unlimited access to social protection by elderly people in Zimbabwe. The social security is built around a strong and stringent exclusion measures which are however justified by the Department of Social Welfare as meant to discourage a dependency syndrome (Kaseke *et al*, 1998:11).

Limited budget, poor coordination, lack of transport and limited political will are the major operational challenges facing social protection support for the elderly people in Zimbabwe (Kaseke *et al*,1998:25;Dhemba,2013:8).The disbursement of the public assistance allowances of \$20 per month for elderly people and vulnerable people has been erratic and very inconsistent, in 2016 the funds have been disbursed once being .(DSW,2017:6).This challenge was also observed in 2012 by Dhemba (2013:7) which shows that this problem has been long standing characteristic of the public assistance. It is therefore difficult for beneficiaries of public social protection to feel secure under this scheme. The US\$20 provided under the public assistance programme remains low to support a reasonable subsistence to the vulnerable populations. The amount is even below the United Nations poverty line of US\$1.25 per day (Dhemba, 2013:8). The public social protection scheme remains miles away from ensuring social security for the elderly people in Zimbabwe.

2.10 THEORETICAL APPROACHES /FRAMEWORK.

This section discusses the theoretical approaches used in this study. They are various economic and political models and theories which explain the origins and development of the welfare state. This study acknowledges the contribution of classical economic models towards providing a foundation for the development of the welfare state. Harrod- Domar Model is one such classical Keynesian economic model which explains economic growth through savings and productivity. The model assumes economic growth is synonymous with social development. However, like most classical economic models Harrod- Domar's model has not been adequate in unpacking the development of the welfare state. This study does not invest more literature on classical economic theories as it focusses more on the welfare state theory.

2.10.1 The Welfare State Theory

The emergence and development of the welfare state theory dates back as far as 1600 to 1700 during the enlightenment period through the work of philosophers such as Hobbes and Hume who observed that society is not possible without the state, and the state is what makes civilized society possible (Kemeny, 2000:88). The enlightenment period has seen a continuation of the debate about the polity and role of the state in society (Kaufmann, 2013:140; Venter *et al*, 2015:347). The term welfare state conceives progress and institutionalization of welfare programs that address social risks and vulnerabilities in the population in order to assure a common well-being and an acceptable standard of living (Cruz-Martinez, 2014:1297). Public social protection is located in the welfare state theory whose emergence is a contested terrain among scholars. The welfare state emerged as part of the 'logic of industrialisation' (Peacock, 1960:123; Kaufmann, 2013:143). The origins and development of welfare state theory is subject to diverse views as noted below.

- The welfare state emerged as part of the 'logic of industrialization'.
- The welfare state developed in response to the needs of advanced capitalism.
- The welfare state is a product of modernization of societies.
- The welfare state is shaped by struggles over politics and social class.
- Welfare states are shaped by the social organization of production.

- The welfare state is determined by the structure and interests of the state or polity

The welfare state in developing countries is considered as being developing also when compared to the welfare state in the developed countries thus the institutions and systems of welfare are still developing (Cruz-Martinez, 2014:1298). Globalisation has had an effect of shaping the welfare state with Latin America observing an increase in the role of the state in supporting social protection interventions in the globalisation era compared to the pre globalisation period (Segura-Ubiergo, 2007:169; Cruz-Martinez, 2014:1297).

In the context of varied foundations for the welfare state theory, this research is premised on the view that the welfare state is shaped by the social organisation of production, structure and interests of the state or polity. The welfare state theory developed drawing from a neo- Marxist perspective with regard to the role of social classes and the role of the state in the economy (Quadagno, 1988:121; Meyer, 1997:158; Kaufmann, 2013:148). Welfare programmes are not a unique feature of advanced capitalist countries and that as early as the sixteenth century, public welfare benefits have performed the functions of providing support to the vulnerable groups of population. Sub and Shi (2014:107) observed that internationalization of the welfare has greatly influenced the development of the welfare state in modern day Europe and East Asia with government taking the major role in social security and social policy for the poor vulnerable populations and retired employees.

Social protection policies and programmes are increasingly dominated by states and their institutions as a measure to protect vulnerable populations at the same time increasing the coverage of social protection programmes in countries. The welfare state theory has gone undergone numerous contestations and developments with (Kauffmann 2012, 2013:89) further developing it, thus noting that historical developments and the relationship between the state and society playing a central role in the development and growth of the welfare state. Industrialization and modernization have been central in shaping the collective built up and organization of the welfare state (Snub and Shi, 2014:109; Ferragina, 2017:56).

Therefore, welfare programmes have been developed in response to the progression of industrial capitalism, the nature and form of welfare states as determined by the social organization of production. Recognizing that the timing and structure of welfare programmes vary considerably

between countries, the link between welfare state development and forms of social production may be modified to meet varied complex needs in the society. The welfare state is not in opposition to the function of market forces in the economy (Quadagno, 1988:32; Meyer 1993:56; Kaufmann, 2013:59; Snub and Shi, 2014:110). The welfare state thus develops in congruency with the growth of the state. Social protection is therefore a product of the intricate and complex relationships of the industrialization, state, globalization and society. The social organization of production perspective as noted by (Meyer, 1997:149; Snub and Shi, 2014:108) draws on two key insights from neo-Marxist writing, the first one is that the state is relatively autonomous in mediating between different social classes in the economy and society. Secondly, the political process operates at different levels of the state or government. The government inevitably has a role as a political organizer of both production and social organization in the country. However within the economy class struggle, state interests define and reconfigure state hegemony, power and relations with implications about dividends from state resources between the poor vulnerable groups and the elites (Ferragina, 2017:58). The welfare state theory provides this study with a broad-based social protection framework for examining and understanding government dynamics with respect government funded social protection. Public social protection is domain in which the state is major actor setting the rules through Acts of parliament and providing operational frameworks hence the importance of the welfare state theory

2.10.2 Modern Welfare State

The debate about the welfare state has grown and developed tremendously through various scholarly contestations up to the modern welfare state theory (Esping-Anderson, 1990:78; Venter *et al* 2015:348). They are three dimensions with respect to the modern welfare state which set apart states from each other and these are, the degree of de-commodification of the welfare system, the stratification of welfare provision and the relation of state activities to the market and the households in the provision of welfare (Venter *et al*, 2015:348). The modern welfare state arose out of the response to the commodification of the labour market and the emergence of the market as the key arm in organizing society. The commodification of society has led to serious market failures which resulted in increasing inequalities which are beyond the redress of other institutions such as the family and church, therefore the state assumes responsibility to address the challenges of poverty and inequalities through social policy (Esping-Andersen, 1990:62). State funded welfare policies in this context will ultimately have a knock on effect on the social

stratification of classes of society through avoiding the further sinking of vulnerable populations into the deep poverty trap. De-commodification which is the 'degree to which individuals or households can uphold a socially acceptable standard of living independent of market participation of society,' therefore it becomes of paramount importance in addressing the failures of the market through state welfare interventions (Venter *et al*, 2015:349; Ferragina, 2017:59).

The private market and state however can both play a collaborative role in the provision of social protection to the vulnerable populations of society. The relationship between the state and the market therefore forms the basis for collaborative social protection programmes (Esping-Anderson, 1990:87; Venter *et al* 2015:349). A further typology to explain the welfare state in relation to market and society was further developed by (Esping-Anderson, 1990): social democratic, corporatist and liberal welfare states (Esping-Anderson, 1990:97; Kemeny, 1995:103; Venter *et al*, 2015:349). Table 2.3 below summaries the typologies of welfare state

Table 2.3 Esping- Anderson Three Way Typology of Welfare State

Regime Type	Liberal Regime	Corporatist Regime	Social Democratic Regime
Role in welfare provision of state, market and family	Market has central role in welfare provision State and family are marginal in welfare provision	Family/conservative groups have central role in welfare provision State is subsidiary; the family is important; considerable influence is wielded by private non-profit organizations	State has central role in welfare Provision Market and family are marginal in welfare provision
Welfare system	Residual system of targeted welfare	Conservative system of segmented welfare provision	De-commodified/comprehensive system of welfare provision
Commodification	High	Medium	Low

Stratification	Reinforces class Distinctions	Reproduces existing class stratification	Enhances equality; universal access to welfare irrespective of class
Income Distribution	Large income differences and relatively high poverty rates	Moderate income differences and variable incidences of poverty	Small income differences and relatively low levels of poverty
Examples of Countries	United Kingdom, Ireland, Switzerland	France, Germany, Belgium, Austria	Sweden, Denmark, Finland

Source: Adapted from (Esping-Andersen, 1990; Hoekstra, 2010; Venter *et al*, 2015:349)

The above three-way typology of the welfare state provides a broad framework for examining the welfare state in Zimbabwe's social protection policy; however, this research does not see these typologies as silos for confining each country and doing so will limit the applicability and relevance of this typology to only developed countries. Developing countries such as Zimbabwe presents a multi-faceted mix of the welfare state which cannot be explained by a single typology above. The welfare state, Letunic (2015:40) observed that it is also part of the problem which it seeks to resolve, thus, '...the maintenance of the achieved level of social rights and social protection contradicts the short-term economic indicators of growth and efficiency'. They are inherent imperfections of the welfare state despite its well -intended goals on social protection as it has been seen to be the ' cause of moral collapse and the so-called new individualism in a negative context, with the idea of individual "me first", which is disastrous for social solidarity'(Giddens,2013:69; Letunic, 2015:40).

The continuous endless re-engineering of the welfare state and its discourse has led to the development of the third way welfare state whose aim is to address the failures of the social democracy welfare state. The third way in contrast to social democracy welfare state stands for more state investment in human resources and infrastructure in a mixed economy where there are synergies and collaborations among the state and private sector in the provision of social protection services to the vulnerable populations (Letunic, 2015:41). The third way thinking further implores the welfare state to move beyond supporting vulnerable populations of society to improving the quality of public space and creation of common civil morality (Giddens, 2009:167; Letunic 2015:42).

Yet, the welfare state theory remains the grand theory for examining government social protection policy. The government is an arena of power and decision making with multiple actors and multiple interests. The government is the level at which the agenda of politics and the relative priority of issues and solutions is determined. The welfare state theory provides a theoretical framework for analysing government supported social protection programmes in Elderly Women-Headed households as well as interrogating the dynamics of state actors and non- state actors in government funded social protection. The welfare state theory provides this research with a broad macro level theoretical framework for unpacking and understanding how the state shapes and organises social protection in Zimbabwe.

2.10.4. The Actor-Oriented Approach

Social protection among the poor vulnerable populations in rural communities is a complicated, diverse and multifaceted development challenge which cannot be easily conceptualised in a single theory. The actor-oriented theory provides a foundation for conceptualising and understanding resilience and coping mechanisms of Elderly Women-Headed households under the government supported social protection (Long, 1992:37). Resilience is a key concept which can be located at micro level of individuals, hence the importance of human agency in understanding resilience (Long,1992:41) Resilience is the capacity of a system to survive, adapt, and grow in the face of unforeseen changes and catastrophic incidents (Cannon 2008:19). Resilience is the ability to deal with the impacts of adverse changes and shocks. This ability includes therefore features such as 'buffering impacts', 'returning to pre-shock situation' or 'bouncing back', but also 'shock absorbing', 'evolving and adapting' or even 'transforming' (Walker and Pritchard 2002:21; Berkes *et al.* 2003:49).

The Actor Oriented approach departs from grand theories of social change which are lineal, deterministic and externalist. As Long (1992:20) observed:

'A more dynamic approach to the understanding of social change is needed which stresses the interplay and mutual determination of 'internal' and 'external' factors and relationships, and which recognizes the central role played by human action and consciousness' (Long, 1992:20).

The concept of human agency is central in the actor-oriented approach. "Agency", in the words of Long "...attributes to the individual actor the capacity to process social experience and to devise ways of coping with life, even under the most extreme form of coercion" (Long, 1992:22). Actors are knowledgeable and capable, thus according to Long (2001:240), human agency involves "knowledgeability, capability and social embeddedness associated with acts of doing (and reflecting) that impact upon or shape one's own and others' actions and interpretations". The live worlds of Elderly Women-Headed households are central in unpacking resilience in the context of diminished disposable income and constrained labour capacity due to old age. Poor vulnerable people are not passive recipients of any support, they play a major role in determining how that support works for them (Barrientos, 2010:31). Resilience and survival strategies are key concepts in the life worlds of Elderly Women-Headed households which cannot be preordained by the logic of various capitals in their communities. According to Long it is flesh and blood people who change their life worlds, thus determining their resilience to any shocks in their lives rather than the reified concept of capital, structure, market and labour.

In the words of Long (1992:38) 'rural development represents a complex drama about human needs and desires, organising capabilities, power relations, skills and knowledge, authoritative discourses and institutions, and the clash of different ways of ordering the world' (Long, 1997: 2). Development therefore is an arena of struggle where actors negotiate, compete and manipulate each other at different interfaces and levels. The life of old people, the meanings and interpretations of old age remain generalised both horizontally and vertically. The horizontal generalisation is the generalisation operated on the axis of the present: the idea is that all that old people do, believe and say, their deeds, symbolic gestures, words and thoughts, have the same, undifferentiated sociocultural value, unveiling them as egoist, lacking dignity, obstinate, narrow-

mind, and irrevocably obsolete (Teodorescu and Chiribuca, 2018: 194). Therefore, this requires research inquiry into the life worlds of elderly people in a defined and contextualised environment.

In this research resilience of Elderly Women-Headed households forms a key part of this study hence its grounding on the Actor Oriented Approach. Long (2001:21) notes that once the actors are identified who in this study are Elderly Women-Headed - households, what follows is ethnographically documenting how their situated local practices, social relations and other resources are deployed for resilience and survival.

Resilience in the field of development still remains a complicated concept as it appears both as a means and an end in different development interventions and contexts. Resilience is a personal resource that provide individuals with the opportunity to face the negative effects of stress and provides inner strength to face adversity (Tatiana, 2015:2). The knowledge about resilience and what constitute resilience, how it can be established in communities and how it can analyse and measured is still limited (Obrist, 2010:229). Resilience like vulnerability, is a social construct, a multidimensional concept, influenced by individual personalities, family, community and social context (Bene *et al*, 2012:34; Tatiana, 2015:8).

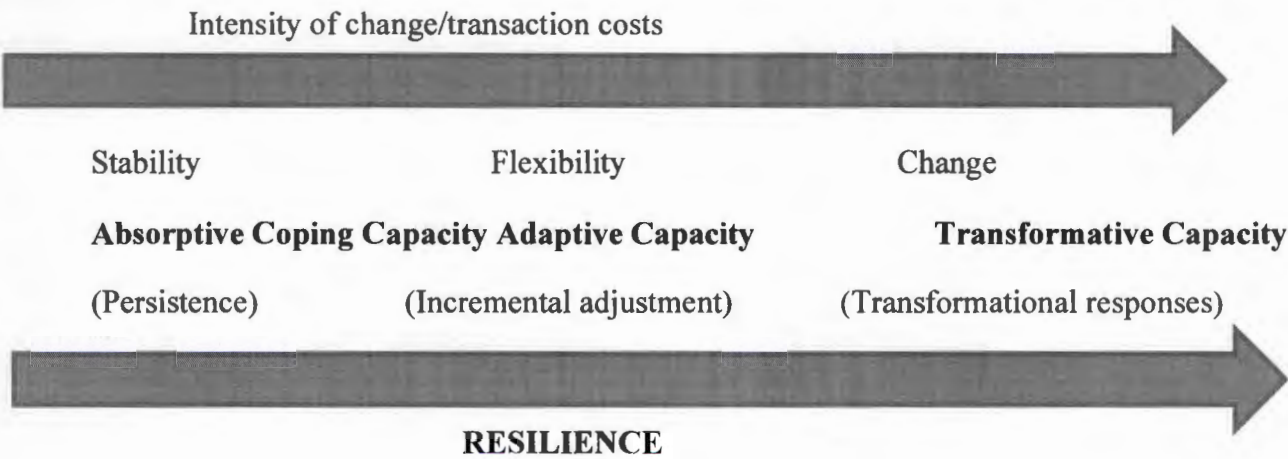
Resilience has become a widely researched concept and a goal in most development programmes as it provides a crucial platform for sustainable development initiatives. There is a growing body of literature and evidence which has explored the multifaceted dimensions of community resilience (Fan, 2015:26). Community resilience refers to the capacity or ability of a community to anticipate risk, prepare for, respond to and recover rapidly through survival, adaptability, evolution and growth from experiencing disasters and their impacts (Mayunga 2007:37; Fan, 2015:27). Despite being a complex issue resilience remains the top agenda of most international and local development organisations as well as governments.

2.10.5 The 3P and T -3D Resilience Framework

The 3P and T -3 D [3P &T stands for Protection, Prevention, Promotion and Transformation, 3D Represents the 3 dimensions: Absorptive Coping, Adaptive Capacity and Transformative Capacity] resilience framework provides a theoretical framework for understanding and unpacking resilience under social protection interventions (Bene 2012:18) Resilience has grown

over the past decade to become a key outcome of development interventions spearheaded by both local and international partners in Africa (World Bank, 2013:30). Resilience as noted above explains the ability to deal with the impacts of adverse changes and shocks. This ability includes therefore features such as ‘buffering impacts’, ‘returning to pre-shock situation’ or ‘bouncing back’, but also ‘shock absorbing’, ‘evolving and adapting’ or even ‘transforming’ (Pritchard *et al*, 2002:41; Berkes *et al*, 2003:171; Noltz, 2018:35). Adaptive capacity, absorptive capacity and transformability have been observed as key issues around resilience (IPCC, 2001:16; Walter *et al*, 2004: 5). These three concepts define the various coping strategies by which individuals or households buffer the impacts of shocks on their livelihoods and basic needs and these shocks can be short term or permanent, old age is therefore a gradual demographic change with implications on livelihoods due to diminished disposable incomes. Combining absorptive capacity, adaptive capacity and transformability Bene *et al*, (2012: 21) developed the 3D resilience framework presented below in Fig 2.4

Fig 2.4 The 3 D Resilience Framework



Source: (Bene *et al*, 2012:21)

Resilience in the 3D framework as shown by Fig 2.4 above is a result not of one but all of these three capacities: absorptive, adaptive and transformative capacities, each of them leading to

different outcomes: persistence, incremental adjustment, or transformational responses. The lower the intensity of the initial shock, the more likely the household or community will be able to resist it effectively. The ultimate outcome of the household after a shock or a stressor is resistance and resilience (Norris *et al*, 2008: 132).

When the absorptive capacity is exceeded, the individual will then exercise their adaptive resilience (Cutter *et al*, 2008:27). This adaptive resilience refers to the various adjustments (incremental changes) that people undergo in order to continue functioning without major qualitative changes in function or structural identity. These incremental adjustments and changes can take many forms (e.g. adopting new farming techniques, change in farming practices, diversifying livelihood bases, engaging in new social networks as coping strategy. These adaptations can be individual or collective thus they can be at household level or collectively organised as a community.

In the event that the adaptive capacity of the household or community is overwhelmed by a stressor or changing trend, transformation will have to happen whose changes are not incremental but transformative, resulting in alterations in the individual or community's primary structure and function. These transformational changes often involve shifts in the nature of the system or livelihoods base of the household either from farming to informal trading or barter trade. The 3 D resilience framework suggests that resilience requires directing a system or interventions in a way that promotes resistance in a period of small disturbance, adaptation in a time of greater disturbance, and transformability when conditions become unviable or unsustainable (Bene, 2012:87).

The 3D resilience frameworks' linear interpretation is conceptually useful but pragmatically too simplistic as it does not recognise the multi-stressor nature of vulnerability. That is, the fact that many different shocks and stresses combine and occur together, each impacting on households with different relative intensities at different scales requiring separate or integrated levels of resilience (O'Brien *et al*, 2004:19). However building resilience according to the 3D Resilience framework requires interventions that strengthen the three components (absorptive resilience, adaptive resilience, and transformative resilience) together, and at multiple levels, - individual, household and community.

Protective Measures

Protective measures provide relief from deprivation. They are narrowly targeted safety net measures in the conventional sense –aiming to provide relief from poverty and deprivation to the extent that promotional and preventive measures have failed to do so. In particular, protective measures include social assistance for the ‘chronically poor’, especially those who are unable to work and earn their livelihood. This equates most closely to mainstream ‘social welfare’. Social assistance programmes typically include targeted resource transfers – disability benefits, single-parent allowances, and ‘social pensions’ for the elderly poor that are financed publicly – out of the tax base, with donor support, and/or through NGO projects. Other protective measures can be classified as social services. These would be for the poor and groups needing special care, including orphanages and reception centres for abandoned children, feeding camps and provision of services for refugees and Internally Displaced

Persons (IDPs), and the abolition of health and education charges in order to extend access to basic services to the very poor. In the Disaster Risk Reduction context protective measures also includes emergency feeding programmes, support for reconstruction, and restocking assets

Preventive Measures

Preventive measures seek to avert deprivation, and deal directly with poverty alleviation. They include *social insurance* for ‘economically vulnerable groups’ – people who have fallen or might fall into poverty, and may need support to help them manage their livelihood shocks. This is similar to ‘social safety nets’. Social insurance programmes refer to formalised systems of pensions, health insurance, maternity and unemployment benefits, often with tripartite financing between employers, employees and the state. They also include informal mechanisms, such as savings clubs and funeral societies. Strategies of risk diversification – such as crop or income diversification – are also considered as preventive measures. More recently new forms of preventive measures in relation to climate change adaptation and/or disaster risk reduction are emerging such as crop and weather insurance and health insurance to protect health and

livelihood assets (e.g. livestock).

Promotive Measures

Promotive measures aim to enhance real incomes and capabilities, and promote improved opportunities and livelihoods, which is achieved through a range of livelihood-enhancing programmes targeted at households and individuals, such as microfinance and school feeding. They might also include conditional cash transfers which incentivise investments in human capital by promoting

demand for education and health and help address gender inequalities, public works (indirect) road, infrastructure, access to credit, asset transfers and livelihood diversification support programmes or micro-credit for livelihood promotion are also promotive social measures.

Transformative Measures

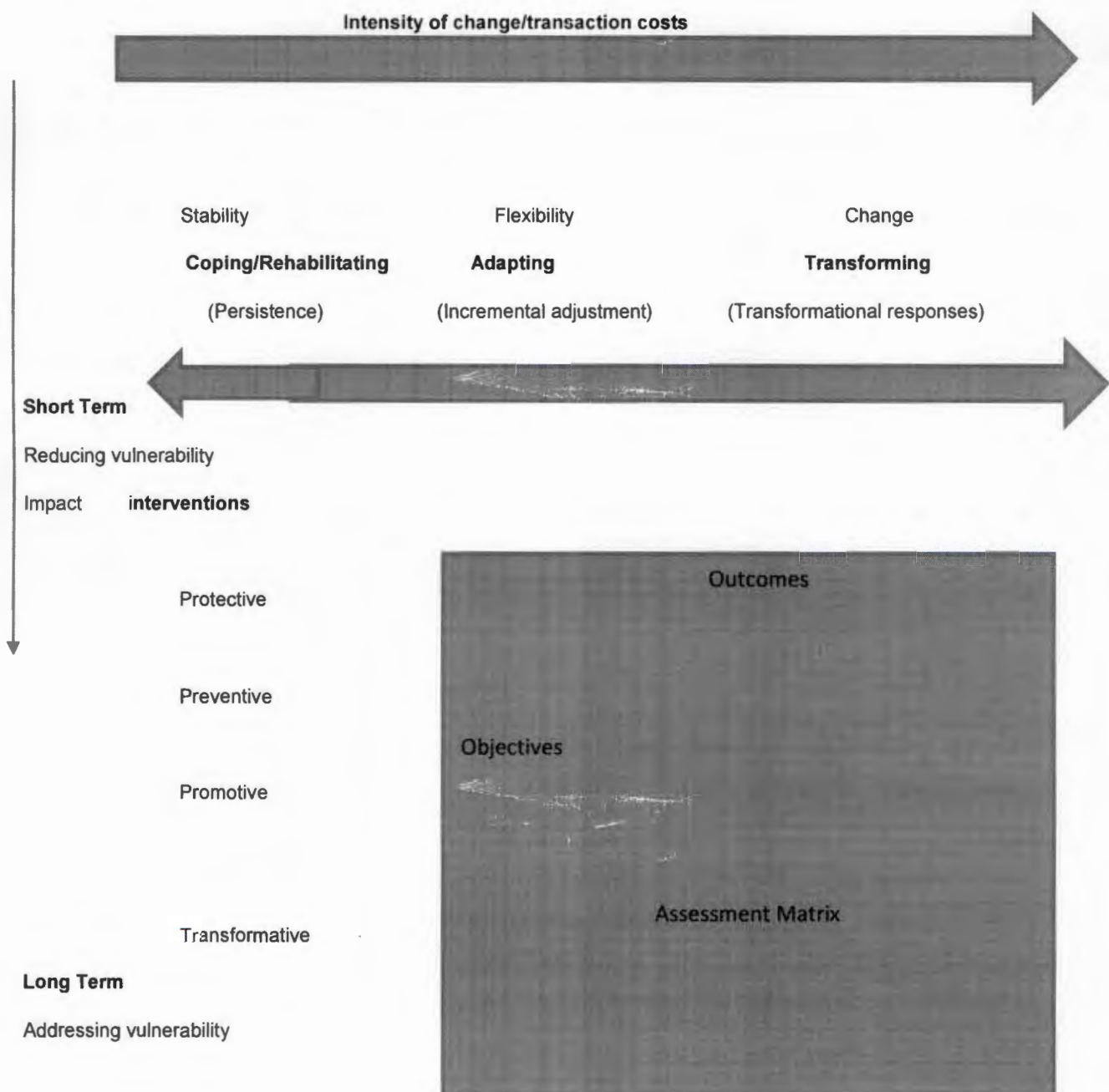
Transformative measures seek to address concerns of *social equity* and exclusion, such as collective action for workers' rights, or upholding human rights for minority ethnic groups. *Transformative* interventions include changes to the regulatory framework to protect 'socially vulnerable groups' (e.g. people with disabilities, or victims of domestic violence) against discrimination and abuse, as well as sensitisation campaigns to transform public attitudes and behaviour and enhance social equity.

Source (Devereux and Sabates-Wheeler, 2004; World Bank, 2011a)

A combination of the 3P & T Resilience Framework and the 3D Resilience framework provides an innovative in-depth understanding of how social protection programmes contribute to the resilience of beneficiary households and communities

Fig 2.5 The 3P and T -3D Resilience Analytical Framework

The 3P & T -3 D Resilience Framework



causes

Source (Bene *et al*, 2012:31)

The combined two frameworks (3 D Resilience and 3P and T Resilience frameworks) provide a two dimensional approach towards resilience through social protection interventions and other vulnerability reduction interventions. Fig.2.5 above presents the 3P and T -3D Resilience Analytical Framework

The vertical axis in Fig 2.5 above indicates the objectives of the social protection interventions in vulnerable populations while the horizontal presents the outcomes of social protection interventions ranging from coping to transforming. The 3P and T -3D resilience framework provides a comprehensive theoretical framework for understanding both the objectives and outcomes of the social protection in Elderly Women-Headed households (Bene *et al*, 2012:34).

2.10.6 Sustainable Livelihoods Approach

The origins of the sustainable livelihoods framework remains subject to debate among scholars, however it can be traced back to the work of Robert Chambers , Mclean (2015:381) in the 1980s whose focus was participatory development, development that put the poor at the centre of development policy and interventions (Mclean, 2015:381). The sustainable rural livelihoods approach is credited to the British Department for International Development (DFID), however as noted above the definition of the framework is traceable to the work of Chambers and Conway in 1991 (Mazibuko, 2013:174). DFID did promote the use of the Sustainable Livelihoods Approach in the field of development practice, this is the reason why most development practitioners always assume that DFID is the originator of the approach.

The Sustainable Livelihoods framework provides both practical and theoretical foundations for understanding the social, economic and natural resources building foundations to livelihoods in rural areas (DFID, 1991; 25). It provides a holistic way of understanding the complexities, constraints and opportunities of rural households (Mclean, 2015:381). It aims to integrate issues previously dealt with separately to get a whole picture of what makes living in certain contexts viable (Mclean, 2015:381; Saxen, 2016:1196). A livelihood comprises people, their capabilities, assets (stores, resources, claims and access) and activities required for a means of living: a livelihood is sustainable only when it can cope with and recover from stress and shocks, maintain or enhance its capabilities and assets, at the same time providing sustainable livelihood

opportunities for the next generation; and which contributes net benefits to other livelihoods at the local and global levels and in the short and long term'(Chambers and Conway, 1991:6).

The Sustainable Livelihoods Framework is an important framework for understanding the base and patterns of livelihoods in rural communities and more importantly the capabilities of households which they can deploy to improve livelihoods. The framework therefore provides a platform for developing and modelling theory on sustainable livelihoods in rural communities (Mazibuko, 2013:175).

The sustainable livelihood framework is an important tool for conducting livelihood analysis. It defines the scope and provides the foundation for analysis, identification of objectives and appropriate interventions to support livelihoods. The Sustainable Livelihoods Approach can be a shared point of reference for all who are concerned with supporting livelihoods (Saxen, 2016:1196).The framework provides broader and comprehensive scope for understanding dynamics around livelihoods at household level in rural communities as it outlines the sources of livelihoods for the households and their potential to produce.

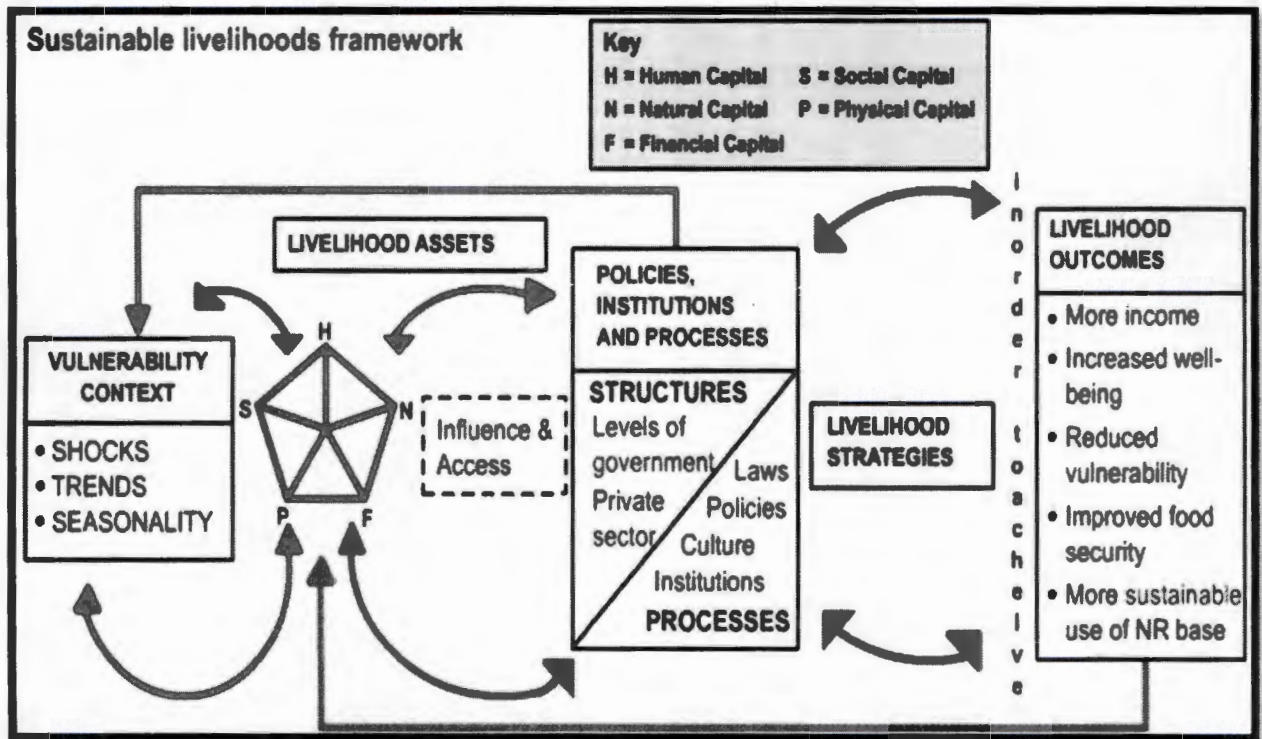
The household in the sustainable livelihoods approach is the unit of analysis hence its appropriateness in this research which is focusing on Elderly Women-Headed households.

The concept of assets is central to the sustainable livelihoods approach. Rather than understanding poverty as simply a lack of income, the sustainable livelihoods approach considers the assets that poor people need in order to sustain an adequate income to live. Based on those assets, and shaped by the vulnerability context and the transforming structures and processes, poor people are able to undertake a range of livelihood strategies - activities and choices that ultimately determine their livelihood outcomes (DFID, 2000:19). Poor vulnerable people such as elderly women in rural communities are usually obliged to combine a range of strategies in order to survive and may engage in multiple activities at the same time the household members may live and work in different places.

They are five types of assets, or capitals as determined by sustainable livelihoods approach which form the foundation of livelihoods in rural communities as shown by Fig 2.6 below. Human capital, social capital, natural capital, physical capital and financial capital are major forms of capital whose intricate interactions determine nature and form of livelihoods in a rural setting:

- Human capital: skills, knowledge, the ability to work and good health. Good health is not simply a means to earning a livelihood; it is of course an end in itself.
- Social capital: the social resources that people draw on to make a living, such as relationships with either more powerful people (vertical connections) or with others like themselves (horizontal connections), or membership of groups or organisations. Generally relationships of trust, reciprocity and exchange that the poor can draw on in times of need, and that lower the costs of working productively together. Like human capital, social capital has an intrinsic value; good social relationships are not simply a means, they are an end in themselves.
- Natural capital: the natural resource stocks that people can draw on for their livelihoods, including land, forests, water, air and so on.
- Physical capital: the basic infrastructure that people need to make a living, as well as the tools and equipment that they use. For example, transport and communication systems, shelter, water and sanitation systems, and energy.
- Financial capital: savings, in whichever form, access to financial services, and regular inflows of money (DFID, 1999:9; 2012:16; Carr, 2013:79).

Fig 2.4 The Sustainable Livelihoods Approach



Source: Culled from DFID (1999:9)

The more assets a household has access to, the less vulnerable they will be to negative effects of the trends and shocks as described above, or to seasonality, and the more secure their livelihood will be. Often increasing one type of capital will lead to an increase in other amounts of capital, for example, as people become educated (increase in human capital) they may get a better job which earns more money (increase in financial capital) which in turn means that they are able to upgrade their home and facilities (increase in physical capital). Sometimes, however, one form of capital decreases as another increases (DFID, 1999:16). For the purpose of this study old age and constrained labour capacity of elderly women are the negative trends and shocks threatening the security of Elderly Women-Headed household and reduction of household vulnerability is the desired ultimate outcome through the government social protection programme in Elderly Women-Headed households.

The sustainable livelihood approach has been helpful and useful in capturing the processes and contextual factors that shape adaptive capacity of rural households to various shocks (Scoones, 1998:121; Scoones 2009:78; Connolly-Boutin and Smit 2016:390). The focus on the assets or capitals is important as it helps to establish what resources are available and accessible to assist adaptation and coping mechanisms among households which are under stress.

The sustainable livelihoods framework does not say much about what a sustainable livelihood is, instead it only indicates the parameters along which such a state could be visualized and attained. The framework remains relevant in explaining what makes a sustainable livelihood especially in rural areas (Mazibuko, 2013:178). The Sustainable livelihoods framework has been criticised as focussing more on the micro level analysis of livelihoods and poverty in rural communities, OPM (2015:17) however this research takes this as a major strength for the purpose of this study which is focussing on understanding vulnerability and poverty in Elderly Women-Headed household, the household is the unit of analysis for this study.

The sustainable livelihoods framework has been widely accepted as a key tool for development research and intervention among development scholars and practitioners despite the pointed out limitation that the approach does not incorporate global economic, political and environmental changes in its analysis. The framework has been described as a 'Pentagon Prison,' referring to its rigidity and inflexibility and more so strict adherence to the five capitals as the basis for livelihoods (.Mclean, 2015:380).

These weaknesses have created a template for further research intopossible alternative livelihoods frameworks that incorporate the global social, political factors and power dynamics beyond the micro level (Saxen, 2016:1196). However peasant farming remains the common base for livelihoods in rural areas in most African countries. Human security and food security are important and these are sustained by a strong livelihood base, (Chikulo, 2014:299) observed that in South Africa more 70% of rural poor do depend on peasant farming for a livelihood. Social protection measures in rural areas cannot be completely understood without a clear framework for understanding and examining rural livelihoods hence the importance of the Sustainable Livelihoods Approach. In this study the welfare state theory bridges the theoretical shortcomings of the sustainable livelihoods approach such as power dynamics and macro socio economic

political factors affecting government supported social protection in Elderly Women-Headed households

Resilience Measurement Index and Analysis (RIMA)

Resilience is a dynamic concept that exhibits complex and far reaching implications and dynamics which require a dynamic analytical framework to effectively unpack it (Barret *et al*, 2014:37). The conceptualisation and framing remains subject to multiple interpretations and theories grounded in the social sciences and economics. The term resilience has grown so much in popularity in development literature and in 2013 **resilience** was voted the development buzzword of the year according to Wilderl (2014:61) though many scholars remain contesting the applicability and meaning of the term resilience (Angeon and Bates,2015:8).

The popularity of the term resilience in the development discourse, and its adoption across development pillars among governments, NGOs and donors, has led to development of resilience measurement frameworks. The measurement of resilience is fairly a new and rapidly developing area in development research and practice and various resilience indicators have been thrown around in the development discourse. (ODI, 2015:7) Donors and NGOs have been the major forces pushing the resilience measurement frameworks driven by the desire to prove value for money and accountability (Bahadur *et al*, 2015:68).

There are various resilience measurement frameworks which have been developed over the past two decades and none of them can conclusively provide all the answers. The Literature carries a general consensus that vulnerability impedes development (Atkins *et al*, 2000:31). Resilience is highly related to vulnerability. The degree of exposure to exogenous hazards – natural catastrophes and/or economic shocks (e.g., climatic events, international trade instability, and market price volatility) is what vulnerability explains while resilience expresses ability to recover from a shock (Dabla- Norris *et al*, 2014:13). The following are some of the major resilience measurement frameworks; Rockefeller Foundation's Asian Cities Climate Change Resilience (ACCCRN), Assessments of Impacts and Adaptations of Climate Change (AIACC) Sustainable livelihood approach, Action Research for Community Based Adaptation, (ARCABARUP's City

Resilience Framework (ARUP), UK Department for International Development Building Resilience and Adaptation to Climate Extremes and Disasters framework (BRACED), UNDP Community-Based Resilience Analysis (CoBRA) Framework, Conostas and Barrett's Principles of Resilience Measurement for Food Insecurity, Mayunga's Capital-Based Approach to Community Disaster Resilience (Mayunga), International Institute for Sustainable Development's Climate Resilience and Food Security (IISD) and the UN Food and Agriculture Organisation's (FAO) Resilience Measurement Index (Schipper and Langston, 2015:9). The common thing about these frameworks is that resilience is at their core.

This research acknowledges the importance of Resilience Measurement Index as a framework for unpacking and measuring resilience in Elderly Women-Headed households. An index or resilience measure must be consistent and useful for stakeholders either practitioners or policymakers who are concerned about policy implications and who must implement an agenda based on statistical tools. Relevance and helpfulness imply comprehensiveness, ease of interpretation and simplicity (Angeon and Bates, 2015:143). The Resilience Measurement Index (RIMA) was recently employed as a predictor of well-being variation over time to estimate rural household resilience and the capacity of a Resilience Capacity Index to predict future food consumption. (Ciani and Romano, 2011:36). RIMA proposes an indirect measure of resilience that adopts regression analysis and, consequently, allows causal inference (FAO, 2016:15).

The conceptual framework for resilience measurement captures all the possible pathways to well-being in the face of shocks. Figure 3 below presents the framework showing what happens to a household livelihoods and well-being when a shock occurs and resilience mechanisms are activated (see Preacher *et al.*, 2013:21; FAO, 2015:17).

Resilience is a complex capacity concept that is made up of various termed pillars. The fundamental pillars of resilience in RIMA 11 following its further development have remained unchanged. The pillars being, access to basic services, assets, social safety nets, sensitivity; and adaptive capacity (FAO, 2012; FAO 2015:19). RIMA-II measures household resilience through the Resilience Capacity Index (RCI) and the RSM. RCI is a measure of household resilience level to avoid stresses and shocks having long lasting effects. Resilience structure explains how each pillar relates to resilience capacity that is how much each pillar contributes to determination of resilience capacity and how each observed variable relates to its pillar (FAO, 2016:8). A direct

measure of resilience provides a description of both resilience capacity and resilience structure. Resilience capacity is identified by the value of the RCI. Resilience structure is identified by the weightings that each pillar has in determining the resilience capacity and each variable has in determining the pillar (Fan, 2015:27). RCI provides a useful baseline and policy analysis tool to inform, target and rank households and, therefore, it's a good base for funding and policy decisions for both government and civil society on social protection policy interventions in vulnerable populations.

As a ranking tool, Resilience Capacity Index both identifies those household most at risk and isolates the specific areas of resilience weakness that lie behind the increasing vulnerability. In this sense, the index can reflect issues of economic policy and growth. Resilience Structure Matrix (RSM) therefore encourages corrective policy actions that enable households to better cope with or withstand the consequences of a shock (Alinovi *et al*, 2015:14). However, latent variable models are hardly employed in inferential analysis: they are mostly employed as descriptive tool. RSM perfectly explains the combination of relevance of every variable in explaining resilience though it omits the long-period effects and the non-linearity assumptions as well as the predictions obtained through a latent variable model, which can be biased by measurement errors (FAO, 2016:9).

RIMA-II is said to employ latent variables models to estimate resilience. Latent variable models assume that observed variables are manifestations of an underlying unobserved latent concept and other variables construct and influence the latent factor(s), with a reciprocal effect. The chosen structure is highly relevant as there are several institutional, political and social arrangement factors that influence development and need to be taken into account. Not only do these factors influence the index performance but they are also influenced by it. A simple example is that if access to social protection is facilitated, i.e. household production capability is increased, development improves and this may in turn encourage more people to access social protection at the same time improving quality of life for poor vulnerable households. This may result in the government strengthening implementation of social protection policy. This is because the process of development generates a virtuous cycle (Lopez-Fuentos and Calvete, 2015:341). Thus there is a feedback mechanism by which supported households promote. Unless this feedback

mechanism is taken into account there is no possibility of having a complete picture of the nature of the evolving system (Krishnakumar, 2004:18; FAO, 2014:67).

Fig 2.7 The Resilience Measurement Index and Analysis Pathway



Source: Alinovi *et al*, 2015:14

The RIMA approach is based on a two-stage procedure. In the first step, factor analysis (FA) is used to identify the attributes called pillars in RIMA terms that contribute to household resilience, starting from observed variables. These attributes are: Access to Basic Services (ABS), Assets (AST), Social Safety Net (SSN) and Adaptive Capacity (AC). (FAO, 2016:18) The summary statistics of the observed variables used for estimating the pillars are shown in the Annex. In the second step, a Multiple Indicators Multiple Causes (MIMIC) model is estimated. Specifically, a system of equations is constructed, specifying the relationships between an unobservable latent variable (resilience), a set of outcome indicators (food security indicators), and a set of attributes (Fan, 2015:34).

The RIMA while being a strong measure of resilience, its scope remains limited to measuring resilience to food insecurity. Consistent with the framework in Fig 2.7 above, it is assumed that the resilience of a given household at a given point in time, T0, depends primarily on the options available to that household to make a living, such as its access to assets, income-generating activities, public services and social safety nets. These options represent a precondition for the household response mechanisms that is its ability to handle risk to a given risk (FAO, 2016:23).

Assuming that between T0 and T1, some shocks occur, which may be endogenous, if related to the household's control of its options, or exogenous, if beyond the household's control. Whether the shocks are endogenous or exogenous, the household reacts to them by using available response mechanisms and its absorption and adaptive capacities. The reaction to some shocks occurs through policy support by decision-makers other than the household for example government with support from donors may introduce social protection measures to cushion households against shocks. A third dimension of resilience is stability, which is the degree to which a household's options vary over time (Alinovi *et al*, 2015:21). Households showing high adaptability and high stability will likely have high resilience to food insecurity, while those showing low adaptability and low stability will have low resilience. Intermediate cases will likely determine medium-level household resilience.

Every component at time T0 is estimated separately, to generate a composite index of household resilience. The different components of the resilience observed at time T1 then reflect how all these factors produce change in a household's resilience. The resilience index for household can be expressed as follows:

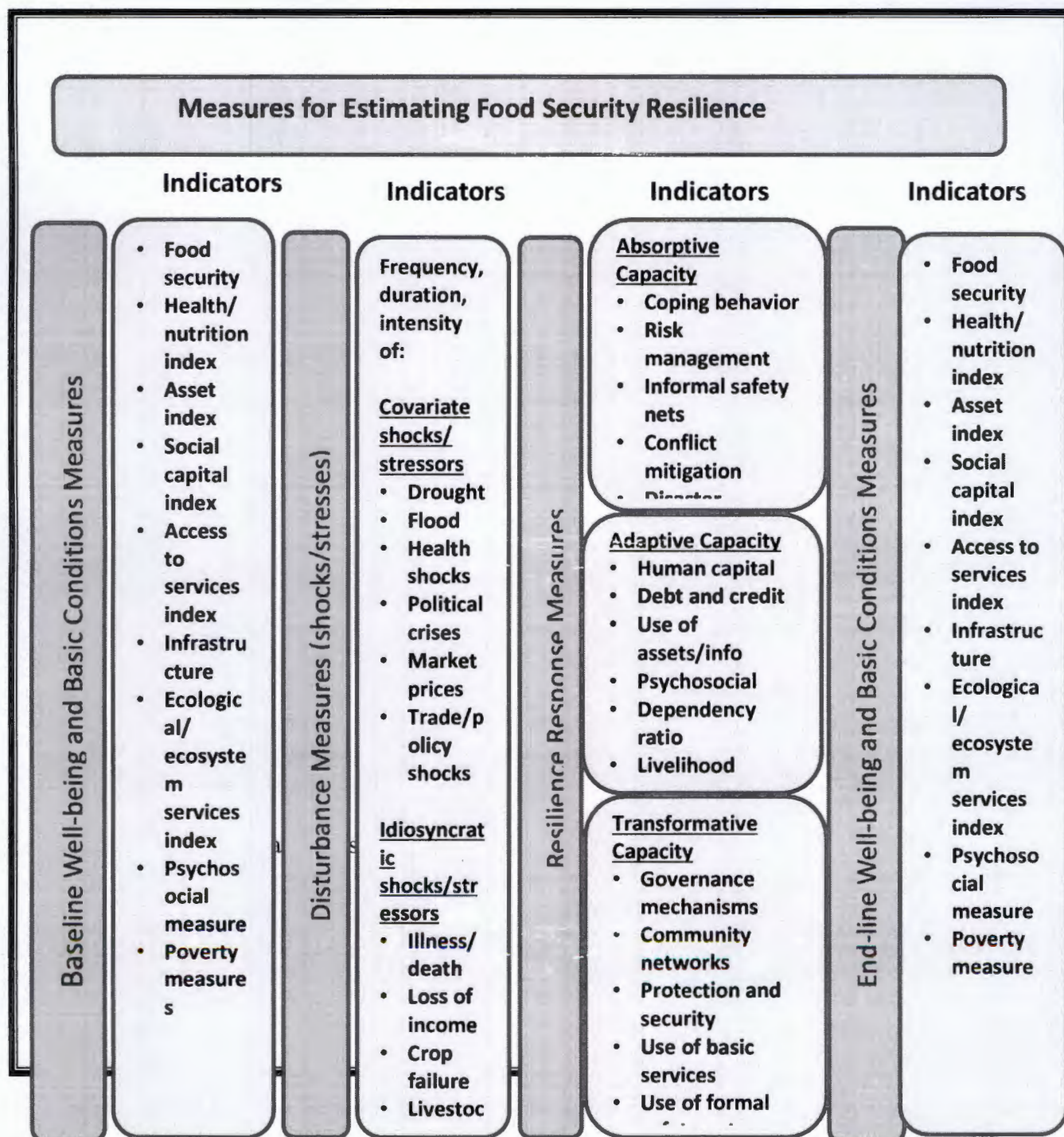
$$R = f(IFA, A, APS, SSN, S)$$

Where: R = resilience; S = stability; SSN = social safety nets; APS = access to public services; A = assets; IFA = income and food access; and AC = adaptive capacity. Resilience is not observable per se, and is considered a latent variable depending on the terms on the right hand side of the equation (FAO, 2016:10). To estimate R, it is therefore necessary to estimate separately IFA, S, SSN, APS, A, AC, which are themselves latent variables because they cannot be directly observed in a given survey, but it is possible to estimate them through multivariate techniques. Fig 2.8 below presents the framework estimating factors affecting resilience (FAO, 2015:22).

Measuring Resilience as a Subjective Phenomena

There have been great efforts to quantitatively measure resilience and the RIMA is the most common model in *literature*. (FAO, 2000:34) Quantitative measures of resilience remain informed by objective indicators estimating and analysis frameworks. These quantitative frameworks are not fully adequate, conclusive and satisfactory in establishing the actual and real levels of resilience among poor vulnerable households. Resilience measurement faces the challenge of conceptual ambiguities as there are no universally agreed frameworks of indicators. Resilience is a latent non- tangible, non- observable variable which is highly subjective, hence the inadequacy of quantitative measures. This has given rise to a strong advocacy towards subjective measures of resilience among scholars (Jones *et al*, 2018:2). This study uses the below framework for estimating resilience developed by Frankenberger and Nelson (2013:12) together with a four-point Likert scale which focusses on adaptive capacity, capacity to prepare and transform in the face of extreme and severe household food insecurity. (Olsson *et al*. 2015:31). Subjective measurements of resilience have been instrumental in providing great insights about resilience which are grounded in peoples' lived realities of resilience (Miller *et al*, 2010:26). Fig 2.8 below presents the framework for estimating resilience.

Fig 2.8 Framework for Estimating Resilience



Source: Frankenberger and Nelson, 2013:12

The resilience measures shown in Figure 2.8 include measuring the type, duration, intensity and frequency of shock or disturbance. Shocks are natural, social, economic, and political in nature. They can occur as slow or rapid onset shocks or longer-term stresses or trends and can be idiosyncratic or covariate in nature. Shocks can be transitory, seasonal, or structural, and their frequency, severity and duration can vary widely (Fan, 2015:32).

Building resilience requires an integrated approach, and a long-term commitment to improving three critical capacities: absorptive capacity (e.g., coping strategies, risk management, savings groups), adaptive capacity (e.g., use of assets, attitudes/motivation, livelihood diversification, human capital) and transformative capacity (e.g., governance mechanisms, policies/regulations, community networks, formal safety nets). Resilience responses can be measured before, during and after shock and at household, community and higher systems levels (Nolty *et al*, 2015:38).

Resilience is a determinant of well-being outcomes, such as food security, poverty, nutritional status, health status. Ex post analysis of the well-being and basic conditions indicators measured at baseline allows for analysis of changes over time as the basic measure of resilience. Resilience is context-specific, therefore, it is defined by the type of change or shock experienced, as well as by the social, economic, environmental, and political context in which the shock occurred and household or community response decisions are made (Soitu, 2015:10). Context-specific measures will vary by program, location, population, etc., but could be based on a shared framework of contextual categories which would allow for comparison across contexts (FAO, 2016:22).

The theoretical framework for this research is premised on the welfare state theory, actor-oriented approach, sustainable livelihoods approach and the 3P and T -3D resilience theory. Social protection interventions in vulnerable populations such as the elderly women are not

homogenous more so their impacts are so varied and complicated such that no single theory can provide a complete theoretical framework for research and navigating the issues.

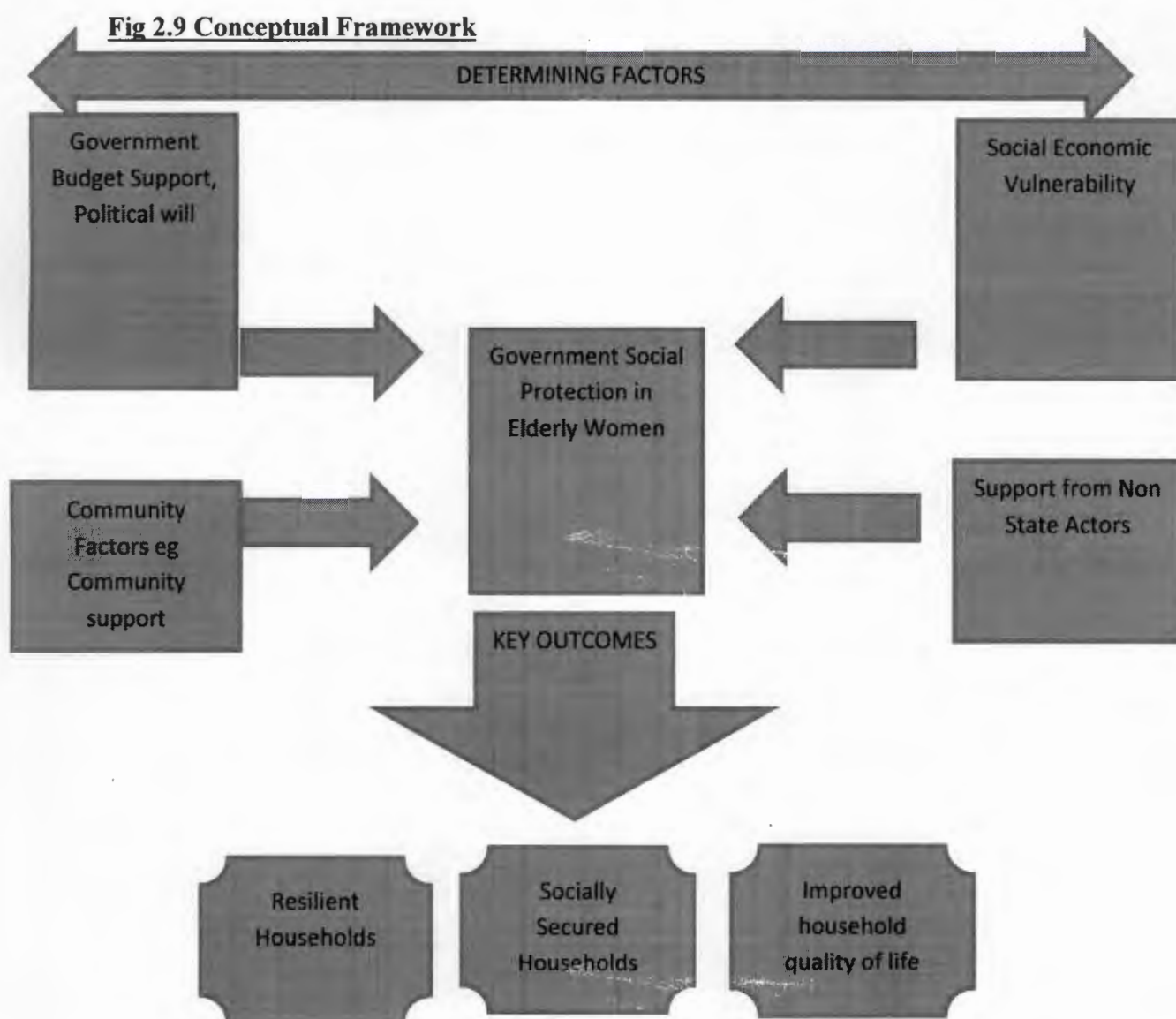
The welfare state theory in this research is a grand theory which enables the study to understand the role of the state and its dynamics in social protection since this research is focussing on state supported social protection. Social protection among the poor vulnerable populations is a state responsibility hence the importance of a theoretical foundation for analysing its role in social protection (Sabates-Wheeler, 2013:46).

The Sustainable Livelihoods framework provides this research with a broad and comprehensive theory to understand livelihoods in Elderly Women-Headed households within the objective of examining the survival strategies of Elderly Women-Headed households. The Sustainable Livelihoods theory remains the only theory with a more detailed framework for micro analysis of households under social protection, with the household being the unit of analysis. The welfare state theory is weak on micro analysis of state supported social protection programmes in vulnerable populations but stronger on the macro level analysis. Therefore the Sustainable Livelihoods approach and Welfare state theory complement each other through micro and macro level analysis of social protection interventions respectively

Resilience is key concept in this study as the research seeks to understand the coping strategies, adaptive capacity and other survival strategies or responses of Elderly Women-Headed households. The 3P and T -3D Resilience framework, Resilience Measurement Index and Analysis and the resilience estimating framework on a Likert scale provide a comprehensive analytical frameworks for understanding resilience as a concept and lived reality of Elderly Women-Headed households. The Actor Oriented theory complements the 3P and T -3D resilience framework by providing a base for examining the agency of Elderly Women-Headed households. Agency forms an important part in the dynamics of resilience in Elderly Women-Headed households. The broad theoretical framework outlined above provides for a comprehensive theoretical foundation for analysing social protection in Elderly Women-Headed households which is complex and intricately intertwined by various micro and macro social economic political factor

2.11 Conceptual Framework

A conceptual framework explains either graphically, or in narrative form, the main things to be studied – the key factors, concepts or variables and the presumed relationship among them (Miles and Huberman, 1994:18). The following diagram Fig 2.9 present the conceptual framework for this research



Adapted from Miles and Huberman (1994:23); Mtetwa and Muchacha (2013:19)

This study contends that while qualitative research can originate from an inductive standpoint building a theory as the research evolves and a conceptual framework emerging through also, it

is important for a research to have a rudimentary framework providing a base of undertaking the research and analysing the findings. The conceptual framework should not be a limiting guide in the research but it's just a guide for analysis though Yin, (1994:78) observed that a research can ultimately be confirmatory to its conceptual framework.

2.12 Social Protection Challenges

Social protection in developing countries continues to face a number of challenges towards its successful and effective implementation despite the high demand for social protection. Public social protection and assistance is scant and weak in most developing countries as their economies are predominantly rural and rely on informal support mechanisms (Barrientos, 2015). Most governments in Africa and most developing countries have weak institutions and social policies which are also fragmented coupled with poor political systems and labour organizations exacerbated by corruption in most economies (UNDP, 2016:27). These challenges continue to hamper access to social protection by vulnerable populations especially the aged.

However, despite the above challenges there has been growing realisation of the importance of social protection in reducing poverty and vulnerability in most developing countries

The majority of developing countries have introduced or expanded a variety of social protection programmes and policies addressing poverty and vulnerability. There are various social protection interventions on the African continent covering various groups of vulnerable populations as orphans and vulnerable children, widows and elderly people (UNDP, 2016:30). Local and international NGOs working together with governments have played a critical role in promoting and supporting the implementation of social protection interventions in most African countries.

2.13 Summary

This chapter has presented the definitions of key concepts and reviewed relevant literature on social security policies, as well as the theoretical frameworks on which the study is based. The following theoretical frameworks have been examined and applied in this chapter; Actor oriented Approach Welfare State theory, Sustainable Livelihoods framework and the 3D Resilience framework. Social protection is a very diverse field with multiple players from the state to non-

state actors whose prime purpose is to reduce poverty, risk and vulnerability among the poor populations such as Elderly Women-Headed Households. Examining social protection in the context of Elderly Women-Headed households in rural Zimbabwe provides a rich template for unpacking and understanding the impact of government social protection. This chapter further states that while there is a lot of recent literature on social protection there is still limited studies on government social protection interventions specific to Elderly Women-Headed households. Therefore more studies are still needed to explore the dynamics of public social protection policies with detailed focus on Elderly Women-Headed households.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter presents the design and research methodology employed in undertaking this research. The chapter further outlines the data analysis processes and techniques used in the study. Challenges and limitations related to this study are also presented. The chapter concludes by taking a detailed focus on the ethical considerations with respect to this research.

3.1 Research Methodology

Research methodology is the procedure or science of how research is scientifically conducted and the philosophy underlying it. On the other hand, research methods are the techniques used in scientific inquiry (Kothari and Carg, 2014:6). There are many research methodologies and approaches which are quantitative (structured) approach, qualitative (unstructured) approach, Mixed methods research, Participatory Action Research, Rapid Rural Appraisal and Participatory Rural Appraisal. Social research techniques such as Participatory Rural Appraisal, Rapid Rural Appraisal and Participatory Action Research have been used widely in most qualitative studies in Africa where the focus has been on social constructs around development and the experience of communities (Bless and Higson, 1993:36; Botchway: 2001:15; Blarkie, 2004:67). Every research methodology must be explicit, disciplined, and systematic in approach to find out the most appropriate results (Creswell 2009:1). Researchers usually adopt the quantitative approach to respond to research questions requiring numerical data while the qualitative approach is chosen for research questions that need textual data. However the mixed methods approach is used for research questions that require both numerical and textual data (Makrakis, 2015:151).

Quantitative methods are biased towards the positivist paradigm, while qualitative methods are also very closely associated with the naturalistic paradigm. Therefore, research methodology goes beyond research methods to consider the logic behind chosen methods, steps in the research process and assumptions underlying a research (Kothari and Carg, 2014:6; Makrakis, 2015:146).

Qualitative approach involves subjective assessment of human behaviour and experience while quantitative approach is based on quantitative data which is subjected to rigorous statistical analysis (Kothari and Carg, 2014:8). In this study the researcher converges quantitative and qualitative data in order to provide a comprehensive analysis of the research problem. Research methodology has many dimensions and research methods do constitute a part of the research methodology. The scope of research methodology goes beyond research methods to consider the logic behind the methods used in the context of a research study at the same time explaining why a particular method or technique has been used (Kothari, 2004:8). Research techniques and designs such as experiments, quasi experiments, observation, cross sectional approaches, retrospective and prospective studies are all part of the research methodology which can be used in qualitative, quantitative and mixed method studies. Qualitative, quantitative and mixed methods can be further sub-classified into inferential, experimental and simulation approaches to research. Inferential research approach aims to form a data base from which to infer characteristics or relationships of population to a wider population. Experimental research approach involves greater control over the research environment and in this case some variables are manipulated to observe their effect on other variables. A simulation approach involves the construction of an artificial environment within which relevant information and data can be generated (Creswell, 2009:76; Kumar, 2011:47; Makrakis, 2015:169). Research methodology therefore provides a broader framework under which a study is conducted.

3.1.2 Qualitative and Quantitative Balance

Qualitative research methods and quantitative research methods remain clearly defined and separate approaches in research though they are intertwined in the field of research practice (Myers, 1997:72; Makrakis, 2015:145). The quantitative type is driven by a positivist and objectivist philosophy while the qualitative type is driven by a phenomenological, social-constructivist, inter-subjectivist and interpretivist philosophy. Quantitative research methods were originally developed in the natural sciences to study natural phenomena and these methods include surveys methods, laboratory experiments and mathematical modelling (Kothari and Carg, 2014:8). Qualitative research methods were developed in the social sciences to enable researchers to study social and cultural phenomena. Qualitative research methods include action research, case study research and ethnography. Qualitative data sources are observation, participant observation, interviews, questionnaires and documents

Whatever the purpose of research, empirical evidence is required. Both qualitative and quantitative research methods were used in this study. Qualitative research methods as observed by Hussey and Hussey (1997:152) and Makrakis (2015:147) are subjective in approach and enables the researcher an opportunity to examine and reflect on the perceptions and attitudes of a community in relation to various social and human activities. Quantitative research methods have been used through data collection methods such as interviews and questionnaires to enrich the observations and findings of this study. The study collected both qualitative and quantitative data which were all triangulated for the purpose of enhancing the research integrity and validity (Creswell and Garret, 2008:41; Niem, 2016:89). The use of both qualitative and quantitative data produce more robust results than what can be achieved by a single approach hence this study strikes an appropriate balance between qualitative and quantitative data (Makrakis and Makrakis, 2015:144; Niem *et al*, 2016 94). Therefore this research is grounded in mixed methods under which a researcher or team of researchers combines elements of qualitative and quantitative research approaches: for example use of qualitative and quantitative viewpoints, data collection, analysis and inference techniques for the broad purposes of understanding and corroboration (Turner *et al*, 2007:123; Brown and Sullivan, 2016:436). Mixed methods ensures that one method nests on another thus inherent weakness of each method are addressed by another method which improves the validity, reliability and integrity of the research and its findings (Creswell, 2003:65; Kothari and Carg 2014: 9).

This study collected quantitative data through the household survey and this data did not have complete explanations in terms of key contextual issues, reflections and thoughts of the study respondents. Qualitative methodologies were further employed to enrich and bring the voice of the study participants into the study. Expressions, emotions and varied interpretations of government social protection support were captured through focus group discussions. Data collected through the household survey in this study could not provide detailed explanations about key issues such as survival strategies adopted by EW-HHs in this study, it was only indepth focus group discussions which provided greater meaning and depth to the numbers collected in this study.

Key informant interviews further enriched the study findings beyond the statistical data by unpacking and explaining key policy issues and challenges related to the implementation of

government social protection support. Issues such as involvement of ruling party political structures in community mobilisation and distribution of government social protection support could not be captured or explained by statistical data only. The mixed methods approach used in this study has played a critical role in enriching the findings of research at the same time ensuring that there is complementarity of qualitative and quantitative approaches thereby closing gaps and challenges presented by using only one method.

The study also takes a case study approach so as to catch the in-depth complexity of the research phenomena within its real context. According to Stake (1995:11) a case study is about particularity and complexity of a single case within a given environment. Thus this study takes an in-depth focus on Elderly Women-Headed households in the post 2000 resettlement area in Mhondoro- Ngezi rural district. Creswell (2003:97) further observed that case studies provide in-depth information which is bounded by time and activity, it is for this reason that the study takes a case study approach.

3. 2 Study Design

Research design describes the arrangement and plan for data collection and analysis in a manner that combines relevance and cost effectiveness in a study (Kothari and Carg, 2014:29). Research design involves the plan and processes of scientific data collection, instrument developing, sample selection and data analysis (Bhattacharjee, 2012:37 and Gray, 2014:128). This study explores the impact of government social protection among elderly-women-headed households and for the purpose of determining impact of government social support baseline data from EW-HH as at year 2013 was used as the base year This research assesses post experience of EW-HH against baseline data prior to enrolment to the GoZ Social protection (Silvermoon, 2003:38; Kothari and Carg, 2014:30). The government social protection policy in Elderly Women-Headed households can be said to have caused any difference in outcomes between the exposure period and the prior exposure to government social protection (White and Sabarwai, 2014:8).The key indicators which this study focussed on among EW-HH are household income, household asset base and household resilience to food insecurity (Lee and Lemieux, 2009:17). The observed differences between these indicators of interest form the basis of making a scientific based opinion and assessment (Quasim *et al*, 2011:67). A threshold rule in impact studies determines eligibility for participation in the programme and is usually based on a continuous variable

assessed for all potentially eligible individuals (Bruno and Marco, 2012:34). In this study the threshold is being an elderly woman headed household aged 60 years and above residing in the post 2000 rural resettlements of Mhondoro Ngezi rural district.

3.3 Population

Population refers to the population as an aggregate or totality of all the objects, subjects or members that conform to a set of specifications under study (Polit and Hungler, 1999:37). In this study the population consists of Elderly Women-Headed households in the eight wards of Mhondoro Ngezi rural district which have post 2000 resettlement areas. They are 1630 elderly women-headed households in the post 2000 resettlements of Mhondoro Ngezi rural district. (ZimStat, 2013:164) These are households in which the head is a woman aged 60 years and above.

The focus on Elderly Women-Headed households in this study provides us with a clearly defined vulnerable population group which qualify for government social protection support. Elderly Women-Headed households therefore are the best population group to examine in order to understand the impact of government social protection policy on the vulnerable population groups. Government public assistance or social protection support is means tested therefore for one to qualify socio economic vulnerability is highly considered. If the assessment confirms that the person has no any other means of livelihood and support, the person receives support. The vulnerability of elderly people especially women in rural Zimbabwe is not debated as they are the major target of most social protection interventions by government and other non-state actors.

3.4 Sampling Procedures

A sample in a research refers to any group or subset population which is representative enough, and from which information is obtained about the general target population (Frankel and Wallen, 1996:22; Silvermoon, 2000:18; Kothari and Carg, 2014:52). The aim of all sampling methods is to draw a representative sample from the population. This does not only save time and financial resources but also addresses validity and inferences which can be drawn from the study.

There are two types of sampling that is probability and none probability sampling. Probability sampling allows for random selection of subjects in a research while in none probability sampling subjects in a study are conveniently or purposively selected (Silvermoon, 2000:31).

Probability sampling ensures that the research is free from bias and values of the researcher as opposed to non-probability sampling which is driven by the judgement or values of the researcher. Probability sampling methods are simple random sampling, stratified random sampling and cluster sampling (Black, 1999:62; Kothari and Carg 2014:57).

This study used probability sampling method known as multi-stage random sampling for inclusion of Elderly Women-Headed households in this study. Multi stage random sampling allows for scientific inclusion of participants in a localised study (Chakraborty, 2012:27; Kothari and Gaurav, 2014:59). Multi-stage sampling allows the sampling of the wards followed by sampling of Elderly Women-Headed households in the selected wards. The first stage of random sampling focussed on 8 wards while the second stage was on the elderly women-headed households in the 4 sampled wards and 298 EW-HH were selected. This ensured that there is no bias in the selection of wards for the study. Beneficiary registers were obtained from the Department of Social Welfare and they were used to randomly select households being supported under the government social protection program. Unique codes or identifiers were assigned to each beneficiary for sampling purposes while household village registers were also used to confirm the residence of EW-HH in the study area. Non probability purposive sampling was used in the selection of key informants for the study. Key informants for the purpose of this study were drawn from the Department of Social Welfare, Local Authority, Rural Development Department, ZimStats and NGOs operating in the study area, church leaders, community leaders, councilors and traditional leaders. A total of 18 key informant interviews were conducted from the above departments and community structures and leaders.

3.4.1 Sample Size

Sample size is the minimum number of participants required to identify a statistically significant difference which is the number of study participants sufficient enough to represent the bigger population in its characteristics (Kothari and Carg, 2014:53). To determine the sample size the researcher was guided by the following principles; A sample should not only be statistically sound and significant but it should ensure that resources are used efficiently and ethically (Chakraborty, 2012:34). A sample size should be optimum; therefore, it must fulfil the requirements of efficiency, representativeness and reliability. "In determining sample the researcher should set the required precision and an acceptable confidence level for the sample estimate. (Kothari and Gaurav, 2014:57). A sample should therefore be neither excessively large

nor too small, it must be adequate enough to represent the larger population”. (Silvermoon, 2000:31; Kothari and Carg, 2014:58).

The sample for this study was determined using the precision-based approach since the study was not hypothesis based. This approach is also known as the confidence level approach. (Kothari and Gaurav, 2014:56). The sample size for this study was based on the Zimbabwe 2012 Census reports- Zimbabwe National Statistics Agency (ZIMSTAT, 2013: 158) population data per area. The wards were used as demarcation and enumeration areas. 50% of the wards were randomly selected for participation in this research from which elderly women-headed households were also selected. The enumeration areas were determined scientifically bearing in mind the need for the representativeness of the results and accuracy which is normally recommended when no major constraints exist. The study population for this research is made up of 1630 Households which are elderly female headed according to the last census of the country.

The sample for this research was calculated using STAT CAL Epi Info version 7 at 95% confidence Interval 5% being the margin of error and frequency of 50% and power of 80% and ratio of exposure to EW-HH on GoZ social protection of 1:1 and odd ratio of 2.1 (Berhane, 2014:11; CDC, 2017). The exposure to GoZ social protection support among EW-HH was 20% (DSW, 2015:13). In Amhara the PSNP had an odds ratio of 2.1 which this study has used as the basis for determining exposure rate to GoZ social protection support among social EW-HH. (Berhane, 2014:11). The minimum sample size for this study is 149 post exposure cases [Elderly Women-Headed households receiving government social protection support and 149 cases prior exposure to GoZ social protection]. Therefore the total study sample is 298 EW-HH excluding key informants.

The minimum sample for this study was 298 calculated using the following formula by Kothari and Carg, (2014:165)

Sample size for cases = n

$$n = \frac{r + 1}{r} \frac{pq (Z_{\alpha/2} + Z_{\beta})^2}{(p_1 - p_2)^2}$$

$Z_{\alpha/2} = 1.96$ at 95% significance level

$Z_{\beta} = 0.84$ at 80% power level

$$\text{Odds Ratio} = 2.1$$

$p_1 = \text{proportion of cases exposed}$

$$p_1 = \frac{ORp_2}{p_2(OR - 1) + 1}$$

$$p_1 = \frac{2.1(0.2)}{0.2(2.1 - 1) + 1}$$

$$p_1 = 0.3443$$

$p_2 = \text{proportion of controls exposed}$

$$p_2 = 0.2$$

$p = \text{sample mean}$

$$p = \frac{p_1 + rp_2}{r + 1}$$

$$p = \frac{0.3443 + 0.2}{1 + 1}$$

$$p = 0.2722$$

$$q = 1 - p$$

$$q = 1 - 0.2722$$

$$q = 0.7278$$

$$\therefore n = \frac{1 + 1}{1} \frac{(0.2722)(0.7278)(1.96 + 0.84)^2}{(0.3443 - 0.2)^2}$$

$$\therefore n = 2(74.591)$$

$$\therefore n = 149.2$$

Sample size for controls = n_2

$$n_2 = rn$$

$$n_2 = 1(149.2)$$

$n_2 = 149.2$ [149 cases of EW HH post exposure to GoZ Social Protection, 149 cases prior exposure to GoZ Social protection support. Total Minimum Sample Cases =298 cases]

3.4.2 Study Sample Assumptions

The following assumptions formed the basis of the study sample

- the sample is a simple random sample
- the sample observations are independent of each other
- the sample is selected from a normally distributed population

The following principles formed the foundation of the study sample for this research as a way of strengthening validity and reliability of the research findings. Stable unit treatment value assumption and the common support principle guided the study design for this research. The stable unit treatment value assumption embodies two conditions: (a) there is only one form of treatment and one form of non-treatment for each unit. In this study government social protection is standard treatment and (b) there is no interference among units in the sense that the outcome experienced by unit is not influenced by the treatment state nor the outcome of any other member of the population. The impact of the government social protection in one elderly woman headed household is not related with the impact on the other Elderly Women-Headed households (Massimo and Rodriques, 2012:12). The common support assumption also embodies two conditions, the first being that EW-HH were assessed prior and post exposure to GoZ social protection. This study assessed Elderly Women-Headed households receiving government social protection support before exposure to GoZ social protection and post exposure, baseline data was collected using the retrospective base year of 2013. (Peres *et al*, 2017:265). The second assumption states that for each EW-HH there is a comparable periods of none exposure to GoZ social protection and post exposure to GoZ social protection (Shahidi *et al*, 2016:1018; Messetti and Chritotoletti, 2018:259). Therefore in this research for every elderly woman headed household participating the study there is a comparable period of pre- exposure and post exposure to GoZ social protection.

3. 4.3 Sampling Interval for Elderly Women-Headed- households

The sampling interval for this study is 5.4 [Sampling frame of 1630 divided by sample size of 298. Sampling interval is the frequency of data collection or targeting of participants in the study.

(Kothari and Carg, 2014:56) There are 1630 Elderly Women-Headed households in the post 2000 resettlements of Mhondoro Ngezi. (ZIMSTAT, 2012:163). The minimum study sample size as determined above is 298 both Elderly Women-Headed households on the government social protection and those not supported for comparison purpose. Therefore every 5th elderly woman headed household was picked for inclusion in the study that for households receiving government social protection and those not.

3. 4.4 Study Variables

Independent variables for this study are: Age, occupation, religion, educational level, marital status, place of residence

Dependent variable: Government Social Protection on Elderly Women-Headed households. The impact of government social protection in Elderly Women-Headed households is critical in this study. This has been assessed against non -exposure period for Elderly Women-Headed to effectively determine the net impact and contribution (Garcia- Sanchez and Martinez- Ferrero, 2017:229).

3.4.5 Study Participants Inclusion

The study participants recruited for the purpose of this study were elderly women heading households who were aged 60 years and above at the time of research fieldwork. The study participants were elderly women heading households aged 60 years and above. All the participants were residents of post 2000 resettlement areas of Mhondoro –Ngezi rural district and willing to participate in this research. Elderly Women-Headed households receiving government social protection in the study area participated in the study.

3. 5 Data Collection and Tools

The following data collection methods were used in this study; content analysis (analysis of historical, published and unpublished data), household interviews, key informant interviews and focus group interviews (Bless and Smith, 1998:49; Kothari and Carg, 2014:29). Since the study was concerned with the net impact of government social protection interventions on Elderly Women-Headed households attributable only and exclusively to the government social protection program, the study compares Elderly Women-Headed households receiving

government social protection prior and post exposure for the purpose of managing counterfactuals and determining impact in this research (Ezemenari *et al*, 2000:8). Data collection is a key process which forms the backbone of any research. The methods of data collection are determined by the type of data to be collected that is primary and secondary data. Primary data is new and original while secondary is already documented (Kothari and Garg, 2014:98). This study is largely based on primary data which was collected through questionnaires, key informant interviews and focus group interviews and discussions. Data collection methods used in this study are; analysis of historical, published and unpublished data, household interviews, key informant interviews and focus group interviews are further explained below.

3. 5.1 Key Informant Interviews

The study engaged key stakeholders and informants through a key informant guide (See Annexure V for Key Informant Guide) which was open-ended to obtain more in-depth information. A total of 18 key informants were interviewed and these were drawn from the district, provincial and national levels and these were from government departments Department of Social Welfare officials at district, provincial and national level. Four officials were drawn from the Department of Social Welfare. The district administrator, and social services officer from Ministry of Local Government, Mhondoro Ngezi Rural District Council were also engaged for the key informant interviews respectively.

The Department of Social is at the core social protection administration in Zimbabwe hence the inclusion of its officials as key informants. The District Administrator provides leadership on all government programmes in Zimbabwe at district level on behalf of central government while the local authority in addition on being the land authority provides key social services to the community without primarily focusing on social protection. The above constitutes the rationale for inclusion of the mentioned key informants for the purpose of this study

Key informant interviews were held with NGOs operating in the study area which are Simbarashe Network and Family AIDS Caring Trust. Four local councilors, two traditional chiefs were also engaged through key informant interviews for the purpose of this research. The study further engaged one official from the Ministry of Women Affairs, Gender and Community Development through the key informant interview. The Member of Parliament for the study area,

Hon. P Harritatos as a policy maker was further engaged through the key informant interview for the purpose of this research. Policy makers play a critical in making laws and policies especially from an informed point of view.

NGOs are the major non state actors complementing government efforts in development and this study cannot be complete without engaging NGOs operating in the study area for the purpose of understanding their operations in relation to social protection. The role of non-state actors is critical in understanding how social protection interventions can be supported and strengthened by both government and non -state actors. Furthermore the Department of Women Affairs, Gender and Community Development is the lead government agency with a mandate to improve the social and economic conditions of women and for this purpose this study engaged officials from this department as key informants.

Data from key informants covered various issues such as policy issues, government support to Elderly Women-Headed households, adequacy and quality of support, support by non-state actors and recommendations for addressing gaps and challenges at policy and implementation level Ten (10) key informants completed their questions in writing as they requested more time to attend to the issues and they were given an outline of the questions based on the key informant guide and this helped to ensure reliability and validity of the data. Eight (8) key informants had their interviews recorded and verbatim transcripts of the interviews were developed which were confirmed by the key informants as true records of their opinions. ATLAS.ti 7 has been used to sort and analyse data from key informants on the various themes and issues.

3.5.2 Focus Group Discussions

Focus group discussions involves a group interview where the participants' attention and discussion is directed towards specific issues. The facilitator confine the respondents to particular issues. The role of the facilitator is to guide and act as catalyst to a *comprehensive expression of the respondents' feelings and beliefs,* Kothari and Carg (2014:93) as well as knowledge on the given subject under discussion. There is no globally agreed standard size of a

focus group discussion, however most scholars agree that the numbers can range from 7 to 15 members to allow the group to be easily managed (Narayan *et al*, 2000:47; Kothari and Carg, 2014:94). The study conducted four focus group discussions with elderly women household heads whose focus were to assess the impact of government social protection measures in resettlements. Four focus group discussions were conducted with elderly women household heads. Two focus group discussions were held with Elderly Women-Headed households receiving government social protection while the other two was for Elderly Women-Headed households not receiving government social protection support from the study area. The size of the focus groups ranged for the purpose of this study 12 members residing the same locality. A focus group discussion guide was used (See Annexure VI for the Focus Group Discussion Guide) Focus group discussions enabled the interviewer to confine the discussion to the desired subject matter (Bless and Smith, 2004:17). Focus group discussion in this study were confined to issues of access to social protection measures, politics of inclusion and exclusion, gender and dimensions of social vulnerability and quality of life for vulnerable populations in the post 2000 resettlements areas. In total the study conducted four focus group discussions.

A focus group discussion question checklist has been used in this research in the designing and developing of appropriate questions for the focus group discussions. Kruse (2014:222), observed that there are some very good aspects of focus group questions that are useful in formulating questions that won't just produce monosyllabic answers like "Yes" and "No", but that will animate the interviewee to elaborate, hence the need for a checklist to ascertain that the discussion questions are good enough for meaningful engagement and discussion (Dresing 2015:11). This is what the researcher followed. See Annexure V for the Focus Group Question Checklist.

3.5.3 Survey Questionnaire

A questionnaire survey is concerned with recording, describing and interpreting conditions that either existed or exist with respect to subject under study. The researcher does not manipulate the variables or arrange for events to happen; therefore a survey is concerned with recording a situation that exist and it may note the past events or situations (Kothari and Carg, 2014:90). The study administered 315 survey questionnaires on elderly-women-headed households which were all interviewer administered (See Annexure IV). The survey quantified and qualified data on the

following issues on demographic data, nature of government social protection measures, access, social services in resettlements, nature and diversity of social vulnerability, survival strategies and the role of non-state actors.

Questionnaires for this study were pretested in Sanyati rural district which is a neighboring rural district to Mhondoro Ngezi rural district. The pretest was done to check on the willingness of participants to answer questions, acceptability of the questions and whether questions could collect intended data. The necessary modifications were done guided by the feedback from the pretest.

3.5.4 Secondary data collection

Secondary data is data which has been already collected, readily available in the form of reports, published or not published (Kothari and Carg, 2014:90). After perusal the researcher got insightful, relevant and helpful data on vulnerability status of women headed households, budget allocations and expenditure on social protection, population distribution, social protection progress and issues in rural Mhondoro Ngezi, women empowerment and issues, from the following secondary sources Zimbabwe Vulnerability Assessment Committee Reports, National Budgets, Fiscal Policy Reviews and Government Land Reform Assessment Reports. Department of Social Welfare Progress reports, Ministry of Women Affairs, Gender and Community Development Progress reports and NGO Progress reports,

3. 6 Data Analysis and Interpretation

Data requires the researcher to plan about data analysis (Silvermoon 2000:119; Kothari and Garg, 2014:104). Data preparation is key process which precedes data analysis after examining and cleaning of raw data to ensure high standard of quality and completeness in the collected data. Survey questionnaires in this study were subjected to field based editing which involved checking the questionnaires for completeness at the data collection stage. (Kothari and Carg, 2014:115). Data analysis is a scientific rigorous process in which data is sorted, interrogated for meanings and implications in a given context. Data analysis is the heart and core of research in all sciences (Roth, 2015:3). It brings order, structure and meaning from the mass of collected data through application of deductive and inductive logic to the research data (Morrison, 2012:24). Data interpretation is a process of drawing inferences from the collected analysed data. Data interpretation is concerned about relationship among the data variable and provides a

platform for continuity of research beyond the collected and analysed data (Kothari and Carg, 2014:407). Data analysis and interpretation therefore completes a research through provision of meaning and derived implications.

Qualitative data analysis is less standardised with a wide variety of approaches being employed to qualitative while quantitative analysis is driven from a specialised, standard set of data analysis techniques. Qualitative data analysis is in the form of words, expressions, feelings and emotions which are relatively imprecise, diffuse and context based, but quantitative data analysis is informed by statistical relationships and models (Kreuger & Neuman, 2006:434-435). This study employed both qualitative and quantitative research methods though the study remains heavily grounded in qualitative research methods.

This researcher used SPSS version 22.0 to support the statistical data analysis of the household questionnaires. Quantitative data analysis was conducted on the following levels; univariate, bivariate and multivariate analysis using the SPSS version 22.0. Qualitative analysis was done by coding data collected, putting them into themes and thereafter interpreting them.

Focus Group Dissuasion Data Analysis

Micro-interlocutor analysis is an analysis of focus group discussions data with particular attention to individual members in focus groups. According to Wilkinson (1998:64), most focus group analysts use the group as the unit of analysis. However, using the group as the unit of analysis precludes the analysis of individual focus group data. In particular, it prevents the researcher from documenting focus group members who did not contribute to the category or theme. The voices of silent members may not be acknowledged in focus group thus a micro interlocker analysis helps to manage such group dynamics.

According to Crabtree, Yanoshik, Miller, and O'Connor (1993:37) a sense of consensus in the data actually might be an artefact of the group, being indicative of the group dynamics, and might provide little information about the various views held by individual focus group members. According to Sim (1998:348) "conformity of opinion within a focus group data is therefore an emergent property of the group context, rather than an aggregation of the views of individual participant. Consensus establishing template was used for the purpose of ensuring that

the views of all members in focus groups are considered and this research used the template to enrich the findings of the study. (See Annexure XII for the Focus Group Consensus Establishing Template)

Constant comparison analysis technique was developed by Glaser and Strauss (1992:58) Constant comparison analysis is also known as the method of constant comparison first used in grounded theory research. However Leech and Onwuegbuzien (2008:17) observed that constant comparison analysis can also be used to analyse many types of data from multiple focus groups. ATLAS.ti 7 was used to assist with constant comparison analysis in this study. The constant comparison analysis subjects the data from focus group discussions to a 3 stage process. The first stage is open coding where data are chunked into small units. The researcher attaches a descriptor or code to each of the units. The second stage is axial coding where these codes are grouped into categories. The third and final stage is selective coding where the researcher develops one or more themes that express the content of each of the groups.

The constant comparison analysis is best when there are multiple focus groups within the same study which allows the focus group researcher to assess saturation in general and across-group saturation in particular. In this study focus group discussions data was analysed one focus group at a time, analysis of multiple focus groups effectively serves as a proxy for theoretical sampling, which is when additional sampling occurs to assess the meaningfulness of the themes and to refine themes (Charmaz, 2000:28). This technique was found to be more relevant to this study as they are more focus group discussions conducted under this researcher. The researcher used the multiple focus group discussions to assess if the themes that emerged from one group also emerged from other groups. This assisted the researcher in reaching data saturation and/or theoretical saturation. The researcher therefore designed the multiple focus group discussions to test themes which is known as emergent-systematic focus group design.

Classical content analysis. The classical content analysis includes creating smaller chunks of the data and then placing a code with each chunk as in the constant comparison (Bless and Smith, 2008:34). However, instead of creating a theme from the codes as with constant comparison analysis with classical content analysis these codes are placed into similar groupings

and counted for frequencies where possible. This technique was used in this study to establish frequencies on various issues and themes. This study used Word cloud and Word List functions from ATLAS.ti 7 to establish word frequencies from the focus group discussions.

Keywords-in-context analysis defines an analysis of the culture of the use of the word (Fielding & Lee, 1998:83). The purpose of keywords-in-context is to determine how words are used in context with other words. The major assumption underlying keywords-in-context is that people use the same words differently, necessitating the examination of how words are used in context. The contexts within words are important in focus groups because of the interactive nature of focus groups. Thus, each word uttered by a focus group member not only should be interpreted as a function of all the other words uttered during the focus group, but it should be interpreted with respect to the words uttered by all other members of the focus group. This research used the key in context analysis to determine key constant running themes through key word analysis of the focus group discussions. This helped the analysis with identifying common concerns and issues which were further be analysed through examining the frequencies of such issues. The Word Cloud function from ATLAS.ti 7 was used also to establish key words and their frequencies from the focus group discussion which ensured the researcher remained focussed to the issues related to the objectives of the study.

Discourse analysis is also known as discursive psychology which was developed by a group of social psychologists in Britain who posited that to understand social interaction and cognition, it is essential to study how people communicated on a daily basis (Potter & Wetherell, 1987:121). Discourse analysis involves selecting representative or unique segments or components of language use such as several lines of a focus group transcript and then analysing them in detail to examine how versions of elements such as the society, community, institutions, experiences, and events emerge in discourse. The concept of discourses refers to well-grounded ways of relating to and describing entities. Cowan and McLeod (2004:67) stated that the use of discourse analysis procedures can require a critical rereading of processes, themes and issues that occur in social interactions that have been overlooked. Discourse analysis was used to assist this research in paying particular attention to language or components of language which may have significant meaning in the research.

Outlier Case Analysis

This is an approach to data analysis where an eye is kept closely on the cases that are outstanding and not fitting the conventional explanation which could be thrown out for that purpose. The process is also known as negative case analysis. This approach helped the researcher to develop the emerging theory from the generated evidence. After identifying a category, theme or a relationship between themes, grounded theory researchers are urged to look for 'negative cases' – that is, cases that do not fit. The identification of these cases or issues allows the researcher to qualify and elaborate emerging theory and new perspectives which ultimately add depth and density in capturing the full complexity of issues and generated evidence (Glaser and Strauss, 1992:76). This research has been enhanced by negative case analysis in identification and explanation of issues that do not fit the usual trend.

Saturation

The process of data collection and data analysis in qualitative data analysis informed by grounded theory continues until theoretical/theme saturation is achieved. Glaser and Strauss note that during the process of collecting data, the researcher continues to sample and code data until no new categories/themes can be identified, and until new cases of variations for existing categories have ceased to emerge. The saturation point is the point at which the set of categories and subcategories developed do capture the bulk of the available data (Glaser and Strauss, 1967). However, though saturation can be achieved, available data remains subject to modification and changes in perspective during analysis as new issues emerge. This is despite the aim of the researcher to reach saturation. Qualitative analysis and grounded theory remain limited and under constant renewal depending on issues under examination. Glaser and Strauss observed that:

'When generation of theory is the aim, however, one is constantly alert to emergent perspectives, what will change and help develop the theory. These perspectives can easily occur on the final day of study or when the manuscript is reviewed in page proof: so the published word is not the final one, but only a pause in the never-ending process of generating theory' (Glaser and Strauss, 1967: 40).

Having noted the above from the literature, Saturation as a technique has been used in the analysis of data from focus group discussions and key informant interviews in this research. This helped the study by establishing and redefining themes and categories used in the data analysis

process. ATLAS. ti 7 helped this study in establishing saturation through auto coding and free coding of data from the focus group discussions till no new codes were emerging.

Newly Emerging Concepts

The process of establishing new concepts emerging from qualitative analysis of focus group discussions which is also known as theoretical sampling is used as a way of checking on the emerging conceptual framework rather than being used for the verification of preconceived hypotheses (Glaser, 1978). After developing a set of focused codes into categories the researcher weaves them together in developing a grounded theory. The emerged-grounded categories, derived from the data, are the basic building blocks for the theoretical understanding of the area under study.

This is a process which involves collecting further data in the context of categories that will have emerged from earlier stages of data analysis. Theoretical sampling therefore is checking emerging theory against reality by sampling incidents that may challenge or elaborate its developing claims (Glaser and Corbin, 1992:165). Earlier stages of grounded theory require maximum flexibility in order to identify various descriptive themes or categories, theoretical sampling is concerned with the refinement and, ultimately saturation. Theoretical sampling has been used in this study to examine the applicability of the main theoretical frameworks used in this research and the development of alternative frameworks to explain multiple vulnerabilities and social protection in Elderly Women-Headed households. Using this approach this study has developed the Prioritised and Targeted Social Protection Framework for Elderly Women-Headed Households (PTSP) following the inadequacy of theoretical frameworks used in this research to explore and explain social protection and resilience among Elderly Women-Headed households. The above qualitative data analysis techniques have been used in this study noting that qualitative data from focus groups discussion cannot be completely analysed using a single technique, hence the need to subject the data to rigorous analysis through multiple techniques noted above. Subjecting qualitative data to multiple data analysis techniques ensures that you draw the multiple diverse meanings from the data (Roth, 2015:8).

3.7 Delimitations and limitations of the study

This study is delimited to Mhondoro Ngezi rural district and its findings however may not be generalised to other rural areas outside Mhondoro Ngezi due to varied socio economic and geographical settings. However the research findings remains relevant in informing development policy and understanding the challenges faced by government officials and other stakeholders in the implementation of social protection policy - especially those that relate to elderly women in Zimbabwe rural areas.

3.8 Ethical Issues

Research that involves human beings always carries social, political and legal issues and obligations. Research ethics therefore provide a framework and guide of how human beings in research should be treated. Research ethics should be upheld to ensure that human participants in the research are protected and to ensure that research serves the interests of society, justice at the same time examining the ethical soundness of research process and activities (Kothari and Garg, 2014:19).

The Nuremberg Declaration is the first international document to affirm the importance of upholding of research ethics making it clear that human beings should voluntarily participate in a research and that the benefits of the research should outweigh its risks for human beings to participate. The ethical principles of the Nuremberg declaration were buttressed by the Declaration of Helsinki in 1964. Research that does not conform to a set standard of ethics falls short in both integrity and validity (Chakraborty, 2012:93).

In this research, the following ethical principles were upheld:

Autonomy

Autonomy means respect for elderly women's autonomy and rights of dignity and privacy (Creswell, 2003:18). Elderly women in this research were engaged in their home environments where they were also free to engage the help of family members for the purpose of this research. Beneficence is defined as the ethical obligation to do well and avoid harm. The research did not expose the participants to any harm, participants were free not to respond to any issue they were not comfortable and they were also free to even terminate the research interviews without notice.

The participants who are not receiving the government social protection were given the opportunity to know about the existence of such a support program.

Permission to Proceed

Permission was sought from the Department of Social Welfare (See Annexure for the authority to conduct fieldwork for this study) and North-West University. NWU gave permission for the study to proceed through an ethical clearance system for the research (See Annexure)

Confidentiality

Confidentiality was maintained throughout the study by not putting names of participants on the questionnaires. The questionnaires are being kept in a cabin under lock where access is limited to the researcher alone. Six months after the research the questionnaires shall be burnt

Informed Consent

Informed consent is one of the most testing research ethics with regard to older people to ensure that they are properly informed for their consent. Informed consent is defined as

“a decision, which must be written, dated and signed, to take part in a research, taken freely after being duly informed of its nature, significance, implications and risks and appropriately documented, by any person capable of giving consent or, where the person is not capable of giving consent, by his or her legal representative; if the person concerned is unable to write, orally consent in the presence of the researcher, at least one witness may be given in exceptional circumstances” (Terson and Wallin, 2008:39).

Researchers should not assume unquestionably that the consent to participate in research of an older adult person can only be obtained from a carer or surrogate (Terson and Wallin, 2008). In this study elderly women are the household heads hence they are the decision makers in their households and it is for this reason that consent was sought from them (De Costa *et al*, 2004:13). However elderly women in this study were free to engage the assistance of a household member or any person of their choice for participation in the research. The study used the competency based approach in seeking consent of elderly women to participate in the study, through this approach elderly women who are competent in understanding the research were engaged for the study. Consent forms were used in this study for purposes of securing informed consent to participate in the study (Lekakakala –Mokgele, 2013:4).

Written consent was used to seek permission for carrying out the study from the relevant authorities and the study participants. A simple, short and easy-to-understand information sheet and consent form presented in local vernacular language was used in this research contributing to improving the readability and understanding of elderly women. Participation was on voluntary basis and confidentiality was maintained throughout the research. No names were written on the questionnaire and respondents were assured that the findings will be used for research purposes only (See Annexure IV for the consent form).

Withdrawal of Consent

Elderly women in this research and or their legal representatives were made aware of their right to refuse to take part in the study through the consent form (See Annexure IV, Consent Form). They were reassured that the withdrawal from the research was not going to prejudice their future social protection benefits in any way. In addition, refusal to give consent or withdrawal of consent to participation in research did not lead to any liability or discrimination.

Risks/Benefits to Participants

No risk was expected from participating in this study. To minimize displeasure, participants were interviewed in their home environment, one-by-one and were free not to answer any questions. The participants were free to terminate the interviews at any stage without notice. The participants were free to engage the assistance of their dependants or anyone of their choice from their community.

Justice

Justice is fair treatment of all participants and in this research Elderly Women-Headed households were given equal and fair treatment (EFGCP, 2015:11). Research whose focus are elderly people presents ethical challenges since older people are considered weak and vulnerable and this has led to the general exclusion of older people in most researches due to ethical complications, however old age should never be the basis for exclusion of elderly people in research. Research that seeks to establish the circumstances, preferences and views of older people by asking carers or surrogates is bad science and unethical (Lund *et al*, 2008:69). Therefore this study engaged elderly women on the basis that they are household heads and they were free to engage the assistance of their household members for participation in the study.

Study Findings Dissemination

The findings of this research are going to be shared with Department of Social Welfare, Local Municipal Authority and community leaders so that they appreciate and address social protection issues in their communities.

3.10 Summary of the Chapter

Research methodology is the heart and engine of any research. The integrity and scientific soundness of a research is in its methodology. This chapter has presented the research methods and techniques employed in this research as a mixed methods study which combines both qualitative and quantitative techniques though the research remains heavily grounded in qualitative methods. In addition to the methods and techniques the chapter has also outlined how the study sample has been established and selected. The ethical considerations which have been observed during the process of this research have been outlined in this chapter, buttressing their importance with respect to the integrity of the study.

CHAPTER FOUR

SOCIO-ECONOMIC PROFILE OF THE STUDY AREA

4.0 Introduction

After having documented the processes of how data was collected for this study and the design for it in chapter three, this chapter presents the social and economic profile of the study area. The chapter also presents a detailed demographic breakdown of the population in the study area. The chapter further details how the study area is administered politically and traditionally. It also provides information about social protection administration in the study area.

4.1 Geographical Location of Mhondoro Ngezi Rural District

This study was conducted in the post 2000 resettlement areas of Mhondoro Ngezi rural district which is located in Mashonaland West province of Zimbabwe. Map 4.1 below presents a bird's eye view of the study area.

The district is located in Mashonaland West province of Zimbabwe along the Harare – Bulawayo, about 120 km from Harare. It shares boundaries with Kwekwe, Kadoma, Sanyati, Chivhu and Mhondoro Mubaira districts. Map 2 below identifies the location Mhondoro Ngezi in Zimbabwe (GoZ, 2015:63; OCHA, 2016:123).

4.2 Post 2000 Resettlements

The post 2000 land reform in Zimbabwe resulted in land re-allocation since 2000 which has resulted in the transfer of land to nearly 170,000 households by 2011 and is estimated to be more than 190,000 households as of 2016.

There are two main models under post 2000 land reform. First model is referred to as A1 which is smallholder farming plots and the second one is A2, which has bigger farming plots for commercial production at a slightly larger scale (Moyo 2001:23). In Mhondoro Ngezi, wards 9 to 16 are made up of the post 2000 resettlements which are mostly A1 models.

4.3 Old People and Social Protection in Rural Zimbabwe

Zimbabwe has an estimated population of 13 061 239 of which 6 780 700 are females. There are 3 059 016 households and 35% of these households are female headed. About 17% of the

[illegible]

About 4% of the population is defined as economically inactive being too old, retired or too sick (ZIMSTAT, 2012:13). Table 4.1 below further presents a detailed breakdown by household head for Mashonaland West province, the research study province

Table 4.1 Mashonaland West Province Population Breakdown by Household Head

Mashonaland West						
Age Group				Number of Households Headed by:		
Male	Female	Total		% Male	% Female	% Total
< 15	484	456	940	51.5	48.5	100.0
15 - 19	3766	3101	6867	54.8	45.2	100.0
20 - 24	18760	7772	26532	70.7	29.3	100.0
25 - 29	39899	11192	51091	78.1	21.9	100.0
30 - 34	42542	11934	54476	78.1	21.9	100.0
35 - 39	37944	11714	49658	76.4	23.6	100.0
40 - 44	28501	8999	37500	76.0	24.0	100.0
45 - 49	16975	7347	24322	69.8	30.2	100.0
50 - 54	14051	8529	22580	62.2	37.8	100.0
55 - 59	12244	6825	19069	64.2	35.8	100.0
60 - 64	10129	6169	16298	62.1	37.9	100.0
65 - 69	7099	4332	11431	62.1	37.9	100.0
70 - 74	6391	3731	10122	63.1	36.9	100.0
75 +	8654	5402	14056	61.6	38.4	100.0
NS	157	124	281	55.9	44.1	100.0
Total	247596	97627	345223	71.7	28.3	100.0

Source; ZIMSTAT (2012.61)

Table 4.1 above presents female headed households from age 60 and above in the shaded section who are the focus of this research. Female headed households constitutes a significant part of the

population in Mashonaland West province with 37,7% of the households in the 60 to 64 age group being female headed while 38,4% of households in the above 75 years group being also female headed (ZIMSTAT,2012:61). The majority of the households are male headed in Mashonaland West province.

Most old people are associated with poverty, ill health and a poor quality of life (UNDP, 2014:63). The principles for the Older Persons as set by the United Nations in 1999 identified the following priority areas giving attention to elderly people with attention to independence; participation; care and self-fulfilment. Without independence elderly people fail to self-help, get assistance from their families, community and access to incomes for their adequate food, water. Social economic vulnerability remains high in elderly people compared to the general population.

4.4 Mhondoro Ngezi Population Distribution

Mhondoro Ngezi has an estimated population of 104 061 [54216 Males, 49845 Females] It has 23 630 households with an average household size of 4.4 (ZIMSTAT, 2012:156). It has 16 wards with mining and peasant farming as the major economic activities. The district is made up of communal and resettlement areas. The following wards make up the communal areas; ward 1,2,3,4,5,6,7 and 8 while ward 9,10,11,12,13,14,15 and 16 are the resettlement areas. The total population for the resettlement areas which is the study area is 73 804[39 934 Males, 33 870 Females] organised in 16 262 households (ZIMSTAT, 2012:187).The population is distributed as follows in Table 4.2 based on wards

Table: 4.2 Mhondoro Ngezi Ward based Population Distribution: Shaded wards represent the post 2000 resettlements which is the study area.

Ward	Male	Female	Total
1	2025	2288	4313
2	994	1126	2120
3	1197	1321	2518
4	2364	2703	5067
5	2948	3284	6232
6	2495	2791	5286
7	795	893	1688
8	1408	1522	2930
9	2534	2439	4973
10	1726	1651	3377
11	10279	7734	18013
12	3849	3716	7565
13	9423	7287	16710
14	6471	5719	12190
15	2572	2449	5021
16	3204	3135	6339

Source: (ZimStat, 2013: 146)

Table 4.3 Distribution of Households by size and sex of household head in Mhondoro Ngezi

Household Size	Number of Households Headed By					
	Male	%	Female	%	Total	%
1	2251	12.9	764	11.3	2915	12.4
2	2077	12.5	1099	16.2	3176	13.5
3	2727	16.4	1267	18.7	3994	17.0
4	2823	16.9	1139	16.8	3962	16.9
5	2301	13.8	878	12.9	3179	13.6
6	1708	10.2	576	8.5	2284	9.7
7	1048	6.3	411	6.1	1459	6.2
8+	1833	11.0	649	9.6	2482	10.6
Total	16668	100	6783	100	23451	

Source: (ZimStat, 2012:41)

The majority of households in Mhondoro Ngezi are headed by men while only 29% of the households are female headed. The most common household size in Mhondoro Ngezi is 4 members, though the majority of household sizes ranges from 3 to 8 members in size as shown by Table 4.3 above (ZimStat, 2012:40).

Table 4.4 Percentage Distribution of the Population by Marital Status in Mhondoro Ngezi

District	Never Married	Married	Divorced/ Separated	Widowed	Not Stated	Total	Number
Mhondoro	26.3	62.0	4.4	6.8	0.6	100	62314
Ngezi							

Source: ZimStats, 2012:123)

The majority of people in Mhondoro Ngezi are married as shown by Table 4.4 above. A total of 11.2% of the population are either widowed or divorced and the focus of this study is on women headed households who could have been widowed or divorced leaving them being households heads.

Table 4.5 Infant Mortality Rate by Sex, Maternal Mortality Rate and Crude Death Rate in Mhondoro Ngezi

Mhondoro Ngezi	Males	Females	Total
Infant Mortality Rate	69	61	65
Maternal Mortality Ratio			661
Crude Death Rate			10.6%

Source: (ZimStat, 2012: 129)

The crude death rate for Mhondoro Ngezi is at 10.6%, while Maternal Mortality Ratio is at 661 per 100 000 and an infant mortality rate of 65%. These high figures shows how weak and underfunded the public health delivery system is in Mhondoro Ngezi. More investments is

needed in health services and health delivery infrastructure in the Mhondoro Ngezi (ZimStat, 2012:130).

4.5 Education Institutions

The district has 54 primary schools and 25 secondary schools. There is only one tertiary institution in Mhondoro Ngezi which is a vocational training centre. There is no any college or university. Long distances to schools, poorly resourced schools, and high cost of tuition fees are some the major challenges facing Mhondoro Ngezi community. There is no free primary or secondary education. The district experiences high dropouts of school children especially girls from primary to secondary education (MoPSE, 2017:12).

Table 4.6 Percent Population Age 3-24 who never attended, school by Province and Sex, Zimbabwe 2012 Census

Age	Bulawa yo	Manica - land	Mash Central	Mash East	Mash West	Mat North	Mat South	Midlan ds	Masvin go	Harare	Total
3	90.1	44.0	90.8	90.4	91.4	91.2	92.1	92.7	90.0	85.0	89.5
4	74.4	33.9	74.4	72.9	76.1	75.3	75.6	78.7	72.3	62.7	72.3
5	35.3	18.2	43.7	37.3	45.4	40.3	37.1	45.1	39.0	30.2	38.9
6	10.5	6.7	17.6	12.2	17.7	13.4	11.7	16.3	14.0	9.1	13.8
7	3.0	2.4	7.2	4.3	6.1	4.6	4.2	5.4	4.7	2.7	4.7
8	1.8	1.4	3.9	2.2	3.0	2.2	2.2	2.9	2.4	1.4	2.5
9	1.0	0.7	2.7	1.2	1.9	1.5	1.5	1.9	1.7	0.9	1.5
10	0.8	0.7	1.9	1.0	1.4	1.1	1.3	1.3	1.3	0.7	1.3
11	0.7	0.5	1.7	0.7	1.1	1.0	1.0	1.1	1.0	0.5	1.0
12	0.6	0.5	1.8	0.8	1.1	1.2	1.1	1.1	1.3	0.4	1.0
13	0.8	0.5	1.8	1.0	1.1	1.2	1.0	1.1	1.1	0.5	1.1
14	0.7	0.7	2.2	1.0	1.5	1.6	1.3	1.1	1.4	0.7	1.4

15	1.0	0.7	2.3	1.1	1.6	1.8	1.4	1.5	1.8	0.7	1.4
16	0.9	0.7	2.4	1.1	1.6	1.7	1.4	1.3	1.5	0.7	1.4
17	0.8	0.7	2.0	1.1	1.6	1.9	1.4	1.2	1.6	0.6	1.4
18	0.8	0.8	2.0	1.2	1.6	2.0	1.5	1.6	1.7	0.6	1.4
19	0.9	0.8	2.2	1.1	1.5	2.1	1.5	1.2	1.4	0.7	1.4
20	1.0	1.0	2.5	1.6	1.9	1.9	1.7	1.7	2.0	0.6	1.6
21	0.7	0.7	1.8	1.2	1.2	1.8	1.7	1.2	1.5	0.6	1.1
22	0.7	0.8	2.4	1.1	1.4	1.8	1.7	1.6	1.4	0.6	1.4
23	0.7	0.7	2.2	1.2	1.5	1.6	1.4	1.3	1.5	0.4	1.1
24	0.8	0.7	2.2	1.2	1.5	1.8	1.5	1.3	1.5	0.4	1.1
Total	10.5	6.4	14.2	12.3	13.4	13.1	12.9	13.5	13.4	9.8	12.6

Source : (ZimStat, 2012:168)

Table 4.6 above shows Mashonaland West province none- school attendance. Mashonaland West province is the third highest province with 13.4% of young people aged 3 to 24 who have never been school (ZimStat, 2012:160). Non schooling young people means that they will graduate to be uneducated adults with low literacy rates which negatively affects their productive lives.

Table 4.7 Population Age 3 to 24 years Currently Attending School and Current Level of Education Being Attended in Mhondoro Ngezi

Mhondoro Ngezi	Male	Female	Total
Pre school	10.8	12.1	11.4
Primary	63.6	64.9	64.3
Secondary	24.7	22.1	23.5
Tertiary	0.5	0.5	0.5

Not Known	0	0.1	0.1
Missing	0.4	0.3	0.4
Total	100	100	100
Number	15460	14304	29764

Source: (ZimStat, 2012:75)

Table 4.7 above shows that the majority of young people aged 3 to 24 years in Mhondoro Ngezi are in the primary level of education at 64.1% while 23.5% of young people in the same age group are in the secondary level of education (ZimStat, 2015:56).

4.6 Health Institutions

The district has 20 clinics which are owned by the government and the location authority and one major hospital which is owned by the Roman Catholic Church. Access to health services remains a challenge in Mhondoro Ngezi as the current health facilities do not adequately cover the district. Long distances to health facilities, cost of travel and user fees are some of the major challenges facing the Mhondoro Ngezi community in accessing health care facilities (MoHCC, 2016:57).

4.7 Disease Burden

HIV/AIDS

Mhondoro Ngezi has an HIV prevalence of 13, 8% for the adult population aged 15 years and above. An estimated 13 851 adults are HIV positive and they are 8120 people living with HIV who are on treatment. There is a treatment gap of about 40% for HIV care and treatment. (MoHCC, 2017:58).

Tuberculosis-TB

The burden of TB remains high among People Living with HIV at more than 55%. The high burden of TB among the population reflects high poverty levels as TB is also considered disease of the poor. (NAC, 2017:34)

Malaria

The malaria prevalence for the district is at 23, 5%, while 68% of the households do have access to mosquito nets and indoor residual spraying against mosquitos. The district is now in the malaria pre-elimination phase as it intensifies efforts to eradicate malaria (MoHCC, 2016; 86, ZimStat, and 2016:234).

4.8 The Economy

Mhondoro Ngezi rural district is located along the Great Dyke which is the hub of mining in Zimbabwe. Mining is a major economic activity in the district. Zimplats which is mining platinum is the major mine establishment in Mhondoro Ngezi. There is a lot of informal mining activities in the district which is a major source of livelihoods. The current mining activities especially informal mining is being done at a heavy cost to the environment.

Peasant farming is the most practiced economic activity in the district. Growing of maize, cotton and animal husbandry are the major farming activities in Mhondoro Ngezi. Low producer prices, access to markets and a high cost of farming inputs are the major challenges facing the district. Poverty levels are high in the district, poverty level is estimated to be at 87% (ZESN, 2014:56; GoZ, 2015:98).

Table 4.8 Percent Distribution of Economically Active Population by Sex and Province, Zimbabwe 2012 Census

Province	Male	Female	Total	Number
Bulawayo	55.8	44.2	100.0	261188

Manicaland	48.6	51.4	100.0	678400
Mashonaland Central	54.5	45.5	100.0	464686
Mashonaland East	51.6	48.4	100.0	561019
Mashonaland West	62.0	38.0	100.0	535393
Matabeleland North	54.7	45.3	100.0	244900
Matabeleland South	50.3	49.7	100.0	279169
Midlands	53.5	46.5	100.0	602354
Masvingo	45.7	54.3	100.0	594506
Harare	59.5	40.5	100.0	898925
Total	53.8	46.2	100.0	5120540

Source: (ZimStat, 2012: 88)

Table 4.8 above shows that in Mashonaland West province women constitute 38% of the economically active age group while remainder 68% are men. This confirms the dominance of the economic productive sectors by men. The lower number of economically active women social and economically expose women to social economic vulnerability factors. The Zimbabwe Vulnerability Assessment report for 2018 further notes that in Mashonaland West province 10.7% of the households are Elderly Women-Headed (ZimVAC, 2018:31).

Table 4.9 Percentage Distribution of Economically Active Population by Sex in Mhondoro Ngezi

	Male	Female	Total	Number
Mhondoro Ngezi	67.0	33.0	100	36069

Source: (ZimStats, 2012: 89)

In Mhondoro Ngezi there are less women compared to men who are economically active as shown by Table 4.9 above. Only 33% of the economically active population are women. This is consistent high social and economic vulnerability associated with women in Mhondoro Ngezi.

Table 4.10 Unemployment by Province, Zimbabwe

Province	Unemployed Persons	Unemployment Rate	Total
Bulawayo	71491	27.4	261188
Manicaland	41720	6.2	678400
Mashonaland Central	29426	6.3	464686
Mashonaland East	34607	6.2	561019
Mashonaland West	57090	10.7	535393
Matabeleland North	49813	20.3	244900
Matabeleland South	31571	11.3	279169

Midlands	60145	10.0	602354
Masvingo	37706	6.3	594506
Harare	153218	17.0	898925
Total	566787	11.1	5120540

Source: (ZimStats, 2012:100)

The unemployment rate for Mashonaland West province is at 10.6% as shown by Table 4.10 above. Unemployment is high; thus, the province presents limited opportunities for the economically active population.

Table 4.11 Communal Farmers as a Percentage of Employed Persons by Province Zimbabwe 2012 Census

Province	Employed Persons	Communal Farmer	Total	Total Persons
Bulawayo	99.7	0.3	100.0	189697
Manicaland	48.5	51.5	100.0	636680
Mashonaland Central	45.1	54.9	100.0	435260
Mashonaland East	49.6	50.4	100.0	526412
Mashonaland West	66.2	33.8	100.0	478303
Matabeleland	48.7	51.3	100.0	195087

North				
Matabeleland South	60.0	40.0	100.0	247598
Midlands	41.6	58.4	100.0	542209
Masvingo	31.0	69.0	100.0	556800
Harare	99.3	0.7	100.0	745707
Total	58.3	41.7	100.0	4553753

Source: (ZimStats, 2012:108)

Table 4.11 above shows that 66.2% of the population in Mashonaland West is employed while 33.8% of the population is sustained by communal farming. Communal farming is a major source of livelihoods for the population in the post 2000 resettlements of Mhondoro Ngezi.

4.9 Economic Activity of Older Persons

The Labour Force Participation Ratio for older persons in Mhondoro Ngezi is 63.1% while 54.1% of older persons are involved in peasant farming in either communal or resettlement areas. A significant number of older persons remain actively involved in economic production (ZimStat,2015:197).Farming remains the most common source of livelihoods for Elderly Women-Headed households in Mhondoro Ngezi, involving about 17,5% of older persons in the district while only 10.8% elderly men are involved in farming activities (ZimStat, 2015:200).

4.10 Poverty Distribution in Mhondoro Ngezi

Poverty mapping and distribution in this section is based on indicators such as housing, education and income to measure social and economic performance of communities for comparisons with other communities. The main sources of such information are national surveys and censuses. Poverty mapping is a statistical method developed by the World Bank. (ZimStat, 2015:3).

The poverty prevalence for Mash West is at 72.4%. Mhondoro-Ngezi District has a poverty prevalence of 64.3%. Ward 12 had the highest poverty prevalence of 79% while Ward 11 had the lowest poverty prevalence of 63%. The western and southern wards do have a high poverty prevalence in general, while the central wards were better possibly because of their proximity to growth points. Poverty remains high in the post 2000 resettlements in Mhondoro Ngezi. (ZimStat and UNICEF, 2015:90).

Table 4.12 Poverty Distribution in Mhondoro Ngezi

District	Population	Average Household Size	Poverty Prevalence	Poverty Rank	Poverty Gap Index	Poverty Severity Index	Gini Index
Mhondoro Ngezi	104 061	4.2	64.3%	14	26.61	14.0	38.2

Source: (ZimStat, 2015: 167)

Poverty levels among the population in Mhondoro Ngezi remains high at 64, 3% as shown by Table 4.12 above. Social and economic inequalities among the population are also high with a Gini index of 38.2. There is widespread social and economic vulnerability in Mhondoro Ngezi. Table 4.13 below further outlines poverty distribution and patterns per ward in Mhondoro Ngezi.

Table 4.13 Ward Based Poverty Distribution and Pattern in Mhondoro Ngezi

Ward	No of Households	No. of Poor Households	No of Non Poor Households	Household size	Poverty Prevalence	Poverty Gap Index	Poverty Severity Index	Gini Index
1	1,058	758	300	4.1	71.7%	31.1%	16.6%	37.6%
2	493	376	117	4.2	76.2%	33.4%	18.0%	34.2%
3	630	456	174	4.0	72.4%	30.3%	15.8%	34.2%
4	1,207	938	269	4.2	77.7%	34.2%	18.4%	33.5%

5	1,513	1,068	445	4.1	70.6%	29.7%	15.6%	36.6%
6	1,263	955	314	4.1	75.6%	32.9%	17.7%	34.5%
7	398	310	88	4.2	78.0%	35.4%	19.5%	34.5%
8	666	518	150	4.3	77.5%	34.9%	19.2%	34.7%
9	998	727	271	4.9	72.9%	30.8%	16.3%	34.3%
10	710	512	198	4.6	72.1%	31.1%	16.7%	36.5%
11	4,381	2,744	1,637	3.8	62.6%	25.2%	13.0%	37.6%
12	1,558	1,227	331	4.8	78.8%	35.9%	19.9%	34.5%
13	3,620	2,633	987	4.3	72.7%	32.9%	18.3%	37.2%
14	2,678	2,081	597	4.5	77.7%	35.3%	16.8%	33.3%
15	1,038	781	257	4.7	75.2%	32.7%	17.6%	34.0%
16	1042	776	266	4.8	74.5%	31.7%	16.8%	34.0%
Total/Av	99,665	23,253	16,858	4.3				

Source: (ZimStat: 2015:256)

Poverty levels in Mhondoro Ngezi are equally the same across the entire the district as shown by Table 4.13 above. The mean poverty prevalence for the wards is at 70%, however wards 9 to 16 which are the post 2000 resettlements do have a slightly higher poverty prevalence compared to the other wards. However poverty and social economic vulnerability remains higher across all wards in Mhondoro Ngezi. (Matutu, 2012:47) Peasant farming remains the major economic activity sustaining livelihoods in the post 2000 resettlements of Mhondoro Ngezi.

4.11 Administration of Social Protection in Zimbabwe and Mhondoro Ngezi Rural District

The Department of Social Welfare is at the centre for social security administration in Mhondoro Ngezi. Vulnerable population groups or individuals are required to present themselves to the Department of Social Welfare for assessments and assistance based on their needs and vulnerability. Social security for the elderly and other vulnerable population groups in Zimbabwe is a shared responsibility of the family, local and international NGO's and the state. The state operates two mainstream social protection measures namely public assistance and the Pensions and Other Benefits Scheme (Dhemba, 2013:5). This study focuses on the public assistance scheme.

The Public Assistance Scheme in Zimbabwe is the major social security scheme for the elderly people which provides a means-tested non-contributory maintenance allowances to the poor, inclusive of the elderly. The scheme is operated with a residual approach which assumes that an individual's needs must be met by the family first, secondly the market system if the family has failed and finally the state would be involved when all these systems have failed (Mupedziswa, 1995:132; Kaseke, 2001:39; Dhemba, 2013:6). In order to qualify for public assistance or social protection elderly people are subjected to a means test by officials from the Department of Social Welfare and once the assessing official is convinced that the elderly person seeking public assistance is indeed a destitute the approval is granted. Prior to granting the approval for public assistance an official from the Department of Social Welfare conducts a home visit to the applicant to ascertain and confirm the vulnerability of the applicant.

Elderly people on the public assistance programme receive a monthly allowance of US\$20 which is directly transferred into their bank accounts. Beneficiaries of this scheme are required to open bank accounts for easy access of their monthly allowances. In addition to the monthly allowance elderly people do have access to free health care at all public health care centres across the country. The Ministry of Health and Child Care also play a major role in the social protection through health care services to elderly people. However the Department of Social Welfare also issues Government Assisted Treatment Order (AMTO) to vulnerable people who cannot meet their health care costs. This AMTO ensures that the beneficiary is treated at public health care facilities at the expense of the government. The Department of Social Welfare eventually pay such health care costs to the Ministry of Health and Child Care (GoZ, 2015:79).

The Department of Social Welfare also administers food relief, drought relief and educational support for children in vulnerable households such as Elderly Women-Headed households. The education support is known as Basic Education Assistance Module (BEAM). Community based selection committees are in place in wards which are responsible for selecting vulnerable children into the BEAM scheme. These selection committee are also composed of schools heads and councillors in their respective wards. The selection committee submit the list of recommended orphans and children for educational support to the Ministry of Primary and Secondary Education for fees and tuition exemption for the selected vulnerable children and the Department of Social Welfare for processing of payments of tuition and fees for selected orphans and vulnerable children (DSW, 2016:67).

The public social protection programme in Zimbabwe also provides for alternative institutional care for destitute elderly people as a last option. There are about 71 old people's homes in Zimbabwe", which is a sign of the meltdown of family and extended family support system coupled with high levels of poverty among the elderly (Kaseke *et al*, 1998:60). However the Department of Social Welfare urges and encourages elderly people to grow old in their family homes or environment as this provides a better quality of life with sustained moral and emotional support (GoZ, 2015:123). The placement of elderly people in old peoples' homes is also conducted by the Department of Social upon establishing that the elderly person is a destitute with no home and family support.

Non state actors such international NGOs and local NGOs play a critical role in implementation and administration of social protection in elderly people and other vulnerable populations. Both local and international are required to seek authority from the Department of Social Welfare before they start to implement their programmes. Further to that they must have a signed Memorandum of Understanding (MOU) with the local authority of the areas they intend to operate. The MOU gives the NGO authority to operate in a given area and stipulates the duration of the operation as well conditions such as reporting and wards covered in the district. NGOs work closely with Department of Social Welfare and the local authority in the identification of areas to be supported and identification of beneficiaries. NGOs are required to submit monthly reports of their operations to the Department of Social Welfare, District Administrator and the local authority. The following are major non-state actors supporting social protection

interventions for the elderly in Mhondoro Ngezi; JF Kapneck Trust, Simbarashe Network and Zimplats (DSW, 2017:25). Social protection administration in Mhondoro Ngezi is mainly dominated by the Department of Social Welfare with support from non -state actors.

Map 4.2 Study Area on the Zimbabwe’s political and road Map



Source (GoZ, 2017:13)

Map 4.2 above presents a detailed and closer focus of Mhondoro Ngezi district. Mhondoro Ngezi is on Latitude 18.56976 and Longitude 30,678943. (GoZ, 2017:18).

4.12 Asset Ownership

They are two major important assets which are at the core of the rural economy and livelihoods in rural Zimbabwe, these are land and cattle. Land is the most important asset for survival in rural Zimbabwe. Ownership and access to land is critical in sustaining livelihoods in rural Zimbabwe. Land belongs to the state in Zimbabwe, however the state can cede user rights to citizens under various conditions and terms. Land in the study area owned under a lease from the state organised in small scale farming plots of an average of six hectares per household. Land remains the back-bone of economic base in Zimbabwe's rural areas as well as in other African countries (Sender and Johnston, 2004:167).

The International Fund for Agricultural Development observed that where land is more equally distributed among small family farms. Small farms employ more people per hectare than large farms and generate income more likely to be spent locally on employment-intensive rural non-farm products, thereby stimulating overall economic development in the rural sector. Land in smallholdings tends to be managed more labour-intensively, raising demand for labour and increasing wages and/or employment of low-income workers, even if they do not control any land (IFAD, 2001: 74).

Cattle ownership in rural communities is very important as it represents wealth and provides a strong base for household production. Cattle are a source of milk, meat and draught power for ploughing and transport. In difficult times cattle can be sold or exchanged for anything of value which is needed to sustain lives in rural communities. In Mhondoro Ngezi they are 55 136 cattle supported by 44 functional cattle dip tanks (UNICEF and ZimSTAT, 2016:56).

4.13 Business Centres

There are 28 Business centres within Mhondoro Ngezi and about 204 established retail outlets. Of these business centres, only 10 are electrified whilst the rest are not. Mamina is serviced by a police station, Post office and a Grain Marketing depot and Mamina is the main growth point. (GoZ, 2016:49).

4.14 Boreholes

Boreholes are the major source of clean and safe water for both domestic use and human consumption. In Mhondoro- Ngezi they are 309 functional boreholes and 77 non -functional boreholes. Therefore 80% of the boreholes are functional for the district (ZimStat, 2016:19)

4.15 Development Partners Supporting Mhondoro Ngezi

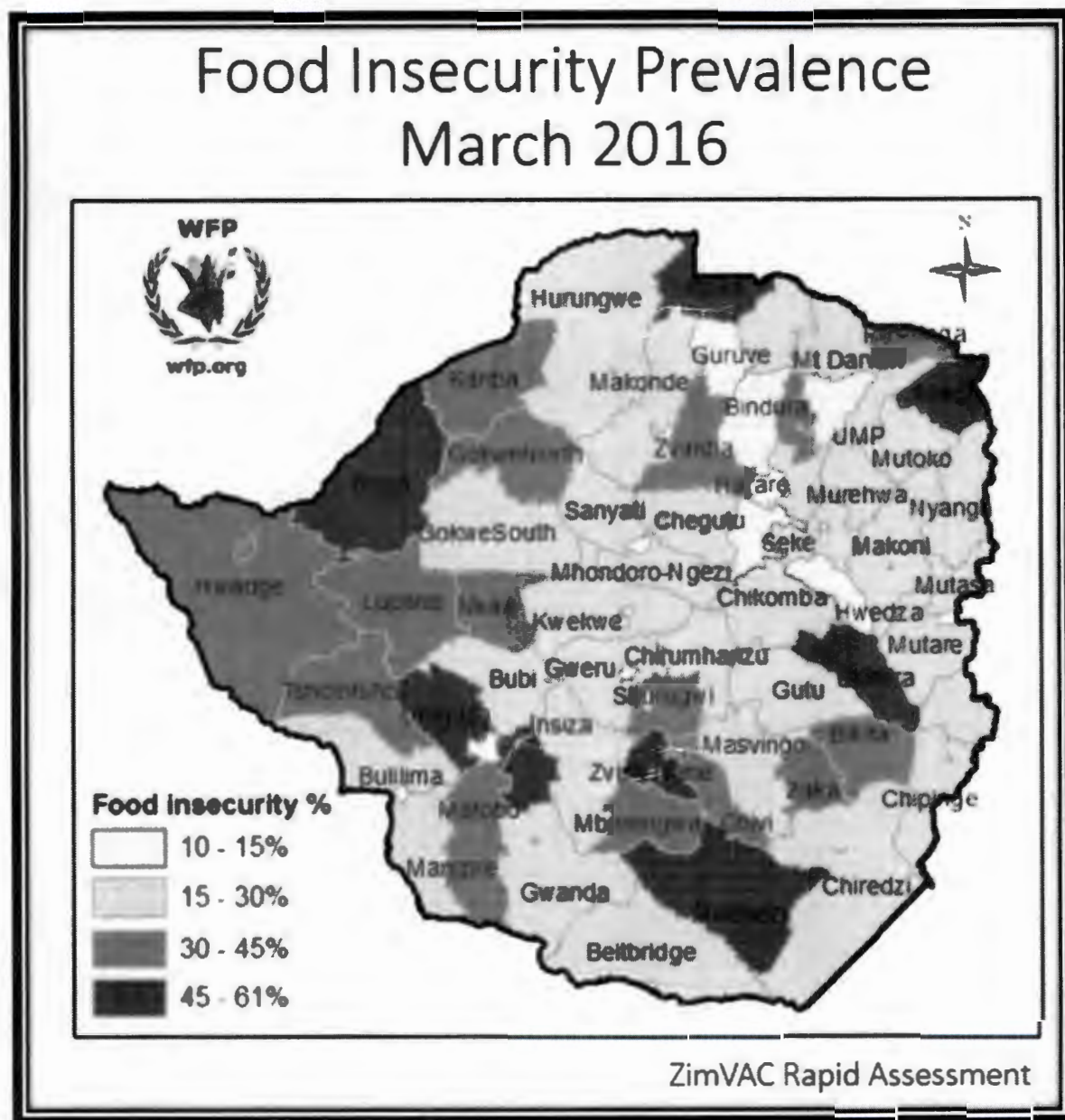
The district is currently supported by 12 Non- Governmental Organisations (NGOs) and these NGOs are supporting the district in the areas of HIV/AIDS, health, agriculture, water and sanitation (UNICEF and ZimSTAT, 2016:47). However there is no NGO which is taking a special focus on Elderly Women-Headed households or the elderly population in general. NGOs play a critical role in complementing the development efforts of the government thus contributing towards improved livelihoods especially in rural communities (Local Government, 2017:51).

4.16 Food Security

Food security has been defined in several ways. The definitions and discussions in FNSP (2012), and ZimVAC (2016:142) stand prominent. These indicate that food security exists when all people at all times, have physical, social and economic access to food which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences. This must then be supported by an environment of adequate sanitation, health services and care allowing for a healthy and active life. The four dimensions of food security noted are availability of food, access to food, safe and healthy utilisation of food and the stability of food availability, access and utilisation.

Food insecurity has been persistent in Mhondoro Ngezi due to poor farming methods, limited investment in farming and droughts.(ZimVAC, 2015) Vulnerable households especially child headed and elderly person headed households are the most affected households including households where the household head s chronically ill and or living with a disability. Map 4.3 below presents the food security situation as at year 2016 for Zimbabwe which also shows that Mhondoro Ngezi is a food insecure district

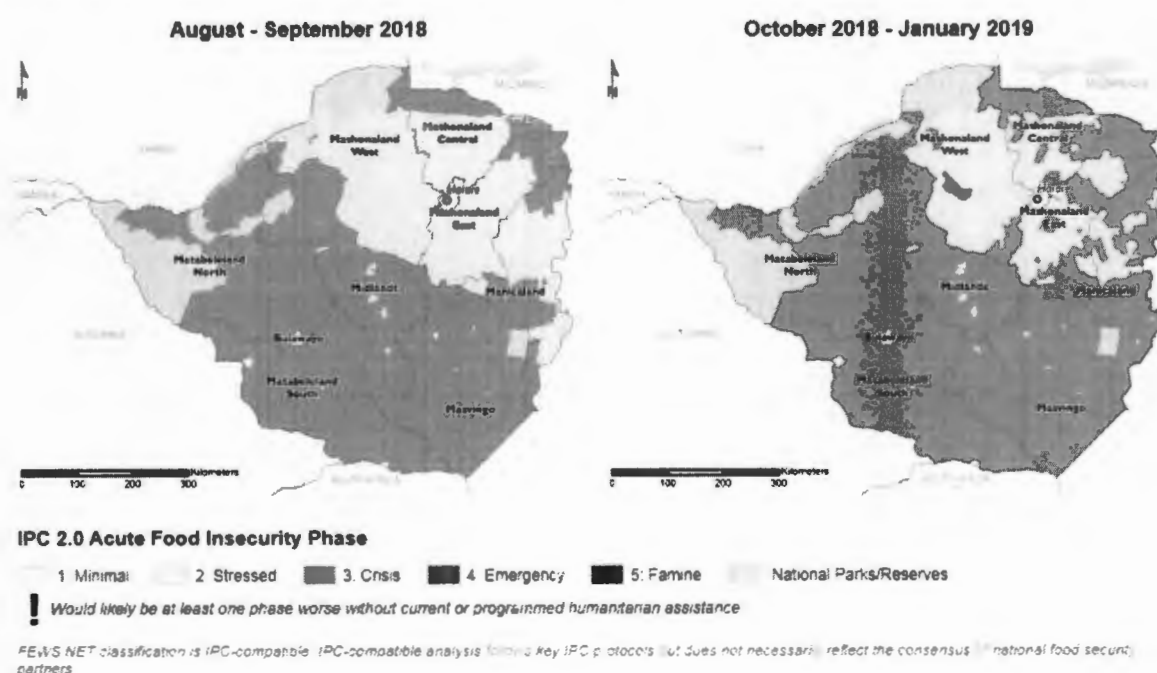
Map 4.3 Food Insecurity Prevalence Map: Zimbabwe



Source: (ZimVAC, 2016:158)

The food insecurity prevalence for Mhondoro Ngezi is in the ranges 15 to 30% and this mostly concentrated in vulnerable households

Map 4.4 Zimbabwe Food Security Outlook



Source: (FEWSNET, 2018:13)

The 2018 and 2019 food security outlook for Zimbabwe as shown by Map 4.4 above indicates an impending food security crisis for the bigger part of the nation. Mashonaland West province which is the study area remain in the stressed shade with respect to food security. Government and its partners should invest more resources towards food security strengthening measures. The food security crisis for Zimbabwe is further likely to be increased following the prediction of an El Niño event occurring during the 2018-2019 rainy season in Southern Africa and this will result in below-average rainfall across many areas, including Zimbabwe. Crop and livestock production are likely to be negatively affected thus destroying and reducing the livelihoods base for most rural households in Zimbabwe. (ZimVAC, 2018:31)

4.17 Drought Food Relief and Social Protection

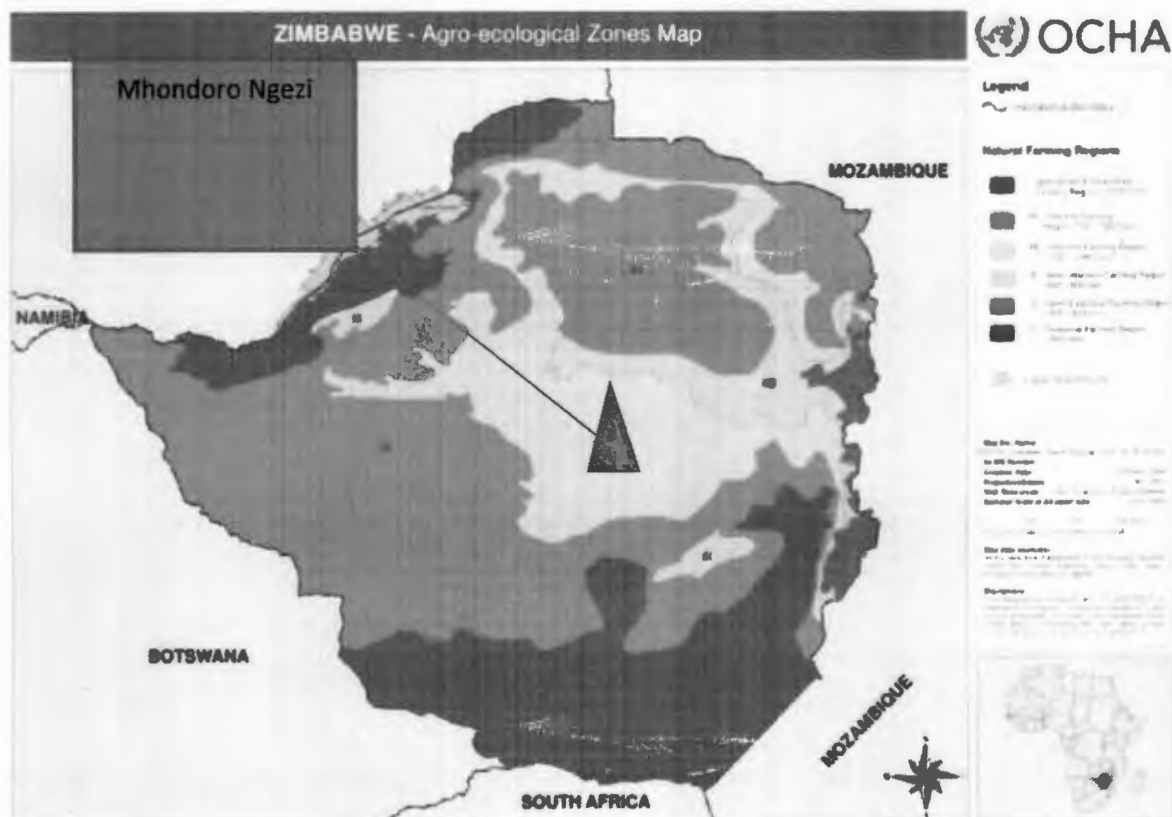
The government of Zimbabwe has a long history of drought induced food relief to vulnerable and food insecure households as early as 1982, 1987 and 1992. The government drought relief support has been based on the labour capacity of the targeted communities; labour constrained households are given free food support while non- labour constrained households are given food under the food for work programme. Under the food for work programme community development projects are identified and these include repair or construction of roads, dams, bridges and clinics. Targeted beneficiaries for food relief under the food for work programme are required to work in any agreed community development project before they can get their food allocations. Zimbabwe has had serious challenges with articulation of a food security policy. It is only in 2002 when the country came up with the Zimbabwe Food Security and Strategy specifically for the FAO World Food Summit, 2002. Political influences and reactions together with policy inconsistencies have negatively affected the development of a long lasting sustainable food security policy for the country. Food relief support to vulnerable households in Zimbabwe was introduced as part of the drought mitigation programme not as part of the broad based social policy (WFP, 2012)

Food relief in Zimbabwe is active mostly during drought periods and beyond drought periods it is less active. The association of food distribution with social protection in Zimbabwe is weak and fragmented. While food distribution support for vulnerable households such as elderly people in this study has been taken as part of the social protection support, it is important to acknowledge as noted above that food relief in Zimbabwe has been traditionally grounded in drought mitigation interventions

4.18 Mhondoro Ngezi Farming Region

There are five natural regions in Zimbabwe with region 1 and 2 being the best farming regions as they record good rainfall coupled with good soils for high productive farming. Mhondoro Ngezi is located in the natural region three of Zimbabwe as shown by Map 4.5 below Natural region 3 is located mainly in the mid-altitude areas of the country. It is characterized by annual rainfall of 500-750 mm, mid-season dry spells and high temperatures. (GoZ, 2016:48)

Map 4.5 Agro-Ecological Zones –Mhondoro Ngezi



cotton (a major cash crop). Natural region three is suitable for the production of groundnuts and sunflowers as cash crops (GoZ, 2015:123).

4.19 Political Constituencies

Mhondoro Ngezi is divided into two political constituencies that is Muzvezve which is located to the western part of the district while the eastern part is Ngezi constituency. Each constituency has a Member of Parliament in the House of Parliament. The two constituencies are represented by MPs from ZANU PF which is the ruling party in Zimbabwe (ZEC, 2015:34).

4.20 Local Administration and Governance

The largest administrative unit within Zimbabwe is a province. There are 10 constitutionally established provinces, including the two metropolitan provinces of Harare and Bulawayo. Each province, excluding the two metropolitan provinces, has a Provincial Council comprising senators, chiefs, Members of the National Assembly and others. The eight non-metropolitan provinces are divided into 28 Urban Councils and 55 rural districts, with between 6 and 8 rural districts in each province. Each district is administered both by a District Administrator and a Rural District Council (RDC) (Makumbe, 1996:48).

Each district is in turn subdivided into wards. There are approximately 1,200 wards in Zimbabwe. The registered voters in each ward elect a councillor to represent them in the RDC. In terms of traditional leadership, wards are represented by head. The smallest developmental unit in rural Zimbabwe is the village, comprising an average of approximately 35 households. In terms of traditional leadership, villages are represented by village heads and each village has a Village Development Committees (VIDCOs) which typically represent a village, though they may also represent a more scattered grouping of homesteads (GoZ, 2000:134).

The local authority for the district is Mhondoro Ngezi Rural District Council which is the land authority for the district responsible for service provision and administration. There are 16 wards in Mhondoro Ngezi and each ward has an elected councillor seating in the council. All the 16 councillors are from ZANU PF further buttressing the ruling party's stronghold in rural areas. The council is led by a council chairperson. The Chief Executive Officer is the leader of the administration of council appointed by council (Chakaipa, 2010:44).

4.21 Traditional Leadership

The Traditional Leaders Act Chapter 29:17 of 1982 provides for the appointment of village heads, headmen and chiefs, the establishment of Council of Chiefs and village, ward and provincial assemblies and defines their functions. The Act therefore institutionalizes the governance of communal land and resettlement areas.

In 1982 the Zimbabwean government passed the Chiefs and Headmen Act Chapter 29:17. This Act gave the President the power to “appoint chiefs to preside over communities,” requiring only that the President give “due consideration to the customary principles of succession, if any.” The President has the power to remove chiefs for cause. The Act provided for allowances to chiefs for “performing the duties and functions pertaining to the office of the chief as the traditional head of his community (GoZ, 1982:8).

The Traditional Leaders Act 29:17 makes chiefs and headmen subordinate to the central government to a significant extent. Chiefs are appointed by the President, while headmen are appointed by the Minister; both leaders are paid allowances determined respectively by these authorities. The Act also gives headmen a law enforcement function, and makes them chair of the ward assembly (Zimbabwe Institute, 2005:14).

The 2013 Constitution has a Chapter governing Traditional Leaders, including a provision specifically recognising their “institution, status and role.” Traditional leaders are barred from any participation in party politics, and are not subject to the direction or control of any person (GoZ, 2013:62).

4.21.1 Administration of the Chiefs

Chiefs are appointed to preside over communities residing in communal lands and resettlement areas. To signify the critical role they play in the governance of communal areas, Chiefs are appointed by the President of the Republic of Zimbabwe. In appointing a Chief the President is obliged to give consideration to the prevailing principles of succession applicable to the community where the chief will preside and to the administrative needs of the communities in the area concerned in the interest of good governance. The following are the functions of chiefs

- Ensuring that the land and its natural resources are used and exploited in terms of the law and in particular controlling over-cultivation, overgrazing, indiscriminate destruction of

flora and fauna and generally preventing the degradation, abuse or misuse of land and natural resources in his area.

- Adjudicating in and resolving disputes relating to land in his area
- Notifying the rural district council of the outbreak of any epidemic, flood or other natural or unnatural disasters affecting the inhabitants, livestock, crops, land, flora or fauna in his area (Mutizwa- Mangiza, 2000:34).

4.21.2 Headmen

In terms of section 8 of the Traditional Leaders Act Chapter 29:17 headmen are nominated by a chief of the area concerned and appointed by the Minister of Local Government and Public Works provided that no headman shall be appointed for an area where the customs and traditions of the community do not provide for appointment of a headman. In this case the affected chief would have to execute his functions without delegating and this might affect his effectiveness depending on the size and volume of activity in his area. The headman's functions and duties as follows:

- To assist the chief to perform his duties
- To report to the police the commission of any crime in his area
- To carry out all lawful and reasonable orders by the chief
- To enforce all environmental conservation and planning laws. The role of the headman is therefore to complement the chief in the execution of his duties. The headman also gets assistance from village heads in executing their functions.(Makumbe 1998:134)

4.21.3 Village Heads

A village head is appointed by the Permanent Secretary of the Ministry of Local Government and Public Works in terms of section 11 of the Traditional Leaders Act Chapter 29;17 upon nomination by the headman and upon written approval of the chief. The village head's duties in terms of section 12 of the same Act are to assist the chief and the headman in executing their duties and in particular;

- To ensure that all land in his area is utilized in terms of the law.

- To assist by all means in his power to arrest and securing offenders against the law
- To preside over village assembly

Village heads are therefore the operational agents of the chief and the headman as they implement the functional activities of the chief and the headman. Being operational, village heads work with the communities (GoZ, 2000: 132).

4.22 Village Assemblies

Section 14 of the Traditional Leaders Act Chapter 29:17 sets up structures that enable the foregoing appointees to operate smoothly and one such structure is the village assembly. It is made up of all village inhabitants who are over the age of eighteen years and is chaired by the village head. Its functions, relevant to environmental issues as provided for in section 14 of the same Act include:

- “To consider all matters affecting the interests and well-being of all inhabitants
- To consider and resolve all issues relating to land, water and other natural resources within the area and make recommendations in accordance with an approved plan of the village.
- To make any representations to the headman on any matter that affects the interests and welfare of the inhabitants”.

The village assemblies enable the village head to gather information directly from the concerned communities. This ensures that incidences of environmental hazards are immediately identified and brought to the attention of the headman and the chief especially as the assembly has to meet at least once every three months. The Act further provides for village development committee which consists of members of the village elected by the village assembly. The village development committee is chaired by the village head and reports to the village assembly (Zimbabwe Institute, 2005:38).

4.23 Ward Assembly

Section 18 of the Act provides for establishment of ward assemblies which are made up of the headman, village heads and councillor of the ward. The function of the ward assembly is

generally to supervise the activities of the village assembly. Like the village assembly the ward assembly has to meet once every three months. Section 20 of the Act further provides for ward development committee to be chaired by the councillor of the area concerned. Its main role is to review and integrate village development plans in accordance with the directions of the ward assembly. They are other higher levels of structures such as the Provincial Assembly and the Council for Chiefs which deliberate on development, social and cultural issues at that level. (Makumbe, 2001:38).

Mhondoro Ngezi has 4 traditional chiefs that is Chief Nyika, Chief Mushava, Chief Murambwa and Chief Ngezi. These chiefs do exercise their traditional rights over the district. Chiefs are part of the governance system in Mhondoro Ngezi as they convene traditional courts which they preside over and handle small domestic cases which they pass mostly with fines in form of cattle and goats depending on the case. The chiefs are the custodians of culture and values in the district. All the four chiefs in the district do seat in the full council meetings of the district. They are also village heads who report to chief, village heads do assist the chief in the oversight role of chiefs in their domains. All the village heads are appointed by their respective chiefs. (Mararike, 1999:59)The traditional leadership structures are used by government departments and other NGOs in the provision of various services

4.24 Summary

This chapter has presented the social and economic profile of Mhondoro Ngezi noting that the district is economically driven by peasant farming and mining. Elderly people despite being vulnerable are significantly involved in the economic production of their households. Mhondoro Ngezi is located in the natural region three where rainfall is in the average level which can support both crop and livestock production. The chapter has also outlined the administration of social protection support for elderly people in Zimbabwe. The local authority for the district is Mhondoro Ngezi Rural District Council. The chapter ends by highlighting the importance of traditional leadership in the governance system in Zimbabwe. Traditional leadership play a critical role in the administration of the affairs of the district

CHAPTER FIVE

PRESENTATION OF DATA, ANALYSIS AND FINDINGS

5.0 INTRODUCTION

This chapter presents the findings of this study based on household survey data collected from 318 households, 18 key informant interviews and four focus group discussions in Mhondoro Ngezi. The views of the key informants are also intertwined in the broad research findings. The chapter uses tables and graphs to present research findings. It is important to note that the chapter uses codes instead of names for identifying study participants in order to maintain confidentiality and anonymity. For participants from the focus group discussions codes using alphabets and numbers are used to identify participants. The **SP A** series codes represents participants post exposure GoZ social protection support while the **SP B** series from the focus group discussion represent the views and reflections of study participants prior to exposure to the GoZ social protection support. In the tables used in this chapter the **A** group or series represents again participants receiving government social protection and the **B** group data provides the baseline data as at 2013. The research findings presented in this chapter are further examined and discussed in detail in chapter 6 of this thesis

5.1 Data Analysis and Outline

Household survey data in this study was analysed using EpiInfo Version 7 which assisted the researcher in computations of all statistical and quantitative analysis and these include frequency analysis, measures of central tendency, tests of significance and association. Tables, graphs and pie charts have been used to present all the quantitative data analysed from the household survey. Household survey entries for both baseline and post exposure data were treated as cases during the data analysis with EpiInfo. ATLAS ti 7 was used to analyse qualitative data from focus group discussions and key issues from the FDGs are presented together with quantitative data. Resilience to household food insecurity was measured using the resilience measurement assessment. See Annexure VII for the resilience assessment tool

The study findings have been presented based on the following outline borne out of the themes from the both quantitative and qualitative data: social economic and demographic characteristics of the study participants, livestock ownership, size of the farming land, household monthly income, Government Social Protection Support Types, Impact of Government Social Protection on household income and assets, Coverage of Government Social Protection Support, Community Structures and leaders involved in Government Social Protection Support, Gaps and Challenges of the Government Social Protection Support, Benefits of Settling in Post 2000 resettlements, Challenges associated with Post 2000 resettlements, Recommendations for the Government of Social Protection Support, Practical Needs Based Recommendations, Strategic and Policy Recommendations.

5.2 DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF STUDY PARTICIPANTS

5.2.1 DEMOGRAPHIC: Age of Elderly Women-Household Heads (EW-HH)

The study collected data on the ages of elderly women household heads who participated in the study and data on household sizes was also collected and analysed. Table 5.1 below presents an analysis of the ages and household sizes for EW-HHs who participated in the study.

Table 5.1: Age of Elderly Women Household Heads

	Mean	Standard Deviation	Median	Mode	Minimum Age/HH	Maximum Age/HH
Age of Household Head	77.5	12.7	78.5	89	60	99
Household Size	6.5	6.2	6	8	2	8

Table 5.1 above shows that, the mean age for household head was 77.5 years while the median age for the household head was 78.5 years. The mode for the age of household head was 89. The minimum age 60 years and maximum age of household was 99. The average household size for study participants was 6.5 while the median household size was 6. The minimum household size was 2 while the maximum household size was 8. The measures of central tendency for both the age of household head and household size are varied thus showing that the study population sample does not represent a normal distribution instead it's a skewed distribution. The standard deviation of the age of the household head and size of the household is 12.7 and 6.2 respectively.

5.2.2 Analysis of Household Size based on Exposure to GoZ Social Protection against periods of non- exposure to GoZ Social Protection

The study using statistical analysis sought to establish whether there was any variation in the household sizes among EW-HH which could be attributed to the presence or none presence of GoZ social protection support. Table 5.1.1 below presents the results of the analysis.

Table 5.1.1: Analysis of Household Size based on Exposure to GoZ Social Protection against periods of non- exposure to GoZ Social Protection

Household Size	Observed Cases	Mean	Variance	Standard Deviation	Minimum Household Size	Median	Mode
A Receiving GoZ Social Protection	159	6.1	41.1	6.4	2	5	4
B Pre Exposure to GoZ Social Protection- Baseline	159	6.9	37.5	6.1	3	7	8

Table 5.1.1 above shows that there was no significant variation of the household size among the Elderly Women-Headed households receiving government social protection, *median household size was 5(interquartile range =4-7)* when compared to period they were not receiving

government social protection which could be attributed to the government social protection support, *median household size was 7(interquartile range =5-8)* The study therefore did not find any relationship of the household size which could be attributed to the presence or none presence of GoZ social protection support among EW-HH.

Analysis of Association of Household Size based on the presence GoZ Social Protection Prior and Post Exposure.

Table 5.1.2: Analysis of Association of Household Size

GoZ Social Protection	Number of Cases	Mean	Standard Deviation	T-test	difference	P-value	95% Confidence Interval
A.Receiving Social Protection	159	6.1	6.4				
Prior Exposure to GoZ Social Protection – Baseline	159	6.9	6.1				
Total	318	13.0	12.5	-1.10	0.7	0.54	

Table 5.1.2 above shows that among the Elderly Women-Headed households receiving government social protection support (n =159) there was a no statistically significant difference between their prior and post exposure to GoZ social protection period; Group A ($M=6.1$; $SD=6.4$) and Group B ($M=6.9$; $SD=6.1$) $t(1)=-1.1, p \geq 0.54, CI.95.-2.06-2.06$. The study just as in Table 5.2.2 did not find any association of household size which could attributed to the government social protection. An increase in the food security of a household can translate into more

extended family members joining the household. However in this study government social protection did not lead to an increase in household size among EW-HHs.

5.2.4 Education Levels of Elderly Women Households Head

In this study education levels of EW-HHs were also assessed and the study focussed on the highest education level attained by the elderly woman household head. Table 5.2 below presents the findings of this study.

Table 5.2: Highest Education Level of the Elderly Woman Household- Head

Highest Level of Education –HH	Frequency	%	Cumulative %
Never been to school	101	31.91%	31.91%
Primary	122	38.18%	70.09%
Secondary	71	23.93%	94.01%
Tertiary	24	5.98%	100%
Total	318	100%	100%

Table 5.2 above shows that The majority of women household heads in this study had a primary level of education (38.18%) subsequently followed by those who have never been school (31.91%). Only 5.98% of the household head had acquired tertiary level of education. Therefore education levels of elderly women households in rural Mhondoro Ngezi were found to be low as shown by Table 5.2 above. This has serious negative impact on the life opportunities and quality of life elderly women in rural areas lead. Education levels for the majority of elderly women household heads were low as shown above by Table 5.2

5.3 ECONOMIC: LIVESTOCK OWNERSHIP

Livestock ownership forms an important asset base and wealth for rural people in Zimbabwe and in some Africa countries at large. This study sought to establish the frequency livestock ownership among EW-HH and Table 5.2.1 below presents the findings.

Table 5.2.1: Ownership of Livestock among Elderly Women-Headed Households

Do you own any livestock?	Frequency	%	Cumulative %
Yes	209	69.03%	69.03%
No	109	30.97%	30.97%
Total	318	100%	100%

Table 5.2.1 shows that livestock ownership from the study participants was high at 69.03%. Livestock ownership in this study was limited to ownership of cattle, goats, sheep and donkeys. The study did not consider small livestock such as rabbits and chickens. Livestock is a symbol of wealth in rural areas, hence ownership of livestock is important to every household in rural areas. 30% of the study participants did not own any livestock. The majority of EW-HHs (69%) who participated in the study owned some form of livestock. Ownership of livestock in rural areas forms a fall back for the household in times of stress.

5.3.1 Livestock Ownership: Cattle

While livestock ownership is important in rural areas as noted in Table 5.3.1, it is cattle which carries more value. Cattle represent real value and wealth. More importance is placed on cattle as they are a source of meat, milk and draught power. Cattle can be used as an investment for future wealth. Table 5.2.2 below examines cattle ownership among EW-HH prior to GoZ social protection and post exposure to GoZ social protection

Table 5.2.2: Comparison Cattle Ownership among EW-HHs Prior and Post Exposure to GoZ Social Protection Support

Cattle	Observed Cases	Total	Mean	Variance	Standard Deviation	Minimum Cattle owned	Median	Maximum Cattle owned	Mode
A EW-HH GoZ Social Protection	129	895	6.9	11.6	3.4	1	6	12	6
B EW-HH Prior GoZ Social Protection- Baseline as at 2013	104	1048	9.8	14.1	4.4	1	5	16	7

Table 5.3.2 shows above that there is no significant difference in the number of cattle owned between Elderly Women-Headed households prior and post government social protection between 2013 and 2017, *median number of cattle was 6(interquartile range=4-9)* and Elderly Women-Headed households not receiving government social protection support, *median number of cattle was 5(interquartile range =4 -7)*. Cattle ownership was not in any way related to the presence of GoZ social protection support on EW-HHs. The presence of GoZ social protection support did not increase the capacity of EW-HHs to increase their cattle ownership.

Table 5.2.3: Cattle Ownership Association Based on GoZ Social Protection Support to EW-HHs

GoZ Social Protection	N	Mean	SD	T	Df	P	95% Confidence Interval
A.Receiving Social Protection	160	6.9	3.1				
B.EW –HH Prior receiving Social Protection Baseline at 2013	161	9.8	4.4				
Total	321	17.7	7.5	-1.6	1	0.5	

Table 5.2.3 above shows that among the Elderly Women-Headed households receiving government social protection support which is Group A (n =160) there was no statistically significant difference between prior and post exposure to government social protection support among EW-HH Group A ($M=6.9$; $SD=3.1$ and Group B ($M=9.8$; $SD=4.4$) $t(1)=-1.1$, $p \geq 0.5$, $CI.95. -1.6-1.5$. Therefore there is a no association between the number of cattle an elderly woman headed household owns which can be attributed to being on the government social protection or not.

5.3.4 Livestock Ownership: Goats

Goats form an important part of livestock in rural areas and this study sought to establish the level of ownership among EW-HHs. Table 5.2.4 presents the ownership of goats based on exposure to GoZ social protection support among EW-HHs.

Table 5.2.4: Comparison of Goat Ownership between Elderly Women-Headed Households Prior and Post Exposure to GoZ Social Protection

Goats	Observed Cases	Mean	Variance	Standard Deviation	Minimum Goats owned	Median	Maximum Goats Owned	Mode
A EW-HH Post Exposure Social Protection-2018	62	7.0323	23.835	4.8821	0	6	16	4
B EW-HH Prior GoZ Social Protection – Baseline at 2013	98	3.7347	6.6918	2.5868	1	2.5	15	2

Table 5.2.4 above shows that there is no significant difference in the number of goats Elderly Women-Headed households prior and post government social protection, *median number of goats was 6 (Interquartile range=4-11)* and *median number of goats was 2.5 (interquartile range=1-5)*. GoZ social protection support among EW-HH did not result in increases in the number of goats a household owns

Table 5.2.5 below shows that among the Elderly Women-Headed households receiving government social protection support which is Group A (n =62) there was no statistically significant difference between their pre and post exposure government social protection Group A ($M=7.0$; $SD=4.8$ and Group B ($M=3.7$; $SD=2.5$) $t(1)=5.5$, $p \geq 0$, $CI.95.2.1-1.9$ Therefore there is a no relationship between the number of goats an EW-HH owns which can be associated by being on the government social protection or not.

Table 5.3.5: Association of Goats ownership among EW-HHs Prior and Post GoZ Social Protection

GoZ Social Protection	Observed Cases	Mean	Standard Deviation	T- test	Difference	P- Value	95% Confidence Interval
A.EW-HH Post exposure GoZ Social Protection	62	7.0	4.8				
B. EW-HH Prior GoZ Social Protection	68	3.7	2.5				
Total	130	10.7	7.3	5.5	1	0	

Livestock ownership in this study was limited to the major ones which are cattle, goats, sheep and donkeys. The average cattle herd size was 11 and the most common number of cattle owned was 4 while the minimum number of cattle owned was 1 and the maximum was 6. Goats were also significantly owned by the study participants and average number of goats owned was 5 while the minimum number of goats was 1 and the maximum was 16. The ownership of livestock represents wealth and income in rural areas and without any livestock women household heads feel they are poor. The majority of the participants (94%) from the focus group discussions agreed on the importance of livestock ownership in the rural economy. Cattle ownership was highly valued by all the study participants who agreed that cattle are their source of wealth, means of transport, source of power farming and tillage, milk, meat and income in times of economic hardships. A participant from the focus group discussions explained how poor they are because their livestock is finished. **Participant SP A9 (78 years)** narrated ‘....I have lost all my cattle sending my children and grandchildren to school, I don't have even a cat. All I

survive on is remittances from relatives and they are not enough.....Another participant from the FGDs further buttressed this point saying “.....I am finished Oooh...my son I don't have anything left now. All my cattle is gone. I sold my last two beasts last month to meet the cost my medical bills for treatment.....” **Participant SP A16 (71 years)**. Livestock remains highly valued and cherished in rural areas. High value and importance is placed on cattle more than any other type of livestock in the study area.

5.3.5 Farmlands Ownership

Life in rural areas revolves around land. Land is the economy and the means of production in rural areas. Table 5.4 presents data on the sizes of farm lands owned by EW-HHs. Land is an important asset in rural Zimbabwe.

Table 5.4 Size of Farming Land

	Mean	Std Dev	Median	Mode	Minimum farm size	Maximum farm size
Size of farmland	4	1.1	5	4	2	9

Table 5.4 above presents the summary data about the size of farming lands for the study participants. The average farm size was 4 hectares while the minimum farm size was 2 hectares and maximum farm size was 9 hectares. The size of farming land in this study referred to the actual arable owned by the household. The study further established through focus group discussions that the households were also struggling to fully utilise their land. **Participant SP A4 (89 years)** explained this point well noting that due to old age they can no longer work in the fields as they used to do before old age. “We are in deep poverty, we have lost the energy to work in the fields. I cannot farm my 6 hectares like I used to do when I was still energetic.....” Land is the major and most productive asset which study participants indicated was at the centre of their livelihoods in the study area. The majority of study participants showed great and emotional attachments to their pieces of land irrespective of size further expressing how important land is to the Elderly Women-Headed households.

5.4 HOUSEHOLD MONTHLY INCOME

Household monthly income among EW-HHs shows the cash flow patterns and amount of disposable income available for each household. Household monthly income is a function of remittance and other sources such as vending among EW-HHs. Table 5.5 below presents an analysis of EW-HHs monthly income

Table 5.5 Comparison of Household Monthly Income base GoZ Social Protection Support

Monthly Income including remittances	Observed Cases	Mean	Variances	Standard Deviation	Minimum amount	Median	Maximum amount	Mode
A. EW-HH Post exposure GoZ Social Protection Support-2018	159	21.3	154.9	12.4	0	20	50	15
B. EW-HH GoZ Social Protection Support- Baseline 2013	159	15.8	112.4	10.6	0	15	45	15

Table 5.5 above shows that there is no significant difference in the amount of the monthly income received by Elderly Women-Headed households post government social protection support, *median monthly income was \$20(interquartile range= \$15-\$28)* and prior government social protection support among EW-HHs, *median monthly income was \$15(interquartile range=\$10-\$25)* The household monthly income for EW-HHs was not influenced by GoZ social protection support and this is due to the fact that no cash transfers were provided to EW-HHs as part of the GoZ social protection.

Table 5.5.1 Association of Monthly Income of Elderly Women-Headed Households Prior and Post Exposure to GoZ Social Protection Support

GoZ Social Protection	Observed Cases	Mean	Standard Deviation	T-test	Difference	P-value	95% Confidence Interval
A.EW –HH Post Exposure GoZ Social Protection- 2018	159	21.3	12.4				
B.EW-HH Prior Social Protection Baseline 2013	159	15.8	10.6				
Total	318	37.1	23.0	4.4	1	0.3	

Table 5.5.1 shows that among the Elderly Women-Headed households post exposure government social protection support which is Group A (n =62) there was no statistically significant difference between prior and post GoZ social protection; Group A ($M=21.3$; $SD=12.4$ and Group B ($M=15.8$; $SD=10.6$) $t(1)=4.4$, $p \geq 0.3$, $CI 95.3.0-2.9$. The absence of cash transfers from the GoZ social protection support resulted in the GoZ social protection support failing to make a positive effect on the monthly incomes of EW-HHs.

Table 5.5 above shows that the average monthly income for Elderly Women-Headed-households receiving government social protection support was US\$21.30 including remittances per household and the majority of the households had a monthly income of US\$15. The maximum monthly income amount for the households was \$50. Sources of reliable and consistent income were observed to be a challenge for Elderly Women-Headed households as some indicated that they could get nil income per month. **Participant SP B (69 years)** in the focus group discussions emotionally and painstakingly explained how hard an income was to get, ‘*I didn’t know that*

when I get old I will be poor like this, I am now a beggar. All my three children are late and I am taking care of their children. I don't have any income.....'' In the absence of reasonable income it's difficult for Elderly Women-Headed households to have economically stable livelihoods. Disposable incomes were observed to be low in both Elderly Women-Headed households which who were receiving government social protection support and those who were not government receiving social protection support.

5.5 GOVERNMENT SOCIAL PROTECTION SUPPORT

Government social protection support provides food support, medical assistance fees payment for dependent children and monthly cash transfer of \$20. Table 5.6 below presents the frequency of various forms of government support among EW-HHs.

Table 5.6 Frequency and Type of Government Social Protection

Type of Social Protection Support Received	Frequency %	Distribution Frequency
Food Support	77% n=124	Monthly
Medical Assistance	50% n= 80	Need based
Fees Payment	18% n- 30	School term based
Monthly Allowance/Cash Transfer	0	-

Table 5.6 above shows that among the Elderly Women-Headed households that received government social protection support food/grain support (77%) was the most common assistance government provided followed by medical assistance (50%) and lastly fees support (18%) for school going dependants in Elderly Women-Headed households. The study established that there was no any other support Elderly Women-Headed households received beyond the above three types of support outlined in Table 5.1.12. None of the Elderly Women-Headed household

reported receiving a monthly allowance from government. A growing outcry for the need for a monthly allowance and the inadequacy of the current support was clearly expressed through the focus group discussions. **Participant SP A6 (72 years)** noted that “... *we are only getting a 50 kg bag of maize. I don’t know who told them that we only need a 50 kg bag of maize to make a living. We don’t get this maize every month. Our government is failing to support us in a better way...*” Another participant also further emphasised this point complaining that, “*elderly have been neglected for too long by this government, were not getting anything meaningful in terms of support, we only get maize and this is coming as drought relief. We don’t survive on maize only, government doesn’t care about us, they want when us (elderly people) when they want votes.*”

Participant SP A5 (81 years)

Officials from the Department of Welfare confirmed that grain distribution was the most common support being provided to elderly women-headed households and other vulnerable population groups who are food insecure. Government was not providing any cash transfer to Elderly Women-Headed households including other vulnerable population groups. Government last provided cash transfers in the year 2013[transfer of USD\$20 per elderly person]and at the time of conducting this study the Department of Social Welfare was in the process registering mostly elderly people for government cash transfers. There was a loud call for need to provide cash transfers to Elderly Women-Headed households by most study participants. **Participant SP B42 (75 years)** summed it all saying “...*Government should give us our monthly allowances as they promised us, I am sure that will help us to meet our daily needs.*”

5.5.2 Knowledge of the Government Cash Transfer

Cash transfers form an important part of social protection. In this study it was found that no cash transfers were provided under the GoZ social protection support due to funding challenges. This study sought to establish whether EW-HHs were aware of the provision for cash transfers under government social protection scheme Table 5.5.2 below presents the research findings on the knowledge of government cash transfers among EW-HHs.

Table 5.6.1 Knowledge of the Government Cash Transfer

Knowledge of GoZ Cash Transfers	Frequency	Percent	Cum. Percent	Exact 95% LCL	Exact 95% UCL	
Yes	72	45.28%	45.28%	37.39%	53.36%	
No	87	54.72%	100.00%	46.64%	62.61%	
TOTAL	159	100.00%	100.00%			

Table 5.6.1 above shows data about knowledge of elderly women about the existence of government cash transfers to Elderly Women-Headed households. 45.2 % of the elderly women-household heads were aware that government was supposed to give them a monthly cash transfer while 55.7% indicated that they not aware of the existence of it. This is mainly due to the fact that the government stopped to provide cash transfers to elderly people and vulnerable population groups a long time ago so they could not remember. The existence of cash transfers was confirmed by the Department of Social Welfare of Zimbabwe.

5.6 IMPACT OF GOVERNMENT SOCIAL PROTECTION ON HOUSEHOLD MONTHLY INCOME AND HOUSEHOLD ASSETS

This study sought to establish the impact of the government social protection among Elderly Women-Headed households' income, asset base and food security. The study did not find any statistical significant impact (*difference*) of the government social protection programme on household asset base (livestock), monthly income and protection against other risky livelihoods alternatives on Elderly Women-Headed households against the same Elderly Women-Headed households before receiving government social protection programme. Tables 5.2.3, Table 5.2.4 and Table 5.5.1 above (pages 169,170, and 173 respectively) all indicate that there is no significant difference among Elderly Women-Headed households on their assets and monthly income which can be associated with being on the government social protection programme.

Table 5.10 below (on livelihoods coping strategies page 194) further shows that livelihoods coping mechanisms/indicators such as *vending, asset stripping or disposal of household assets* mostly *livestock* and other items *and reliance on remittances* were not solely associated with Elderly women-headed households. It was found amongst those who were not on the government

social protection. At the same time there was no statistical significance of the government social protection support providing a protective effect among Elderly Women-Headed households receiving government social protection support against the above mentioned livelihoods coping mechanisms or indicators.

By analysing the data quantitatively, this study shows that the government social protection is not making a major impact on Elderly Women-Headed households. However qualitative analysis of data from the study participants who were receiving government social protection support shows that government social protection was helpful in meeting short term food security needs (71%) as shown by Fig 5.1.14 below. Evidence gathered from focus group discussions showed that the grain distribution was helpful in improving household food security among the majority of Elderly Women-Headed households. **Participant SP A6 (72 years)** acknowledged that, “..... *there is some difference with support from government , we no longer worry about grain so it has helped us on food security but more is needed as this support is limited.....*”

A local chief and two councillors from the study area all noted that while the government grain distribution to Elderly Women-Headed households was helpful to elderly women in their communities, it was not adequate in terms of meeting the consumption needs of these households. The ward councillor noted that, “*nowadays because of the government grain distribution I have few people who come to my office seeking help for food especially the elderly.*” Thus, weighing the two analyses, one could conclude that from the people’s own perspectives and experiences government social protection has had a limited positive impact in addressing the short term food security needs of EW-HHs using food security as indicator. From another angle of statistics and judging by both household income and asset base, government social protection has not had any statistically significant positive impact on EW-HHs.

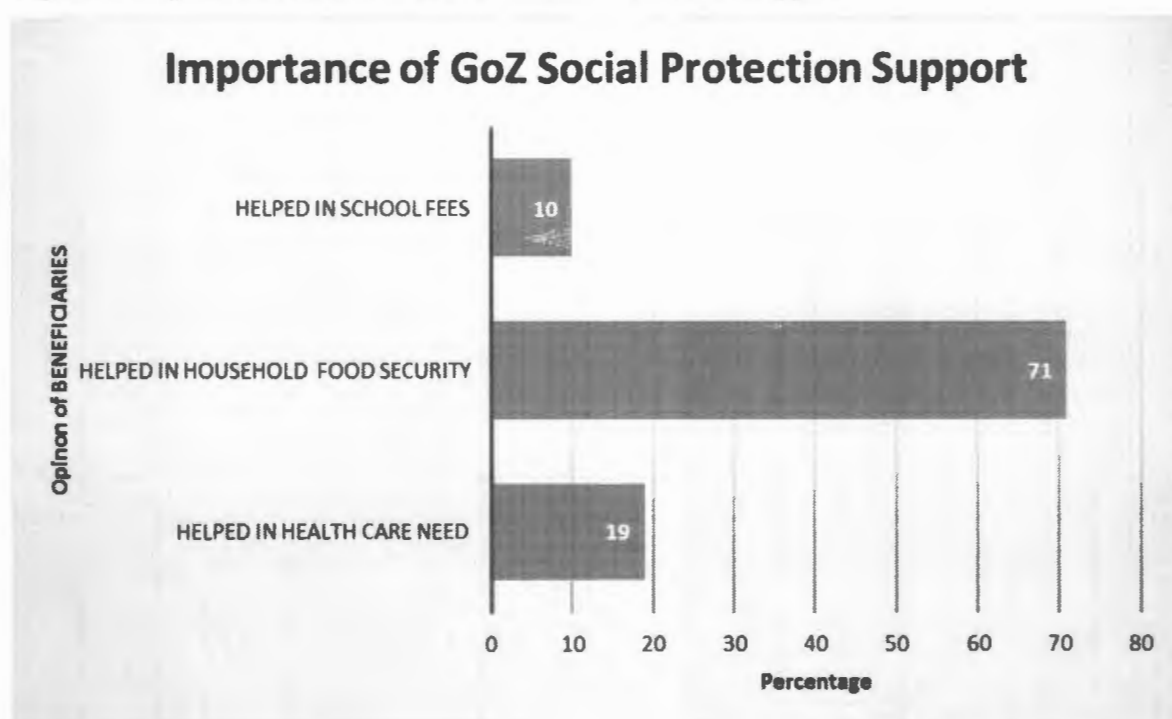
5.7 HOUSEHOLD NEEDS ADDRESSED BY GOVERNMENT SOCIAL PROTECTION SUPPORT

This study sought to establish the importance of the government social protection support to Elderly Women-Headed households who were receiving support. The majority (71%) of the households indicated that government support helped them in meeting their food security needs mainly because of the grain they were receiving. Fig 5. 7.1 below shows that 71%, 19% and 10%

reported great importance of the government support in food security needs, health care and school fees assistance respectively.

The government provides free medical assistance to elderly people as a policy and to other vulnerable populations through the Government Assisted Medical Treatment Order which is 'means tested' and only works in public hospitals and clinics. School fees support is provided through the Basic Education Assistance Module (BEAM). Currently BEAM only pays school fees, it does not provide any other scholastic support to orphans and vulnerable children

Fig 5.7.1 Importance of Government Social Protection Support



According to the Department of Social Welfare the coverage of BEAM in the district remains low and limited against need at 12%; thus, the majority of school going children in need are not being supported. **Participant SP A8 (73 years)** from the focus group discussions explained government food and education support, “ *the government is paying for school fees for 2 of my grandchildren and I am also getting a 50kg maize bag every month but we been told that this is for drought relief so we don't know when it will come to end....* ” Elderly Women-Headed households receiving government social protection acknowledged that the government social protection support was helping them keeping their much needed livestock which they could have sold to meet daily food needs. **Participant SP A10 (68 years)** from the focus group discussions

explained that, “we all agree here that government grain is helping us quite a lot though it’s not enough, we need more to be done. We struggle to get even a penny to buy a packet of salt. We pray that government will give us a monthly allowance as they promised.” Failure by the government to provide cash transfers resulted in EW-HHs also struggling to meet their basic needs meaningfully.

5.8 COVERAGE OF GOVERNMENT SOCIAL PROTECTION SUPPORT

The study sought to establish the coverage of government social protection support among Elderly Women-Headed households. Using the beneficiary registers from the Department of Social Welfare the study established that a total of 789 Elderly Women-Headed households were receiving government social protection support against 1630 Elderly Women-Headed households in Mhondoro Ngezi. This represents a coverage of 48.4% for the district as shown by Fig 5.8. 1 below

Fig 5.8.1 Coverage of GoZ Social Protection among EW-HH

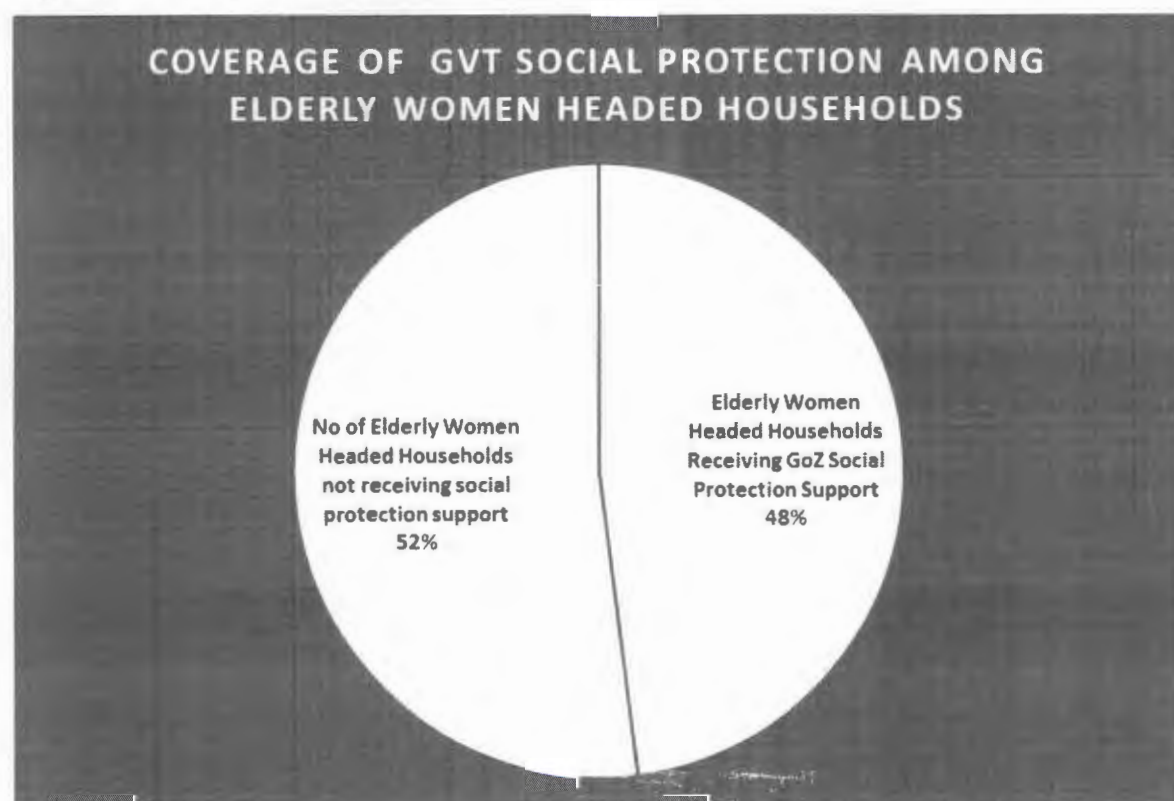


Fig 5.8.1 above show that 52% of the Elderly Women-Headed households are not receiving the government social protection support mainly in the form of grain while only 48% is receiving government social protection support.

5.9 RESILIENCE TO HOUSEHOLD FOOD INSECURITY

Resilience was a key focus of this study and in order to assess and establish the resilience of Elderly Women-Headed households to food insecurity. In this study capacity to prepare for future extreme food insecurity, capacity to recover from an extreme food insecurity period and capacity to adapt the means of livelihoods in the context of persistent periods of extreme insecurity were the focus areas of the study as a way of understanding resilience to household food insecurity among EW-HHs. Table 5.7 below presents the findings of Resilience based on the Likert scale.

Table 5.7 Resilience of Elderly Women-Headed Households to Food Insecurity

Core Capacity Process	Survey Question	Responses	Response Results
Capacity to prepare	If an extreme hunger occurred, how likely is it that your household would be well prepared in advance	4-point scale: (1) Extremely likely; (2) Very likely; (3) Not very likely (4) Not at all likely.	4-point scale: Extremely likely A - 2% (n=3) B - 5% (n=5) Very likely A- 3% (n=4) B- 5% (n=8) Not very likely A— 31% (n=49) B - 8% (n=13) Not at all likely A- 89% (n=149) B- 13% (n=21)

Capacity to Recover	<p>If an extreme hunger occurred, how likely is it that your household could recover fully within six months</p>	<p>4-point scale:</p> <p>(1) Extremely likely;</p> <p>(2) Very likely;</p> <p>(3) Not very likely</p> <p>(4) Not at all likely.</p>	<p>4-point scale:</p> <p>Extremely likely</p> <p>A -11% (n=18)</p> <p>B -25 % (n=41)</p> <p>Very likely</p> <p>A-19% (n=31)</p> <p>B- 49% (n=79)</p> <p>Not very likely</p> <p>A-50% (n=81)</p> <p>B -17%(n=28)</p> <p>Not at all likely</p> <p>A-18%(n=29)</p> <p>B-6.8%(n=11)</p>
Capacity to Adapt	<p>If extreme hunger were to become more frequent, how likely is it that your household could change its source of income and/or livelihood, if needed?</p>	<p>4-point scale:</p> <p>(1) Extremely likely;</p> <p>(2) Very likely;</p> <p>(3) Not very likely</p> <p>(4) Not at all likely.</p>	<p>4-point scale:</p> <p>Extremely likely</p> <p>A -8.7% (n=14)</p> <p>B - 28% (n=45)</p> <p>Very likely</p> <p>A-16.8% (n=27)</p> <p>B- 51% (n=83)</p> <p>Not very likely</p> <p>A—51% (n=83)</p> <p>B -15.6%(n=25)</p> <p>Not at all likely</p> <p>A-16%(n=26)</p> <p>B-8.1%(n=13)</p>

A =Elderly Women-Headed Household Post Receiving GoZ Social Protection Support-2018

B =Elderly Women-Headed Household Prior Receiving GoZ Social Protection Support Baseline 2013

Table 5.7 above shows that the capacity to prepare for future hunger/drought or food insecurity and the state of preparedness varied greatly between Elderly Women-Headed households before [2013] and after [2018] receiving government social protection support. The state of preparedness for any future extreme food insecurity situation was generally low among Elderly Women-Headed households receiving government social protection support and before they were receiving government social protection support, 2% and 5% respectively. Elderly Women-Headed households before receiving government social protection support had 3% marginal points better than their post government social protection support period.

Among Elderly Women-Headed households post receiving government social protection support 31% and 89% were not likely to be prepared and not at all be prepared to mitigate any extreme future food insecurity crisis compared to 28% and 11% for the Elderly Women-Headed households prior receiving government social protection support respectively. This shows better preparedness for any future extreme food insecurity crisis in Elderly Women-Headed households prior receiving government social protection support with more than 50% points against Elderly Women-Headed households post receiving government social protection. The current government social protection support to elderly women headed households contributes significantly to weakened and depressed household resilience to extreme future food insecurity crisis due to the dependence syndrome which beneficiaries develop towards government support.

The capacity to recover from an extreme hunger period within six months varied markedly between Elderly Women-Headed households receiving government social protection support and EW-HH prior to receiving government social protection support as shown by Table 5.7 above. The study shows that Elderly Women-Headed households before receiving government social protection support 74% of them were likely recover after six months from an extreme food

insecurity crisis against 30% from the Elderly Women-Headed households post receiving government social protection support.

Table 5.7 further shows that 68% of the Elderly Women-Headed households post receiving government social protection support were likely not to recover from a severe food insecurity crisis after six months whereas for the same Elderly Women-Headed households before receiving government social protection support its only 23.8% were likely not recover after six months. The capacity to recover from a severe food insecurity period after six months remains higher in Elderly Women-Headed households before receiving government social protection support compared to their post receiving government social protection period. This is attributed to weak and fragmented nature of government social protection which is not comprehensive.

The capacity to adapt is a key component of resilience and this study sought to establish the capacity of elderly women to change their means of livelihoods in the face of frequent extreme food insecurity periods. In the event of persistent extreme food insecurity periods 8.7% of Elderly Women-Headed households post receiving government social protection support were extremely likely to change their means of livelihoods to new ones, while 28% of Elderly Women-Headed households before receiving government social protection support were extremely likely to change their livelihoods. Further to this 16.8% of Elderly Women-Headed households post receiving government social protection support were very likely to change their means of livelihoods in the event of persistent extreme food insecurity periods. At the same time 51% of Elderly Women-Headed households were very likely to change their means of livelihoods in the event of persistent extreme food insecurity periods.

Table 5.7 shows that 51% of Elderly Women-Headed households post receiving government social protection support were not likely to change their means of livelihoods in the event of persistent extreme food insecurity periods while among the same Elderly Women-Headed households before receiving government social protection support only 15.6% were not likely to change their means of livelihoods in the event of persistent extreme food insecurity periods. Further to this 16% of Elderly Women-Headed households receiving government social protection support and 8.1% of Elderly Women-Headed households not receiving government

social protection support were not at all likely to change their means of livelihoods in the event of persistent extreme food insecurity periods.

The research findings show that resilience in Elderly Women-Headed households post receiving government support is weaker and depressed, thus government social protection support has a protective effect against resilience in Elderly Women-Headed households. This is attributed to the inconsistent distribution of GoZ food support and a weaker social protection package which does not strengthen household resilience to food insecurity. However, resilience (capacity to prepare, recover and adapt) was found to be stronger with 45% to 54% points in Elderly Women-Headed households before receiving government social protection and this can be attributed to diverse and innovative means of livelihoods which these households were pursuing considering that they didn't have any external support towards livelihoods. The absence of external social protection support can push EW-HH to adopt alternative means of livelihoods while the presence of external social protection can promote complacency to adopt alternative

5.10 COMMUNITY STRUCTURES AND LEADERS INVOLVED IN GOVERNMENT SOCIAL PROTECTION

Table 5.8 below presents the various community based structures and leaders involved in support of the implementation and identification of beneficiaries for the government social protection. The local council councillors were the most common community leaders which supported social protection programmes. The councillors were involved in the identification of potential beneficiaries for social protection support, especially elderly people. Councillors were noted to be involved in organising grain deliveries and collection for their communities.

Table 5.8 Community Leadership Structures Supporting GoZ Social Protection

Community Structures and Leaders involved in government social protection	Frequency n-361	%
Councillors	149	41.2%
Traditional Chiefs	41	11.3%
Village Heads	26	7.2%
Government officials	18	4.9%
WADCOs	4	1%
WAAC	3	0.8%
		100%

While councillors topped the list of community leaders involved in mobilisation of elderly people and other vulnerable people to register for the government social protection support, they are also other community leaders and structures which were also significantly involved such as the traditional leaders and government officials as shown by Table 5.8 above. The motivation of councillors to support and mobilise for the government social protection goes beyond compassion but as the only elected community leaders, government social protection programs provides them with visibility and an opportunity to campaign for re-election. Further engagement of study participants through focus group discussion explained why the councillors were highly involved in government social protection. **Participant SP A4 (68 years)** observed that “....our councillor is heavily involved in my area. I am sure because they want us to vote for them, but

they promise things which we have never seen...'' A local councillor confirmed during the study that as councillors they were playing a major role in supporting the implementation of the government grain to food insecure households. Councillors are political activist and as they support government social protection interventions they also push their political interests for themselves and political parties. In the study area ZANU PF controls all the wards, they are only ZANU PF councillors and this is consistent with dominance of the ruling party [ZANU PF] in all the rural areas in Zimbabwe. **Participant SP A5 (70 years)** showed how ZANU PF is also involved in government social protection through their councillors *“.....I only know my councillor, I have seen him and his assistants taking names of elderly people so that he takes them to government offices. ZANU PF leaders here also come taking names of elderly people so that they get government assistance.”* The Department of Social Welfare was also relying on local councillors in ensuring that vulnerable populations are registered for government support and that grain reaches its beneficiaries an official from the Department of Social Welfare explained. The Department of Social Welfare accepted that they are heavily constrained in terms of staff and capacity to effectively reach out to the community, hence councillors become a vehicle to extend its services to the community.

5.11 GAPS AND CHALLENGES OF GOVERNMENT SOCIAL PROTECTION SUPPORT

This study further examined challenges related to the government social protection support among EW-HH and findings are presented in Table 5.9

Table 5.9 Gaps and Challenges of GoZ Social Protection Support

Effectiveness of Government Social Protection	Frequency n-318	%
Leaves out others in need	255	70%
Infrequently distributed	142	39%
Support not adequate	140	38%
Does not address all needs	134	37%

This study sought to establish how participants, based on their lived realities, felt about how effective the government social protection was in addressing their needs. Table 5.9 above presents the findings from the household survey. Despite appreciation of the government social protection support, elderly women household heads noted that there were still challenges to the effectiveness of the support. 70% of the study participants noted that government social protection was not inclusive as others in need were left out. They also observed that in addition to leaving out other people in need other variables did come to play. 39% of participants indicated that support was infrequently distributed, while 38% said it was not adequate in meeting their needs. 37% also felt it does not address all the needs of Elderly Women-Headed households. It is clear from the above findings from responses that the government social protection has not been a smooth flowing program but it is compounded by many gaps which do have a material effect on its effectiveness. **Participant SP A2 (71 years)** had no kind words about the program. *“There is nothing good about government support towards elderly women, the support is limited and does not come consistently, the only thing we got is maize and one of my child is having school fees being paid for by the government. The support is very incomplete and not comprehensive”* Another participant further lamented the challenges of government social protection support, **Participant SP A13 (69 years)** *“We have herd that government gives support to elderly people. However we have only received maize since last year and this maize has not been coming on every month. We are told that government has our money but we have never received a single cent. We don’t know whom to cry unto so that our plight can be herd. The sun is setting on us my son, we hope one day someone from government will give us an ear so that we die with peace in our souls.”*

The government provides support to labour constrained households in periods of drought and these include Elderly Women-Headed households. Grain distribution started as part of the government drought mitigation intervention which was later extended to food insecure households after the end of the drought period. The Department of Social Welfare did not have details about the duration or lifespan of the grain distribution program to food insecure households however a government official from local government department noted that because the year 2018 is an election year government would continue giving out grain till the elections

and what happens after the elections no one knows. The ZANU PF government uses grain distribution to vulnerable populations as a mobilisation tool for its support base as confirmed by the active participation of ZANU PF leaders and structures in grain distribution.

5.12 COPING AND SURVIVAL STRATEGIES OF ELDERLY WOMEN-HEADED HOUSEHOLD

The study sought to establish the survival strategies employed by Elderly Women-Headed households as they withstand the social and economic challenges associated with old age in the rural economy and their resilience. The following were the major survival or coping mechanisms which Elderly Women-Headed household employed in their livelihoods; vending, reliance on remittances from family members and farming which included small scale market gardening. Table 5.10 below presents the associations of the government social protection in relation to the coping mechanisms.

Table 5.10 Livelihood Coping Strategies of Elderly Women-Headed Households

		Yes	No	OR	P- Value	95% CI
Vending	(A)	51	108	12.68	0	
	(B)	7	188			
Farming	(A)	130	29	1.3	0.2	
	(B)	149	46	0.07	0	
Farming	(A)	11	148			
	(B)	98	97			
Asset disposal including livestock	(A)	121	47	1.1	0.1	
	(B)	148	43			

Table 5.10 above shows that the impact of the government social protection support is low. The study established a weak association between the government social protection with reliance on remittances and farming (Odd ratios 0.07 and 1.3 respectively). Among Elderly Women-Headed households post exposure government social protection support 93% of them were less likely to be involved in farming especially market gardening as a way of improving their incomes compared to their period before receiving government social protection

However, Table 5.10 above shows that Elderly Women-Headed households after receiving government social protection were more likely to be involved vending as shown by strong Odd ratio of 12.8 compared to their period before receiving government social protection support. This is consistent with the previous findings of the study which showed no significant impact on Elderly Women-Headed households' monthly income and major assets especially cattle and goats as a result of the government social protection support. Therefore Elderly Women-Headed households were likely to venture into vending as an alternative way of raising household income since they could enjoy extra savings associated with reduced household expenditure on food consumption unlike the period before receiving government social protection.

5.13 BENEFITS OF SETTLING IN POST 2000 RESETTLEMENTS

Despite the glaring evidence that life in the post 2000 resettlements was not easy, Elderly Women-Headed households from the study appreciated that there were some notable gains key to note are large farming areas, increased yield leading to improvement in food security as well. Table 5.11 below presents the findings related to benefits associated with staying in the post 2000 resettlements despite the challenges.

Table 5.11 Benefits Associated with Settling in Post 2000 Resettlements

Benefits of Settling in Post 2000 resettlements	Frequency n-356	%
Increased yield	94	41.8%
Large farming land	21	27%
No significant change	16	19%
Increased income	14	8%
Improved food security	9	3%
Non response	5	2%
Total	159	100%

The majority of the study participants reported that settling in the post 2000 resettlements had provided them with better yields stemming from the bigger pieces of land for farming which they now own. A total of 41% and 27% of the participants acknowledged the importance of better yields and large farming land respectively as the major benefits of post 2000 resettlements. However a further 19% of the Elderly Women-Headed households reported that they did not see any significant change associated with settling in the post 2000 resettlements.

5.14 CHALLENGES ASSOCIATED WITH LIVING IN POST 2000 RESETTLEMENTS.

The post 2000 resettlements have been associated with various challenges which range from inadequate health and education infrastructure to none availability of service centres. This study established the following as the major challenges as presented in Table 5.12 below

Table 5.12 Challenges Associated Post 2000 Resettlements

Challenges Associated with Post 2000 resettlements	Frequency n-361	%
Long distances to schools	107	30%
Long distances to clinics	96	26%
No schools	53	14%
No schools	43	12%
No roads	31	8%
No service centres	25	7%

Post 2000 resettlements have challenges relating to access to school with 30% of the participants highlighting this challenge while 26% of the participants noted that schools were too far away for school going children. In other areas both schools and clinics are non-existent and this is further compounded by poor impassable roads. A local traditional leader in the study also highlighted this plight facing post 2000 resettlements noting that they have been promised various development projects by politicians targeting roads, schools and clinics but none has seen the day. During the focus group discussions these emerged highly from the participants with one **Participant SP A17 (73 years)** noting that, *“we should be given more support by the government which is consistent and we need to be given projects to do to make a living. Our clinics are quite far away, we always find it hard to go to the clinic, money for transport is always difficult to get.”*. The above observed challenges associated with post 2000 resettlements require urgent attention to improve the quality of life for the residents.

5.15 PARTICIPANTS PERSPECTIVES ON THE FUTURE OF GOVERNMENT SOCIAL PROTECTION

5.15.1 Perceptions on Practical Needs

In this study participants had the opportunity to reflect on their challenges with respect to public social protection support at the same time expressing their views and perceptions on issues to address going into the future. These perspectives present a package of policy and practical issues for both policy makers and development practitioners. These perspectives further form the basis of recommendations in this thesis which are presented in Chapter 7 Table 5.13 below presents the key perceptions from study participants.

Table 5.13 Future Perspectives on the GoZ Social Protection

Future Perspectives on the GoZ Social Protection	Frequency	%-Combined Frequency
Provide monthly allowance	149	41.8%
Disburse support consistently	145	40%
Support Income Generating Projects	128	35.9%
Construct clinics	33	9.2%
Construct schools	27	7.5%
Construct roads	17	4.7%

Table 5.13 above presents the future perspectives from the study participants and their frequencies 41.8% of the participants highly recommended that the government should provide a monthly cash transfer to Elderly women-headed households and a further 40% and 35% of the participants recommended the need for government to consistently provide support and consider supporting income generating projects respectively.

Table 5.13.1 Future Perspectives from EW-HHs on the GoZ Social Protection

Social Protection Recommendation	Frequency	%-Combined Frequency
Social Protection assistance must include Everyone	179	100%
Bring NGOs to support	113	67%
Support Income Generating Projects	98	87.8%
Total		

5.15.4 Inclusive Approach

Table 5.13.1 above shows that the majority of the Elderly Women-Headed Households were unanimous that government social protection support should do be all inclusive, it should not leave out others in need. 87% of the participants further stressed the importance of income generating projects for self-sustenance A participant from the focus group discussions was short to the point noting that, “ *we need to be all included on the government support.*” **Participant SP B13 (69 years)**

5.15.5 Consistency in the Provision of Government Social Protection Support

This study established that government social protection support mostly in the form of grain distribution was not being consistently distributed to beneficiaries, hence beneficiaries were not sure about when they would receive their allocations. Among Elderly Women-Headed households receiving government social protection support, 40% of the participants emphasised the need for the government to ensure consistency in the provision of social protection support since they noted months can be pass before they get their grain allocations even though they have been told they will get the grain on monthly basis as explained by **Participant SP A17 (73 years)**. “*We should be given more support by the government which is consistent and we need to*

be given projects to do to make a living. Our clinics are quite far away, we always find it hard to go to the clinic, money for transport is always difficult to get.'' The absence of consistency in terms of social protection support by the government led to lack of trust and confidence by the beneficiaries towards the government social protection program.

5.15.6 Engagement of NGOs in Social Protection Support

The call for NGOs to assist Elderly Women-Headed Households was greatly expressed, 67% of the participants noted that NGOs could bridge the gaps in government assistance which was not was adequate, hence the role of the government should be to facilitate support from NGOs.

Participant SP B44 (71 years) highly stressed that, *''government should look for NGOs who can help us since they (government) has failed to help us. I don't see anything coming from this government.''*

This study established that there were no NGOs supporting elderly women households in the study. The major NGOs which were operating in the study area were supporting HIV and AIDS interventions in the community. The Department of Social Welfare as well as officials both agreed that there was need for NGOs to support the district in the area of social protection support for Elderly Women-Headed households as means of bridging the current gap on social protection support.

5.15.7 Public Awareness of Government Social Protection

Public awareness of the government social protection was greatly raised as major issue among the participants. Public awareness was observed to be low, the majority of participants from the focus group discussions were consistent with household survey participants on recommendations **Participant SP B1(79 years) observed that,** *'' the government should raise awareness for its support programme, as you can see they are quite a number of people who don't even know about government support for elderly people.''* The study established that the Department of Social Welfare does not run a deliberate awareness campaigns in the community since its support is means tested. The Department of Social Welfare has limited budget support to fund a large scale comprehensive social protection. An official from the Department of Social Welfare confirmed to this study that they do not run community public awareness on the government social protection considering that there is a limited budget support towards the programme, hence there is no need to create demand for a social protection programme whose capacity is limited.

5.15.8 Community Based Registration of Elderly Women Household Heads

Elderly women household heads noted that the Department of Social Welfare requires elderly people to come to the district offices to register for assistance. Distances to the district offices range from 40 to 185 kilometres from the residential areas of the study participants. The cost of transport also ranges from \$15 to \$30 which is a lot of money considering the low disposable incomes for Elderly Women-Headed Households. Distance to the district, cost of transport were the major challenges for Elderly Women-Headed households to be registered for support at the district office. In addition to these Elderly Women-Headed Households highlighted that due to old age their bodies are also physically weak to travel long distance, hence the only noble and appropriate thing is for the Department of Social Welfare to register elderly people in their communities as expressed by **Participant SP B50 (82 years)** who said, *“government should come to us to register us for assistance unlike the current situation where they are saying we should all go to the district offices in Kadoma which is too far away and expensive for us since we find it to hard get money for transport and our bodies are in pains traveling! such long distance.”* A local traditional chief added his voice to this issue noting that government should work with the local authority to decentralise the registration of potential beneficiaries for the government social protection programme especially the elderly who are poor and weak to travel to the district offices. The most vulnerable and poor elderly people cannot even travel to the district offices for registration, hence the importance of community based registration.

During the study period the Department of Social Welfare was in the process of registering elderly people for support at their district offices thus further confirming the concern of the elderly people from the study. A senior official from the Department of Social Welfare explained to this study that the Department was incapacitated to run an outreach to register elderly people for government social protection support since they did not have a vehicle, hence they can only send a call through councillors, chiefs and village and other community leaders for elderly people to come to the district offices to register. This study established that this practice is highly exclusive since it leaves out other vulnerable elderly people who cannot travel to the district office due to weak physical bodies, long distance and high transport cost.

5.15.9 Targeted Cash Transfers

There was an endless call from the majority of Elderly Women-Headed Households (98% of the study participants) for the government to provide Elderly Women-Headed households with a monthly allowance to support their cost of living. The Department of Social Welfare used to provide a monthly allowance to elderly people under its public assistance support programme which was means tested. However the Department of Social Welfare stopped the monthly allowances in 2013 due to government failure to provide budget support towards the programme.

Participant SP A19 (71 years) implored to government to provide them with a monthly allowance, *‘government should give us a package of support which is beyond maize. We need a monthly allowance as they promised us and the money should be reasonable to meet our welfare needs’*

The Department of Social Welfare has made various promises towards the provision of the government cash transfer to elderly people and politicians have also made similar promises as they mobilise the people for political support but by the time of conducting this study participants had never received any cash transfer support instead the Department of Social Welfare as in other years before was registering elderly people at their district for the envisaged government cash transfer support. **Participant SP B42 (75 years)** simply made the point, *‘government should give us our monthly allowances as they promised us, I am sure that this will help us to meet our daily needs.’* Another study participant further expressed their impatience and frustration with governments’ empty promises of providing them with a cash transfer. *‘We have a government which is supposed to help and they should just do their job. Politicians came to us and promised us that government was going to give a monthly allowance but we have not received anything yet. They (government) should give us food and a living allowance every month.’* **Participant SP B44 (63 years)**. The provision of cash transfers is depended on the availability of the budget support and that has been the biggest challenge facing the Department of Social Welfare, however there is great acknowledgement and appreciation of the need to provide a cash transfer support to elderly people by government.

5.15.10 Supporting Income Generating Projects

The study participants emphasized the need for government to support income generating projects as a sustainable way of supporting self- sustaining livelihoods in Elderly Women-Headed households. An FGD study participant pleaded to the government to organise,

“.....small projects for us to make a living on our own, that can help us a lot considering that we are not being given anything by the government.” **Participant SP B12 (84 years)**. Another participant shared clearly this point during the focus group discussions noting that, *“we need support towards our own livelihoods projects. We are tired of being taken for a ride by politicians because we are poor. Government should keep its promise of giving us a monthly.”* **Participant SP A12 (75 years)**

Elderly Women-Headed households (35.9%) further agreed on the importance of income government supported generating projects in supporting livelihoods in Elderly Women-Headed households. **Participant SP A15 (78 years)** during the focus group discussion noted that, *“we are tired of begging my son. Government should give us money for income generating projects so that we can have our own income which we can control and support our grandchildren without begging.”* The following were the most suggested projects; poultry project, goat keeping project, peanut butter making and market gardening. The call for income generating projects was greatly and highly made by Elderly Women-Headed households who were not receiving the government social protection support this was an expected observation considering that these participants had nothing look forward to the government social protection support.

5.15.11 Development of Rural Social Services Infrastructure

Elderly Women-Headed households were all in agreement on the importance of social services infrastructure emphasizing construction of clinics, schools and roads with the following frequencies as shown above in Table 5.13.1: 58%,54% and 57% respectively. **Participant SP B48 (69 years)** made a clear call to the government as she said, *“we need better roads here, our schools and clinics are quite far away. Government should construct schools and clinics if they care about our plight.”* Social protection support interventions by the government require a backup of good social services infrastructure which good to ensure that the community has access to education and health services without constraints. **Participant SP A16 (75 years)** bitterly complained about the poor infrastructure in the post 2000 resettlements noting that, *“we live like people who are in the jungle here, we need better roads in this area and a clinic, we find it hard to get to the clinic since it is far away from us”*. In addition to challenges related to social services infrastructure, the post 2000 resettlements have poor service centres as a result most government services and major shops are absent there. Such services are only found in major

cities and towns far way from the resettlements. To access them means one incurring high transport costs. The study participants thus recommend that government ought to develop service centres in their areas of residence.

5.16 FUTURE STRATEGIC AND POLICY CONSIDERATIONS

This section presents the strategic and policy perspectives and considerations which the study found mostly through in-depth key informant interviews with policy makers, local authority, and government officials. The section also draws from the in-depth interviews with traditional leaders in the study area.

5.16.1 Development of Harmonised Comprehensive Social Protection Policy

The government social protection support towards Elderly Women-Headed households was found to be weak and one local traditional leader simply summed it that, ‘it’s none existent to begin with’. There is need for a deliberate government harmonised comprehensive social protection support towards Elderly Women-Headed households. This study further established that the government grain distribution program has been more known in the community as part of the government drought mitigation program which targets vulnerable population groups. This points to indeed a none existence of a comprehensive social protection program for Elderly Women-Headed households

5.16.2 Development of Targeted Social Protection Support for Elderly Women

Government should develop a specific targeted social protection program for Elderly Women-Headed households as this study established that there is no specific social protection program for Elderly Women-Headed households. In the absence of a specific government social protection program for Elderly Women-Headed households, poor EW-HHs will remain uncovered by government social protection since their vulnerability will be treated under the general vulnerable population. An official from the Department of the Social Welfare expressed the need to have a special desk for the elderly people considering that their vulnerability is multiple and intricately intertwined with other factors such as age, gender and poverty.

5.16.3 Re consider means testing of elderly people for government social protection

Consistent with development of a specific social protection program for Elderly Women-Headed household's government should just scrap means testing of Elderly Women-Headed households. Means testing does not promote universal coverage of social protection among Elderly Women-Headed households and the process of means testing deters elderly women to come forward to present themselves for social protection support. The majority of study participants expressed great dismay and displeasure at the assessments or interrogation they are subjected to by the officials from the Department of Social Welfare for them to be registered. While the Department of Social Welfare maintained that means testing is the gold standard for assessing potential beneficiaries for the government social protection support moreso considering that budget support towards social protection is limited, a local Member of Parliament noted that they would lobby for the review of this policy specifically for the elderly people considering that means testing is exclusive in its approach which is not consistent with universal social protection coverage for the elderly people.

5.16.4 Strengthen and Capacitate the Department of Social Welfare at District Level

The Department of Social Welfare is at the heart of social protection ensuring that social protection support reaches the lowest levels of the community. This study established that the Department was not adequately equipped in terms of transport as it had no district vehicle to effectively reach out to the community. There was no adequate staff for department hence the need for more staff and vehicles for the department to effectively reach out to the community.

5.16.5 De- politicisation of Government Social Protection Support

This study did find evidence of involvement of politicians and political influences in the mobilisation of elderly women for government social protection. ZANU PF officials were involved in mobilising and facilitating grain distribution as well as promising government supported cash transfers to the elderly people in the study area. The involvement of ZANU PF politicians promotes social protection support on political patronage basis thus leaving out Elderly Women-Headed households believed to be from the opposition parties. A local opposition party political aspirant expanded this point noting that, *“all government programmes in this community are reduced to ZANU PF projects which benefit only ZANU PF people and known supporters of the opposition party supporters are deliberately excluded.”* It is important

for the Department of Social Welfare to ensure that politicians are involved in the mobilisation and distribution social protection support for Elderly Women-Headed households and other vulnerable populations. This will ensure unlimited universal coverage of social protection support for elderly people.

5.16.6 Harmonising Community Based structures which are involved in the mobilisation of elderly people for government support

The Department of Social Welfare was found to be engaging various community based structures in mobilising elderly people for government social protection. The involvement of numerous community based structures brings a lot of inconsistent messages to the community as these structures do not convey the same message to the community hence the need to limit the number of community structures involved in supporting government social protection programs. The majority of study participants from the focus group discussions and the household survey observed that they were too many committees and community leaders including politicians who were involved in the mobilisation of elderly people for government social protection support. This created multiple messages which were not consistent especially on the government cash transfer, hence the importance of limiting community based government social protection programme to one or few community based structures.

5.16.7 Increase Deliberate Budget Commitment towards Social Protection

The absence of a clear social protection program for Elderly Women-Headed households and failure by the government to fulfil its obligation towards the government supported cash transfers due to non-availability of funds requires the government to prioritize funding of social protection program for elderly people. Government should show express commitment towards elderly women through adequate funding social protection programs for elderly people. A local Member of Parliament, Hon Gava concurred with officials from the Department of Social Welfare that government was not adequately funding social protection, the MP expressed commitment to lobby parliament and the minister of finance to increase budget allocation towards social protection especially for the elderly people whose plight was not fully attended and given special attention.

5.16.8 Building Household Resilience

The current social protection interventions remain weak and fragmented at the same time they are short term in focus. The government social protection intervention besides being fragmented does not in any way build the resilience of the Elderly Women-Headed households. Government should invest in social protection programs that build self- sustenance of Elderly Women-Headed households building on the strength of the availability of none labour constrained members of the household. Social protection should build the asset base or capital base of poor vulnerable so that in the long run, the household can withstand the external shocks on their own. This study did not find any strong evidence of resilience building by Elderly Women-Headed households. As noted above income generating projects could provide a good starting point in building household resilience in Elderly Women-Headed households.

5.16.9 Political Will and Commitment

While the study established evidence of influence by ZANU PF politicians in mobilising elderly women towards social protection, this was mainly done by lower level community based political activists including councillors. There seems to less political will by politicians to commit more support towards the elderly when compared to the youth and economically active women since the political stakes are considered to be higher for this group in terms of numbers of mobilising other fellow youth and women to vote. There is need to lobby politicians and law makers to invest higher political will towards elderly people and this will result in more significant meaningful support for the elderly. The commitment towards the plight of Elderly Women-Headed households remains low thus more still need to be done in raising up such commitment which should result in improved support for the Elderly Women-Headed

5.17 Chapter Summary

This chapter has presented the research findings of this study and the following have been the major the key findings of this research. The coverage of government social protection support among Elderly Women-Headed households was found to be at 48% in the study area. The study did not find any significant contribution of the government social protection support towards increasing household income and assets among Elderly Women-Headed households receiving government social protection support. The study did not find any statistically significant variation in terms of household income and assets between Elderly Women-Headed households

receiving government social protection support and those not receiving government social protection. Resilience to extreme food insecurity in Elderly Women-Headed households receiving government social protection support was weak and depressed compared to elderly women headed households prior receiving government social protection support. The non-availability of cash transfers on the government social protection support weakened the programme in addressing the multiple diverse needs and vulnerability factors among Elderly Women-Headed households. They were no NGOs which were involved in social protection for elderly people, the study further established. The government social protection support was found to be limited in support and not comprehensive. Lack of political will, limited public funding and a weak administrative support were the some of the key challenges negatively affecting the government social protection support.

CHAPTER SIX

DISCUSSION OF RESEARCH FINDINGS AND CONCLUSIONS

6.1 INTRODUCTION

This chapter summarises and discusses the findings of the study presented in Chapter 5 and it further presents key conclusions from the study.

6.2 COVERAGE OF GOVERNMENT SOCIAL PROTECTION SUPPORT IN ELDERLY WOMEN-HEADED HOUSEHOLDS IN POST 2000 RESETTLEMENTS

The post 2000 resettlements of Zimbabwe remain an uncharted territory when it comes to government social protection support. This study established that the coverage of government social protection support was limited to 48% of the Elderly Women-Headed households in the post 2000 resettlements of Mhondoro Ngezi (Fig 5.8.1 in Chapter 5). Social and economic vulnerability remains the basis for enrolment into the government social protection using the means testing method. This finding is consistent with other studies which observed that the coverage of social protection support in Zimbabwe is low and scant (Kaseke, 1997:180; Munro, 2003:20). The World Bank (2018:1) through its ASPIRE database further observes that the coverage of social protection in Zimbabwe is low at 0.4% for social protection interventions, 0.3% for cash transfers, 0.1% for fees waivers and 0.1% for public works programme. Beyond Zimbabwe in countries such as Zambia and Tanzania social protection for the elderly remains low averaging 35% while in countries such as South Africa social protection is slightly higher at around 56% thus reflecting variations in government commitment and investment in social protection (ILO,2015:67).

Studies on social protection in Zimbabwe do focus more on children and social protection interventions for orphans and vulnerable children draw more funding compared to the one for adult population despite the research findings that more than 30% of the households in rural areas are labour constrained mostly due to old age (UNICEF,2010:25)..Literature is very limited when it comes to the focus of government social protection support to Elderly Women-Headed households especially in post 2000 resettlements of rural Zimbabwe. Elderly people in Zimbabwe are languishing in poverty mainly due to the absence of comprehensive social

protection policies focusing specifically on the elderly. A struggling and weak economy has exacerbated the poor welfare of elderly people in Zimbabwe (Dhemba,2013;4).This study did not find any significant studies with particular focus on public social protection support for EW-HHs in post 2000 resettlements of Zimbabwe. Social protection studies in Zimbabwe remain focussed on the general vulnerable population groups and rural areas in general without giving particular attention to Elderly Women-Headed households (Barrientos *et al*, 2012:197).

The low coverage of social protection among Elderly Women-Headed households in the post 2000 resettlements of the Mhondoro Ngezi is consistent with other research findings on the coverage of social protection on African continent among poor vulnerable populations noting that more than 55% of the African vulnerable populations such as elderly people are not covered by public social protection support in Africa (Taylor, 2010:34). As noted above countries such as Tanzania and Zambia have social protection coverage among elderly people which is below 50%. A study participant from the focus group discussions in this study observed that, *“our current support from government is limited and does not come more often, we need more support from our government, they promised us a monthly allowance but we are yet to get anything.”*

Participant SP A3 (79 years) Limited public financing by the government combined together with lack political will was found to be the major challenges facing public social protection support in rural Zimbabwe (Devereux.2014:47).

Social protection programmes must be supported by strong government commitment, political will and leadership commitment from top government levels for them to be effectively supported with resources (Kaseke, 1999: 26). In addition to limited public financing this study established that means testing of elderly women for the purpose of accessing government social protection support was greatly contributing to the low coverage of government social protection support among Elderly Women-Headed households as it excludes the majority of elderly people. Government social protection support for the elderly people should just be inclusive and universal in approach as one study participant said. *“I hope and wish if the government could just support all elderly people in the rural communities. They should just come to our areas to register us than for us to go to the district offices to register because very few of us can afford the transport cost and we are too old to be travelling long distances”* **Participant SP B16 (84 years).**Social protection programmes for the elderly people especially in rural Zimbabwe and

Africa at large should be all inclusive primarily on the basis that poverty and socio –economic vulnerability are high among the elderly moreso women who prior to old age are marginalised socially and economically.

As noted above social protection studies in rural Zimbabwe have not been taking a particular focus on the post 2000 resettlements moreso with detailed attention to the social protection needs of Elderly Women-Headed households. Social protection studies continue to take a blanket approach to rural Zimbabwe and general vulnerable population groups. This trend is also consistent with the none availability of a specific public financed social protection programme for elderly people particularly elderly women (Munro, 2003:78). Most studies on the post 2000 resettlements have been addressing issues of productivity and impact of the post 2000 land reform with little attention being paid to social protection (Moyo, 2005:36).

There has been a tremendous increase in the number of African countries which do have social protection policies and frameworks. However the existence of public social protection policies as observed in this study does not translate into universal coverage of government social protection. Countries such as South Africa, Botswana and Ethiopia have shown both high commitment to social protection policy and its implementation as well. Despite the low social protection coverage among elderly people in Africa there is potential for scaling up social protection coverage. McCord (2009:67) found that in 2009 cash transfers reached less than 1% of all poor households in Zambia, 2% in Malawi and 4% in Kenya. More still needs to be done to scale up the coverage of social protection interventions especially among elderly people in Africa

6.3 IMPORTANCE OF GOVERNMENT SOCIAL PROTECTION SUPPORT TO ELDERLY WOMEN-HEADED HOUSEHOLDS

This study established that the government social protection support towards Elderly Women-Headed households despite being low in coverage was significantly contributing towards short term welfare needs among Elderly Women-Headed households. Fig 5.7.1 above shows that 10% of the Elderly Women-Headed households received school related assistance for fees payment, 19% received health care support and 71% of the Elderly Women-Headed households were receiving grain support-food security support.

School related assistance for school going children who are dependants of Elderly Women-Headed households receive school fees payment support through the government programme known as Basic Education Assistance Module.(BEAM).Government support the poor vulnerable population groups with medical assistance through the government Assisted Medical Treatment Order, however elderly people are entitled to free medical care. Grain distribution was the most common support the government provided to EW-HHs in the study area. Grain distribution by the government was conducted under government drought mitigation programme. A study participant from the focus group discussions acknowledged the importance of grain they were receiving, *“there is great help we are getting with support from government grain, we no longer worry about grain so it has helped us on meeting our food requirements but more is needed as this support is limited....”* **Participant SP A18 (73 years)**

The evaluation findings of the Productive Safety Net Programme (PSNP) one of African biggest social protection programme in Ethiopia shows great contribution of the programme towards improving household food security among the beneficiaries by 1.5 months. Further evidence from the Ethiopian PSNP evaluation shows that the social programme greatly played a major role in retention of school going children from vulnerable households in the school due to creating better disposable incomes through cash transfers which were also used to meet the health care needs of beneficiary households (Berhane, 2014:24). While the PSNP is a broad focussed social protection programme which does not solely focus on Elderly Women-Headed households, it provides a wealth of evidence which shows that social protection interventions among vulnerable populations can improve their capacity to meet daily food requirements, health care needs and school requirements (Carter, 2003:47).

The old age grant in South Africa remains one of the best social protection policies in Africa whose primary targets are elderly people. Studies focussing on social protection programmes in South Africa have not missed the old age grants noting that the old age grants played an important role in improving household incomes whose expenditure patterns shows that households were spending their grants on food items for consumption. The old age grants have had a significant positive net income effect among the elderly population in South Africa. (Barrientos, *et al*, 2013:64). Similar findings have also been found in Brazils' *Bolsa Familia* social protection programme which has been associated with around 40% reduction in the

poverty headcount in the 2000s, and was also solely responsible for the reduction in extreme poverty in the same period from 10% to 5%. While there is convergent of findings of this research with other social protection programmes in countries such as Ethiopia, South Africa and Brazil, it has to be noted that government of Zimbabwe's social protection programme for Elderly Women-Headed households is weak and did not have any cash transfers compared to comprehensive and huge social protection programmes in the above referred countries.

The variation of social protection programmes in Africa in both scope and focus continue to make it difficult for academics to fairly compare and contrast social protection policies. Further to this observation, there are very few studies on social protection whose prime focus are Elderly Women-Headed households. This notwithstanding, social protection appears to have important effects on poverty in South Africa and even more in Brazil and Ethiopia (Sabola, 2009:69; Barrinetos *et al*, 2013:464). The inconsistencies of the government of Zimbabwe social protection among Elderly Women-Headed households pose a challenge in establishing the actual contribution of the social protection programme towards livelihoods support and household consumption.

6.4 IMPACT OF GOVERNMENT SOCIAL PROTECTION PROGRAMME ON EW-HHs' INCOMES AND ASSETS

Despite a great acknowledgement of the importance of the government social protection support among Elderly Women-Headed households, this study did not find any significant positive impact of the government social protection programme on household income and assets among Elderly Women-Headed households who were receiving government social protection support. Tables 5.3.3 and 5.3.4 shows that the government social protection programme in elderly women households did not have a significant effect on households' income and assets. There was no significant variation in the average household income and livestock ownership which could be attributed to the effect of the government social protection support. These findings are consistent with similar evaluation research findings about the Ethiopia's PSNP where participants in the PSNP were found to have very low asset levels; such households it has been argued that when faced with negative income shocks households choose to "smoothen assets" rather than smooth consumption (Zimmerman *et al*, 2004:63).

The impact evaluation of the Mexican *Familias e Accion* social protection programme reduced the number of repeated school years by 0.12 for children between 14 and 17 years. The

evaluation results from the Mexican social protection are consistent with the findings of this research on household incomes as they were no significant impacts on household incomes, while consumption increased by 5 percentage points in rural areas. In this study 71% of the beneficiaries of the government social protection reported improvement in food security. In the Familias e Accion programme consumption increased 15% in rural area thus reducing food poverty in rural areas, however multidimensional living condition indexes were unmodified (Villa, 2016:46).

In the absence of cash transfers, social protection programme for Elderly Women-Headed households and other vulnerable population groups do not significantly increase the households' asset base and income. Studies on cash transfers in Mexico, Honduras, Jamaica and Brazil have shown further that it is only conditional cash transfers which have potential of building households assets with little gains in this respect under unconditional cash transfers (Briceno and Garrder, 2009:31; Barber and Gartler, 2010:19). Public social protection for elderly women headed households in Zimbabwe therefore remains highly compromised to effectively increase household income and assets due to absence of a cash transfer component. Unconditional social protection support which is underfunded, inconsistent and fragmented as the case in Zimbabwe does not improve the livelihoods base of its beneficiaries.

Despite the findings from this study, developing countries' social protection programs continue to present real opportunities especially for elderly women to get a buffer against food poverty as noted in this research (Piovani and Aydiner-Avsar, 2015:422). However the challenge for Africa at the moment is to develop a comprehensive social protection policy which is highly focussed on elderly people. Analysing e-payment cash transfers under social protection programmes, (Waller, 2017:29) observed that in addition to systems efficiency, social protection programmes were found to be playing a major role in increasing the assets and disposable incomes for beneficiaries in Africa. Social cash transfers inject liquidity into the communities where they operate, and if the transfers are significantly high, they can boost local investment and consumption (Villa, 2014:68). Social protection assessment studies in Tanzania consistent with the findings of this study found that social protection programmes especially conditional or unconditional transfers do not significantly contribute towards asset accumulation and long term resilience (Evans, 2017:6). However transfers allow households to engage in investment projects

and more profitable activities that they would otherwise not undertake without social cash transfers. Social protection programmes that do not have a cash transfer component therefore do not guarantee positive impacts on household incomes and assets among the beneficiaries.

6.5 ELDERLY WOMEN-HEADED HOUSEHOLDS' RESILIENCE TO HOUSEHOLD FOOD INSECURITY

Household resilience to food insecurity in this research is the ability of a household to keep with a certain level of well-being (i.e. being food secure) by withstanding shocks and stresses, and reorganize while undergoing change so as to still retain essentially the same function, structure, identity, and feedbacks (Dercon, 2001; Ciani and Romano, 2014:6). It depends on the options available to the household to make a living and on its ability to handle risks. Resilience was a key focus of the research with the aim being to understand and establish the resilience of Elderly Women-Headed households to food insecurity.

Using a four point Likert scale the study focussed on capacity to prepare for future extreme food insecurity, capacity to recover from an extreme food insecurity period and capacity to adapt the means of livelihoods in the context of persistent periods of extreme insecurity as measures towards understanding and establishing resilience to household food insecurity among Elderly Women-Headed households. As noted above resilience is a complex concept hence this research used the resilience estimating framework (Fig 2.8) to determine resilience among Elderly Women-Headed households. (Frankenberg and Nelson, 2016:18)

Table 5.7 above present the research findings based on the four point Likert scale. Resilience is multi- dimensional and varies from one context to another depending on the discipline of study. Resilience is a social construct which flows across the community, family and individual levels. (Obrist, 2010:229) A lot of frameworks have been developed around resilience (Bene *et al*, 2012:35). In this study resilience was limited to household food insecurity among Elderly Women-Headed households. Adaption, coping, withstanding, preparedness, recovery bouncing back and self –sustenance are some of the common terms in literature associated with resilience (Kaseke, 2000:27;Sabates-Wheeler, 2010:37; Obrist, 2010:221).

The measurement of resilience is highly variable in literature and as noted above remains based on the understanding and weight given to concepts such as coping, capacity, vulnerability and

adaptive capacity. They are very few studies that quantitatively assess households' resilience to food insecurity due to the fact that resilience is a slippery elusive concept which is not observed per se (Boukray *et al*, 2016:9).

The main problem with a quantitative measurement to resilience measurement is that resilience is not directly observable. Studies have tried to overcome this problem with modelling resilience as a latent variable (Alinovi *et al*, 2010:67; Mulat and Negussie, 2010:89) or using an observable variable as a proxy of resilience (Carter *et al*, 2006:41). It is for this reason that there is no universally accepted standard framework of measuring household resilience. However there is general consensus among scholars that household resilience is determined by various components and aspects in the household and the most common ones are: social safety nets, access to public services, assets, income and food access, stability and adaptive capacity. (Alinovi *et al*, 2008:32)

Table 5.7 in Chapter 5 shows that the capacity to prepare for any future extreme food insecurity situation was generally low among Elderly Women-Headed households receiving government social protection support compared to the period before they were receiving government social protection support, 2% and 5% respectively. Elderly Women-Headed households before receiving government social protection support had 3% marginal points better than the post exposure government social protection support on the capacity to prepare for future extreme food insecurity. In a wider study on resilience in Niger, male-headed households were more resilient than female-headed ones. This was associated with low adaptive capacity, lack of assets, and their vulnerability among female headed households which can be further compounded by old age. (Boukray *et al*, 2016:10).

In this research low adaptive capacity was associated with Elderly Women-Headed households receiving government social protection support when measured against the period they were not receiving government social protection support. Dependence on the government social protection among Elderly Women-Headed households was associated with low weak and diminished resilience in this study. Among Elderly Women-Headed households receiving government social protection support 31% and 89% were not likely to be prepared and not at all be prepared to mitigate any extreme future food insecurity crisis compared to 28% and 11% of Elderly

Women-Headed households before receiving government social protection support respectively. The study shows that Elderly Women-Headed households prior to receiving government social protection support 74% of them were likely recover after six months from an extreme food insecurity crisis compared to 30% post receiving government social protection support.

However further studies on social protection programmes in Brazil, Ethiopia and South Africa indicate that better resilience is associated with increased disposable income and asset base among beneficiary households. (Hulmes, 2014: 67; Ciani and Romano, 2015:4; Pio and Singh, 2016:229)Table 5.7 furthers shows that 68% of the Elderly Women-Headed households who were receiving government social protection support were likely not to recover from a severe food insecurity crisis after six months whereas for the Elderly Women-Headed households not receiving government social protection support its only 23.8% are likely not recover after six months. This shows how weak the government social protection is in terms of strengthening household resilience to food insecurity. Households on the government social protection support remained worse off with respect to resilience despite receiving support.

Resilience to household food insecurity (capacity to prepare, recover and adapt) in this study was found to be stronger with 45% to 54% points in Elderly Women-Headed households before receiving government social protection support. Contrary to evaluation findings of the Old Age grants –South Africa, PSNP-Ethiopia (Berhane *et al*,2014:5; Bene *et al*,2013:61;Barrientos *et al*,2014:41) where social protection programmes increased resilience to household food insecurity, this study did not find a significant contribution towards resilience among Elderly Women-Headed households who were receiving government social protection support. In the absence of cash transfers, public social protection programmes remain weak in building both short term and long term resilience to household food insecurity among Elderly Women-Headed households, this study establishes.

Literature on resilience does not show convergence of resilience measurement tools and indicators. The interpretations of resilience are multiple, complex and not constant ranging from qualitatively informed to quantitatively informed interpretations Lisa *et al*, 2015:13).The use of the four point Likert scale (Table 5.7) in this research as a tool to measure resilience to

household food insecurity of Elderly Women-Headed households which combines both qualitative and quantitative features of resilience provides a significant base for understanding resilience without claiming supremacy in resilience measurement.

Resilience as a concept has been swamped by a multitude of frameworks that are emerging frequently with no consensus (Lisa *et al*, 2015:17; Tyler, 2015) and most of these resilience frameworks are independent of others developed earlier. This has drawn the concept of resilience into a messy field (Moser, 2015).

In this messy field of resilience this research finds relevance of the 3P and T-3D Resilience Framework (Fig 2.6) [*3P & T stands for Protection, Prevention, Promotion and Transformation, 3D Represents the 3 dimensions: Absorptive Coping, Adaptive Capacity and Transformative Capacity*] The 3P and T-3D Resilience framework provides a theoretical framework for understanding and unpacking resilience under social protection interventions (Bene 2012:18). The framework combines the following key issues of resilience together, absorptive coping, adaptive capacity, transformative capacity, prevention of vulnerability, protection against shocks, and promotion of resistance to external shocks and transformation of livelihoods of vulnerable households under external shocks (Bene *et al*, 2004:82).

This study using the 3P and T-3D Resilience Framework (Table 2.4 and Fig 2.6 above) observes that the government of Zimbabwe social protection programme was only significant in its protective function. Protective measures include social policies and instruments aiming at protecting vulnerable individuals or groups such as children, orphans, elderly, or disabled people through the establishment of social welfare programmes such as pension schemes, protection programmes for children or other at-need groups. Protective measures reduce deprivation and food insecurity among beneficiaries. In this study there was great evidence (71% of the beneficiary Elderly Women-Headed households) acknowledged that the government social protection programme improved household food requirements.

However this research finds that the government social protection programme among Elderly Women-Headed households was weak on the preventive and promotive roles of social protection. Though reduction in food insecurity among Elderly Women-Headed households

contributes significantly to reduction in vulnerability (Devereux and Sabates-Wheeler, 2004:97). This research did not find significant evidence towards strong resilience to household food insecurity among Elderly Women-Headed households who were receiving government social protection support. The presence of better resilience among Elderly Women-Headed households before they were receiving government social protection shows that vulnerable poor populations in the absence of external support tend to develop better alternative livelihoods which are transformative in scope, thus building both short term and long term resilience.

Grain distribution to Elderly Women-Headed households did not automatically translate into both short term and long term resilience to household food insecurity among Elderly Women-Headed households. This confirms weak role of the government social protection programme in building the promotive and transformative functions of social protection as evidenced by failure of the government social protection programme to reach out to all Elderly Women-Headed households in need of support with a coverage of 48%. Low adaptive capacity among Elderly Women-Headed households receiving government social protection support as shown by Table 5.7 further confirms non-existence of the transformative function of social protection from the government social protection.

However while this study refers to the Resilience Measurement Analysis Index (RIMA) developed by FAO in chapter 3 further application of the RIMA was constrained and limited since data from this research was not custom made to the quantitative requirements of the RIMA.. The RIMA approach is based on a two-stage procedure. In the first step, factor analysis (FA) is used to identify the attributes called pillars in RIMA terms that contribute to household resilience, starting from observed variables. These attributes are: Access to Basic Services (ABS), Assets (AST), Social Safety Net (SSN) and Adaptive Capacity (AC). (FAO, 2016:18). . In the second step, a Multiple Indicators Multiple Causes (MIMIC) model is estimated. Specifically, a system of equations is constructed, specifying the relationships between an unobservable latent variable (resilience), a set of outcome indicators (food security indicators), and a set of attributes (Fan, 2015:34). This study did not generate sufficient quantitative data for the computation of the MIMIC model.

Reference to the RIMA serves to confirm the existence of multiple resilience measurement frameworks. Both the RIMA and the 3P and T -3 D Resilience Frameworks converge on the pillars of resilience which are assets, adaptive capacity, access to basic services and social safety nets. This study finds no resilience framework which can conclusively unpack the existence better resilience among Elderly Women-Headed households not receiving government social protection support.

6.6 COPING STRATEGIES OF ELDERLY WOMEN-HEADED HOUSEHOLDS

Household coping strategies to food insecurity and other external shocks can be short term and long term ranging from fragile to well-established existing responses. The coping strategies can be categorized into four broad groups which are active strategies, for instance, getting an additional job, safety net strategies, for instance, getting help from the welfare state, asset stripping and passive (depleting) strategies such as reducing consumption (Habibov, 2015:687). This study sought to establish and understand the coping responses of Elderly Women-Headed households to household food insecurity and social economic vulnerability. The following were major coping strategies employed by Elderly Women-Headed households; vending, farming, remittances and asset disposal including selling of livestock.

Livestock is considered an important capital asset that can be sold and transformed into cash among rural people (Schoch *et al* 2010:11; Sagynbekova, 2016:35). Rural households invest their money, particularly remittances, in the purchase of livestock when resources permit .The majority of study participants (75%) from the focus group discussions highlighted the importance of livestock as a fall back in hard times. **Participant SP A3 (79 years)** explained this point noting that, *“we have lost most our livestock as we sell it to make a living since government does not give us any money. Nowadays life is even tough, we depend on help from well-wishers and relatives which does not come always.”* Another study participant further buttressed this issue noting that, *“I am struggling here my son, if don’t sell one or two goats it means I cannot send my grandchildren to school. Life is really tough us.....”* **Participant SP B12 (69 years)**

In similar and related studies (Hodges *et al*, 2014: 3) observes that, “understandably in simpler rural communities livestock has often served as currency and as a wealth bank.” Rural households sell their livestock to finance lifecycle events, build or renovate houses and livestock barns, pay for their children’s education (Sagynbekova, 2018:458). As one study participant explains in this research, **Participant SP B19 (81 years)** *“I have sold all my livestock I had in order to survive and send my children and grandchildren to school....”* This further confirms the importance of livestock to EW-HHs in economic stress times.

Vending and reliance on remittances were some of the major survival strategies which Elderly Women-Headed households adopted in response to tough socio economic challenges as outlined in Table 5.1.18 above. **Participant SP B14 (76 years)** explains this well as she says, *“I usually sell fruits and vegetables from my garden at the shops but that gives me money to buy salt and sugar....”* **Participant SP B48 (77 years)** further explained this point as she narrates *“...I also sell fruits and vegetables from my fruit trees in my yard. I did not know that one day I would get some income from my fruit trees. We are too poor here and life has been very hard on us in old age.”* Remittances have played key role in supporting Elderly Women-Headed households and 61% of the study participants highlighted the importance of remittances. A study participant explained the importance remittances during the focus group discussions, *“my children who work in Harare have been of help to me, they do send me some money. But life is also tough for them so they cannot meet all my needs.* **Participant SP B3 (78 years)**

Remittances from relatives in towns and abroad have changed lives in rural Africa, a lot of studies have confirmed this finding (Sagynbekova, 2018:450; Bakhlsiyarava, 2018:5147). Remittances and other income generating activities such as vending as helped rural households to increase their disposable incomes for their benefit. However the biggest challenge has been consistency of remittances and cash-flows from other sources of income which are scant and fragile to provide a sustainable and predictable alternative source of income (Amurwon, 2017:8). Remittances reduce poverty, even where they appear to have little impact on measured inequality they further smooth household consumption by responding positively to adverse shock and ease working capital constraints on farms and small-scale entrepreneurs therefore leading to increased household expenditures in areas considered to be important for development,

particularly education, entrepreneurship, and health. (World Bank, 2016:31). As noted above from the some of the study participants, remittances and other sources of income play a major role in economic strengthening of elderly women households (Waheed, 2013:278).

Disposable incomes among Elderly Women-Headed households were observed to be low in both pre and post government social protection support periods among EW-HHs as shown in Chapter 5 in Table 5.10. As a measure to increase disposable income this study established that Elderly Women-Headed households would also sell part of the grain they receive from government. The study established that 30% of the study participants were resorting to selling part of the grain they received from government as a way of raising income to meet other needs. **Participant SP A21 (81 years)** made this point clear as she says, “ *at times we do sell the grain we receive from government as way of getting income to buy other things we need, we have no option since the government is not giving us income....*” Social protection programmes reviewed in this study had a cash transfer component while others were purely based on cash transfers (Barrientos et al, 2013:61; Mase et al, 2013:2012:34; Amurwon, 2017:6). Social protection interventions among vulnerable poor vulnerable populations that do not provide a cash transfer can push beneficiaries to sell whatever commodities they receive as part of support provided there is a market for such, this study contends.

This study further established that social capital provided support base for coping strategies among Elderly Women-Headed households. According to Bourdieu (1986: 248) social capital is the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance or recognition. Community relations, family relations are all very important in supporting Elderly Women-Headed households. **Participants SP A14 (73 years)** explains, “*we are poor here my son, our relatives and well -wishers from community do help us in extreme tough times*” The bigger the amount social capital one has the better support base one has in times of need or extreme shocks. **Participant SP B50 (87 years)** further expressed the importance of social capital as support base for material needs, “*we thank the Lord for people in this community who at times come to our help with food and clothing items.*” Life in most societies in Zimbabwe and Africa at large depend on the support of family and community members

Literature presents overwhelming evidence which shows that in hard times poor vulnerable households activate their social capital bases drawing support from their social connections in order to meet their needs (Attah *et al*, 2016:4). Social capital, according to Bourdieu (1986:259), can be classified into economic, human, cultural, and social capitals and all these capitals are important in supporting and sustaining livelihoods. Social capital is an attribute of an individual who deliberately devises and implements strategies in society in exchange for access to benefits (Habibov, 2015:688). Elderly Women-Headed households do not exist in isolation but are part and parcel of the social web in their kinship and community systems, which they turn up to for support in times of need.

This research in further applying the Sustainable Livelihoods Approach to Elderly Women-Headed households observed the existence of most of the capitals provided in this approach which are social capital, natural capital, physical capital, human capital and financial capital (Scoones, 1998:121). This research argues that the capacity of Elderly Women-Headed households is constrained and limited to effectively exploit the various capitals at their disposal for example land. The Sustainable Livelihoods Approach simply provides a framework for understanding resources which communities and households can exploit to support livelihoods (Mazibuko, 2013:178; DFID, 1999:9). In this research external support through the government social protection support did not significantly increase the household capital base through either income or assets. The Sustainable Livelihoods Approach in this study could not explain the failure by Elderly Women-Headed households to effectively build their capital with or without government social protection support.

This study further sought to establish the impact of the government social protection programme among Elderly Women-Headed households with respect to coping strategies employed. Consistent with the finding of this research that government social protection programme in Elderly Women-Headed had no significant impact on household income and asset base, the study established a weak association between the government social protection with reliance on remittances and farming (Odd ratios 0.07 and 1.3 respectively). Table 5.10 shows that Elderly Women-Headed households who were on the government social protection, 93% of them were

less likely to be involved in farming especially market gardening as way improving their incomes when compared their period prior receiving government social protection support. Most literature on impact evaluations of social protection programmes do focus more on its impact on livelihoods, income and assets within a household (Barrientos *et al*, 2013:75; Attah *et al*, 2016:11) none do focus on the impact on coping strategies among the beneficiary households.

The adoption of coping strategies such as vending, asset disposal and exploitation of social capital by Elderly Women-Headed households in this study represents the 'human agency' among Elderly Women-Headed households (Long, 1992:26). Elderly women heading household are not passive recipients of the government social protection and those not receiving government social protection displayed exceptional coping strategies which included disposal of livestock, vending and turning to social capital in response to hard times such as extreme food. This study notes the coping strategies of Elderly Women-Headed households represent responses and innovations as a way of 'buffering impacts', 'shock absorbing', 'evolving and adapting' or even 'transforming' (Walker and Pritchard 2002:21; Berkes *et al*. 2003:49). As Long (1992:37) puts it that it is flesh and blood people who change their life worlds, thus determining their resilience to any shocks in their lives rather than the reified concept of capital, structure, market and labour. This study did find evidence of resilience among Elderly Women-Headed households with or without government social protection support.

6.7 THE FAILED WELFARE STATE

The welfare state theory in its various perspective posits that the state provides welfare support among vulnerable poor populations in the country as way of sustaining livelihoods. The study established that there was acknowledgement of importance of the government social protection support among Elderly Women-Headed households who were receiving government social protection support. The existence of the government social protection support for elderly women and other vulnerable population groups confirms the commitment of the Zimbabwe government towards its obligation and responsibility on social protection. The failure by the government social protection support among Elderly Women-Headed households to have a positive net effect on household income, household asset base and resilience to food insecurity confirms the failure of the welfare state towards social protection. The welfare state therefore is part of the problem which it seeks to solve (Letunic, 2015:40).

This research extends further to try to locate the government of Zimbabwe social protection among Elderly Women-Headed households using the modern welfare state typology developed by Esping-Andersen, 1990). According to modern welfare state they are three dimensions with respect to the modern welfare state which set apart states from each other and these are, the degree of de-commodification of the welfare system, the stratification of welfare provision and the relation of state activities to the market and the households in the provision of welfare (Venter *et al*, 2015:348). Using this typology to explain the welfare state in relation to market and society namely social democratic, corporatist and liberal welfare states. The underlying principle of the current welfare state typologies and models is market failure and failure of industrial growth to address social inequalities and poverty among the poor vulnerable populations within a country (Esping-Anderson, 1990:97; Kemeny, 1995:103; Venter *et al*, 2015:349).

The welfare state typology developed by Esping-Anderson (1990) does not find easy application to the government of Zimbabwe social protection support. Among the welfare state models provided under modern welfare state (Liberal regime, Corporatist, Social Democratic regime) none of them completely describes and explains social protection in Zimbabwe (Esping-Anderson, 1990:97; Kemeny, 1995:103; Venter *et al*, 2015:349). This study did not find evidence of high prioritization of social protection by the government despite the existence of the social protection policy framework. Public funded social protection support was weak, fragmented and implemented on a residual basis this research established. The absence of the private sector in social assistance combined together with inconsistent, scant and limited government social protection makes the government social protection support inexplicable within the modern welfare model. The government social protection support among Elderly Women-Headed households represents failure of the welfare state.

6.8 PRIORITIZED AND TARGETED SOCIAL PROTECTION FRAMEWORK: A NEW PERSPECTIVE

This study after a review of various social protection frameworks in the literature notes a major gap that none of the frameworks addresses social protection in EW-HHs completely. There is no framework that fully address the basic fundamental and specific needs of Elderly Women-

Headed households. Laying the foundation from the findings of this research notably insignificant impact of government social protection programme on Elderly Women-Headed households, this research proffers to the discourse of social protection the Prioritized and Targeted Social Protection Framework (PTSP) The PTSP shares concepts of vulnerability, protective, promotive and preventive measures with the Transformative Social Policy Framework, (Adesina, 2010:17) Transformative Social Protection framework (Devereux and Sabates-Wheeler,2010:13) and the 3P and T Resilience framework. (Devereux and Sabates-Wheeler, 2010:13).

The Prioritized and Targeted Social Protection Framework (PTSP) brings a new perspective to social protection frameworks guiding implementation of social protection programmes for poor vulnerable populations such as Elderly Women-Headed households as it emphasizes the need to have highly focussed interventions specific to defined population group and its vulnerability. The framework requires policy makers and development practitioners to move away from the standard way of approaching vulnerability but instead social protection should address the unique special needs of population group irrespective of number. The use of the PTSP, however can be expensive as it may result in varied and multi-layered social protection interventions within the same target population. In the PTSP sequencing of social protection interventions is not uniform across the targeted population as it takes attention to the unique baselines for each population group or household. The PTSP does not take a blanket approach to social protection interventions. The PTSP takes into consideration the labour active status of elderly woman household head. Labour constrained Elderly Women-Headed households and non-labour constrained Elderly Women-Headed households do not require the same package of social protection interventions moreso when resilience building is also the focus in the intervention. This study established that a significant number of Elderly Women-Headed households were involved in various labour based income generating activities such as farming and vending.

This research learnt that 54.1% of elder persons are involved in peasant farming in either communal or resettlement areas in the study area (ZimStat, 2015; 197). The study further notes that 17.5% of older persons (women household heads) 10.8% elderly men were involved in farming activities (ZimStat, 2015:200). The labour active capacity of elderly people heading

households play a major role in determining the household economic production in addition to the presence or none of other household members who are labour active. Table 6.8.1 Presents below the Prioritized and Targeted Social Protection Framework

This research using the Prioritized and Targeted Social Protection Framework for Elderly Women-Headed households posits that Elderly Women-Headed households are not a homogenous group. Social protection interventions for Elderly Women-Headed households should take into consideration the labour active capacity of the household head and members. Social protection interventions therefore should be prioritized based on the labour active capacity of the household head and household member combined together with other vulnerability factors which can disability and chronic illness especially of the household

In labour constrained Elderly Women-Headed households taking also into consideration other vulnerability factors such as disability, chronic illness and underlying human rights fundamentals, social protection should highly prioritize protective measures to stop further impoverishment and deprivation in the short term, while in the long run resilience building strategies should be built around the strengths of non-labour constrained household members who can be supported towards sustainable long term income generating activities.

In non-labour constrained Elderly Women-Headed households while protective social protection measures are important, it is important to support preventive measures also. Resilience building should be supported through promotive measures based on the labour active capacity of the household. The Prioritized and Targeted Social Protection (PTSP) framework for Elderly Women-Headed developed through this research observes that elderly people are not passive recipients of external support but possess great enormous potential and human agency which can be channelled towards building long lasting resilience. Gender, disability, chronic illness, human rights are key issues which have to underpin resilience building and social protection interventions among Elderly Women-Headed households.

Table 6.8.1 Prioritized and Targeted Social Protection Framework for Elderly Women-Headed Households

Target Group	Labour Active Status	Priority Social Protection Intervention	Cross Cutting Issues
Elderly Women-Headed Households	Labour Constrained Households –Elderly Women-Headed Households	Short Term Protective Measures Long Term Preventive and Promotive Measures	Gender Disability Chronic Illness Human Rights Resilience Building
	Non-Labour Constrained Elder Women Headed Households	Short Term Preventive Measures Long Term Promotive Measures	Gender Disability Chronic Illness Human Rights Resilience Building
	Labour Constrained Households –Elderly Women-Headed Households with labour active household members	Short Term Protective Measures Long Term Promotive Measures	Gender Disability Chronic Illness Human Rights Resilience Building

Source: (Matutu, 2018)

The (PTSP) is a framework whose applicability goes beyond Elderly Women-Headed households, but can be utilised to guide social protection among the elderly population irrespective of gender.

6.9 ROLE OF NON- STATE ACTORS IN SOCIAL PROTECTION

This study did not find any none-state actor, especially NGOs who were involved in the social protection of Elderly Women-Headed households in the study area. NGOs play a critical in development as they complement government efforts at the same time bridging gaps (Kaseke, 2009:16). There were endless calls by study participants for the government to bring in NGOs to provide social protection support to Elderly Women-Headed households. **Participant SP A16 (68 years)** observed that, “...government has failed to gives us reasonable assistance, so they should bring NGOs to support us...” The need for support from NGOs was further buttressed by another study participant who made the point that, “government should look for NGOs who can help us since they (government) have failed to help us. I don’t see anything coming from this government.” **Participant SP B44 (73 years).**

Major social protection programmes on the African continent such the Productive Safety Net Programme in Ethiopia succeeded mostly due to funding from NGOs and international donors (Berhane *et al*, 2014:24). Social protection funding from NGOs plays a critical role in strengthening social protection in Elderly Women-Headed households. The non -existence of NGOs in the study area who were supporting social protection for Elderly Women-Headed households is consistent with declining donor funding in Zimbabwe and other African countries such as Malawi, Madagascar, Kenya and Lesotho (World, 2017:16). This research observed that social protection support from NGOs and donors has been mostly been channelled towards orphans and vulnerable children (UNICEF, 2016:78). NGOs and donors in Zimbabwe despite limited funding have lost the desire and commitment to support Elderly Women-Headed households.

NGOs do find it difficult to comprehend the complex vulnerability factors among Elderly Women-Headed households and further to this NGOs funding is project based driven by desire to show evidence of impact within a short space of time, which is difficult to achieve when you are supporting Elderly Women-Headed households. The absence of NGOs supporting social

protection in Elderly Women-Headed households combined with fragmented government support means that the lives of Elderly Women-Headed households remained trapped in the perpetual poverty grip.

6.10 CHALLENGES OF THE GOVERNMENT SOCIAL PROTECTION IN ELDERLY WOMEN-HEADED HOUSEHOLDS

Government social protection among Elderly Women-Headed households is not a smooth sailing patch as it is facing numerous operational challenges as outlined in Table 5.9. The study shows in this Table that 70% of the study participants perceived that government social protection was not inclusive. Many of the elderly had been left out. They also observed that in addition to leaving out other people in need, social support was infrequently distributed (39%), was not adequate to needs (38%), and was not addressing all the needs of Elderly Women-Headed households (37%). These challenges are not unique only to the Zimbabwean context but transcend to other social protection programmes on the African continent. Social protection programmes in Ethiopia, Brazil, Malawi and Zambia have had similar challenges of limited coverage, constrained capacity to address the needs of targeted populations. The Productive Safety Net Programme and Old Age grants in South Africa which are means tested are some of the social protection where coverage of all intended beneficiaries remain a major challenge (Berhane *et al*,2014:10; Bene *et al*,2014:10).

Social protection thrives on the backdrop of good public service infrastructure. In the absence of social services in the community, social protection finds it hard to effectively reach to the vulnerable populations. Access to services such as roads, clinics and schools and clean water were noted as major challenges in the post 2000 resettlements. This finding is consistent with the observation by Taylor (2010:23) which notes that on average 62% of Africa's population has access to water. Sanitation coverage in the region is very uneven with some countries such as Rwanda with a total coverage as low as 8%. The general lack of access to social services across Africa correlates with high disease burden complimented by weak social protection support systems across the continent.

Public social protection remains anchored on a weaker policy framework supported by fragmented monitoring and evaluation frameworks. The failure by the government of Zimbabwe social protection support to address the needs for Elderly Women-Headed households point to the non-existent of monitoring and evaluation system further indicating how fragile the social protection programme is (ILO, 2000:35). This study observed that there was no reliable consistent data base about social protection for Elderly Women-Headed in the governments' social welfare department.

This study established that there is no strong public administrative and institutional support system to support the effective rollout of public social protection among the vulnerable populations in Zimbabwe. Transport to deliver grain has always been a challenge for the Department of Social Welfare, since they do not have a government vehicle for that purpose, beneficiaries are as well asked to meet transport costs for grain deliveries to them. The capacity of the public bureaucracy to deliver social protection goods and services was heavily constrained due to limited resources and budget support. The Department of Social Welfare has had serious challenges related to the administration and delivery of social protection in Zimbabwe (Kaseke, 2001:43; Dhemba, 2014:71). Effective social protection requires an effective public delivery system and that has been missing in the public social protection support in Africa.

Community and public awareness about the availability of existing social protection programmes supported by the government were observed by this researcher as low. The absence of a deliberate community awareness campaign about the government social protection support confirms the lack of commitment by the government to ensure that social protection reaches all its intended beneficiaries. In other African countries such as Malawi, public social protection was noted to be low not only due to lack of deliberate awareness campaign, but more importantly to governments' knowledge of their limited capacities which prevent them from creating high demand for a service which they have limited capacity to satisfy (Attah, 2016:81).

An inclusive universal implementation is missing not only in the Zimbabwe government social protection but across most African countries due to means testing (Dhemba, 2013:18). Means testing on its own excludes other vulnerable population groups who can be assumed to be better off, however, this study argues that social protection for the elderly people in rural areas should

have a universal approach and cover since old age is a major vulnerability which should be fully factored in. Public social protection in addition to failure to have an inclusive approach in Zimbabwe pays no special attention to other vulnerability factors such as disability and chronic illness. This further weakens public social protection in its approach. In Tanzania the government made efforts to address disability in its social protection but the efforts were limited in coverage due to funding and also failure to address the diversity around disability (Kuper *et al*, 2016:455).

The presence of the political players in the government social protection in rural areas with roles such as identifying potential beneficiaries makes the government social protection subject to abuse and influence by partisan politics. This study established multiple roles played by ZANU PF party structures in grain distribution including registration of beneficiaries, however while this was observed and acknowledged to be helpful among beneficiaries but among non-beneficiaries the government social protection support was now a ZANU PF project meant to prop up its support base in rural areas and this is further buttressed by the fact that in the same areas the councillors are all from ZANU PF. All potential beneficiaries who support other political parties therefore become disenfranchised from participating in the government social protection support due to the heavy presence of ZANU PF structures.

6.11 POST 2000 RESETTLEMENTS

There are a lot of numerous studies focussing on the post 2000 resettlements in Zimbabwe attending to issues of impact of the post 2000 land reform, land productivity, land ownership and tenure systems. (Sachikonye, 2000; Moyo, 2001; Chingarande; 2004; Manzungu, 2004; Moyo.2004:10). The focus of this study was not to establish the impact of post 2000 resettlements, however the research did establish some benefits and challenges associated with residence in post 2000 resettlements by Elderly Women-Headed households.

The study established that Elderly Women-Headed households appreciated the value of staying post 2000 resettlements; 41.8% and 27% of Elderly Women-Headed households noted that post 2000 resettlements increased their production yields and they had large farming areas respectively. The major challenges related to staying in post 2000 resettlements are mainly social services infrastructure which include schools and clinics which are far away, poor roads and

service centres. Tables 5.11 and 5.12 above presents the benefits and challenges associated with post 2000 resettlements respectively. Studies on the post 2000 resettlements have observed similar challenges (Moyo, 2000:23, Magede and Mukono, 2014:289, Zembe *et al*, 2014:175). In the absence of a strong public social services infrastructure social protection delivery is compromised and weakened negatively affecting its coverage and effective targeting. The quality of life in the post 2000 resettlements remains highly compromised by poor social services infrastructure.

6.12 KEY STUDY CONCLUSIONS

The coverage of government social support on Elderly Women-Headed households in post 2000 resettlements is low and further to this government social protection support is scant, weak, and fragile since it is not driven by the needs of beneficiaries. The government of Zimbabwe social protection is not mutually congruent with the special and unique vulnerable factors of Elderly Women-Headed households

Government funding towards social protection support for Elderly Women-Headed households is low and limited in Zimbabwe. The administrative and institutional systems for social protection delivery are in place but they are incapacitated to effectively deliver due to poor funding from the government. The Department of Social Welfare is at the core of all social protection support programmes of the Government of Zimbabwe, hence its capacity is critical in the effective delivery of social protection support for Elderly Women-Headed households. The presence of social protection policies, administrative and institutional framework (Social Welfare Assistance Act, Older Persons Act) does guarantee the government provision of social protection support vulnerable populations such as EW-HH this study established.

The Government of Zimbabwe social protection support did not significantly contribute towards sustainable livelihoods among beneficiary Elderly Women-Headed households. However the government social protection support played an important role in supporting the short term food security needs among beneficiaries. This study further concludes that government social protection support failed to build the asset and income bases of beneficiary Elderly Women-Headed households. There was no significant positive net effect on income and assets among

beneficiary Elderly Women-Headed households which could be associated with the government social protection support.

Resilience among beneficiary Elderly Women-Headed households remained weak compared to non-beneficiary Elderly Women-Headed households. A weak government social protection does not strengthen resilience but instead weakens it. Non-beneficiary Elderly Women-Headed households displayed better resilience as they did not look up to external government support, hence had better adaptation and transformative skills compared to beneficiary Elderly Women-Headed households.

Cash transfers do make a big difference in social protection among beneficiaries. Social protection interventions without a cash transfer component among Elderly Women-Headed households do not build up household disposable income and asset base as well as resilience. In the absence of cash transfers a social protection programme has no guarantees that it will have a positive net effect on households' disposable income and asset base and ultimately household resilience to food insecurity.

Vulnerability among Elderly Women-Headed households is multifaceted and complex. A poorly funded and fragmented public social protection programme cannot effectively address the multiple vulnerabilities among Elderly Women-Headed households. In the absence of a resilience building framework it is impossible to effectively strengthen and sustain resilience among elderly people through the public social protection. The current existing social protection frameworks do not adequately address complex socio-economic and demographic vulnerabilities associated with EW-HH. However this study presents an alternative framework; the Prioritised and Targeted Social Protection Framework (PTSP). The PTSP framework does not claim ultimate authority in understanding and addressing multiple and complex vulnerabilities associated with Elderly Women-Headed households, it brings in a new perspective for effectively targeting vulnerabilities associated with EW-HH at the same time providing a strong foundation for long lasting household resilience to food insecurity and other shocks.

Social protection does not exist in a vacuum but instead social services such as health and education and social services infrastructure provide a solid foundation for public social protection support among vulnerable populations. The Government of Zimbabwe implemented the post 2000 land reform without adequate commitment to develop and support social services infrastructure. The primary objective was to ensure that blacks own the land and there was general assumption that owning the land is total empowerment, hence little regard to support social protection and social services in the post 2000 resettlements. Land reform without further support in terms of social services compromises the benefits land ownership among beneficiaries.

Funding from NGOs, local and international donor towards social protection programmes for elderly people in Zimbabwe remains low consistent with declining donor funding towards the country. In the absence of supporting partners and NGOs public social protection support towards elderly people cannot cope with the demand for social protection among elderly people. The impact of the government social protection support remain low due to limited funding

6.13 SUMMARY OF THE CHAPTER

This chapter has presented a discussion of the research findings of this study. The study consistent with other researches on social protection observed that the coverage of social protection among Elderly Women-Headed households was low. The Government of Zimbabwe social protection support while acknowledged as being of importance among beneficiary Elderly Women-Headed households, this research did not find any significant contribution of the social protection support towards increasing the household asset and income base. Resilience among Elderly Women-Headed households receiving government social protection was found to be weaker compared to non-beneficiary Elderly Women-Headed households. The absence of a cash transfer component in the government social protection support for Elderly Women-Headed households weakened the programme, hence its poor net effect on beneficiary Elderly Women-Headed households. In most social protection programmes in Africa with cash transfers, there had been significant positive impact on household asset and income base. Limited budget from the government and weak institutional framework to deliver social protection support among Elderly Women-Headed households are the major challenges facing the government social

protection support. This research building on existing frameworks and gaps puts forward a new social protection implementation framework for Elderly Women-Headed households as the 'Prioritized and Targeted Social Protection Framework' whose aim is to ensure a highly targeted approach to social protection interventions in elderly people while at the same time taking note of their diverse and unique vulnerability factors. The chapter ends by noting key study conclusions.

CHAPTER SEVEN

RECOMMENDATIONS AND CONCLUSION TO THE STUDY

This chapter begins by a restatement of the objectives of the study as outline in chapter one and concludes with a summary of the whole thesis as a way of concluding the study.

In this chapter recommendations emanating from the research findings are put across. The recommendations are based on EW-HH views and experiences of GoZ social protection support and key informant interviews as outlined in sub-sections 5.15 and 5.16 of chapter 5. The recommendations are divided into operational, strategic and policy sections. The chapter further outlines key issues and areas for future research so as to expand the knowledge on social protection in Zimbabwe and the academia.

RE-STATEMENT OF THE OBJECTIVES OF THE STUDY

The following are the objectives of this study as outlined in Chapter 1 of this thesis:

- To establish the coverage of government social protection policy in Elderly Women-Headed households in the post 2000 resettlement areas of Mhondoro Ngezi rural district
- To investigate the contribution of government social protection policy towards livelihoods strengthening in Elderly Women-Headed households.in the post 2000 resettlement of Mhondoro Ngezi district
- To assess the full impact of the government of Zimbabwe social protection intervention on Elderly Women-Headed households' income and assets in the post 2000 resettlements of Mhondoro Ngezi district
- To investigate the role of non-state actors in strengthening social protection in Elderly Women-Headed households in post 2000 resettlements.
- To proffer recommendations for developing and strengthening social protection policies and measures focussed on Elderly Women-Headed households in the post 2000 resettlements of Mhondoro Ngezi district

Chapter 6 of this thesis has reviewed and discussed the study findings in detail with reference to the objectives of the study. However the restatement of the objectives of the study in this chapter is for the purpose of the providing a base for the operational, policy and strategic recommendations presented hereunder.

7.1 OPERATIONAL RECOMMENDATIONS FOR IMPLEMENTING AGENCIES AND POLICY MAKERS

7.1.1 Social Protection for All Elderly Women-Headed Households

The government social protection should target all Elderly Women-Headed households. Social protection is a human and constitutional right for everyone; hence the government should have universal coverage. No one should be left behind in need of social protection. Related to universal coverage, government should do more ensure that social protection support is provided consistently among beneficiaries. Social protection support for all elderly people should not to be means tested to promote universal social protection coverage.

7.1.2 Extend Appeal for Support from Non- State Actors

In light of limited capacity of the government to provide adequate social protection among Elderly Women-Headed households, it is prudent for the government to engage NGOs and Faith Based Organisations to support social protection among elderly people in Zimbabwe. While they are limited NGOs and donor funds, government can develop a framework for NGO operations which prioritizes social protection among elderly people.

7.1.3 Demand Generation for the Government Social Protection

The absence of high community awareness of the government social protection has contributed to low uptake. It is important for the government to run a community-based mobilization programme towards government social protection. However there has not been deliberate efforts to raise community awareness because government social protection support is means tested and limited in capacity.

7.1.4 Establishment of Ward Based Social Protection Focal Persons

The Department of Social Welfare should put in place a ward based social protection focal person. The main purpose of this cadre would be coordinate social protection support for elderly people and other vulnerable groups ensuring community-based registration of elderly people in

the comfort of their homes. This community based cadre addresses the problems associated with many community leaders and politicians involved in social protection with multiple conflicting messages. The community based cadre reduces the burden of travelling to the district office by elderly women to register for social protection. In addition this cadre plays an important role in de-politicising of government social protection especially by the ruling party ZANU PF. Social protection should not be associated with any political party but government as opposition party members can be excluded on party lines.

7.1.5 Supporting Existing Livelihoods Initiatives

The government together with the community and other partners should consider supporting income generating and other livelihoods sustaining projects among Elderly Women-Headed households. Supporting community based livelihoods among elderly people can reduce pressure for social protection and at the same time ensuring that minimum social protection support from the government becomes effective.

7.2 STRATEGIC AND POLICY RECOMMENDATIONS FOR POLICY MAKERS

7.2.1 Development of Harmonised Comprehensive Social Protection Policy

There is need for a deliberate government harmonised comprehensive social protection support towards Elderly Women-Headed households which is fully funded by the national treasury. The comprehensive social protection policy for elderly people should be supported by an effective targeting framework which addresses all the social, economic and demographic vulnerability factors among elderly people

7.2.2 Social Protection must prioritise Resilience Strengthening: Prioritised and Targeted Social Protection Framework (PTSP)

The government social protection support should be redesigned to have a resilience building framework. Resilience of Elderly Women-Headed households should be built around non labour constrained household members. It is important to support social protection among elderly people with a resilience building considering the multiple vulnerability factors facing Elderly Women-Headed households. It is only social protection support that is implemented with a resilience building and strengthening framework that can attain self -sustenance, among Elderly Women-Headed households. This research therefore recommends the use of the PTSP framework presented in Chapter 6, Table 6.8.1 in implementing social protection interventions among EW-HHs and other vulnerable population groups as it promotes building household resilience at the same time addressing both short term and long term socio- economic and demographic vulnerability factors in a household.

7.2.3 Establishment of Public Unconditional Cash Transfers for Elderly People

When resources are available the Department of Social Welfare should provide a monthly cash transfer allowance per person for elderly people in rural areas without being means tested irrespective of household size and the presence of other vulnerability factors outside old age. The government should provide a monthly cash transfer allowance which is consistent with UN poverty line of \$1.25 per day. The government should therefore establish a public social protection fund for elderly people on non-contributory basis to guarantee social protection cash transfers for elderly people in the country.

7.2.4 Older Persons Biased Poverty Alleviation and Eradication Programmes and Policies

The government should ensure that all poverty eradication and alleviation, community empowerment programmes in the country are biased towards elderly people. All community-based development programmes should reflect the interest and needs of elderly people. Elderly people are a special vulnerable population group in need of specific tailor-made interventions hence the need to mainstream old age in all development programmes.

7.2.5 Revise, Amend and Implement the Older Persons Act

Zimbabwe's Older Persons Act does not guarantee social and economic security in old age as applicants are means-tested. It also excludes those aged 60 to 64 years as the minimum qualifying threshold age for the public assistance is 65 years and above and yet the onset of old age as defined by the United Nations is 60 years. The Older Persons Act therefore should be amended to reduce old age threshold to 60 instead of 65 and more importantly the Act should provide for universal and unconditional social protection support for all elderly people in Zimbabwe. Further to this the government should set up the Older Persons Fund consistent with the Older Persons Act and the fund should provide a cost of living adjusted monthly cash transfers to all elderly people in Zimbabwe

7.2.6 Social Protection Institutional and Administrative Strengthening

The Department of Social Welfare should be supported with adequate resources such as vehicles, adequate budget and manpower for it to effectively deliver social protection support among the elderly and other vulnerable population groups. A weak administrative and institutional support cannot effectively deliver social protection support to elderly people.

7.2.7 Social Protection Support Mandate must be shifted to Local Authorities

The local authorities can play a critical role in social protection as they have better capacity to deliver social protection as part of its service delivery mandate to the community. The Department of Social Services from the local authorities can be capacitated at less resources to deliver social protection support. If supported with meaningful social protection support budget from central government which the local authority can also complement with own available resources as well as appropriate human resources or skills such as social workers from the Department of Social Welfare, the local authority can effectively reach elderly people with social protection support.

7.2.8 Lobby for High Political Will and Commitment towards Social Protection Support

High level of political commitment is needed to ensure that social protection for elderly people is highly prioritized in Zimbabwe. It is the primary responsibility of the government to ensure that there is adequate social protection support. The absence of significant and meaningful support social protection for elderly people in Zimbabwe as evidenced by low budget commitment shows

lack of political and commitment, hence the need for continued advocacy work about the plight of elderly people in Zimbabwe.

7.2.9 Establish an Effective Social Protection Coordination Platform

The Department of Social Welfare cannot achieve the social protection objectives independently and alone. There is need for an inter-ministerial platform for effective collaboration and co-ordination of all the ministries and stakeholders that are involved in the implementation of the social protection. Effective coordination enables the government to pool the limited resources towards social protection.

7.2.10 Develop Social Services Infrastructure in the Post 2000 Resettlements

The government should invest resources towards the development of social services infrastructure in the post 2000 resettlements which include schools, clinics, better access roads and service centres. In the absence of social services noted above the cost of social protection implementation is high and the impact of social protection becomes compromised. A good social services infrastructure provides a conducive environment for implementing high impact social protection interventions.

7.11 FUTURE AND FURTHER RESEARCH

The field of public social protection remains untapped fully in research, more studies are still needed on the following areas:

Strengthening and sustaining resilience among the Elderly Women-Headed households through public social protection support

Harmonisation of public social protection and donor funded social protection programmes for high impact among elderly people.

Impact of public social protection among elderly men headed households.

Development of High Impact Public Social Protection models for Elderly Women-Headed households in rural areas

The role of the private sector companies in supporting non- contributory social protection support among elderly

Collaborative Social Protection between the state and private sector on large to scale to vulnerable populations

Exploration of possibilities of converting corporate social responsibility from private sector to support public social protection among elderly people on a long term basis

In light of the geographical study limitation of this thesis further studies on social protection in Zimbabwe and Africa at large should be broad based in geographical coverage and for this purpose government and partner funding is needed. More researches on social protection for the old aged populations should be invested in fragile, weak and resources constrained countries in Africa so as to develop optimum, appropriate and relevant social protection policies.

The above noted research areas can add a critical mass of new knowledge and paradigms in the discourse of social protection. New and further studies on social protection should focus on the above areas as a way enriching the social protection discourse in Africa

7.12 CONCLUSION OF THE STUDY

This subsection summaries the thesis as found in the various chapters.

Chapter One

Chapter one of this thesis has presented the background to the research which includes explaining and defining the term Elderly Women-Headed household (EW-HH) and describing the political and social location of the study area; post 2000 resettlements. This chapter has shown that social protection is at the centre of development policy and practice, however little attention has not been paid to public social protection of vulnerable population groups such as elderly people. Social protection in Zimbabwe does not exist in a policy vacuum but there are Acts of Parliament such as the Social Welfare Assistance Act and the Older Persons Act which provide the legal framework for social protection. The Department of Social Welfare plays a critical role in the administration of social protection support in Zimbabwe. In addition to presenting the research objectives of the study, the chapter presents the ultimate goal of this

research which was to explore and examine the impact of government social protection on EW-HH. This chapter concludes by presenting the full outline of this thesis.

Chapter Two

This chapter reviewed the relevant literature for this study. Following a presentation of the study's background and the research focus in chapter one, this chapter reviewed the literature beginning with definition of key concepts used in this research. The key concepts used in this study include terms such as social protection, Elderly Women-Headed household, social policy, poverty, impact, and vulnerability. This chapter has shown that there is lot of literature and research on social protection but more research is still needed in the area of public social protection for elderly people. Most social protection researches are driven by international NGOs and donors whose focus is to show impact of their interventions, while government social protection interventions despite being underfunded remain understudied. In this chapter various social protection frameworks were examined and this research notes that social protection and vulnerability among EW-HH is highly complex and multifaceted, hence no one theory or framework can completely understand such. While impact of social protection can be quantified, it still remains largely a social construct which is based on the lived realities of people. In the absence of literature or research which claims ultimate authority in the discourse of social protection, more studies and researches are still needed to fully explore social protection.

Chapter Three

In chapter three the research methodology of the study was presented. This methodology is grounded in mixed methods data collection and analysis. The study combines both qualitative and quantitative research techniques. Participatory research techniques such as Focus Group Discussions are also used in this chapter in addition to a household survey. The mixed method approach used in this study takes note of the fact that there is no research method which is superior over the other, hence the need for mixed methods for a greater in-depth exploration of the research problem. This chapter further outlines the research design employed in this study and the research ethics guiding the study. Baseline data for households was used to assess impact of government social protection for EW-HH. Key Informant interviews were also used in this

study. Qualitative and quantitative data analysis techniques used in this research are further outlined in this chapter.

Chapter Four

Chapter four provided the socio-economic and demographic data of the study area. The research is based on Mhondoro Ngezi rural district with particular focus on the post 2000 resettlements. Post 2000 resettlements were established under the Fast track Land Reform in 2001 as the government sought to address land ownership imbalances between whites and the black majority. Peasant farming and informal mining are the major economic activities in Mhondoro Ngezi rural district. Access to health, education and other social services are some of the major challenges facing the Mhondoro Ngezi and this is consistent with poor social services in rural Zimbabwe. The administration of the study area rests with the local authority; Mhondoro Ngezi rural district council, however traditional leadership such as chiefs and village heads form an important part of the community leadership structures.

Chapter Five

The research findings of the study are presented in this chapter. Tables, graphs and quotations from study participants have been used to present the study findings. The study established that government social protection was acknowledged by recipients to be of great help in supporting especially, household food security. However, the study did not find any statistically significant positive effect of the government social protection support on household incomes and assets. Further to this the study did not find strong association of government social protection support and household food insecurity resilience. Instead the study noted that government social protection support weakened the resilience of EW-HH. Social services such as health, education and roads remain poorly and inadequately developed in the post 2000 resettlements. While the focus of the study was government social protection support on EW-HH, the study did not find any NGOs or other non state actors who were providing social protection support to EW-HH.

Chapter Six

Chapter six of this thesis expanded the research findings through further discussions. It notes that public social protection remains weak not only in Zimbabwe alone but in most African countries due to poor funding and weak institutional frameworks and this has contributed to low coverage of social protection among EW-HH. Government social protection support towards EW-HH is weak, scant and fragmented. In the absence of cash transfers it is very difficult for government social protection to have a positive effect on household incomes for EW-HH. The study further notes that resilience in a household is multi- dimensional and complicated just as social economic vulnerability, hence there is no single social protection framework which can comprehensively examine these aspects in EW-HH. This study therefore provides an alternative framework to guide social protection interventions in EW-HH known as the Prioritised and Targeted Social Protection Framework (PTSP) The PTSP pays special attention to the vulnerabilities of EW-HH at the same time providing a base for building long lasting resilience. Government social protection is therefore an important part of the development policy and it can play a critical role in reducing poverty and vulnerability among EW-HH and other vulnerable population groups.

Chapter Seven

In this chapter the thesis concludes with key recommendations and areas for further research. The research notes that there is a need for government to invest more fiscal resources towards social protection. Government institutions such as the Department of Social Welfare must be strengthened to effectively deliver social protection support services. Older persons should not be means tested for them to qualify for government social protection and this will raise the coverage of government social protection on EW-HH. Building long lasting resilience should be the ultimate goal of government social protection support. Social protection in the development discourse is yet to be fully exhausted as there are areas which still need further research. These areas include public social protection for elderly men-headed households, collaborative social protection support between the state, private sector and other none state actors. It is through further research that social protection will continue to top the development debate and agenda.

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ANNEXURE I: ETHICAL CLEARANCE LETTER

16434684@nwu.ac.za
Per e-mail

Dear PROF BORNWELL CHISHALA
CHIKULO



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06-Dec-2017

APPROVAL OF ETHICS APPLICATION: NWU-HS-2017-0222

The following application has been reviewed by the Human Resource Research Ethics Committee (HREC) on 01-Nov-2017.

Name of student: V MATUTU - 27601625.

Name of supervisor/promoter: PROF BORNWELL CHISHALA CHIKULO.

Title of study: GOVERNMENT SOCIAL PROTECTION POLICY IMPACT ON ELDERLY WOMEN -HEADED HOUSEHOLDS IN RURAL ZIMBABWE.

Application Risk Level: No risk (No contact with human participants).

This letter serves to inform you that your application has been approved from 01-Nov-2017 to 31-Oct-2020.

Special conditions of the approval (if applicable):

Yours Sincerely

A handwritten signature in black ink, appearing to read 'B. Tchereni', is written over a horizontal line.

Prof B. Tchereni
Chairperson: Human Resource Research Ethics Committee (HREC)

16434684@nwu.ac.za
Per e-mail

Dear PROF BORNWELL CHISHALA
CHIKULO



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06-Dec-2017

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A handwritten signature in black ink, appearing to be 'B. Tchereni', is written over a horizontal line.

Prof B. Tchereni

Chairperson: Human Resource Research Ethics Committee (HRREC)

ANNEXURE II: ETHICAL CLEARANCE CERTIFICATE



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Email: Ethics@nwu.ac.za

ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by the Human Resource Research Ethics Committee (HRREC) on 06/12/2017 after being reviewed at the meeting held on 01/11/2017, the North-West University Research Ethics Regulatory Committee (NWU-RERC) hereby approves your project as indicated below. This implies that the NWU-RERC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: Government social protection policy impact on elderly women-headed households in rural zimbabwe																																								
Project Leader/Supervisor: Prof Bornwell Chishala Chikulo.																																								
Student: V Matutu																																								
Ethics number:	<table border="1"> <tr> <td>N</td><td>W</td><td>U</td><td>-</td><td>H</td><td>S</td><td>-</td><td>2</td><td>0</td><td>1</td><td>7</td><td>-</td><td>0</td><td>2</td><td>2</td><td>2</td> </tr> <tr> <td colspan="3">Institution</td> <td colspan="5">Project Number</td> <td colspan="3">Year</td> <td colspan="4">Status</td> </tr> </table>									N	W	U	-	H	S	-	2	0	1	7	-	0	2	2	2	Institution			Project Number					Year			Status			
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Application Type:																																								
Commencement date: 2017-11-01																																								
Expiry date: 2020-10-31																																								
Risk: No Risk																																								

Special conditions of the approval (if applicable):

- Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HRREC (if applicable).
- Any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HRREC. Ethics approval is required BEFORE approval can be obtained from these authorities.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principle investigator) must report in the prescribed format to the NWU-RERC via HRREC:
 - annually (or as otherwise requested) on the progress of the project, and upon completion of the project
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project
 - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the HRREC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-RERC via HRREC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-RERC and HRREC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project;
 - to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the HRREC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.
- HRREC can be contacted for further information via Mr Stephen van Zyl at 10933468@nwu.ac.za or 018 299 2486.

The RERC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the RERC or HRREC for any further enquiries or requests for assistance.

Yours sincerely

Prof Refilwe Phaswana-Mafuya

Chair NWU Research Ethics Regulatory Committee (RERC)

ANNEXURE III DEPARTMENT OF SOCIAL WELFARE STUDY CLEARANCE

Department of Social Welfare
P. Bag 74
Kadoma



ZIMBABWE

Telephone : +263-68-
22407/22935

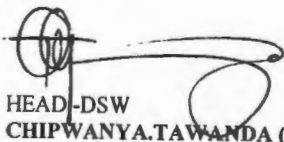
10 January 2018

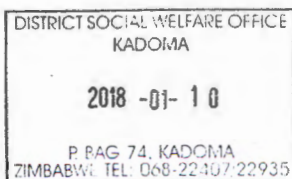
ATT: MR VAKAI MATUTU
North West University

**RE: PERMISSION TO PROCEED WITH THE STUDY ON GOVERNMENT SOCIAL
PROTECTION IMPACT POLICY ON ELDERLY WOMEN HEADED HOUSEHOLDS
IN MHONDORO NGEZI RURAL DISTRICT**

Request is hereby granted for you to conduct the above referred study as per your request in Mhondoro Ngezi rural district. The Department of Social Welfare shall give you maximum support during the study period

We wish you all the best in your studies


HEAD-DSW
CHIPWANYA.TAWANDA (MR.)



ANNEXURE IV. Government of Zimbabwe Social Protection support for Elderly Women-
Headed Households Questionnaire

Introduction

My name is Vakai Matutu. I am a PhD student at North West University I am carrying out research on the Government of Zimbabwe Social Protection programme in Elderly Women-Headed households in Mhondoro Ngezi district. I am going to ask you some questions on this Questionnaire and this may take up about 15 minutes of your time.

Section A: Demographic information

1. Ward	2. Village Name	3. How many are you in this household?	4. What is your highest level of education? Tick Never been to school <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/>	5. What is the age of the Household Head?
6. How big is your farming land? (Hectares)	7. Do you own any livestock? Yes <input type="checkbox"/> No <input type="checkbox"/>	8. If yes to 7 how many Cattle..... Goats..... Sheep..... Donkeys..... Other(specify)	9. When did you start to stay in this area? (Year)	

--	--

Section B: Government of Zimbabwe Social Protection

<p>10. Have you ever heard about Government Social Protection for elder women headed households? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>NB. IF NO SKIP QUESTIONS 11 to 17</p>	
11	<p>What does the Government Social Protection provide for Elderly Women-Headed households?</p> <p>Tick</p> <p>Monthly allowance <input type="checkbox"/></p> <p>Fees payment <input type="checkbox"/></p> <p>Medical Assistance <input type="checkbox"/></p> <p>Food support <input type="checkbox"/></p> <p>Others(Specify).....</p>
12	<p>Have you received any support from the Government of Zimbabwe?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes what kind of support</p> <p>Tick</p> <p>a) Monthly allowance <input type="checkbox"/>... (i) Indicate Amount in \$.....</p> <p>b) Fees payment <input type="checkbox"/>.... (i) Indicate Amount</p> <p>(ii)No. children being paid for</p> <p>c) Medical Assistance <input type="checkbox"/></p> <p>d) Food support <input type="checkbox"/>....(i) Grain Quantity.....</p> <p>Others (Specify).....</p>
13	<p>What has been the frequency of Government Social Protection?</p> <p>Tick</p> <p>Monthly <input type="checkbox"/></p> <p>Bi monthly <input type="checkbox"/></p> <p>Half yearly <input type="checkbox"/></p> <p>Annually <input type="checkbox"/></p> <p>Others(Specify).....</p>
14	<p>Which community structures or actors are involved in the identification and selection of beneficiaries of the GoZ Social Protection?</p>

	Tick WADCO <input type="checkbox"/> WAAC <input type="checkbox"/> Councillor <input type="checkbox"/> Chief <input type="checkbox"/> Village head <input type="checkbox"/> Others (Specify).....
15	Has the involvement of community leaders helped in ensuring that Elderly Women-Headed households receive support from the GoZ Social Protection? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes Ensured equity <input type="checkbox"/> Removes corruption <input type="checkbox"/> Ensured that elderly people are not missed <input type="checkbox"/> Other.....
16	What are your other sources of livelihoods outside Government Social Protection? Tick Farming <input type="checkbox"/> Vending <input type="checkbox"/> Remittance from relatives <input type="checkbox"/> Others(Specify).....
17	Has the post 2000 resettlement improved your livelihood? YES <input type="checkbox"/> NO <input type="checkbox"/> If ye Increased yield <input type="checkbox"/> Large farming land <input type="checkbox"/> Inceased income <input type="checkbox"/> Improoved food seurity <input type="checkbox"/> Other.....
<u>Section C. Support from Non State Actors</u>	
18	Have you received any support from other partners such as NGOs or churches? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes what kind of support Tick a) Monthly allowance <input type="checkbox"/> ... (i) Indicate Amount in \$.....

b)	Fees payment	<input type="checkbox"/> (i) Indicate Amount
c)	(ii) No. children being paid for	
d)	Medical Assistance	<input type="checkbox"/>
e)	Food support	<input type="checkbox"/>(i) Grain Quantity.....
	Others(Specify).....	
19	What has been the frequency of this support from other organisations?	
	Tick	
	Monthly	<input type="checkbox"/>
	Bi monthly	<input type="checkbox"/>
	Half yearly	<input type="checkbox"/>
	Annually	<input type="checkbox"/>
	Others(Specify).....	
18	Has the support been of help and relevance to your needs? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	If yes tick applicable response below	
	Helped meet our:	
	Food needs	<input type="checkbox"/>
	Health care needs	<input type="checkbox"/>
	School fees support	<input type="checkbox"/>
	Other.....	
	
	Challenges of Elderly Women-Headed Households with GoZ Social Protection	
19	What are the challenges of the GoZ Social Protection support to elderly women heading households?	
	Tick	
	Support not adequate	<input type="checkbox"/>
	Infrequently distributed	<input type="checkbox"/>
	Leaves others in need	<input type="checkbox"/>
	Does not address all the needs	<input type="checkbox"/>
	Other.....	
	
20	What are the challenges associated with support from NGOs towards Elderly Women-Headed households?	

	Tick Support not adequate <input type="checkbox"/> Infrequently distributed <input type="checkbox"/> Leaves others in need <input type="checkbox"/> Does not address all the needs <input type="checkbox"/> Support shortlived <input type="checkbox"/> Other.....
21	What are the challenges associated with living in the post 2000 resettlements? Tick No roads <input type="checkbox"/> No schools <input type="checkbox"/> No clinics <input type="checkbox"/> Long distance to schools <input type="checkbox"/> Long distance to clinics <input type="checkbox"/> No service centres <input type="checkbox"/> Other.....
Recommendations	
22.	What do you think can be done to improve the GoZ Social Protection towards Elderly Women-Headed households in post 2000 resettlements? Tick Increase monthly allowance <input type="checkbox"/> Disburse consistently <input type="checkbox"/> Support IGPs <input type="checkbox"/> Construct schools <input type="checkbox"/> Construct clinics <input type="checkbox"/> Construct roads <input type="checkbox"/> Other.....

23	<p>What do you think can be done to improve the support from NGOs towards Elderly Women-Headed households in post 2000 resettlements?</p> <p>Disburse consistently <input type="checkbox"/></p> <p>Support IGPs <input type="checkbox"/></p> <p>Construct schools <input type="checkbox"/></p> <p>Construct clinics <input type="checkbox"/></p> <p>Construct roads <input type="checkbox"/></p> <p>.....</p> <p>Other</p> <p>.....</p>

Thank you very much for your participation in this survey.

ANNEXURE V. Key Informant Interview Guide

My name is Vakai Matutu, I am a PhD student at North West University. I am carrying out a research on the Government of Zimbabwe Social Protection in Elderly Women-Headed households in Mhondoro Ngezi rural District. This may take up to 15 minutes of your time. If you feel otherwise, you are free to terminate this interview at any time. Please note that the information you provide will be treated with utmost confidentiality.

QUESTIONS

Introduction

1. What do you know about the Government of Zimbabwe Social Protection?
2. Who are the intended beneficiaries for the GoZ Social Protection?

Follow up question: What do you know about government social protection support towards Elderly Women-Headed households?

3. What kind of support is offered to Elderly Women-Headed households under the government social policy

Effectiveness of the Government of Zimbabwe Social Protection

4. How effective is the GoZ Social Protection support in Elderly Women-Headed households?
5. What is the coverage of the GoZ Social Protection support towards Elderly Women-Headed households in post 2000 resettlements?

Efficiency of the Government of Zimbabwe Social Protection

6. How has been the social protection support towards Elderly Women-Headed been channelled

Follow up questions: Which institutions and actors are involved in the government social protection?

7. How relevant is the GoZ Social Protection support towards Elderly Women-Headed households?

Impact of Government of Zimbabwe Social Protection

8. What has been the effect of government social protection on livelihoods of Elderly Women-Headed households?
9. Does government social protection contribute to increased asset base in elderly women - headed households?

Resilience of Elderly Women-Headed Households

10. What has been the contribution of government social protection towards building resilience in Elderly Women-Headed households?
11. What the other survival strategies of elderly women heading households in post 2000 resettlements?
12. Are there any challenges or problems in the GoZ Social Protection towards Elderly Women-Headed households in post 2000 resettlements?

Role of Non State Actors

13. Are there any other partners supporting Elderly Women-Headed households in post 2000 resettlements?
14. How relevant has been this support among Elderly Women-Headed households in post 2000 resettlements?

Community Participation

15. What has been the role of community leaders in the GoZ Social Protection?
16. Which are the community level structures involved in the government social protection?

Recommendations

17. What can be done to improve the GoZ Social Protection support in Elderly Women-Headed households in post 2000 resettlements?
18. What can be done to improve the support from other partners towards Elderly Women-Headed households post 2000 resettlements?

Thank you very much for your time

ANNEXURE VI. Focus Group Discussion Guide

My name is Vakai Matutu, I am a PhD student at North West University. I am carrying out a research on the Government of Zimbabwe Public Social Protection support in Elderly Women-Headed households in Mhondoro Ngezi rural District. We shall have group discussions focussing on the Government of Zimbabwe Social Protection in Elderly Women-Headed households. Please note that the information you provide will be treated with utmost confidentiality.

QUESTIONS

Knowledge about Government Social Protection

1. What do you know about the Government of Zimbabwe Social Protection?

2. Who are the intended beneficiaries for the GoZ social protection?

Follow up question: What do you know about government social protection support towards Elderly Women-Headed households?

3. What kind of support is being given to Elderly Women-Headed households?

Who is involved in the selection of beneficiaries of the GoZ Social Protection in this community?

Impact of Government Social Protection

4. How helpful is the GoZ Social Protection support in Elderly Women-Headed households?

Follow up questions: Is the support adequate?

5. How relevant is the government social protection to Elderly Women-Headed households?

Social Vulnerability

6. In this community do you consider Elderly Women-Headed households to be poor?

Follow up questions: Why do you consider Elderly Women-Headed households to be poor?

7. How is poverty and social vulnerability viewed in this community?

Household Resilience

8. What are the survival strategies of Elderly Women-Headed households?
9. Does social protection help Elderly Women-Headed households in increasing their asset base and incomes?

Community Participation in Social Protection

10. How has been the community leadership involved in the GoZ Social Protection?
11. What has been the role of community leaders in the GoZ Social Protection?
12. How are the community structures involved in identification of beneficiaries for the government social protection?

Role of Non- state actors

13. What has been the role of other organisations in supporting Elderly Women-Headed households?
14. Which are the available organisations in this community offering social protection to Elderly Women-Headed households?

Recommendations

15. Are there any challenges or problems in the GoZ Social Protection towards Elderly Women-Headed households in post 2000 resettlements?
16. What can be done to improve the GoZ Social Protection support in Elderly Women-Headed households in post 2000 resettlements?
17. What can be done to improve the support from other partners towards Elderly Women-Headed households post 2000 resettlements?

Thank you very much for your time

ANNEXURE VII Resilience to Household Food Insecurity Assessment Tool for Elderly Women-Headed Household

Core Capacity Process	Survey Question	Response	Response Results
Capacity to prepare	If an extreme hunger occurred, how likely is it that your household would be well prepared in advance	4-point scale: (1) Extremely likely; (2) Very likely; (3) Not very likely (4) Not at all likely.	
Capacity to Recover	If an extreme hunger occurred, how likely is it that your household could recover fully within six months	4-point scale: (1) Extremely likely; (2) Very likely; (3) Not very likely (4) Not at all likely.	
Capacity to Adapt	If extreme hunger were to become more frequent, how likely is it that your household	4-point scale: (1) Extremely likely; (2) Very likely; (3) Not very likely	

	could change its source of income and/or livelihood, if needed?	(4) Not at all likely.	

ANNEXURE VIII. Consent Form

My name is Vakai Matutu, I am a PhD student at North West University. I am conducting a study on the Government of Zimbabwe Social Protection support in Elderly Women-Headed households in Mhondoro Ngezi rural district

What you should know about this research study:

We give you this consent so that you may read about the purpose, risks and benefits of this research study. Routine care has been taken in this research to protect you. The main goal of research studies is to gain knowledge that may help the Government of Zimbabwe Social Protection support.

We cannot promise that this research will benefit you. There are no benefits attached to participating in this research

You have the right to refuse to take part, or agree to take part now and change your mind later.

Whatever you decide, it will not affect your regular benefit from the Government of Zimbabwe Social Protection

Please review this consent form carefully. Ask any questions before you make a decision

Your participation is voluntary.

PURPOSE

You are being asked to participate in a study on the Government of Zimbabwe Social Protection support in Mhondoro Ngezi district. You were selected as a possible participant in this study because you are an elderly woman residing in post 2000 resettlements in Mhondoro Ngezi. The study will be conducted on 311 Elderly Women-Headed households in post 2000 resettlements

PROCEDURES AND DURATION

If you decide to participate, you will undergo an interview using a questionnaire. We will ask you questions, and review your treatment records to verify some of the information. The interview will take approximately fifteen minutes, and will be done once.

RISKS AND DISCOMFORTS

The study is not expected to cause any physical harm. However, some questions we may ask about your social life, some of which you may not be comfortable to reveal. You are free to skip the questions if the question makes you uncomfortable.

BENEFITS AND/OR COMPENSATION

We cannot and do not guarantee or promise that you will receive any benefits from this study. Being in this study may give you an opportunity to learn and understand more about the Government of Zimbabwe Social Protection support in Elderly Women-Headed households

CONFIDENTIALITY

If you indicate your willingness to participate in this study by signing this document, we will not include your name on the plan to disclose. Any information that is obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission.

VOLUNTARY PARTICIPATION

Participation in this study is voluntary. If you decide not to participate in this study, your decision will not affect your future relations with Department of Social Services. You are free to discontinue this interview at any time in the process and there is no penalty

OFFER TO PARTICIPATE

Before you sign this form, you may ask any question you may have with regards to this research.

AUTHORIZATION

You are making a decision about to participate or not to participate this research, you signature to this form confirms that you have agreed to participate in this study having understood everything to do with this research.

Name of Participant.....

Signature of Participant.....

Date.....

YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP

ANNEXURE: IX Five Components of Vulnerability and their main Determinants

5. Governance. Determines quality of social protection and allocation of assets

Key Disconnect 3-Unequal Income and asset distribution

Key Disconnect 2 Bad Governance leads to poor social protection

4. Social Protection- substitute for self -protection when people are unable to do it themselves

3. Self -Protection- Resources and Income used to protect against known hazards.

Key Connect 2 – Spending and Resource availability

2. Wellbeing-Baseline Status

Key Connect/Disconnect 1- Income and Subsistence.

1. Livelihood- Strength and Resilience

Adapted from (Cannon T, 2008.3)

ANNEXURE X: Focus Group Questions Checklist

Focus Group Questions Checklist

Do's

Questions stimulating narrations: "Please describe..."

Follow-up questions: "What happened then?", "What else does that make you think of?"

Processes-oriented questions: "How did that come about?"

Open questions: reflect upon your own concepts contained in the questions!

Provocative questions: use only sparsely and in a goal-oriented, conscious manner;

Don'ts

Closed questions: "Were you happy / satisfied

with this or did this bother / dissatisfied you?"

BETTER: "How did you experience this?"

"How satisfied were you with this?"

Yes/no questions: "Did you accept the job?"

BETTER: "What happened after you got the job offer?"

Asking for justifications: "Why did you do this?"

BETTER: "How did it come about that you ..?"

Suggestive and judgmental questions: "In

Turkey you must have grown up rather traditionally.

How did you feel about this after

use only toward the end of the interview or you migrated?"

if the interview dynamics seem stagnant

Answerable questions!

Questions transcending the participant's

knowledge: "What did your boss think

about this?"

Directly or indirectly asking the research

question itself: "How would you describe

your concept of fatherhood?"

Brief, comprehensible questions

Complicated questions, cascading questions,

multiple-choice-questions

Soft questions: "Please, tell me a little bit

Questions that sound like written language

about your experience with online shopping."

or asking "quick like a shot" / mechanically

Modal particles: kind of; like; a bit; avoid

verbs in the subjunctive!

Ask for "facts" at the end of the interview

Premature questions on "facts" ruin the

narrative dynamics

Participants have the speaking privilege.

Participant determines when or if the interview is over: "Is there anything you did not have the chance to talk about, but which

Interviewer ends the interview: "Thank

you for your time, I will get back to you if I

is important to you?"

have further questions



Source: Dresing *et al* (2015: 11)

ANNEXURE XI: Focus Group Consensus Establishing Template

Focus Group	Member 1	Member 2	Member 3	Member 4	Member 5
-------------	----------	----------	----------	----------	----------

Question					
----------	--	--	--	--	--

Question 1					
------------	--	--	--	--	--

Question 2					
------------	--	--	--	--	--

Question 3					
------------	--	--	--	--	--

Question 4					
------------	--	--	--	--	--

Question 5					
------------	--	--	--	--	--

The following the notations which can be used to complete the focus group consensus establishing template

A = Indicated agreement (i.e., verbal or nonverbal)

D = Indicated dissent (i.e., verbal or nonverbal)

SE = provided significant statement or example suggesting agreement

SD = provided significant statement or example suggesting dissent

NR = did not indicate agreement or dissent (i.e., nonresponse)

ANNEXURE XII: FOCUS GROUP DISCUSSION TRANSCRIPTS

Focus Group Discussion Number 1 Transcript- Elderly Women-Headed Households

Introduction

Researcher greets the participants and introductions are made. Participants make self-introductions. The researcher does not request demographic data of participants since it had been captured during the household survey interviews. The researcher explained to participants the ethics guiding the discussion and outlines the focus of the discussion. Participant's names have not been used, instead codes are used to identify participants. The following coding has been **SP A1 (Age)** which gives a code and age of the study participant.

Knowledge about Government Social Protection

18. What do you know about the Government of Zimbabwe Social Protection?

SP-A1(67 years) I have heard about it*eeeh* this is a programme which support poor people with monthly income, but there no money we are getting....No Money...*(EMPHASIZES)* we are left to die...*sighs*

SP A2 (71 years) Yes I do know about this programme for elderly people and vulnerable children are given support for food, health and monthly pay. We are poor here we need government to give us more.....We are the rightful people to get support from the government.

SP A3 (79 years)We have heard a lot about government support, however the problem is that we are getting very limited support compared to what hear the government provides especially for us the elderly people

SP A 4 (68 years) Government has a responsibility to support us (*elderly women*) because they used our monies when we were still working and paying tax and on top of this we are taking care of many children who are orphans following the death of their parents. The government has our money, they (*government*) should give us money every month (*with EMPHASIS*)...yes our money.

SP A5 (70 years) Elderly have been neglected for too long by this government, were not getting anything meaningful in terms of support by the support, we only get maize and this is coming as

drought relief. We don't survive on maize only...(bitterly complains).... these people(government) don't care about us, they want when us (*elderly people*) when they want votes.

SP A6 (72 years) I am an old woman and I thought the government would support me with reasonable help but instead we only hear of what we should be getting from the government and we are only getting a 50 kg bag of maize. I don't know who told them that we only need a 50 kg bag of maize to make a living. We don't get his maize every month. Our government is failing to support us in a better way. Had it not for children who working in the town, we could have died long back of hunger

SP A7 (64 years). These government have no heart with elderly women, where do they think we can get money to survive and make and living with our grandchildren here in the rural areas. We are given maize only and its for drought only so it will come to end when people do harvest their fields but still some of us we don't have anything from the fields. We sold all our cattle long back to support our grandchildren, now we don't have anything to back us up when in need like now. i cannot support my family maize only. Our needs are beyond maize meal.

SP A8 (73 years) The government is paying for school fees for 2 of my grandchildren and I am also getting a 50kg maize bag every month but we been told that this is for drought relief so we don't know when it will come to end. We need more from the government, I cannot even afford to buy small packet of salt and kapenta. We have been promised so many things by the government but we have not seen any. They are liars, they promised us monthly allowance but we have not received it yet.

SPA A9 (81 years). We have been promised a lot by this government but we are not getting anything. Its only maize. Surely, we cannot survive on maize alone. We have been registered to receive monthly allowances but for now we have not received anything. We are not being taken seriously by this government, we have been neglected for too long.

Impact of Government Social Protection

19. How helpful is the GoZ Social Protection support in Elderly Women-Headed households?

Follow up questions: Is the support adequate?

20. How relevant is the government social protection to Elderly Women-Headed households?

SP A1(67 years) The support we are getting is very small and minimal. Its helping us to make some few ends meet. We are only getting maize but we need more than maize, the maize is for a drought relief so when the drought period ends, the maize will stop coming.

SP A2 (71 years) There is nothing good about government support towards elderly women, the support is scant and limited and does not come consistently, the only thing we got is maize and one my child is being paid for by government. The support is very incomplete and not comprehensive.

SP A3 (79 years) The maize we are getting is not adequate and its not provided against our needs. They just give us what they want. Yes, we are taking the maize and cannot throw it away. We do have needs which are more than maize and they are not being addressed

SP A4 (68years) *Eeeeh....*government is helping us in a small way and more needs to be done for he support to meet our needs.

SP A5 (70 years) We used to hope that government would indeed help us meet our needs but that has been struggle. I have only received school fees for my two grandchildren and 50 kg maize which I have been receiving since December last year.

SP A6(72 years) Yes there is little difference with support from government , we no longer worry about grain so it has helped us on food security but more is needed as this support is limited, Just like what others saying government should do more support us , otherwise we will die.

SP A7 (64years) I think government should just expand its support to us to include the monthly allowance which they promised us.

SP A8 (73 years) We are not seeing major improvement through government support because we also get from our children in town even if the government does not provide us maize. Government should give us the money they promised us so that we meet other basic needs.

SP A9 (89 years) The maize, school fees support for my grandchildren is helping me a lot, only appeal is the government to give us a monthly allowance so that I can afford to meet the needs of

Social Vulnerability

21. In this community do you consider Elderly Women-Headed households to be poor?

Follow up questions: Why do you consider Elderly Women-Headed households to be poor?

22. How is poverty and social vulnerability viewed in this community?

SP A1 (67 years) We the elderly are poor in this community, we don't work, we take care of our grandchildren, we don't have much cattle. we are struggling to meet our needs we don't have money compare to the young.

SP A2(71 years) *Participants stand up to emphasize.....*the most poor people here are the elderly, we don't have anything except to live through hand to mouth. The government is neglecting us.

SP A3 (79 years) People look down up us elderly people, other think we are witches , we have survived this long because we bewitch others...we have nothing my son....we are poor only God will save us, Our government has failed us.

SP A4 (68 years)Every elderly women here are poor, we do not own anything in this community. We are in deep poverty, we lost the energy to work in the fields. I cannot farm 8 hectares like I used to do when I was still energetic.

SP A5 (70 years) Life here in the rural areas especially if you are old and being a woman also. You get old with nothing in terms of wealth and women are generally looked down upon. Its even worse when they old. I don't have any stable income, this government promised us some monthly allowance but we have never seen it.

SP A6 (72 years) We are elderly we are poor my son.....the community looks down upon us. I am struggling to meet the welfare of my 4 grandson

SP A7 (64 years) I never expected that would get old being poor like thisI don't have anything to support my family....I live from hand to mouth. I seen it all, we carry poverty in this community. No one cares about us.

SP A8 (73 years). Poverty is part of lives...we destined to be poor till death, now you see we are old and poor and the community looks down upon us, no one cares

SP A9 (81 years) I have lost all my cattle sending my children and grandchildren to school, I don't have even a cat. All I survive on is remittances from relatives and they are enough, I also do some vending with the help of my grandchildren, we sell vegetables and tomatoes and the growth point. Life is tough for us. Government promised us some allowance but the money never came.

Household Resilience

23. What are the survival strategies of Elderly Women-Headed households?

24. Does social protection help Elderly Women-Headed households in increasing their asset base and incomes?

SP A1(67 years) We do farming but it's not giving us much money. At times we also get some remittances from relatives here and there.... life is very difficult for us... *signs*... we need help from this government

SP A2 (71 years) I don't have an major source of income except my field and remittances from family members. Long back I used to sell my cattle and goats when need arises, but now the cattle and goats are now finished

SP A3 (79 years)We have lost most our livestock as we sell it to make a living since government does not give us any money. Nowadays life is even tough, we depend of help from well where and relatives which does not come always.

SP A4 (68 years)We have not seen our livestock increasing my son instead we had to sell it to make a living. The few assets we had before are all gone as we try to make a living. Now we are asset -less. I am now laughing stock with nothing. My field no longer produce any meaningful surplus

SP A5 (70 years) I do vending at the shops to get some few pennies to support my family. When things get worse we sell even household assets to send grandchildren to school since their parents are late, there is no one to support them.

SP A6 (72 years) I do sell fruits at the shops. From the proceeds I can save for stationery for my grandchildren

SP A7 (64 years) All my major assets and livestock are gone as I try to send my grandchildren to school.

Government should give us our monthly allowance otherwise we will die. You see we are now old, we need less stress.

SP A8(73 years) Life is tough here we have tried but farming but we don't get much from, we cannot work much in the field since age has us brought us down

SP A9(81 years) More needs to be done by government to provide us with monthly allowances. We do sell seasonal fruits to get some income, but there is no money. All my livestock is gone as I paid for school fees for my children

Community Participation in Social Protection

25. How has been the community leadership involved in the GoZ Social Protection?

26. What has been the role of community leaders in the GoZ Social Protection?

27. How are the community structures involved in identification of beneficiaries for the government social protection

SP A1(67 years) .We don't know how our community leaders are involved only what we see are some government officials who comes on monthly basis with maize. Our local councillor is the one whom we see running around when the maize comes. He also helped us to register for government support. He took our names to the government offices.

SP A2(71 years) I have seen our local committee (*WADCO*) being involved in identifying elderly people for support in my area. They have helped in identifying elderly people in this community including the councillor

SP A3(79 years) I have no idea how community leaders have been involved, all what I only see government officials coming to give us maize on monthly basis. I am the one who went to their offices seeking support and they registered me. When its election time that's when a lot of people coming to house encouraging us to vote so that we get government support

SP A4 (68 years) Our councillor is heavily involved in my area , I m sure because they want us to vote for them, but they promise things which we have never seen.

SP A5 (70 years) I only know my councillor, I have seen him and his assistants taking names of elderly people so that he takes them to government offices. ZANU PF leaders here also have come taking names of elderly people so that they get government assistance

SP A6 (72 years) I am only one who went to register at the district office, I was assisted my daughter who gave me bus fare to go there. So I have never seen anyone working on assisting elderly people in my community.

SP A7(64 years) My councillor has been very helpful in ensuring that I get the current support of maize from government. I hope other councillors do the same.

Role of Non- state actors

28. What has been the role of other organisations in supporting Elderly Women-Headed households?

29. Which are the available organisations in this community offering social protection to Elderly Women-Headed households?

All the participants responds that there is no any other organisation supporting them serve for what they are getting from the government

Recommendations

30. Are they any challenges or problems in the GoZ Social Protection towards Elderly Women-Headed households in post 2000 resettlements

31. What can done to improve the GoZ Social Protection support in Elderly Women-Headed households in post 2000 resettlements?

32. What can be done to improve the support from other partners towards Elderly Women-Headed households post 2000 resettlements?

SP A1(67 years) Life is difficult here we need more support from government, if we get monthly allowance which is also reasonable. We need also projects to support our lives our own. We are tired of these hand-outs from government offices. Our clinic is far way, we need a local clinic which is close to us. Look I am now old getting to these clinics which are far way is tough for me.

SP A2 (71 years) We need support towards income generating projects such as goat keeping and chicken rearing. Government should give us more support as elderly people. Maize alone is not enough, we need clean water, better housing, schools are far away here. If we get funding for projects its better because we will having our income and we can buy what we want and supporting our dependants.

9 Our children should be given jobs so that they can support us and their children. Something should be done with our roads here they are bad, we need new roads

SP A4 (68 years) Government should give us a monthly grocery and an allowance to but other things we don't need maize.

SP A5 (70 years) Government is failing to support us adequately, they should bring in NGOs to support also. If they can gives us a monthly allowance, that can help us lot.

SP A6 (72 years) We need food hamper on monthly basis which goes beyond just maize. Our clinics and schools are quite far away from us. We find it difficult to go to these clinics as you can see we are old, we can't walk long distances and we don't have money to meet transport cost. We just dying slowly and silently.

SP A7(73 years) I wish the government could treat us like human beings and gives us meaningful support. We need a monthly allowance that can sustain us and if they cannot do that, let them give us some income generating.

Interviewer: We have come to the end of our discussion. Your views are going to be used only for the purpose if this study. However some of your concerns and issues shall be presented to the Department of Social Welfare for attention. Thank you very much for your time

Focus Group Discussion 2 Transcript- Elderly Women-Headed Households

Introduction

Researcher greets the participants and introductions are made. Participants make self-introductions. The researcher does not request demographic data of participants it had been captured during the household survey interviews. The researcher explained to participants the ethics guiding the discussion and outlines the focus of the discussion. Participant's names have not been used, instead codes are used to identify participants.

QUESTIONS

Knowledge about Government Social Protection

33. What do you know about the Government of Zimbabwe Social Protection ?

Follow up question: What do you know about government social protection support towards Elderly Women-Headed households?

34. What kind of support is being given to Elderly Women-Headed households?

Who is involved in the selection of beneficiaries of the GoZ Social Protection in this community?

SP A10 (73 years) I have heard quite a lot about what the government should provide for us elderly people. However what I have only received from the government is maize and free medical treatment which I do get because I am old. A lot of community leaders are active in the government support for elderly people. These leaders come from the ruling and even the local councillor. They play a major role in identifying elderly women in their communities

SP A11 (69 years) My son we been told by so many people including our councillor that we are supposed to be given help by government since we are old, the only help I have had so far is maize which I don't get all around. This time we being given maize because of drought. If it wasn't drought we not going to get anything. They (*government officials from Department of Social Welfare*) told us that we are shall be getting a monthly allowance and I was advised to open a bank account with POSB Bank but its 4 years now , nothing has come till now. I will die without having received the money. Government does not take our plight seriously, we hope one we will have some who will understand us better.

SP A12 (81 years) Being old is a curse*sighs*....people from government and political parties come here promising us so many things yet none of them deliver. Right now we are only getting maize and I have been lucky also to have my three grandchildren to have their fees paid for by the government. I am struggling to meet the basic needs of my family. I don't have any income to rely on. Government should give us more in terms of support, we are silently dying here, no one listens to us.

SP A13 (83 years) We have heard that government gives support to elderly people. However we have only received maize since last year and this maize has not been coming on every month. We are told that government has our money but we have never received a single cent. We don't know whom to cry unto so that our plight can be heard. The sun is setting up us my son, we hope one someone from government will give us an ear so that we die with peace in our souls.

SP A14 (71 years) I am only receiving maize, a bag per month but I m told this will stop when drought period comes to an end. Government is supposed to give full and meaningful support but all what we get are empty promises. Being old is not a blessing as we used to think long back, the burden of life is heavy for us.

SP A15 (67 years) I know government owes us help and support beyond the current maize which they se giving us. Government should take us seriously and give us reasonable help. We are neglected and left to die without anyone turning an eye to us.

SP A16 (83 years) I don't know whether we have a government or not if people can give us maize only after having gone for year without getting anything. Our government does not care about us.

SP A17 (83 years) My counterparts here have said it all. We want to see our government doing more to support us.

SP A18 (87 years) We are not getting much support from the government. I wish they could give us a monthly allowance for our upkeep. Our diet is poor, we are struggling to support our families. I do have 5 grandchildren whose parents all died some years back.

SP 19(74 years) My local councillor came to and explained to me how I was to register for the government assistance. He helped me to register for it, but now I am only getting a bag of maize. I hope they will gives more and a monthly allowance which they promised us. Old people are being neglected by this government, we hope they will change in the future, they only want us more when they want our votes. If they win elections they forget about us.

Social Vulnerability

35. In this community do you consider Elderly Women-Headed households to be poor?

Follow up questions: Why do you consider Elderly Women-Headed households to be poor?

36. How is poverty and social vulnerability viewed in this community?

Household Resilience

37. What are the survival strategies of Elderly Women-Headed households?

38. Does social protection help Elderly Women-Headed households in increasing their asset base and incomes?

SP A11 (69 years) I do sell vegetables and fruits at the shops otherwise if I don't do that I die what I am getting from this government is not enough. Its only maize.

SP A12 (81 years) Our wealth and assets are all gone selling them as we try to make a living. I have sold most of cattle and goats as I send my grandchildren to school. I am finished now. I am left with nothing. I am dying a beggar when I had my wealth. If don't get remittances from daughter in Harare, I really struggle to make ends meet

SP A13 (83 years) I used to have lots of goats here my child but they all finished now I am dead and finished. I have four grandchildren whom I am sending to school. I am struggling to pay their school fees. I hope one the government will help me. At one time I sold part of the maize they gave us to buy uniforms for my grandchildren.

SP A14 (71 years) We are poor here my son. Life is tough for us. I do sell my vegetable at the growth point so that I can buy of the things we need with my grandchildren.

SP A15 (76 years). Government help has failed to help us maintain our hard earned wealth especially our cattle instead we now selling these cattle to earn a living.I have sold most of cattle sending my grandchildren to school. I am left with only 4 beats and 5 goats. If you come back here in 2 years' time I will be grounded to zero with nothing. I do hope I will get the monthly allowance which the government promised us.

SP A16 (67 years) I am finished *Oooh...*my son I don't have anything left now. All my cattle is gone. I sold my last two beasts last month to meet the cost my medical bills for treatment. I do hope that I will get the allowance which was promised to us last year. At times I do sell vegetables from my small garden. The few pennies are not enough for me and my grandchildren.

SP A17(83 years) We are resorting to selling some grain and vegetable from our fields and gardens but its not enough. I cannot even buy a packet of salt.I really wish government could support us with projects which we do with our families to earn reliable income to support our families.

SP A18(87 years) .They (*government*) told us we shall be given monthly allowances but none of it have seen since 2015.I have lost all my goats selling them to pay school fees for my grandchildren.

SP A19(74 years) .All has been said by other members here, but what I want say that government should help us if they care about us, we slowly dying here.We are and we no longer have asset to hold on to.

SP A20 (88 years). I want to go back to your offices and tell social welfare people that we are dying here .We are suffering. We have nothing. They promised us an allowance but we have not seen it. It's now 4 years since they promised us and registered our names for the money.

Community Leadership Participation

39. How has been the community leadership involved in the GoZ Social Protection?

40. What has been the role of community leaders in the GoZ Social Protection?

41. How are the community structures involved in identification of beneficiaries for the government social protection

SP A11 (69 years) My local councillor has been involved a lot. He is the one who organise to collect our maize and always advise us when the maize is coming. He was also involved in the registration of elderly people in my area for government support.

SP A12 (81years) My local pastor is the one who advised me to register for support from the department of social welfare and helped to with me money for transport to the district office to register for support from government. They (*social welfare department*) promised me that I will get an allowance but up to now I have not received anything.

SP A10 (73 years). In my community I have ZANU PF leaders and councillors taking names of elderly for submission to the social welfare department so that they get support. At the same time encouraging to register and vote for them so that they we receive support.

SP A13 (83 years). My councillor runs around a lot identifying elderly people and helping them to register for government assistance. He also organises transport to carry the maize to our homes. If it wasn't for our councillor, I don't think we could be receiving the maize we are getting.

SP A14 (71 years) It is true our councillors do help a lot in identification and registration of elderly people for government support. Other committees such as WADCO have also helped in ensuring that elderly people and other vulnerable groups are registered for assistance

SP A15 (74 years) Our traditional leaders especially our chief has been instrumental in ensuring that we register for government support.

SP A16 (67 years) In short my son we have seen a lot of community and political leaders are involved in the identification and registration of elderly women for government support.

SP 17 (83 years) Despite the involvement of these leaders involved there still quite a lot elderly people who are not receiving anything from this government, they are not even getting maize. Government officials should come to our communities and identify all elderly in the community to ensure that they are not left.

SP A18 (87 years)In my ward it is the councillor

Role of None- state Actors

42. What has been the role of other organisations in supporting Elderly Women-Headed households?

43. Which are the available organisations in this community offering social protection to Elderly Women-Headed households?

All the participants confirms that they are NGOs or other non- state actors supporting them. It is only the government which is supporting elderly women.

Recommendations

44. Are they any challenges or problems in the GoZ Social Protection towards Elderly Women-Headed households in post 2000 resettlements

45. What can be done to improve the GoZ Social Protection support in Elderly Women-Headed households in post 2000 resettlements?

46. What can be done to improve the support from other partners towards Elderly Women-Headed households post 2000 resettlements?

SP A19 (74 years) Government should give us a package of support which is beyond maize. We need a monthly allowance as they promised us and the money should be reasonable to meet our welfare needs.

SP A 15 (86 years) We are tired of begging my son. Government should give us money for income generating projects so that we can have our own income we can control and support our grandchildren without begging.

SP A11(69 years) Government should give us support consistently not just four and six months only. and We are old and weak and cannot work any further, hence we need more support from the government. Our roads are bad here government should also attend to them.

SP A17(83 years) .We should be given more support by the government which is consistent and we need to be given projects to do to make a living. Our clinics are quite far away, we always find it hard to go to the clinic, money for transport is always difficult to get.

SP A12 (81 years) We need supports towards our own livelihoods projects. We are tired of being taken for a ride by politicians because we are poor. Government should keep its promise of giving us a monthly.

SP A18 (87 years) We just want to see the government affording us to live dignified lives, we cannot beg for the rest of lives. More should be done to support elderly people in this country.

SP A16 (68 years) Government has failed to give us reasonable assistance, so they should bring NGOs to support us, that will improve our lives

Interviewer: We have come to the end of our discussion. Your views are going to be used only for the purpose of this study. However some of your concerns and issues shall be presented to the Department of Social Welfare for attention. Thank you very much for your time

Focus Group Discussion Number 3 Transcript for Elderly Women-Headed Households

Introduction

Researcher greets the participants and introductions are made. Participants make self-introductions. The researcher does not request demographic data of participants it had been captured during the household survey interviews. The researcher explained to participants the ethics guiding the discussion and outlines the focus of the discussion. Participant's names have not been used, instead codes are used to identify participants.

Knowledge about Government Social Protection

47. What do you know about the Government of Zimbabwe Social Protection?

Follow up question: What do you know about government social protection support towards Elderly Women-Headed households?

SP B1 (69 years) I do know that the government should provide support for elderly people and this include food and cash support. However some of us have not been able to get such support. We are not sure who is supposed to identify and register us. We have politicians coming to us promising us that we will get support from government but up to now we have not seen.

SP B2 (71 years) I have not been getting anything from the our government. I do hope you will also take my name to the Department of Social Welfare so that I get food and cash support. You see I am an old woman and I am struggling to make living. We don't even know who to see for us to get the government support, our names were taken by our local leaders for submission to the district office and nothing so has come to us.

SP B3(70 years) I don't even know why are not getting support from our government since we are old. We have worked a lot for this country and our children but now we are left to die suffering. I have 5 grandchildren I am taking care of without any support. I have talked to my councillor but it has not helped, he only tells me that my name was sent to district office. I hope one day, I shall get something.

SP B4 (68 years) I am not even aware that old as I am, I am supposed to get support from the government, no one has told me. My son If you can help me to get help, please do, we are suffering and dying here.

SP B5 (89 years) I share the same thoughts with my sister over there, we didn't know that there is support for us. We do hope that someone will take our names for registration so that we get support. I am learning from others here that we are supposed to food and cash support from government.

SP B6 (90 years) We have suffered a lot here, we are not getting anything from this government. I wish you could assist us to get this help from the government. I have seen politicians coming to promise us.

SP B7 (66 years) I am too old to even go to the government offices to seek government support. I wish you assist me to get help from the government.

SP B8 (77 years) We are tired here, we have been promised so many things and none of which has come to us. I am not even sure whether our government is supposed to gives us any help.

SP B9 (75 years) In my community I have seen my local councillor taking names of elderly people for government support, others are getting some maize but as for me I am not getting anything. I don't know whether my name was skipped by the computer. I hope I will also get help from the government because I am struggling to keep up my grandchildren who are still going to school.

SP B10 (80 years) Oooh my God....Life has not been good for us at old age. We are suffering, I thought government would come in and help to meet our needs but no one looks us. We don't even know who to approach for us to get help. We are slowly dying.

Social Vulnerability

48. In this community do you consider Elderly Women-Headed households to be poor?

Follow up questions: Why do you consider Elderly Women-Headed households to be poor?

49. How is poverty and social vulnerability viewed in this community?

SP B3 (69 years) We are really poor, we cannot work as we used to do. We don't have any income now. We struggle to put food on the table for our dependants. No one is giving us any support in this community. Life is very difficult for.

SP B5 (89 years) I am poor. I don't have anything, all my cattle is gone and finished. I am struggling to meet my family food needs and two of my grandchildren have dropped out of school since I cannot meet their fees and cost of school uniforms. No one cares for

us old people in this community. People look down upon us since we are considered useless

SP B1(69 years) I didn't know that when I get old I will poor like this, I am now a beggar. All my three children are late and I am taking care of their children. I don't have any income. My body is no longer physically fit to work as I used to do back then.

SP B2 (71 years) No one understands our plight in this community. Everyone take us as a useless people. We have lost all our wealth, we don't have livestock to help solder with life. If you want to see poor in this community you just look for elderly people and you will poverty and suffering.

SP B4 (68 years) I am poor and penniless. I don't have an income. I am left with 5 goats and they cannot take anywhere. I am sending 3 grandchildren to school. I am struggling to raise money for their school fees and uniforms.

SP B7 (66 years) The problem in this community is that no one is willing to stand for our rights. We are poor we don't own anything. People see us a trouble seeking help always, Surely we are suffering.

SP B8 (77 years) If you are old my friend and you don't have any cattle and goats then you are poor and dead in this community. There is no one who can support. Government has failed us, we hope other organisations will come to our rescue

SP B6(90 years) My friends have said it all, no livestock, no income we all poor, we cannot work in the fields as we used to do, we now rely on help from grandchildren to work in the fields

SP B9 (75 years). Our poverty has become a laughing stock for us in this community. We are beggars in everything. I one day we will get some help

SP B10 (80 years).What's left for us is to die. I am too poor to survive on earth. I have lost all my cattle and goats sending my three children to school and they later all died. I am now useless and have no reason to live on earth. Government promised us to help but it has not done anything.

Household Resilience

50. What are the survival strategies of Elderly Women-Headed households?

SP B1 (73 years) We survive through farming but we can no longer produce more from our fields and due to age, I cannot even farm a bigger field. Times can be harder that we even sell our livestock to meet school fees and medical bills.

SP B14 (76 years) I usual sell fruits and vegetables from my garden at the shops but that gives money to buy salt and sugar. I really if the government could give us monthly allowance. Being is old in burden my friend. Long back we used to have our own wealth and assets and they are all gone as we try fend for children and grandchildren. We need God to come to our rescue,

SP B9 (75 years) I rely on my livestock but its getting finishes slowly as I sell them to survive. Last year I lost five cattle due to cattle disease which affected our area. My wealth is gone.

SP B12 (75 years) I am struggling here my son, if don't sell one or two goats it means I cannot send my grandchildren to school. Life is really tough us. Get old and you will for your- self my friend.

SP B1(69 years) We are tired of begging from well -wishers and relatives, I do sell some tomatoes at the shops to get some few dollars which I use to buy sugar and books for my grandchildren who are still going to school. I pray that one day the government would come our rescue and give us assistance.

SP B3(70 years) My children who work in Harare have been of help to me, they do send me some money. But life is also tough for them so they cannot meet all my needs. I do hope to get some assistance from the government since they took our names.

SP B16 (71 years). If it wasn't for this small garden, I could have died long back. I get vegetables for own consumption and a few to sell to people who pass through here.

SP B18 (87 years) Life is tough here for us my dear, they are times we have been saved by wild fruits from the forest especially during drought periods. I am just hoping that one day the heavens will smile upon us and we help from the government.

SP B19 (81 years) I have sold everything I had in order to survive and send my children and grandchildren to school. Once in a while I also get some remittances from my relatives in town but that is not enough to meet all my needs.

Role of Non- state actors

51. What has been the role of other organisations in supporting Elderly Women-Headed households?

52. Which are the available organisations in this community offering social protection to Elderly Women-Headed households in this community?

All the participants indicated they were no NGOs and other organisations working in the communities where they were coming who were giving elderly people assistance.

Recommendations

53. What can done to improve access of the GoZ Social Protection support to Elderly Women-Headed households in post 2000 resettlements?

SP B1(69 years) We need the government to raise awareness for its support programme, as you can see they quite a number of people who doesn't even know about government support for elderly people. At the same time we need to be all included on the government support.

SP B5 (89 years) We need government to give us a monthly allowance or pension. We are too old to work and no one can employ us.

SP B12(76 years) If government can organise small projects for us to make a living on our own, that can help us a lot considering that we are being given anything by the government.

SP B11(67 years) We suffered a lot here in the rural areas , government should just give us assistance, they promised us but we are yet to get anything.

SP B13 (74 years) I agree with friends here, we just need government to ensure that we all access assistance for elderly people and if they cannot gives funding for projects to earn our own income.

SP B16 (84 years) I hope and wish if the government could just support all elderly people in the rural communities. They should just come to our areas to register us than for us to go to the district offices to register because very few of us can afford the transport cost and we are too old to be travelling long distances.

SP B3 (70 years) Government people should come to us and register us giving us assistance, we are tired of going to their offices and nothing has come to us so far except promises and promises. If they can support us for income generating projects we will not bother them anymore

Interviewer: We have come to the end of our discussion. Your views are going to be used only for the purpose of this study. However some of your concerns and issues shall be presented to the Department of Social Welfare for attention. Thank you very much for your time.

Focus Group Discussion Number 4 Transcript for Elderly Women-Headed Households

Introduction

Researcher greets the participants and introductions are made. Participants make self-introductions. The researcher does not request demographic data of participants it had been captured during the household survey interviews. The researcher explained to participants the ethics guiding the discussion and outlines the focus of the discussion. Participant's names have not been used, instead codes are used to identify participants.

Knowledge about Government Social Protection

1. What do you know about the Government of Zimbabwe Social Protection?

Follow up question: What do you know about government social protection support towards Elderly Women-Headed households?

SP B4(69 years) I have heard about the government support for elderly people but the problem is that our councillor just promised that we will get after we submitted our names and ID numbers but up to now we have not received anything. We were promised some monthly living allowance which we are yet to get. I even opened a POSB bank account.

SP B45 (71 years) I am not aware that government should give any support, no one has ever told me about this, I am hearing this for the first time here that government is supposed to support.

SP B42(72 years) I do know that government should be giving us help but we are not getting anything. Our local councillor told us that we should go and register at the district offices but we cannot afford the transport cost and nowadays my body is in pain I can't travel long distance. What is left for us to die in poverty. Life is tough for us my dear.

SP B43(65 years) I am not even aware that government owes us support. You should go and tell them (*government*) that they are old women here in Mhondoro Ngezi who are suffering and need help. We really need assistance from the government. If the government cannot assist us, they should bring in NGOs

SP B40 (67 years) I don't know about this government support. I am just learning about it from you here. I would want to know even more about what we supposed to be given and who to see to get this assistance. We are suffering here, we struggle to make ends meet.

SP B49 (68 years) I am now old and I am turning 80 this year my son I have never seen old people being given anything by this government. I really wish to see such assistance coming to us one day. We about to die poor and beggars now with no one to give us help.

SP B50 (69 years) I have seen my councillor collecting names of elderly people in this community and I gave him mine but up to now I have not received anything from the government. They keep on promising us that we will get something but we have not seen anything.

SP B47(81 years)We are tired of being promised lies by politicians, they told us that we were going to get some monthly allowance from the government after we gave them our names. However we have not received anything yet. We are just suffering silently.We hope one God will ear our prayers.

Social Vulnerability

2. In this community do you consider Elderly Women-Headed households to be poor?

Follow up questions: Why do you consider Elderly Women-Headed households to be poor?

3. How is poverty and social vulnerability viewed in this community?

SP B43 (65 years) We are old and poor in this community, we don't have any assets, we have lost our livestock trying to make a living and we now beggars. People in this community look down upon us no one thinks of elderly people.

SP B44 (77 years) If you want to find poor people in this community, you just need come to use elderly people, we are nothing my friend. I hope one day we will find someone who will help us, we have suffered more than enough. I have no cattle even goats and people see us as a group of useless people. Life has reduced us to ashes with nothing to lean on especially when hard times fall on us. If it wasn't my son who is Harare who sends me some money once in a while I could have dies long back.

SP B45 (71 years). I am poor my dear, elderly people do have nothing here, all what we have are our fields which we cannot fully work now due to age. I am a dying a poor old woman now

SP B47 (81 years) My friends here have said it all, we don't own any wealth now, our cattle and goats are gone as tried to make a living from.

SP B50 (69 years). I wish if I could reverse time and my age because of the suffering and poverty which I carry now because of the old age. In early years I was better off. I could afford to lead a better life than what I am doing now. I cannot afford to buy my monthly food needs. I used to have a big herd of cattle but now I do only two goats. I am finished.

SP B42 (75 years) Elderly people are useless and nothing in this community no wants to be associated with us, we are seen as beggars. Yes we are poor, we need support, but we have no one to support us my son. You should go and tell government people that your elderly people who are voting for you are dying due to poverty. We really help from this government. We hope our tears will be heard one day.

SP B46 (66 years) We are finished and dead here my dear. We have nothing. I am struggling to buy a packet of salt, that's how poor we are. I hope that one day government will come to our help.

Household Resilience

4. What are the survival strategies of Elderly Women-Headed households?

SP B41(69 years) Life s tough for us, I do sell some vegetables from my garden but they are not always there and rely on my grandchildren to work in the garden, otherwise without them I couldn't produce even a single leaf of vegetables.

SP B45 (71 years) I have been selling my livestock slowly but its getting finished. I don't know what happens next because I am left with 4 cows and 5 goats. If I sell all these, my life is finished.

SP B46 (73 years) We occasionally sell wild fruits when they are in season, my grandchildren go and get them from the forest. Life is difficult for us. I am finished my dear.

SP B48 (67 years) I also sell fruits and vegetables from my fruit trees in my yard. I did know that one day I would get some help from fruit trees. We are too poor here and life has been very hard on us in old age.

SP B49 (68 years) I do get few grain from my field, its enough, so I do sell some vegetables at the local shops where I have small table for selling my vegetables. The problem is that my garden is too small and I don't always have these vegetables and the price is too low, so I don't get much money from it.

SP B47 (81 years). If don't go to the shops to sell vegetables from my garden I can go for 3 months or more without having a dollar in my pocket. This is difficult our lives have become for us here in the rural areas

Role of Non- state actors

5. What has been the role of other organisations in supporting Elderly Women-Headed households?
6. Which are the available organisations in this community offering social protection to Elderly Women-Headed households in this community?

All the participants indicated they were no NGOs and other organisations working in the communities where they were coming who were giving elderly people assistance.

Recommendations

7. What can done to improve access of the GoZ Social Protection support to Elderly Women-Headed households in post 2000 resettlements?

SP B50 (69 years) We need government to support us, they should give us a monthly allowance as they promised us. Government should come to us to register us for assistance unlike the current situation where they are saying we should all go to the district offices in Kadoma which is too far away and expensive since we find it hard get money for transport.

SP B49 (68 years) As you can we have been getting some few cents from our small gardens, if government support us for income generating projects that can help us a lot. We need to be in control of our incomes.

SP B44 (64 years) We have a government which is supposed to help and they should just their job. Politicians came to us and promised us that government was going to gives a monthly allowance but we have not received anything yet. They (*government*) should give us food and a living allowance every month.

SP B42 (75 years) Government should give us our monthly allowances as they promised us, I m sure that will help us to meet our daily needs.

SP B43 (65 years). All our grandchildren and other dependants who are of school going age should be given school fees support, we are struggling to pay school fees for our dependants.

SP B419 (69 years) I do hope that the government will hear our plight and help us with food and school fees for our grandchildren. We need the monthly allowance which they promised us.

SP B40 (67 years) If the government can develop some small projects for us so that we get our income that will stop us from begging and seeking help from all over.

SP B44 (64 years) Government should look for NGOs who can help us since they (*government*) has failed to help us. I don't see anything coming from this government.

SP B46 (67 years) Government promised us a monthly allowance, I think they should just give us that. If we get an income our lives may be better than current stress and suffering we are in now.

SP B47 (81 years) We have suffered enough my son If government cannot help us then they should other organisations which can assist us. We need a monthly income to survive and if we don't get such then we finished. Only God can answer our prayers. Every day we are in tears crying out for help but no one gives us an ear

Interviewer: We have come to the end of our discussion. Your views are going to be used only for the purpose if this study. However some of your concerns and issues shall be presented to the Department of Social Welfare for attention. Thank you very much for your time.