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EDITORIAL*Neoliberalism, Feminism and Social Protection in the South under COVID-19*

The Covid-19 pandemic has once more raised the spectre of numerous contradictions nestled deep within capitalism, and in particular the fundamental challenges which a system premised on private property and the privatization of nature and of healthcare, raises for social calamities which require public and socialized responses. The three contributions in this issue address these contradictions from the critical vantage points of science, feminism, social policy. They highlight the ways in which the neoliberal retrenchment of the state's social provisioning role has given way to the market and family as the dominant social protection framework for securing social provisioning and protection from vulnerabilities. As the African case studies illustrate, the social distress and economic shocks emanating from the pandemic had direct political implications to the extent that even the most neoliberal of States was compelled to roll out some modicum of social protection measures to poor and low-income households. That majority of the targeted beneficiaries were women and informal sector workers suggests the convergence of the market and household as the primary basis of social reproduction where the neoliberal state has long abdicated. Yet the responses to both show a gross

underestimation and even neglect of these realms, evidenced by the sheer inadequacy of support given them. Through a broad scan of conservative responses to the pandemic, the contributions further highlight the inherently social nature of our relationship to the earth, to nature, and therefore to our ability to satisfy our social needs, which depends to a great extent on how (and whether) we are able to marshal our knowledge of the external world towards improvement of our productive capacities. Capitalist individualism and its imperative for profit maximization threatens this knowledge base in its unrelenting attack on science, whether it be with developing responses to what we know about climate change, or with primary healthcare responses to pandemics. Lastly, where neoliberal politics have privileged recognition as the basis of its social responses, lessons from feminist activism highlight that this must be substantively accompanied also by a politics of redistribution and reduction of labour for those – predominantly although not exclusive, women – historically trapped in/by the care economy and burden of social reproduction. Nothing short of this will address the structural poverty that is the focus of progressive and anti-capitalist struggles. All three contributions debate and

uphold the merits of public responses to social problems. The solutions, as they argue, lie in rethinking social policy which neoliberal governance has stratified, segregated and segmented; in making visible, valuing, formalizing, and reorganizing the distribution of labour between genders and between social and State spheres; and in rescuing

science from the anti-science demagoguery that is also inherently against emancipatory projects that hold the possibility of exceeding capitalism.

As before, we welcome enquiries and responses, which may be submitted to the editors at:

agrariansouthresearchbulletin@gmail.com.

COVID-19 DENIAL, NEOLIBERALISM AND THE BATTLE AGAINST SCIENCE

Arjun Sengupta¹

Right Wing Regimes and COVID-19 Denial

One of the peculiar features of the response by right-wing regimes across the world to the COVID-19 crisis has been the skepticism and animosity with which they have approached questions of science and scientific knowledge. This concerted attack on science has, of course, been most prominent in the United States. The Donald Trump administration, now on its way out, tried to undermine the authority of science at almost every step of dealing with the pandemic. Right from the time the first COVID-19 cases were diagnosed in the United States, Donald Trump sought to underplay the seriousness of the disease. He openly dismissed findings and recommendations of public health and scientific institutions, trivialized, distorted and personally flouted social distancing advisories, aggressively pushed remedies that lacked any scientific backing, publicly impugned and maligned individual scientists, vilified the World Health Organisation and pulled the US out of it, refused to take timely action on expanding testing and contact-tracing, and castigated state governors and local authorities for implementing lockdowns and other pandemic-related restrictionsⁱ. This

sustained and many-sided denial of the verdict of science on the pandemic has significantly contributed to the large-scale devastation COVID-19 has wrought in the United States. With over 13 million total cases and more than two and half million deaths, the US is arguably the world's worst performer in tackling the disease.

But denial of the seriousness of COVID-19 and attack on the scientific work happening around it is not confined to the US. In Brazil, the country with the largest number of COVID deaths after the US, the right-wing Jair Bolsonaro government has been waging a war on the scientific establishment of the country on questions dealing with the pandemic.ⁱⁱ From consistently purveying misinformation about the disease, to explicitly rubbishing official quarantine requirements and mobility restrictions, to firing his health minister, a doctor, for recommending stricter measures for combatting the virus, Bolsonaro's onslaught has forced scientific institutions to rally explicitly in defense of science.

In India, where the pandemic and its economic fallout have taken an enormous toll, while there has been no explicit official trivialisation of the COVID-19 threat, the Narendra Modi-led regime has provided

¹ Arjun Sengupta is Assistant Professor at Tata Institute of Social Sciences, Hyderabad.

overt and covert support to various forms of obscurantism.ⁱⁱⁱ At various junctures, where the need of the hour was decisive public health and economic intervention, the Modi government chose to prioritise vacuous, retrogressive gestures like the mass performance of rituals, often with clear Hindu overtones. The ruling party, along with its vast network of communal organisations, actively peddled various kinds of nostrums, including cow urine, as infallible remedies for COVID-19. They also consistently sought to exploit pandemic-related anxieties to fan bigotry against minority groups.

It needs to be noted that while science skepticism, in the context of the novel coronavirus, has been led in these countries by ruling regimes, it has also enjoyed a certain amount of popular traction. In the US, opposition to lockdowns and other pandemic-related regulations often translated into mass mobilisations. Images of gun-wielding protestors assembled on the steps of the Michigan Capitol will likely persist in public memory for some time. Several surveys have highlighted how among the American population, particularly among supporters of the Republican party, skepticism about the seriousness of pandemic has been a significant trend. In Brazil, despite disastrous mismanagement of the COVID-19 situation, the Bolsonaro government remains popular. The anti-

science gestures of the Brazilian president have quite seamlessly blended with a larger ongoing political and cultural offensive against science,^{iv} led by various right-wing movements, in the country. In India, the obscurantism of the ruling regime is premised on an aggressive mobilization of popular opinion in a retrograde direction. The political ascendancy of the regime itself was the outcome in part of an increasing salience of reactionary social and cultural worldviews.

Explaining Science Denial

What explains this widespread trend of animosity towards science? One can identify three broad kinds of answers that have been offered to this question in public discourse. The first kind of response, often made in liberal circles, is that right-wing politics is inherently given to avoidance of truth.^v Conservative movements build their own “alternative universe” which has space for only those beliefs which suit their political objectives. The pursuit of truth, therefore, is a direct casualty, and this naturally involves a devaluation of science and scientific activity. The Trump regime was delusionally dismissive of science because “that is just what conservatives do.” Such an argument, however, is question-begging in nature. If right wing, conservative movements have contempt for facts, and their animosity to science stems from that, what explains the contempt for facts in the first place?

The second kind of explanation, popular amongst a section of the left, connects science skepticism with the interests of big business.^{vi} Science often reveals things which call for policy measures that can potentially close off avenues for profit-making. It is in the interest of big business, therefore, to suppress, distort and discredit scientific research. Climate denial is a case in point. Despite a strong scientific consensus on the reality and origins of climate change, campaigns backed by corporate interests such as oil companies have managed to dent public trust in climate science. Political forces aligned with such interests have often vigorously amplified such denial.

Valuable as such an explanation may be, particularly in certain areas of public health and environmental science, it is nevertheless partial in nature. While the denial of climate science may well be traced directly to corporate interest, science denial as a feature of contemporary right wing politics goes much beyond the scope of specific business imperatives. For instance, one of the most pervasive manifestations of science skepticism today, particularly in the developed world, is the opposition to vaccination. The anti-vaccination movement, which has significantly eroded public confidence in vaccination measures across a large number of countries, explicitly positions itself against the “greed” and

“avarice” of the pharmaceutical industry. Similarly, several other prominent instances of contemporary science denial, from so-called intelligent design to the “flat earth theory,” cannot in any meaningful way be traced back to specific business interests. Furthermore, the social constituencies of these various forms of denial are often neatly overlapping. In the US, for instance, there is a strong likelihood that someone who is anti-vaccination would also be a climate denier.

The third kind of explanation locates the main source of science skepticism in the institutional practices of science and science communication. On this view, the rejection of science is largely a rebellion against the exclusionary character of expertise in contemporary society.^{vii} If the practice of science had been more inclusive, if non-specialists had found a place at the high table of scientific deliberation, such aversion to expertise would not have been there. The remedy for science skepticism, therefore, lies in the democratization of science. While this argument does correctly identify certain real problems in how science is done, such problems cannot sufficiently explain science denial as a social and political phenomenon. The rising skepticism of expertise in society today is of a specific kind; *it is against scientific expertise in particular and not expertise in general*. Contemporary anti-science rage is seldom directed towards thoroughly opaque, unaccountable and powerful institutions like

banks, multilateral financial institutions, credit rating agencies, think tanks and back-channel lobbying groups. In fact, as the deification of figures like Elon Musk and Jeff Bezos would suggest, unaccountable technocratic expertise, particularly of an “entrepreneurial” variety, is often deeply valued precisely by those who dismiss the authority of science.

Neoliberalism and the Politics of Science Denial

In our view, the current upsurge of science denial cannot be understood outside of the context of neoliberalism and contemporary capitalism. Such contextualization would, in turn, require an understanding of the social nature of science. Human beings produce their means of subsistence through a process that is fundamentally social. This production involves a conscious and coordinated application of labour to the external world in order to adapt it to human use.^{viii} Our knowledge of the external world arises *as a part of* this social activity, and is therefore itself inherently social. There is an *intrinsic* relationship, therefore, between our knowledge of the external world and our ability to satisfy social needs. A deeper knowledge of the world improves our productive capacities and puts us in a better position to satisfy such needs. Knowledge, for instance, of reproductive processes in plants emerges and develops in the context

of the social activity of agriculture. The development of this knowledge, in turn, enables us to produce more food and better satisfy the nutritional requirements of society.

Under capitalism, science – i.e. the systematic pursuit of knowledge of the external world, directly becomes a productive force. Individual capitalists, operating under the imperative of profit maximization, have to constantly revolutionize production. This involves the relentless introduction of new machines, tools, raw materials, and techniques of production. The rise of capitalism, therefore, ushers in phenomenal progress in scientific and technological knowledge.

But this unprecedented expansion in productive capacities, given the inherently social nature of production, also means an unprecedented expansion in our ability to satisfy social needs. For the first time in human history the possibility arises of comprehensively solving social problems like hunger and disease, and of ensuring a life of material security and comfort for everyone in society. This is reflected in the fact that the Enlightenment, a process of thoroughgoing social, cultural and political change accompanying the rise of capitalism in Europe, embraces a scientific and rational approach to *both* the external, natural world *and* the social world.^{ix} The light of reason, the Enlightenment thinkers assert, would not

only give us greater knowledge of and control over natural processes, but would also help us end human suffering and create humane, just and prosperous societies. The promise of conscious, rational transformation of production went hand in hand with the promise of conscious, rational transformation of society.

This promise, however, was betrayed. The development of social production under capitalism is based on the *private* ownership of the means of production. The advance of productive forces, as a result, is subordinated to the need of individual capitalists to make profit *rather than the satisfaction of social needs*. The potential of capitalism, therefore, to remove human want and misery remains unfulfilled. The inexorable drive for profit and accumulation ensure that vast socially produced riches co-exist with mass impoverishment.

The project of the rational transformation of society, therefore, cannot be completed within the bounds of capitalism. Its fruition would require a gearing of social production to the fulfilment of social needs rather than private profit. It would require, in other words, a dissolution of capitalist social relations where the means of production are privately owned. Ownership would have to pass from individual capitalists to society as a whole. This, obviously, would be fundamentally inimical to the interests of capitalists. A

significant current of capitalist ideology, therefore, has been preoccupied with discrediting the project of rational social transformation. The futility and perniciousness of attempts at radical social change has been a central theme of conservative thought through its entire history, from Edmund Burke in the late eighteenth century to Michael Oakeshott in the twentieth.^x

But the inherent connection between the fulfilment of social needs and knowledge of the external world means that skepticism about the former would be fundamentally incomplete without skepticism about the latter. Thus, like Enlightenment thought combined social optimism with optimism about science, conservative ideology combines social pessimism with pessimism about science. The opposition of conservatism to social change, therefore, becomes a *generalised rejection of reason* encompassing all its various aspects. Both the rational pursuit of social change and the rational pursuit of knowledge come under sustained and comprehensive attack.

The last few decades have seen an intensification of this general onslaught on reason. The neoliberal period of capitalism, characterized by a major realignment of the balance of social forces in favour of capital, have added vigour and confidence to this attack. At the same time, the social crisis generated by neoliberalism, with the

ascendancy of the free-market and the withdrawal of the state from its social commitments wreaking havoc in people's lives, makes the discrediting of reason an indispensable ideological tool for containing mass discontent. Skepticism about reason can translate easily into skepticism about the prospects of challenging the neoliberal order.

It is these social factors, rooted in the contradictions of contemporary capitalism, that explain the spread and intensity of right-wing rage against science today. The revolt against the authority of science and scientific expertise is, at the same time, a revolt against the possibility of progressive social change – a reaction, preemptive and aggressive, against

efforts to collectively ensure that social development answers the real, concrete needs of people rather than the capricious dictates of capital. It is no coincidence that the high-priest of neoliberal ideology, Austrian economist Friedrich von Hayek, saw reason or the “pretense of knowledge” as the foremost enemy of society.^{xi} It is also no coincidence that anti-science demagoguery the world over today sees the “threat of socialism” lurking behind the authority of science. The spirit of science is inherently linked to the possibility of a world beyond capitalism. And the right wing knows this only too well.

ⁱ Paz, C. (2020, November 2). All the President's Lies About the Coronavirus. *The Atlantic*. <https://www.theatlantic.com/politics/archive/2020/11/trumps-lies-about-coronavirus/608647/>

ⁱⁱ Fraser, B. (2020, May 27). How Anti-Science Attitudes Have Impacted the Coronavirus Pandemic in Brazil. *Nature Magazine*. <https://www.scientificamerican.com/article/how-anti-science-attitudes-have-impacted-the-coronavirus-pandemic-in-brazil/>

ⁱⁱⁱ Penkar, A. (2020, April 1). Elixir of Lies: Hindutva groups turn to cow urine for protection from COVID-19. <https://caravanmagazine.in/religion/hindutva-groups-cow-urine-protection-covid19>

^{iv} Monteiro, M. (2020). Science is a war zone: some comments on Brazil. *Tapuya: Latin American Science, Technology and Society*, 3(1), 4-8.

^v For instance, Chait, J. (2020, March 30). The Coronavirus and Conservatism's War on Science. *New York Magazine*. <https://nymag.com/intelligencer/2020/03/coronavirus-trump-war-science-richard-epstein-neil-ferguson.html>

^{vi} For instance, Frantino, A. (2020, September 15). Naomi Oreskes on the science of climate change and COVID-19 – and those who deny it. *McGill Reporter*. <https://reporter.mcgill.ca/naomi-oreskes-on-the-science-of-climate-change-and-covid-19-and-those-who-deny-it/>

^{vii} For instance, Phillips, L. (2020, October 16). Tough on Anti-Vaxx Nonsense, Tough on the Causes of Anti-Vaxx Nonsense. *Jacobin*. <https://www.jacobinmag.com/2020/10/anti-vaccination-pseudoscience-experts-covid-19-science>

^{viii} Engels, F. & Marx, K. (1846). [1968]. *The German Ideology*. Progress Publishers

^{ix} Israel, J. (2000). *A Revolution of the Mind: Radical Enlightenment and the Intellectual Origins of Modern Democracy*. Princeton University Press.

^x Robin, C. (2011). *The Reactionary Mind: Conservatism from Edmund Burke to Sarah Palin*. Oxford University Press.

^{xi} von Hayek, F. (1984). *The Pretence of Knowledge*. Lecture to the memory of Alfred Nobel. <https://www.nobelprize.org/prizes/economic-sciences/1974/hayek/lecture/>

THE FEMINIST AGENDA OF CARE IN LATIN AMERICA / ABYA YALA: RISKS AND OPPORTUNITIES

Andrea Ivanna Gigena¹

I

As a result of the pandemic, the care question was firmly installed on contemporary public and political agendas, globally and with great resonance in Latin America / Abya Yala.¹ The contexts of isolation, in addition to putting us on alert for the worsening of gender violence, increased and stressed domestic work for women by condensing the intimate, the private and the public in the same space, without any mediation.

Consolidation of the care agenda was undoubtedly possible due to the massive mobilizations and demands that the Movement of Women and Feministsⁱⁱ had been supporting in recent years and that inspired a climate of profound transformations, just prior to the pandemic. It was possible due to the long sedimentation of theories, essays and reflections (in particular of feminist economics and of the feminist critique of Marxism) that had been showing the relevance of social reproduction in our societies and in the dynamics of capitalist production.

For many feminists in Latin America / Abya Yala, the current context is, finally, a historic opportunity for the

Recognition, Reduction and Redistribution of care labors (the three "R" mentioned by some approaches to Feminist Economics). They understand that we are facing a critical juncture, but one that is conducive to the democratization and the redistribution of social reproduction. This means making unpaid jobs visible and revaluing low-paid jobs.

But given the general context of street demobilization (due to the measures that are supposed to mitigate the impact of the contagion of COVID-19) and the continuity in the conservative advance, it is also necessary to warn about some risks that threaten this scenario of opportunities. Many of these risks are being mentioned in contemporary feminist debates, although not in a systematic way yet. For me, these risks can be condensed into two axes: (1) the institutional capture of care agenda without feminist mediation; and (2) the domestic and urban bias in the "definition" of care.

II

The history of the feminist movement in Latin America / Abya Yala shows that the demands built from

¹ Consejo Nacional de Investigaciones Científicas y Técnicas de Argentina (CONICET)

grassroots and social mobilization, when entering institutional spaces (both States, regional / international Organizations and International Cooperation Agencies), cause difficult tensions to solve and, at times, significant political costs for women's and feminist organizations.ⁱⁱⁱ However, a significant part of these demands are directed towards institutional intervention (diagnoses, regulations and public policies) which, on the other hand, is logical given our organization as a political society. The problem emerges, then, when these demands are unilaterally captured and, consequently, off-center and disconnected from the social space of mobilization from which they emerge.

During current isolation policies there have been few times that we have heard the expression "*the State takes care of you.*" But the experiences we have of the State differ greatly between States and, also, between regions within States. For this reason, the risk is greater when the institutional spaces of capture are governed by excessively state-centered, neoliberal, conservative and / or authoritarian logics.

Two significant examples are Ecuador and Chile. In October 2019 mobilizations and social outbreak in both countries, the feminist slogan that had been woven was "care in the center," which was collectivized across gender and

ethno-racial borders, amalgamating with anti-neoliberal claims. The horizon of transformation of the popular uprisings was based on daily and concrete practices of care (front lines; food and merchandise collection centers and humanitarian aid; dissemination of collective care protocols) that vindicate for a new societal order with changes in the conception and distribution of work between the genders.

From Chile the first warnings were heard about the "state capture of care" in the context of quarantine, an appropriation that, it was noted, produced a rhetorical repetition of the language of care without specific policies. This raised the alert for the risks in the "rendering" of popular demands, without dialogue, negotiation or mediation from feminism and other mobilized social sectors. In Ecuador, meanwhile, it was clear that the collectivization of care was trying to liquefy in the insistent attribution of individual responsibilities in the spread of coronavirus infections and in the adoption of austerity measures (with a strong impact on the feminization of poverty) and authoritarian social control (militarization).

On the other hand, regional and international Organizations and International Cooperation Agencies have expressed their immediate action on the care question, setting forth diagnoses and

projections that indicate a significant increase in inequality in Latin America / Abya Yala. On the contrary, feminists do not expect compensatory measures or indirect subsidies from the monetarized economy through the work of women. Their argument refers to the fact that the horizon of transformation is the sexual division of labor, and for this reason they warn that measures aimed at increasing the economic autonomy of women do not necessarily imply substantive changes in view of the de-feminization and de-patriarchalization of care labor paid and unpaid.

III

The quarantine experiences (re)centered life exclusively in the domestic space. In urban contexts, this has an individual and family foundation, two pillars of the patriarchal social structure that the collectivization of care put in revision. Without a transformation in the conception of sexual distribution of labor, the overload of work in women became notorious, which was made visible and raised as a demand for recognition and redistribution. But, in addition, maternalistic and feminizing views on caregiving re-emerged. The work overload seemed heroic and ingenious, based on the better capacities that women would have for care tasks in the field of daily reproduction (and to take care of

themselves against contagions). The sumun was the assertion that "women do better on public crisis," by empathic and by their care "natural" conditions, among other "feminine" qualities. This is how the efforts of the pandemic in countries governed by women were evaluated in the media, academia, International Organizations and, with insight, at the World Economic Forum in Davos. All this is Recognition, but without considering the remaining "R" of the feminist economists: Redistribution and Reduction of labor for women.

The additional problem is that if the three Rs focus exclusively on intra-family / domestic relationships, there is a risk of believing that the redistribution is only between men and women; when in reality it is a socio-structural problem that requires the redistribution of care within families / households (between men, women or other sex-gender identities); between families / households, society and the market; between families / households and the State. It is about reconciling, in all social relationships, salary work and care. Only then does the intersection of transformative changes make sense: de-patriarchalize, de-familiarize and socialize / collectivize care.

In Latin America / Abya Yala only some popular sectors, peasant populations and Indigenous Peoples managed to

sustain and/or recreate the collectivization of care, although in very limited territories. It was done through control measures and income restriction to their communities; migration to uninhabited jungle areas of the Amazon to protect their elderly; separation and community care of infected people; support for care with ancestral medicine; *labor mingas*; management of community food provision; community communication; national and international communication pressure.

Most of the time, these actions were developed in response to State abandonment during the pandemic and, in the case of Indigenous Peoples of the Amazon in Ecuador, Brazil and Peru, for example, as a defense against the arrival of external agents (linked to the extractive activities) that carried the virus to the communities. This leads to the second bias develop in the conceptualization and elaboration of care policies: not considering non-urban dynamics. In peri-urban or rural and community spaces, the areas of production and social reproduction are not so clearly defined. Individual, family, production and reproduction are, in general, a complex economic unit that, not exempt from unequal relations between genders and in

relation to society, require specific consideration in relation to care.

IV

The "new normal" is in dispute. Economy contraction, fall of formal employment and inequality increased. In addition to the ongoing discussions about the basic universal income, or the minimum citizen income, feminist economists think that care labor (unpaid work and informal work poorly paid) will play a central role - as it already is - in the post-pandemic world, as the engine of the economy.

That is why it is so important to make visible, value, formalize and reorganize the distribution of labor between genders and between social and State spheres. For this reason, it is essential to exercise feminist vigilance over the future of the care agenda. Women and feminists learned to exercise this vigilance from meetings, discussions and mobilizations (assemblies, collective construction, demonstrations, public advocacy), spaces that are interrupted by the virtuality to which we have been confined. Therefore, we must also develop creative and urgent mechanisms capable of transcending social isolation and digital gaps.

ⁱ *Abya Yala* is the indigenous non-western name with which Latin America is called. A word that comes from the guna / kuna language of indigenous people of Panama, and means "Mature Earth" or "Earth in Full Maturity". Since the

90s it has been widely used by various Indigenous Communities and Nationalities to dispute the names assigned by the colonizers and the creole elites to the continent (New World or Latin America). Also used in academic settings, where we replicate the gesture and support the indigenous dispute.

ⁱⁱ The *Movement of Women and Feminists of Latin America / Abya Yala* is a heterogeneous and plural expression of feminist positions which currently massively converges, not without tensions, in an agenda of common demands: a life free of violence, demands for policies of care, sexual and (non)reproductive rights. Historically, feminism in this region - the first, second, and third waves, in addition to the current stage - can be recognized as in the global history of Feminism, but with some unique guidelines, given by geographical and contextual conditions of its emergence. In each one of this stages we observe this same great diversity of positions contained in a common field of recognition, less massiveness and significant and original contributions such as the problematization of violence against women as a public issue.

ⁱⁱⁱ With this I refer to the Latin American and Caribbean Feminism of the second wave, which emerged at the end of the '70s, in whose memory the dispute that occurred in the '90s between "autonomous" and the "institutionalist" currents acquires particular relevance.

SOCIAL PROTECTION AND COVID-19 RESPONSE IN AFRICA

Jimi O. Adesina¹

Introduction

Social protection schemes and measures are intended to protect the population from external shocks and vagaries of the market and life cycle. Unlike cases of vulnerability that can be foreseen and planned for—such as income loss in old age—the Covid-19 pandemic is an example of unforeseen external shock that offer a stress-test for a country's social protection framework. While the cases of infection and fatalities have been much less than initially projected for Africa, the livelihood impact would have been more adverse. This has been more so in the context of a high level of economic informality, where the operatives depend on daily revenue intake for their livelihoods.

In the wake of the neoliberal retrenchment of the state social provisioning role, the dominant social protection framework on offer has privileged the market and the family in securing social provisioning and protection from vulnerabilities. Public protection from income loss or related vulnerability has been segregated and reserved for those who can demonstrate that they are deserving. Such schemes, often in the form of cash transfer, are stingy in their

level of generosity and available to those in 'extreme poverty.'

Against this background, we explore in this paper, the social protection responses to the livelihood impact of the Covid-19 pandemic in Africa. We select three country cases to elaborate on the diversity of livelihood-support responses to the pandemic. For this effort, we use the illustrative cases of Nigeria, Togo, and South Africa.

We draw the lesson of the deficiencies in the neoliberal segregated social policy framework that has been offered to Africa as the instrument for addressing the challenges of poverty and adverse livelihood impact of a diversity of vulnerabilities. We conclude by indicating that building back better from the pandemic requires a fundamental rethinking of social policy in the African context.

Covid-19 Pandemic and Africa

According to the African Centre for Disease Control and Prevention, as of 14 November 2020, there were 1 965 485 reported cases of SARS-COV-2 infection across the continent, and 47 134 confirmed Covid-19 deaths.¹ Africa accounts for 3.65

¹ Professor and DSI/NRF South African Research Chair in Social Policy, College of Graduate Studies, University of South Africa, City of Tshwane, South Africa.

per cent of the **reported** global cases of infection, and 3.6 per cent of **reported** Covid-19 deaths.

The Southern Africa region accounted for 42.75 per cent of total reports cases; North Africa accounted for 32.32 per cent; West Africa for 10.06 per cent; East Africa for 10.06 per cent; and Central Africa for 2.59 per cent. Table 1 shows the significant variation in the reported infection rates, Covid-19 fatalities, and case fatality

ratio (CFR). The CFR refers to the proportion of deaths in the confirmed cases of the new coronavirus infection. While Egypt's number of infections was less than 15 per cent of the confirmed infection cases in South Africa, Egypt's case fatality ratio was more than 100 per cent higher. Ghana recorded the lowest CFR, among the selected countries, with Senegal's CFR being the third highest.

Table 1: Reported Covid-19 Infection Cases, Death and CFR (Selected Countries)

Countries	Cases	Deaths	CFR*
South Africa	749 182	20 206	2.7
Morocco	288 211	4 697	1.6
Egypt	110 547	6 442	5.8
Ethiopia	102 321	1 565	1.5
Kenya	70 245	1 269	1.8
Nigeria	64 996	1 163	1.8
Ghana	50 123	322	0.6
Senegal	15 793	328	2.1
Sierra Leone	2 391	74	3.1

Source: Africa Centre for Disease Control. Reported cases as of 14 November 2020. *CFR: Case Fatality Ratio.

South Africa accounted for 89.15 per cent of the total reported cases in Southern Africa, while Morocco and Egypt accounted for 62.76 per cent of the total confirmed cases in North Africa. In West Africa, Nigeria accounted for 32.85 per cent of the total **confirmed** cases.

While much has been made about the unreliability of case and fatality data from

Africa, there is a consensus that the pandemic has hit the continent much less than the initial projections suggested. And there has been the scramble, again, to explain the Africa Dummy. Some of these have been gentle. The early response to the pandemic by several African countries, drawing on the previous experiences of dealing with epidemics—the most recent being the Ebola outbreak—has been used to explain the less

than predicted infection and fatality rates. And there is the story of Africa's youthful population as an explanation. But there have been more bizarre attempts to explain the relatively low infection and case fatality rates. A bizarre one is that the high poverty rate and overcrowded shanty towns have been offered to explain the relatively low case and fatality rates.ⁱⁱ

If the case and fatality impact had been much less than predicted, the livelihood effects impact of partial or total lockdowns would have been more severe. I say 'would have' because we have little, in the way of a firm and reliable data, to make a precise determination.

Informality and Social Policy Response to the Pandemic

The degree of the informality of an economy and the labour market has implications for the development of social policy architecture. The proposition is that the reach of the national social insurance system is constrained by labour market informality. For Africa, this has been reinforced by the intense merchandising of segmented, stratified, and segregated social policyⁱⁱⁱ and the restraint of industrial policy that came as part of the neoliberal public policy project of the last four decades. The deepening of economic informality is itself a product of the reversal of the industrialisation project witnessed in the first two decades of the post-independence

period. Kiaga *et al.*^{iv} suggest that 89.7 per cent and 82.7 per cent of females and males, respectively, in Africa are engaged in informal employment (including agriculture). There are, of course, regional and national variations. Nigeria and South Africa demonstrate such variation. By one estimate, in 2013, about 81.3 per cent of Nigeria's labour force was employed in microenterprises.^v The 2020 3rd quarter labour force survey data suggests that 16.72 per cent of South Africa's labour force is employed in the 'informal sector.'^{vi} This excludes employment in the agricultural sector. Even if we add employment in "private households" the highest share of informal employment would be 24.35 per cent. Technically, however, informal employment will be less than this figure considering that (a) the sector is subject to minimum wage regulation, and (b) employers in the sector are required by law to register their employees with the national unemployment insurance scheme if they work for more than 24 hours in a month.

Informality (economic activities and employment) has implications for the adverse livelihood impact of the public health measures to control the pandemic in so far as they affect economic activities.

Social Protection Responses

The livelihood impact of the measures to mitigate the impact of the

pandemic –for both informal sector operatives that depend on daily revenue intakes and for employees in the formal economy who were furloughed—the pandemic represents an important stress-test for the efficacy of the social protection architecture in place. It also reveals the responsiveness of public authorities and creativity to respond to the pandemic.

For the current discussion, we will focus on the livelihood mitigation responses mainly from three African countries: Nigeria, Togo, and South Africa. The responses of the three countries represent the variety of national social protection responses across diverse African countries to the livelihood impact of the pandemic.

Nigeria:

Following the partial lockdown announced on 30 March 2020, the primary social protection responses deployed by the Nigerian authorities included social transfers in cash, in-kind transfer in the form of food relief packages for the “most vulnerable” households, and a moratorium on loan repayment for the beneficiaries of a category of loan schemes offered by public institutions.

The primary cash transfer payment, announced by President Muhammadu Buhari on 30 March 2020, involved an immediate payment of two months of the conditional cash transfer provided under the

national social assistance programme—the Household Uplifting Programme (HUP). The lump-sum payment was in the amount of N20 000 (\$55.6). The payment was to people already on the HUP scheme. The scheme established in September 2016 was a condition, set by the World Bank and Switzerland, for Switzerland to return to Nigeria the US\$322 million of the “Abacha Loot” lodged in Swiss banks. This ‘loot’ is part of what the former dictator, Sani Abacha, was believed to have siphoned from the country’s coffers. As of March 2020, the National Social Register, from which HUP beneficiaries are drawn, had on its roll 2.6 million households (about 11 million Nigerians). President Buhari announced that efforts would be made to expand the number of households on the social register to 3.6 million households, which would expand the coverage to a little under 15 million Nigerians.

This promised number of households does not stack quite well against the share of the country’s population living in poverty before the pandemic. According to the country’s national statistical agency, in 2018/2019, about 40% of Nigerians were classified as living in poverty.^{vii} This translates into a very conservative figure of 80 million people. The poverty datum line used for this estimated figure for the 2018/2019 survey period was N137 430 per annum; about N11 452.5 a month or N376.5 per day (US\$0.99).

An important aspect of the impact of the pandemic is that it swells the rank of people in need, a significant number of these are people who would not have been classified, previously, as poor or in extreme poverty.

To get a sense of the generosity of the amount paid as cash transfer to mitigate the livelihood impact of the lockdown, the lump-sum payment is equivalent of N333 (US\$0.92) per day. A 500g loaf of white bread in Lagos cost N350 at the start of the lockdown.

At the end of October 2020, The Presidency announced a one-off cash payment of N30 000 (US\$ 78.74). This transfer in cash was targeted at “artisans and self-employed individuals.” The scheme restricts the pay-out to 9 000 beneficiaries in each of the 36 states of the federation and the Federal Capital Territory. This translates to a total of 333 000 beneficiaries, a tiny fraction of people employed in the country’s micro-enterprises.

At the end of March 2020, the President authorised the release of 70 000 metric tons of grains from the national strategic grain reserves. Internally displaced people were to receive two months of food rations.^{viii} This category of people would not account for the new sets of people that the pandemic made vulnerable. Food rations were distributed sporadically in some of the states of the federation. The widespread

looting of government warehouses as an adjunct to the #EndSARS protest movement in October 2020 is indicative of the sense of fairness and efficiency in the distribution of the packs. The #EndSARS protests were initially a revolt led by young people in protest at police brutality.^{ix}

Additional livelihood mitigation measures in response to the pandemic involve a three-month loan repayment moratorium for people who have outstanding loans from three enterprise empowerment schemes in the country: TraderMoni, MarketMoni, and FarmerMoni.^x The interest-free, non-collateralised, loan schemes existed before the pandemic. They have a maturity period of six to nine months. TraderMoni scheme involved a loan of N10 000 (US\$28) for “petty traders and artisans.”^{xi} MarketMoni offered a loan of N50 000 (US\$139) to small enterprise persons operating in cooperative societies or market associations. The FarmerMoni loan, which starts from N250 000 (US\$694), is to support farmers within farming clusters.^{xii} Similar moratorium on the repayment of loans owed to different financial institutions of the Federal government: Bank of Industry, Bank of Agriculture, and the Nigeria Export-Import Bank.^{xiii} As far as social protection goes, the moratoria represent a proxy means of income support by not depleting further the available

resources to the loan beneficiaries at a time of general decline in income flow.

Togo

Togo recorded its first new coronavirus case on 6 March 2020. In response to the livelihood impact of the pandemic, especially for informal sector operatives, the authorities in Togo introduced the *Novissi* (which means ‘solidarity’ in the Ewe language) cash transfer scheme “to provide financial aid to informal workers” affected by the pandemic mitigation measures.^{xiv} The cash transfer was available in prefectures that were subject to lockdowns, starting with the Golfe and Agoe-Nyiyi prefectures, in the Greater Lome area. In August 2020, the scheme was extended to the Soudou prefecture (about 400 kilometres north of Lome) in response to the upsurge of infection in the area. As of 2 December 2020, Togo has reported 3 014 cases of the new coronavirus infection, and 65 fatalities—a case fatality ratio of 2.15 per cent.

In the absence of social protection institutional framework for drawing beneficiaries for the *Novissi* scheme, the Togolese authorities resorted to mobile money for the distribution of the transfers-in-cash. Potential beneficiaries register by dialling a USSD code, indicating their voter card number and the National Solidarity Fund number that appears on the card.

Applicants who are approved for the transfer receive the amount in mobile money through their phones.^{xv} A total of 1 394 237 persons were registered on the *Novissi* platform; 41.68 per cent was approved as beneficiaries (581 130). Of these, there were 376 108 female beneficiaries and 205 022 male beneficiaries. The outlay amounted to 11.6 billion CFA.

Female beneficiaries received 12 250 CFA (\$21.9) a month or 408.33 CFA (\$0.73) a day. Male beneficiaries received 10 500 CFA (\$18.77) a month or 350 CFA (\$0.63) a day. The transfers were paid on a bi-monthly basis for the duration of the curfew.

If we assume a household of three adult equivalent, in which the two spouses received the transfers, the amount received will be the equivalent of 147.22 CFA a day. To use our indicative measure of the generosity of the transfer-in-cash, a 500-gram loaf of white bread in the Greater Lome area cost 317 CFA at the time the pandemic mitigation measures were imposed.

South Africa

In South Africa, a national lockdown came into effect on 27 March 2020. The social protection measures to mitigate the livelihood impact involved three broad instruments—the first consists of existing social grants. The Child Support Grant (CSG) was raised to R740 (US\$48.70) per child in May 2020. From June to October, the

grant reverts to R440 (US\$ 28.96) per child, while caregivers of a child received R500 (US\$ 32.91) a month from June to October 2020. This amount is regardless of the number of children in a household who receive the grant. Recipients of all other grants received a top-up of R250 (US\$ 16.45) per month from June to October 2020. These grants cover 17 million beneficiaries, out of which about 12.5 million are CSG beneficiaries.

While often mobilised within the international social assistance network as an example of ‘social protection’ worthy of emulation, South Africa’s social grant system is no poster child for poor-centric social assistance schemes. While eligibility involves means-testing, this is not targeted at “the poor.” In October 2019, for a child to qualify for the Child Support Grant, the income threshold for the caregiver was R4 300 (US\$ 283.00) per month.^{xvi} The Upper Bound Poverty Line for 2019 was R1 227 (US\$ 80.75).^{xvii}

In addition to the top-up of the social grant, a new Special Covid-19 Social Relief of Distress Grant was introduced for those who usually are not recipients of any of the existing social grants. The benefit level is R350 (US\$ 23.04) per month. Initially intended to run until October 2020, this special grant has now been extended to January 2021. Again, to apply our earlier measure of generosity, the special relief grant

translates to R11.66 (US\$ 0.77) a day or less than the cost of 500 grams loaf of white bread. Like Nigeria’s HUP-based Covid-19 mitigation measure and Togo’s *Novissi* cash transfer scheme, the Social Relief of Distress Grant reflects the dominant vision of public social provisioning in the so-called international development circles. It comes with a diminished idea of the acceptable level of human wellbeing. The grant is benchmarked against the national food poverty line.^{xviii} However, in 2019, the food poverty line was R561 (US\$ 36.92) a month.^{xix}

A third instrument, concerned with protecting jobs, is the Temporary Employee/Employer Relief Scheme (TERS). The scheme was implemented under the national Unemployment Insurance Fund—a contributory social insurance scheme that covers income loss while unemployed for a limited period. It is a national social insurance housed at the national Department of Employment and Labour. In March 2019, the net asset of the UIF was R144.26 billion.^{xx}

TERS compensates employers who are unable to pay the full salaries of their employees, and employees who are furloughed could apply to the scheme. Claims under the scheme are capped at R17 712.00 (US\$ 1165.71) per month, per employee. As of 27 October 2020, over R51 billion had been paid to 1 million companies disbursed in over 11.5 million payments.^{xxi} It is difficult to imagine that the UIF could have

played the role it did in protecting jobs and livelihood if it had been designed around market-based insurance model. Its strength and relevance lie in being a publicly managed national social insurance scheme.

The structure of the South African labour market and the space for social insurance for the 70 per cent of those in the labour market allows the institutional basis and national social insurance to support livelihood at a much higher level than what is offered to those supported through social assistance measures.

Antinomies of segregated social policy: in lieu of a conclusion

The objective of a social protection programme is to protect people in the periods of adversity and external shocks, such as the pandemic. A country's social protection framework would range from non-contributory transfers in cash and kind—funded from the fiscus—to contributory social insurance schemes. A social insurance scheme, such as medical insurance or pension/provident fund scheme, may be managed through the market-based programme or in a non-individualised market framework. National insurance schemes are often managed under the control of public authorities; generally, it would involve a much larger pool of resources than in cases of segmented social insurance schemes. The degree of solidarity

and risk-sharing built into a social insurance scheme will depend on whether it is market-oriented and managed privately.

As can be seen from the South African case, the mitigation of vulnerability, funded through the unemployment insurance scheme (a national insurance scheme) offers a more generous benefits level than with the social assistance scheme.

While income support is essential in the context of loss of income, such as under the restrictions imposed to control the pandemic, what the social assistance-based responses indicate are the antinomies of the segregated social policy. In the context of neoliberal politics and policy regime, the approach to social assistance (non-contributory public support for 'the vulnerable'), access was couched in the language of the demonstrably "deserving poor," extreme poverty, and safety net. This approach to social protection is built on the idea that the primary port of call for securing social protection is the market. Healthcare is to be offered based on private insurance for services provided by private hospitals or public facilities run, increasingly, on the model of modified private outfits. The so-called community-based health insurance schemes are offered to the low-income segment of the population on the presumption that there can be no "free lunch."

Public social assistance is offered based on highly restrictive selection limited to the ‘deserving poor.’ While sold as an ‘anti-poverty’ measures, the core antinomy of such segregated social policy is that they do not even pretend to be about poverty reduction. The proxy measure of generosity that we employed in this write-up seeks to match benefit levels to the cost of a loaf of (500-grams) bread. In each of the three cases that we consider, the benefit levels fall far short of the cost of a loaf of bread. An individual who is asked to subsist on a loaf of bread may not die of hunger, but the amount on offer cannot be considered sufficient for an adequate level of consumption, much less the needs for housing and clothing. Yet international and national agencies continue to celebrate what is in effect grossly inadequate provisions to support basic, much less, decent living.

An antinomy of the segregated social policy scheme—that the Bretton Woods institutions and ‘donor’ bilateral and multilateral agencies continue to sell to Africa—is in that it results in an institutional vacuum. A population that is required to source its social provision from the market or through the family network does not require the construction of the national institutional architecture necessary to respond to the adverse livelihood impact of a pandemic. Even in the creative efforts such as in Togo and South Africa to create new lines of

income support, the countries have had to rely on non-social protection population databases to identify and reach the population in need of assistance.

A third antinomy of the segregated social policy is the extent to which it is “informal sector blind.” While the informal sector is legible to economic and labour statisticians, it is blind to a national framework for social welfare support and provisioning. While it is understood that the adverse livelihood impact falls disproportionately on informal sector operatives, the key social assistance instruments used in such contexts as Nigeria and South Africa were ineffective for reaching the informal sector operatives. The HUP programme was not designed to cover informal sector operatives. When creative efforts are made to reach the sector, evidence suggests that in the three-country cases we considered, only a fraction of the population in need is reached. In talking of the informal economy here, we have in mind smallholder farmers as well. The subsistence needs of smallholder farmers depend on maintaining the supply chain of various services and commodities that would have been disrupted by the pandemic.

We are yet to put the Covid-19 pandemic behind us. By the end of November 2020, South Africa is experiencing a new surge in infection and fatality rates, if localised. While the UK is

taking in its first consignment of the Pfizer vaccine, the prospect of the vaccine reaching the African continent before the middle of (even the end of) 2021 remains dim. The possibility of new pandemics from zoonotic viruses remains relatively high.

Even with its relatively low health impact, a lesson of the Covid-19 pandemic is the need to transcend the regime of stratified, segmented, and segregated social policy that has been sold and vigorously imposed on the continent.^{xxiii} Building back better in the post-Covid-19 context requires a fundamental

rethinking of Africa's social policy architecture—away from the segregated social policy framework. It would require a return to a more comprehensive social policy framework. Social insurance architecture requires publicly managed national insurance schemes. A publicly managed national social insurance scheme, as we see in the case of South Africa, is vital for protecting jobs and livelihood. This is antithetical to the neoliberal segregated, market-centric approach to social policy limits.

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