INTERNATIONAL COUNCIL ON SOCIAL WELFARE
A World Organisation Promoting Social Development

Regional Cooperation Newsletter – East and South Africa Region

December – March 2017

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Contents

Uganda is one of the first countries to align its national planning processes to the 2030 Agenda. In 2014, its government committed to integrating the SDGs into its 2015/16–2019/20 National Development Plan (NDPII), which was formally launched in mid-2015. It estimates that 76 percent of the SDGs are already integrated into the NDPII.

Adapting SDGs to the national context

With the SDGs integrated into the NDPII, the government recognized the importance of further mainstreaming these goals to ensure effective implementation. To this effect, with UN support, it undertook the alignment of subnational development plans with the national plan and SDGs. This involved training technical staff in local governments and extensive quality assurance of the draft plans. These plans are already guiding the budgeting process at the subnational level. The government is now in the process of aligning its sector development plans.

Inclusive participation

Uganda established a National SDG Task Force which meets quarterly and is informed by Technical Working Groups, each with representatives from government ministries and agencies as well as the UN, development partners, CSOs and the private sector. Government-led Sector Working Groups provide input into the Technical Working Groups to ensure a link between Uganda's SDG coordination framework and implementing ministries, agencies and partners.

Institutional coordination

The Office of the Prime Minister has overall responsibility for coordinating the implementation of the SDGs in Uganda, including monitoring, reporting, raising awareness and advocacy. It is currently in the process of developing an SDG coordination mechanism led by four government agencies. Responsibilities have been assigned to each ministry and agency; for example, the Ministry of Finance, Planning and Economic Development is responsible for financing the SDGs, the National Planning Authority takes the lead for integrating the SDGs into national, sector and local government planning frameworks, and the Uganda Bureau of Statistics deals with data generation, analysis and dissemination. Additionally, the UNCT in Uganda has established a coordination structure aligned with the government's coordination framework to support implementation of the SDGs, including a Technical Working Group, comprising UN technical staff, and an SDG Advisory Group, taking the leadership in overseeing the UN's Uganda Road Map on SDG Implementation.

Raising public awareness

In the period leading up to the global launch of the SDGs in 2015, the UN, in collaboration with CSOs and the private sector, delivered media orientation training on the SDGs to 50 journalists from both electronic and print media. The Prime Minister Rt. Hon. Dr. Ruhakana Ruganda held a press event with Cabinet ministers and development partners for the global launch of the 2030 Agenda, which was followed by a national SDG launch event organized by the government in collaboration with the UN. The national launch included an exhibition of the 17 SDGs by stakeholders, and five eminent Ugandans were engaged to serve as SDG ambassadors to help raise awareness by taking part in this and other SDG Stories of Country Implementation and UN Support events, as well as voicing radio messages. The Ministry of Information and National Guidance is leading a Technical Working Group which is currently formulating an SDG Popularization, Communication and Advocacy Strategy.

Monitoring and reporting

Three instruments will be used to monitor, evaluate and report on the SDGs in Uganda: the National Standard Indicator Framework, to track progress towards attainment of middle-income status by 2020, the National Monitoring and Evaluation Policy and the Integrated Monitoring and Evaluation Strategy. The government estimates that only 80 out of 231 indicators in the SDG global indicator framework have data readily available in its current national statistical framework. Efforts are under way, therefore, to develop and integrate other indicators that cover all the relevant SDG targets.

Additionally, Pulse Lab Kampala - part of the UN Secretary-General's Global Pulse initiative - and several UN agencies are supporting Uganda's efforts to improve the availability of data to monitor and evaluate the implementation of the SDGs.

Uganda is working to define baselines and monitor and evaluate progress towards the achievement of set targets. It is one of three countries in the region that has been selected to implement the UN Statistics Division project on monitoring and reporting SDG indicators through a strengthened national statistics system. A number of UN entities are supporting this

work, including UNICEF, which is supporting efforts to set baselines for by analyzing child poverty.

https://undg.org/wp-content/uploads/2016/07/SDGs-are-Coming-to-Life-UNDG.pdf

2. Socio-Economic Status and Participatory Development in Kenya

While Kenya's highly centralized political system has resulted in the widespread social-economic marginalization of rural areas, very little attention has been focused on analyzing the relationship between socio - economic marginalization and popular participation in management of constituency development funds (CDF) geared towards rural poverty alleviation.
The underlying principle has been distribution of resources to the grassroots to complement efforts geared towards developing rural communities in Kenya.

The main objective of this paper is to analyze the influence of socio -economic factors on the Levels of households' participation in CDF projects in efforts to alleviate rural poverty. Using a quantitative survey research design, 100 respondents were interviewed using a semi-structured questionnaire.

The raw data from the field was analyzed using descriptive and inferential statistics. The study found that while most respondents had high literacy levels, they also suffered severe socio-economic deprivation.
CDF projects had contributed to setting up of school bursaries, dispensaries, creating employment opportunities and efficient transport. Furthermore, respondents were aware of the role of CDF funds.

Yet, participation in CDF projects, seminars, workshops or educational tours was generally low. Lack of transparency was mentioned as the major factor influencing low participation levels. Finally, respondents seemed to agree that while CDF was on course in addressing the country's development challenges, they were least satisfied with its achievements so far.
Among others, the study recommended CDF projects be harmonized with the local development priorities/needs and the need to establish community based institutional mechanisms to make easy community participation in various projects

http://www.ijhssnet.com/journals/Vol_3_No_1_January_2013/22.pdf

3. Ageing and Care of Older Persons in Southern Africa: Lesotho and Zimbabwe Compared.

By Jotham Dhemba, Department of Sociology, Anthropology and Social Work; National University of Lesotho and Bennadate Dhemba, Formerly Department of Social Services, Harare

The United Nations Department of Economic and Social Affairs observes that the population of the world is ageing rapidly and that this is particularly so in low income countries including

those in Africa (Gomez-Olive et al cited in Van Rooy, Mufume and Amadhila 2015). On this basis Van Rooy et al (2015) contends that all countries will be obliged to deal with aspects of an ageing population. On the same note Patel (2005) posits that the Southern African region where Lesotho and Zimbabwe are situated has the largest number of older persons on the continent.

Although Tran (2012) contends that population ageing is a phenomenon found in all countries it is happening fastest in poor countries. He observes that life expectancy at birth has risen substantially across the world and that "in 2010-15, life expectancy is 78 in rich countries, 68 in poor countries". It is also expected that by 2045-50 life expectancy will have risen to 83 in developed countries and 74 in developing countries. The UN (undated) also observes that the global population of older persons is expected to more than double from 542 million in 1995 to about 1, 2 billion in 2025. On the same note WHO (undated) asserts that the global population of older persons is predicted to increase from 672 million in 2005 to almost 1.9 billion in 2050 (Ndabeni, Mbandazayo and Hlatswayo 2014:10). **In addition** HelpAge International cited in Ndabeni, et al (2014:10) corroborates this view contenting that older persons aged 60 years and over will outnumber children under the age of 14 years by 2045.

Furthermore, Kofi Annan, the former United Nations Secretary General postulates that "where once population ageing was mostly a concern of developed countries it has gained momentum in developing countries as well" (UN 2002:1). Longevity is attributed to declining fertility rates and increasing survival at older ages, courtesy of improved health, medicine and sanitation enabling lives to extend far longer than before. As will be shown later Lesotho and Zimbabwe are also experiencing an increase in the population of older persons.

Though there is no consensus on the definition of older persons, also referred to as the elderly or older adults, this article adopts the United Nations definition which embraces any human being aged 60 years and above that was agreed at the World Assembly on Ageing in Vienna in 1982. The United Nations (UN) (2009) reveals that 6% of Zimbabwe's population of 12,523 million people comprises of older persons and that it will rise to 12% by 2050. According to the UN (2009) a similar demographic trend obtains in Lesotho as its senior citizens consist of 6% of the total population and this is also expected to rise to 12% by 2050. According to the Ministry of Social Development of Lesotho (2014) older persons are the fastest growing population in Lesotho and that on average they are living longer than before.

As Phillips, Ray and Marshall (2006) observe, older persons tend to have multifaceted needs that put them at risk of abuse, neglect, poverty and institutionalisation. It is also their contention that the elderly are likely to experience chronic conditions, physical degeneration and frailty as a result of the ageing process. While Sung and Dunkie (2009) assert that older persons experience a variety of social and psychological problems it is also their contention that they often depend on service providers to resolve these problems. They also assert that social workers "become a significant part of the world of the elderly in later years" (Sung and Dunkie 2009).

In addition old age is often accompanied by a reduced capacity of income generation, poverty, loneliness, senility and a growing risk of serious illness. HelpAge International (2004:5) asserts that poverty and social exclusion are the major challenges facing older persons. The situation is much worse in sub-Saharan Africa where Ferreira (2005) observes that older persons are

consistently among the poorest of the poor. As Ambrosino, Heffernan, Shuttleworth and Ambrasino (2012:360) observe,

Many older people have been self-sustaining members of society and have developed problems of adaptation only at an older age. Without support, accumulated interpersonal losses (such as the loss of a spouse, friends, families, familiar environment, job income, physical health) threaten the fulfilment of their daily living needs and life satisfaction.

Tran (2012) also contends that "while both men and women face age discrimination, older women face the cumulative effects of gender discrimination throughout their lives, including less access to education, health, lower earning capacity and limited access to rights to land ownership".

The plight of older persons continues unabated in spite of the adoption of the United Nations (of which Lesotho and Zimbabwe are member states) Principles for Older Persons Resolution 46/91 by the General Assembly in 1991 and the subsequent adoption of the Madrid International Plan of Action on Ageing in 2002 by the Second World Assembly on Ageing imploring Governments to respond to the opportunities and challenges of population ageing in the 21st century. These principles include the need for older persons to have access to adequate food, water, clothing and health care through financial, family and community support. The need to ensure their full participation in societal activities and that they should benefit from family and community care and protection is also emphasised.

A number of factors are to blame for the plight of older persons especially in developing countries, inclusive of Lesotho and Zimbabwe. These include an economic environment which is underdeveloped and the perception that demographic ageing is a phenomenon associated with the rich countries of America and Western Europe which enjoy an advanced level of economic development and are therefore in a position to provide for their needs. Boggatz (2011:11) also points out that "the common image of the demographic situation in these countries (developing countries) is a higher fertility rate combined with low life expectancy."

However, on the same note Boggatz (2011:11) contends that this view should be revised as "the developing world is undergoing a demographic transition. It is also conveniently believed that poor countries have more pressing problems and competing demands on state resources, which makes it difficult to provide for older persons.

Furthermore, in the African context it has always been thought that the strength of tradition and family solidarity would prevent situations where older persons experience social and economic insecurity. However, Kaseke and Dhemba (2007) contend that new values of individualism emerging in African societies have exposed vulnerable populations to social insecurity. Ferreira also observes from a vantage point that changes in family structures as a result of modernisation and urbanisation have diminished kin support for older persons. Similarly globalisation has also reduced the family into a non- viable economic institution for older persons as it promotes values of individualism and the pursuit of self interest. Estes, Biggs and Phillipson (2003:104) also point out that these changes are part of a new political economy shaping the lives of current and future generations of older persons. Furthermore, they argue that there is a shift "to more

individualised structures –private pensions, privatised health and social care –which increasingly reflect the transformation of policies in the period from 1980 onwards."

However, in spite of the reality that social change is irreversible, the erroneous view that traditional social support systems should be responsible for the care of older persons still obtains. In the case of Lesotho and Zimbabwe this is evident in their social welfare policies, particularly public assistance which is means-tested and is only granted when the investigating officers are satisfied that there are no relatives in a position to assist.

Whilst "care" literally refers to care-giving activities, care of older persons is multifaceted. Therefore, for purposes of this article care refers to policy and practice for the upkeep and wellbeing of older persons. Specifically it refers to the configuration of social protection measures designed to ensure the economic, health and social wellbeing of older persons and their contribution to familial, community and societal activities. According to the Department of Health quoted in Newman, Glendinning and Hughes (2008) the outcomes to which the care of older persons is oriented include,

- Fostering independence and control
- Promoting wellbeing and preventing ill health
- Protecting vulnerable adults.

Tran (2012) also asserts that financial security and health are cited as among the most urgent concerns by older persons.

Therefore, given the bourgeoning population of older persons in most developing countries Lesotho and Zimbabwe included and available evidence pointing to their exclusion and marginalisation, it is necessary to explore the existing arrangements including their efficacy in the protection and care of the elderly. This is critical in order to come up with suggestions for responding to the realities of 21st century demographics.

Comparative analysis and discussion

The care of older persons in both Lesotho and Zimbabwe is underdeveloped and this can be attributed to fragmented and rudimentary policies and legislation for older persons. It is also evident that there is negativity towards social welfare services which is manifested in the perennial underfunding of the Ministry of Social Development of Lesotho and the Department of Social Services in Zimbabwe (Nyanguru, 2003: Kaseke, et al 1998).

Arguably the fragmentation and rudimentary nature of policies catering for older persons is compromising the welfare of older persons in Lesotho and Zimbabwe. As an example, the public assistance schemes in both countries are designed to address the problem of destitution among vulnerable groups in the population; older persons included. The objective of these schemes is however not being achieved because of inadequate resources and poor funding.

Lesotho should however be complemented for introducing a universal old age pension for older persons aged 70 years and above. In spite of its shortcomings, it is well documented (Bello, et al 2007: HelpAge, 2004: Nyanguru, 2007: Tanga 2008) that the money is used to buy protein foods such as beans, meat and eggs and to care for orphans, disabled persons and the sick in the family. It was also found that older persons who are in receipt of the pension are feeling more satisfied with their situation. Furthermore, as pointed out elsewhere, older persons in Lesotho suddenly became a force to reckon with as they now have a guaranteed source of income and can contribute to the household economy. The massive decline in the number of institutionalised elderly at Reitumetse (of about 80%) with the introduction of old age pension in 2004 is indicative of the shunning of residential care for older people and the desire for "ageing in place."

Though the key informants from the Department of Social Services in Zimbabwe indicated that the Older Persons Act enacted in September 2012 which provides for old age benefits is yet to be implemented, its implementation is doubtful. Firstly the scheme is means-tested and as with the public assistance it is likely to be seriously underfunded as administrators of the fund can always renege on payment of benefits on account of inadequate resources. Furthermore, because the scheme is selective, the majority of the older persons are likely to be excluded on the basis that they have relatives and children who should support them.

However, if one considers that a number of countries in Southern Africa inclusive of Lesotho have universal old age pensions; it should be possible for Zimbabwe to adopt such a scheme. What is required is the political will and in any case the country boasts of a wide range of minerals including diamonds, platinum, gold, nickel, copper, chrome, and iron ore, among others. Therefore, in its current form, the Older Persons Act in Zimbabwe has failed older persons before it has even been implemented.

Lesotho on the other hand should lower the threshold for qualifying for old age pension from 70 to 60 years so that there is broad based coverage of older persons in the country. It would also be necessary to raise the level of pension from the current M 500 (about US$ 45) as this is certainly not enough to meet all their basic needs.

It is also evident that in spite of the free health policy operative in both countries the health needs of older persons are not being addressed adequately. The existing health delivery systems in both countries are not older persons friendly as they do not cater specifically for the health needs of older persons. The emphasis is on general care which is also compounded by the fact that the health centres are not always within easy reach for older persons.

Furthermore, there are not enough clinics and hospitals to serve the people and as a result there is a lot of congestion at health facilities. G.O.L. (2013) reveals that Lesotho has only one doctor per 20,000 people compared to approximately 1 to 400 in the United States of America. Furthermore in Lesotho where about 80% of the land is mountains, the terrain also makes it difficult to access health centres as the main mode of transport in these areas are donkeys and horses (Makoa, Mpemi, Tsekoa, Tlali, Ralejoane, Biesma, Brugha and Odonkor 2009). Makoa et al (2009:133) also point out that the health care delivery system in Lesotho "continues to be dogged by a perennial problem of health workforce shortages which of late has reached crisis proportions."

Inadvertantly, in such situations older persons are likely to have challenges accessing health services. Ndabeni et al (2014:24) also assert that "older persons in Africa continue to experience vulnerability and abuse in spite of the existence of national legislations and policies that provide a broad framework for the protection of older persons."

Perhaps both Lesotho and Zimbabwe can take a leaf from the experience of China and Singapore. The Singapore News (2012) quotes the Minister of Health in that country saying "Our goal is to eventually make every neighbourhood a senior friendly neighbourhood by having aged care facilities that can provide accessible care to seniors." On the same note, according to Hodin (2012) population aging has also become a policy priority in China with emphasis on "strengthening the role of families and developing an ageing industry to respond to the health care needs of the elderly". Hodin also notes that China aims to keep 97% of older people either living at home or depending on community based services.

In addition, social workers along with health care providers are the professionals most likely to have older persons as their charges. In this regard social workers should play a lead role in the development of elder friendly policies as they are better placed to know their needs.

Conclusions and recommendations

Both Lesotho and Zimbabwe are experiencing an increase in the number of older persons but the existing measures for their protection and care are not comprehensive. Older persons in Lesotho and Zimbabwe are therefore vulnerable to poverty, poor health, ageism and its attendant problems. However, though the situation of older persons in Lesotho is comparatively better (owing to universal old age pension) than in Zimbabwe, it is not contestable that old age in both countries is characterised by low levels of living. The care of older persons in both countries is seriously underdeveloped owing to the poor performance of the two economies and fragmented policies and legislation for older persons.

In this regard it is necessary to transform the existing social protection measures in both countries to ensure broad based coverage of older persons. These include public assistance which is means-tested thereby excluding many potential beneficiaries. Public assistance allowances in both countries are pathetically low and have no bearing to the cost of living. Old age pension in Lesotho also excludes older persons from 60 to 69 years, which is an anomaly that needs to be corrected.

In addition the need to review the level of benefits under this scheme cannot be over-emphasised. It is also critical to ensure the full implementation of the Policy for Older Persons (Lesotho). Similarly there is need for Zimbabwe to review and implement the Older Persons Act of 2012 as it only provides for social welfare assistance and is based on selectivity due to the condition of a means-test for applicants. There is need to align the Older Persons Act to similar schemes in Lesotho and other countries in Southern Africa that provide universal old age pensions.

The provision of care for older persons within their families and communities is not only sustainable and less costly but it allows for "ageing in place" which is in line with the United Nations Principles for Older Persons Resolution 46/91. Therefore, it should also be emphasised

that while there is a need to keep older persons in their families and social milieu, for "ageing in place" to occur, this can only be achieved if concerted efforts are made to strengthen families and communities. It is also imperative to establish community centres where the right mix of health and other social services for older persons can be accessed and coordinated.

On the basis of the foregoing it is important for social workers employed in the Ministry of Social Development in Lesotho and the Department of Social Services in Zimbabwe to play a lead role in the development of policies and programmes for older persons. In the case of Lesotho the adoption of the policy for older persons in 2014 is indeed a welcome development as the Department of Elderly Care Services now has the mandate to develop programmes for older persons and to advocate for their protection and care.

http://www.socwork.net/sws/article/view/435/807

4. From exclusion to inclusion promoting the rights of children with disabilities in Malawi

Why a study on children with disabilities?

This study examined

(i) the availability of data on children with disabilities;
(ii) the challenges facing children with disabilities and their caretakers;
(iii) interventions to address these challenges;
(iv) the extent to which existing policies and legislation incorporate issues relevant to children with disabilities. Results of this study will inform policy and programming.

Recommendations

The recommendations arising from this study have been grouped into short, medium and long-term recommendations.

Short-term Recommendations

Institutional

1. Implement the Disability Act and thereby bring the national coordinating committee (NACCODI) into operation. (MoDEA and stakeholders)
2. Replicate the NACCODI model at district level to help improve disability mainstreaming (MoDEA)

Legislation and Policy

3. Initiate discussions with the Law Commission to review the 1971 Handicapped Persons Act. (MoDEA and MACOHA)

4. Lobby for an increase in budgetary allocation for disability issues. (MoDEA, FEDOMA and MACOHA)
5. Lobby for the inclusion of disability issues in the post-2015 Global Agenda (successor to the Millennium Development Goals). (MoDEA and all stakeholders) Data and Information
6. Undertake a needs assessment by type of disability to ensure that children with disabilities receive the particular care they need. (MoDEA)
7. Establish a meaningful monitoring system for all resource centres, rehabilitation facilities and skills training programmes. This would provide government with quality data for planning and budgeting purposes. (MoDEA, MACOHA, FEDOMA
8. Conduct a countrywide survey of disabled people to collect disaggregated data on disability issues. (MoDEA, FEDOMA and MACOHA) design effective interventions. (MoEST)
9. Lobby for questions on disability to be included in national surveys. (MoDEA)

Awareness

10. Mount a sustained public awareness campaign on disability issues. (MoDEA,

Expansion of Services

11. Expand coverage of resource centres countrywide. (MoEST, through the Directorate of Special Needs Education)
12. Rehabilitate resource centres, SNE institutions and skills training institutions. (MoEST)
13. Train more specialist education teachers to meet the needs of the country. MoEST)
14. Promote the establishment of community-based childcare centres (CBCCs) to ensure that children with special needs are properly cared for. (MoGCSW)
15. Train CBCC caregivers to understand the needs of children with disabilities and to make early diagnosis of disabilities. (MoGCSW)
16. Provide adequate funding to the MAP and other stakeholders so that they can provide assistive devices to children who need them. (Ministry of Finance)

Medium-term Recommendations

1. Review relevant policies and legislation to ensure that disability issues are understood and addressed. This would include providing disaggregated objectives and strategies for children with disabilities.
2. Establish a Disability Trust Fund.
3. Conduct a functional review of the MoDEA to reinforce the notion that disability issues are cross-cutting and require central coordination.
4. Integrate disability into health policies and plans.
5. Conduct a functional review of MACOHA and review the Handicapped Persons Act.
6. Run aggressive public-awareness campaigns based on proven Communication for Development methodology.
7. Conduct a study to analyze the budgetary allocation for the disability sector in Malawi.

Long-term Recommendations

1. Incorporate disability issues in overarching government policy and strategy documents, particularly the Malawi Growth and Development Strategy.
2. Mainstream disability issues to ensure that every service-provider considers children or people with disabilities.
3. Mount public awareness campaigns to remind people of the need to view children with disability in a positive light.
4. Expand skills and vocational training programmes to accommodate more children with disabilities.

https://www.unicef.org/malawi/MLW_resources_cwdreportfull.pdf

News and Events

a) World Bank Land and Poverty Conference 2017
20 Mar 2017 - 24 Mar 2017 Washington DC, USA

Responsible land governance: Towards and evidence-based approach

The Land and Poverty conference will present the latest research and practice on the diversity of reforms, interventions, and innovations in the land sector around the world. The 2017 conference theme will be: Responsible Land Governance: Towards Evidence-Based Approach. The focus is on the role of data and evidence for realizing land policy reform; identify strategies for working at scale and monitoring achievements.

The conference has become one of the largest international events on land governance, attracting over 1,200 participants from governments, academics, civil society, and the private sector.

b) Poverty and Social Protection Conference 2017 : March 9th - 11th 2017, Bangkok Thailand

c) ICSW 2017 : **19th International Conference on Social Work:** Paris, France
May 18 - 19, 2017

d) Annual Spirituality and Social Work Conference on the theme "Compassion, Competence and Commitment for the Social Service Workforce" will take place in Ahmednagar, India. March 22 - 24, 2017The

i.

e) The Social Workers Association of Zambia will host the 3rd Africa Regional Joint Conference on Social Work Education and Social Development in Livingstone, Zambia. The event is organized in collaboration with the International Federation of Social Workers Africa (IFSW Africa) and the Association of Schools of Social Work in Africa (ASSWA) June 25 – 28, 2017

Please distribute this newsletter as widely as possible.

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