

Africa's Social Policy Trajectories

Zambia

Nkumbu NALWIMBA

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Abstract

This study discusses social policy dynamics in Zambia in the colonial and post-colonial periods and how to rethink social policy to attain gender equitable and transformative social and economic development. The report focuses on five social policy instruments: education, work and employment, health care, social assistance and agrarian reform. During Zambia's colonial period, functional social policy was non-existent and most of the social protection programmes were strictly for metropolitan citizens employed by the colony. Social policy was characterised by racial classification in which Europeans had better quality social services than indigenous Zambians. After independence, social policy formulation and implementation was based on the philosophy of Humanism which emphasises communal responses to social matters and equitable distribution of national resources. Since 1991, and beyond, neoliberalism has underpinned the framing of social policies in Zambia. With the rise of neoliberalism, Zambia implemented structural adjustment programmes (SAPs) which adversely affected the provision of social services. In 2020, the outbreak of the COVID-19 pandemic constrained most social services and reduced their coverage of the most vulnerable groups. Social assistance programmes during the COVID-19 pandemic were largely implemented by donors. Although Zambia has made considerable progress, persistent gender inequality and inequity indicate the impediments to the achievement of transformative social policy. This is evident in the effort to improve women's access to education, health, employment and land, and the elimination of early and child marriage. While some of the challenges are institutional, several important ones are entrenched in social structures. Although the government has been committed to gender mainstreaming in order to achieve equality and equity, most ministries continue to face challenges related to human resource and technical capacity limitations as well as lack of funding. The public and private sectors have not been developing gender-responsive budgets. In addition, sector policies are often considered to be gender-blind and the government has made little progress in mainstreaming gender across sectors.

Keywords: Social policy, gender equality, structural adjustment programmes, social protection, Zambia

1.0 INTRODUCTION

COVID-19 was declared a global pandemic on 30th January 2020 by the World Health Organization (WHO) following reports of about 10,000 mortality cases worldwide (UNOCHA, 2020). After the declaration, several countries put travel restrictions and lockdown measures in place to limit the spread of the virus. Zambia recorded its first COVID-19 case on 18th March 2020 and by 15th September 2021, Zambia had recorded a total of 208,161 COVID-19 cases, with 3,636 deaths (Ministry of Health, 2021). The emergence of COVID-19 as a global pandemic challenged several aspects of people's way of life and social policy strategies. The COVID-19 crisis provided a chance to pause, reflect and rethink the issues of gender and transformative social policy in Africa.

This research paper discusses social policy dynamics in Zambia in the colonial and post-colonial times and how to rethink social policy in times of crisis. The study focuses on five social policy instruments: education; work and employment; health provision; social assistance; and land reform. This paper is structured into seven parts. Section One presents a historical and political overview of Zambia and looks at the periodisation, dominant values and underpinnings of the social policy environment in colonial and post-colonial society. Section Two provides data and methods used in the study and Section Three presents the conceptual framework of the study. Section Four discusses the findings and Section Five evaluates the effects of COVID-19, as well as social policy responses. Section Six discusses the challenges related to achieving gender equality and equity and, lastly, Section Seven provides concluding remarks and recommendations.

1.1 Historical Overview

Zambia was colonised by Britain from 1888 until it gained independence on 24th October 1964 after riots and political unrest. Kenneth Kaunda became the first elected President of Zambia (Andreasson, 2001). After independence, Zambia was peaceful and experienced economic growth mainly through copper exports. However, when Zambia supported Zimbabwe's declaration of independence from British control, there was a disruption of copper export routes via Zimbabwe and sanctions from the United Nations (Homes, 2004). Later, another notable crisis to Zambia's economy came about due to the 1972 constitutional change initiated by Kenneth Kaunda, which proclaimed Zambia a single-party state. This meant that only members of the United National Independence Party (UNIP) were eligible to take part in elections and that UNIP was going to be Zambia's only policy-making body (Homes, 2004). Eventually, the economy crashed, pushing it into huge debt by 1991 partly because of the economic policies that were put in place by Kaunda. This period was marked by violence and conflict, which resulted in a change in governance (Andreasson, 2001).

In responding to the increasing food prices and political unrest in 1991, Kenneth Kaunda was compelled to repeal the single-party law and other political parties were legalised. In the ensuing elections, Frederick Chiluba, leader of the Movement for Multi-Party Democracy (MMD), was declared the winner and became Zambia's second president. He stayed in office for two terms (1991-2001) and tried to stand again in 2003 for a third time. However, this was not well received by opposition parties and civil society organisations. In the 2003 elections, Levy Patrick Mwanawasa of the MMD was elected President in a period during which the country faced serious financial problems (Holmes, 2012).

President Mwanawasa died on 19th August 2008 (Lambert, 2021) and the then Vice-President, Rupiah Banda, took over the interim leadership. He won the presidential elections later that year and became Zambia's fourth president. In 2011, Michael Sata of the Patriotic Front (PF) was elected president. However, he passed away in October 2014 and was replaced by Guy Scott (Vice-President at the time) who became the first White president of the country. In 2015, Edgar Chagwa Lungu (Patriotic Front) was elected President until 2021 when Hakainde Hichilema of the United Party for National Development (UPND) took over as President. Zambia has been praised for holding a succession of peaceful elections over the years (Lambert, 2021). However, its economy has struggled to improve, and poverty rates have remained high.

The following sections look at the periodisation, dominant values and underpinnings of social policy in Zambia starting from the colonial period (1888-1964), the immediate post-colonial period (1964-1990) and the rise of neoliberalism since 1991.

1.1.1 Social policy during Zambia's colonial period (1888-1964)

Zambia's colonisation started in 1888 when the British South African Company secured mineral land. It became a British Protectorate in 1899, ruled as part of Barotseland-North-Western Rhodesia. During the initial period of colonisation, any social protection programmes in place were strictly for British citizens employed in the colonies or white settler communities (Lambert, 2021). The mining conglomerates – Anglo-American Corporation (ACC) and Roan Select Trust (RST) – had some impact on indigenes through employment.

In essence, social policy was characterised by racial classification in which Europeans had a better quality of social services than indigenous Zambians (Noyoo, 2007). Most social amenities during colonial times were found in cities only and this contributed to migration from rural areas to urban areas (Banda, 1990). This resulted in urban overcrowding and the usual problems of low access to social amenities, poor health conditions, social vices and ethnic problems.

Management of these problems caused by colonial distortions has remained among the significant challenges facing Zambia (Adesina, 2007). Just as in South Africa and many other colonial states, it was assumed that customary/traditional types of social protection would replace the role of the government in administering social security (Mkandawire, 2016). In the 1930s, there were protests by peasants against merchant capitalists, and the implicit and explicit social demands of the increasing urban population led to reconsideration of social policy. One result was the Colonial and Welfare Development Law in the British colonies. Nonetheless, social programmes continued to reach a limited population only (Lambert, 2021).

In 1924, all the land in the territory that was controlled by the British-South Africa Company (except Barotseland) was handed over to the Governor of Northern Rhodesia. In 1928, under the order of the Northern Rhodesian Council, the land was divided into Crown Land and Reserves. Crown Land was reserved for Europeans (and Africans were forced to leave that land) while Reserve Land was meant for the indigenous people (Hansungule et al., 1998; Martin, 2003). In 1947, the Northern Rhodesian Council gave an order to change the policy. About 57% of the land, including game and forestry land

and formerly unassigned land, as well as unutilised Crown Land, was given back to Africans and named Trust Land. Thus, by the end of the 1950s, the Crown Land that had been secured for Europeans was reduced (Hansungule et al., 1998).

1.1.2 Social policy during the post-colonial period (1964-1990)

Zambia became a sovereign state in 1964 (Mhone, 2004). During the period up until 1990, social policy formulation and implementation was based on the philosophy of Humanism, which emphasises communal responses to social matters and equitable distribution of national resources. Colonialism deprived Zambians of socio-economic development, with little or no access to health services, education and social protection programmes (Mhone, 2004). After independence, therefore, there was heavy state intervention in the economy aimed at improving the living conditions of the people. Pragmatic social policies were formulated, and development projects were initiated to provide social amenities to those places that had been critically overlooked by the coloniser. Huge investments were made in the health and education sectors and there was progress with regard to social equality and reducing the gap between the poor and the rich (Noyoo, 2010).

Education was a top priority, with policies aiming to ensure equality in the provision of education opportunities for everyone, without any religious, tribal and racial discriminations (Mubanga, 2018). Facing a critical shortage of skilled manpower and seeking to foster national unity and identity, the government launched an ambitious programme to construct schools all over the country, with a secondary school in every district of the nation. The government also built teacher training colleges, technical and trade schools and other learning institutions such as the University of Zambia which was completed in 1966 (UNESCO, 2009).

In May 1966, a new Education Policy was launched by President Kaunda, and in 1977, there were more reforms that included a compulsory basic education of nine years' in duration (UNESCO, 2018). The First National Development Plan (1966-1970) abolished school fees and expanded enrollment at secondary level among other measures within the education sector. Among the aims of the Second National Development Plan (1972-1976), was resolving the challenge that most young people who left school at various levels of the school system had insufficient skills for the labour market (UNESCO, 2009). A major aim of the Third National Development Plan (1979-1983) in the education sector was to increase school facilities, while the Fourth National Development Plan (1989-1993) focused on enhancing the technical and agricultural aspects of education, with an emphasis on raising standards in science and mathematics subjects. Nonetheless, due to the decline in the economy during the 1980s, the provision of social services, including education, was negatively affected. This led to government schools with inadequate resources for teaching and learning (Rati, 1995).

Health sector reforms at independence responded to the huge inequities with regard to access to health care in the country. The numerous investments made led to an increase in the number of health centres, with the number of public hospitals, for example, increasing from nine in 1964 to 42 in 1990 (CSO, 1992). In addition, there was an increase in the number of public rural health centres from 187 in 1964 to 661 in 1990 (CSO, 1992). Since the rural areas had been severely neglected in terms of access to health services, the government implemented a nationwide Primary Health Care programme with a focus on

people living in rural areas (Limbambala, 1994). By 1972, it was estimated that about one-fourth of the country's population were not accessing any type of improved health centre within 15 kms in some provinces, with rural ones worse off as the proportion without access to an improved health centre was one-third in rural areas (ILO, 1981).

In addition, there were disparities between rural and urban areas in the allocation of funds to the health sector by the government, which led to imbalances in the provision of health services. Although the government made several improvements, the health system was criticised for an orientation that was too curative. Nevertheless, there was some improvement in health indicators. These improvements were mainly due to government-supported activities and were supported by a thriving economy during the period just after independence (Limbambala, 1994). However, the social policy achievements of the first decade did not last long. In the mid-1970s, the country was hit by an economic crisis. The drastic fall in global copper prices; rise in oil prices; increased economic protectionism globally, as well as ill-suited domestic macro-economic policies had an adverse effect on growth in the Zambian economy, with repercussions in the social policy environment (ILO, 1981).

With regard to work and employment of women at independence, one of the colonial legacies was the stereotype of a 'male breadwinner and female housewife'. The British colonial government in the then Northern Rhodesia expected women to be dependent housewives (Alice, 2014). Women were reduced to dependent housewives, a status that was not valued in the market-based urban economy. As a result of such colonial gender stereotypes, men usually resisted their wives' employment opportunities, and this was exacerbated by gender-blind labour market policies (Scarrit, 2006).

In terms of land reforms, at independence, Zambia had four types of land: freehold land, state land, trust and reserves land. The UNIP keenly followed developments in Tanzania with regard to land, national legislation and customary law. The land belonged to the people and individuals had user rights. Land was not considered a commodity to be alienated for personal benefit. UNIP embraced a socialist ideology and in 1973, the country became a one-party state. Politically, the objective was to shape the country into a classless community and eliminate exploitation of the people (Mvunga, 1982). Historically, however, women in Zambia were disadvantaged in terms of access to land and other productive resources (GRZ, 2017; Ministry of Lands, 2021).

1.1.3 Social policy during the period of neoliberalism (1991 and beyond)

The dominant narrative underpinning the framing of social policies in Zambia during this period emerged from neoliberal ideology. With the rise of neoliberalism in 1991, the Movement for Multi-Party Democracy (MMD) government implemented structural adjustment programmes (SAPs) that included disengagement from the provision of some social services. This was mainly done through reduced budget allocations for some social services and the introduction of user fees (cost sharing), as well as lifting price controls and cash budgeting with regard to public finance (Harvey, 2007). The policy environment emphasised that the people's welfare is primarily the duty of the individual, families and the communities to which they belong (Banda, 1990). The duty of the state was restricted to making policies and development initiatives focused on "creating an enabling environment" in order to attain growth in the economy. It was assumed that growth would create employment for the people, which

would in turn allow citizens to be self-sufficient socially and economically, and eventually alleviate poverty. However, the policies had a negative impact on the social environment and economic growth (Barrientos & Pellissery, 2012; Cheeseman & Hinfelaar, 2010).

With regard to social security and social assistance during this period, the government began implementing various neoliberal initiatives aimed at alleviating poverty and improving the lives of vulnerable people, with social protection identified as being central to social policy (Barrientos et al., 2005). The Cash Transfer Initiative began in 2003 as a pilot programme and was funded by donors. The efforts made by donors and local civil society organisations to persuade the government to expand the cash transfer programme and develop a National Policy on Social Protection dragged on for close to seven years with very little progress made (Larmer & Fraser, 2007; Siachiwena, 2016). In 2008, after President Mwanawasa died and Rupiah Banda became president, this partial change in government led to the expansion of the cash transfer initiative although the scale of the enlargement was minimal in comparison to what happened when Michael Sata became president (Harland, 2014; Siachiwena, 2016).

When government changed from the MMD to the Patriotic Front (PF), there were remarkable policy reforms in relation to social protection which resulted in an increased number of beneficiary households under the Social Cash Transfer (SCT). There was an upward adjustment of 700% in SCT funding, and coverage was extended from 19 districts to 31 districts. Furthermore, the National Social Protection Policy was also launched (Siachiwena, 2016). In addition to the SCT reforms, budget allocations were increased for other social protection programmes such as the Food Security Pack (FSP), the Farmer Input Support Programme (FISP) and other empowerment programmes. The reforms were led by the state, although donors participated actively. In 2013, with the FISP seen as largely insufficient in targeting beneficiaries who were extremely poor, donors supported plans to expand the SCT programme and convinced senior government officials to endorse the proposal.

Whereas the MMD government had prioritised agricultural subsidies in its public policy, the PF focused on cash transfers and other social protection initiatives (Harland, 2014). Seekings (2014) argues that, “donors and international organisations clearly facilitate diffusion through raising awareness of policy models, funding and evaluating pilot schemes, and giving advice on the design of new policies”. This change in policy was pushed by the dissemination of donors’ ideas through an influential “social democratic” group belonging to the Patriotic Front. These beliefs were in harmony with PF interests, since the party was popular for supporting populist policies (Lavers & Hickey, 2016; Siachiwena, 2016). This scenario clearly shows that prevailing ideology, dominant ideas, as well as strong electoral competition play an important role in social policy reforms.

The election of President Sata resulted in the state taking charge of key financial duties from international donors. Following the unpopular neoliberal policies of the MMD, populist measures implemented by the PF gained public confidence and its interventionist policies were strongly supported. Michael Sata and the Patriotic Front successfully used an electoral strategy that was populist, with the political party ‘branded’ as pro-poor (SARDC, 2016; Siachiwena, 2016). In 2014, the government managed to launch the country’s first Policy on National Social Protection (2014-2018), a document that would provide guidance for the government and other development partners with regard to the implementation of social protection initiatives. Several instruments were outlined in the policy

such as the newly launched social health insurance programme, the expanded social cash transfer programme and proposed reforms to public sector pensions. According to the National Social Protection Policy, there are four types of social protection programmes – social security/social insurance, social assistance, livelihood and empowerment and protection. The latter two programmes are meant to address poverty and vulnerability among poor households by tackling the structural aspects of poverty and marginalisation, while empowerment and livelihood programmes are targeted at enhancing the abilities as well as opportunities for generating stable incomes (GRZ, 2014).

To operationalise the National Social Protection Policy, the state has been collaborating with different development partners, in order to ensure enhanced access to social protection programmes including the Food Security Pack (FSP), the Social Cash Transfer (SCT) programme, the Public Welfare Assistance Scheme (PWAS) and the School Feeding Programme. These initiatives target people or households that are extremely poor and vulnerable, with the objective of improving their welfare and livelihoods. Social protection programmes that focus on women include the Supporting Women's Livelihoods (SWL) initiative, the Women's Empowerment Programme and Keeping Girls in School implemented through the Girls' Education and Women's Empowerment and Livelihood Project (Ministry of Community Development, Mother and Child Health, 2014; Ministry of National Development Planning, 2021; UNDP, 2018).

With regard to employment, the Zambian government has made efforts to create jobs as well as improve labour relations. In 1994, the government adopted the Minimum Wages and Conditions of Employment Act, CAP 276, which allows for the control of minimum wage levels and minimum conditions of employment (ILO et al., 2016). According to the Minimum Wages and Conditions of Employment (General) Order 2011, the minimum wage is defined as the lowest wage that may be paid to an employee. The Minimum Wages and Conditions of Employment (Domestic Workers) Order 2011 refers to minimum wages as the lowest wages which may be paid to a domestic worker. The Minister of Labour may indicate wage rates for various classes of employees through a statutory order when there is deemed to be no alternative method of effectively controlling the working conditions or minimum wages for those categories, especially where there is no provision for collective bargaining (ILO et al., 2016).

In trying to address the critical employment challenges, the government rolled out the National Employment and Labour Market Policy in which labour was recognised as a significant factor in attaining growth in the economy. The objective of the policy was to create sufficient and good quality employment opportunities that would guarantee enough income, as well as protect the basic human rights of employees (UNDP, 2019).

In terms of traditional and institutional culture, Zambia has a long history of patriarchy, with gender discrimination a longstanding challenge that in several ways has fostered inequalities between sexes (GRZ, 2013). This has influenced social policy formulation in relation to the employment of women and their working conditions. Culturally, women are required to stay at home; at community and household levels, women are usually restricted from schooling as well as employment. Furthermore, due to the reproductive roles of women, their participation in the labour market tends to be very low. Although women are entitled to maternity leave after giving birth, some employers do not allow them to

go on maternity leave and in many cases, women have ended up losing their jobs.

In terms of education reforms, in 1990, Zambia participated in the World Conference on 'Education for All' which was held in Thailand. During 1991, the government held a National Conference on 'Education for All' to come up with proposals, including practical strategies, in order to improve service delivery in the education sector. These were compiled in a document called Focus on Learning. This policy instrument was effective in promoting sufficient funding for the education sector, so as to enhance the quality of learning in basic schools and their territorial coverage (GRZ, 2013; Mubanga, 2018).

In 1996, a new national policy called Educating our Future was launched to enable accountability, equity and efficiency in the delivery of education. The policy was intended to decentralise and liberalise the education system, following the democratic guidelines of local governance. The policy paid attention to issues relating to provision of infrastructure and equipment, capacity building and training, including logistics and sufficient funding in the education sector (UNESCO, 2018). The policy also supported cost sharing in the provision of training and education between the state, beneficiaries and development partners. Furthermore, it placed emphasis on gender equality as an essential aspect of the education system and focused on attaining equity in the provision of education for everyone. Other policies that were put in place by the government include the Re-entry Policy, which is part of the broad strategy to increase girls' access to education and keep them in school. This policy allows girls who have dropped out of school as a result of pregnancy to be re-enrolled once they give birth (Ministry of Gender, 2019; UNDP, 2019).

With regard to health reforms, since 1992, the government has adopted a sector-wide approach that seeks to develop the health sector holistically (Ministry of Health, 2008). While the state is in charge of policy making and provision of health care services, non-governmental organisations have played a significant role in provision of health care services in the country (Ministry of Health, 2017). While equity in the provision of health care services has generally been considered to be essential and incorporated in public policy in order to alleviate poverty and foster economic development, inequalities in the provision of health care have continued to be a challenge. This has obliged governments to put in place pro-poor reforms and policies with the objective of enhancing access to health care services as well as outcomes (Ministry of Gender, 2011).

In 1993, due to the increasing disease burden and limited resources, and also in line with SAPs, the government introduced a cost-sharing scheme for accessing health services (Gould, 2006). Furthermore, in 1995, the government introduced the Public Welfare Assistance Scheme (PWAS), which was meant to tackle inequalities in accessing health services. People who were chronically ill and could not pay for health care services were supposed to be referred to the District Social Welfare Department for assessment and assistance. Nevertheless, there were inefficiencies in the referral arrangement and patients who were unable to pay could not access health care (PMRC, 2016).

Human resource limitations have persistently been a huge concern needing long-term solutions in Zambia. There has been a continuing critical shortage of healthcare workers overall, with a notable disparity in distribution – more healthcare workers live and work in urban areas than in rural areas.

This has adversely affected successful implementation of policy interventions in the health sector, coupled with factors including unsatisfactory working conditions, poor conditions of service and weak human resources management (Ministry of Health, 2011). The Human Resources for Health Strategic Plan, 2011-2015 was developed in response to this critical shortage. To resolve key problems, the plan spelled out a number of interventions including: increasing the number of healthcare workers, redefining staff posting based on need, improving conditions to attract and retain staff in rural and remote areas, expanding national capacity to train healthcare workers and coordinating that training across sectors, reviewing existing training and certification programmes and strengthening the leadership and management skills of managers at all levels (Ministry of Health, 2017).

The National Health Strategic Plan, 2017-2021 identified measures to reduce the burden of diseases as well as expedite the achievement of the Sustainable Development Goals (SDGs). The strategy acknowledged that health initiatives need to be prioritised because of the challenges to available capabilities and resources (Ministry of Finance and National Planning, 2017). Hence, the strategy focused on the provision of Primary Healthcare as the key channel of delivering services; addressing the problem of human resources; tackling the public health crisis; as well as ensuring that priority health care services and systems are given the required support. The plan had a transformative agenda which aimed at developing robust and resilient health systems and supported the National Vision 2030 objectives, which included access to improved health care for every Zambian (Ministry of Health, 2017). The plan also stressed the importance of gender mainstreaming in planning, design and monitoring and evaluation of health policies and interventions.

Health financing has been an ongoing challenge in Zambia. After the liberalisation reforms in the 1990s, the government tried to introduce social health insurance, but this failed due to lack of political will, poor design and inadequate interest from donors. In the early 1990s, costs related to accessing health services became very high, hitting rural dwellers particularly hard since the rates of rural poverty remained very high (Ministry of Finance and National Planning, 2017). In 2006, President Mwanawasa abolished user fees to promote enhanced access to health services for all. In 2011, although the government claimed that health care could be accessed for free, direct payments were maintained in both rural and urban areas. The majority of Zambia's population is still not covered by health insurance since it is too costly (Ministry of National Development Planning, 2022). This is despite the fact that in 2018, the National Health Insurance Act was put in place to help provide sustainable financing for the health care system, as well as universal access to quality health services (Ministry of National Development Planning, 2022). It is, however, important to note that this insurance scheme is only available for employees in the formal sector while the informal sector is not covered.

In terms of land, since independence, the Zambian state has implemented various policies and programmes meant to increase women's access to land. The Lands Act of 1995 stipulates that both women and men are entitled to own land with security tenure for up to 99 years (Ministry of Gender and Child Development, 2013; Ministry of Lands 2000; Ministry of National Development Planning, 2020). Despite this, very few women own land due to cultural and social barriers. In Zambia, 94% of the land is administered under customary law, which makes it very hard for women to access and own land. Customary land, in line with traditional beliefs, is usually inherited by men (GRZ, 2022). Even when it

comes to state land, women still find it difficult to gain ownership because of men's resistance and insufficient independent funds.

National development plans (the Eighth National Development Plan (8NDP) is the latest one) have generally reflected the concern to increase women's access to land. For instance, during implementation of the Seventh National Development Plan (7NDP), the state prioritised women's access to land in order to enhance equity between men and women in relation to the use of economic resources (Ministry of Finance and National Planning, 2017). In order to tackle the gender inequalities in accessing and owning land, the state came up with a deliberate policy that stipulates that 50% of all land on offer should be reserved for women. This policy was in line with the Revised Southern African Development Community (SADC) Protocol on Gender and Development (2016). Furthermore, the Ministry of Lands and Natural Resources launched the Zambia Integrated Land Management Information System (ZILMIS) in order to capture sex disaggregated information with regard to transactions on land in order to enhance statistics on gender in land administration (Ministry of Gender, 2019). In addition, in 2021, the Ministry of Lands and Natural Resources launched a new Land Policy which aimed to increase security of land tenure for all Zambians, most notably women, youth and people with disabilities. This policy was achieved through efforts by civil society organisations, with support from donors.

Zambia's new Land Policy is evidence of the importance of continued advocacy, community awareness and collaboration to attain development and policy objectives. It clearly shows how prevailing ideas can be translated to policy as in the case of the Non-Governmental Gender Organisation Council (NGOCC), which has been working on land advocacy since 1985 (Ministry of Gender, 2019). As a gender-focused organisation, its position has been that women's land ownership and control is critical for women's empowerment. The key drivers of this policy from civil society have been the Zambia Land Alliance (ZLA), the Civic Forum on Housing and Habitat Zambia (CFHHZ) and the NGOCC (Ministry of Gender, 2019).

In 2000, the government implemented the National Gender Policy of 2000 which calls for a comprehensive and sector-wide approach to tackling gender imbalances. It identified 18 policy measures to be addressed and prioritised in education, agriculture, land and health. Decision making, labour and employment, science and technology, commerce and trade, legal reforms, gender-based violence and poverty reduction are also addressed (Ministry of Gender, 2022). In 2014, the government made further revisions to the National Gender Policy and in 2015 enacted the Gender Equity and Equality Act No. 22, which strengthened the legal framework for eliminating all types of discrimination against women and girls, and also empowered women to be proactive in both public and private matters (Ministry of Gender, 2019).

The National Gender Monitoring and Evaluation (M&E) Plan (2011-2015) was meant to be the main instrument for informed decision making and tracking progress towards expected results (GRZ, 2015). Major instruments for implementing the National Gender Policy were the national development plans together with international agreements such as the Southern Africa Development Community (SADC) Protocol and Committee on Eliminating Discrimination against Women. The National Gender M&E Plan was another key instrument for informed decision-making and tracking progress.

However, subsequent situation analysis has indicated inadequate implementation of strategies for gender mainstreaming and the non-existence in practice of the gender M&E system (Ministry of Gender, 2019). For example, the purpose and scope of monitoring gender activities were not clearly defined, and the framework for coordination and harmonisation at the national, provincial and district levels was weak. Although some performance indicators had been established in the National Gender Policy Strategic Plan of Action, data collection and analysis for the indicators were not institutionalised. The information generated was not sex disaggregated and reports were rarely shared with other key partners, implying that there was no feedback mechanism for strategic ministries and partners to gauge the changes with regard to achieving gender equity and equality as a result of their efforts (Ministry of Gender, 2019; PMRC, 2019).

2.0 METHODS

The study adopted qualitative methods in answering the research question, focusing mainly on extensive document review and analysis. The kind of secondary data sources used in document analysis also acted as sources of information. These comprised documents on social policies, national constitutions, party documents and manifestos and national budgets, among many others. There was a plan to do Key Informant Interviews, but this could not take place due to the restrictions enforced to combat the spread of COVID-19.

3.0 THE TRANSFORMATIVE SOCIAL POLICY FRAMEWORK

Shepherd et al. (2004) define social policy as an approach that focuses on reducing risk and vulnerabilities. It is a summation of initiatives implemented by the public and private sectors and voluntary organisations as well as informal networks in order to assist communities. Broadly, social policy is defined as “collective interventions to directly affect social welfare, social institutions and social relations. It is concerned with the redistributive effects of economic policy, the protection of people from the vagaries of the market and the changing circumstances of age, the enhancement of the productive potential of members of society, and the reconciliation of the burden of reproduction with that of other social tasks. Successful societies have given social policies all these tasks, although the weighting of tasks has varied among countries and within each country, from period to period” (Mkandawire, 2011).

Adesina (2011) defines transformative social policy as a wider vision of society and how it fulfills wider community roles from production, redistribution, protection, social cohesion and nation building. All these should be undergirded by equality and social solidarity. The Zambian government has defined social policy as “policies and practice that protect and promote livelihoods and welfare of people suffering from critical levels of poverty” (Siachiwena, 2016). Others note that social policy is based on social protection and social insurance (Beland, 2009). In addition, it considers key issues such as public attitudes, social fragmentation, inequality and the rural and urban divide (Hickey, 2008).

The main types of social protection include social insurance, social assistance, community-based social protection and labour market interventions (Holmes, 2012). These are influenced by social, political

and economic ideological underpinnings, notably neoliberalism, and a rights-based approach (Mkandawire, 2004). An analysis of social policy has to consider key cross-cutting issues, equity, inclusion and gender (Elson, 2004). Social policy is geared towards the transformation of gender relations and institutions in such a way that social policies take cognisance of women's needs (Kanbur, 2001).

Therefore, a consideration of these key issues in social policy is key to exploring how different social policies are crafted and function in Zambia. The functions of social policies include production, social reproduction, redistribution and integration. Social reproduction includes unpaid care work that is taken for granted (Elson, 2004). In Zambia, social policy is exclusive (Mhone, 2004). However, there is a need to set minimum requirements for such social policy to assist the poor. Health, education, social assistance, agriculture, labour and employment policies, the focus of this study, are among the instruments used by the government to protect and improve the livelihoods and well-being of poor people.

4.0 DISCUSSION OF FINDINGS

This section discusses outcomes of the social policy instruments that the government has used, and the relative progress made regarding the five policy instruments of health provision; education and skills training; social security and assistance; work and employment; and land and agrarian reforms.

4.1 Health Care Provision

The Zambian government has made significant achievements in the health sector. For example, the prevalence rate of malaria decreased from 408 per 1,000 population in 2014 to 312 per 1,000 population in 2018, whereas during the same period, the tuberculosis (TB) prevalence rate fell from 406 per 1,000 population to 346 per 1,000 population. In addition, in 2014, the HIV prevalence for both men and women aged 15-49 years fell to 11% in 2018 from 13% (Central Statistical Office, 2014; Ministry of National Development Planning, 2022). With regard to other significant indicators, the neo-natal mortality rate fell to 24 per 1,000 live births in 2013/14 from 34 per 1,000 live births in 2007, although it subsequently rose to 27 per 1,000 live births in 2018 (GRZ, 2021).

The achievements made were attributed to the increase in investment in infrastructure in the health sector, including the construction of mini-hospitals, specialist hospitals and general hospitals. In addition, there was an improvement in the population-to-doctor ratio from 10,886 per doctor in 2016 to 5,900 per doctor in 2019. There was also an improvement in the population-to-nurse ratio from 1,366 per nurse to 995 per nurse (Ministry of Gender, 2019). Furthermore, activities promoting increased access to health services resulted in the increase in the number of people eligible for enrollment by the national health insurance scheme from 3.9% in 2016 to 29% in 2020 (ILO et al., 2016).

Despite these achievements, the delivery of health services has continued to face various challenges such as inconsistent delivery of important medical supplies and insufficient recruitment of health workers. Inequalities in access to health care have continued with rural communities facing greater challenges. Due to this gap, the burden is experienced more by pregnant women as well as women in rural areas

since women are culturally considered to be health care providers in the home (Ministry of Health, 2017). Other challenges in rural areas include low numbers of health workers in relation to the population; scarcity of health facilities, which means long distances to reach health facilities; insufficiency of essential medical supplies; and a shortage of specialists to tackle complex medical conditions. The inequitable distribution of primary health care services between provinces and between rural and urban areas is demonstrated as follows: while 99% of households in urban areas are within a distance of five kilometres to a health centre, only 50% of rural households are within this distance to a health centre (GRZ, 2022).

With regard to sexual and reproductive health services, Sustainable Development Goal (SDG) Five, the Southern African Development Community (SADC) Protocol on Gender and Development and Zambia's National Development Plan all emphasise the need to increase the provision of sexual and reproductive health services to youth and women, with a target of ensuring universal access by the end of 2030. Zambia's Vision 2030 also promotes non-discriminatory access to sexual and reproductive health services as well as reproductive health education and information and family planning (Ministry of Health, 2021).

This has resulted in mainstreaming sexual and reproductive health services in programmes and strategies supported by the government and other development partners. These include initiatives such as the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe) initiative that targets adolescents. Other services include the incorporation of youth-friendly corners in all health centres, expansion of maternal and child health services and family planning for everyone (GRZ, 2019). However, inequalities were observed in the use of contraceptives. Although women from urban areas can easily access contraceptives, women from rural and remote areas face obstacles such as long distances to health centres, as well as cultural and traditional barriers. In addition, even if almost all the women and men in the country have obtained information on family planning and contraceptives, the unmet need is still high (GRZ, 2022).

4.2 Education and Skills Training

Attaining access for all, as indicated in the country's Vision 2030 and the Sustainable Development Goals (SDGs), continues to inform government policy on education, with significant progress in service delivery for human development (UNOCHA, 2020). The country has made progress towards universal primary education, with rising girls' enrollment in primary school leading to gender parity of 1.03 in 2020 in comparison to 1.00 in 2017. This implies that as of 2020, more girls were accessing education at grade one level: for each 100 boys that were registered in primary school, 103 girls were enrolled. However, even if the number of pupils at grade one level increased during these years, the average yearly increase remained at 1.5%, which falls below the 2.8% rate of population growth, meaning that a substantial portion of the target group was not in school (Ministry of National Development Planning, 2017; UNDP, 2018).

With regard to primary and secondary school enrolment, although a lot of attention has been paid to increasing the enrollment rate for the girl child, a balance is needed between boys and girls. If not corrected, the increasing inequalities at the moment, where more girls than boys are registered in school,

will result in future with regard to human resource capital development and less qualified men will have to compete for opportunities in the economy with more educated female counterparts (UNDP, 2019). At secondary school level, net enrolment in 2020 increased to 42.97% from 37.4%, while the gender parity was 0.94 in 2020 compared with 0.90 in 2017 (UNESCO, 2018). Nevertheless, transition, retention and completion rates have remained very low. At tertiary level, improvements have been registered with regard to enhancing access. In 2020, the number of public universities increased from three to nine, while the number of private universities increased from three to 54 (Ministry of Finance and National Planning, 2022).

Despite the policy that permits girls to return to school after completing maternity leave, the rate of re-admission has remained low. For instance, during 2017, out of the 10,684 pregnancies at primary school level, only 5,527 of the girls returned to school, representing 51.7% (Ministry of Gender, 2019; UNESCO, 2018). Although the number of pregnancies at primary school level increased – from 10,684 girls in 2017 to 11,453 girls in 2018 – there was a reduction in the number returning to school – from 5,527 to 4,917 girls. During the same period, an increase in the number of pregnancies in secondary school was recorded – from 2,956 girls in 2017 to 3,576 girls in 2018, while the number of girls re-admitted into school also rose – from 2,052 girls in 2017 to 2,488 girls in 2018 (Ministry of Gender, 2019). This suggests that pregnancy leads to a high probability of dropping out of the school system, a scenario that is likely to result in extended and widened inequality gaps in various sectors of human and economic development (GRZ, 2019).

4.3 Work and Employment

Despite efforts to increase employment, the unemployment rate has remained high. In 2021, the unemployment rate was 12.5%, an increase from 7.8% in 2012, although a decrease from 16% in 2005. During the same period, the rate of youth unemployment was 17.4% in 2021, up from 14% in 2005 (Ministry of Gender, 2019). Urban areas had a higher rate of unemployment than rural areas. In addition, the rate of unemployment was higher among women. For instance, in 2019, it was reported that 70% of men were engaged in formal employment compared to only 30% of women. This suggests that in Zambia, women are more vulnerable than men to employment shocks (Ministry of Finance, 2020; Ministry of Gender, 2019).

Formal employment is associated with higher social security while informal employment is associated with the absence of social security. In 2005, informal employment was the main form of employment – the rate was 65% in urban areas, while in rural areas, the rate was 98% (Zambia Statics Agency, 2019). This trend continued in 2021, with informal employment in rural areas estimated at 86.1% in comparison to 66.6% in urban areas (Ministry of Finance and National Planning, 2022).

With regard to employment by occupation in Zambia, women are usually associated with low-paying positions, a trend also observed in other countries. This practice has persistently disadvantaged women with regard to economic and social position, as their incomes are insufficient to enable them to make meaningful investments while meeting both personal and household needs. In 2019, the proportion of women (50.6%) employed in the household sector (which does not include unpaid work but is composed of paid workers such as househelps and gardeners) was slightly more than that of men (49.4%).

In addition, men had a higher probability of being employed in both the formal and informal sectors than women (Zambia Statistics Agency, 2019).

In 2019, the employment-to-population ratio fell sharply from 71.1% in 2016 to 30.9%. During the same period, in terms of the ratio between sexes, more males (39.4%) than females were in employment (Zambia Statistics Agency, 2019). This is partly attributed to biases and stereotypes that women continually encounter in the labour market. It might also be a depiction of other gender inequality and equity issues that need to be resolved urgently. At the global, regional and local levels, there are demands to ensure equal (50/50) participation of men and women in the labour market. In order to attain this, it is important to make sure that both men and women's contributions to social and economic development are treated as equal and complementary. In the same vein, there is a need to promote an environment of equity that ensures maximum participation of men and women by meeting the different needs of men and women in the workplace.

In order to create productive and sustainable jobs, effective policies relating to employment and labour market institutions are important. Moreover, it is also necessary to implement policies that support skills and education for the various sectors of the economy so that structural transformation can be attained. Such policies should apply to both women and men as equal participants in the labour market (Ministry of Finance and National Planning, 2022).

4.4 Social Security and Assistance

During the period 2006-2021, the government expanded most of the social protection services such as the Social Cash Transfers, the Food Security Pack (FSP), as well as the public welfare assistance for the vulnerable. There was an increase in the number of farming households being assisted with the FSP from 28,527 in 2006 to 36,300 in 2021 (GRZ, 2021). Under the Social Cash Transfer, the number of vulnerable households provided with support increased from 2,905 beneficiaries in 2006 to 880,539 beneficiaries in 2021. However, there was a reduction in the number of vulnerable households under the Public Assistance Scheme, the number of beneficiaries with access to in-kind support dropping to 31,000 in 2021 from 151,731 beneficiaries in 2006, partly due to the increased number of beneficiaries under the Cash Transfer Programme (PMRC, 2016).

The FSP, which is one of the country's safety net initiatives, is in line with SDG two that has the objective of zero hunger, attaining food security and enhanced nutrition and enhancing sustainable agriculture. The FSP targets households that are vulnerable but viable. They are given farming inputs to support them with food production that can result in improved food security. Although evidence shows that the incidence of poverty (as measured by the proxies of income and wealth) is highest among households headed by women in both rural and urban areas, more men than women have been benefiting from the distribution of farming inputs under the FSP. In 2018, only 35.2% of women accessed inputs under the FSP compared to 64.8% of men (Ministry of Gender, 2019). This inequality in access to inputs poses a huge threat with regard to women escaping the cycle of poverty and makes them more vulnerable to risks and shocks.

In terms of empowerment programmes, the number of women accessing livelihood skills training has remained disproportionately low, although various policies have been put in place to promote women's

participation. For instance, in 2017, a total of 5,828 students were enrolled in Skills Training Centres, of which 3,359 were men and 2,469 were women. In 2018, out of the total number of students enrolled in various skills training programmes, 4,383 were women compared to 4,707 men. During this period, the enrollment rate for women was lower than men by 3.7% (Ministry of Gender, 2019). The relatively low uptake among women of such well-intentioned initiatives is worrying considering that the population of women is more than that of men in Zambia.

A review of government financial reports indicates that the Public Service Pensions Fund, the Food Security Pack and the Social Cash Transfer have a five-year budget execution rate of 71%, 57% and 60% respectively in comparison to the execution rates of above 100% for the Farmer Input Support Programme (FISP), strategic reserves and roads (Ministry of Gender, 2019). The high rates of budget execution are an indication of where the state's top priorities are. Nevertheless, in order to attain policy objectives stipulated in the National Social Protection Policy, there is a need for fund transfers to be predictable and regular.

Despite the government implementing several social protection programmes, a very small number of the poor and vulnerable have been able to escape the poverty trap (Ministry of National Development Planning, 2022). Several challenges have been encountered with regard to implementing the Social Cash Transfer Programme, which targets extremely poor and vulnerable people, effectively. These challenges mainly relate to poor targeting of beneficiaries, low integration of social protection initiatives and inconsistency in the disbursement of funds to beneficiaries, notably due to the lack of an integrated automated social protection management information system (Pruce, 2021).

4.5 Land and Agrarian Reforms

According to the Lands Act of 1995, both women and men are entitled to own land for up to 99 years. Despite this, very few women own land due to cultural and social barriers. Zambia has a dual structure of land ownership consisting of customary land and state land. It is estimated that six percent of the total land is state land while customary land makes up 94% (Ministry of Lands, 2000).

The persistent gender inequalities in the country have been partly attributed to the dual system of customary law and state law (Ministry of Gender, 2019; Ministry of Lands, 2021). The Lands Act has a provision for promoting women's access to state land, but this is not applicable with regard to customary land (Ministry of Lands, 2021). Customary law does not provide women with significant land rights, and where it does, traditional institutions usually do not adequately implement the rules. Customary systems of land ownership, as well as institutions, are different across regions, and sometimes within ethnic groups. The customary tenure systems are usually not written, and therefore, most land owned under such systems has no official documentation, with customary procedures passed on orally from one generation to the next. Due to cultural beliefs, very few women apply for state land and once they have been given the land, many women give up ownership to their male partners (Hansungule et al., 1998).

Thus, despite various measures, women still lag behind with regard to access to and ownership of land. The table below shows the proportion of women and men who accessed state land ownership during the

period 2017-2019. Statistics from the Zambia Gender Status Report (2017-2019) shown below indicate that between 2017 and 2019, there were fewer women who got state land than men, although women constitute 51% of the population (Ministry of Gender, 2019).

Table 1: Proportion of men and women who accessed state land ownership between 2017 and 2019

Year	Proportion of women offered state land (%)	Proportion of men offered state land (%)
2017	30.41	69.59
2018	30.1	69.59
2019	34.7	65.3

Source: Zambia Gender Status, 2019

The low levels of women's access to land have been associated with low levels of education and high rates of poverty among women, which prevents most of them from being able to buy state land (GRZ, 2017). In addition, Zambia's patriarchal society and the cultural and traditional beliefs prevent widespread access to land for women. Due to this, many women are unwilling even to apply for land, and when they do apply and are given land, many give up control to their husbands or men in their families (Ministry of Lands, 2021).

5.0 COVID-19: POLICY RESPONSES AND EFFECTS

The Zambian government's COVID-19 responses unfolded in an environment of fiscal problems, a constrained social sector and limited capacity of the state. Much of the state's response to COVID-19 were focused on the formal sector, with minimal attention to the informal sector (Pruce, 2021). This decision was likely due to the government's need for survival ahead of the general elections set for August 2021. Ironically, the country has a huge informal sector and is burdened by high unemployment levels and food security concerns that need urgent social policy intervention.

Zambia's policy response to COVID-19, as in other Southern African countries, was announced in President Lungu's first public address on the pandemic on 25 March. He announced the closure of drinking spots, gyms, casinos and the suspension of international flights, with other measures which together had important social and economic implications (News Diggers, 2021). Restaurants were directed to operate on a take-away basis while schools, colleges and universities were temporarily closed. The following section focuses on Zambia's COVID-19 responses with respect to the five policy instruments that are the focus of this study.

5.1 Education and Skills Training

Education was adversely affected by the COVID-19 pandemic. It is estimated that the closure of schools led to the disruption of learning of over 4.2 million young people countrywide. It also had a great negative impact on the government's School Feeding Programme, leading to increased risk of hunger, especially among communities with vulnerable children. This also threatened to disrupt the progress made towards achieving SDG four, as well as higher quality primary and secondary education (World Vision Zambia, 2021).

As a response to the COVID-19 pandemic, the government, through the Ministry of General Education, put in place an emergency plan in collaboration with partners such as Global Partnership for Education and UNICEF. However, in the emergency plan, several activities did not have budget provision, leaving a significant gap in funding (Ministry of Education, 2020). With financial assistance from development partners such as UNICEF and the Global Partnership for Education, the government allocated ten million US dollars to education (Ministry of General Education, 2020), particularly to ensure continued online learning during the pandemic. However, this was affected by limited infrastructure and funding. According to the Ministry of Finance and National Planning (2020), limited funding affected pupils' learning outcomes and their future.

The government also made provision for the school feeding programme in order to enable children to continue accessing healthy food. However, very little domestic funding was allocated to the programme, with development agencies such as Plan International leading support for the programme (Pruce, 2021). This is one of the interventions without dedicated funds, apart from the budget provision from Plan International, indicating inadequate government response without external interventions. This inadequacy in funding is a huge concern, considering the anticipated effect on students of this disruption in learning, as it is estimated that over half of Zambia's population (53.4%) is below 18 years old (Central Statistical Office, 2021; World Vision Zambia, 2021).

During the COVID-19 pandemic, online learning platforms and access to lessons through local radio and television stations were used for children in non-examination classes who were not able to access schools to continue learning. However, for remote and rural areas, distance learning mechanisms are not suitable for learners who do not have access to radios, television sets or internet services. Besides, most rural areas lack electricity to power electronic gadgets, further inhibiting access to distance learning methods. This raised the likelihood of a widening gap in learning between children from households that can easily access distance learning facilities and children from poorer households with little to no access. Hence, there was a high risk of poor and vulnerable children persistently lagging behind in access to education. In addition, most public schools had challenges using distance learning platforms due to limited funds for digital equipment for accessing lessons through distance learning. Most private schools were quick to adopt measures on distance learning platforms as they could afford to fund access to online platforms, while government schools faced inadequate resources to fund such activities.

A number of NGOs launched initiatives in response to the COVID-19 outbreak. For example, World Vision Zambia worked with the Ministry of General Education to provide support for accessing lessons online through community radio stations, as well as training for teachers on how to deliver lessons through radio stations. Other initiatives included lending out storybooks to children through volunteers so that there was continuity in reading (World Vision, 2021).

5.2 Work and Employment

After the COVID-19 outbreak in March 2020, measures that the government instituted included the closure of bars, casinos, gyms, nightclubs and cinemas. Restaurants were also directed to work only on a take-away basis. Schools, colleges and universities were directed to close indefinitely. The government urged employers to ask non-essential workers to go on paid leave or work from home, at the same time

maintaining the services of essential workers. In addition, the Minister of Labour and Social Security announced that government planned to invoke Section 2 of the Employment Code Act No. 3 of 2019 enabling implementation of a statutory instrument that would allow the minister to defer some of the provisions of the Employment Code Act. Some provisions that were earmarked for suspension in the proposed statutory instrument were: the requirement for the employer to pay redundancy benefits as a lump sum upon ending the contract of employment in order to enable the employer to devise a flexible payment plan; the requirement for an employer to issue notice in case of redundancy. Also, in order to maintain household incomes, the state promulgated statutory instruments to prevent the unilateral retrenchment of workers (Pruce, 2021). However, such interventions only burdened private organisations which had been forced to close due to the pandemic requirements.

The measures implemented by the government to reduce the transmission of COVID-19 intensified the economic challenges facing Zambia and had widespread effects. The closure of universities, colleges and schools, especially for private institutions that totally rely on fees paid by students and pupils, meant they were unable to pay employees. Due to this, multiple employees were left without employment or asked to stay home without a salary. With the absence of classes, part-time workers in public institutions were also affected as their salaries are calculated according to actual classes.

In addition, after the closure of casinos, cinemas, gyms, night clubs and bars, the vulnerability of certain groups of already precarious employees in Zambia's labour market, especially women, was further exposed. Their employers were no longer generating resources and could not afford to pay their employees as their businesses were not in operation. As a result, there was an increase in poverty levels for households with members employed in the hospitality sector and related enterprises. The tourism sector was severely hit and about 71% of its workers lost their jobs. Some workers in the hotel and tourism industry were given only 50% of their monthly salaries, making it difficult to live a decent life (Ministry of National Development Planning, 2022).

Domestic workers, who are mainly women, were also not spared from the adverse impact of COVID-19. A large number of domestic workers live in high-density areas which recorded a high number of COVID-19 cases. As a mitigation measure, many employers decided to terminate or suspend employment of their domestic workers as they feared that they would be possible transmitters of the virus. This meant that many workers could not get their pay. The major question that arose was how such people who lost their livelihoods were helped by the government and foreign partners to avoid absolute destitution (Ministry of Finance and National Planning, 2020).

5.3 Social Assistance and Security

The national lockdown measures announced by President Lungu had the effect of reducing industry's capacity to produce and sell its products. A number of companies laid off huge numbers of personnel as a result of the lockdown, thereby affecting household incomes (Metheney, 2020). A study on COVID-19 in Zambia conducted by the Southern African Institute for Policy and Research (SAIPAR) found that 68% of the participants in the study indicated that their income was not enough to meet their needs, pointing to notable vulnerabilities in income (Metheney, 2020). Even if both men and women have almost the same levels of job loss (16% of men and 14% of woman) and loss of income (44% of men and

42% of women), women were worse off than men in terms of the adverse financial impact from COVID-19. This was because women are less likely than men to have a job. Furthermore, there was a significant fall in income among most households when the COVID-19 pandemic began, with an adverse impact on food security of both urban and rural households (World Bank, 2020). The SAIPAR study noted a discrepancy between needs and assistance – out of 43% of Zambians who required assistance, only 16% indicated receiving assistance (Pruce, 2021).

Due to the financial impact of COVID-19, the state rolled out an Emergency Cash Transfer (ECT) programme to alleviate the plight of ordinary people. This social policy intervention was spearheaded by the state but funded in large part by international organisations including the World Food Programme (WFP), the International Labour Organization (ILO) and UNICEF (UN, 2020). This programme targeted vulnerable people in six urban areas in households hit by COVID-19. The urban districts targeted were in Lusaka, Livingstone, Kitwe, Kalulushi, Kafue and Chilanga. Every household was given a total of USD73 (ZMW2,400), translating to USD18 per month (ZMW400), to help them cater for their food and nutrition needs for a total of six months (WFP, 2021). Beneficiaries of the cash transfer programme were drawn from the existing Social Cash Transfer (SCT) programme database (Pruce, 2021). The SCT intervention was also expanded to cover 700,000 vulnerable households. These cash transfers were meant to provide a basic level of liquidity to communities which bore the brunt of the COVID-19 pandemic.

The government also released ZMW500 million to service outstanding pension payments to 1,500 pensioners. There was also a freeze on water and electricity bills in order to boost household liquidity (Pruce, 2021). The effect of the freeze on bills was also meant to improve people's access to electricity and water during the COVID-19 pandemic. It has been argued that government social assistance programmes during the COVID-19 pandemic were inadequate and this resulted in people looking for alternative means of support (Pruce, 2021). Indeed, although the government continued with the existing social assistance programmes during the COVID-19 outbreak, some of the most vulnerable groups remained inadequately catered for.

Most of the social assistance programmes in Zambia were largely implemented by donors (GRZ, 2021). The emergency cash transfers were mainly supported by Germany, the United Kingdom (UK) and Sweden. It was apparent that the COVID-19 emergency cash transfers meant for the poorest households depended heavily on donor funding and was only a temporary initiative. However, since Zambia was about to hold the 2021 elections, the evidence shows that the emergency cash transfers were prone to political interference by the ruling political party (Matheny et al., 2020).

5.4 Land and Agrarian Reform

Policy areas prioritised in the COVID-19 emergency response mainly involved agriculture, food relief and food supply. The president of Zambia in March 2020 announced that supermarkets had to prioritise obtaining their merchandise from local small-scale farmers. In addition, some import bans were placed on products such as onions (Lusaka Times, 2021). This was meant to cushion local smallholder farmers by ensuring a ready market for their onions. However, this did not last long as the smallholder farmers could not meet market demand and onion prices skyrocketed. As a result, the

government lifted the ban on onion imports. Nonetheless, the move by the government provided an assured market for smallholder farmers.

It also turned out to be very difficult to implement a lockdown in countries that rely heavily on the informal sector. Since Zambia is a landlocked country and depends heavily on imported inputs for the agricultural sector, the lockdown in other countries affected the timely importation of agricultural inputs such as fertiliser and other livestock inputs. This resulted in increased prices of agricultural inputs. Therefore, the government continued implementing the Farmer Input Support Programme (FISP), which has as its main objective improving smallholder farmer access to inputs and increasing the involvement and competitiveness of the private sector in supplying and distributing agricultural inputs. The total number of beneficiary farmers under the FISP is 1,024,044 smallholder farmers (GRZ, 2021).

The government also continued to implement the Food Security Pack Programme that provides agricultural inputs to vulnerable households. This helped to ensure that there was food security in the country during the COVID-19 pandemic. One of the key lessons from Zambia's response to COVID-19 is that it is critical to have in place farmer support schemes at all times so that local farmers are able to grab any opportunity that emerges and also be food secure.

5.5 Health Provision

After the first COVID-19 case was recorded in Zambia, the government began rigorous targeted screening for COVID-19 cases in various locations, especially among high-risk populations. Due to the high number of cases, and to avoid severely over-stretching the hospitals, the Ministry of Health implemented the home-based care system for infected people so as to ease the burden on public health care providers. The home-based care system dealt with asymptomatic COVID-19 patients below the age of 50 years who did not have underlying conditions. They were looked after by families or volunteers from the community. However, infected people with severe or moderate symptoms were taken care of at health centres. Although the system of home-based care was commendable, it over-burdened women as they are the major care givers in both homes and hospitals. The government also embarked on COVID-19 vaccinations. As of 15th September 2021, the cumulative number of doses that had been administered was 631,466 (GRZ, 2021).

The COVID-19 pandemic overburdened a health sector already struggling with limited infrastructure and inadequate numbers of health workers. The situation was worse in rural areas with few or no health facilities and a great shortage of health personnel. Furthermore, COVID-19 caused the death of health personnel, both doctors and nurses. The immediate and possibly primary lesson learnt from the pandemic is the importance of a functional health delivery system (Jayakumar et al., 2020; Matheny et al., 2020).

6.0 CONSTRAINTS IN ACHIEVING GENDER EQUALITY AND EQUITY

It has been argued that the crisis of poverty in Zambia is an outcome of longstanding inappropriate policies in addition to severe external shocks (GRZ, 2017). In the past decade, although Zambia experienced positive economic growth rates, poverty rates have remained stubbornly high.

Unfortunately, the high rate of economic growth has not led to poverty reduction, suggesting a disconnect between economic and social policies. Economic growth has, instead, been accompanied by high inequality, hence its minimal impact on poverty alleviation. The Gini coefficient has remained stubbornly high over the last 20 years, at 0.69 in 2015, an increase from 0.60 in 2010 and much higher than Africa's average of 0.43 (CSO, 2011, 2015; World Bank, 2012).

While the Zambian government has been making progress towards gender equality and equity, significant constraints persist. These constraints continue to slow the progress towards objectives such as higher women's access to education, health, employment and land, and elimination of early and child marriages. While some of the challenges are institutional, several important ones are entrenched in social structures. For example, socially held beliefs – such as, that a women who is menstruating is considered dirty and must therefore be in isolation until her period is over, or that girls belong in the kitchen – have contributed to the persistent inequalities (Ela, 2015; GRZ, 2019).

Another factor that has notably affected the smooth implementation of gender strategies and programmes is the disharmony and dual aspect of Zambian laws (Ministry of Gender, 2017). Although Article 11 of the 2016 Constitution acknowledges equal rights regardless of gender or sex, Article 23 accepts personal and customary law that perpetuates unconstitutional procedures and disciplines for as long as they are accepted by an ethnic group as tradition and custom. This contradiction in the laws, compounded by social prejudices and stereotypes, has critically affected access to and participation in socio-economic programmes by some population groups (Ministry of Gender, 2019).

A case in point concerns child marriage. While it is constitutionally not legal for one to be married off before the age of 21, in several parts of Zambia, a girl can be married off under customary law as soon as she reaches puberty and a boy can also marry, on condition that he is able to provide for a family. Furthermore, the inequitable distribution of property and land ownership rights under customary law has facilitated the non-observation of women's rights (GRZ, 2022).

Although the government has been committed to gender mainstreaming in order to achieve equality and equity, most ministries have continued to face challenges related to technical capacity such as lack of funding and inadequate human resource capacity. Most of the sectors have not been developing gender-responsive budgets. In addition, several sector policies are considered to be gender-blind, and this has made it laborious to report and conduct assessments on gender equality and equity matters (Ministry of Gender, 2019). Due to this, the government has made little progress in mainstreaming gender in various sectors.

Although the policy and legal frameworks have been sufficiently articulated, there are still gaps and challenges in relation to financial resources and capacity building. Furthermore, it has been argued that less attention has been paid to inclusive implementation approaches and gender is rarely mainstreamed in programming and implementation. In addition, the importance of gender equality and equity issues is usually not appreciated in both the private and public sectors and this has resulted in weak implementation of gender-related strategies, as well as low participation in gender and development initiatives (Ministry of Gender, 2019).

7.0 CONCLUSION

Within the policy space, some progress has been made with regard to achieving gender equality as policy formulations, codes and the constitution are being revised. Nevertheless, actual compliance with these laws and policies has remained weak and more expeditious implementation is required. COVID-19 resulted in the proliferation of short-term measures, some of which ended up unsuccessful and unsustainable. More importantly, COVID-19 re-emphasised the centrality of the state in intervening to ensure the wellbeing of the citizenry. In addition, COVID-19 meant that the state had to focus more on upgrading the health services, as well as ensuring equitable provision of education among different social groups. It is most likely that the state will not abdicate its role as primary provider of services and welfare to the public. More critically, the COVID-19 pandemic has exposed governments and strengthened the urgent need to invest in health care systems, pro-poor education, employment and agrarian policies. Other broader recommendations include continuous mainstreaming of gender and ensuring the reconciliation of customary and statutory laws at both institutional and societal levels so that women's rights are codified and protected. Capacity development is greatly needed in institutions in order to enhance accountability and accurate reporting on gender equality and equity by various sectors, as well as raise awareness on gender and equity in different sectors and at the community level, especially in rural and remote areas.

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