JAIROUS JOSEPH MITI

Extension of Social Security to Informal Economy in Zambia
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ACADEMIC DISSERTATION
To be presented, with the permission of the Faculty of Social Sciences of Tampere University, for public discussion in the auditorium F114 of the Arvo Building, Arvo Ylpön katu 34, Tampere, on 23rd May 2024, at 12 o’clock.
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Abbreviations

AZIEA  Alliance of Informal Economy Workers Associations

CBHI  Community Based Health

COVID-19  Coronavirus Disease

CGP  Child Grant Programme

DAC  Development Assistance Committee

DAZ  Diary Association of Zambia

DRC  Democratic Republic of Congo

DfiD  Department for International Development

FGD  Focus Group Discussion

HSSREC  Humanities and Social Sciences Research Ethics Committee

FISP  Farmer Input Support Program

FSP  Food Security Pack

GDP  Gross Domestic Product

GIZ  Deutsche Gesellschaft für Internationale Zusammenarbeit

ILO  International Labour Organization

ISSA  International Social Security Association

JKN  Jaminan Kesehatan Nasional

MLSS  Ministry of Labour and Social Security

NHIS  National Health Insurance Scheme

OECD  Organization for Economic Co-operation and Development

OVC  Orphans and Vulnerable Children

POVNET  Poverty Reduction Network

PWDs  People with Disabilities

RBA  Retirement Benefits Authority

RSSB  Rwanda Social Security Board
In traditional Africa, community has a responsibility for education of all members. Therefore, every achievement attributed to individuals is actually a product of contributions from different people, whose general motive for contribution and support is beyond the member who acquires education or any form of achievement, but the betterment of society as a whole. This traditional African value of support mirrors in my doctoral academic journey but reflected even much more as a value for the global village − Africans, Europeans and Asians gave their different levels of support in this doctoral journey.

All this has been made possible by the grace of God, who is Kalonga, Mfumu wa Mtendere, Cha uta and fountain of all that is good, including completion of this doctoral program.

I extend my warm gratitude with a sound of the African drum on thanksgiving occasion, to my supervisors Prof. Salla Atkins, Dr. Mikko Perkiö and Dr. Anna Metteri for the admirable supervision and guidance, and on whose academic shoulders, strength and excellence I relied upon during this journey. Dear Supervisors, I am grateful for your tutelage, commitment and dedication that has expanded and enriched my knowledge and skills culminating into this final stage of the process. At some point in this doctoral journey, it seemed as though I shall not reach the end line given the fact that we had no funding for most phases of the process, and the reality of delayed feedback from some journals where our articles were submitted. You kept on encouraging me, and with your coaching, we now see light of the day in the doctoral journey. Thank you very much.

Kiitos Paljon. Zikomo Kwambiri.

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possible. However, schedule and his duties as a dean could not allow him to
continue with this role. Thankfully, the transition to Salla Atkins, Mikko Perkiö
and Anna Metteri has led me to this stage and provided me with many life
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whom I take pride.

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research journey gave me an underserving access to your clarity of mind, wealth
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This journey is focused on the informal economy workers. I therefore, extend my appreciation to informal economy workers that participated in this project. Their perspectives, and lived experiences continue to inspire my academic journey, and it is my earnest hope that my engagement with policy makers, academics and technocrats at different levels will continue being inspired to improve the livelihoods and welfare of informal economy workers and their families, especially those in most vulnerable situations.

It would not have been possible to complete this dissertation without the generosity of the following institutions which provided me travel grants, personal grants and other forms of financial support: Finnish National Agency
for Education (EDUFI), Faculty of Social Sciences, Tampere University, and the University of Zambia.

To all people of goodwill, thank you for the very nature of your goodwill.
List of the original publications on which the dissertation is based


Abstract

Various scholars and social policy pundits have argued that access to social security is important to reduce the risk of poverty and vulnerability across the life cycle. However, access to social security remains an unrealized goal for a majority of the global population, as only 47 percent of this population had access to at least one social protection benefit in 2021. Regions with a higher proportion of people deprived of access to social security are those where majority of the workforce is in the informal economy. Unsurprisingly, this segment is in high numbers in low- and middle-income countries such as Zambia, where the COVID-19 pandemic has further exposed the weak social protection systems. People in the informal economy and low-income households experienced more risks and vulnerabilities during the pandemic. About 1.6 billion workers in the informal economy faced turmoil due to COVID-19. The emergence of the pandemic found most nations grappling with ways of extending social security to the informal economy, thereby threatening the existing efforts towards improving access to social security. Therefore, the exposure and turmoil faced further justifies the need to extend social security. Literature shows different approaches and experiences on extension of social security to informal economy workers. Zambia has about 76 percent of the global population as only 47 percent of this population had access to at least one social protection benefit in 2021. Regions with higher proportion of people deprived of access to social security are those where majority of the workforce is in the informal economy. Unsurprisingly, this segment is in high numbers in low- and middle-income countries such as Zambia, where the COVID-19 pandemic has further exposed the weak social protection systems. People in the informal economy and low-income households experienced more risks and vulnerabilities during the pandemic. About 1.6 billion workers in the informal economy faced turmoil due to COVID-19. The emergence of the pandemic found most nations grappling with ways of extending social security to the informal economy, thereby threatening the existing efforts towards improving access to social security. Therefore, the exposure and turmoil faced further justifies the need to extend social security. Literature shows different approaches and experiences on extension of social security to informal economy.

With focus on Zambia, this doctoral project sought to analyze extension of social security to informal economy workers. Zambia has about 76 percent of the working population domiciled in the informal economy. The theoretical framework for this synthesis is the theory of Diffusion of Innovation, Consolidated Framework for Implementation Research (CFIR) and Ecological Systems Theory. The research address the following questions, reflecting the four articles informing this synthesis:

1. What factors influence willingness to pay for health insurance and pension schemes among informal workers in low- and middle-income countries (LMICs)? This question is addressed in Article I and II.
2. What is the perception of informal economy workers regarding social security in Zambia? This question is addressed in Article II.
3. How is the condition of institutional capacity in the implementation of social security for informal economy workers in Zambia, and what are the implications for extension of social security? This question is addressed in Article III.
4. What is the perceived risk of contagion of COVID-19 and the pandemic’s effect on domestic workers? Article IV.
Methodologically, the thesis uses qualitative research methods and systematic reviews. Eighty three participants (44 male and 39 female) took part in the study through interviews and focus group discussions. I analyzed qualitative data using thematic analysis. The systematic review include 34 studies from the 1790 papers initially identified. These were synthesized and integrated to the findings of the interviews and focus group discussion to form the basis for propositions of this thesis.

The thesis finds that in low-and middle income countries, and also in Zambia in particular, there are factors that hinder registration for social security as well as those that facilitate registration. Complex registration system, lack of short-term benefits, lack of trust, inadequate human resource, lack of equipment and materials, and lack of local knowledge by policy designers are some of the factors that hinder uptake of social security by informal economy workers (Article II). Conversely, evidence showed that enablers of extension of coverage include knowledge of social security, guaranteed income after retirement, institutional partnerships, low and flexible payment rates, income (high), attractive benefit package-one that includes short term benefits and state subsidies (Article I and II). These factors that enable social security extension are also factors associated with willingness to pay for social security. Additionally, lack of trust in institutions implanting social security may affects uptake of the social innovation informal economy workers. The study further reflects on institutional capacity in extending social security and finds that inadequate human resource, as well as lack of equipment and material has negative implications on extension of coverage while institutional partnerships such as collaboration with informal economy association has potential to foster onboarding of members (Article III).

Within the context of extension of coverage, the study (Article IV) finds that the COVID-19 pandemic affected livelihoods and threatened the ability of domestic workers to contribute towards social security. Domestic workers had a perceived high risk of contracting the COVID-19 pandemic as a result of their work, and environment in which they lived and worked. This category of the workforce faced multiple effects of the pandemic including but not limited to reduced employment opportunities, increased workload, and loss of employment. These effects further led to failure to buy food and adhere to nutritional standards, failure to pay rent for houses, failure to support education of children, ruined access to health care services as well as multifaceted stress burden and increased risk of violence against women.

The proposition of this project is that extension of social security to informal economy should be undertaken in consideration of the contextual factors that hinder onboarding of the members. These factors include the loci of social and
economic policy such as provision of quality and affordable education, health care, empowerment schemes, cultural and social factors such as traditional values on asset ownership and the role of women, cultural ways of saving and care for the elderly, and matters relating to institutions responsible for social security such as provision of adequate personnel, relevant equipment, and transparency and accountability. Therefore, the thesis proposes the use of a member-centered approach (Article II) to social security extension. More research on extension of coverage will be needed in order to improve existing initiatives and develop theory. Nested on theory of diffusion of innovation, Consolidated Framework for Implementation Research (CFIR) and the ecological systems theory, the current work has shown the importance of observability, compatibility and relative advantage of the scheme if informal economy workers are to embrace social security as an innovation. It has also shown how occurrence of phenomenon such as pandemics may affect livelihoods for informal economy workers that already grapple with lack of access to social security.
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Dedication

Joseph Kalonga Miti and siblings
1. BACKGROUND AND CONTEXT

1.1. Introduction

Ensuring access to social security especially among the uncovered groups such as people in the informal economy is important due to its potential to reduce the risk of poverty and vulnerability. This summary chapter seeks to show evidence on the situation of informal economy and extension of social security to this category of uncovered group, with focus on Zambia. Zambia’s labour force is highly concentrated in the informal economy at about 76 percent including those in agriculture (MLSS, 2022). The country is also peculiar as it reformed law in 2019 to allow the National Pension Scheme Authority (NAPSA) to onboard people in the informal economy onto the pension systems, albeit with different benefit package, contribution amounts and vesting period (Miti et.al, 2021a).

Social security is a human right and entitlement as enshrined in the Universal Declaration of Human Rights (articles 22 and 25) and the International Covenant on Economic, Social and Cultural Rights (articles 9 and 11) coupled with the ILO recommendation 202, which introduces the concept and practice for social protection floors. In the provision of social security benefits, minimum standards established through the Social Security Convention (No. 102) in 1952, include the nine classical social security contingencies such as medical care, sickness, old age, unemployment, employment injury, maternity, family, invalidity and survivors (Phe Goursat & Pellerano, 2016).

Terminologically, the concept of social security is used synonymously with the concept of social protection, to imply all public and private initiatives that provide income or consumption transfers, protect the vulnerable from livelihood risks and enhance the social status and rights of the marginalized; with the overall objective of reducing the economic and social vulnerability of
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poor, vulnerable and marginalized groups’ (Devereux & Sabates-Wheeler, 2004 in Cartar, et al, 2019). Other key concepts in this work are defined below:

*Informal economy*- refers to all economic activities by workers and economic units that are - in law or in practice - not covered or insufficiently covered by formal arrangements (ZAMSTATS, 2022).

*Informal employment*- refers to the type of employment characterized by lack of an entitlement to social security coverage, annual paid leave and paid sick leave. This type of employment is found in both the formal and informal sectors (ZAMSTATS, 2022).

*Development*- a multidimensional process involving major changes in social structures, popular attitudes, and national institutions, as well as the acceleration of economic growth, the reduction of inequality, and the eradication of poverty (Todaro et.al, 2012).

*Poverty*- inability of an individual, family or community to attain a minimum standard of living evidenced by inadequate access to basic needs and services such as food, clothing, shelter, basic health care facilities and education (MCDSS, 2014).

*Vulnerability*- Susceptibility to the impact of risky events, as a result of particular weakness or lack of defense, and resulting in a worsened situation for the suffer(s) (MCDSS, 2014).
Social security has been hailed as a social and economic stabilizer (International Labour Organization, 2017). When people receive these benefits, they stimulate the local economy through exchange of goods and services (Barrientos, 2008; Hemerijck, et.al, 2017). Further, some experts have also suggested that social security reduces poverty (Lee, 2023; Ocampo & Gomez-Arteaga, 2017; Voipio, 2007). On this note, a study of a universal pension plan in Zanzibar showed that a pension has potential for positive impacts on older people and their families (Mundy, 2017). This suggests that social security is an important intervention towards reducing poverty and vulnerability. On the social side, social security supports families and communities as well as helps to reduce the risk of social disorder (Carter et al., 2019; Fapohunda, 2013; International Labour Organization, 2017; Spaan et al., 2012).

Despite its importance and recorded impacts, social security is inaccessible for majority of the world’s population. This inaccessibility is high in low-and middle-income countries, among low-income households and people working in the informal economy. Only 47 percent of the global population have access to at least one social protection benefit (ILO, 2020). Regions with higher proportion of people deprived of access to social security are those where majority of the workforce is in the informal economy. For example, while it is reported that there are about two billion people working informally across the world, 87 percent are in Africa, 68 percent in Asia and Pacific, 67 percent in Arab States, 40 percent in Americas, and 25 percent in Europe and Central Asia (ILO, 2020). Most countries in the regions with higher proportion of informal economy workers are classified with low or middle income country status. People working in the informal economy in these countries are partially or not covered at all by social security schemes, especially pension benefits. Pensions,
however, have a considerable potential in protecting informal workers from poverty and destitution in old age.

In the wake of the COVID-19 pandemic, the importance of comprehensive social protection has become apparent. Evidence across countries has also shown that people in the informal economy and low-income households experienced more risks and vulnerabilities. Globally, 1.6 billion workers in the informal economy faced turmoil due to COVID-19 (ILO, 2020) while 60 percent experienced a drastic drop down in their earning. The ILO reports further shows that women (42 percent) and men (32 percent) in informal economy, besides those of the micro-industries (employing less than 10 persons), were the hardest hit (ILO, 2020). Further, evidence shows that more than two-thirds of the respondents from the informal sector in Kenya and Uganda depicted income downfall due to the COVID-19 crisis (Kansiime, et.al 2020). Similarly, there was a 60 percent fall in household non-farm income as enterprises lost profits and workers suffered wage loss in rural Uganda (Mahmud & Riley, 2020). In Asia, reports from Thailand show that around 95 percent of the responding informal sector workers in a survey of 384 participants experienced a drastic fall in income during the first wave of the pandemic (Komin, et al, 2020). Lack of comprehensive social protection disproportionately affected the informal economy thereby suggesting the need to improve access.

1.2. Overview of research country-context: Zambia
1.2.1. Social and Economic Profile
Zambia is located in the Southern Part of Africa. It is a landlocked country with eight neighboring countries: Tanzania, Malawi, Mozambique, Zimbabwe, Botswana, Namibia, Angola and the Democratic Republic of Congo (DRC) as shown in figure 1 below.

Figure 1: Map and Flag of Zambia

The country is divided into ten regions referred to as provinces. Its national flag symbolizes patriotism and the nation's wealth. The basic color of the flag is green with an orange-colored eagle in flight over a rectangular block of three vertical stripes in red, black, and orange (left to right). With regards to symbols, red represents the struggle for freedom; while black stands for the people of Zambia. Orange symbolizes the country's mineral wealth; and green, the natural resources while the eagle in flight symbolizes the freedom in Zambia and the
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Zambia has a population estimate of 19,610,769 in 2022 (Labour Force Survey Report, 2022). Sixty percent of the population resides in rural areas and forty percent in urban areas. In terms of gender divide, there were more female (51 percent) compared to male (49 percent). Zambia is one of the countries in the world with young population- the 0-4 years age group makes up the highest proportion of the population (17.2%), followed by 5-9 years and 10-14 years age groups, while the age group 75-79 occupies the lowest proportion at 1.1 percent (Labour Force Survey Report, 2022).

Economically, Zambia is endowed with many natural resources (land, water, forest, wildlife, and minerals). The mining sector accounts for 12 per cent of GDP, and the forest sector accounts for 5–7 percent (African Development Bank, 2023). Headwinds affecting the economic contours of the country are recurrent drought, and unstable copper prices. Russia’s invasion of Ukraine in 2022 also impacted on fertilizer and fuel prices. These factors made it difficult for the country’s economy to grow and generate the needed revenue. The country’s Gross Domestic Product (GDP) grew at an average of 4.3 percent between 2011 and 2019. Figure 2 shows GDP growth rate for the period from 2011 to 2019.

ability to rise above the country's problems (Embassy of the Republic of Zambia, 2023).
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![GDP Growth](image)

Source: Based on ZAMSTATS (2023)

The lowest GDP growth was 1.4 in 2019 and the highest was 7.6 in 2012. Despite the recorded low GDP in 2019, Zambia’s economy rebounded in 2021, with real GDP growing at 4.6 percent, from a contraction of 2.8 percent in 2020. This phenomenon was supported by stronger copper prices, favorable external demand, good rainfall, and post-election market confidence (World Bank, 2023). However, the country was still recovering from the effects of COVID-19 that had affected agriculture, mining, and construction and other social and economic sectors.

Another dimension to the country’s social and economic profile is the incidence of poverty. Despite high resource endowments and political stability (Zambia has never experienced conflict in comparison to some of the countries in the region), Zambia has very high levels of poverty. In 2022, the incidence of poverty was 60 percent compared to 54.4 percent in 2015 (ZAMSTATS, 2023).
On the rural-urban divide, 79 percent of the rural population was poor (ZAMSTATS, 2023). The rise in the incidence of poverty suggests that the country has not made significant use of its resource endowments and that existing poverty reduction policies are not helping to solve the root causes of the problems of vulnerability among the population. It also shows that there is a general lack of social protection and other allied interventions that can prevent people from falling into poverty when contingencies such as loss of employment, death of family bread winner or disasters and pandemics such as the COVID-19 have occurred.

1.2.2. Informal economy and COVID-19 in Zambia

Informal economy is the main source of employment for most people in Zambia. With a population of 19,610,769, Zambia’s labour force is at 10,377,385, and largely dominated by informal employment at (76 percent including those in agriculture) as shown in the figure 3 below.

![Figure 3: Population and labour force distribution for Zambia](image_url)

<table>
<thead>
<tr>
<th>Total population</th>
<th>19,610,769</th>
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<tr>
<td>Age 0-14</td>
<td>9,233,384</td>
</tr>
<tr>
<td>Working age population (15+)</td>
<td>10,377,385</td>
</tr>
<tr>
<td>Employed population</td>
<td>3,273,123</td>
</tr>
<tr>
<td>Unemployed population</td>
<td>473,562</td>
</tr>
<tr>
<td>Inactive population</td>
<td>6,630,700</td>
</tr>
</tbody>
</table>

Formal employment = 776,160
Informal employment = 2,496,963
Non-agri. = 649,210
Agric. = 1,847,753

Source: Based on MLSS (2023)

As shown in figure 3 above, about 76 percent of the working population in Zambia is in the informal economy. The informal economy is highly heterogeneous. This means that people in this category vary in terms of income levels, activity sector, and status in employment. It includes those working in micro and small enterprises, own-account workers, contributing family workers, and members of agricultural cooperatives (MLSS, 2023). Some of the notable areas of work are agricultural workers, home and domestic workers, street and market workers, construction workers, among others. In terms of gender divide, MLSS (2023) reports that majority of men were employed in the informal sector in general (60%), as opposed to a slight majority of women in the household sector (53%). The growth of the informal economy is attributed to the failure of the formal sector to absorb more people as well some challenges in registering firms and economic activities.

Most often, people working in the informal economy face low income, and a general poor condition of work including lack of access to social protection (Article II). This view is also held by Phe Goursat & Pellerano (2016) in their study of the informal economy in Zambia as they state that majority of workers are outside regulated economic activities and protected employer-employee relationships. Thus informal employment is generally associated with poor working conditions and poverty (Phe Goursat & Pellerano, 2016). Given this phenomenon, people in the informal economy are among those that were worst hit by the effects of COVID-19.
On the rural–urban divide, 79 percent of the rural population was poor (ZAMSTATS, 2023). The rise in the incidence of poverty suggests that the country has not made significant use of its resource endowments and that existing poverty reduction policies are not helping to solve the root causes of the problems of vulnerability among the population. It also shows that there is a general lack of social protection and other allied interventions that can prevent people from falling into poverty when contingencies such as loss of employment, death of family breadwinner or disasters and pandemics such as the COVID-19 have occurred.

1.2.2. Informal economy and COVID-19 in Zambia

Informal economy is the main source of employment for most people in Zambia. With a population of 19,610,769, Zambia’s labour force is at 10,377,385, and largely dominated by informal employment at (76 percent including those in agriculture) as shown in the figure 3 below.

![Figure 3: Population and labour force distribution for Zambia](image-url)

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Zambia recorded its first COVID-19 cases in March 2020. The increase in the number of cases forced the state to respond through various policy pronouncements. These included Statutory Instrument No. 21 of 2020 that
declared the Coronavirus Disease 2019 as a notifiable infectious disease; and Statutory Instrument No. 22 of 2020, which set out measures aimed at controlling the spread of COVID-19 (Kayula, 2020). Government encouraged people to 'work from home'. Consequently, restaurants, bars, learning institutions and other institutions were closed. As a result of this situation therefore, there was loss of business for individuals working not only in these sectors but also others such as the transport sector. At the same time, the situation created potential for loss of jobs among domestic workers given that some of their employers were laid off, or worked on half salary. To mitigate the impact, some economic stimulus packages were designed to boost some firms while the COVID-19 emergency social cash transfer was designed to support households that had experienced loss of income due to the pandemic. Most of employers in some of these households operated in the informal economy and where targeted for extension of contributory social security prior to the pandemic as a policy initiative that was ongoing.

This thesis also focuses on lived experiences of domestic workers during the COVID-19 pandemic. Their lived experiences has implications on their ability to contribute towards social security as the case of COVID-19 pandemic also exposed them to various social and economic risks thereby signifying the importance of social protection. A focus on domestic workers presents a good case given the unclear employer-employee relationships that may exist as well as their lack of access to social security, including during the time of the pandemic. Domestic workers face various challenges. They face discrimination based on gender, caste or class, race or ethnicity (WIEGO, 2023); widespread exclusion, and lesser protection from labour law compared with other workers (Sedacca, 2022). This focus is further justified by the evidence that only 13 percent of social protection measures during the pandemic targeted women (UNDP and UN Women 2021). One of the key responses to COVID-19 in Zambia was the
implementation of COVID-19 emergency social cash transfers. However, this scheme designed to mitigate impact of COVID-19 had limited time frame and was characterised by stringent eligibility criteria that led to the exclusion of most domestic workers (Article IV). Thus, the COVID-19 phenomenon has implications on the extension of social security to informal economy.

1.2.3. Social Protection in Zambia

Literature shows that there are the following broad types of social protection: social assistance (Arnold et al., 2011; Barrientos, 2010; Holmes & Jones, 2013; Gentilini, et.al, 2014) and social insurance (Barrientos, 2010; Norton et al., 2001), and labour market interventions (Barrientos, 2010). These are presented through a formation of clusters of social protection as shown in figure 4 below:

Figure 4: Clusters of social protection
This thesis acknowledges that Obrien, et. al (2018) suggests that typology of social protection includes social care, work sharing, and training and job search services. This thesis is of the view that these are social and economic services within the broader social policy and cannot be limited to the role of social protection. However, governments and allied institutions can provide a combination of services such as provision of training to households on public works to enhance employability or capacity to engage in agriculture. This has been seen in integration of the public works program in Ethiopia through the Productive Safety Net Program (Lieuw-Kie-Song, 2011; Sabates-Wheeler & Devereux, 2010). This intervention integrates income and employment through public works (World Bank, 2013). In Zambia, government provides subsidized agricultural inputs (social protection) to rural farmers and also facilitates their training in agricultural methods, crop/livestock monitoring (non-social protection) through agricultural extension services. Thus, these examples show that not every intervention targeted at vulnerable households should be considered as social protection. However, linkages should be acknowledged and appreciated.

In Zambia, the National Social Protection Policy (2014) provides a lens through the various social protection interventions as summarized in the table 1 below.

---

2 Beneficiaries under public work received 6 months of food and cash transfer, while direct support beneficiaries received 12 months of unconditional transfer (Welteji et. al, 2017), with some basic level training and mentorship. Another feature that shows social protection linkage to other broader social policy and programs in the Productive Safety Net Program is its link to the Household Asset Building Program (World Bank, 2013). Through this program, households on Productive Safety Net Program access credit and agricultural extension services to support them to engage in both farm and non-farm activities.
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<thead>
<tr>
<th>Social Assistance</th>
<th>Social Security</th>
<th>Livelihood and Empowerment</th>
<th>Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Welfare Assistance Scheme (PWAS)</td>
<td>Old age/retirement pension</td>
<td>Agricultural Inputs</td>
<td>Support for Gender Based Violence victims</td>
</tr>
<tr>
<td>Social Cash Transfer (SCT)</td>
<td>Invalidity benefits</td>
<td>Entrepreneurial skills</td>
<td>Awareness raising on legal rights</td>
</tr>
<tr>
<td>Bursaries</td>
<td>Family Funeral grants</td>
<td>Women Empowerment Fund</td>
<td>Law enforcement against abuse of vulnerable groups</td>
</tr>
<tr>
<td>Resettlement and Rehabilitation of Persons with Disabilities and Orphans &amp; Vulnerable Children</td>
<td>Maternity Protection</td>
<td>Functional Literacy and Skills Training</td>
<td>Rehabilitation of Street Children</td>
</tr>
<tr>
<td></td>
<td>Disease and work injury compensation</td>
<td>Self Help Initiatives</td>
<td>Provision of Places of Safety and Children’s Homes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Anti-Child labour Interventions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Anti-Human trafficking interventions</td>
</tr>
</tbody>
</table>

Social assistance is a non-contributory transfer in cash, vouchers, or in-kind (including school feeding) to individuals or households in need (White, 2016, UNDP, 2019). So far the Social Cash Transfer has come to be Zambia’s flagship social assistance program surpassing all other social assistance schemes. One reason for the SCT dominance is heightened interest and funding directed towards the scheme. Interest comes from the donor community and political economy of the SCT (Pruce and Hickey, 2019; Hickey & Seekings, 2019;
Wolkenhauer 2023). We see this situation through the role of global institutions towards the spread of cash transfers (CTs) in Africa as the ‘preferred modality’ for delivering social protection (Devereux 2020). In particular, the World Bank, UN agencies, bilateral donors, and international NGOs spearheaded this agenda.

The phenomenon is the case in Zambia as social cash transfer was first introduced in 2003 through a pilot scheme funded by the Germany Development Agency in Kalomo district of the Southern Province. Other international organizations and the donor community came onboard with government eventually adapting and reforming the scheme to what it is today. Targeting, delivery and values at the center of social cash transfers have evolved overtime but still maintains the neoliberal focus on the very poor and vulnerable. Currently, government is responsible for 75% of the scheme budget with the donor community only footing 25%. However, donor interest in the scheme remains high. For instance, the UNICEF plays a significant role in providing technical support and policy advice.

By design, social assistance programs are highly targeted, usually at the poor and most vulnerable. Consequently, this design leaves out people in the informal economy. The scenario is also observed by Alfers and Moussié (2020) who note that because of targeting and selective nature of social assistance schemes, the result is the continuous presence of a ‘missing middle’. This is on account of those who work informally and who do not fit into the targeted categories of the poor even though often face many risks and also poverty. This suggests that the excluded population remains vulnerable to social risks and the absence of intervention to hedge them may worsen the situation.
The livelihood and empowerment pillar seeks to provide support to households and groups who lack sufficient capacity in terms of human and social capital, as well as physical, financial and/or natural resources for reliable and adequate income generation (MLSS, 2023). It includes support through Farmer Input Support Program (FISP), Food Security Pack (FSP), Women Empowerment Fund, Functional Literacy and Skills Training, Community Self Help Initiatives and Micro Bankers Trust. The dominant interventions here are the FISP and FSP. There were 1, 024, 434 FISP beneficiaries in 2022, and FSP had 263, 700 beneficiaries in 2022. As is the case with SCT, these interventions are by design highly selective and targeting only poor but viable households. To a large extent, the design excludes people in the informal economy.

The cluster on protection seeks to strengthen legal rights at all levels – to ensure appropriate laws are in place, raise awareness of legal rights, enforce the law against offenders, and provide appropriate support for victims (MCDSS, 2014). Consequently, the interventions under this pillar target all citizens, but with specific interest on women, children, elderly and persons with disabilities are most vulnerable to the abuse of rights, and least able to act when such abuses occur, they are the principle beneficiaries of these actions. Through this pillar, government implements activities for rehabilitation of street children, provision of places of safety and children's homes, anti-sexual and gender based violence, anti-human trafficking and child labour, correctional services and legal aid services. However, these activities suffer from inadequate funding and human resource primarily in the Department of Social Welfare.

Social security is defined as “contributory schemes providing compensatory support in the event of contingencies such as illness, injury, disability, death of a spouse or parent, maternity/paternity, unemployment, old age, and shocks affecting livestock/crops” (White, 2016). In Zambia it is common to refer to
social security as social insurance to imply contributory schemes. These are social protection benefits and services provided on the basis of member contribution. In Zambia, they include compensation and income replacement during old age, invalidity/medical benefits (including injury) and survivors benefit. In 2018, the Government of Zambia introduced mandatory health insurance, as another benefit package within the social insurance spectrum. By design and tradition, these schemes were targeted at people in the formal employment bracket as these have an established employer-employee relationship, and on the basis of which contribution amounts and modalities were designed. Consequently, people in the informal economy were excluded. Existing legal frameworks and administrative factors accounted for this exclusion (Phe Goursat & Pellerano, 2016; Miti, et. al, 2021a). In 2019, government enacted Statutory Instrument No. 72 to extend the coverage of social security to people in the informal economy. I was privileged to serve in the Project Management Team, providing some technical guidance on pilot project to realize the Statutory Instrument No. 72 of 2019 and draw lessons before a national rollout. This Project was undertaken by the Government with support from the ILO and the Finnish Institute for Health and Welfare (THL). This national effort towards extending coverage is further seen through a multi-pillar approach covering health insurance, occupational injury and diseases, and pension scheme. In 2018, Zambia enacted laws (the National Health Insurance Act No. 2 of 2018 and SI 63 of 2019) to introduce health insurance for all its citizens and established residents. By implication, informal economy workers are covered and required to make recommendations. However, the first phase of contributions were collected from individuals with well-established employer-employee relationship as these had a well-structured payroll systems through which deductions were effected. Consequently, people in the informal economy, especially self-employed were unable to make contribution until
recently (2023) when the National Institution responsible for managing health insurance engaged financial institutions and telecommunication companies with mobile money platforms to facilitate payment by informal economy workers. Using these platforms, informal economy workers’ contributions are made, the value is also less than that for individuals with established employer-employee relationship. There are deliberate efforts to engage informal economy associations and local media to raise awareness on health insurance. While services are accessed by the contributing population in general, there are concerns on sustainability of the scheme a rising from perceived user and service provider behaviours such as through overuse and overpricing, respectively.

The government in Zambia is also making efforts towards social security covering occupational injury. Here, the Workers Compensation Fund Control Board provides medical aid, periodical payments, lump sum payments, life pension, funeral grant, commutation of benefits, widow’s or widower’s monthly pension, children allowances, constant attendance allowance, reimbursement of medical expenses reasonably incurred by employers on treatment and hospitalization of injured or disabled workers to all registered employees. Contributions are based on employer liability. However, to cover people in informal economy, some of whom do not have employer-employee relationships, government embarked on an initiatives to extend coverage to this uncovered group. By the end of 2023, about 3000 people in the informal economy were registered. Despite this situation, the problem still persist as there is lack of defined assessment for some categories of the informal economy which may make it challenging to reach out to people in the informal economy.
Another layer of extension of social security to informal economy in Zambia is the pension scheme. As alluded to in the preamble, the pension scheme in Zambia was designed on the employer-employee relationship types (Phe Goursat & Pellerano, 2016), thereby excluding some people in the informal economy. This synthesis is based on the work of analyzing extension of social security to informal economy in Zambia. A summary description of the social security scheme under analysis is given in table 2 below:

Table 2: Social security benefits for informal economy in Zambia

<table>
<thead>
<tr>
<th>Scheme Aspect</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage of social security</td>
<td>Makes it mandatory and possible for informal economy workers i.e small scale farmers, bus &amp; taxi drivers, construction workers, and saw mill workers to register for the scheme</td>
</tr>
<tr>
<td>Contribution amount</td>
<td>From 10% employer-employee to 5% employee contribution (Currently minimum is about US$ 2.5 per month)</td>
</tr>
<tr>
<td>Vesting period</td>
<td>From 15 years for traditional scheme to 10 years for informal economy workers</td>
</tr>
</tbody>
</table>

Benefits

<table>
<thead>
<tr>
<th>Traditional Social Security Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survivors benefits</td>
</tr>
<tr>
<td>Old age benefits/pension</td>
</tr>
<tr>
<td>Invalidity:</td>
</tr>
</tbody>
</table>

Short Term Benefits

| Access to credit/loans: | Given as upon request when member has made minimum 12 contributions to the scheme. |
| Family funeral grant | Given as ex gratia in case of death of member, spouse or any of 6 registered children/dependents |
| Maternity benefits | Given as ex gratia to female members who have made equivalent of 12 months contributions (One can only make maximum of 6 claims, and ‘grace’ period of 2 years) |
| Weather Index Insurance | Offered as separate package as members will have to pay for this product differently. Premium is US$ 2.5 per season for coverage crops with pay out of US$ 25 during the respective season. |
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<td></td>
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</tr>
<tr>
<td></td>
<td>Paid on death of a pensioner or a member. A surviving spouse or child of the deceased may receive a pension.</td>
</tr>
<tr>
<td></td>
<td>Old age benefits/pension</td>
</tr>
<tr>
<td></td>
<td>For members who have made 120 contributions or 10 years' contributions and have reached retirement age of 60.</td>
</tr>
<tr>
<td></td>
<td>Invalidity</td>
</tr>
<tr>
<td></td>
<td>Given to a member suffering permanent invalidity. A member is under pensionable age and a member should have contributed equivalent of at least six monthly contributions.</td>
</tr>
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Another dimension to the social security scheme in Zambia is the absence of effective implementation of maternity protection for female members in the informal economy as covered in Employment Code Act No. 3 of 2019 and Statutory Instruments (SI) 56 and 57 of 2008. The Employment Code provides for 14 weeks of paid maternity leave for workers in formal employment while the SI provides for 120 days’ maternity leave for vulnerable workers who have no collective agreement or are not unionized respectively (MLSS, 2023). The scheme for informal economy workers has a provision for women’s entitlement to maternity cover for 14 weeks of lump sum income support which for the year 2022 amounts to K1, 575.75 (about US$68 at the time) per confinement, translating to K450.22 (about US$20 at the time) per month. This amount is adjusted upwards from year to year in line with changes in the National Average Earnings. However, since the SI 72 of 2019 was enacted, none of the registered women under the NAPSA had applied to benefit from the scheme. An exploratory work on this situation would be necessary to uncover lived experiences and matters surrounding implementation, and possible barriers to access.
This summary chapter analyses the situation of informal economy and extension of social security to this category of uncovered groups in Zambia. It addresses question on the willingness of informal economy workers to par/contribute towards social security; experiences and perspectives of informal economy workers with the pension system; institutional capacity of implementing institutions; and the effects of COVID-19 on domestic workers and implications on social protection.
2.0. LITERATURE REVIEW

2.1. Introduction

This section presents empirical and theoretical review marking essential background of research on extension of social security to informal economy workers. The review was undertaken through a realist approach (Paré and Kitsiou, 2017), focusing primarily on literature that is in tandem with the goals of the research. This section used reports, peer-reviewed articles and grey literature. My knowledge on the filed as well as international practice as identified in various literature including ILO reports made it easy for me to select case studies relevant to the topic. This review addresses the conceptions of social protection and practice highlighting the penetration of social protection in the development discourse, a two-dimensional approach to social protection extension and global experiences in the work of extending social protection to informal economy. The review further discusses theoretical frameworks on which this summary chapter is grounded. This literature review anchors the whole doctoral research project on existing body of knowledge based on the areas of focus highlighted and therefore, its relationship with the systematic review conducted (Article I) is that while the systematic review is specific in focus on willingness to pay for social security, this review is generic and anchors both the systematic review and other papers of this summary chapter on the broader context of social protection. Through this review and analysis, strengths in the academic and policy field are appreciated and weaknesses acknowledged. It is from this standpoint that the current project seeks to contribute to the corpus of knowledge on the subject.
2.2. Social Protection Theory and Practice

Social protection includes distinct policy strategies covering social insurance and social assistance, and labour market regulations. The International Labor Convention, 1952 (No. 102), posits that social protection encompasses social security policies aimed at protecting workers from social risks. According to this Convention, there are nine areas of coverage under social security. These include medical care, sickness, unemployment, old age, employment injury, family, maternity, invalidity and survivors’ benefits. It also establishes the minimum level of benefits to be provided.

Thus, social protection is a cluster of social policy design and administration that is a function of ideology and political economy at a particular time. It may also reflect the historical dimensions of a country. Esping-Andersen’s work on the typology of welfare state reflects this perspective of the role of ideology and political-economy on provision of social protection (Esping-Andersen, 1990). This perspective was more applicable in high-income countries. The central theme, reflecting debates at the time was whether and under what conditions the class divisions and social inequalities produced by capitalism can be undone (Esping-Andersen, 1990). The underlying view was that capitalism had produced more inequality and class divisions. Thus, social democrats, conservatives, liberals, Marxists and socialists had their views of society and the role of the state in handling the problem of social inequality.

From the liberal political economy side, Adam Smith propagated the superior role of the market in handling the problem of inequality and privilege (Boucoyannis, 2013). Liberal political economy suggests that state intervention should be minimal so as to allow competitive exchange. Central to this argument was that this state intervention would likely choke the equalizing
process of competitive exchange and create monopolies, protectionism, and inefficiency thereby upholding class (Smith, 1961 in Esping-Andersen, 1990).

On the contrary, Marxian political economy argued that, provision of welfare interventions should not be based on liberal ideals as these do not guarantee equality (Spicker 2023). It was argued that liberal ideals are essentially capitalistic, and that capitalist accumulation disowns people of property with the result being ever deeper class divisions (Dobb 1946 in Esping-Andersen, 1990). Further, the Marxian political economy was suspicious of the role of the state. It argued that in a capitalist system, the state's role is not neutrally benevolent, nor is it a fountain of emancipation; the state exists to defend property rights and the authority of capital. The influence of these political economy positions were to be seen in the development of welfare provisions.

The philosophy of social protection and its practice were reflected in the Bismarckian, Beveridgean and 'liberal' models of social protection. About 120 years ago, Otto von Bismarck in Germany introduced social insurance such as health insurance, workplace accident insurance and old-age pension covering all workers in specific sectors and overtime covering most of the workers (Guinnane & Streb, 2021). This provision was based on conservative political economy. The philosophy was avowedly nationalist, anti-revolutionary, and sought to halt the democratic impulse. Bismarck's inspiration for introducing social insurance was the quest to enhance welfare of workers and to weaken calls for more radical socialist alternatives (ILO, 2009). From the economic point of view it was assumed that promoting workers’ welfare would keep the Germany economy operating at maximum efficiency. At the same time, assumed that provision of social insurance would prevent social leveling and sustain the status quo where rank and position are maintained in order to safeguard social harmony. By design, the social insurance benefits operated on
the principle of employer-employee relationships. Thus, individuals without such type of a relationship could not access the benefits.

In the United Kingdom, the Beveridge Plan of 1942 was introduced thereby setting up the first unified social security system. Based on William Beveridge’s identification of the ‘Five Evils’- Want, disease, ignorance, squalor and idleness, the UK Labour Party wholeheartedly endorsed the report’s recommendation towards establishment of a relatively more comprehensive social security. Parliament put in place legislation to implement recommendations of the Beveridge Report (Whiteside, 2014). This included legislation to introduce tax-funded family allowances that had been passed before the election and an official White Paper on Full Employment published shortly before Beveridge’s book on the subject (Whiteside, 2014). The situation further saw the Labour government taking immediate steps to establish a National Health Service and new legislation to introduce the Beveridge’s social insurance scheme later in 1946. Such initiatives show the significance of research evidence and political will in the provision of social security to needy populations.

These interventions were gradually adopted by many countries (Antonopoulo, 2013) including low-and-middle income countries of Latin America, Asia and Africa through colonial administration. In the colonies, the idea was to cover the working class – mainly in government and established private sector recognized by colonial governments. These systems found colonies, with existing traditional systems of social security. Indigenous safety nets such as the chief’s granary (contributions of grain by farmers known as Zunde raMambo) existed in Zimbabwe and in many Southern African countries (Ringson, 2017). Zunde raMambo is a Shona method of growing and storing grain for use during the time when food supplies are low (Ringson, 2017). The grain was used to support the vulnerable households. In Zambia, the Chewa people and other
ethnic groups provided care and support to all members of the community who were in need of such support as food, clothing, shelter and human resource support for cultivation of maize field for elderly and ailing members of society. Members of the extended family also took responsibility of children whose parents had no capacity to provide care, were sick or had died. This traditional social security system insured and contributed to wellbeing of individuals and families. Therefore, social welfare was the domain of the extended family and communal systems of support such as mutual aid and subsistence agriculture. These systems were driven by core values of self-help, inherent solidarity, reciprocity, and contribution, obligation and entitlement determined socially and culturally (Mupedziswa & Nseane, 2013). Other than the support provided to those in need, the Zunde raMambo and similar systems of social security in Africa provided other benefits such as solidarity, networking, empowerment and social cohesion, especially during the time of communal work. These benefits are what came to be promoted also in the formal social security systems.

Since the colonial introduction of social security was targeted at state employees and established private sector, a substantially large number of non-state employed local people were left uncovered. This lack of coverage further exacerbated poverty and vulnerability especially that most colonies were now operating a ‘money economy’ that required the sale of labour in exchange for money. Commodification became a means for survival and meeting of welfare needs. Those without employment were dependent on the family and mutual aid systems. In South Africa, Africans and Indians were excluded from the social pension introduced by the apartheid regime around 1920 (Seekings, 2020). This situation was also common in other countries as those without a direct relation to social security either through employment or color could not
benefit from the schemes. The phenomenon suggests the genesis of exclusion and inequality in the provision of social security.

2.3. Social Protection in development discourse

The International Labour Organization (ILO) is a United Nations leading organization on social protection. The institution uses the concept of social protection and social security interchangeably, this has also influenced the current project (dissertation). The ILO’s Social Security (Minimum Standards) Convention, 1952 (No. 102) became the only international instrument that established worldwide-agreed minimum standards for nine branches of social security that could be provided in times of contingencies namely: medical care, sickness, old age, unemployment, employment injury, maternity, family, invalidity and survivors. This Convention also reflects the influence of the Beveridge Plan (Uścińska & Binaś, 2019). There were 63 countries that ratified this Convention by 2023. However, the Convention’s influence goes beyond the 63 countries that ratified it because interaction with ILO experts and work as well as peer-to-peer learning at country level has led to development of national social security systems mirrored on the provisions of the Convention. For example, Zambia has not yet ratified Convention 102 (at the time of writing) yet its social security programs provide at least five benefits (i.e. essential medical care old-age benefit; employment injury benefit; invalidity benefit and survivors’ benefit) provided for in the Convention (Phe Goursat & Pellerano, 2016). This shows that countries can draw from the Convention even when they have not ratified it. However, ratification is important as it helps to hold the country accountable and commit policy and resources towards the policy goals.
Since the 1960s social protection has been seen as an important policy tool towards development, albeit with varying degrees of acceptance among academics, governments and international development partners. In the aid context, the social sectors (including social protection) were seen as the ‘softer’ side of development, thereby receiving less priority, except when skilled labour was needed for higher productivity and growth (Merrien, 2013). The period was therefore, mainly an era of ‘manpower’ planning. Physical infrastructure, equipment and technical assistance were considered as important drivers to economic growth policies that most countries were pursuing rather than the social sector. This trend saw the World Bank and International Monetary Fund champion and support policies towards structural adjustment around 1980s as conditions for countries to access loans. Structural adjustment loans were provided to poor countries to improve their fiscal and macroeconomic profile. In return, recipient countries were required to alter their macroeconomic and fiscal policies according to a neoliberal rubric, characteristically anchored around economic stabilization, trade and financial liberalization, deregulation, and privatization (Thomson et.al, 2017). These neoliberal principles neglected social protection and social sector in general. Unsurprisingly, the World Bank rejected social protection programs for workers prior to the 1990s on the perception that these are economically harmful and socially unjust (Merrien, 2013). At the same time, social policies such as investment in human resource through education was seen as handmaid to economic growth. Support for poor and vulnerable groups was restricted through very minimal safety nets. These minimalist safety net interventions became key social protection programs. By design, they were short-term and reserved for the poorest of the poor and primarily intended to absorb some of the shock of the economic crisis following adjustment (Mkandawire, 2004).
In this setting, the pursuit of economic growth created ‘losers’ and new problems that needed interventions. The fallacy around this period was that economic growth would lead to development and improvement of lives of all people including those working in the informal economy. Instead, the situation saw rise in poverty, unemployment and an expanded informal economy as formal sector jobs were shrinking.

A systematic review on the structural adjustment programs showed evidence that these programs had detrimental impacts on child and maternal health as they also undermined access to quality and affordable healthcare (Thomson, et.al, 2017). Additionally, SAPs had a negative impact on social determinants of health including but not limited to income, and food availability. More impacts of SAPs have been well articulated in various sources across the globe- Latin America (Glassman & Carmody, 2001); Africa (Bawa & Ateku, 2020) and Asia. Provision of social protection was seen as a cost to the treasury, and that it would promote dependence. This neoliberal view was carried on to the 20th century with an example in Zambia where some politicians and civil servants, were of the view that poverty did not exist and that social cash transfer encouraged laziness (Hickey, et al, 2009; Kabandula & Seekings, 2016). This cadre implicitly suggested that the main policy priority should be economic growth. This assertion is rebuffed by evidence showing that provision of social protection such as social cash transfer has neither created a sense of dependence nor ‘bad behaviour’ among beneficiaries.

UNICEF’s Innocenti presents various evidence that help to further rebuff the view that provision of social protection was a cost and that it promoted in dependence by showing impacts of social assistance. Child Grant Program (CGP) has been reported to reduce the incidence and intensity of multidimensional deprivation for children living in labour-constrained female-
headed households (FHH) that experienced negative economic or demographic shocks in Lesotho (Carraro & Ferrone, 2023); while Otchere & Handa show that small, regular, predictable cash transfer payments to ultra-poor households protect current consumption and build resilience and protect against future shocks (Otchere & Handa, 2022). Other reviews about social protection report higher effectiveness of social protection through increased saving and investment (Hidrobo et al., 2018; Owusu-Addo et al., 2018); utilization of health care services (Bastalgli, et.al, 2016; Hindin et.al, 2016; Owusu-Addo et.al, 2018); and school attendance/education outcomes (Bastalgli, et.al, 2016; Haberland et al., 2018). This shows that there could be other factors than social protection that may stir dependence. Despite these positive outcomes associated with social protection, it is also important to pay attention to design, implementation and social-economic contexts of the interventions.

These positive records about social protection do not take away the effects of SAPs, which led to a remarkable UNICEF report that called for “adjustment with a human face” (Cornia et al., 1987), which further influenced some global social policy direction. In 1995, global leaders through the Copenhagen Social Summit appreciated the importance of the social question and implicitly social protection. The summit acknowledged that the pursuit of economic growth and implementation of structural adjustment programs led to wretchedness and poverty in most countries. Recognising the undesirability of this phenomenon, governments made consensus on the need to prioritize putting people at the centre of development, conquer poverty, and attain full employment and foster social integration (United Nations 2023). This happened a few years after the introduction of Human Development Index as a measure of development and Amartya Sen’s capability approach (Stanton 2007), which showed that development covers a wide range of social and economic indicators. These events influenced other global development discourse and agenda.
In the year 2000, United Nations General Assembly adopted the Millennium Development Goals with social protection gaining further recognition in terms of its potential to contribute to achievement of the goals as well as calls for its extension to wider population. At this stage, the World Bank and Department for International Development (DFiD) played a significant role in the conceptualization of social protection. The World Bank’s perspective of social protection was in terms of social risk management. Social protection meant public measures aimed at providing assistance to individuals, households, and communities in managing income risks in order to reduce vulnerability, improve consumption smoothing, and enhance equity while contributing to economic development in a participatory manner (Holzmann & Jorgensen, 1999). DFiD on the other hand viewed social protection as a sub-set of public actions that help address risk, vulnerability and chronic poverty (DFiD, 2006). The two institutions were joined by the Economic and Social Council (ECOSOC) of the United Nations, UNICEF, the UNDP, the Organization for Economic Co-operation and Development (OECD) – with its Development Assistance Committee (DAC) and its specialized arm, the Poverty Reduction Network (POVNET). Others included the ILO and the International Social Security Association (ISSA), along with a host of international foundations and organizations, such as Oxfam and HelpAge International, as well as bilateral development organizations including the German agency Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) (Merrien, 2013). The situation shows that social protection was gaining recognition and that it was no longer a policy arena for one institution at the global level.

However, some of these institutions competed in terms of direction and role in the sector. In policy discourse such competition also reflect conflicting interest and show the political nature of the subject. For example, the World Bank was more concerned with efficiency while DFiD was concerned with social rights.
and advocacy (Merrien, 2013). Various social interventions in the name of social protection were introduced using stringent eligibility criteria and focusing mainly on the very poor. Examples can be drawn from Latin America where Bolsa Familia and Progresa were implemented. Similar social assistance interventions targeting the poor were undertaken in Africa- Zambia, South Africa, Malawi and Ethiopia, among other countries.

Within this frame of social protection discourse, the Social Protection Floors Recommendation, 2012 (No. 202) of the ILO seeks to provide guidance for member States to formulate and implement social security extension strategies, based on national consultations through effective social dialogue and social participation prioritizing the establishment of national floors of social protection accessible to all in need (ILO, 2024). The Floor is focused on four basic guarantees. These include (i) access to essential health care, including maternity care; (ii) basic income security for children, providing access to nutrition, education, care and any other necessary goods and services; (iii) basic income security for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability; and (iv) basic income security for older persons.

Despite its significance, Recommendation, 2012 (No. 202) has not strongly penetrated political and policy discourse in the low- and middle-income context, and Zambia in particular. Partly, this is because policy decisions in Zambia have also strongly been influenced by international aid donors (Kuss & Gerstenberg, 2023). The Social Protection Floor is likely common among a handful of social protection practitioners in the civil service, development and cooperating partners, very few civil society organizations and a cadre of academics. In 2020, there were efforts by the donor community to create ‘Social Protection Champions’ among Members of Parliament (Kuss & Gerstenberg,
2023). However, subsequent campaign messages and parliamentary debates have not been categorical about social protection floor nor comprehensive social protection. Instead, there has been largely isolated focus on social assistance, and most recently emphasis on empowerment schemes through the Constituency Development Fund. This lack of intensive penetration of Social Protection Floors Recommendation, 2012 (No. 202) in politics may affect social protection policy design as these policies may not reflect some of the aspirations of the Floor. This phenomenon may also have implications on how the country responds to the ILO’s recommendation 2015 (No. 204) on the transition from the informal to the formal economy, that recognizes decent work deficits in the informal economy.

One dominant issue arising from the evolution of social protection, especially after the SAPs of 1980 is the dominant focus on safety nets and social assistance for the very poor. Even the conceptual differences between World Bank and DfID, where contest of views is on efficiency versus social rights and advocacy was based on social assistance. The tilting of social protection towards social assistance meant emphasis on programs that have very rigorous eligibility criteria. This also seems to have influenced academic discourse within social assistance. In the Institute of Development Studies (IDS) at the University of Sussex for example, most conferences held discuss social assistance- it is also probable that Sabates and Devereaux’s Transformative Paradigm is anchored on social assistance. A conference held in 2023 at the Institute of Development Studies (IDS) under the theme reimagining social protection in a time of global uncertainty, also had more than 90 percent of papers focused on social assistance. Another workshop on social protection post COVID-19 held at the University of Cape Town in South Africa in December 2023 predominantly discussed social assistance schemes. A focus on one aspect of social protection may lead to promotion of interventions that ignore other categories of the
population who may neither be too poor to access social assistance nor wealthy enough to access social insurance thereby creating a very big ‘missing middle.’ The side-lining of social insurance constitutes an obstacle in the way of realizing the right to social security for all workers (Razavi, 2022). It is for these reasons that the ILOs two-dimensional approach of focusing on social protection extension is relevant.

2.4. Towards Covering the Uncovered: A Two Dimensional Approach

A two dimensional approach refers to a system of extending social protection that uses contributory and non-contributory schemes. The global population with access to at least one social protection intervention is very low. According to the ILO (2020), only 46.9 percent of the global population are effectively covered by at least one social protection benefit (SDG indicator 1.3.1). The remaining 53.1 percent representing 4.1 billion people are left wholly unprotected. By social protection, we here refer to both contributory and non-contributory schemes in tandem with the ILOs two-dimensional approach to social protection coverage that focuses on the use of social assistance and social insurance. The approach implies the need to build capacity in the informal economy in order for them to be able to make contributions towards social security. Evidence on the potential of informal economy to contribute to social security have been provided in systematic reviews (Article I; Bayked, et.al 2023), and other country context studies (Phe Goursat & Pellerano, 2016). This means that interventions may have to be provided from government revenue or with support from the cooperating partners as well through contributions. What has happened especially in the context of low-and middle-income countries is a situation where interventions that are tax financed are of social assistance nature thereby embracing strict eligibility criteria for beneficiary selection. A study of
Progresa/Oportunidades in Mexico shows that the intervention was highly targeted at vulnerable and poor households predominantly in rural areas (Parker & Tood, 2017).

In Malawi, the *Mtukula Pakhomo* (Social Cash Transfer Program) targets ultra-poor and labour constrained households. A combination of proxy-means targeting and community targeting are used to identify enlist beneficiaries. The African Union recognize the situation of strict eligibility criteria in social assistance as it confirms that the most common target group for social protection in African is “the poor”, “the poorest”, or “extremely poor people” (UNDP, 2019). In these cases, targeting was informed by the need to reduce poverty and promote human capital development albeit excluding other segments of the population. This shows that there are some members of society that cannot be provided with such support. Here targeted services are supported by economic and fiscal considerations (Kidd & Althias, 2019; Devereux et al., 2016). Targeting is also justified on account that it is easier to notice impact when services are restricted to the neediest.

Other studies have also been conducted showing the impact of non-contributory schemes in Asia and Pacific (Bastagli et al. 2019; Hillier-Brown et al. 2019), in Africa (de Groot, et.al 2017; Correa, et.al, 2023) and in Latin America. Specifically, reported outcomes have been on schooling outcomes (Baird, et. al, 2014), health outcomes (Sun, 2021; Cooper, 2020; Pedro Aizer, et.al) and poverty reduction (Arruda & Dubois, 2018; Bastagli, et.al 2016). It appears that there is a gap in literature with regards to effects of non-contributory schemes on social inclusion and economic growth, especially with claims in studies such as that by Arruda and Dubois (see above) on the role of non-contributory schemes on poverty reduction and economic growth. These
programs follow different targeting criteria within which there is a restriction that exclude most people in the informal economy.

On the other hand, the second dimension to social protection provision is social insurance program that is typically based on contributory capacity. In most countries, especially those of low-and middle-income countries, such schemes have been remnants of colonial legacy designed on employer-employee relationship and predictable income. However, the situation of the labour force across these countries shows that most people are in the informal economy. In India, 88 per cent of working men and 90 percent of working women are in informal employment, while in sub-Saharan Africa, the large majority of workers are in informal employment (more than 75 percent of those in non-agricultural employment and more than 90 percent of those in all informal employment) according to the ILO (2021). Some of the people in the informal economy do not have predictable incomes and others are self-employed thereby being excluded by design of the schemes.

2.5. International experiences on extending social protection

Evidence shows that countries seeking to extend social security to informal economy have adopted either social assistance or social insurance, and in most cases both models have been used. It is important that countries do not select one of the two approaches. The combination of both approaches is key for the social protection of workers and for extending protection to those in the informal economy (Alfers et.al, 2018). Another dimension of the international experience is the question of extending coverage through voluntary or mandatory schemes (ILO, 2021). This question primarily concerns contributory schemes. Voluntary schemes can pose a challenge to implement for informal economy. There are arguments that such schemes tend to be overwhelmed by
problems of adverse selection, particularly in the case of health insurance schemes may attract mostly those with pre-existing health conditions (Winkler et.al, 2017; Ahmed, 2018; Sheth, 2021).

Voluntary schemes can have small risk pools and dysfunctional incentives. Some countries have attempted to extend coverage using voluntary schemes. In Viet Nam, workers who are not covered by the mandatory social insurance scheme can participate in the voluntary regime. However, only about 200,000 workers or 1.3 percent of all workers have joined the scheme to date (ILO, 2021). This shows that risk pooling was very low. In a study of Community Based Health Insurance (CBHI) for informal workers in Bangladesh, Ahmed (2018) shows the prevalence of adverse selection and warns that adverse selection can be a challenge for achieving the success with CBHI schemes and consequently, achieving Universal Health Coverage.

On the other hand, mandatory schemes minimize adverse selection effects, and ensure broader coverage (ILO, 2021). However, it is difficult to enforce compliance in mandatory schemes for informal economy due to mobility, varying income levels and social security illiteracy. Enforcement of such schemes also require administrative and financial capacity on the part of implementing institutions. Ghana and Rwanda are some of the examples that have moved from voluntary to mandatory schemes in extending social security, particularly health insurance. Ghana’s National Health Insurance Scheme (NHIS) was implemented as a mandatory scheme. The scheme was based on a differentiated financing strategy whereby people in the formal employment category contribute a certain percentage of their salary. On the other hand, workers in the informal economy pay a reduced flat-rate contribution; and several other categories of the population (children, older persons, pregnant women, indigent population) are partially or fully exempted from contribution
problems of adverse selection, particularly in the case of health insurance schemes may attract mostly those with pre-existing health conditions (Winkler et al., 2017; Ahmed, 2018; Sheth, 2021). Voluntary schemes can have small risk pools and dysfunctional incentives. Some countries have attempted to extend coverage using voluntary schemes. In Vietnam, workers who are not covered by the mandatory social insurance scheme can participate in the voluntary regime. However, only about 200,000 workers or 1.3 percent of all workers have joined the scheme to date (ILO, 2021). This shows that risk pooling was very low. In a study of Community Based Health Insurance (CBHI) for informal workers in Bangladesh, Ahmed (2018) shows the prevalence of adverse selection and warns that adverse selection can be a challenge for achieving the success with CBHI schemes and consequently, achieving Universal Health Coverage.

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Globally, problems of lack of coverage of social protection for people in the informal economy persist. Some explanatory matters for the lack of coverage of informal economy workers include: inadequate legal coverage (Kongtip et al., 2015; Elveren, 2013), low and unpredictable income (Dartanto et al., 2016; Ahmed et al., 2016); unattractive benefit package; and longer vesting period, administration and registration problems (Canelas & Niño-Zarazúa, 2022; Williams & Kedir, 2017) among others. For example, the case of administration and low income, where beneficiaries need some form of subsidy in the initial stage was evident in Indonesia. In this country, attempts to extend social health insurance were made but did not achieve desired results in the first one year. Launched in 2014, one aspect of the mandatory universal health insurance scheme was the Jaminan Kesehatan Nasional (JKN), a program for non-poor informal workers and their households funded by premium contributions (Banerjee et al., 2021). The program only managed to enroll 20 percent of the targeted population by 2015. However, there was an introduction of temporary subsidies, awareness raising and assistance with registration where evidence suggests that subsidies and assisted registration accounted for increased enrollment.

Another case of extension of coverage was in Nicaragua where contributory social security benefits through health insurance were designed in 2007 for the informal economy, covering 75 percent of workers. The package included old
age pension and health insurance while also providing coverage to workers’ children, spouses/partners during pregnancy and the postpartum period. The scheme’s other benefits included access to health care insured workers and their dependents provided through a flat monthly premium of approximately US$15 per month (Canelas & Niño-Zarazúa, 2022). The intervention also included a subsidy randomly allocated to traders in markets. However, reports show that once subsidies were removed, less than 10 percent of beneficiaries remained enrolled in the insurance scheme (Hatt et al, 2019). Like the case in Indonesia alluded to, the situation of low enrollment after removal of subsidies suggests that this category of workers faces income constraints with reality of their demands suggesting that spending on health insurance may be a type of luxury when one is not sick despite acknowledging the importance of the scheme. It also shows that sometimes, the poor and informal economy workers are preoccupied with meeting every day’s basic needs, which in effect creates a challenge for enrollment in the voluntary scheme.

Other evidence on extension of social security is seen in Mexico’s Seguro Popular. This was a non-contributory social health insurance program aimed at providing coverage to the uncovered population. This population was mostly of poor and low income households typically including those in rural areas, indigenous people, and those in the informal economy. The intervention had potential to serve informal economy workers from financing their healthcare expenditures out-of-pocket. Some key features of the program include a gradual rollout, starting with coverage of the lowest income quintile of the population (Canelas & Niño-Zarazúa, 2022). The scheme showed positive results such as health outcomes of the targeted population, improved health equity, and health protection for people in the informal economy and other low income households. Additionally, the fact that Seguro Popular provided free healthcare services for people in informal employment and low income households did
not create an incentive for informalization. The evidence from Mexico shows that gradual implementation of social security interventions for informal economy may yield positive results. However, it is also important to ensure that service on the supply side is well prepared to meet some of the needs of users, and therefore also be used to benchmark some level of success.

A study by Jiang et.al (2018) in China focused on social protection for the informal economy in Urban China. Based on a sample of 3,160 individuals from 57 city-level units extracted from China Labour-force Dynamics Survey of 2012, authors find that there are institutional constraints and self-selection factors hindering the enrollment of informal economy workers into social protection. Under institutional constraints, the institutional discrimination of *hukou* (household registration status) and the occupation-based welfare regime persist. In China registration for social protection is tied to one’s area of residence/origin (*hukou*). However, some informal economy workers move from rural to urban areas where they get some form of employment. In such instances, some informal sector workers are not fully eligible to enroll for social insurance programs if they do not have a local *hukou* or written labour contract. Second, given the weak enforcement of labour inspection, the informal labour force such as self-employed and flexibly employed workers retains considerably more discretion in determining their enrolment than their counterparts in the formal sector (Jiang et.al., 2018). Members of the informal labour force may voluntarily opt out of social insurance, depicting self-selection behaviour.

The case of China’s social protection arrangement is peculiar, and the use of *hukou* system may be a contradiction with the historical rationale for the establishment of the scheme. This is because since the mid-1980s, the Chinese government has initiated various types of social insurance schemes to settle the
social unrest of millions of laid-off urban workers and facilitate the reform of state-owned enterprises (Hu, 2015).

In Africa, this synthesis reviews extension of social security coverage found in Togo, Rwanda, Kenya, and Zambia. Togo (with a population of 9 million people) implements multiple initiatives to bring informal workers into the social security scheme. The different state institutions are engaged with informal sector workers and their organizations to onboard them to the schemes. In this country, informal employment account for 92 percent of total employment (ILO, 2018). The multiple initiatives include Mutual for Motor Bike taxi drivers, Mutual for artists and journalists, Mutual for agricultural workers, fisherfolk and livestock breeders as well as Mutual for artisans and traders (Canelas & Niño-Zarazúa, 2022). These initiatives were introduced in 2014 and 2015 respectively. In terms of design, a separate government entity called La Délégation à l’organisation du secteur informel (Delegation for the Informal Sector – DOSI) was established to focus on managing these schemes. The schemes are also characterized by a joint guarantee which offers health insurance, pension scheme as well as capacity building and access to credit. In 2017, there was a total registration of 19,000 members from all the four Mutuals (Charmes, 2017).

One innovation to the multiple initiatives in Togo is the inclusion of access to credit component, which is not a typical social security benefit but rather a social and economic policy matter. However, its inclusion creates an incentive for informal economy workers as they can now access loans for productive purposes such as purchase of motorbikes, farming inputs and implements as well as craft materials. A study by Kalusopa et al (2020) & Article II of this synthesis showed that informal economy workers require some short-term benefit to meet their production-related needs. Some of the challenges in the Togo social security scheme for informal workers include administrative
barriers, particularly because registration for the schemes requires prospective members to have birth certificates. However, most people in the informal economy did not have these certificates due to various reasons. Additionally, there was lack of collaboration among stakeholders, creating competition even between informal workers organizations and state agencies managing the schemes (Canelas & Niño-Zarazúa, 2022). The situation of lack of collaboration creates a policy implementation challenge especially that this is a new innovation.

Rwanda’s efforts towards extending social protection to low income households and informal economy are undertaken through health insurance utilizing community-based schemes (Chemuoni, 2018), and the Ejo Heza initiative which is basically a Long Term Savings Scheme alongside the pension scheme. Rwanda has a population of 13 million people. Established in 2017, the Ejo Heza scheme reached registration of 40,000 members of the informal economy by 2019, providing benefits linked to the contribution made by a member. Member savings are only converted to a pension when a member reaches the age of 55 years. Based on the amount of member contribution, 40 percent of one’s savings can be withdrawn to support a members’ need for access to finance in order to start a business, construct a house or pay school fees. In terms of administration, Ejo Heza is managed by Rwanda Social Security Board (RSSB). Despite the indicated benefits of the scheme, Canelas & Niño-Zarazúa, (2022) are of the view that Ejo Heza is characterized by administrative challenge such as the requirement of birth certificates for those wishing to register. Some lessons from this scheme include the potential for members to use some of their savings for productive purposes. The scheme provides an opportunity for building capacity of low income, informal households to save and enhance their business activities.
However, it can also be seen that Ejo Heza is not a typical social security benefit as savings are only converted into a pension when one has reached the age of 55 years, potentially retirement. One criticism about social policy in Rwanda is its top down approach. Some authors have pointed out that although Community Based Health Insurance and Ejo Heza purports to be based on indigenous community mechanisms, policy and programs in Rwanda are very much driven from the top-down, with limited real community participation in designing and implementing schemes (Lavers, 2019). This suggests the need for further research on policy formulation, community participation and implementation, especially in the context of extending social security to informal economy workers.

In Kenya (with a population of 50 million people), a study by Kabare (2018) provides a view of the Mbao Pension Plan, a saving scheme for the informal economy. According to Kabare, the Mbao Pension Plan is a private, voluntary savings plan well suited to the informal economy despite being open to any citizen who may wish to join. The Plan was established by the Jua Kali Associations of Kenya. Jua Kali refers to informal economy. As of 2019, the Mbao Pension Plan had 100,000 members (Canelas & Niño-Zarazúa, 2022). However, this number is relatively low given the ongoing growth of the informal economy in Kenya. The low coverage of the program relative to membership in the Jua Kali Association is a result of the voluntary approach of the scheme, the fast-growing informal economy and the generally high poverty rates in Kenya (Kabare, 2018). In terms of benefits, the Mbao Pension Plan provides flexible withdraws including possibility for members to apply for mortgage. The funds raised by members are managed and invested on their behalf by service providers appointed by Mbao Trustees and approved by the Retirement Benefits Authority (RBA). Canelas & Niño-Zarazúa, (2022) further
report that Kenya Commercial Bank is the legal owner as the corporate Fund Trustee. From the Mbao Plan, it is evident that this is saving scheme was objective is also towards fostering saving and commission for informal economy workers, not covered by formal arrangements.

Reviewed literature has shown that various countries are taking different initiatives to extend social security to informal economy. Predominant in literature is evidence about health insurance being implemented in various countries. It is discernible that Mbao and Ejo Heza are designed as defined contribution, rather than defined benefit as workers will receive an income proportionate to their contributions. Consequently, financial sustainability is less of an issue in these schemes (Canelas & Niño-Zarazúa, 2022). The schemes are not typical social security schemes and actually exist away from the mainstream social security system given their individualized design as saving schemes. In order to contribute to the corpus of knowledge and influence low and middle income country policy in extension of coverage, this synthesis is based on evidence from Zambia, tapping into the lived experiences of informal economy workers, perspectives of implementers and technocrats as well as partners in the efforts of social security extension.

2.6. Theoretical Framework
This research is anchored on the theory of diffusion of innovation propagated by Rogers (1983); Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009); and ecological systems theory (Latane, 1981).

Diffusion of Innovation
The theory of diffusion of innovation describes initiatives or new ideas, goods and services and how these can spread steadily in a population. Particularly, this
synthesis is nested around two elements of the theory of diffusion, namely innovation and the social system. Through this theory, the thesis submits that extension of social security to informal economy is an innovation that has specific elements and attributes that influence adoption by the target audience at a particular times/rate. Diffusion is the process by which an innovation is communicated through certain channels over time among the members of a social system, while innovation is an innovation is an idea, practice, or object that is perceived as new by an individual or other unit of adoption (Rogers, 1983; Miti et.al, 2021). The theory posits that an innovation may not be entirely new development but that it is both about the knowledge of an issue, here referred to as innovation and the type of attitude developed around it. The case of social security is not new in Zambia. However, the innovation lies in it being brought to people in the informal economy who despite having some level of knowledge about the scheme, they have not yet received it in a manner that is currently being promoted. The innovation has characteristics of relative advantage, compatibility, complexity, trialability and observability that play a role in determining whether or not the target audience will adopt the innovation. The relative advantage of the innovation is its perceived benefit in terms of economic value, of social-prestige factors, convenience and satisfaction. Any of these factors can determine adoption of the innovation. Compatibility relates to the innovation’s consistency with values, past experiences, and needs of society or target audience. Members of society may not adopt formal social security schemes if these contradict the traditional value and system of care. Complexity is about whether or not the innovation is difficult to understand and apply. In this context, it would be difficult for people to adopt social security if they do not understand it and if the onboarding process is complex. Trialability relates to the level at which the innovation can be experimented by the target audience (Rogers, 1983).
Observability is about how results of the innovation are visible to others. For social security, target audience is most likely going to adopt the innovation if the benefits or results are observed through other members of society.

Other aspects of the diffusion of innovation is the categorization of adopters or interventions. According to this theory, members of society as a social system are adopters that can be categorized in four broad categories namely innovators, early adopter, early majority, late majority and laggards (Rogers, 1983). The category of innovators describes individuals who are active information seekers about new ideas. These are people with high levels of mass media exposure and extended interpersonal networks, usually reaching outside of their local system. The category of early adopters refers to people who are more integrated part of the local social system (Rogers, 1983). They command some level of respect in their local communities such that they are described as "the individual to check with" before using a new idea (Rogers, 1983). Due to this respect, they also have some level of influence in their communities. Early majority refers to people that interact frequently with their peers, but rarely hold leadership positions in their respective communities. However, they provide interconnectedness in the system's networks of different people. The relative delay to adopt an innovation is because of the quest to discuss with peers. They are however, early at adopting innovations in comparison to late majority and laggards.

Late majority are people who adopt new ideas just after the average member of a social system (Rogers, 1983). Usually, they tend to consider economic necessity before an adoption is made and are often skeptical of innovations. At times their adoption of the innovation is due to peer or network pressure. On the other hand, laggards possess almost no opinion leadership and their point
of reference when it comes to adopting innovations is the past (Rogers, 1983). They make decisions in terms of what has been done in previous generations.

The element of social systems in the diffusion are a set of interrelated units that are constantly engaged towards achieving a shared goal (Rogers, 1983; Jackson, 1985). The members or units of a social system may be individuals, informal groups, organizations, and/or subsystems. Each unit in a social system can be distinguished from other units. In the context of social security extension, this synthesis analyzes the various institutions and agencies playing specific roles in the implementation of the initiative. The target audience is also part of the system as it is being analyzed in the context of perceptions and social-cultural milieu that may affect realization of social security goals.

**Consolidated Framework for Implementation Research (CFIR)**

Damschroder et al., (2009) developed the Consolidated Framework for Implementation Research (CFIR) to offer an overarching typology to promote implementation theory development and verification about what works, where and why across multiple contexts. The framework has five major domains namely; intervention characteristics, outer setting, inner setting, characteristics of the individuals involved, and the process of implementation.

With regards to the intervention characteristics as first domain, the framework suggest that an intervention needs to be adaptable to the context of the institution or society in which it is being implemented. Adaptation is important for interventions to address the need of the target population without contradicting their beliefs and way of life. In the case of social security for example, adaptation is required given the different profile of informal economy workers and those in the formal employment category in terms of predictability of earnings. People in the informal economy have fluctuating incomes as some of them depend on seasons of the year such as after harvest (for farmers),
unlike those with formal employment arrangements who expect monthly and constantly given earnings through wages. Without adaptation, interventions usually come to a setting as a poor fit, resisted by individuals who will be affected by the intervention, and requiring an active process to engage individuals in order to accomplish implementation (Damschroder et al., 2009).

The second and third domains are outer setting and inner setting. Outer setting of the intervention includes the economic, political, and social context within which an organization resides (Damschroder et al., 2009). This means that the state of the economy, existing political situation as well as general societal life that includes values and relationships among people has potential to affect implementation of the intervention. On the other hand, inner setting includes features of structural, political, and cultural contexts through which the implementation process will proceed. These may be composed of tightly or loosely coupled entities (e.g., a loosely affiliated medical center and outlying contracted clinics or tightly integrated service lines within a health system); tangible and intangible manifestation of structural characteristics, networks and communications, culture, climate, and readiness all interrelate and influence implementation (Bate, 2014). It is therefore, discernible that there is a thin line between the outer setting and inner setting of the intervention as framed in the CFIR. This is because both domains contain political and economic factors. However, the distinction is that inner setting is more about the process of undertaking implementation. This observation is also acknowledged by Damschroder et al., (2009) who point out that the line between inner and outer setting is not always clear and the interface is dynamic and sometimes precarious. Therefore, the specific factors considered 'in' or 'out' will be contingent upon the context of the implementation effort.
The fourth domain is about characteristics of the individuals involved with the intervention or implementation. Individuals have agency as they make choices and can wield power and influence on others with predictable or unpredictable consequences for implementation (Damschroder et al., 2009). Sociologically, individuals hold norms and interests related to organizations of affiliation, their profession as well as other social institutions to which they have affiliation. These embodiments have implications on the implementation of the intervention, primarily because they tend to interact with the intervention at various levels. Interventions cannot undermine the important role of individuals and their agency characterized by their norms, interests and affiliations. Individuals also have knowledge of the intervention and society in which they operate. These have to be harnessed for the effective implementation of the intervention and achievement of results. This is why Greenhalgh et al., (2004) describe the significant role of individuals:

'People are not passive recipients of innovations. Rather...they seek innovations, experiment with them, evaluate them, find (or fail to find) meaning in them, develop feelings (positive or negative) about them, challenge them, worry about them, complain about them, 'work around' them, gain experience with them, modify them to fit particular tasks, and try to improve or redesign them—often through dialogue with other users.'

The fifth domain is the process of implementation. This implies that successful implementation usually requires an active change process with the aim of achieving individual and organizational level use of the intervention as designed (Damschroder et al., 2009). Implementation process is characterized by interrelated series of sub-processes that do not necessarily occur sequentially. Individuals may actively promote the implementation process and may come from the inner or outer setting such as local champions or external change
agents. In this way, process will unavoidably be affected by the inner and outer settings of the intervention. Therefore, this thesis is of the view that it is important that prior to implementation, particularly attention is given to how the other domains can affect the process. Observations undertaken during implementation concerning how the domains affect implementation process should also be taken into consideration as points for continuous learning and improvement of the process.

Originally, this Consolidated Framework for Implementation Research (CFIR) was applied in medical settings such as in studies by Moult et.al (2023) to evaluate the community rapid intervention service; and Lambert-Kerzner et.al (2019) on dissemination and implementation of new technologies in surgery as well as Adamu et.al (2020) on assessing the implementation context of a quality improvement program to reduce missed opportunities for vaccination. However, the use of the framework in this thesis is on the basis that both healthcare and social security are traditionally non-market products. Given that the framework has various domains, the thesis uses three domains: inner setting, outer setting, and characteristics of individuals involved in implementation.

**Ecological Systems Theory**

This theory analyses human interactions and development from a four-layer structure of the environment namely: micro, meso, macro, and exosystems (Latane, 1981), but also chronosystem as the fifth layer (Sincelo, 2012). The thrust of the theory is that each of the layers of the environment performs specific functions that maintain the system as a unit. To this extent, any disruption in any part of the layer of sub-system has effects on other layers and the system as a whole.
The micro system is the direct environment that people live in. It includes family, friends, classmates, teachers, neighbors and other people who have a direct contact with the individual (Sincelo, 2012). In this system, the individual has direct social interactions with social agents. This makes individuals active contributors to the relationship with others within the micro system. In the context of social security, individuals acquire information about this product through interactions with others such as friends and family. These become agents of socialization in as far as information sharing on social security is concerned. However, sometimes there are possibilities of misinformation circulating within the micro-system, that would then require other layers of the ecological systems to correct.

The mesosystem involves the relationships between the microsystems in one's life. It is through this layer that an individual gets a connection with other subsystems of society. Since individuals come from families, problems of lack of income in the family may affect their decision to register and contribute for social security. Exosystem refers to a sub-system in which there is a link between the context where in the person does not have any active role, and the context where in is actively participating. On the other hand, the macrosystem setting is the actual culture of an individual (Sincelo, 2012). It also implies values and laws. An additional sub-system is the chronosystem. This includes the transitions and shifts in one's lifespan. It implies changes that may occur in the life of an individual due to natural or other social and economic factors. For example, life events such as childbirth or death of spouse may affect the way individuals live.

The ecological systems theory helps this research in fostering understanding of how the various sub-systems of society and institutions implementing extension of coverage interact with each other. It also shows us how factors...
external to society such as COVID-19 pandemic can penetrate any sub-system thereby affecting operations of individuals and relationship between the different sub-systems. With the emergence of COVID-19, the ability of informal economy workers to contribute towards social security was put to the test. Also the working conditions and experiences of individuals in their work situations tends to have implications on their access to social protection.

Collectively, theories used in this thesis complement each other in enhancing the contribution of this work to the corpus of knowledge and understanding of the situation of extension of coverage. The thesis goes beyond focus on the evidence related to willingness to pay (Article I) but to an understanding of the institutional capacity, experiences and perspectives of the intervention as an innovation as well as how events such as pandemics affect access to and ability to contribute towards social security among informal economy workers.

2.7. Research Questions

The main aim of the research was to explore the extension of social security to informal economy workers in low-and middle-income country context, with focus on Zambia. Within this frame, the study explores lived experiences of domestic workers in the context of COVID-19 pandemic. The study of COVID-19 pandemic allows for examining the situation of informal workers during a contingency, in which the availability of social protection may influence their wellbeing and its absence threatens their livelihoods and survival.

Drawing from the theory of diffusion of innovation, consolidated framework for implementation research (CFIR) and ecological systems theory, questions addressed in this synthesis speak to different parts of theories. Research questions 1 and 2 uncover social-economic factors that relate to conditions such as trialability, relative advantage, and observability of the benefits of innovation that may affect informal
economy workers’ adoption of social security as an innovation. This is important as it girds the study within the broader view of society and some of the matters that can be taken advantage of in the planning and implementation of innovations. Questions 3 and 4 reflect on the social system aspect of the theory of diffusion of innovation, and ecological systems theory as well as inner and outer settings espoused in the Consolidated Framework for Implementation Research (CFIR). Particularly, the recognition that institutions implementing social security, individuals targeted by this innovation, and other factors including economic, health and physical environment are part of the social system. These systems are affected by a breakdown in any of them, and that forces external to the system may affect operations of all other subsystems. The institutional capacity can be affected by the economic, health and human resource situation in the social system while COVID-19 pandemic as an external factor tends to affect access to livelihoods, social protection as well as ability of the informal economy to contribute to social protection schemes.

Specifically, the study addressed the following questions:

1. What factors influence willingness to pay for health insurance and pension schemes among informal workers in low- and middle-income countries (LMICs)? (Article I)
2. What is the perception of informal economy workers regarding social security in Zambia? (Article II)
3. How is the condition of institutional capacity in the implementation of social security for informal economy workers in Zambia, and what are the implications for extension of social security? (Article III)
4. What is the perceived risk of contagion of COVID-19 and its effects on domestic workers in Zambia? (Article IV)
3.0. METHODOLOGY

3.1. Research Design

This doctoral project was conducted using qualitative research methods (Creswell, 2014). Qualitative design allows data to emerge through the perspectives of participants. The study also used systematic review methods (Article I) to gather evidence in low- and middle-income countries on the subject. The systematic review helped to design primary data collection as there were some concepts on willingness to pay that needed further exploration through interviews and focus group discussions, but also to generate evidence in the context of Zambia. This was necessary because systematic reviews summarise evidence on the subject (Uttley and Montgomery, 2017).

Given the strength of qualitative design in uncovering peoples’ views and meanings as they attach to their experiences (Johnson and Christensen 2014; Kilonzo and Ojebode, 2022), I set out to conduct interviews and field work in the two areas of focus: Lusaka and Southern Province. In Lusaka, data was collected from domestic workers and bus and taxi drivers to generate evidence on their experiences and perspectives regarding social security. These categories of the informal economy provide livelihood and employment to many people and also shows a rural and urban representation. Both men and women are also represented in this category thereby giving a gender balance. I interviewed informal economy workers’ associations and individual informal economy workers. In Zambia, bus and taxi drivers are always on the move taking service users from one place to the other. It was therefore, a relatively difficult assignment to meet these participants. In some cases, participants left in the middle of the interview when it was their turn to load their bus or taxi. Bus and taxi drivers on the ranks and main stations wait in line to load their vehicles with passengers. The situation required patience and flexibility in order to meet
the data collection objective of the assignment. This further showed that as a researcher, I relied on the generosity of participants who, also have the need to generate income and meet their daily needs. The active life of the bus and taxi ranks, with people involved in trading of various merchandise also showed the extent of informality in the city.

In Southern Province, I collected data from small scale dairy farmers and leaders of cooperatives. This area is characterized by patriarchal traditional society. Men make most decisions at a family and community levels. Women participate in both productive roles such as farming and trade but their participation is highly tilted towards reproductive functions. Farmers are organized through cooperatives. These institutions serve the purpose of enabling farmers to access some State interventions such as farming inputs, peer-to-peer support with regards farming and a platform for engagement with the other support institutions. Cooperatives are also used by social security institutions to disseminate information to farmers and villagers as a whole. This category of participants has taken part in a number of research activities such that during some of the interviews and focus group sessions, some of them expressed concern at the lack of sustainable interventions stemming out of the many research activities undertaken in their areas. As a researcher, such sentiments somewhat provided a practical and intellectual challenge because I did not have direct responses to their concern. However, the purpose of my study linked to the initiative by the Government to extend social security to informal economy workers was explained. Participants seemed to have gained more confidence since I had earlier explained that I was also a member of the Project Management Team that was overseeing the extension of social security to informal economy. However, even with this position, changes in the livelihoods and other interventions could not depend on the initiative to extend social security. Farmers’ needs and the general populace at large is dependent
on a myriad of social and structural factors within the socio-ecological system of society.

The study also involved implementers and informal economy leadership. These were the National Pension Scheme Authority (NAPSA), Dairy Association of Zambia, Domestic Workers Union, Alliance of Informal Economy Workers Associations (AZIEA) and Bus and Taxis Drivers Association of Zambia. These were information-rich as they provided insight into the situation of extension of social security for informal economy and institutional capacity in implementing the same. The phenomenon of selecting these participants confirmed the view that qualitative design as opposed to probability sampling employed in quantitative research selects ‘information-rich’ case (Palikans et.al., 2015; Vasileiou et.al., 2018). My interaction with this category of participants highlighted the significance of collaboration and the shared interest in improving the livelihoods and welfare of people in the informal economy.

### 3.2. Sample size and selection

This study did not determine apriori the sample size. However, there was consideration of sample adequacy, which basically pertains to the appropriateness of the sample composition and size (Vasileiou et.al., 2018; Spencer et.al 2003). The research had a sample of 83 participants (57 informal economy workers and 26 key informants) drawn from workers in the informal economy, policy implementers, informal economy associations and partners in the implementation of social security. Forty four of the participants were male while 39 were female. These participants were selected using purposive and snowball techniques (Neuman, 2014). I gave consideration to their informal economy category as informed by national priorities in the extension of coverage. It was relatively easy to engage and select these participants because
of existing associations and their partnership with government in extension of social security. This was a focused study such that the topic and questions determined the type of participants.

3.3. Data Collection

This thesis relied on primary and secondary data. Primary data was collected using interviews and focus group discussions (Neuman, 2014). Participants in the interviews included informal economy workers (57) and implementers and other stakeholders of the social policy on extension of coverage (26). In terms of secondary data, a systematic review was conducted where 34 studies based on 17 countries were reviewed. Systematic review materials focused on health insurance (23 papers), pension schemes (7 papers) and both health insurance and pension schemes (4 papers) (Article I).

The process of primary data collection involved explanation of research aim and seeking informed consent from participants. With domestic workers, the situation was peculiar in the first instance because some employers were unwilling to allow their employees to participate in the study. This was because of the perception that I would inform state agents such as the Department of Labour in case of breach of the law in the employment setting. We later learnt that this situation is also what makes some domestic workers not to be part of the domestic worker associations or unions. About challenges of collecting data from domestic workers, the ILO recognizes that the basic challenge faced by surveys of domestic workers is the correct identification and count of domestic workers, and their employers (ILO, 2023). This is because many domestic workers undertake tasks for households based on informal arrangements. Payment can be through cash or in-kind such as food, shelter or clothing. In Zambia, the medium of exchange in the targeted categories was money. This meant that domestic workers sold their labour for money to their employers. In
this phenomenon, the challenge of collecting data was not only with employers. Some domestic workers were also not so sure about participating in study despite being informed that the targeted participants were themselves and not their employers. In some instances, I got responses such as “I will have to inform my boss to allow me or maybe it is him who can answer to your questions because I do not know anything about NAPSA.” In Zambia social security has been commonly synonymous with ‘pension’ and in particular the National Pensions Scheme Authority, NAPSA - a state institution responsible for administration of social security benefits namely invalidity, old-age pension and survivors benefits. Other domestic workers also sought the permission of their spouses – this was common for female participants. The situation depicted two social realities of the Zambian society. First is the reality of autonomous domestic workers who based on their own understanding of the matter participated without having to wait for approval. Second is the superiority of authority in employers and spouses (husbands in this case thereby reflecting male dominance in domestic decision making).

In contrast, there was no case of bus and taxi drivers who sought approval of their employer or spouse to participate in the study. In fact, most of those that took part in the study found it a way of expressing themselves even beyond matters that were not areas of the study’s focus. While interviewing one participant, his colleague showed-up and said ‘when you conclude interviewing him, please interview me also. We want to tell you everything that happens here and how we work so that you can tell government that our conditions are not good.” Such sentiments were common among this category of workers especially during focus group discussions. However, I had to exercise control and leadership during focus group discussions, because there were some members who wanted to talk more than their friends, and at the same time delve into matters that while important could have diverted the focus of the study such as politics, price of commodities, healthcare services, among others.
Their views were appreciated and guided on the need to give chance to others as well as trying to focus on the subject.

This experience also presented one challenge of qualitative research – sometimes, participants have their preconceived matters and experiences that they want to share despite the ‘prepared question’ you may have as a researcher. Thus, courtesy and respect of their views was expressed while reminding them of the question asked. Such kind of ‘semi-diversion’ from the question asked was common among domestic workers and small scale farmers as well. I then realized that this category of the labour force lacks an avenue for expressing their deepest needs and that they do not get frequent feedback on matters that they have reportedly raised before.

Among small scale farmers, the participation especially in the focus group discussions relied on the role of the researcher as a facilitator to ensure that most participants have a say in the meeting. The area is highly patriarchal such that women and the youth have to wait for male adults (elders) before they can say their independent view. Often times, it is the views of the men and elders that majority will agree with. Such situation may have effects on the findings of the study as they may not represent the latent views of the group. Also the area is marked by expressions such as ‘Bantu Bendi’ to colloquially refer to people who own more cattle. Ownership of cattle confers respect and honor in the village such that at meetings such as focus group discussion, it is not advisable to start the meeting when such people are not yet in attendance. Most often, these are also influential members of the community.

When it came to interviews with key informants, the process of communication through telephones to make appointments and letters worked well. This was also because we worked in the field of social protection with some of the partners before. One feature from the interview arrangements was the continuous rescheduling for others due to their busy work activities. However, we were determined to conduct the
interviews despite some rescheduling. Overall, both interviews with key informants and informal economy workers, as well as the focus group discussions conducted led to generation of data that formed the basis of material for analysis on social security for informal economy workers in Zambia. In both interviews and focus group discussion, an audio recorder was used with permission of participants.

3.4. Data Analysis

This thesis had two sets of data. Secondary data mainly obtained through systematic reviews and realist approach; and primary data based on interviews and focus group discussions. Materials used for a systematic literature review were searched from electronic data bases using keywords (Article I). We appraised the identified paper using three different tools to correspond to quantitative, mixed methods and qualitative studies that were included in the review. For instance, we used Study Quality Assessment Tools to appraise quantitative studies (National Institute of Health, 2018) while mixed methods studies were appraised using Mixed Methods Appraisal Tool (MMAT). We appraised qualitative studies using the Critical Appraisal Skills Program (CASP). Given the diverse amount of data, we synthesized material using narrative synthesis. Narrative synthesis is an approach which arranges studies into more homogenous groups (Barnett-Page and Thomas 2009). The approach was used based on understanding of the different literature as it showed that it is useful in blending evidence of different types. In a narrative synthesis, study characteristics, context, quality and findings are reported according to a standard format and similarities and differences are compared across studies (Barnett-Page and Thomas 2009).

Data generated through interviews and focused group discussions were analyzed inductively using thematic analysis (Neuman, 2014; Willig and Rogers,
This approach enabled us to interact with data more and more as well as generate meaning based on social realities and social scientific orientation. The process of data collection was not sharply distinguished from the data collection phase. Therefore, collection and analysis of data was undertaken in a systematic, organized and iterative manner thereby making the study rigorous and its findings trustworthy. The process involved transcription of all audio materials, as well as translation of the scripts that were in a local language to English Language. I read transcripts several times to form codes, categories and themes. This process led to a pattern that formed the basis for the narrative of articles. This is also in agreement with Ravitch & Carl, (2019) who call for rigorousness in the analysis of qualitative data for findings to be trustworthy. Data from secondary sources were analyzed in line with research objectives and integrated in the narratives in accordance to the codes, categories, themes founded. Table 3 below shows different data analysis techniques used in the papers.

Table 3: Data analysis techniques in the four paper

<table>
<thead>
<tr>
<th>Article No.</th>
<th>Title</th>
<th>Data Analysis Technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Factors associated with willingness to pay for health insurance and pension scheme among informal economy workers in low- and middle-income countries: a systematic review</td>
<td>Narrative Synthesis (Popay et al., 2006).</td>
</tr>
<tr>
<td>II</td>
<td>Pension coverage extension as social innovation in Zambia: Informal economy workers’ perceptions and needs</td>
<td>Thematic Analysis (Willig and Rogers, 2018)</td>
</tr>
<tr>
<td>III</td>
<td>Implementing a Public Policy to Extend Social Security to Informal Economy Workers in Zambia</td>
<td>Thematic analysis approach (Wendy et al., 2018)</td>
</tr>
</tbody>
</table>
3.5. Ethical Considerations

Ethics include the concerns, dilemmas, and conflicts that arise over the proper way to conduct research (Neuman, 2014). For this thesis, ethics was the practice of social science standards in the conduct of research. I gave participants information about the study, and asked for their consent to participate as well as withdraw should they feel like doing so. However, I also explained the importance of completing the interview and focus group discussion (FDG) sessions. Both myself and participants had mutual understanding of our respective roles. This ensured that our communication and professional conversation was focused on the study. Participants gained confidence and trust when they were assured of confidentiality and respect of their views that signaled warmth in the undertaking. In accordance with international requirements, this study got ethical clearance from the University of Zambia, School of Humanities and Social Sciences Ethics Committee (reference number HSSREC-2020-Jan-014).

Conducting this research came with my inability to 'change' or 'improve the circumstances of the living conditions of participants in the immediate future, despite some of the findings being used in the national activity of extending social security to the informal economy. I noted that in the course of the interviews and FGDs, participants had more to say concerning their daily challenges and other matters related to their situation, which in most cases were not primary questions of our research. For example, in Southern Province, farmers consistently raised concern on the need for construction of dams seeing that the province experienced drought
which affect livestock raring, and other farming activities. They also expressed concern on the rising cost of farming inputs. Among domestic workers as well as bus and taxi drivers, a subject of concern was the need for better conditions of work and reduced commodity prices.

By bringing these matters out, they considered me to have some level of influence in the immediate future in order to make the voice of the local people be heard so that certain changes could be effected for their benefit. Listening to them made us aware that people in rural communities, and low income households in particular, need solutions to their daily problems, most of which are structurally caused. This created some level of dilemma and questioned our role as researchers on addressing practical problems and situations affecting people. The situation was handled by my awareness of the role and purpose of research, as well as knowledge of some government programs and offices responsible for some of the matters of concern as raised by participants. I reserved comments on these concerns to the end of the interview/FGDs. Thus, participants were reminded and informed of some specific government offices and their rights as provided for in national laws. For example, domestic workers and bus and taxi drivers were informed of the location of the Office of the Labour Commissioner, and reminded on the need to form a voice as a group through some representatives to press for their demands; farmers were also reminded of some existing development projects and loans through government and quasi government institutions. While this guidance did not solve immediately problems of the participants, it could be seen that participants appreciated the information and some of them voiced out commitment to follow through with relevant institutions on their needs.

Another issue that has implications on the ethical conduct of research is the matter I refer to as research participation fatigue. This is a phenomenon where participants...
have taken part in various researches by different institutions and individuals such that they are tired of this activity and have less interest to take part in further research. Ashley (2020) describes this as a state of psychological and emotional exhaustion both towards and as a result of research participation. I noticed this fatigue in the expression of participants before interviews. Particularly, this was observed I was explaining the purpose of the task and getting informed consent. Participants raised concern that ‘most of you and these institutions come here to use us to get information and make money for yourselves while our situation remains unchanged. We are requested to participate in research almost every day.’ This expression gave me the view that people felt exploited by various researchers and institutions that went to their area. In literature the problem of research participation fatigue is well acknowledged (Jacquet et.al 2021; Clark, 2008; Morrison, 2023; Largent and Lynch, 2017). Some researchers have gone further to show that multiple participation requests can lead to people feeling exploited (Goodman et al., 2018, Koen et al., 2017). In some areas, there was an indication that about three different research teams were in the area a week before this study. I noticed that some of the general themes of researches conducted in the area within two weeks preceding this study included health, microfinance, agriculture, climate change and social protection (social assistance). I wondered whether it was appropriate to continue with the research given the expressions by participants. While I appreciated participants’ exhaustion, I expressed my gratitude and indicated to participants’ that these researches serve different purposes, and that it is important for them to assist through participation so that there is evidence in the design of interventions as well as building of knowledge in various subjects.

Another ethical matter is on the compensation or appreciation of participants. I was not sure as to whether participants should be compensated for their time in research or not. But even if I was sure, my budget was very lean such that it would not have
been possible to compensate participants. Secondly, is the question of whether compensation should be provided in monetary or be given in-kind. I acknowledge that this debate on the ethics of compensation for research participants is common in medical and health sciences (Różyńska, 2022). However, terminologies used differ. The terms compensation and reimbursements are often used. Compensation is payment made for the time spent and other inconveniences resulting from study participation, while reimbursement is payment for reasonable direct costs incurred by research subjects (Różyńska, 2022).

In this study, I was dealing with small scale farmers, domestic workers, bus and taxi drivers and some key informants were essentially employees of institutions with a stake in social protection in Zambia. These were neither too poor nor rich, going by the conceptualization of the poor in Zambia, who deserve state support through social cash transfer. Their participation in research did not impose transport costs or other logistical costs that could require reimbursement since I followed these participants in their localities. However, there were other social and economic costs that came with time spent in the study. I collected data from small scale farmers during the awareness raising mission for extension of social security in southern province. The project team prepared refreshments. However, these are not in any way reimbursements or compensation. No compensation was given to participants, as the research component did not have adequate funding. It would appear that not providing compensation was a contradiction of the views given by Różyńska who raises a case of *prima facie* moral obligation of researchers to offer payment to research subjects, which stems from the principle of social beneficence (Różyńska, 2022). I understand that Różyńska (2022) gives this perspective from research experience in a biomedical setting. However, the contradiction with my practice raises a pertinent question on whether social researchers should proceed to conduct research even without compensating participants or not. The challenge is on the lack
of ability and capacity to show concretely that one appreciates this moral obligation. From this perspective, there is therefore, need to reduce the gap between awareness of moral obligation and actions undertaken. It is also important to note that while Różyńska’s view might hold for others, there is no generally accepted view regarding the moral obligation on payment to research subjects (Council for International Organizations of Medical Sciences 2016), or whether this is merely an “acceptable practice” (Food and Drug Administration 2018) or “ethically discretionary” activity (Persad et al. 2019).

During interviews and focus group discussions with bus and taxi drivers, and domestic workers (Articles II and IV), I provided compensation to participants. Each participant received US$ 4 (about ZMW50 at the time). I did not inform participants that they would be compensated prior to the interview. This was in order to avoid coercion or perception of coercion for participants to take part in the study. This was also contextually relevant because given the lack of opportunities and the fact that people were experiencing economic problems, that were made worse by the COVID-19 pandemic, informing participants about compensation before the interview would have led to more people becoming willing to participate in order to also receive this ‘benefit.’ The decision to give cash and not in-kind compensation was made on my awareness of the local context of various domestic demands as well as practical reasons. Obviously, there are arguments for and against cash provision in social assistance schemes (Hidrobo et.al, 2014; Mjue et.al 2015; Banerjee, 2023; Das & Sethi, 2023). But my compensation for research participants was not a social assistance scheme. It is easier to give cash than in-kind support, especially when the amount given is low. Money gives the freedom to acquire that which is needed based on the amount given. This was vivid in the expression of participants both as they were receiving and after the interview. One participant indicated that ‘this money has
come at a right time as some of us will now go and buy what we were lacking such as sugar, vegetables, cooking oil or repacked mealie-meal for the family.’

With the above concerns, this thesis submits that the use of qualitative research design and proceeding with research was justified. This is on account of the manner in which consent was obtained, and the fact that I did not work with participants as ‘instruments’ to produce data nor as material from which data can be extracted. Instead, I engaged them as active beings, with their inherent dignity and worth, as individuals and as a community within the African philosophy of ubuntu. Therefore, with participants, we co-created data that was to be analysed and processed into a fine thesis.

3.6. Reflexivity and Positionality

My social policy and social work studies inspired me to think critically about the category of retirees who never received their pension money on time. I thought injustice was committed against them. It begun to dawn in my academic and personal pursuits that institutions providing social security had inefficiencies and probably lacked in capacity. The institutions in question have been in existence for many years. I thought that these institutions should ordinarily be able to pay retirement benefits to members on time. As this thought was going on, I learnt that the Zambia Government through NAPSA intends to extend pension schemes to people in the informal economy including small-scale farmers through cooperatives that will work as aggregators. This awareness was interesting because informal economy workers were not in the type of employment traditionally considered by social security institutions. I also found it interesting that informal sector associations were to become aggregators. Thus, I wondered whether institutions earmarked to be aggregators would be able to handle the mammoth tasks associated with providing social security to
people in the informal economy. I had an impression that cooperatives do not have the necessary capacity to carry out tasks of extending social security.

Despite the preconceptions, I was open to get the views of participants through interviews. I shared common language and understanding of the subject of discussion. My preconceptions on capacity and level of education were responded to during the research process. For instance, I learnt that dairy cooperatives for small scale farmers have a mix of peasants and other rural economy workers. Some of them once worked in the civil service. Another category of farmers is about people who engaged in this activity as a secondary occupation. After retirement, these people reclined to their villages where they have taken up farming as an economic activity to sustain their lives. Since this is the situation, it would be of academic and policy interest to study fully the pension scheme and its benefit to people. If a person has retired and now finds secondary occupation, the assumption is that their pension benefits are not sufficient to meet their basic needs or whether their engagement in the secondary occupation is a matter of social rather than economic interest.
4.0. SUMMARY OF THE RESULTS

4.1. Introduction

This chapter presents a summary of results of this academic project based on the four papers listed in the preamble of this document. These findings reflect the social reality of informal economy workers and implementation of social security to this category of the workforce.

4.2. Barriers to extension of social security (Articles I, II and III)

A complex registration system hinder informal economy workers from seeking registration. This system includes rigorous and lengthy procedure that requires several lines of approval before one can be registered. This situation is also tied to the problem of a phenomenon of paper-based applications that have many fields to be filled in that make it difficult for those unable to read and write to fill in. While computer- and phone- based registration is an alternative, not all informal economy workers have phones or other ICT material that can enable them to access internet. Additionally, there is also erratic internet access in most parts of the country which affects not only informal economy workers but also the institutions involved in the extension of coverage. These factors cause delays in the processing of registration thereby hindering registration of more informal economy workers.

Lack of short-term benefits is a barrier towards member registration because people in the informal economy have the view that social security schemes such as pension schemes that require them to wait for ten years vesting period do not address their immediate needs. Interviews and focus group discussions showed that most informal economy workers are more concerned with meeting basic needs of food, health, children’s education, paying rent (housing) and to boost
their small scale trade activity. Therefore, a scheme that does not speak to these immediate needs is not a priority for them, much as they appreciate its importance.

Lack of trust in social security institutions hinders registration for social security. This is particularly the case of pension schemes that have been described as ‘very bad’ because of the observed delays and non-payment of pension benefits to people who retired within the communities. Participants alluded to the observation that they also see retirees on national television begging for their benefits. This situation arises out of the old national pension scheme system in Zambia that had management problems and non-state remittance of member contribution thereby affecting benefit access after retirement. Though members of the informal economy have not been contributing to these schemes, their observation from neighbors, relatives and for others parents has created this mistrust for social security institutions.

The study further found that inadequate human resource can have negative effect on the implementation of policy for social security extension. Evidence generated showed that the National Pension Scheme Authority (NAPSA) did not have adequate personnel to manage administration of the scheme for informal economy. The lean staff (of three people) at the Head Office was also involved in field visits and providing policy guidance to senior management. The situation was coupled with lack of clear roles and responsibilities for NAPSA staff in the district level towards implementation of the scheme given that all this was conceived at the Head Office with little participation of district level officers. Though NAPSA had inadequate human resource, it had the relevant equipment and materials. However, the situation was not so for their partner institutions such as cooperatives that were engaged as aggregators.
These institutions lacked essential equipment and materials such as computers and mobile phones. These gadgets are vital in the registration process and remitting of contributions by members.

Informal economy workers in the study also felt that the social security scheme did not have adequate local knowledge and context-specific needs, which could affect implementation and uptake of the schemes. This was particularly the case in the Southern Province of Zambia where farmers felt that the scheme should understand competing financial initiatives existing locally including village banks, and rotating savings locally called Chilimba. Participants reported these local initiatives seem to have attracted more people due to the ease with which they can access the money when needed. For them, the question of waiting for pension in a given (10 year) vesting period was rather too long despite appreciating the scheme.

4.3. Factors Associated with Willingness to Pay (Articles I, II and IV)

Willingness to pay (WTP) method is a stated preference that refers to the valuation of benefits in monetary terms for non-market products such as health or other social interventions including social insurance and education. This method has been used in social services that require members to make a payment, but most dominant in health insurance (Nosratnejad et al., 2014; Tundui & Macha, 2014; Kaonga et.al, 2022). The interviews and focus group discussion conducted showed that informal economy workers were willing to pay for social security. A further analysis of data through a systematic review conducted shows that low income households and informal economy workers were willing to pay and that there were factors that are associated with WTP. I found that income and trust were associated with WTP for
health insurance and pension schemes. Further family size, age, education and residential area were common factors for determining WTP for social security (Article I and II). However, evidence further showed that for health insurance, WTP was also influenced by the experience of sickness, attitude and presence of medical doctors and distance that members would have to cover in accessing healthcare facilities.

This study found that high income, state subsidies and a better benefit package were factors influencing WTP and also general enablers of extension of coverage. On benefit package, it was reported that informal economy workers prefer a package that speaks both to their immediate needs and long term needs. Others also suggested that it can be relevant for the state to subsidize their contributions given the low earnings that most of them have from their daily income generating activities.

4.4. Enablers to social security extension (Articles I, II and III)

The study established that having Knowledge of social security can foster registration among informal economy workers. Participants who were aware about social security were also aware about not having benefits thereby expressing interest to register. This was also coupled with the view that pension scheme as social security provides guaranteed income after retirement. Therefore, participants would like to have some form of income when they are unable to work in old age.

The study further showed that institutional partnerships are important in the work of extending coverage. This was particularly the case of partnerships with informal economy associations. These associations know their members better and can disseminate information much easier than the state institutions that have no presence in the localities of informal economy workers.
It was also established that informal economy workers can better enroll for social security schemes if payments are low and flexible. Most participants were of the view that their income is unstable and often time very low. For some, especially farmers, main source of income is agricultural produce. Therefore, they have relatively more money after harvest and sale of their produce. Such a scenario made them prefer flexible payments rather than the case is for the formal sector scheme.

4.5. Perceived risks of COVID-19 contagion and multidimensional effects of the pandemic (Article IV)

The quest to extend social security was met with the challenge of COVID-19 pandemic that affected most people in the informal economy. Based on data collected from domestic workers, it was established that their perceived risk of contracting the diseases was based on various factors. At the same time, domestic workers experienced multiple effects of COVID-19 pandemic. The focus and findings on experiences of domestic workers show that that domestic workers needed to continue working in the absence of social protection and other sources of livelihood even when there were calls for people to ‘stay home’. It also shows that this absence of social protection imposes the need to work even in situations that pose a risk of contracting disease as the COVID-19. These experiences, further have implications on whether informal economy workers such as domestic workers may sustain their contributions towards the newly established social security for informal economy workers in times of medical and social uncertainties.

There was lack of physical distancing in most social situations such as homes, markets, public transport and other public places where domestic workers found themselves in. Coupled to this was the nature of care and maintenance especially when caring for the elderly, ailing clients and children which require
close contact. In most situations, domestic workers who cared for at-risk populations (such as elderly, ailing clients and children) did not have personal protective equipment.

There was also lack of access to healthcare services. At the time, public healthcare facilities prioritized cases that presented heightened symptoms of COVID-19. Poor access to health care facilities was also because of long working hours, perceptions, and experiences about health service care delivery which include lack of drugs and testing kits for COVID-19.

Further to these risks of contagion was the multiple effects of the pandemic. Some domestic workers (4 of them) lost income due to loss of employment. Consequently, they were evicted from the rented houses thereby being exposed to COVID-19 risks as one of them sought shelter in public places.

 Majority of domestic workers experienced reduced working hours and employment opportunities. This was because employing households also experienced reduced income and there was also fear among potential employers about the risk of contracting the diseases in households. Conversely, domestic workers who maintained their jobs experienced increased workload.

All domestic workers experienced income loss. Those who were maintained in employment received reduced salary, delayed payment and others could not get employed after retrenchments. These problems led to domestic workers’ inability to buy food and meet nutritional standards, pay for the school needs of children, and purchase of medical drugs when prescribed by the clinic. The pandemic further increased stress burden and possibility of gender based violence in some homes.

Our study further found that in order to mitigate the impact of the pandemic, some domestic workers resorted to sale of domestic assets such as television
sets, beddings, cooking utensils; while others got loans from informal money lenders.

DISCUSSION

This summary chapter is nested on the theory of diffusion of innovation, consolidated framework for implementation research (CFIR) and ecological systems theory. For the diffusion of innovation, this chapter draws on the characteristics of the innovation such as observability, relative advantage, compatibility and trialability (Rogers, 1983). These characteristics reflect in the perceptions and experiences of informal economy workers as well as their willingness to contribute towards social security. The attribute of observability of an innovation is important in as far as it allows adopters or innovation target such as informal economy workers to see the results of an innovation. The easier it is for individuals to see the results of an innovation, the more likely they are to adopt (Rogers, 1983). Similarly, relative advantage of an innovation such as extension of social security can be seen through its social and economic value as perceived by adopters. While objective advantage such as guaranteeing income in the face of life contingencies is one aspect of the social security scheme, the theory of diffusion of innovation suggests that it does not matter so much whether an innovation has a great deal of "objective" advantage (Rogers, 1983). Instead, individuals' perception of whether the innovation is advantageous is what matters. Therefore, the greater the perceived relative advantage of an innovation, the more rapid its rate of adoption would be.

Compatibility in the theory of diffusion is about an innovation being in tandem with prevalent values and norms of a social system. In the context of our study, compatibility of social security for informal economy is its support or lack of contradiction with the lifestyle, values and beliefs of society. Therefore, compatibility is about an innovation's consistence with the existing values, past experiences, and needs of potential adopters (Rogers, 1983). From this perspective, there is synergy between this doctoral research's findings with the theory of diffusion of innovation and the consolidated framework for implementation research (CFIR) and ecological systems theory.
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implementation research (CFIR) in as far as considering the need for benefits that should be compatible with the target group.

However, the experiences are also affected by other factors in the social system as espoused in all three theories. In the diffusion of innovation, the social context, and in the ecological systems theory, it is the micro and meso subs-systems as well as macro level factors that affect uptake of the innovation. Some of these factors include the work environment and the COVID-19 pandemic. This thesis further places the issue of pandemic in the outer setting of the innovation from the perspective of consolidated framework for implementation research (CFIR). As a factor that came into the social system, COVID-19 affected source of income and livelihood for informal economic workers and created effects on their ability to contribute towards social security. At the same time, the pandemic exposed the lack of access to social protection among informal economy workers.

As countries are now enhancing efforts towards covering this category of the workforce with social security, one of the objectives of this doctoral project was establish factors that influence willingness to pay for health insurance and pension schemes among informal workers. It is clear from the evidence produced through systematic review of literature that informal economy and low-income households are willing to pay for social security (Dartanto et al., 2016; Ahmed et al., 2016; Jiang et al., 2018; (Kotoh et al., 2017). In particular, in Algeria, where 42% of the workers are outside the social security system (Labor Force Survey, ONS, 2019). A study by Merouani, & Lassass (2021), shows that there was willingness among informal economy workers to contribute towards social health insurance. In this study, a Contingent Valuation Method was used to elicit responses on the amounts that participants were willing to contribute. Another study by Tundui and Macha, (2014) in Tanzania show that there was
willingness among low income, rural households to pay for health insurance. This evidence is in tandem with our empirical evidence in Zambia where through interviews and focus group discussions, bus & taxi drivers, domestic workers as well small scale farmers indicated their willingness to pay/contribute for social security. These matters reflect the issue of the outer setting such as economy and meso-macro situation that has implications on the ability of individuals to contribute to social security.

The phenomenon of willingness both in literature and empirical studies undertaken suggest that there is potential for informal economy workers to adopt social security as a social innovation. However, from a theoretical perspective, adopting social security among people in the informal economy would be dependent on the members' evaluation of its social and economic importance, compatibility with social norms and values, low or less complexity, possibility of the innovation being tried and the observability of benefits (Rogers, 1983). These elements are significant in the product that has not been previously accessed by this category of the target group. At the same time, these elements are in themselves interacting with the daily life of informal economy workers namely the social-environment system in which they live and experiences they have each day that shape their judgement and decisions on whether to spend on certain social products or not.

In Zambia, informal economy workers, as a subsystem of wider social system that includes economic, political, social as well as another subsystem of social security, have some perspectives concerning social security package designed for them (Miti, et. al, 2021a). This category of the workforce appreciates social security on account of its benefits namely old age pension, family funeral grant, invalidity benefits as well as maternity benefits. Naturally, people age and the energy to work is lost with the passage of time. Despite this situation, people in
the informal economy are forced to work even in their old age due to lack of social security systems such as old age pension and a declining family support system that can take care of their needs. This category would have to need to keep working even in situations of risk as it has been established for domestic workers. Extension of social security in this sense is compatible with the existing values and beliefs of society. Theoretically, it will be relatively easy for people to adopt this innovation seeing that it does not contradict their values and beliefs. At the same time, the scheme seems to provide some social and economic benefits, essential attributes of an innovation in the theory of diffusion of innovation (Rogers, 1983). Therefore, extension of social security was seen as way that can promote the better care of elderly people from the informal economy, when they are no longer able to work. It would therefore also show that society has developed a subsystem of care for the elderly population in the face of life contingencies.

While this thesis shows attitude of appreciation of social security, and in particular pension schemes and its allied benefits, there is not much literature on pension schemes for informal economy workers. Instead, most available literature is on health insurance (Kaonga et.al, 2022; Atake et al., 2016; Nosratnejad et al., 2014). Because both pension schemes and health insurance are non-market products, we use evidence in the latter to show that our findings are in tandem with those of other contexts when it comes to appreciation of social security among people in the informal economy.

Despite this appreciation of positive perception of social security by people in the informal economy, there are both barriers and facilitators of extension of coverage. In the case of barriers, the study shows that complex registration system, lack of short-term benefits, lack of trust in social security institutions, inadequate human resource, and materials can hinder registration for social
security (Article I, II & III). The situations is made worse by covariate shocks such as impact of COVID-19 (Article IV). I argue that social security is a social policy matter whose implementation depends on lifting the barriers identified. Issues of complex registration for example, create a barrier in as much as the registration process takes more time from informal economy workers’ productive hours, while issues of trust speak about the bad reputation of social security institutions characterized by corruption, and delays in payment of benefits to members.

The problem of mistrust is one matter affecting contribution to pension schemes in Arab countries (Attia and Price, 2017). Since trust and additionally credibility have been identified as crucial aspects of insurance products (Banerjee and Duflo, 2013), their absence may affect member uptake of these products. Lack of trust and credibility is a manifestation of eroded public confidence in the schemes. When members do not trust the institution, it becomes difficulty for them to adopt an innovation despite the benefits it offers. This is particularly so because the nature of the innovation in question requires members to contribute their income. Parting with hard earned income in a situation where one does not trust the managing institution, and where possibility of receiving the ‘promised’ benefits is unclear waters down the desire and willingness to pay.

Conversely, trust in institutions managing social security acts as an enabler for people in the informal economy to enroll. Other enablers included knowledge of the social innovation, low and flexible payments and existence if institutional partnerships. The case of payments reflect the reality of diverse income levels in the informal economy. Low income earners in this category would need low amount of contribution in order not to destabilize their ability to meet some immediate needs. Zambia, has taken this position and lowered the contribution
amount to (USD 2.5) per month at the time based on natural average earnings and waiving of the employer contributions. However, gaps still exist in registration and compliance thereby implying the presence of other factors that affect uptake of the innovation with the social system. One such an issue is the meeting of physiological needs, paying for school requirements of children and boosting productive capacity through business. The need to satisfy the aforementioned is high among informal economy workers such that they call for inclusion of short-term benefits such as access to credit that can help them address some of these needs. The inclusion of flexibility for withdraw and some form of loans in the schemes in Togo (Charmes, 2017) and Kenya (Kabare, 2018) as reviewed in section 2 of this thesis speak to the situation of meeting priorities of the informal economy, thereby being in agreement with the findings of our study.

One realizes that some of the issues requiring intervention as expressed needs of people in the informal economy are not traditionally social security benefits as per ILO Social Security (Minimum Standards) Convention, 1952 (No. 102). For example, education of children, and enhancing productivity are not typical social security functions. Instead, they belong to the broader social policy arena. The fact that these were mentioned as participants in the study (Article II) as some of the issues to which their priorities are directed, and through which short-term benefits in the social security design should respond to suggest the importance of linkages in services within the social and economic framework of a country. This would entail designing programs that build capacity with a linkage to the need for beneficiaries to enroll in social security.

In Zambia, Government introduced free education in January 2022 in line with the governing Party’s Manifesto and fulfillment of electoral campaign promises (UPND, Manifesto 2021). Free education has a political dimension and also
draws heavily from the Republican President’s influence and experience as himself is a beneficiary of education paid for by tax-payers during the reign of the country’s first Republican President, Kenneth David Kaunda. Though this policy is seen as reducing the economic pressure of low-income parents including those in the informal economy, there are other factors on the supply side of education that impose costs on parents. Lack of adequate learning materials, overcrowding in classes and shortage of teachers are some of the challenges. These problems affect the quality of education. Aware of the effects and situation of lack of adequate materials, overcrowding and lack of human resource in public schools, parents are forced to arrange private tuitions with teachers, buy learning materials such as textbooks in order to support their children’s learning. These costs therefore, create a strain on some families in the informal economy. The situation suggest the need for a more comprehensive social policy that addresses various gaps in the service provision, and foster capacity of households to contribute towards social security.

Another feature of the case of Zambia’s implementation of extension of social security is its anchoring on partnerships with informal economy workers’ associations and other service providers. This situation depicts the importance of an ecological systems approach to policy implementation. In informal economy associations play the role of awareness raising, member registration and facilities contributions for some of their members. From the onset of the initiative, Government engaged informal economy workers in determining the type of benefit package and how services ought to be provided. Some actuarial assessments and technical analyses were therefore based on inputs and consultations with informal economy workers. Therefore, there exists collaboration between government and informal economy associations with regards to social security extension. This situation is dissimilar to the phenomenon in Togo where informal workers associations and government did
not speak to each other and had no collaboration in the extension of social security (Canelas & Niño-Zarazúa, 2022). Collaboration with informal economy associations, especially when it comes to awareness raising are important because of the shared characteristics (homophily) that members in this subsystem share. Information on the products tend to be more and easily accepted if it comes from a member of this group with some level of social influence rather than from ‘strangers’ with ‘prestigious’ government positions. This thesis has shown therefore, that it is important to pay attention to various subsystems in the design and implementation of social security as an innovation to cover informal economy.

Within the space of extending social security, Zambia, like many other countries found itself having to grapple with COVID-19. The pandemic found place in the interrelations of the sub-systems in which informal economy workers operated. Evidence here has shown that people in the informal economy faced multiple effects that hindered their ability to meet basic needs. Elsewhere, various effects of COVID-19 have been reported such as rapid increase in demand with food delivery co-occurred with a loss of demand in taxi/ride hailing sector during lockdown in industrial countries (Perkiö, et al., 2020); loss of income and employment in the informal sector in general (Aditya & Amri, 2020; Komin, et.al 2020); and in Bangladesh, women in the informal sector suffered the impacts of COVID-19 more than their male counterparts (Swarna, et.al 2022).

These effects further imply reduced ability and willingness to contribute for social security schemes. This is on account of their quest to meet immediate needs as had been established in Articles I and II of this project. Within this broader social system, it would be difficult for informal economy workers to adopt social innovations such as social security even when these present better
benefits. These benefits may be remote to their immediate needs. The elements of observability and relative advantage would inform adoption of the innovation.

In Zambia, the COVID-19 pandemic exposed weaknesses of the social protection system. Evidence from fieldwork with domestic workers shows their exposure to social and economic risks due to the pandemic, and the potential of their lack of ability to contribute towards social security schemes currently being extended to this category of the population. The effects of COVID-19 pandemic showed great magnitude such that government was unable to meet the needs of the population even with the introduction of emergency social cash transfers/emergency funds. The emergency funds introduced to cushion the impacts excluded majority of people in the informal economy. Evidence from COVID-19 experiences, as situated in the ecological systems theory does shows how one disruptive system may affect others and at the same time, potential of members to contribute is affected. This means that for individuals who may not be able to contribute, they will be solely relying on the informal system of social protection. These systems are also referred to as informal security regimes by Ian Gough (2013). In the informal security regimes, there is direct production of food and other goods and services rather than reliance on capitalist system, employment in informal labour markets is common, and the cultural resources of communities, kin connections, smuggling and other illegal activities and so on persist (Gough, 2013). Though Gough mentions some of these problem of illegal activities, society especially in the Zambian context has evolved to an extent that there are system of control and law enforcement to deal with any form of illegal activity. Thus, the traditional and legal setting of Zambia, illegal activities are not considered as informal economic activities but rather as illegal as they are thereby inviting the application of relevant laws. What is important in Gough’s recognition is that individuals and families use
diverse strategies to make a living, involving various types of labour (Gough, 2013). In this case, and given the development process of the world, an approach to social protection that considers both formal arrangements without undermining informal arrangements, especially in low-middle income country context like Zambia where informal system of support is the first line of call, is important and should be emphasized. This is also acknowledged by Ketola & Nordensvard (2022) who show that there is an interdependent and reciprocal – rather than evolutionary – nature of the relationship between informal and formal welfare practices. Thus, in Zambia, the provision of COVID-19 emergency relief funds show that most people did not benefit from the formal arrangements but rather relied on their kinship system and community support.

The formal systems of COVID-19 support had a number of requirements such as membership to the national pension scheme and occupation associations (MCDSS, 2020), to be able to receive the benefit. However, most informal economy workers are neither registered with the national pension scheme authority nor with occupation associations. These associations do not have a nationwide presence. Such a criteria is typical of interventions designed on neoliberal philosophy. The COVID-19 emergency cash transfer in Zambia was heavily driven by the donor community both in terms of ideation and funding. Government released ZMK 20 million (approximately USD 1.1 million) to the Ministry of Community Development and Social Services towards the social protection response while the UN’s emergency appeal received USD 39.1 million that covered health, education and food security (Pruce, 2021). Some donors such as the UK, Sweden and Germany, channeled funds directly to emergency cash transfers. Government’s role was, limited to provision of human resource such as social welfare officers. Other evidence supports this view by indicating that government funding was exclusively through salaries for
MCDSS and District Council staff, only partially allocated to implementing the program (Pruce, 2021).

Having discussed results of the study, this chapter presents a summary in figure 5.a and 5.b. Figure 5.a. below present a summary of articles I, II, and III while figure 5.b. shows results of article IV.

Figure 5.a. Barriers, Enablers and Factors associated with social security extension

<table>
<thead>
<tr>
<th>Barriers to extension of social security (Article II &amp; III)</th>
<th>Factors Associated with WTP (Article I,II &amp; III)</th>
<th>Enablers to social security extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complex registration system</td>
<td>Education</td>
<td>Knowledge of social security</td>
</tr>
<tr>
<td>Lack of short-term benefits</td>
<td>Family size</td>
<td>Guaranteed income after retirement</td>
</tr>
<tr>
<td>Lack of trust</td>
<td>Age</td>
<td>Institutional partnerships</td>
</tr>
<tr>
<td>Inadequate human resource</td>
<td>Residential area</td>
<td>Low and flexible payment rates</td>
</tr>
<tr>
<td>Lack of equipment and materials</td>
<td>Experience of sickness</td>
<td>Income (high)</td>
</tr>
<tr>
<td>Lack of local knowledge and context</td>
<td>Attitude and presence of medical staff</td>
<td>Benefit package</td>
</tr>
<tr>
<td></td>
<td>Distance from facility</td>
<td>State subsidies</td>
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<tr>
<td></td>
<td>Income (high)</td>
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</tbody>
</table>

Figure 5.a. above shows findings of the study on extension of social security to informal economy workers in Zambia. While efforts to extend social security are under way, there are barriers that exist thereby inhibiting potential towards extensive coverage as described below.
Figure 5.b. Risk of Contagion and multidimensional effects of COVID-19 (Article IV)

Figure 5.b. above shows factors associated with perceived risks of COVID-19 contagion and multidimensional effects of the pandemic on domestic workers as a vulnerable category of the informal economy. Both the risks of contagion and multidimensional effects have implications on extension of social security, and further justify the need for this extension.

6.0. LIMITATIONS AND STRENGTHS
This study has 83 participants informed by its qualitative orientation. Therefore, its findings cannot be generalised. Academics, and policy makers looking for generalization of these findings may not appreciate this fact. However, the findings are reliable and trustworthy given the rigorous process involved in the design, collection and analysis of data informed by the topic. My orientation therefore, was in
tandem with Morse who encourages researchers to take into account parameters such as the scope of study, the nature of topic (i.e. complexity, accessibility), the quality of data, and the study design (Morse, 2000).

Another limitation of the study (Article I) is that most literature reviewed was based on health insurance, an indication of the lack of literature on pension schemes for informal economy in low-and middle-income countries. Therefore, conclusion on the willingness to pay for social security will have to be understood within this context. Generally, there might be different expressions or results of willingness to pay if health insurance and pension schemes are presented separately to participants. This is because health insurance benefits such as access to healthcare facilities, medical and allied services are usually more immediate and easily observable, than can be the case for pension scheme benefits that require a relatively longer vesting period.

Despite the described limitations, this study has strengths. Firstly, it is one of the first known studies that compiles evidence of willingness to pay for social security among informal economy workers using systematic reviews (Article I). The study's uniqueness is in the focus on both health insurance and pension schemes in low-and middle-income country context, supplementing the dominant focus on health insurance only. This creates a new path for epistemic communities in terms of focus on pension schemes as part and parcel of the broader social security schemes. This evidence further makes it easy for both policy makers and academics to have access to knowledge about different contexts where willingness to pay for social security has been undertaken. In effect, the knowledge can influence the design of non-market products that would require beneficiaries to pay.

Secondly, the study draws on experiences of people working in the informal economy to provide evidence concerning their perspectives on social security institution’s readiness (Articles II and III) as well as exploring the risk of contagion of COVID-19 and its multiple effects (Article IV). To the best of our knowledge, no study has been
conducted in Zambia that looks at COVID-19 with a relationship to extension of social security. Evidence in this paper has shown that the COVID-19 pandemic affected livelihoods and income sources for informal economy. This has negative implications on their ability to contribute towards social security. Therefore, the novel knowledge closes the gap. This is important as exploration of the risk of contagion and multiple effects of the COVID-19 pandemic opens another window for understanding possible effects of other epidemics such as cholera that periodically ravages the country, and how these impact on livelihoods and contributory capacity of on informal economy with regards to social security.

Thirdly, this study narrows the gap between research and policy implementation in that some of the evidence (Article II and III) generated were communicated to the implementation team of Zambia's extension of social security. This was enabled through the researcher's participation in meetings and field activities facilitated by the Finnish Institute for Health and Welfare (THL). The situation enabled appreciation of the role of research by local agencies (NAPSA) and the ILO, who formed the main technical team working on the subject. Informal economy workers appreciated this research as some of the identified gaps such as lack of equipment identified (Article III) begun to be filled later through provision of phones and basic training on the basis of this work. In addition, selection of informal economy categories namely bus and taxi drivers, domestic workers and small scale farmers was in tandem with national priorities for extension of social security, and was therefore devoid of researcher bias. The process of conducting this research, coupled with the action-oriented manner through participation in project meetings, further shaped administrative and research skills of the researcher, and helped to build professional partnerships on which further researches on the subject can rely upon.
7.0. IMPLICATIONS FOR POLICY AND PRACTICE

Evidence from this thesis provides various contributions for policy and practice in low-and middle-income countries. Firstly, there is need for a holistic policy framework and allied interventions that support improving lives and decent work for all, especially people in the informal economy suffering from decent work deficits. Such a holistic framework would be both preventive and protective, and create potential for transformation of individuals, communities and the country as a whole. Within this framework would be a shock-responsive social protection and linkages to other social services in general through which livelihoods can be supported. To realize this goal, it is important that there is political will and strong workers’ associations that can champion allocation of adequate resources to this sector, and shift the thinking about social protection as secondary to economic growth and ‘other priorities.’

Secondly, preparedness and interventions in social determinants of health are important in dealing with pandemics. Pandemics are not new in the 21st century. Zambia and other low-and middle-countries have experienced pandemics such as cholera at different historical periods. Prior to the COVID-19 pandemic, for example, Zambia had experienced 29 cholera outbreaks in the period January 1977 to December 2018 (Chota et.al, 2022). In addition, the experience of Ebola outbreaks in the neighboring Democratic Republic of Congo in 2018 should have provided Zambia an opportunity to learn on managing such outbreaks as COVID-19 and others. At the time of writing this thesis (2024), Zambia was struggling with a cholera outbreak first recorded in October 2023 with a cumulative number of cases being 21,007 as of 7th March 2024. Cholera is concentrated in high density areas and affecting mostly low income households and people in the informal economy. Thus both the phenomenon of COVID-19 and cholera show a lack of comprehensive intervention to prevent the outbreaks and even spreading of the diseases. This calls for a
development and policy paradigm that address the core issues of water and sanitation, equal opportunities in education, decent housing and link to social protection interventions for vulnerable groups.

Thirdly, there is need to build corpus of knowledge and continuously contribute to social policy through research that draws from grass roots. Focus of future research should be on various categories of the informal economy and how they experience social security; comparative analysis of existing social security schemes in low-and middle-income countries and assess the effects of short-term benefits on member registration. Further, tracing and tracking of investment in social determinants of health, and social protection as well as political-economy of social protection is important. At another level of policy, is the role and perceptions of technocrats on various aspects of social policy. Thus, research should continue to generate evidence and develop theory.

8.0. CONCLUSION

The thesis of this project is that extension of social security to informal economy should be undertaken in consideration of contextual factors that hinder onboarding of members. These factors include the loci of social and economic policy such as provision of quality and affordable education, health care, empowerment schemes; cultural and social factors such as traditional values on asset ownership and the role of women, cultural ways of saving and care for the elderly, and matters relating to institutions responsible for social security such as provision of adequate personnel, relevant equipment, and transparency and accountability. These findings are theoretically reflected in the theories of diffusion of innovation, ecological social systems and the Consolidated Framework for Implementation Research’ (CFIR).
Evidence adduced based on the case in Zambia is that while informal economy workers appreciate the importance of social security, they are constrained in making contributions because of social and economic strain encountered in their daily lives. The experience of the impact of COVID-19 further compounds the vulnerabilities of the policy target. Lack of knowledge of social security as a right also hinder uptake. It is important to continuously reflect on strategies to reach the uncovered groups in order to address vulnerability and risks due to life contingencies.

Informal economy workers and the strategy to extend social security are all part of the social system that would rely largely on well thought-out legal and policy framework that would not be elitist but be built on the needs and aspirations of service beneficiaries. It is also important in this regard that as an innovation, social security is linked to other services and show its relative advantage, compatibility to local norms and values, less complexity, and observable benefits in order to persuade members to onboard. On the basis of the aforementioned, this thesis recommends the use of a member-centered approach to social security extension, and calls for a comprehensive social policy that seeks to address various sources of vulnerabilities.
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Appendices: Article Publications

PUBLICATION I

Factors associated with willingness to pay for health insurance and pension scheme among informal economy workers in low- and middle-income countries: a systematic review

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Tampere, Finland and
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Factors associated with willingness to pay for health insurance and pension scheme among informal economy workers in low- and middle-income countries: a systematic review

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Abstract
Purpose
– The purpose of this paper is to establish the main factors influencing willingness to pay for health insurance and pension schemes among informal workers in low- and middle-income countries (LMICs). Historically, informal economy workers have been excluded from social protection coverage. There is a growing need, interest and policy discourse in LMICs to extend social security to informal economy workers. However, little is known about informal workers’ willingness to pay (WTP) for social security services in different LMIC settings.

Design/methodology/approach
– The authors conducted a systematic review and searched five databases from 1987 to 2017. Included papers focused on "social security", "social insurance", "pension", "informal economy", "informal sector" and "informal workers" in LMICs. Authors conducted independent data appraisal and data extraction. A total of 1790 papers were identified. After exclusion, 34 papers were included in the analysis. Given the heterogeneous results, the authors performed a narrative synthesis to consolidate the findings of the different studies.

Findings
– In total, 34 studies from 17 countries were included in the review, out of which 23 studies focused on health insurance, 7 studies on pension schemes and 4 studies on social security in general. The study showed that income and trust were associated with WTP for both health insurance and pension schemes. In addition, family size, age, education and residential area were common factors for both forms of social security. For health insurance, experience of sickness, attitude and presence of medical doctors as well as distance from the healthcare facility all played a role in determining WTP. For pension schemes, low and flexible contribution rates, benefit package, government subsidies and quality of administration of the schemes influenced enrolment and contributions.

Research limitations/implications
– More evidence is needed for WTP for pensions among informal workers.

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Factors associated with willingness to pay for health insurance and pension scheme among informal economy workers in low- and middle-income countries: A systematic review

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<th><em>International Journal of Social Economics</em></th>
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</tr>
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<td>Manuscript Type:</td>
<td>Research Paper</td>
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<tr>
<td>Keywords:</td>
<td>social security, pension scheme, health insurance, willingness to pay</td>
</tr>
</tbody>
</table>
Introduction

Social protection, or social security, is a sustainable development goal that can contribute to a better quality of life for all [1]. There is growing need, interest and policy discourse in low- and middle-income countries (LMICs) to extend social security coverage to informal economy workers. Social security has been defined as “benefits that society provides to individuals and households – through public and collective measures to guarantee them a minimum standard of living and to protect them against low or declining living standards arising out of a number of basic risks and needs” [2]. It ensures income security in the face of contingencies such as sickness, maternity, employment injury, unemployment, invalidity, old age, and death of the breadwinner. The interest in extending social security coverage to informal workers is informed by realisation that most people in the world are not covered by any social security schemes [1], [3]. Approximately 71% of the world’s population have partial or no access to comprehensive social protection systems [1]. Health care services, for example, are only available to approximately 44% of rural residents, compared to 78% in urban areas [1]. In terms of pensions coverage, less than 20% of the labour force globally has access to contributory social security such as pension as majority of workers are in the informal economy [1], [4], [5]. The lack of social security coverage can increase vulnerability and has potential to thwart socially and economically productive lives.

Informal economy workers constitute most of the labour force in LMICs [6], where they live in poor communities. This is consistent with the marginalization thesis as proponents have argued that informal economy workers live in deprived urban neighbourhoods, peripheral rural regions, poorer nations and poorer regions of the global economy [7]. Austerity policies implemented in many LMICs [8]–[10], together with corporate profit maximisation have contributed to increased casualization and flexibilization of work [11], thus further increasing informal work. Informal economy workers in LMICs are defined as workers who fulfil two or more of the following criteria: they have 1) no written contract 2) no entitlement to annual vacations and/or 3) no social security coverage [4], [12]. Across the world, informal economy workers engage in varied activities, from street vending, rickshaw pulling, domestic work, agricultural casual work and taxi & bus driving, as well as more established settings, such as sawmills and construction [13]. Given the lack of contracts and social protection, and therefore lack of legal protection, they are vulnerable to social risks especially after retirement, including increased risk of poverty [6], [9]. In addition, their working conditions may be poor, characterised by long working hours, lack of social benefits including maternity leave, no sick pay or health insurance and low- or non-payment of wages [8], [12], [14], [15]. Informal workers’ situation demands a policy response to extend social security coverage.

Despite the importance of extending social security to informal economy workers and its recognition, there is little research conducted on this issue. There are many unknowns about how this extension can be put into practice; and about how informal workers view social protection mechanisms in different settings. Willingness to pay (WTP) for social security is a key issue when considering extending social security. WTP refers to the amount of money that people are or a household is willing to spend to access or acquire a particular service [16], [17]. To date, there are no systematic reviews that focus on WTP for pension social security. Most systematic reviews available examining WTP focus on community health insurance [18]–[23]. In addition, the reviews mainly concentrate on financial protection and utilisation, effectiveness, provider payment mechanisms and role of Community Based Health Insurance (CBHI) in improving health service access [18], [24]–[26]. Given the growing need to extend social security to informal economy workers [5], [27], [28], we aimed to establish factors associated with WTP for pensions. Understanding what drives WTP can help to understand
social security mechanisms from the perspective of the potential recipients, informal workers. We aimed to consolidate WTP literature from LMICs focusing on the question of what affects people’s WTP for pensions or health insurance. In order to gain understanding of the factors behind WTP, we focus on both pensions and health insurance.

This review limits itself to the factors associated with willingness to pay for social security. However, it recognizes that there is a broad range of literature covering informal economy from various theoretical stand points, including the marginalization and reinforcement theses. The former is associated with the view that informal economy workers are deprived and have low incomes, as the latter posits that participation in the informal economy is lower among the marginalized groups of people [7]. Subsequently, there is an emergence of the exclusion and exit perspectives of the informal economy. Some of these theoretical standpoints are applied in this study.

Methods

Search Strategy
The search strategy was developed by first author with the support of data management specialist to ensure accurate search and optimal results. We searched electronic databases and combinations of key words as shown in table 1 below. Key words were used in combination such as a + b + c (“social security” OR “social insurance” OR “pension” AND “informal economy” OR “informal sector” OR “informal workers” AND “low- and middle-income country”). The search was conducted between February 2018 and April, 2019.

Table 1: Databases and key search terms

<table>
<thead>
<tr>
<th>Keywords</th>
<th>Databases</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. “social security”</td>
<td>SCOPUS, Proquest, Medline, Web of Science, and EBSCOhost (Academic Search Premier).</td>
</tr>
<tr>
<td>a. “social insurance”</td>
<td></td>
</tr>
<tr>
<td>a. “Pension”</td>
<td></td>
</tr>
<tr>
<td>b. “informal economy”</td>
<td></td>
</tr>
<tr>
<td>b. “informal sector”</td>
<td></td>
</tr>
<tr>
<td>b. “informal workers”</td>
<td></td>
</tr>
<tr>
<td>c. Low and Middle Income Country</td>
<td></td>
</tr>
</tbody>
</table>

This review follows the PRISMA checklist for reporting systematic review [29] (See Appendix 1).

Inclusion Criteria
Primary and secondary studies that focused on pension and health insurance schemes in LMICs were eligible for inclusion. We considered studies eligible if they were:

1. Focused on social pension and health insurance as contributory social security schemes in LMICs
2. Published between January 1987 to December 2017
3. Studies using quantitative or qualitative or mixed methods
4. Published using English language
5. Peer reviewed papers reporting on original data and overview papers on the subject
We excluded papers that did not focus on LMICs and did not deal with the areas of social security of interest for this review namely pension scheme and health insurance.

**Study selection**

MENDELEY reference management software (Version1.19.3) was used to organise, store the literature and to remove duplicates. Two authors independently screened search results in terms of their titles, abstracts and keywords. Studies with potential relevance were then retrieved and their abstracts examined for inclusion. The full papers were then reviewed to verify their inclusion. Disagreements between the authors were resolved through discussion.

**Quality Appraisal**

Authors assessed quantitative studies using a guideline by the National Institute of Health [30]. Mixed methods studies were assessed using MMAT tools [31]. Qualitative studies were assessed using CASP tools. Authors did not exclude articles based on quality assessment. Overall, the article quality was found acceptable.

**Data extraction**

Data extraction was iterative process under the guidance of an experienced data management specialist. Authors extracted data from selected studies on willingness to pay for social security vis-à-vis health insurance and pension schemes. Pre-developed data extraction forms were used to record results. Authors established features of the studies reviewed including their author, study design, region and whether they were primary or secondary materials. One author extracted the data from included studies, and other authors reviewed the extracted data. Differences in opinion about data relevance to the research questions were resolved by discussion.

**Synthesis**

Authors performed a narrative synthesis to synthesize the findings of the different studies [32]. This approach was appropriate given diverse range of studies that were included in the review. One author performed a preliminary synthesis in form of a thematic analysis through searching of studies, listing and presenting of results in a tabular form. The results were discussed among all authors and structured into themes. Studies were summarised in a narrative synthesis performed by one author in consultation with other authors.

**Results**

**Search Results**

Literature searches from academic databases yielded 1769 results (Fig 1). A further 21 articles were identified through reference lists of articles, bringing the total number of articles to 1790. Of these, 29 were duplicates, and 31 did not focus on LMIC. After title and abstract screening, 1696 studies were excluded as they did not meet inclusion criteria. Thirty-four papers were returned for review. Of the total 34 papers included, 10 were qualitative, 22 quantitative and 2 mixed method (see tables 2 and 3 for study characteristics). In terms of thematic focus, 23 focused on health insurance, seven focused on pension schemes and four focused on pension scheme and health insurance; Twelve of the studies were conducted in...
rural areas while six were conducted in urban areas. Five papers were overview papers with no particular location and focused on both rural and urban areas.

**Fig 1: Flow Chart on studies of extension of social security to informal economy workers in LMICs.**
Table 2: Included primary studies

<table>
<thead>
<tr>
<th>Author</th>
<th>Reference Number</th>
<th>Country or Region</th>
<th>Study design</th>
<th>Focus</th>
<th>Context</th>
<th>Factors Associated with WTP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ahmed, et.al 2016; [46]</td>
<td>Bangladesh</td>
<td>Quantitative</td>
<td>Health Insurance</td>
<td>Urban</td>
<td>High education level, monthly income, location and occupation</td>
<td>Unreported</td>
</tr>
<tr>
<td>Asenso-Okyere, et. al 1997; [58]</td>
<td>Ghana</td>
<td>Quantitative</td>
<td>Health Insurance</td>
<td>Rural and Urban</td>
<td>Dependency ratio, age, gender, health care expenditures and education</td>
<td>Unreported</td>
</tr>
<tr>
<td>Asfaw &amp; Braun, 2004; [57]</td>
<td>Ethiopia</td>
<td>Quantitative</td>
<td>Health Insurance</td>
<td>Rural</td>
<td>Education</td>
<td>Unreported</td>
</tr>
<tr>
<td>Babatunde, et. Al 2016; [56]</td>
<td>Nigeria</td>
<td>Quantitative</td>
<td>Health Insurance</td>
<td>Rural</td>
<td>Age of household head, farm size, and household monthly income</td>
<td>Unreported</td>
</tr>
<tr>
<td>Binam, 2004; [52]</td>
<td>Cameroon</td>
<td>Quantitative</td>
<td>Health Insurance</td>
<td>Rural</td>
<td>Income, gender, habit of frequenting the health service center, household health status, availability of basic drugs and medical personnel</td>
<td>Unreported</td>
</tr>
<tr>
<td>Bärnighausen, et. Al 2007; [44]</td>
<td>China</td>
<td>Quantitative</td>
<td>Health Insurance</td>
<td>Urban</td>
<td>Age, income, past health status, employment, increased income</td>
<td>Low level education</td>
</tr>
<tr>
<td>Conchonda &amp; Tiongco, 2015; [48]</td>
<td>Phillipines</td>
<td>Quantitative</td>
<td>Health Insurance</td>
<td>Rural</td>
<td>Unreported</td>
<td>Low income inadequate to meet contributions needs, ignorance, lack of offices, age, distance, lack of money</td>
</tr>
<tr>
<td>Dartanto et.al 2016; [43]</td>
<td>Indonesia</td>
<td>Quantitative</td>
<td>Health Insurance</td>
<td>Rural and Urban</td>
<td>Household income, household size, sex of household head, access to internet, experience of being in or outpatient</td>
<td>Insurance illiteracy, religious beliefs, presence of doctor</td>
</tr>
<tr>
<td>Study</td>
<td>Country</td>
<td>Methodology</td>
<td>Publication Year</td>
<td>Sample Description</td>
<td>Qualitative Variable(s)</td>
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<td>----------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Dong et al 2003;</td>
<td>Bukina Faso</td>
<td>Quantitative</td>
<td>[54]</td>
<td>Rural</td>
<td>High education and income, occupation, gender, Age and long distance to health care facility, religion and tradition</td>
<td></td>
</tr>
<tr>
<td>Dong, et. Al 2005;</td>
<td>Bukina Faso</td>
<td>Quantitative</td>
<td>[55]</td>
<td>Rural</td>
<td>Increased income</td>
<td>Unreported</td>
</tr>
<tr>
<td>Dror et al 2007;</td>
<td>India</td>
<td>Quantitative</td>
<td>[53]</td>
<td>Rural</td>
<td>Income, education, experience with health care event</td>
<td>Unreported</td>
</tr>
<tr>
<td>Hanam-Atake et al, 2016;</td>
<td>Togo</td>
<td>Quantitative</td>
<td>[40]</td>
<td>Rural and urban</td>
<td>Income, large household size, education level, location(rural), Sector of activity, age, consulting doctor in last 12 months, gender (male)</td>
<td></td>
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<tr>
<td>Jiang et al 2017;</td>
<td>China</td>
<td>Quantitative</td>
<td>[37]</td>
<td>National (urban)</td>
<td>Benefits</td>
<td>Income, benefits, self-selection, administrative system</td>
</tr>
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<td>Kotoh, et al, 2017;</td>
<td>Ghana</td>
<td>Mixed methods</td>
<td>[51]</td>
<td>Rural and Urban</td>
<td>Benefits and health providers positive behaviour influenced enrolment</td>
<td>Lack of money/poverty, culture, corruption, and service delivery challenges</td>
</tr>
<tr>
<td>Kwena and Turner, 2013;</td>
<td>Kenya</td>
<td>Qualitative</td>
<td>[36]</td>
<td>Urban and rural</td>
<td>Low contribution rates, mobile technology, flexible contributions, flexible withdraws</td>
<td>Unreported</td>
</tr>
<tr>
<td>Lofgren et al, 2008;</td>
<td>Vietnam</td>
<td>Quantitative</td>
<td>[33]</td>
<td>Rural</td>
<td>Trust</td>
<td>Poverty/low income, age</td>
</tr>
<tr>
<td>Luca and Phe Goursat, 2016;</td>
<td>Zambia</td>
<td>Qualitative</td>
<td>[4]</td>
<td>Urban</td>
<td>Trust, guarantee of benefits, quality healthcare</td>
<td>Unreported</td>
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<tr>
<td>Mariam, 2003;</td>
<td>Ethiopia</td>
<td>Mixed methods</td>
<td>[49]</td>
<td>Rural</td>
<td>High income, experience of costly illness in recent past, Unreported</td>
<td></td>
</tr>
<tr>
<td>Authors</td>
<td>Year</td>
<td>Country</td>
<td>Study Type</td>
<td>Region</td>
<td>Morbidity Factors</td>
<td>Incentives</td>
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</tr>
<tr>
<td>Mundy</td>
<td>2017</td>
<td>Developing Countries</td>
<td>Qualitative</td>
<td>Regional</td>
<td>Unreported</td>
<td>Lack of incentives</td>
</tr>
<tr>
<td>Naagarajan, et. al</td>
<td>2010</td>
<td>India</td>
<td>Quantitative</td>
<td>Urban and rural</td>
<td>Exposure to risks and uncertainties</td>
<td>Unreported</td>
</tr>
<tr>
<td>Nosratnejad, et. al</td>
<td>2014</td>
<td>Iran</td>
<td>Quantitative</td>
<td>Rural and Urban</td>
<td>High education, small family size, socioeconomic and demographics</td>
<td>Unreported</td>
</tr>
<tr>
<td>Onwujekwe et al.</td>
<td>2010</td>
<td>Nigeria</td>
<td>Quantitative</td>
<td>Rural and Urban</td>
<td>Gender, income and location</td>
<td>Unreported</td>
</tr>
<tr>
<td>Robyn et. Al</td>
<td>2012</td>
<td>Bukina Faso</td>
<td>Quantitative</td>
<td>Rural and Urban</td>
<td>Distance to facility, household size, household expenditure quintile, household share under five years and urban residency</td>
<td>Unreported</td>
</tr>
<tr>
<td>Sane &amp; Thomas, et. al</td>
<td>2015</td>
<td>India</td>
<td>Quantitative</td>
<td>Rural</td>
<td>Low socio-economic strata, access to public health</td>
<td>Landownership, having a male child</td>
</tr>
<tr>
<td>Teye, Arhin, &amp; Anamzoya</td>
<td>2015</td>
<td>Ghana</td>
<td>Qualitative</td>
<td>National (urban)</td>
<td>Unreported</td>
<td>Low income levels; long distances to NHIS registration centres, and the perception of health services</td>
</tr>
<tr>
<td>Tundui &amp; Macha</td>
<td>2014</td>
<td>Tanzania</td>
<td>Quantitative</td>
<td>Rural</td>
<td>Membership in social organisations and networks, trust among community members and trust of community members on scheme management</td>
<td>Religion</td>
</tr>
<tr>
<td>Author</td>
<td>Reference number</td>
<td>Country or Region</td>
<td>Study design</td>
<td>Focus</td>
<td>Context</td>
<td>Factors Associated with WTP</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>------------------</td>
<td>-------------------</td>
<td>--------------</td>
<td>----------------</td>
<td>-------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>van Dullemen &amp; de Bruijn, 2015;</td>
<td>[35]</td>
<td>India</td>
<td>Quantitative</td>
<td>Pension</td>
<td>Rural and Urban</td>
<td>Age (young and elderly), lack of access to job related pensions</td>
</tr>
<tr>
<td>Wetlesen, 2010;</td>
<td>[39]</td>
<td>India</td>
<td>Qualitative</td>
<td>Pension</td>
<td>Urban</td>
<td>Unreported</td>
</tr>
<tr>
<td>Zhang, et al. 2006;</td>
<td>[41]</td>
<td>China</td>
<td>Quantitative</td>
<td>Health Insurance</td>
<td>Rural</td>
<td>Government subsidy, trust, asset ownership, education, proximity to health facility, age</td>
</tr>
</tbody>
</table>

Table 3: Included overview studies

Facilitators: High contribution rate, gender, self-employment

Inhibitors: Prioritising immediate needs, distrust, low insurance yield, lack of awareness among employees, Instability, low income, prioritising immediate needs, poor enforcement, lack of trust, corruption
<table>
<thead>
<tr>
<th>van Ginneken, 1999;</th>
<th>Developing Countries</th>
<th>Qualitative Pension Overview Unreported</th>
</tr>
</thead>
<tbody>
<tr>
<td>[61]</td>
<td></td>
<td>Ignorance of pensions, administrative barriers, high cost of pay, other investment options, culture/extended family, unpredictable payment, prioritising immediate needs, distrust of the formal system</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>van Ginneken, 2010;</th>
<th>Developing countries</th>
<th>Qualitative Health Insurance and Pension Overview Unreported</th>
</tr>
</thead>
<tbody>
<tr>
<td>[5]</td>
<td></td>
<td>Low user payments, efficient administrative system Large informal sector labour force</td>
</tr>
</tbody>
</table>
**Willingness to Pay (WTP) framework**

The results are organised according to a WTP framework consisting socio-economic, demographic and socio-cultural factors, health service and program design, informed by the findings in the included studies. We expand on these below.

**a. Low education, low income and rural residence could influence low WTP: Socio-economic factors**

High income, education, and residential area influenced WTP positively in several settings [40], [41], [43], [45], [46]. High or increased household income seemed to influence WTP because households with relatively high income are likely to be able to contribute or pay for health insurance. This was reported in two quantitative studies in Iran and China [16], [45]. In qualitative studies, low income among the population was reported to hinder ability to seek health insurance and pension scheme [59]. Low contribution rates also negatively influenced WTP for pension schemes [36].

Further, high education level was reported to have significant influence on WTP in quantitative studies concerning health insurance [40], [45], [57]. Neither qualitative nor mixed-methods studies reported on the positive influence of education. However, qualitative studies in Indonesia and in the Philippines suggested that lack of knowledge about health insurance [43], [48] and pension [5], [62] in developing countries and Egypt respectively hindered ability to seek or claim social security benefits. Besides indications on awareness of, and knowledge about, pension [5], [62], the reviewed studies did not report on the relationship between level of education and WTP for pension schemes.

Two quantitative studies suggested that people residing in rural and sub-districts had low WTP for health insurance [40], [46]. The influence of residential area was not mentioned in qualitative or mixed methods studies. No study reported on whether residential area influences WTP for pension schemes.

**b. Weak evidence that men, older people and people with larger families are more willing to pay for social security: Influence of demographics**

Studies indicated that gender, age and family size may also influence WTP, but the evidence concerning these factors was limited. Some quantitative studies indicated that men were more willing to pay for health insurance than women [17], [52], [54]. No information was found on the influence of gender on WTP for pension schemes, and no qualitative nor mixed-method studies were found to report the influence of gender on WTP for social security.

Five quantitative studies suggested that an increase in age was positively associated with WTP for health insurance [16], [35], [41], [56], [58]. However, in one study, WTP fell with increasing age of the respondent [33]. No papers reporting the effect of age on WTP for pension were identified.

The quantitative studies also suggested that family size may influence WTP for social security. In some countries such as Vietnam, Togo and Indonesia, large family size was more positively associated with WTP for health insurance than small family size [33], [40], [43], but no included studies reported this for pensions.
c. While societal trust can increase WTP, religion may reduce it: Socio-cultural factors

Some studies suggested that religion in Indonesia, Tanzania and Burkina Faso ([43], [50], [54] and trust, particularly in Egypt, Vietnam, China, Tanzania and Zambia [4], [33], [41], [50], [62] influenced WTP for social security. Affiliation to some religion and cultural beliefs had negative associations with WTP in quantitative studies [43], [50], [63]. A qualitative study however, reported that cultural factor such as reliance on extended family could hinder ability to seek for pension schemes [61]. There were no reports that dealt with the influence of religion on WTP for pension schemes.

Trust in institutions providing social and health insurance services was positively associated with WTP for health insurance in quantitative studies in China and Tanzania [41], [50] and in one qualitative study in Zambia [4]. At the same time, it was established that lack of trust in the formal social security institutions hindered WTP for health insurance and pension schemes in other qualitative studies focused on developing countries [59], [61], [62].

d. Service availability may increase WTP

Quantitative studies focusing on health insurance reported that distance to facility or registration point, experience of hospitalization and behavior of health care personnel were essential in influencing WTP for health insurance [41], [46], [47]. The further the potential beneficiaries were from the services, the less likely they were willing to pay for these services.

The presence of a medical doctor in the local health care facility and positive behavior of health providers was associated with WTP or joining health insurance in one quantitative study in Cameroon [52] and in one mixed methods study in Ghana [64]. Absence of local offices for easy registration and contribution as well as other administrative hurdles were indicated to contribute to low levels of uptake and WTP in one quantitative study in China on pensions [28] and in one qualitative overview on developing countries [61].

e. Negative perceptions of services reduced WTP: Programme design

Benefits including availability of drugs and medical personnel influenced WTP for health insurance, as reported in one qualitative study in Cameroon [52] and one mixed method study in Ghana [51]. On pension schemes, low and flexible contribution rates, flexible withdrawal opportunities, attractive benefit package, integration of mobile technology and government subsidies were positively associated with WTP or joining a social security scheme as reported in one quantitative study in China [41], and in a qualitative study focused on Kenya, and in an opinion piece on LMICs [5], [36].

Discussion

We aimed to identify the main factors associated with WTP for social security including pension schemes and health insurance among informal economy workers in LMICs. We found 34 studies with mixed evidence of factors influencing WTP for health insurance and pensions. These studies in low- and middle-income countries suggested that low income, rural residence, low education, negative perceptions of services and service availability reduced WTP. These factors likely interact with each other and with sociodemographic factors such as age and gender. Our findings suggest that most people in the informal economy have low incomes and live in deprived regions thereby, enforcing postulations of the marginalization thesis [7].
Demand theories have explained decisions to purchase products [45], [65], [66]. These theories argue that price of the product, household or individual income and ability to pay, risk aversion and possible satisfaction might affect the decision to demand for a certain service. Confirming the income dimension of the theory, our study suggests that income may indeed influence choice for demand and indicate willingness to contribute for health and pension scheme.

Beyond income, several additional factors influence people’s decisions to seek or demand products or services such as social insurance or health insurance. We found that people were more willing to pay for health insurance when they had positive experiences of health centers, and where health centers were close and noticeable. This finding is unsurprising, and supported by a study reporting that non-monetary factors such as appropriateness of care, familiarity with the doctor and attitude of the doctor and staff towards the patients were primary determinants for the choice towards utilisation of health care services [67].

Access to social security is driven by education and the rural-urban divide of the labour market in LMICs[16], [40], [43]. Education or awareness of rights and entitlements may also influence access to social security [4], [10]. It is likely that people who are literate or enlightened about social security, will seek such services. Accordingly, some of our included studies suggested that not knowing about pension schemes hindered both claiming benefits and WTP [4], [9], [61]. At the same time, people may be unaware of social risks such as sickness or poverty of the old age, thereby having no interest in enrolling for social security schemes [62]. Though possibly a major influencer of WTP, it is not surprising that some informal economy workers did not know about pension schemes. In LMICs, informal economy workers operate under unfavourable conditions with lack of strong labour movements that often share knowledge about employee benefits [38], [39]. This lack of awareness of pensions is worse in rural areas, where general education levels are also low [68]. Our study also suggests that the rural-urban divide also interacts with socioeconomic status. People residing in rural areas are likely to have a lower socioeconomic status than those residing in urban areas, which consequently can affect their WTP [44]. With almost half of the world’s population living in rural areas [1], people in these places have little or no social protection. Some of the reasons could be lack of access, distance from services, and inadequate access to information about social security.

The gender dimension identified in our study suggested that men [17], [43], [52] were more willing to pay than their female counterparts [17], [43], [52]. This could be due to women’s lower income in many settings [1], [60], and in the informal sector [4], [13], [69]. In Zambia, for example, women dominate the informal economy and have low income [70]. Coupled with the problem of low income, women also have low participation in decision making since they are usually not household heads [52]. Further demographic issues, including family size, were also suggested to impact on WTP. Family size is an important determinant of WTP in the sense that awareness that experience of chronic disease may trap them into poverty if they had to rely on out of pocket financing of health care [71].

There is also indication from our studies that religion, culture and trust also influence WTP. Religion and culture [72] were suggested to negatively influence on WTP for social and health insurance [43], [50], [64]. Religion and culture embody a certain value and belief system that influences the conduct of members. A study in Burkina Faso suggested that compared to individuals without specific religions (traditional), others (such as Muslim, Christian) had relatively lower WTP for social security [54]. Culturally, most LMICs especially those of Africa have had a system of extended family and kinship ties that form the basis of social support in traditional social security systems and structures [73]. These systems have traditionally cushioned individuals and communities in times of distress such as sickness,
death, invalidity or any other loss, including damage to property [73]. Children had a role to take care of their elderly parents, reciprocating the support received from them. Most religions had similar value and belief system with evidence of providing social support to those in need [74], [75]. Therefore, it is understandable that individuals could be hesitant to register for formal social security systems when they have long been supported through other systems. However, as most countries in Africa are undergoing socio-economic transformation that weakens family and kinship ties [76], strengthening these families, kinship ties and more formal systems are needed.

Trust and credibility are key components of insurance products [71]. Trust is needed because insurances require advance payments and benefits are received in the long term. However, people in some LMICs have mixed experiences with such structures as insurance, with also negative experiences and perceptions [4], [71]. For example, researchers have reported of cases where an entire group of women stopped remitting for health insurance as they lost trust in the provider [71]. The problem of mistrust has been identified also by World Bank as one problem affecting contribution to pension schemes in Arab countries [77]. People who do not trust institutions have difficulty in demanding or contributing to the insurance scheme. These situations put pressure on institutions to build trust and improve service delivery.

This review is limited by most included studies’ focus on health insurance in rural communities where most people were working in the informal economy. This limitation suggests that there is gap in evidence on WTP for pension schemes as another pillar of social security, particularly for people in the informal economy. Information specific to pension schemes suggested that low and flexible contribution rates, benefit package, government subsidies and improvement in administration of the schemes tend to positively influence WTP. There is a need for further research on WTP for pensions, in the context of expanding social security to informal workers, and the drive to achieve the sustainable development goals. These studies should pay attention to the interrelationship of the influences to WTP, including gendered issues, access barriers and socioeconomic factors, among program design issues.

6. Conclusion

This systematic review on WTP for social security among informal economy workers in LMICs showed that it may be possible to identify factors associated with WTP for informal workers. These factors appear to interplay in a complex web of relations that influences WTP for social security, particularly for health insurance and pensions. Family size, age, gender, education, income, residential area, and trust are all relevant in decisions about WTP. More evidence is needed about these factors’ influence on WTP for pension scheme. The demand theory applies to the social security of the informal economy only partially, as it does not take into account non-market oriented determinants, such as knowledge of and trust in social security schemes or mutual aid based on family or community ties, which are of great importance. Expanding pension schemes for informal workers likely needs robust intervention strategies that take into account the complex factors behind WTP. Interventions need to consider awareness raising, strengthening of labour movements and gender sensitive social protection systems to counter the inequity in access to social protection services. Further studies, qualitative, quantitative and mixed methods, on WTP for pensions are needed, considering that outcomes and benefit payments are more distal with pensions, whereas health is present in everyone’s daily life.
# APPENDICES

## Appendix 1: PRISMA Checklist

<table>
<thead>
<tr>
<th>Section/topic</th>
<th>#</th>
<th>Checklist item</th>
<th>Reported on page #</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TITLE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>1</td>
<td>Identify the report as a systematic review, meta-analysis, or both.</td>
<td>Front, 1&amp;2</td>
</tr>
<tr>
<td><strong>ABSTRACT</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Structured summary</td>
<td>2</td>
<td>Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.</td>
<td>1</td>
</tr>
<tr>
<td><strong>INTRODUCTION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationale</td>
<td>3</td>
<td>Describe the rationale for the review in the context of what is already known.</td>
<td>3</td>
</tr>
<tr>
<td>Objectives</td>
<td>4</td>
<td>Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).</td>
<td>3</td>
</tr>
<tr>
<td><strong>METHODS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protocol and registration</td>
<td>5</td>
<td>Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.</td>
<td>4</td>
</tr>
<tr>
<td>Eligibility criteria</td>
<td>6</td>
<td>Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.</td>
<td>4</td>
</tr>
<tr>
<td>Information sources</td>
<td>7</td>
<td>Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.</td>
<td>4</td>
</tr>
<tr>
<td>Search</td>
<td>8</td>
<td>Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.</td>
<td>4</td>
</tr>
<tr>
<td>Section/topic</td>
<td>#</td>
<td>Checklist item</td>
<td>Reported on page #</td>
</tr>
<tr>
<td>-----------------------------</td>
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<td>--------------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Study selection</td>
<td>9</td>
<td>State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).</td>
<td>4 &amp;5</td>
</tr>
<tr>
<td>Data collection process</td>
<td>10</td>
<td>Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.</td>
<td>5</td>
</tr>
<tr>
<td>Data items</td>
<td>11</td>
<td>List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.</td>
<td>5</td>
</tr>
<tr>
<td>Risk of bias in individual studies</td>
<td>12</td>
<td>Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.</td>
<td>NA</td>
</tr>
<tr>
<td>Summary measures</td>
<td>13</td>
<td>State the principal summary measures (e.g., risk ratio, difference in means).</td>
<td>NA</td>
</tr>
<tr>
<td>Synthesis of results</td>
<td>14</td>
<td>Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I²) for each meta-analysis.</td>
<td>5</td>
</tr>
</tbody>
</table>

**RESULTS**

<table>
<thead>
<tr>
<th>Section/topic</th>
<th>#</th>
<th>Checklist item</th>
<th>Reported on page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study selection</td>
<td>17</td>
<td>Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.</td>
<td>6</td>
</tr>
<tr>
<td>Study characteristics</td>
<td>18</td>
<td>For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.</td>
<td>5-10</td>
</tr>
<tr>
<td>Risk of bias within studies</td>
<td>19</td>
<td>Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).</td>
<td>NA</td>
</tr>
<tr>
<td>Results of individual studies</td>
<td>20</td>
<td>For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.</td>
<td>5-10</td>
</tr>
<tr>
<td>Section</td>
<td>Item</td>
<td>Description</td>
<td>References</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------</td>
<td>-----------------------------------------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Synthesis of results</td>
<td>21</td>
<td>Present results of each meta-analysis done, including confidence intervals and measures of consistency.</td>
<td>12-13</td>
</tr>
<tr>
<td>Risk of bias across studies</td>
<td>22</td>
<td>Present results of any assessment of risk of bias across studies (see Item 15).</td>
<td>NA</td>
</tr>
<tr>
<td>Additional analysis</td>
<td>23</td>
<td>Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).</td>
<td>NA</td>
</tr>
<tr>
<td>DISCUSSION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary of evidence</td>
<td>24</td>
<td>Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).</td>
<td>13-14</td>
</tr>
<tr>
<td>Limitations</td>
<td>25</td>
<td>Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).</td>
<td>15</td>
</tr>
<tr>
<td>Conclusions</td>
<td>26</td>
<td>Provide a general interpretation of the results in the context of other evidence, and implications for future research.</td>
<td>15</td>
</tr>
<tr>
<td>FUNDING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funding</td>
<td>27</td>
<td>Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.</td>
<td>NA</td>
</tr>
</tbody>
</table>

For more information, visit: www.prisma-statement.org.
Appendix 2: Quality Assessment of Included Studies

a. Quantitative Studies: Department of Health and Human Services, USA
https://www.nhlbi.nih.gov/health-topics/study-quality-assessment-tools

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Quality Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was the study question or objective clearly stated?</td>
</tr>
<tr>
<td>2</td>
<td>Was the study population clearly and fully described, including a cases definition?</td>
</tr>
<tr>
<td>3</td>
<td>Were the cases consecutive?</td>
</tr>
<tr>
<td>4</td>
<td>Were the subject comparable?</td>
</tr>
<tr>
<td>5</td>
<td>Was the intervention clearly described?</td>
</tr>
<tr>
<td>6</td>
<td>Were the outcome measures clearly defined, valid, reliable and implemented consistently across all study participants?</td>
</tr>
<tr>
<td>7</td>
<td>Was the length of follow-up adequate?</td>
</tr>
<tr>
<td>8</td>
<td>Were the statistical methods well described?</td>
</tr>
<tr>
<td>9</td>
<td>Were the results well described?</td>
</tr>
</tbody>
</table>

b. Qualitative Studies: CASP Tool

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Quality Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was there a clear statement of the aims of the research?</td>
</tr>
<tr>
<td>2</td>
<td>Is a qualitative methodology appropriate?</td>
</tr>
<tr>
<td>3</td>
<td>Was the research design appropriate to address the aims of the research?</td>
</tr>
<tr>
<td>4</td>
<td>Was the recruitment strategy appropriate to the aims of the research?</td>
</tr>
<tr>
<td>5</td>
<td>Was the data collected in a way that addressed the research issue?</td>
</tr>
<tr>
<td>6</td>
<td>Has the relationship between researcher and participants been adequately considered?</td>
</tr>
<tr>
<td>7</td>
<td>Have ethical issues been taken into consideration?</td>
</tr>
<tr>
<td>8</td>
<td>Was the data analysis sufficiently rigorous?</td>
</tr>
<tr>
<td>9</td>
<td>Is there a clear statement of findings?</td>
</tr>
<tr>
<td>10</td>
<td>How valuable is the research?</td>
</tr>
</tbody>
</table>
c. Mixed Methods: MMAT Tool

<table>
<thead>
<tr>
<th>Screening questions (for all types)</th>
<th>Are there clear qualitative and quantitative research questions (or objectives*), or a clear mixed methods question (or objective*)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td>Do the collected data allow address the research question (objective)?</td>
</tr>
</tbody>
</table>

1. Qualitative

1.1. Are the sources of qualitative data (archives, documents, informants, observations) relevant to address the research question (objective)?

1.2. Is the process for analyzing qualitative data relevant to address the research question (objective)?

1.3. Is appropriate consideration given to how findings relate to the context, e.g., the setting, in which the data were collected?

1.4. Is appropriate consideration given to how findings relate to researchers’ influence, e.g., through their interactions with participants?

2. Quantitative randomized controlled (trials)

2.1. Is there a clear description of the randomization (or an appropriate sequence generation)?

2.2. Is there a clear description of the allocation concealment (or blinding when applicable)?

2.3. Are there complete outcome data (80% or above)?

2.4. Is there low withdrawal/drop-out (below 20%)?

3. Quantitative nonrandomized

3.1. Are participants (organizations) recruited in a way that minimizes selection bias?

3.2. Are measurements appropriate (clear origin, or validity known, or standard instrument; and absence of contamination between groups when appropriate) regarding the exposure/intervention and outcomes?

3.3. In the groups being compared (exposed vs. non-exposed; with intervention vs. without; cases vs. controls), are the participants comparable, or do researchers take into account (control for) the difference between these groups?

3.4. Are there complete outcome data (80% or above), and, when applicable, an acceptable response rate (60% or above), or an acceptable follow-up rate for cohort studies (depending on the duration of follow-up)?

4. Quantitative descriptive

4.1. Is the sampling strategy relevant to address the quantitative research question (quantitative aspect of the mixed methods question)?

4.2. Is the sample representative of the population understudy?

4.3. Are measurements appropriate (clear origin, or validity known, or standard instrument)?

4.4. Is there an acceptable response rate (60% or above)?

5. Mixed methods

5.1. Is the mixed methods research design relevant to address the qualitative and quantitative research questions (or objectives), or the qualitative and quantitative aspects of the mixed methods question (or objective)?
5.2. Is the integration of qualitative and quantitative data (or results*) relevant to address the research question (objective)?

5.3. Is appropriate consideration given to the limitations associated with this integration, e.g., the divergence of qualitative and quantitative data (or results*) in a triangulation design?

References


Factors associated with willingness to pay for health insurance and pension scheme among informal economy workers in low- and middle-income countries: A systematic review

Abstract

Purpose: The purpose of this paper is to establish the main factors influencing willingness to pay for health insurance and pension schemes among informal workers in LMIC. Historically, informal economy workers have been excluded from social protection coverage. There is a growing need, interest and policy discourse in low- and middle-income countries (LMICs) to extend social security to informal economy workers. However, little is known about informal workers’ willingness to pay (WTP) for social security services in different LMIC settings.

Methodology: The authors conducted a systematic review and searched five databases from 1987 to 2017. Included papers focused on “social security,” “social insurance,” “pension” “informal economy,” “informal sector,” “informal workers” in Low and Middle Income Countries. Authors conducted independent data appraisal and data extraction. A total of 1790 papers were identified. After exclusion, 34 papers were included in the analysis. Given the heterogeneous results, the authors performed a narrative synthesis to consolidate the findings of the different studies.

Results: In total, 34 studies from 17 countries were included in the review. Twenty-three studies focused on health insurance, seven studies on pension schemes and four studies on social security in general. The study showed that income and trust were associated with willingness to pay (WTP) for both health insurance and pension schemes. In addition, family size, age, education and residential area were common factors for both forms of social security. For health insurance, experience of sickness, attitude and presence of medical doctors as well as distance from the health care facility all played a role in determining WTP. For pension schemes, low and flexible contribution rates, benefit package, government subsidies and quality of administration of the schemes influenced enrollment and contributions.

Conclusions: The findings show that socio-economic differences, scheme-type (health or pension), and level of trust influence WTP for health insurance or pension among informal sector workers. The review results suggest that the factors influencing WTP for health insurance and pensions interplay in a complex web of relations. More evidence is needed on WTP for pensions among informal workers.

Implications for research/policy: Further studies are particularly needed on the interrelationship of the influences to WTP, including gender issues, access barriers and socioeconomic factors, among program design issues for social security.

Originality/value: This paper is based on systematic review methodology and contributes to the discourse on extending social security to informal economy workers based on evidence from various countries.
Pension coverage extension as social innovation in Zambia: Informal economy workers’ perceptions and needs

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Abstract
With the enactment of Statutory Instrument No. 72 (2019), Zambia is extending pension coverage to workers in the informal economy. We present evidence on the experiences and perspectives of domestic workers and bus and taxi drivers regarding pension scheme coverage in Zambia. We use data generated through interviews and focus group discussions. The analysis shows that pension schemes, as conventionally designed for formal economy employees, are not compatible with the values, beliefs and needs of informal economy workers, and pension coverage was not a priority for them. As a form of social innovation, extending access to pension coverage had a lower relative advantage and lacked incentives to attract informal economy workers. We propose a member-centred framework for initiating the extension of social security coverage to informal economy workers.

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Extending coverage to informal workers as social innovation in Zambia

Keywords informal economy, pension scheme, social security schemes, social protection, domestic worker, taxi driver, Zambia

Introduction

Globally, social protection policy development is witnessing enhanced effort towards extending contributory social security coverage for informal economy workers (RNSF, 2017). Extending contributory social security coverage to the informal economy is considered a social “innovation”. An innovation is defined as an idea, practice, or object that is perceived as new by an individual or another unit of adoption (Rogers, 1983). The social innovation of extending social security coverage to informal economy workers is based on the conception that this category of worker is one of wage workers who are characteristically hired without social protection coverage (Chen, 2016; Giles, Wang and Park, 2013; Phe Goursat and Pellerano, 2016). The objective of such an innovation is to seek to reduce vulnerability among people currently engaged in informal employment and, in turn, alleviate the future risk of old-age poverty.

Informal economy workers do not have access to comprehensive social security systems that include the full range of benefits, from child and family benefits to old-age pensions (ILO, 2017). Furthermore, globally, a large proportion of the elderly depend on social assistance and are heavily reliant on family support arrangements (ILO, 2017). Therefore, many older people remain vulnerable to social and economic risks. This situation justifies the need for a policy response to address their income security needs in old age as well as improve livelihoods. Any policy response to extend pension coverage to informal economy workers requires an understanding of informal workers’ perceptions of these schemes, which will inform the design of benefit packages that are relevant and acceptable.

Informal economy workers constitute a large proportion of the global working population (Patankar and Patwardhan, 2016). They can be categorized into two broad groups: i) informal self-employment and ii) informal wage employment, each with sub-categories. Informal self-employment includes employers in informal enterprises, own account workers in informal enterprises, contributing family workers (in informal and formal enterprises), and members of informal producers’ cooperatives (Chen, 2016). Informal wage employment includes employees hired without social protection coverage by formal or informal enterprises or as paid domestic workers by households, casual or day labourers, temporary or part-time workers, contract workers, unregistered or undeclared workers, and industrial outworkers (Chen, 2016).
In Zambia, the Central Statistics Office defines informal employment as being characterized by a lack of entitlement to annual paid leave and the absence of social security coverage, and such employment is found in formal and informal economy production units alike (Central Statistical Office Zambia, 2017). The definition includes members of informal producers’ cooperatives as well as persons engaged in the own-account production of goods exclusively for final use by their household, such as subsistence farming.

This article examines the perceptions of domestic workers and bus and taxi drivers in Lusaka, Zambia, about pension schemes. This population was chosen because domestic workers and bus and taxi drivers constitute a significant population of informal employees. Zambia is a worthy case for examining the extension of pension scheme coverage because it has i) recently achieved lower-middle income country status; ii) has a dominant informal labour force; and iii) with the enactment of Statutory Instrument No. 72 (2019) (Government of Zambia, 2019), is actively seeking to extend pension scheme coverage beyond the formal economy, as a pioneer among low- and middle-income countries. This article generates evidence that can inform theory and practice on the design of a relevant pension scheme for informal economy workers. To broaden the theoretical generalizability of our study, we use social innovation as a lens to examine this issue.

Pension scheme coverage extension:
Rationale, design and institutional framework

Pension coverage in Zambia is part of the broader social protection system that also includes health insurance, social assistance, and livelihood and empowerment programmes (Ministry of Community Development and Social Services, 2014). In Zambia, social assistance programmes and social cash transfer and livelihood and empowerment programmes, for instance the Farmer Input Support Programme, are dominant. Among people in the informal economy, only small-scale farmers have access to the Farmer Input Support Programme, which serves approximately one million farmers. Many informal economy workers are excluded from accessing social cash transfers, including the Public Welfare Assistance Schemes (PWAS) that target poor and incapacitated households (Ministry of Community Development and Social Services, 2014). Eligibility rules exclude informal economy workers from accessing PWAS because they have a capacity to work.

1. Zambia’s Social Cash Transfer (SCT) programme is “one of the cash transfers in the subregion with the largest coverage and greatest government ownership” (Arruda and Dubois, 2018, p. 7).
Informal economy workers are normally excluded from mandatory coverage under pension schemes because these schemes conventionally are designed to address the social protection needs of the working population with a formal employment relationship, established through a written contract and providing for regular and predictable income (Phe Goursat and Pellerano, 2016).

There are no references to self-employment in the various pieces of legislation concerning social security or in the Employment Act, and temporary workers were explicitly excluded from the definition of an employee in the Employment Act (Phe Goursat and Pellerano, 2016). Thus, self-employed bus and taxi drivers were systemically excluded, while domestic workers and bus and taxi drivers who have employer-employee relations suffered from a lack of coverage due to institutional factors concerning the definition of an employer and the mandate of social security institutions. For example, domestic workers are usually not covered by the pension scheme, not only because the pension scheme is designed to target employees in the formal economy but also because the legislation does not recognize households as an employer (Phe Goursat and Pellerano, 2016).

In developing a pension scheme for informal workers, the government decided that its design should be different from the scheme for formal workers in terms of the benefit package, eligibility rules and vesting period. The current scheme for formal economy employees has a 15-year vesting period and the retirement benefit can be accessed at age 60 (NAPSA, 2019). The benefits for formal workers include coverage for the contingencies of old age, disability and survivorship. These benefit programmes do not fully correspond with the needs of people in the informal economy. A scheme that addresses these lacunas is necessary to help reduce the risks of poverty and vulnerability among informal economy workers (Ministry of Community Development and Social Services, 2014). With this in mind, the Government enacted the Statutory Instrument No. 72 (2019) (Government of Zambia, 2019) to facilitate the legal requirement for the extension of social security to informal economy workers, such as small-scale farmers, bus and taxi drivers, domestic workers, saw mill workers, and marketeers working under different conditions. To take into account the needs of informal economy workers, the Statutory Instrument No. 72 reduces the vesting period for informal economy workers by five years, to 10 years.

The National Pension Scheme Authority (NAPSA) has the responsibility for the extension of coverage to informal economy workers. NAPSA is a statutory body established in 2000 to provide income security against the risks arising from

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2. According to SSA and ISSA (2019), until recently, Zambia’s National Pension Scheme Authority (NAPSA) only provided voluntary coverage for certain categories of informal economy workers who previously had mandatory coverage for at least 60 months.
Extending coverage to informal workers as social innovation in Zambia

The informal economy is growing rapidly in most developing countries (Giles, Wang and Park, 2013; Hu and Stewart, 2009; Kannan, 2010; Smit and Mpedi, 2015; Patankar and Patwardhan, 2016). Evidence shows that in Latin America and the Caribbean, the share of informal employment in non-agricultural activities ranges from 39.8 per cent in Uruguay to 75.1 per cent in Bolivia. Non-agriculture informal employment in most African countries exceeds 50 per cent, reaching 76.2 per cent in the United Republic of Tanzania and 81.8 per cent in Mali. Most people in this employment bracket are exposed to social and economic risks because of a lack of access to social protection in the form of formal social security mechanisms (ILO, 2017; Patankar and Patwardhan, 2016).

Extending coverage to informal economy workers has gained momentum in recent years. This is supported by global policies including the International Labour Organization’s (ILO) Social Protection Floors Recommendation, 2012 (No. 202), which envisages the progressive extension of social security, the ILO’s Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204), (ILO, 2017), and the United Nations Sustainable Development Goals (SDGs), and especially SDG targets 1.3, 3.8 and 8.b. This momentum seems to have been influenced by the failure of growing economies to reduce informal employment, as was earlier hoped (Chen, 2016; Phe Goursat and Pellerano, 2016; Williams and Bezeredi, 2018). Instead of a decline, there has been an increase in people working informally and, therefore, an increase in the proportion of people vulnerable to economic shocks. In low- and middle-income countries, the plight of informal economy workers is made worse by poor

3. The NAPSA provides social insurance benefits and was implemented to replace the Zambia National Provident Fund that had operated since 1966.
working conditions, economic stagnation and the weakening of traditional systems of social security such as those provided by the family, kinship ties, mutual aid and the community (Galera Shaba, 2013; Vincent, 2018). The extension of social security coverage is therefore a key issue for people working in the informal economy (Chen, 2016; Phe Goursat and Pellerano, 2016). Such an innovation holds the potential to reduce social and economic risks and guarantee better livelihoods for people.

Many low- and middle-income countries (LMICs) have embarked on initiatives towards enhancing pension coverage for informal economy workers. Examples of voluntary pension schemes for low-income and informal workers can be found in Kenya, (Kwena and Turner, 2013), Tunisia (World Bank, 2016) and China (Jiang, Qian and Wen, 2018). These programmes are not without challenges. In Tunisia, despite the introduction of voluntary pension schemes, access remained low: “[o]nly 37 per cent of Tunisia’s population of 11 million” were contributing to pension payments in 2016 (World Bank, 2016). China’s social insurance schemes were decentralized at the same time as new social programmes, including social and health insurances, were introduced. These reforms resulted in variations in the levels of protection, degree of fund pooling, and management quality between social insurance schemes, and across provinces (Giles, Wang and Park, 2013).

Inadequate legal coverage has also been observed in other contexts (Kongtip et al., 2015). For example, in Turkey, the legal framework favours a male gender bias in coverage (Elveren, 2013). In addition to specific challenges, other, more general, challenges obstruct the extension of coverage in developing countries. These include a lack of incentives to join alongside high contribution rates, low levels of knowledge about social programmes, poor compliance levels, and inadequate mechanisms for the enforcement of contribution payments (Hu and Stewart, 2009; Naagarajan, 2010; Phe Goursat and Pellerano, 2016; Sane and Thomas, 2015). Taken together, the studies suggest that while there are endeavours to extend social security coverage, there is insufficient focus on tailoring pension schemes to make these attractive to informal economy workers.

**Theoretical framework**

This article is nested in the theory of the diffusion of innovation (Rogers, 1983). The theory helps to understand the adoption or non-adoption of an intervention, here referred to as an innovation. Rogers propagates five attributes of an innovation, which together could influence people in adopting the innovation, namely: relative advantage, compatibility, complexity, trialability, and observability. According to Rogers (1983):
Extending coverage to informal workers as social innovation in Zambia

- **Relative advantage** is the degree to which an innovation is perceived as being better than the idea it supersedes.
- **Compatibility** is the degree to which an innovation is perceived as consistent with the existing values, past experiences, and needs of potential adopters.
- **Complexity** refers to the degree to which an innovation is perceived as relatively difficult to understand and use.
- **Trialability** is the degree to which an innovation may be experimented with on a limited basis.
- **Observability** is the degree to which the results of an innovation are visible to others.

In addition to these five attributes, this article incorporates “knowledge” of the decision-making process propagated by the theory. Knowledge is considered as exposure of the decision-making unit to the innovation’s existence and an understanding of how the innovation functions (Rogers, 1983). Dearing (2009) conceptualizes the diffusion theory of social innovation in a way that corresponds with the critical attributes in the process of Zambia’s social security coverage extension initiative that is the focus of this study. Dearing focuses on seven concepts “intervention attributes, intervention clusters, demonstration projects, societal sectors, reinforcing contextual conditions, opinion leadership, and intervention adaptation”. These concepts will be utilized in discussing the results of the study.

Research on social innovation in interventions, such as in healthcare and water and sanitation, has provided evidence that knowledge and perceived advantages determine the adoption of the intervention (Banerjee and Duflo, 2013; Rogers, 1983). Similar evidence is present in social security interventions, such as for health insurance and pension schemes, where people do not readily come forth to enrol (Ahmed et al., 2016; World Bank, 2016).

The theory helps in understanding that a social innovation, such as the extension of social security coverage, should present a relative advantage; be compatible with the social norms, values and aspirations of people; be less complex; and be tested and observable in the short term. These attributes are relevant because contributing to a pension programme is a long-term commitment, and to ensure that people are be willing to do so, particularly in a low-income context where immediate consumption needs are typically the priority, is a substantial challenge for policy-makers. Therefore, this study responds to an urgent need among pension scheme institutions and policy stakeholders to understand the perceptions about pension schemes held by informal economy workers, who are, as a target population for social innovation, potential contributors as well as benefit recipients. The theory of the diffusion of innovation leads to an understanding of the socioeconomic and cultural milieu in which decisions are made, and can influence the adoption of pension scheme coverage extension as an innovation.
Therefore, the theory also helps to build the member-centred framework proposed in this study through its focus on the relative advantages, compatibility and observability of the results of an innovation (Rogers, 1983). These attributes resonate with the call made in this article for the provision also of short-term benefits with pension schemes as well as the need to make the scheme responsive to the social norms and values of its members.

Critiques of the theory of the diffusion of innovation argue that the decision not to adopt an innovation is cast as a matter of “individual blame”, and fails to adopt a more nuanced understanding of the influence of social structures (Botha and Atkins, 2005). This criticism arises from an awareness that the diffusion of innovation approach classifies later adopters of an innovation as “laggards” (Rogers, 1983). The term laggard is a value-laden classification that exhibits a pro-innovation bias (Kelly, 2012), which assumes that the adoption of an innovation is desirable and a priority. In the context of Zambia’s policy landscape, this study understands the absence of pension scheme affiliation by workers as a function of the individual, the society, and the organization of services. The theory, as used here, enhances our understanding of individual experiences, aspirations and perspectives in the light of the broader social and economic structures in which informal economy workers live.

**Methods**

**Study design and setting**

This is an exploratory qualitative study based on interviews and focus group discussions (FGDs) (Creswell, 2014). The qualitative design is well suited to research on a previously unknown phenomenon (Alasuutari, 1995). It is preferred in this study because it offers an opportunity for participants to express themselves and use their own words in discussing the pension schemes in Zambia. The design also gave researchers flexibility to explore in more depth the topic with participants. Using this design made it possible to gain a fuller understanding of the issues surrounding informal economy workers’ pension schemes. With the expanded conceptual understanding from this approach, and using other qualitative studies on social protection for the informal economy in Zambia, this permits a well-informed basis upon which to conduct surveys and verify key aspects on the issue up to scale.

The study was conducted in Lusaka, the capital city of Zambia with 3.5 million inhabitants. Domestic workers and bus and taxi drivers constitute a significant population of employees. Reports show that there were 192,921 domestic workers in Zambia in 2017, of whom 97 per cent were employed in the informal economy.
(Central Statistical Office Zambia, 2017), and 67 per cent were employed in urban areas. Drivers and the storage sector have 112,100 employed persons, out of which approximately 70 per cent are informally employed (Central Statistical Office Zambia, 2017). The transport sector in Lusaka grew rapidly due to the liberalization policy of the 1990s. Consequently, bus and taxi drivers are an integral part of everyday life in Lusaka. As is similarly the case for domestic workers and other employees in the informal economy, social security programmes inadequately cover these workers.

**Participants**

The study had 28 participants (10 domestic workers; 16 drivers; 1 NAPSA representative and 1 BTDAZ representative). Table 1 presents the participants’ characteristics.

We selected study participants using non-probability sampling techniques, specifically purposive and snowball sampling techniques (Gentles et al., 2015; Tongco, 2007). We used purposive sampling because we wished to recruit information-rich cases for the study (Suri, 2008; Tongco, 2007). The snowball technique was used to recruit participants who were hard to reach, as the researcher relied on social networks of purposively identified cases to reach others in their category of employment (Knapik, 2017). We were interested in recruiting participants who had worked as a domestic worker or bus or taxi driver in the six months preceding the study. Members and non-members of the pension scheme were eligible for participation.

**Table 1. Demographic distribution of participants**

<table>
<thead>
<tr>
<th>Data collection</th>
<th>Participant</th>
<th>Age range</th>
<th>Gender</th>
<th>Highest level of education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>category</td>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Interviews</td>
<td>Domestic workers</td>
<td>22–54</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Drivers</td>
<td>26–50</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>NAPSA</td>
<td>Undisclosed</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>BTDAZ</td>
<td>Undisclosed</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Focus group discussions</td>
<td>FGD 1</td>
<td>26–48</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>FGD 2</td>
<td>28–45</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>21</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: Authors.
Following contact made with NAPSA, which maintains a register of enrolled members, domestic worker participants were identified and approached. NAPSA provided the contact details for prospective participants. This did not influence the research because it was found that not all members who actually participated in the study were contributing to the pension scheme, despite some of them being registered with NAPSA.

Prospective participants were contacted to arrange initial meetings. Of these, four accepted to participate in the study, while others could not participate because they were either unreachable or “out of town”, expressed lack of interest, had a busy schedule or permission was denied by their employers. Using the snowballing technique, the four participants identified other domestic workers for potential participation, of whom six agreed to participate. The final number of domestic workers was ten, of which four were registered with NAPSA.

Bus and taxi drivers were contacted through the Bus and Taxi Drivers Association (BTDAZ). However, members who already contributed to the pension scheme did not participate; it was reported that employers did not permit their involvement in the study. None of the drivers who participated in the study was at the time registered with NAPSA. Nine drivers contacted through BTDAZ declined to participate due to busy schedules and lack of interest, while four agreed. To seek their perspectives, bus and taxi drivers were approached through personal invitations presented at bus stations. However many were busy and meeting after working hours was often not possible. Therefore, only 12 of those approached at bus stations accepted to participate through interviews and FGDs. In addition, we selected key informants based on their role in extending social security coverage. We interviewed two drivers, with representation from NAPSA and BTDAZ.

The purpose of the study as well as matters to do with participants’ voluntary participation and freedom of expression were explained. There was neither conflict of interest nor the potential for harm to the researcher or the participants. Participants gave verbal consent for their engagement in the study. The interviews did not touch upon issues of personal health or other sensitive personal issues.

Data collection

Semi-structured interviews and FGDs were used to collect data (Creswell, 2014): individual and key informant interviews were used to explore individual perspectives about pension coverage extension, while FGDs were used to explore group norms (Bojlén and Lunde, 1995; Knapik, 2017). The interviews allowed participants to speak in their own voice and express their own thoughts and
feelings (Alshenqeti, 2014), while the FGDs helped to understand and obtain group norms and elicit views and opinions on the subject (Bojlén and Lunde, 1995; Creswell, 2014). This approach allowed for triangulation, where representative FGD statements were matched with associated interview data, thereby enriching the overall findings. FGDs were conducted with bus or taxi drivers only. Arranging a common time to meet with domestic workers proved to be a practical challenge. Thus, domestic workers were consulted only through individual interviews.

All interviews and FGDs were conducted in Lusaka, using the ChiNyanja language. The interviews and FGDs followed a semi-structured interview schedule that was used to understand the participants’ experiences of and perspectives on pension schemes. The interviews with those representing NAPSA and BTDAZ focused on institutional perspectives, while the interviews with employees focused on their perception of the scheme. Interviews and FGDs were conducted at workplaces, homes and public places such as local church premises. Proceedings were recorded, transcribed and translated, where necessary, for analysis. The study stopped collecting data upon reaching saturation (Creswell, 2014).

**Analysis**

Data were translated, transcribed, and analysed inductively using the thematic analysis approach (Willig and Rogers, 2018). Transcripts were read and re-read and coded, following which categories and themes were established. These categories and themes formed the basis for the article. The analysis was strengthened through an interdisciplinary team (including members from the fields of social work, social policy and psychology/health sciences), offering different experiences on social security and the Zambian context. In the results section, we code using numbers and letters (F=female participants; M=male participants). “Member” refers to participants registered in the pension scheme and “Not a member” refers to participants who are not registered in the pension scheme. “KI” refers to key informant. Given participants’ tight schedules, findings were not discussed with them despite the research plan having envisaged a validation meeting. However, some preliminary results were discussed with officials from NAPSA.

**Results: Enablers and barriers**

This study of the experiences and perspectives of informal economy workers in Zambia as regards the extension of pension coverage – a social innovation –
establishes evidence upon which further studies can be conducted. The results consist of three enabling conditions and five barriers for either registration with, or paying contributions to, the pension scheme.

**Knowledge about pension schemes is socially transferred**

All informal economy participants were aware of pension schemes in Zambia. However, participants differed in their level of awareness about pension schemes. In one case, the participant said:

“What I know is that those who work in offices are the ones who get money when they stop working” (M13, Not a member).

Other responses to this question revealed a similar theme, as in the citation below:

“Yes, I know that pension is money you get after retirement. I came to know through asking because one day my boss just said I should bring my National Registration Card to register for pension. So, I went and asked at home” (F1, Member).

Most participants attributed having access to pension coverage only for those in formal employment, or for people who retire from formal employment. They also thought pensions were mainly for government employees. Some participants were neither aware of their right to a pension nor the legal requirement concerning contributions. Most participants depended on social networks as their source of information about pensions.

**Guaranteed income after retirement fosters willingness to enrol in the scheme**

Awareness that enrolling in the scheme guaranteed income after retirement was a factor that made most participants indicate a willingness to register for the pension scheme. Generally, participants were of the view that the economic situation in the country was challenging and their salaries were “hand-to-mouth”, which would make them vulnerable once they retire. Therefore, a guaranteed income, such as a pension, would be of help to them and their families.

A domestic worker said:

“Contributing to pension is good because NAPSA is saving our money for the future. When we retire and we have no strength we can depend on that money” (F5, Member).
This view was corroborated by the bus and taxi drivers. Interviews with the BTDAZ informant revealed a similar outlook, one that stemmed from the risk of road traffic accidents, which rendered some drivers unable to work. This is also a reason for the Association’s stated collaboration with NAPSA:

“We also realized as an industry that most of the time that we buried one of our members; it was evident that we buried the entire family because there was no one to take responsibility of the role of the breadwinner after the death of such a member. The employer backed their investments and looked for people to work with. We realized also that we were denied one of the fundamental rights under which we as a sector should have been accorded” (KI2).

The fear of destitution and concern for family was also echoed by one domestic worker who said:

“That money they get can assist my child or me in future just in case of death because these days it is difficulty for people to take care of your child after your death” (F7, Not a member).

Although there were similar views of appreciation for the roles of the pension scheme, there was also consensus that the scheme would need to be compatible with informal economy workers’ aspirations. Such aspirations included access to credit in order to invest in and expand business ventures and to meet basic expenditure needs, as well as to meet emergency expenditures such as for healthcare.

**Engagement with informal economy associations can foster registration**

The extension of pension coverage is an innovation in Zambia. To this end, there are efforts to test the acceptability of the NAPSA scheme through building partnerships with informal economy workers’ associations. This came to light in the interviews:

“NAPSA is desirous to market the social security … we as a sector are desirous to be covered for any eventuality that social security is tailored for” (KI2).

This mutual interest creates greater opportunities for NAPSA to collaborate with stakeholders. However, the key informant felt that NAPSA was slow in its approach to reach out to stakeholders.

Collaboration with informal economy associations was relevant because NAPSA acknowledged the challenges it faced in engaging with informal economy workers.
Some of these challenges arose because the efforts to extend pension coverage were still in their infancy. NAPSA only augmented these efforts in 2017. The NAPSA official said:

“… establishment of the project was the desire of NAPSA to ensure that we cover the uncovered” (KI1).

In spite of this, the unit remained understaffed to the extent that they were not dealing adequately with the diversity of informal economy and varied demands.

**Lack of income and competing priorities reduce willingness to contribute**

All participants had inadequate income to enable them to meet current needs, make savings, and contribute to the pension scheme in its existing form. Among domestic workers, the monthly salary ranged from 550 Zambian kwacha (ZMK) (or 42 US dollars (USD)) to ZMK 1,000 (USD 77), and among drivers ranged from ZMK 500 (USD 38) to ZMK 1,500 (USD 115). FGDs and interviews with drivers yielded concerns about low salaries, which suggested income was a constraint to registration with a pension scheme. The priority for drivers and domestic workers was expenditure on subsistence needs, such as food and groceries, rental payments, water, clothing, electricity and other forms of fuel. Alluding to this, a participant said:

“When I get paid or when my husband has the money, he brings it home and gives it to me because I am the one who knows what to do. The priority is to buy food and pay rent and other things when necessary” (F2, Not a member).

Drivers, who were usually men, also shared this focus in the two FGDs. Their priority was ensuring that their families had food. They also prioritized meeting the cost of rent for housing and paying school fees. The rationale for investing in children’s education was two-fold. First, to help the child to find a decent job in the future and become financially secure. Second, there was an aspiration that children would support their parents in old age.

**Employment arrangements reduce willingness to contribute**

The nature of employment arrangements was a matter of concern, as most participants felt that they had no job security. They did not consider their employment to be permanent, which affected their views about their entitlement to be covered by the pension scheme. In the FGDs, participants
considered their work to be “piecework”, which could be terminated at any time. An extract from FGD illustrates:

“Work is not permanent, and it is different with those in companies who are entitled to NAPSA. You can be surprised that tomorrow you go to get the bus; the owner just says I want to take the car for servicing. However, it is just a way to say I have fired you” (FGD M2, Not a member).

Termination from employment was common among drivers who never met the “cash in” target, or who missed work. Job security was similarly not guaranteed for domestic workers. They worked in an environment that is largely private and were vulnerable to abuse. For example, one female participant described her employer as being “good”, but sometimes would talk in a manner purposely to offend her feelings.

There were also indications that the participants felt their employment insecurity combined with a lack of access to social security coverage was aggravated by the lack of strong trade unions, which could advocate for and ensure better employment arrangements.

*Complex registration process reduces willingness to register*

Participants who were registered and those who attempted to register highlighted the complex registration process as a difficulty. Of the ten interviewed domestic workers, four were enrolled in the pension scheme. In contrast, none of the drivers in the study were enrolled. The process of registration, particularly the online system involving different fields to be completed, was explained to be problematic. Generally, the inefficient internet platform was detrimental to a smooth registration process. A participant indicated that:

“I can say that registration was a trouble; the online system was not good at all and I think it is still difficult because government things to be effective take time” (M4, Member).

Similar problems were identified at the institutional level:

“There are complaints such as cumbersomeness of paying if you have no access to Internet, or expecting the trader to leave their desk. Cumbersome nature of process and online system requires you to submit a return and other things and
these are too heavy for domestic workers and marketeers, even employers. Coming to the office to pay is tricky and can be hectic, as they have to be in queues” (KI1).

Some interviewees also mentioned that the distance to the registration offices may be a hindrance to registration. The process thus imposes hidden costs, such as for transportation. They preferred the introduction of different registration and pay points, such as booths4 and mobile money solutions.

Other challenges included poor customer relations, with customer care agents being described as impolite, impatient and unclear.

*Lack of short-term benefits hinder the willingness for registration and contribution payment*

Domestic workers and drivers were concerned with the lack of short-term benefits in the pension scheme. They viewed the scheme as lacking incentives, as well as it being tailored only for those in formal employment. The following summarizes the major concerns and aspirations expressed by the first FGD:

“I would like them to give loans so that members with economic pressure can obtain something before they retire. Another issue is benefit to the children before the parent retires. NAPSA at times should pay for school fees as privileges for members so that children can benefit” (FGD 1 M, Not a member).

This suggests that participants would prefer a benefit scheme that responds to some of their immediate needs, while retaining the long-term pension scheme objectives.

*Lack of trust in social insurance institutions hinder registration*

Domestic workers and drivers expressed misgivings towards state-managed pension schemes because of their historically poor reputation as well as observed delays in the payment of retirement benefits. Alluding to this, a participant said:

“These days, people just die without getting their money. I think you cannot trust government now. People just contribute without knowing if they will ever get

4. A small-box structured commercial space, commonly used by agents for mobile network operators who are also involved in mobile money transfers, found in most markets and streets of Lusaka.
their money. I know somebody who retired about four years ago, but they have not yet received their money” (M13, Not a member).

Some participants also perceived pension schemes as a form of taxation. Others expressed views that pension scheme funds are used to make investments that have no direct benefit for contributors:

“Why is there no interest? If I put money in the bank, there is a type of interest, but nothing in NAPSA, even when they are using that money in other investments. We know they have shopping malls, but retirees are not paid” (FGD M2, Not a member).

This lack of trust is also a product of a lack of communication, with members registered with NAPSA stating that they received no periodic information about their contributions.

**Discussion and policy recommendations**

The perspectives and experiences of domestic workers and bus and taxi drivers, as well as those of key informants, defined the scope of this study. The data used in this study are considered trustworthy with regard to the important issues of transferability, credibility, confirmability and dependability (Given, 2008).

A limitation was the small size of the sample of domestic workers and drivers, which was constrained by a lack of cooperation and by demands made by domestic worker associations, as well as by employer resistance. Despite these challenges, the sample includes several drivers and domestic workers, among whom a small number contribute to the pension scheme. The perceptions of multiple respondents with different backgrounds allow for a diversity of voices on the subject matter, making the research process rigorous.

In analysing the experiences and perceptions of domestic workers and drivers regarding pension coverage in Zambia, the results show that informal economy workers had low levels of awareness about their social security rights. At the same time, there are indications of their willingness to enrol in the scheme. However, joining and contributing to the pension scheme was not a primary priority. These workers prioritized immediate household consumption needs and their children’s education.

The findings show that most participants were not aware of their social security entitlements. Awareness about an innovation is important, as this permits people to decide whether to adopt the innovation, or not (Rogers, 1983). Other studies have also established similar findings on the importance of awareness of an innovation as a step towards decision-making (Hu and Stewart, 2009; Naagarajan, 2010; Phe Goursat and Pellerano, 2016). In India, for instance,
80 per cent of informal economy workers were not aware of pension schemes (Hu and Stewart, 2009). Such lack of awareness hinders demand for social security registration (ILO, 2016; Phe Goursat and Pellerano, 2016). Given this situation, enhanced awareness among informal economy workers concerning the role of pension schemes, and about social risk more generally, is important to create a possibility for claiming a pension scheme as a right. It is necessary to inform potential beneficiaries of an innovation, indicating how proposed changes will promote their interests (Rogers, 1983). As this study has identified with regard to pension coverage extension in Zambia, such change should involve the inclusion of short-term benefits.

The findings further show that the relative advantage of social security was its perceived ability to guarantee income after retirement. This view fostered greater willingness among informal economy workers to enrol for pension schemes. This may not always be the case, however. In Moldova, for instance, the relative advantage for farmers to be gained from contributing to the pension scheme was perceived to be low by farmers due to a huge discrepancy between the desired pension amount and the actual pension (ILO, 2016). The case of Moldova shows that farmers had misgivings about the relative advantages of the pension scheme because it did not meet some of their perceived important needs. The Moldovan example acts to underline the more general need to design a scheme that can meet the aspirations of informal economy workers. The lesson for Zambia is that a pension scheme for informal economy workers should have long-term benefits that allow members to have access to greater income security upon reaching retirement as well as offering them incentives in the form of short-term benefits that enable them to meet immediate needs. This is important because greater satisfaction and perceived relative advantage would lead to more rapid rates of adoption (Rogers, 1983). At the level of compatibility, however, the results of this study show that pension scheme enrolment was not a priority for domestic workers and drivers. There was a perception that pension contributions would divert money away from more important life priorities, such as meeting day-to-day needs for food, housing and education, as well as from other forms of saving and business enhancement in the immediate term. This perception is one that is widely shared by informal economy workers (Hu and Stewart, 2009; Phe Goursat and Pellerano, 2016).

In our study, children’s education was understood as important for household livelihoods and traditional “social security”. In African tradition and culture, children have a moral obligation to provide income security to their parents (Ruparanganda, Ruparanganda and Mupfanochiya, 2017). Therefore, any proposed social innovation should be compatible with the values and beliefs of the target population (Rogers, 1983). For informal economy workers, children’s education presents such a value. This suggests that pension schemes
can be made more attractive if they incentivize participation through, for example, supporting the education of children of affiliated members, as identified in this study.

Conditions of widespread informal employment, inadequate earnings and a lack of strong trade unions characterize the working lives of domestic workers and bus and taxi drivers. In Zambia, pension schemes in their current form are not compatible with the lived realities of domestic workers and bus and taxi drivers. Low income inhibits pension scheme enrolment because of various more pressing demands at the domestic level. This is confirmed in other studies, such as from the Philippines where low income negatively affects the uptake of contributory social security (Conchada and Tiongco, 2015). In Zambia, monthly income for domestic workers and drivers ranged from ZMK 500 (USD 50) to ZMK 1,500 (USD 150), which is lower than average monthly household consumption expenditure of ZMK 1,588 (Central Statistical Office Zambia, 2015). The situation is made worse by high household dependency ratios, as most families rely on one person to provide for the family’s basic needs. With the average household size of 4.7 in Lusaka (Central Statistical Office Zambia, 2017), informal economy workers and their families remain vulnerable.

The interview data indicated that registration with the pension scheme was complex. This complexity is the result of low knowledge levels on how to use the online system. At the same time, difficulties in having reliable Internet access and having to wait in long queues at registration centres discouraged participation. For many, all such delays in completing the process were considered a loss of productive working time and an opportunity cost. This finding is consistent with other studies that demonstrate that registering informal economy workers to pension schemes is a challenge, partly due to logistical and administrative difficulties (Hu and Stewart, 2009; Maes, 2003). The personal experience of having been confronted with such challenges can result in a person not promoting the innovation in their social groups. As an innovation, the pension scheme process should be easy to understand and use (Rogers, 1983), and it should create a positive user experience. For Dearing (2009), positive opinions are crucial for the successful diffusion of the social innovation.

Only four participants in the study were enrolled in the scheme. This justifies the need to foster the adoption of the social innovation using a trial or pilot that would produce information as regards the social reality in which potential members live (Perkiö, Miti and Malkamäki, 2019). Dearing (2009) refers to this as “demonstration”, meaning putting the intervention project into real-world conditions. Such an activity would require enhanced institutional capacity for effective implementation given that, in Zambia, the staffing available for extending pension coverage was low.
Registering more informal economy workers to affiliate to the pension scheme would be important for increasing the observability of the innovation. Observability is an essential element, especially for innovations that target new categories of beneficiaries. For pension schemes, it is logical that informal economy workers should prioritize short-term benefits and prefer to see evidence of an immediate benefit from the innovation rather than having to wait for some uncertain future eventuality. Observing the benefits accessed by new and current members can help transfer the innovation to others (Rogers, 1983).

A finding was that weak institutional reputation and poor communication negatively affect people’s perceptions of pension schemes. In Zambia, this is indicative of a lack of trust in government institutions. While in Zambia the reputation of pension schemes may be positive as well as negative, the latter viewpoint dominates due to delays in the payment of retirement benefits. Such delays are perceived to stem from inefficiency, ineffectiveness and, indeed, the perceived corruption found in such institutions. NAPSA continues to pay benefits on behalf of the, now defunct, Zambia National Provident Fund – ZNPF (NAPSA, 2019). At the time of this study, some affiliates who had previously been members of the ZNPF were yet to receive their benefits. The problem of lack of trust in the state-run social security system is not specific to Zambia (Kotoh, Aryeetey and Van der Geest, 2017; Pellissey and Walker, 2007). Mistrust disincentivizes participation and is a cause for delinquency in the payment of contributions (ILO, 2016). To help engender the effective extension of social security coverage, there is a need, both, to build trust and strengthen system capacity.

The relative advantage, as indicated by a willingness to join the scheme, shows that there is interest among informal economy workers to use the social security system to assure their future income security. However, the pension scheme’s design still presents challenges, given that it is not compatible with the voiced aspirations of informal economy workers, such as meeting their needs for an accessible and affordable pension (relative advantage and complexity), as well as meeting their immediate household consumption needs and the education of children (compatibility). At the same time, benefits were not immediately observable due to delayed payments and long vesting periods. Required is enhanced communication to improve knowledge of the benefit system. These factors should be addressed when promoting pension coverage extension to informal workers. The challenges that hinder extending coverage to informal economy workers can be resolved by developing a member-centred pension

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5. According to the NAPSA website, the National Pension Scheme Authority (NAPSA) is a custodian of all the assets and liabilities of the Zambia National Provident Fund (ZNPF), which was closed to new members in 2000 with the creation of NAPSA.
scheme, that is consistent with social innovation theory and which responds to the needs of members. Concerning a responsive product design, Dearing (2009) discusses the notion of an intervention cluster – a group of interventions tailored together – as a decisive factor for the diffusion of a social innovation. Our results indicate a need for such a tailored benefit package, which is holistic in responding to the needs of members while ensuring a well-functioning pension system.

Theoretically, this article advances an understanding of the needs and aspirations of informal economy workers with regard to pension schemes that are designed for these workers. By supporting the need for a member-centred pension scheme, the article calls for an integrated theory to better understand the perceived needs of informal economy workers and their aspirations for social security protection.

As a policy recommendation, this article proposes a member-centred framework for extending pension coverage to informal economy workers. The process of involving members (informal economy workers) begins with identifying their associations or representative groups, through which they share their vision and aspirations for realizing personal well-being. Pension scheme design should be responsive to the needs and aspirations of the informal economy workers in different sectors of the economy. This framework comprises two major pillars of action; namely, i) system strengthening and ii) product development and redesign. The two pillars require specific enhancement interventions on the part of the social security institution in order to respond to the needs and aspirations of informal economy workers. The framework

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<tr>
<th>Intervention pillar</th>
<th>Strategic Intervention</th>
<th>Needs-to-address</th>
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<tbody>
<tr>
<td>System strengthening</td>
<td>NAPSA should enhance:</td>
<td>• Registration process</td>
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<td></td>
<td>• Human resource capacity</td>
<td>• Compliance and complaints</td>
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<tr>
<td></td>
<td>• Communication</td>
<td>• Trust</td>
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<td></td>
<td>• Registration mechanisms</td>
<td>• Potential retention challenges</td>
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<td>• Partnerships/ Collaborations</td>
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<td>• Job security</td>
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<td>• Conditions and employment relations</td>
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<td>• Labour movements</td>
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<td>Product development and redesign</td>
<td>• Legal framework</td>
<td>• Sustainable payment-benefit ratio</td>
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<td>• Short-term benefits</td>
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<td>• Vesting period</td>
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<td>• Inclusion basis: Voluntary or mandatory scheme</td>
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Table 2. Framework for member-centred pension scheme

Source: Authors.
embraces the need to reflect on the potential challenges for retaining active contributors and the need to decide on whether pension schemes should be voluntary or mandatory for this sector of employees. Table 2 describes the framework.

Conclusion

The study has shown that most informal economy workers were not aware of their rights to be covered by the NAPSA pension scheme. As discussed, there are both enablers and barriers in extending a pension scheme to domestic workers and bus and taxi drivers. The results demonstrate that though there were levels of willingness to contribute to the scheme among some study participants, the pension scheme was not their priority. In order to attract and meet the needs of domestic workers and bus and taxi drivers, the evidence generated suggests that a pension scheme for informal economy workers should demonstrate the relative advantage, compatibility, and observability of long-term benefits for these workers, along with the possible provision of tailored short-term benefits. This article proposes a member-centred approach to enhance the design of the pension scheme to meet the expressed needs of informal workers.

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RESEARCH ARTICLE

Implementing a Public Policy to Extend Social Security to Informal Economy Workers in Zambia

Jairous Joseph Miti, Mikko Perkiö, Anna Metteri and Salla Atkins

Abstract This article analyses the strengths and bottlenecks of institutional capacity between social security institutions implementing the reform in Zambia, which focuses to provide social security to small-scale dairy farmers, a group of informal economy workers. Zambia’s informal economy workers absorb over 80 per cent of the labour force. This is a qualitative study of institutional capacity in the extension of social security. Twenty-one interviews were conducted with participants from Farmers’ Cooperatives (MCC), National Pension Scheme Authority (NAPSA), and Dairy Association of Zambia (DAZ). We selected participants through a purposive sampling technique. We reflected on data using a Consolidated Framework for Implementation Research (CFIR) built on thematic analysis. Analysis suggests that the institutions of the partnership are committed towards extending social security to informal economy workers. There was low involvement of local NAPSA officers in the project design and their role during implementation of the pension extension was unclear. This contributed to a lack of trust by some non-NAPSA members towards social security institutions. Knowledge and beliefs about the capabilities of implementers were essential in the activities for implementing the public policy on the extension of social security. However, there are several implementation lacunas concerning the process, its overarching infrastructure, and adequate human resources. There is a critical need to address gaps in process and procedures, equipment and materials, infrastructure, human resource, trust, and knowledge of context for the extension of social security to informal economy workers in Zambia. This could make the new public policy scheme more attainable.

Keywords: social security; public policy; pension; informal economy; rural; farmer

Introduction

In 2019, the Zambian government enacted Statutory Instrument (SI) No. 72 (2019) that provided and enhanced the legal basis for the extension of social security to people

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working in the informal economy, including those who are self-employed. This enactment signified a strong political will and commitment in terms of inclusion of the uncovered groups, such as informal workers, in social security. Informed and compelled by new legislation, Zambia’s National Pension Scheme Authority (NAPSA) designed a benefit package for informal economy workers in line with provisions of the SI and swiftly moved to implement this public policy among small-scale dairy farmers in Southern, Central and the Copperbelt Provinces. At a macro level, this public policy formulation was a result of strong ties between NAPSA, the International Labour Organisation (ILO) and Finnish Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos, THL). With regards to implementation, NAPSA engaged grassroot partners namely small-scale dairy farmers’ cooperatives through their Milk Collection Centre’s (MCCs) as an aggregator. Given the swift move towards implementation, there was a need to assess the institutional capacity of implementing organisations in order to determine its effect on the realisation of this public policy’s goal.

One aspect that can determine policy success is institutional capacity in implementing the formulated policy. Though many countries are making progress towards the extension of social protection coverage, reinforcing their social protection systems and establishing effective social protection floors (ILO, 2021), little is known about the capacity of grassroot institutions such as small-scale dairy farmers’ cooperatives in performing such a task. Evidence, however, suggests that different strategies including work with informal economy workers’ associations can positively impact the course of extension of social protection coverage. For example, in Cape Verde, the government developed a proactive approach to reaching informal workers through communications campaigns specifically targeted to self-employed informal workers, as well as setting up social protection service centres in locations where there are large concentrations of informal workers thereby reducing the amount of time spent by workers in this category accessing the scheme services (Durán-Valverde et al., 2013). In Kenya, Mbao Pension Plan, established by the Jua Kali Association (informal sector is called Jua Kali in Swahili) and covering about 100,000 members as of 2018 is one example of an innovative way of extending social security to informal economy workers. Flexible contribution amounts and its grassroots presence makes the scheme attractive to people in the informal economy (Kwena and Turner, 2013). Other social protection initiatives on protecting informal sector workers exist in different low- and middle-income countries such as India (Asher et al., 2015), Ghana (Wireko and Beland, 2017), Zimbabwe (Chikova, 2013), and Thailand.

There is hope that these initiatives will reduce poverty and vulnerability to which informal economy workers are susceptible due to the nature of employment and lack of access to social protection. Social protection could counter a typical hardship of informal workers, with low or irregular income (ILO, 2020). In 2022 one of the external shocks being faced, exposing, and exacerbating the vulnerability of informal economy workers is the COVID-19 pandemic. In some countries, the pandemic meant restricting the movements of some informal economy workers and limiting
their ability to earn a living (ILO, 2020). The pandemic effects were mitigated by social assistance programmes, and non-contributory social protection schemes, including cash transfers by governments (Gentilini et al., 2020), but these measures were largely temporary and limited in coverage. In Zambia, there was an introduction of Emergency Social Cash Transfer as a response towards cushioning the loss of income due to COVID-19 in selected households. These were households that fit into predesigned assessment criteria.

In addition to the stringent eligibility criteria that excluded most people in the informal economy, it is unclear if interest and expansion of social assistance interventions due to COVID-19 will sustain. Capacity of existing systems play a large part in sustaining these efforts, as in Zambia for example, the donor community and UN agencies played a significant role in initiating and financing emergency cash transfers as part of COVID-19 relief. The emergency, and the external funding directed at it, meant that systems needed to be developed to address the crisis – but it is not clear whether these systems will stand; and will be available for informal workers.

Thus far, various efforts to expand social security to informal economy workers have been hindered by several factors including administrative and institutional factors, market, and design factors (Sojo, 2015; Gelepithis, 2018; ILO, 2019a; Zhao and He, 2021). Evidence from COVID-19 responses across countries also shows that implementation of social assistance interventions was limited by the fiscal space of countries, implementation capacity, and inadequate social registries, among others (Lowe et al., 2021).

Accordingly, the move towards universal social security coverage requires addressing institutional change as a crucial part of the locus of innovation (Sojo, 2015). Justifiably, bringing about institutional change calls for holistic understanding and analysis of the current capacity of institutions responsible for the implementation of social security to the uncovered. Because of the aforementioned reason, the ILO points out that the expansion of social protection coverage to informal economy workers requires extensive policy-making simultaneously on many fronts, such as on awareness, legal and administrative challenges (ILO 2019b).

The article investigates conditions of institutional capacity in the implementation of social security for informal economy workers in Zambia. The article contributes to the corpus of knowledge on the challenges of social security implementation for informal economy workers as well as theoretically on the application of the Consolidated Framework for Implementation Research (CFIR) in social science studies. This contribution stems from the article’s focus on a nascent policy experiment on social security in Zambia, a low-income country. The Zambian public policy experiment provides the possibility to explore institutional capacity challenges of the policy process through practitioner lenses. This information can inform future policy implementations.

As this article’s data was collected in 2020, it may not reflect developments that have occurred since then as a result of changing political landscape or the effects of the COVID-19 pandemic. As this article is being written, the current government
pursues a public policy change towards pension reform to allow members to make partial withdrawals of their mandatory social security savings. Implementation of this policy call and its implication on the initiative to extend social security to informal economy workers is yet to be analysed. The article does not also reflect the dynamics of relationship of partners such as the Government, ILO and the THL with regard to social security extension. Nevertheless, the findings of this study are relevant to understand the social protection landscape in Zambia, contributing to efforts of expansion for informal workers in other low- and middle-income settings.

**Theoretical framework**

We used Consolidated Framework for Implementation Research (CFIR) as an analytical framework. It is a conceptual framework that was developed to guide the systematic assessment of multilevel implementation contexts to identify factors that might influence intervention implementation and effectiveness (Damschroder et al., 2009). This is a framework that has been largely used in the implementation of health care interventions (e.g. Keith et al.). Thus, CFIR can be useful for guiding rapid-cycle evaluation of the implementation of practice transformation initiatives (Keith et al., 2017). Applied here, the framework helps to nest our study within the scientific environment of implementing social innovations. Based on the CFIR, the lens through which data were analysed as follows:

i. **Inner setting**, includes features of the implementing organisation that influence implementation. It comprises, among others implementation climate and leadership engagement.

ii. **Outer setting**, concerns the features of the external context or environment that affect implementation. It contains external policy and incentives.

iii. **Characteristics of individuals** involved in implementation. This dimension is about characteristics of individuals such as knowledge and beliefs about the intervention.

**Methods**

**Study setting**

The study was conducted in Lusaka and Southern Province of Zambia. Zambia is a low-income country with an estimated population of 17.8 million people. Majority of this population (55.3 per cent) reside in rural areas as compared to 44.7 per cent that inhabits urban areas (Ministry of Labour and Social Security, 2020). Zambia is also faced with the problem of poverty and inequality. National poverty levels are alarmingly high at 60 per cent with rural areas being worse at 76.6 per cent.

The country’s economy is dependent on Copper and Cobalt exports to generate most of its foreign exchange revenue (Central Statistical Office, 2017). Consequently,
it remains susceptible to a high risk of external commodity price fluctuations. Periods of high copper prices and economic growth have not given any significant reduction in poverty nor created sustained formal sector employment. Instead, the country continues to experience escalated cost of living and expansion of the informal sector as people seek alternatives to meeting livelihood needs. The informal sector is host to over 74 per cent of the country’s employed population. This includes persons who have a paid job either in cash, in kind or both; are in self-employment or are in contributing to family work (Ministry of Labour and Social Security, 2020). People working in the informal economy are inadequately covered by social security. They are often excluded from social assistance programmes such as social cash transfers and have for many years been ineligible to access contributory schemes due to the legal and design factors of these schemes. Pension schemes for example, targeted people with formal employment relationship, established through a written contract and providing for regular and predictable income (Miti, et al. 2021). Consequently, only a small fraction of the population has access to pension schemes and other contributory social security benefits.

Selection of Lusaka and Southern Provinces provides the context between the capital city and the region where the new policy is being implemented. Through this, we can investigate the initiatives to extend social security to the uncovered groups of informal economy workers. This study focused on institutions that were directly involved in the extension of coverage with small-scale dairy farmers in Southern Province, Zambia. Thus, the study used data collected from Milk Collection Centres (MCC cooperatives) and Dairy Association of Zambia (DAZ) offices in Southern Province, and NAPSA offices in Lusaka and Southern Province. These MCCs were aggregators in the extension of social security coverage while NAPSA offices at National and District level were responsible for policy oversight and implementation. DAZ provided an avenue through which NAPSA reached-out to farmers. Information box 1 provides detail on the levels of engagement by DAZ, MCCs and NAPSA Table 1.

In Lusaka, the study focused on NAPSA’s Department responsible for the extension of coverage to the informal sector (ECIS). In Southern Province, the study focused on the nine cooperatives through Milk Collection Centers (MCCs) and three NAPSA offices responsible for the following districts: Mazabuka, Monze, Pemba, Choma, Namwala and Kalomo. Southern Province has the highest number of small-scale dairy farmers in Zambia, with over 2900 of them being affiliates of Dairy Association of Zambia (DAZ) through cooperatives. MCCs operate as aggregators with responsibilities for awareness raising about pension schemes, registration of new members on behalf of NAPSA as well as collection of contributions. NAPSA district offices have a responsibility of providing technical support to MCCs as they carry out their mandate. There is an assumption that this relationship and system of operation will facilitate the registration of more small-scale farmers into the pension scheme. Our study aimed to analyse institutional capacity for extending pension scheme coverage.
Institutions and their roles in Extension of Social Security Coverage

Dairy Association of Zambia (DAZ)
- Facilitates NAPSA’s engagement with small scale dairy farmers’ cooperatives (MCCs)

Milk Collection Centres (MCC Cooperatives)
- Disseminates social security information to farmers
- Registers small scale farmers for social security
- Facilitates NAPSA contribution collection from members

National Pension Scheme Authority (NAPSA)
- Designs and provides social security and other short-term benefits in collaboration with partners
- Communicate with members
- Registers and collects contributions

Table 1 : Information box.

Study design

We used an exploratory qualitative approach, collecting data with semi-structured interviews (Creswell, 2014) to gain an in-depth understanding of implementer perspectives. The situation yielded an information-rich conversation relevant to theoretical and policy discourse. Our research team was a research partner to the implementing organisations when this policy partnership was formed. This gave us good access to all implication organisations. The policy implementation is taking early steps, which justifies the use of explorative qualitative methodology.

Study participants

The study used maximum variation purposive sampling technique (Creswell, 2014) to select participants as a strategy for identifying major stakeholders involved in designing, giving, receiving, or administering the program or service (Given, 2008). The inclusion of three relevant institutions; MCCs, NAPSA and DAZ; in the study ensured a broad range of perspectives since all participants had varying levels of involvement in the implementation of social security scheme for informal economy workers. Participants from MCCs were selected based on their leadership roles and direct involvement in the Scheme while participants from NAPSA were chosen based on their positions as project focal persons at the local and national level. DAZ officers were responsible for the facilitation of relationship between NAPSA and the cooperatives. Overall, participants in this study were information-rich owing to their experiences with the institutions of concern and their role during the extension of coverage. The total number of participants was 21. Table 2 below shows the participants’ description.

Data collection: tools and process

The team developed semi-structured interview guides that were used for data collection by JM to collect data (Given, 2008). The data collection process also used
appropriate probes about institutional capacity in implementing pension schemes for small-scale farmers. The tool covered questions on the following: human resources, infrastructure, equipment and materials, process and procedures and other general factors in the implementation and operation of extension of coverage to small-scale dairy farmers. The average duration for each interview was 40 min. The researcher recorded the 21 interviews through note taking in designated writing pads.

NAPSA and DAZ facilitated the scheduling of appointments with prospective participants. JM conducted interviews in English and ChiNyanja languages, spoken by all participants and the researcher. The data collection was undertaken at the MCCs and NAPSA offices. This provided an opportunity for the researcher to observe the process of milk collection as well as the available infrastructure. This is an operating environment for the social security implication. The researcher introduced the research and its objectives to the participants.

After data collection, the researcher listened to the audio records of the interviews. This was followed by transcription of the recording. JM translated interviews conducted in ChiNyanja to English language. Transcriptions and notes taken during interviews formed the basis for data analysis.

**Data analysis**

We analysed the data using thematic analysis approach (Wendy et al., 2018). The process of data analysis involved reading field notes and transcripts, coding, sorting, and synthesising transcript contents in line with the focus of the study. The CFIR framework was utilised to formulate thematically organised interpretations of the data. The data analysis processes were theory informed as the themes of the interview guide were based on previous literature.

**Ethical considerations**

This study obtained ethical approval by the University of Zambia, Humanities and Social Sciences Ethics Committee (Ref. 2020 Jan-014). Further, the study adhered

<table>
<thead>
<tr>
<th>Participant</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAPSA</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>MCC</td>
<td>10</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>DAZ</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>8</td>
<td>21</td>
</tr>
</tbody>
</table>

Table 2: Participant description.
to all the ethical standards for the conduct of social sciences research. During inter-
views, all participants gave informed consent for their participation in the study.
Reporting of results uses pseudonyms to keep participants’ details as anonymous.
The first author was in the custody of all records and notes.

Results: internal and external factors depicting institutional capacity

Results show the need for enhanced institutional capacity if the implementation of
social security coverage to informal economy workers is to be achieved. The study
highlights factors that may influence the implementation of social security extension
as a social policy issue. These factors include: inadequate human resource levels,
lack of equipment, lack of clarity on roles and jurisdictions, and lack of trust in insur-
ance schemes.

Inadequate human resource levels have negative effects on service delivery

NAPSA has an elaborate institutional structure that ensures vibrant operations in its
traditional member category of formal employees. The different units of NAPSA
have been mobilised to take part in the extension of coverage as an institutional pro-
gramme. This pooling of units ensures that service delivery is entrenched in all depart-
ments/units. However, the unit responsible for planning, coordination and
operationalisation of the extension of social security to informal economy workers
is lean, with only three people—one manager and two project officers. The interviewer
was informed that:

As you may have noticed, our unit is new and is not adequately staffed. There are only
three of us here. Given the amount of work that is required to be undertaken, I think we
need more staff though other units help us as well. We are overseeing the implementation
of extending coverage. The problem is that the informal economy is a very big sector in
terms of people working in this category. Our current staffing level is surely something
that has lots of work in this regard (NAPSA staff).

Some NAPSA district offices visited also showed that personnel are overwhelmed
with their responsibilities such as carrying out compliance inspections, attending
court sessions on matters before the court, grievance management and preparing
reports, among others. The introduction of electronic systems that facilitates self-
registration and other services has not eased the workload of officers as one
would expect. This is on account of poor internet connectivity, and potential
members not using the designed electronic platforms. Officers employed as data
entry clerks have assumed other roles thereby requiring a redefinition of their job
description.

On the side of MCCs, it appeared that most cooperatives had adequate personnel
given the type of their activities. There were board members who provided oversight
roles for the functioning of the cooperatives and management teams, which handled the day-to-day activities of the cooperative. Members of the latter were employees of the cooperative. They included an accountant, manager, and milk collection attendant. There was no autonomy in the management team to make decisions with regard to some matters such as expenditures, which sometimes delayed the implementation of some activities. Worth noting is that employees practiced role differentiation, with each of them performing respective tasks. However, some cooperatives did not see low number of employees as a problem given their business and scope of operations even including new responsibilities. One leader of the MCC said that:

For us, the three employees and the board members we have are enough to discharge the daily work of the cooperatives. Maybe the challenge can be now that NAPSA is giving us this extra responsibility. It is either we hire another person or just add the work to that of the accountant who may also require some training. (MCC Leader)

Another dimension to human resources, especially at the cooperative is the level of remuneration for employees. Interviews with employees suggested that their earnings are very low in comparison to the domestic and personal development needs, as well as statutory provisions. One of the employees at the MCC said:

Our salaries are very low. My salary is US$ 45 per month. I still have family to support, and my husband is not in employment. As you know, this place is along the highway, so commodities are expensive. (Participant 9, MCC)

A similar view was shared by one manager:

Here our lowest paid employee gets US$ 45 per month, while the highest paid gets around US$ 80 per month. Therefore, you can already tell that our conditions are poor, but we have little option because also the cooperative is not making much money. All the business ventures we have such as hummer mill and welding do not yield any profit. (MCC Leader)

Lack of equipment and material affect provision of social security

Institutions engaged in this study had a physical presence in the districts, with geographical location for easy identity and visit by prospective project beneficiaries. Some NAPSA district and regional offices had inadequate record keeping and operational requirements such as computers and printers. This problem was also the case for some MCCs. All MCCs had available telecommunication systems called Digital Information Management System (DIMS) through which farmers receive information via text message to their mobile phones relating to their milk supply, payments, dairy inputs as well as any other relevant communication from MCCs. MCCs were operating the DIMS with support from cooperating partners and DAZ. Alluding to this, one participant said that:
The MCCs have computers but as you may have observed, most of the MCCs have very old and malfunctioning computers. It is somehow difficult to enter and store information. Thanks to our partners, we now managed to have Digital Information Management System (DIMS), which operates in such a way that you can send bulky messages to farmers, as well as inform them about their milk supply and payment. (DAZ staff)

A catalogue of existing materials and competencies is shown in Table 2 below. From this inventory, it is discernible that the level of effectiveness and engagement by MCCs will differ. Some MCCs will not be able to provide relevant information electronically to NAPSA because of a lack of equipment and inadequate capacity of the personnel.

Competence in basic computer software is essential for enforcing payments and record keeping. Out of nine MCCs studied, eight MCCs had computers, though only four had their computers connected to the internet. All the MCCs had their DIMS Tablets connected to the internet. Five of the MCCs did not have scanners, while four did not have printers. Seven MCC management teams had competence in operating with basic computer software MS Word, and eight with MS Excel. However, none of them had an active Mobile Money account nor experience with the eNAPSA system.

**Clarity of roles and jurisdiction improve performance of institutions**

NAPSA in general had clear procedures and processes for registering members, addressing grievances, and making pay-outs. However, there was a lack of clarity on the role of local NAPSA offices in the implementation of social security for informal economy workers. Interviewees appreciated both the online and physical registration mechanisms as well contribution modalities such as through mobile money and deduction from milk payments for registered farmers. However, MCCs were ignorant about grievance handling on the project. At the same time, they had no prior relationship with local NAPSA offices where staff also indicated not having been fully involved in the preparation of extension of coverage. Thus, some NAPSA officers in Southern Province indicated a lack of clarity on what their roles would be in extending social security coverage seeing that most of the activities and initiatives were being undertaken by people from Lusaka, and local offices were only involved intermittently. One officer expressed their view as below:

I am not sure of the role I will play other than being aware that I will be fully involved. For now, my role is not defined clearly. However, if it is covered under my current job descriptions, I will do it. There is no stated role for us in job description about ECIS. At the same time, there has not been any formal or verbal communication on what this work entails. It appears we are working with assumptions. (NAPSA staff) (Table 3)
Knowledge of local context and institutional reputation affect information dissemination and take up of social security

Interviews at the MCC level were concerned with the lack of trust for NAPSA products and other insurance schemes by some members of the local community. They indicated that people do not have trust in registering and contributing to social security because of their disappointing experience with such initiatives as weather index insurance under Farmers Input Support Programme as well as some financial institutions that did not provide services as they promised despite farmers making contributions/savings. This was also made clear in the statements as one below:

I think NAPSA has a lot of work to try and gain confidence of the people because there are many retirees that have not been paid their retirement benefits. Some of these retirees have even died and their families are still trying to access those benefits. (MCC manager)

Another view was expressed as follows:

You see, it is better to contribute to the pension scheme when you can see the benefits. Here, people stopped trusting NAPSA not because of how NAPSA alone operates but also other pension institutions in this country. There are many situations when people have retired but they do not receive money on time such that they even become destitute. (MCC attendant)

At the same time, employees at MCC level said that there were other competing savings schemes such as rotating savings, and village banking amongst farmers. Some of these initiatives were promoted by Non-Governmental Organisations working in the area. For some farmers, it was better to save money through the village banking system, where they can easily access the funds, rather than contribute to pension, which they are not sure when they will receive. Therefore, NAPSA’s initiative to extend social security competes with rotating savings and village bank initiatives in as far as contribution/saving amounts and benefits are concerned. Thus, leadership of the MCCs suggested that NAPSA needs to know some of these schemes and design a scheme that responds to farmers’ needs.

Another issue that relates to knowledge of context is that most small-scale farmers who are advanced in age (e.g. above 55 years old) owned more cattle in the villages than young people, who in most cases were dependants. In addition, some of these farmers were engaged in dairy farming as a ‘secondary occupation’ having retired from occupations in the formal sector in public and private institutions, and later reclined to their villages. Thus, the project may suffer from low take-up because most dairy farmers were already advanced in age thereby being systematically ineligible for registration to pension schemes.
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Table 3: Situation on capacity of MCCs – equipment, material, and infrastructure.

<table>
<thead>
<tr>
<th>Reference Item</th>
<th>Magoye</th>
<th>Munjile</th>
<th>Kaumba</th>
<th>Monze</th>
<th>Pemba</th>
<th>Namwala</th>
<th>Choma</th>
<th>Kalomo</th>
<th>Batoka</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Internet Connectivity</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Printer</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Scanner</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>DIMS Tablet (With Internet)*</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>MS Excel Competence</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
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<td>Y</td>
</tr>
<tr>
<td>MS Word Competence</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
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<td>Y</td>
</tr>
<tr>
<td>Mobile Money Account</td>
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<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Capacity to Facilitate Contributions</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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</tr>
<tr>
<td>Contributes to Main Scheme</td>
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<td>N</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>eNAPSA Experience</td>
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<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

Y = Yes; N = No.

*Unclear if this will continue since DIMS was under a specific project.
Discussion

This article examined the institutional capacity to extend social security to small-scale dairy farmers in Zambia. It shows a number of gaps, such as inadequate human resources, lack of equipment and material in some centres, and lack of clarity of roles and jurisdictions among officers, all of which can affect institutional performance. Findings also suggest that the extension of social security should take into consideration the knowledge of local context and institutional reputation as these can affect implementation.

The results are important because they uncover the situation of the capacity of institutions involved in the implementation of social security for small-scale farmers. This is vital to build a social security system that has an institutional framework endowed with capacity at different levels that can contribute to realising social security goals. Findings of this study about engagement of informal economy associations are also reflecting the trajectory of efforts at building social protection systems and savings among informal economy workers in Kenya through the Mbao Pension (Kabare, 2018), and similar initiatives on the continent.

Inclusion of cooperatives in the implementation of social security by NAPSA is important and provides an opportunity to further interrogate how these institutions work as they advance the welfare of their members (ILO, 2014). These institutions have a relevant role in awareness raising and enabling the easy payment of contributions. In Thailand, the collaboration between HomeNet Thailand – a network of home-based worker groups which operates across the country and the Thai Social Security Fund have made it easy for home-based workers to access information and ensure compliance with contributions (UNDP, 2021). Accordingly, findings of our study add an understanding of social security extension and institutions planning for it. This value comes from the contextual presentation of a social security extension in a low-income context and first-hand information generated through interviews with informal economy workers and implementers. It presents the situation of capacity for social security implementation using the experienced social security institution (NAPSA) and MCCs. However, this article does not provide a comprehensive review of the extension of pension schemes given the broad nature of social security for informal economy workers and the complexities and processes surrounding its implementation.

The inner setting of the implementation, described as features of the administration organisation that might affect the implementation (Damschroder et al., 2009; Keith et al., 2017), shows that the implementation climate and leadership engagement calls for capacity strengthening. This is because there was no full involvement of NAPSA officers at district level in the project design. At the same time, their level of involvement in implementation was also unclear. It also highlighted concerns about the adequacy of human resource and role differentiation, and labour automation. Relativity of the adequacy of human resources is based on the observation that while
some MCCs considered the number of employees as adequate, there was a clear indication that extension of coverage will bring about additional responsibilities. This could lead to a demand for more income by the employees. For attainment of the social security goals for informal economy workers, shared knowledge and involvement of all partners is relevant to foster implementation. In the same way, functional differentiation was observed within NAPSA as well as aggregators is an essential aspect of effective project implementation that should be upheld. However, NAPSA’s unit responsible for the extension of coverage did not have adequate human resources. This situation depicts insufficient capacity that affects the extension of social security as was also reported in other contexts (ILO, 2016; RNSF, 2017; Phe Goursat and Pellerano, 2016). With insufficient human resources, it will be difficult to extend social security coverage to the rural informal economy workers because this category requires various services with implications on the number of human resources required.

In addition, a lack of clarity on the initial roles to be played by local NAPSA offices and cooperatives (in particular, grievance mechanisms) in the early stages of the intervention showed gaps in communication and a lack of shared information. The intervention appeared to be the sole responsibility of officers at the head office. This situation suggests the need for enhancing informal and formal bonds in order to foster a shared vision and information (Damschroder et al., 2009). Further, implementation climate and leadership engagement as depicted above suggest the need for adequate human resources, role differentiation and stakeholder involvement. This has the potential to foster effective implementation.

In relation to theory on the outer setting of the implementation (Damschroder et al., 2009), this study finds that public perception of social security institutions, profile of potential members and other existing saving schemes affect member adoption and consequently implementation of the new scheme. When people have negative perceptions about the institution providing social security, it becomes unlikely that they can adopt the intervention.

Our findings further show aspects of mistrust of social security institutions. This is in tandem with those of other countries such as in Ghana (Teye et al., 2015), where the perception and the reality of embezzlement of funds, corruption and delay in processing retirement benefits created a bad reputation for social security institutions. Factors that influence perception such as corruption and delays in reimbursements affect the uptake of social security and health insurance by residents (Kannan, 2010). The situation suggests that citizens do not trust these institutions and the level of willingness to contribute to the pension scheme may be affected (Adewole et al., 2015). In India, distrust of public health services played a critical role in hindering informal construction workers from accessing services (Santalalhti et al., 2020). Perceptions of corruption and existing distrust of institutions erode public confidence in both the scheme and institutions providing services. This situation suggests that when strengthening public services of the informal economy workers in LMICs, trust plays a pivotal
role. Extension of pension schemes, especially to the informal economy, may suffer from the bad reputation of the institutions as well as from administrative bottlenecks.

This article acknowledges that it is important for interventions to taking an interest to understand the local context in terms of the profile of the targeted beneficiaries, norms, and belief systems about care for elderly people as well as reciprocity and existing saving schemes. This suggests the importance of participatory approaches that consider grassroots institutions in terms of their role in product design as well as implementation.

Knowledge about these value systems as cardinal elements of the outer setting will help in designing a scheme that responds to the needs of informal economy workers. Generating such knowledge is made possible through the social capital of the organisation, which is already existing between NAPSA and cooperatives. We subscribe to the description of social capital as the quality and the extent of those relationships and including dimensions of shared vision and information sharing (Damschroder et al., 2009). NAPSA should sustain its social capital through continuous engagements and providing support to cooperatives in areas of mutual interest. In this regard, we consider the need for increased registration of small-scale farmers as an area of mutual interest.

Achieving the aim of registering small-scale farmers by aggregators will require motivated human resources in the cooperatives. Hence the need to find ways of incentivising personnel through advocacy for improved conditions of service such as a rise in monthly earnings. Our study shows that most employees in these cooperatives have very low remuneration. A positive change in their remuneration and improvements in general conditions of work can enhance their output in sensitisation and possible registration of members. Research has shown that institutions can foster employee motivation through factors such as job security, good salary and benefits (Ghodrati and Tabar, 2013). Such interventions are not only mere motivational issues but also contribute to improving their livelihoods, fostering human rights and the ILO’s decent work agenda.

On the aspects of characteristics of individuals involved in implementation, registration of members to the scheme showed the existence of knowledge and appreciation of the intervention. There is self-efficacy in participants with regard to the extension of coverage. This means that officers believed in their own capabilities to execute courses of action to achieve the goals of the project. This was important because theoretically, it is argued that individuals with high self-efficacy are more likely to make a decision to embrace the intervention and exhibit committed use even in the face of obstacles (Damschroder et al., 2009). This self-efficacy has, therefore, the potential to influence employees sharing of information on the benefits of the intervention with members of the community. Additionally, the competence in computer software, as well as with mobile money solutions as seen in Table 2 are important basic skills for the operationalisation of the scheme as they relate to report writing, facilitation of registration and member contribution.
Zambia has scaled up efforts towards social security for informal economy workers. The importance of institutional capacity in social policy making has been highlighted in other countries (Teye et al., 2015). This shows that while most countries are implementing social security in general and pension schemes in particular, gaps exist in the institutional capacity with the potential to affect service delivery. Studies on social security for the informal sector with a focus on institutional capacity are scarce, but our analysis prove that a well-established institutional capacity has critical potential to push ahead high-quality policy implementation.

Conclusion

Given the importance of extending social security coverage to informal workers, institutional capacity needs prime attention. Our article has shown that the process and procedures, equipment and materials, infrastructure and human resources all need attention to ensure a smooth operation of the extension of pensions to informal workers in Zambia. Key to smooth implementation is policy design and practice that feed to each other, while building trust and appreciation of policy beneficiaries. Taking participatory approaches in policy design, and feeding beneficiary and implementer perspectives into policy design may be useful. Overall, addressing the fundamental institutional needs discussed here sets up capacities essential for a successful policy.

Recommendations

The article makes the following recommendations:

i. Identify and understand operation of existing saving schemes: Awareness of these schemes will help to draw lessons about willingness to save for retirement, and saving behaviour, among others and avoid pitfalls of managing a saving pension scheme for informal economy workers.

ii. Acquire knowledge about socio-cultural context of potential members: This will include knowledge about kinship care for the elderly and perceptions of the scheme including matters related to trust among members. Such knowledge will inform the design of the scheme so that it speaks to aspirations of potential members.

iii. Provide adequate human resource: As extension of social security to informal economy workers is a new undertaking, there is need to deploy adequate personnel to respond to the various needs of the sector in line with the designed programme.

iv. Build and enhance capacity of cooperatives: As aggregators, cooperatives require support such as human resource training, computers, laptops/phones as well as purchase of data bundles in order to facilitate registration of members.
v. Build Trust and confidence: There is need to build trust and public confidence in the scheme and institutions involved in extension of coverage. Trust is a resource that can motivate people to enrol in the scheme.

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No potential conflict of interest was reported by the author(s).

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Perceived risk of contagion and the multidimensional impact of COVID-19 on domestic workers in Southern Africa: The Case of Zambia

Jairous Joseph Miti, Mikko Perkiö, Anna Metteri and Salla Atkins

Submitted to Journal of African Studies. ID. 232975270.

Abstract

Purpose: This article examines the multilevel impacts of COVID-19 on domestic workers and analyze perceived risk of contagion for this category of informal economy workers.

Methods: This qualitative study focused on the lived experiences of domestic workers concerning the impacts of the COVID-19 pandemic and the perception of risk of contagion with the disease among domestic workers in Southern Africa context. The study had 34 participants. Three participants were representatives of domestic workers' unions. Thirty-one participants (22 female, 9 male) were domestic workers. The selection of participants was informed by the purposive sampling technique. We used interviews and focus group discussions to collect the data, and thematic analysis approach analyze the data.

Results: The study shows perception that domestic workers had a high risk of COVID-19 contagion. This perception was attributed to the nature of care work performed by domestic workers. They were exposed to caring for at-risk populations, lack of physical distancing in public places and households as well as poor access to health care services. Domestic workers also faced lack of work opportunities, and decreased income. Some domestic workers simultaneously experienced increased workload. Economic losses lead to problems with sustaining children's education, and meet other social and healthcare needs including purchase of essentially prescribed drugs.

Conclusion: COVID-19 was a worldwide socio-ecological context. Domestic workers suffered multiple impacts of the COVID-19 pandemic and had high perceived risk of pandemic contagion. The lesson of the crises suggest the need for interventions that address existing work-related conditions and access to social security for domestic workers. This would buffer when a multifaceted effect of a crises from eco-social level trickle down to lower level of human interaction. Further analysis of how interventions towards COVID-19 have benefitted informal domestic workers is relevant.

Keywords: COVID-19, domestic workers, social security, risks, low-income
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**Introduction**

COVID-19 was declared a global pandemic in March 2020 by the World Health Organisation. This declaration and the very nature of the condition showed how vulnerable humanity can be. Globally, there was cumulated COVID-19 cases of 767,518,723, with about 6,947,192 cumulative deaths by 29th June 2023 (WHO, 2023a). COVID-19 did not spare any region of the global community. In Europe, there were about 275 686 519 confirmed cases, 2 243 097 confirmed deaths and about 15 000 deaths reported between 24 April to 21 May 2023 (WHO, 2023c). Since the spread of the disease had reduced around the year 2022, the WHO report in May 2023 shows increases in cases in the WHO African and Western Pacific Regions and increases in deaths in the African, the Americas, South-East Asia, and Western Pacific Regions. This situation creates further alarm as it was earlier thought that the pandemic spread would ease up or stop given that there were notable records of vaccinations around the globe.

There are also indications that the COVID-19 pandemic has exposed the weak healthcare facilities, and inadequate social protection mechanisms present in most low-and middle-income countries (LMICs). The impact of the pandemic in the LMICs has been felt across sectors of the economy, social and political life. On the labor front, workers in the informal economy, making up about 2 billion people work informally (ILO, 2020), are among those significantly affected by COVID-19 containment measures such as lockdowns and physical distancing. People in the informal economy are particularly more vulnerable because of lack of health and social protection coverage such as sickness and unemployment benefits. This lack of access to social protection is also linked to lack of support from governments in the face of problems as the COVID-19 pandemic that has created a crisis. We note that there are optimistic and pessimistic views concerning the impact of an economic crisis on the informal sector (Guo, et.al, 2022; Pitoyo et.al 2020). The optimistic view contends that the informal sector may work as a safety net for the economy during a crisis; while the pessimistic view argues that the informal sector can be badly impacted during a crisis due to income uncertainty and lack of social security support from the government (Swarna et.al, 2022). While these perspectives could be largely contextual, we note that various evidence suggests a pessimistic position.

Research has shown the extent and magnitude of the impact of COVID-19. A study in six developing countries suggests that due to the COVID-19 situation, women experienced a 24% higher risk of losing their job permanently compared to men (Dang & Nguyen, 2020). In Kenya and Uganda, more than two-thirds of the workers in the informal economy experienced income downfall (Kansiime et.al 2020); while rural households in Uganda experienced a 60% fall in household non-farm income. Enterprises also lost profits and workers suffered wage loss (Mahmud & Riley, 2020). A study in the Democratic Republic of Congo showed that 84% of respondents reported reduced income; a drop in per capita food expenditure of about 40% due to COVID-19, as well as jobs and wage losses (Stoop et.al 2020). Similar experiences were reported in Thailand.
and Bangladesh. For Thailand, 95% of the responding informal sector workers in a survey of 384 participants reported a drastic fall in income during the pandemic (Kommin et al., 2020). In Bangladesh, Swarna et al. (2022) reports that 90% of informal economy workers experienced income and food expenditure drop during the lockdown. The effect was higher in males, particularly among the urban-centric and educated males engaged in services and sales. This paper takes recognition that domestic workers were among categories of the labor force that were severely affected by COVID-19.

Generally, the pandemic brought about loss of employment (Agbeyo, 2020); mental health problems (Thome et al., 2021; Mudenda et al., 2021; Tawse and Demou, 2022; Almeda, 2022; Duden, 2022); contraction of global economic activity (International Monetary Fund, 2022). In response to the various impacts of the pandemic, some countries developed short-term responses through social assistance. For example, while there were about 684 social protection and labour-related measures in 51 countries between 2019 and 2020, 412 of these interventions were social assistance programs (Rutkowski, 2020).

However, the responses such as cash transfers designed to mitigate impact of COVID-19 in countries like Zambia had limited time frame and stringent eligibility criteria that led to the exclusion of most domestic workers. For example, the emergency cash transfer program in Zambia pressed demand for domestic workers' registration with National Pension Scheme Authority (NAPSA) as well as domestic worker associations. The situation is that most domestic workers are neither registered with NAPSA nor domestic worker associations. Also, the scheme was only implemented for not more than twelve months. This state of affairs points to the broader exclusion of women from interventions aimed at cushioning income loss. Global evidence also shows that only 13 per cent of social protection measures during the pandemic targeted women (UNDP and UN Women, 2021).

Since much of the evidence gives a pessimistic position implying that informal economy workers suffered immensely during the COVID-19 pandemic due to lack of income and social security, there is a clarion call and opportunity for low- and middle-income countries whose social security systems are weak to engage in robust social policy dialogue. This however, cannot be undertaken without a critical review of the various experiences of people in the informal economy as regards problematic conditions such as disease outbreaks like the COVID-19 and other disasters. COVID-19 also threatens social protection because pooled contributions are reduced when individual’s earnings are reduced due to effects of imposed containment measures. This paper assesses the impact of COVID-19 pandemic and perceived risk of contagion on domestic workers in Zambia. This study is significant as it contributes to the move towards equity in policy designs that focus on domestic workers. At the same time, such an analysis will contribute to the corpus of knowledge based on a low-income country’s experience of domestic workers.

**Domestic Workers**
Domestic workers have been recognized as an important labour force that provides essential services that keep households working (WIEGO, 2023). This group is dominated by women (ILO, 2023). In developing and emerging countries, 79 per cent of domestic workers are women; and in developed countries, 64 per cent are women (WIEGO, 2023). This high concentration of women in domestic work is due to circumstances such as coming from poor households and disadvantaged communities, and the lack of employment opportunities for women (WIEGO, etc). Some of the main roles that domestic workers engage in are almost universally regarded as women’s work and include cleaning, cooking, as well as general care for children and the elderly. However, these are roles that can be performed by both males and females despite their allocation to a particular gender is generally a function of social and cultural norms.

Domestic workers face various challenges. They face discrimination based on gender, caste or class, race or ethnicity (WIEGO, 2023); widespread exclusion, and lesser protection from labour law compared with other workers (Sedacca, 2022). In most countries, domestic workers have little or no access to social protection (WIEGO, 2023), thereby remaining vulnerable to social and economic risks. The ILO also reports that 71 million of the world’s 75.6 million domestic workers are unprotected, despite their vital contribution to society, supporting households with their most personal human care needs (Plaza, 2022). In another study (see Miti et.al 2021), we found that this lack of coverage is due to legal and administrative barriers, among other factors. Domestic workers’ wages are also generally low, which is typical within the informal sector bracket. The situation is also the case for most domestic workers in Zambia who are denied annual paid leave and sick leave (Phe Goursat and Pellerano, 2016). The absence of these entitlements contravenes provisions of C189- Domestic Workers Convention, 2011 (No. 189) on equal treatment of workers. Globally, 81 per cent of domestic workers work informally and have no effective access to social or labour protection (WIEGO, 2023). This situation suggests exposure to abuse and social risks. It is also acknowledged that some domestic workers face multiple forms of violence in their work environment such as physical abuse, intimidation, threats, bullying, sexual assault, harassment, being provided poor-quality food, and a lack of privacy (International Domestic Workers’ Federation, 2018). This global picture of domestic workers is also visible in low-income settings like Zambia. Zambia has 2, 988,379 people in employment, with majority of these (about 70 per cent) being in informal employment (Zambia Statistics Agency, 2020). Within the informal economy bracket, almost 630, 000 workers are employed by households as domestic workers out of which 64 per cent are women. Characteristically, domestic workers in Zambia have low education as only two third have reached primary school (Phe Goursat and Pellerano, 2016). They work an average of ten hours per day. Moreover, live-in domestic workers work even longer hours.

Work undertaken by the ILO in this space shows that 44 per cent of domestic workers operate outside what are considered to be 'normal' hours of work. This means they may work from 35 to 48 hours per week. The sector is further characterized by the immigration of relatives from rural areas to urban areas who are brought to the urban areas for purposes of 'help' and 'support' with
harassment, being provided poor-quality food, and a lack of privacy (International Domestic work environment such as physical abuse, intimidation, threats, bullying, sexual assault, to social or labour protection (WIEGO, 2023). This situation suggests exposure to abuse and social workers. Globally, 81 per cent of domestic workers work informally and have no effective access provisions of C189 – Domestic Workers Convention, 2011 (No. 189) on equal treatment of and sick leave (Phe Goursat and Pellerano, 2016). The absence of these entitlements contravenes situation is also the case for most domestic workers in Zambia who are denied annual paid leave lack of coverage is due to legal and administrative barriers, among other factors. Domestic workers face various challenges. They face discrimination based on gender, caste or ethnicity (WIEGO, etc). Some of the in domestic work is due to circumstances such as coming from poor households and disadvantaged developed countries, 64 per cent are women (WIEGO, 2023). This high concentration of women is generally a function of social and cultural norms.

COVID-19 in Zambia
Zambia recorded its first COVID-19 cases around March 2020. The epidemic prompted the government to take measures such formulating Statutory Instrument No. 21 of 2020 declared the Coronavirus Disease 2019 as a notifiable infectious disease; and Statutory Instrument No. 22 of 2020, set out measures aimed at controlling the spread of COVID-19 (Kayula, 2020). This situation was followed by the closure of learning institutions and certain types of businesses. At the same time, the government encouraged people to ‘work from home’- an appeal that did not resonate with the reality of the majority of Zambians who rely on the informal economy for survival. Therefore, various segments of the population were impacted differently by the COVID-19 pandemic and associated measures of containment. One of the major impacts of COVID-19 was socio-economic as people lost income and loved ones. Government report shows that as of January 20234, there were 2881 COVID-19 deaths and 1153 COVID-19 associated deaths (MoH, 2023). A study by the Zambia Statistics Agency shows that majority of households (86 per cent) had a reduction in their primary income sources, 7 per cent experienced a complete loss of income and about 7 per cent reported an increase in income (Zambia Statistics Agency, 2021).

Prior reports in Zambia show that COVID-19 led to a reduction and loss of income regardless of the source of income. Support from family and friends as well as remittances reduced for 62.1 per cent of households (Zambia Statistics Agency, 2021). Other households that lost income could be those whose breadwinner or provider was placed on leave without salary, asked to work a reduced number of days, traders as well as those who were requested to stay home completely without work. Households that benefited from the COVID-19 Emergency cash transfer may have also experienced a complete loss of income because the cash transfer seemed to have been a one-off initiative (Zambia Statistics Agency, 2021).

Theoretical Framework
This study is nested around the ecological systems theory (Latane, 1981). The use of this theory is informed by literature and evidence suggesting that the nature of the impacts of COVID-19 as well as the risk of contagion is multi-dimensional. Thus, a succinct and rigorous assessment is better undertaken girded on a theory that considers multiple layers of interaction. This is particularly important because domestic workers operate in multiple areas of society, interacting with
individuals and institutions. At the same time, evidence in literature has shown that COVID-19 has affected various areas of society (Guo, et al., 2022; Swarna et al., 2022; Agbeyo, 2020; Tawse and Demou, 2022; Almeda, 2022). The occurrence of a phenomenon such as the COVID-19 pandemic happens in a context characterized by multiple elements. Thus, social-ecological systems theory provides an additional lens through which the impacts of pandemics can be analyzed. The theory has been used in both social and healthcare-related studies (Kadyako, et al. 2022).

This theory analyses human interactions and development from a four-layer structure of the environment namely: micro, meso, macro, and exosystems (Latane, 1981). Social–ecological systems (SES) conceptualize how social “human systems” (e.g., individuals, communities, and institutions) and ecological “natural systems” (e.g., ecosystems, biodiversity, and climate) are explicitly and inherently interlinked through bidirectional relationships (Kadyako, et al. 2022). In the context of this study on the COVID-19 pandemic, we restrict the focus to the social, economic, and health impacts of the pandemic rather than an extension to ecological “natural systems”.

Microsystems concern the interactions that take place between an individual and their immediate social institutions such as family, workplace, neighbourhood, and the market (Ryan, 2021). The mesosystem is a layer that provides the connection between an individual's primary or microsystem structures such as domestic workers' associations and the commission responsible for labour regulations. The macro system is the outermost layer in the working life of human beings. It is about cultural values, customs, and laws (Berk, 2000).

Evidence of the application of the social-ecological system can also be found in works undertaken by Kadyakalo et al. (2022), who sought to demonstrate how the pandemic has influenced social–ecological interactions in several communities. These authors also focused on human-ecological natural systems interactions. From this point of view, Kadyakalo et al. shows that due to COVID-19 restrictions (e.g., lockdowns), illegal fishing, poaching, deforestation, agricultural expansion, and mining have flourished in various parts of the world, especially in areas that relied heavily on tourist income pre-pandemic. Other studies depicting the social-ecological impact of COVID-19 show that in African and Asian countries, poaching, bushmeat harvest, and trafficking have increased (Conservation International, 2020). While these studies are important in showing evidence of the impact of COVID-19 and suggesting the use of social-ecological models in analysis, they do not give an analysis and impact of the pandemic with a specific focus on people in the informal economy such as domestic workers. Thus, this paper extends the theory applied to an analysis of the impacts of COVID-19 on domestic workers.

Methods
Study Approach
This is a phenomenological study of the lived experiences of domestic workers concerning the impacts of the COVID-19 pandemic. The study considers the impact of COVID-19 and the risk of contagion as a phenomenon where domestic workers have different experiences and interpretations of their experiences in the social world. The approach is relevant in helping to shape policy and intervention for domestic workers. Accordingly, we asked two questions:

1. How has the COVID-19 pandemic affected domestic workers?
2. What are the perceived risk factors that expose domestic workers to the COVID-19 pandemic?

Units of study and selection criteria

The study had a total of 34 participants in the study. Three participants were representatives of domestic workers’ unions (1 male, 2 female). Thirty-one participants (22 female, 9 male) were domestic workers.

The selection of participants was informed by purposive and convenience sampling techniques (Creswell and Poth, 2018). The research team first identified domestic workers’ unions through which key informants were recruited to participate in the study. The rationale for including representatives of these unions was to generate an overview of the situation of domestic workers with COVID-19 as well as establish a channel through which individual domestic workers can participate in the study. Thus, participants had enriching information on the subject matter owing to their experience.

Data Collection methods and ethics

We used interviews and focus group discussions to collect the data. Three interviews were held with representatives of unions. Two focus group discussions were held with domestic workers. We did not hold any interviews with individual domestic workers. This was on account of the need to obtain general group experiences as well as foster sharing of ideas and experiences among domestic workers concerning the subject of interest. Focus group discussions were held at two locations: the home of one of the domestic workers in a peri-urban area and also in the office of one of the associations within Lusaka district.

The central question that guided our interviews and focused group discussions was the impact of COVID-19 on domestic workers, and how they think their work exposed them to the pandemic. Thus, our FGDs and interviews were held with the aid of semi-structured interview questions. This allowed the research team to give additional questions and probes to guide and allow for clarifications on matters that needed it. There were audio and notebook records of the interview sessions. This was undertaken with the consent of participants. The study followed research ethics for the conduct of social science research as also guided by the University of Zambia School of Humanities and Social Sciences Research Ethics Committee which gave clearance (HSSREC-2020-Jan-014) to the conduct of social research on informal economy workers under which this research was carried out.
Data processing and analysis

The data were analyzed thematically (Creswell and Poth, 2018). The researcher (JM) listened to the interviews repeatedly and made transcriptions. These transcripts were also read repeatedly to form some initial thoughts and assist in developing analytic and reflexive memos. This process was followed by label (code) development and application to the research questions. Codes were then collated to form initial themes that captured broader meanings. After this phase, the research team further reviewed data and examined them for viability and presentation. This process of data analysis, and in particular, coding and the exploration of themes overlapped between the inductive and deductive approaches (Timmermans & Tavory, 2012). This formed a cyclical and iterative data analysis process.

Techniques for ensuring trustworthiness

For purposes of ensuring the trustworthiness of the findings and conclusions, a peer debriefing and support system was applied. The first author conducted debriefing and data validation with experts on the informal sector in Zambia, domestic workers' unions, and some individual domestic workers. Subsequent discussions informed further analysis and the refinement of themes. The findings of the study were described as giving an accurate reflection of the situation of domestic workers and their experience with COVID-19.

Results

Lack of physical distancing exposed domestic workers to COVID-19 risk

All domestic workers reported experiencing a lack of physical distancing in most parts of their day. The nature of domestic work - care and maintenance required close contact rather than physical distancing. Domestic workers have to engage with their clients and objects and exchange items relevant to the discharge of their daily household duties.

Domestic workers indicated that most of their employers applied social distancing to their workers. However, domestic workers themselves did not have control to decide when and with whom to practice social distancing. Others were required to frequently attend to ailing members of the employing family.

"I am a commuting domestic worker. Every day I use public transport or just walk if I do not have transport money. Now when I report for work, my employer has very strict instructions where I have to go straight to take shower, and I also receive
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Results

Lack of physical distancing exposed domestic workers to COVID-19 risk

All domestic workers reported experiencing a lack of physical distancing in most parts of their day. The nature of domestic work - care and maintenance required close contact rather than physical distancing. Domestic workers have to engage with their clients and objects and exchange items relevant to the discharge of their daily household duties.

“Instructions from her through the phone on the task to be performed that day. We do not usually interact” (Female 38 years).

Commuting domestic workers have another risk stemming from a lack of physical distancing in public places and transport.

Caring for at-risk populations increased vulnerability to COVID-19

In some cases, domestic workers cared for high-risk populations such as the sick and elderly without protective equipment. While taking care of the entire family, domestic workers also have a responsibility specifically for the care of children.

"Where I was working, there were two elderly people. One of them was sick and it was my responsibility to feed and wash his clothes. There were also people coming to visit him from within the family.... I did not have any protective equipment except for the face mask” (Female 29 years)

In some situations, domestic workers engaged with persons who have tested positive for COVID-19 thereby increasing the risk of contamination.

Inadequate healthcare services increased the risk of COVID-19 infections

Domestic workers indicated that they live within a radius of about 4 kilometers of public healthcare facilities. However, they had limited access to healthcare facilities due to long working hours, perceptions, and experiences about health service care delivery.

Most indicated that the local healthcare facility usually lacks medical drugs and testing kits for COVID-19.

"You see as others have said, we all live at least within a workable distance of the clinic. But what you find there is that the behaviour and attitude of workers are bad sometimes, and also the clinic does not have drugs most of the time. They just write prescriptions for you to go and buy” (Female 36 years)

“I remember one day I was not feeling well. And so I suspected it could be COVID-19. Going to the clinic they only prescribed drugs for cough without testing me. They said they had no testing equipment. That is how I went back home” (Female 40 years)

All domestic workers indicated that despite the problems in the public health care system, they are unable to seek services in good private clinics because of insufficient income and health insurance.
"It is common for most low-income households including domestic workers to self-prescribe when they are not feeling well. Some of them because they had a bad experience when they last visited the clinic and largely also because they do not have money to seek services in private health care facilities” (Key informant 1)

Loss of home due to evictions potentially exposed domestic workers to COVID-19

Four participants in the study had lost a home due to failure to pay rent. The search for alternative shelter exposed them to COVID-19 risks.

“You see. Some of our members were evicted from their homes because they could not afford to pay rent. There is a case of one of them spending nights in bars when these facilities closed because they had nowhere to go” (Key informant 3)

Reduced employment opportunities affected livelihoods

Employment-related impacts of COVID-19 on domestic workers stem from the imposed containment measures by the authorities. Schools, colleges, universities, bars, taverns, gyms, and casinos were closed, and restaurants were restricted to operate only on take away and delivery basis (Policy Analysis and Evaluation Bureau (2020). In addition, the state called upon institutions to take measures to avoid crowding at workplaces, while face-to-face conferences, meetings, and workshops involving large crowds of people were postponed indefinitely. These and similar measures impacted domestic workers in different ways.

Prospective employers could not employ domestic workers due to loss of income and fear of the spread of the pandemic. Most employers of domestic workers are in the formal employment bracket or at least interact largely with the formal employment bracket that led to adherence to the covid-19 preventive measures. The statement below shows the extent of the challenge among domestic workers:

“Now we cannot find employment from the time I stopped where I was working. Wherever you go, they say that there is COVID-19 therefore, they cannot employ” (Female, 33 years)

“We keep moving from one place to another. We lost jobs. I have worked in some places only for two weeks and in others for one or two months. They keep saying the COVID-19 cases have become too much and that they will call but they never call, (Female, 39 years)

Increased Workload
Some domestic workers experienced reduced working days/hours. However, workload increased, especially for live-in domestic workers. This is because all members of the household were at home or working from home as a result of restrictions in places of work as well as the closure of schools, bars, and restaurants.

One of the participants in the FGD indicated that:

“I only report for work three times per week. However, there is usually a lot of work because our bosses always have guests” (Male, 33 years)

*Loss of employment also meant the loss of a source of livelihood for some domestic workers*

Covid-19 brought about a loss of employment for some domestic workers as employers could not afford to pay salaries while others feared the spread of the pandemic in their families/households. A participant indicated that:

"After COVID-19 hit us badly in 2020, our employer decided to terminate the contract for the three of us. We were four working from there. He is a contractor. He told us that because of COVID-19 he would not manage to pay our salaries. That is how the three of us were told to stop reporting for work. It ended like that” (Male, 35 years).

Six members reported not receiving pay despite reporting for work. Some employers did not have the capacity at the time to pay workers but required their workers to report for work.

“I started working in 2018. My boss used to pay my salary every month end although it was little. However, in June 2020 he stopped paying me. He used to say that there is no money because of COVID-19. I kept reporting for work for about three months without a salary. One day he just told me to stop going to work and that he would pay me my money in instalments” (Female, 34 years)

Non-payment or delayed payments meant a lack of income for households of domestic workers. While it was so for some domestic workers, others received half the salary and others did not have any earnings due to loss of employment.

Other experiences are as in the statements below:

“My boss said because of COVID-19, I was told that because I come from a shanty compound, I am a risk to them as I can be a carrier of the disease. So he told me to be staying there and be accommodated in one room where the maid is based. I did not agree to this proposal. He then told me that I should then be with the guard. This meant that I would have two jobs. So I stopped because of this reason” (Male, 24 years)
“He told me that my salary will be reduced because of COVID-19. A few weeks later, he said he will not manage to pay me. Then he told me that he will call me. Up to now, I have not been called back” (Female, 30 years)

Some domestic workers reported that there was also concern among employers that the use of public transport by domestic workers would expose them to the risk of contracting the disease that could easily be spread. As a solution to this fear, laying off these domestic workers was implemented, in some situations without any compensation.

Further, some live-in domestic workers experienced restriction in the movement. This was on account that employers felt that these employees would transmit the COVID-19 pandemic if they were frequently commuting. One participant reported that:

“There are two of us working in that house. When I go, I stay there for four days without making any movement. They say that if I leave the premises I may bring COVID-19” (Female, 40 years).

Some live-in domestic workers were no longer allowed to visit their families on weekends, although previously allowed to do so

"During the heightened COVID-19 period in 2020, there are some of our members were kept and prohibited to visit their families. Employers say that they want to reduce the spread of COVID-19 by keeping their workers restricted” (Key Informant 1)

Some of the domestic workers who resided in communities that had recorded COVID-19 cases were ordered to relocate to other areas recommended by their employers. Relocating was against their will and inconsiderate of the social and economic costs including higher rentals. Domestic workers who experienced restricted movements felt socially alienated as they also missed attendance and participation in important events such as funerals, visits to the sick, weddings, and religious activities among others that took place in their local communities and families.

Barriers in access to essentials due to COVID-19

Arising from the aforementioned effects, domestic workers experienced various problems in the areas of food and nutrition, housing, education, and health care services, as well as mental health.

Food and nutrition: Most domestic workers had challenges to purchase food

There are situations where families of domestic workers only had a meal per day- and for many days. Food preparation did not consider nutritional requirements but availability and affordability. This was attested in the statement by one participant:
“Now we only have one meal per day- that is around 17 hours because of lack of money to buy food as it may be required” (Female, 43 years)

Housing: Domestic workers who live in rented houses had challenges paying rent, due to their loss of income.

"One of our members lost her employment. She could not manage to pay rent nor meet any of her needs. So she had to go back to the village. Others have had to sell their household goods to raise money for rent while some of them have moved to stay with their relatives within the city" (Key informant 2)

Most domestic workers experiencing failure to pay rent have become indebted as they kept defaulting on rent payments. Some of them have lost properties such as beds, television sets, and other domestic equipment that have been gotten by landlords as 'collateral' pending payment of rent arrears. While others sold these items to mitigate the impact of the pandemic and meet their needs. Others have had to be evicted from rented houses- a situation that has forced some of them to seek shelter from extended families and other members of the community. In isolated cases, some domestic workers sought shelter in bars and taverns when these premises closed for business.

Education: Domestic workers are unable to meet the school needs of their children.

In one FGD, a member said:

"We are suffering. My salary is now just half. I have a child who is in grade nine and should be writing examinations. He could not be registered and confirmed for examinations because the ZMW500 half-salary I am getting now is not enough for me to pay for his fees. Many times I have been to the Department of Social Welfare but they also said that they do not know when they will receive money from the government. My son is now just at home" (Female, 43 years)

The closure of schools and initiatives for online education further compounded problems faced by domestic workers and their families about the education of children. They lacked relevant devices such as laptops, mobile phones, access to the internet, and appropriate space for learning at home. Participants indicated that:

"You know that even if schools are free, children have to pay some fees and it became worse during COVID-19 as most domestic workers could not manage to buy television sets or other gadgets that could assist children to follow those lessons the government introduced on television when schools were closed" (Key informant 2)

The initiative to conduct lessons through television also did not help much. It was found that domestic workers without television sets in their homes did not benefit from these interventions.
"I sold the television we had so the child couldn't learn through television" (Female, 44 years)

For those who had television sets, erratic electricity power supply as well as the timing of the lessons affected children's participation. At the same time, the lack of interaction based on the medium of exchange affected domestic workers' children as they had no opportunity to seek clarification on the presented topics. Furthermore, some domestic workers continue to face challenges related to the provision of transport for children who commute to school and pay fees in both public and private schools.

Ruined the access to health care services: Lack of access to these has the potential to affect health and productivity

All domestic workers reported that healthcare facilities gave priority to cases that were COVID-19-related due to the nature of the disease as well as low staffing levels in most local clinics and level 1 hospitals. Domestic workers who managed to access services had mixed experiences: while some were able to get the help they needed such as tests and treatment, some of them were unable to see the doctor and did not receive medication as the hospital had run out of stock. They could not purchase at the market because of associated costs that they were unable to afford. Others who managed to buy medicines had to borrow from informal money lenders at a high-interest rate as in the case below:

"This COVID-19 has made us worse. We are suffering. Right now I am in debt. Since I lost employment, I could not afford to buy my child's medicines as prescribed at the clinic. It took me time until I had to borrow money from our neighbour who requires 100 per cent interest. I got K150 and now I will have to pay K300 all because the clinic did not have medicines" (Female, 37 years)

In another case, it was learned that even support from employers was not available when one had to deal with medical situations at home. The case below demonstrates:

"We had situations where some of our members could not afford medical care because of lack of money. One of our members had a child suffering from asthma. As the COVID-19 pandemic struck, her employer decided to reduce her salary by half and asked her to report only three times per week. One day her child's condition needed medical attention. The local healthcare facility referred her to University Teaching Hospital (UTH). She did not have transport money to take the child to the hospital. A few days later the child died. Her employer also terminated her contract on grounds that they were unable to pay for her salary. Unfortunately, she also died a few months after" (Key Informant).

Most domestic workers are also not registered with National Health Insurance Scheme thereby making it difficult for them to access health care services as out-of-pocket financing is a challenge.
Non-registration for health insurance is attributed to a lack of money and the hesitance of employers to register them.

**Multifaceted stress burden on domestic workers**

The problems mentioned above point to food insecurity, limited livelihood options, pressure to earn and handle household chores, being stigmatized as a possible transmitter of COVID-19, and uncertainty of the future concerning employment and income that have consequently increased stress among domestic workers. This study observed as given in the statements below:

“This always think about how we will take care of children. Each day that comes we are concerned about our work because we do not know whether our boss will tell us not to report for work as a way of ending the contract” (Female, 43 years)

"Looking at the salary, it is difficult to plan. My current employment is just like a formality. The money is not adequate to help me take care of my family. It is just that you do not want to just stay home. The burden of caring for family with this salary is very big" (Male, 35 years)

Further, the study noted that COVID-19 created an opportunity for violence against women. Female domestic workers reported that COVID-19 and its associated problems created problems of physical violence for some of them by their male partners. It was reported that there were some strained relationships in some households. There has been as a result, potential for physical and mental abuse occurring within the household. One study, citing a research participant in Zambia shows is quoted here. "The loss of casual work brought frustration in my husband. So sometimes from nowhere, he would start calling me names to an extent of wanting to beat me. I remember one day he went out when he came back, he found that there was no food at home. He started shouting at me for not preparing food as there was nothing to prepare. When I answered back, he hit me" (Sakala, M and W. Waliuya, 2021).

There was no direct indication of how the experiences of loss of employment and income among domestic workers exposed them to domestic violence. It was suggested that physical abuse by spouses was likely when the male spouse was not in employment. Participants felt that men are more stressed when they are unemployed hence they become stressed and suspicious of anything.

**Discussion**

This study was undertaken with the sole purpose of assessing domestic workers’ perceived risk of contagion of COVID-19 and its associated impacts. The ecological systems theory applied in this study is relevant as a lens through which the COVID-19, perceived risks of contagion and impacts are analysed. From this theoretical stand point, the COVID-19 has become part of the ecological
systems interacting with various aspects of human life and social institutions. These institutions have been also reported by literature as having suffered some impacts (Guo, et.al, 2022; Swarna et.al 2022; Agbeyo, 2020).

It is evident that lack of physical distancing in public places and some homes, caring for at-risk populations, lack of access to, and inadequate health care services as well as loss of home due to evictions potentially exposed domestic workers to COVID-19. On the employment and socio-economic side, domestic workers experienced reduced employment opportunities, reduced working days or hours and increased workload, and restrictions in the movement for live-in domestic workers. The study further shows that COVID-19 created an opportunity for violence against women and that domestic workers experienced Stress-burden that threatened their mental health.

Results of this study on the risk of contagion confirm other evidence of a study conducted in Zambia among various categories of informal economy workers suggesting that the risk of contamination was highest in domestic work services, industry, and financial services sectors (Policy Analysis and Evaluation Bureau, 2020). This risk was attributed to a situation of lack of physical distancing in some homes, public places such as markets, communal sources of water, and public transport. The situation was not peculiar for domestic workers as research in other contexts has shown that maintaining physical distance is a problem for most parts of the developing world (Ag Ahmed, et.al. 2021; Ebrahim and Memish, 2020). Ag Ahmed contends that implementing physical distancing is a challenge because of the proximity of households, values, and beliefs, scarcity of water points and toilets, lack of jobs and savings, as well as lack of financial resources and authority to enforce measures. One of the values and beliefs in Zambia in particular, is about participation in ceremonies such as marriage and funerals. Thus, despite the COVID-19 phenomenon, people have a social urge and cultural expectation to visit funeral houses and attend other community activities. From the social-ecological theory perspective, there is a risk of spreading COVID-19 for domestic workers because of the interactions they have as individuals and groups with structures of society. There is interlink between domestic workers' families and their work environment in such a way that domestic workers operate in more than one different context namely that of their family as a household member and their place of work as an employee. These institutions are at the microsystem level of the social-ecological theory (Ryan, 2021). Therefore, failure to adhere to physical distancing in one place has the potential to expose the domestic worker to COVID-19 and consequently others in their relational environments.

As domestic workers make almost 30 per cent of informal employment and over 20 per cent of total employment (REFs form p. 4, also a REF to number of dom. workers), what happens to them is crucial for society at large. To better understand the source of this high risk of contagion among domestic workers, there is a need to recognize that domestic workers are essential workers in the COVID-19 response because of the vital roles they play in the care of children, sick, and dependent people, as well as the maintenance of homes. Domestic workers’ physical proximity to the families in their care put them at an elevated risk of exposure to COVID-19 (ILO, 2020). The different care
and maintenance roles they play reduce mobility and help to prevent the spread of the virus while at the same time creating a risk of contagion. With the closure of schools and other conditions that confine family members at home, the feasibility of implementing physical distancing measures was reduced in some households thereby putting domestic workers at risk of COVID-19 contamination. The similar dual effect was discovered with food delivery workers in industrial countries during the peak of the 1st COVID-19 wave (Perkiö et al., 2020)

Another aspect to the risk of contagion is the lack of adherence to physical distancing and wearing of face masks in public places. Physical distancing (including handshakes) was at 19.6 per cent, avoiding public places and gathering at 12.6 per cent, and avoiding public transport was at 2.3 per cent while hand washing with soap and wearing face masks were at 87.5 and 64.8 per cent respectively (Zambia Statistics Agency, 2021). This suggests that various factors make it difficult for low-income households and informal economy workers to adhere to prevention measures against pandemics thereby increasing the risk of contagion.

This study further shows that lack of access to, and inadequate healthcare services increased the risk of COVID-19 among domestic workers. The other issue was the general lack of capacity as healthcare facilities now attended to cases that were more considered relatively critical than general problems. This increased the risk because it was reported that most often, healthcare facilities lacked essential medicines and human resources. The situation was also similar to the findings of Abdel et al. (2020) and Lassi et al. (2021), reported that the pandemic also affected the general public's access to essential health services. In Kenya for example, it was found that people there were neglect routine reproductive healthcare services because of the priorities accorded to COVID-19-related services, especially in the public health centres. This situation discourages people with other ailments to visit healthcare facilities.

The high risk of contagion was not the only experience that domestic workers had, during the pandemic. There were also social and economic impacts experienced (Agbeyo, 2020; Mudenda et.al, 2021; Almeda, 2022). While evidence in various literature shows the impact of COVID-19 on various aspects of society, the peculiar case of domestic workers rests on the important role that this category plays in the care industry as well as their categorization in the informal economy which absorbs the majority of the working population in low and middle-income countries. Thus, as a subcategory of the informal economy labour force, domestic workers have not been spared from suffering the impact of COVID-19. This situation could also be represented in the socio-ecological model.

Our findings confirm that most domestic workers experienced reduced employment opportunities, reduced working hours and increased workload, loss of employment, and restriction in movements. Other studies have shown that COVID-19 impacted people in the informal sector in general (Aditya & Amri, 2020; Komin, et.al 2020). Thus, this study makes a unique contribution to the body of knowledge and policy discourse on the impact of COVID-19 among domestic workers. Given that most of our participants were female, it is not clear whether women’s experience of the
The impact of COVID-19 was similar to that of men. However, men in the study also expressed problems of loss of employment, reduced working hours, increased workload, and restriction in movements. Literature in Bangladesh indicates that women in the informal sector suffered the impacts of COVID-19 more than their male counterparts (Swarna, et. al 2022).

The nature of informal employment also exacerbated the impact of COVID-19 on domestic workers. The sector is characterized by the absence of social security system and restricted benefits from institutional sources that have consequently pushed them to a perilous condition (Aditya & Amri, 2020; Komin, et al. 2020). Therefore, COVID-19 has made the situation of domestic workers in this study worse as the problems mentioned above have been linked to ramifications on children’s education, housing, and health seeking opportunities.

The impact of COVID-19 was further shown in the failure by domestic workers to meet some basic needs such as that of healthcare, education of children including but not limited to school fees and other requisites. While the government had introduced learning through television during the closure of schools, domestic workers who did not have television sets indicated that their children missed out on learning as their counterparts did. Thus, this socio-ecological system shows the inequality that was brought about by COVID-19 containment measures, and the lack of income for domestic workers and has the potential to further exacerbate inequality. Studies have shown that most learners lacked options for group study or recreation thereby being mentally drained and demotivated while trying to keep up with studies they barely comprehend (Tawse and Demou, 2022; Almeda et. al 2022; Duden, et. al 2022). In Zambia, the situation was worse for low-income households including domestic workers who could not afford to buy reading materials for their children. As a social and health phenomenon, COVID-19 was a social force that domestic workers had challenges containing because of the power and social status which is reflected in different social groups.

While this study did not dwell much on gender and mental health matters, the revelation here that COVID-19 brought about Stress-burden and created an opportunity for violence against women is a matter that feeds into global evidence. For instance, there is recognition by Dlamini that the social and economic stress brought on by the COVID-19 pandemic exacerbated pre-existing toxic social norms and gender inequality (2021). Thus, there was an experience of gender-based violence for women and girls in various settings. In our study of domestic workers in Zambia, we recorded domestic workers who experienced verbal abuse from their spouses attributed to the bad economic and relationship situation due to COVID-19. In a study by Roy et al. in Kenya, Uganda, Nigeria, and South Africa, it was also found that COVID-19 did not only contribute to gender-based violence but also affected existing efforts aimed at preventing this scourge of violence against women (Roy, et. al 2021). The problems associated with COVID-19 continue to pose a challenge to livelihoods and integral development for domestic workers.

Implications and application
The effects of COVID-19 as discussed here present the real challenge for looking at the informal economy sector and policies towards decent work and social security. As domestic workers in this study have expressed various problems related to COVID-19 epidemics, there is also an indication of the lack of social protection and reliable informal social support systems in face of lack of income or employment. This situation has also been highlighted in other contexts. Therefore, there is a clarion call for interventions that address existing work-related conditions and access to social protection for persons working in the informal economy. Further analysis of how interventions towards COVID-19 have benefitted informal economy workers is relevant.

**Conclusion**

The study has shown that domestic workers suffered multifarious impacts of the COVID-19 pandemic. Since the pandemic is still with us, domestic workers continue to be at high risk of contagion because of the challenges associated with maintaining physical distance, lack of access to adequate healthcare services, and the nature of their work in dealing with populations such as children and the elderly that could be at high risk. The situation of domestic workers suggests that the social status characterized by low income and insecurity of employment plays a role in domestic workers’ inability to manage the effects of the pandemic. From a socio-ecological theory, the COVID-19 pandemic became a world-wide socio-ecological context where the interaction of domestic workers to economy, employment and social services shows vulnerability and perceived risk of pandemic contagion. The phenomenon points to the need for enhanced efforts toward mitigating the impact of the pandemic on domestic workers including but not limited to social security and improved labour relations. Low-and-Middle Income countries like Zambia need to expand both their social assistance and social insurance interventions alongside improving access to other social services to insulate domestic workers against some social risks. Policy reforms would increase the resilience of domestic workers, like other vulnerable worker groups if they face any major epidemic or crisis alike.

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