

BINDURA UNIVERSITY OF SCIENCE EDUCATION



**IMPACT OF COVID-19 ON THE ECONOMIC AND SOCIAL WELL-BEING OF
VENDORS LIVING WITH DISABILITIES IN NORTON**

A research project submitted by LILY R CHIBIKWA (B1852198), to The Department of Social Work, Bindura University of Science Education in partial fulfilment of the requirements for the award of a Bachelor of Science Honours Degree in Social Work.

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APPROVAL FORM

I certify that I supervised **Lily Chibikwa** in carrying out this research titled: **Impact of COVID-19 on the economic and social well-being of vendors living with disabilities in Norton** in partial fulfillment of the requirements of the Bachelor of Science (Honours) Degree in Social Work, and recommend that it proceeds for examination.

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The departmental board of examiners is satisfied that this dissertation report meets the examination requirements and therefore I recommend to Bindura University of Science Education to accept this research project by **Lily R Chibikwa** titled: **Impact of COVID-19 on the economic and social well-being of vendors living with disabilities in Norton** in partial fulfillment of the Bachelor of Science (Honours) Degree in Social work.

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I, Lily R Chibikwa, studying for a Bachelor of Science Honours Degree in Social Work, aware of the fact that plagiarism is an academic offense and that falsifying information is a breach of the ethics of Social Work research, truthfully declare that:

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DEDICATION

This research is dedicated with profound adoration to my parents, Mr. and Mrs. Chibikwa; my husband, Moses Dzapata; my son, Anotidaishe Dzapata; and to family and friends.

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I am deeply grateful to my supervisor, Mr. Chidyausiku for guiding and supervising me through this project with great commitment, clarity and positive attitude, which immensely contributed in making this, project a success. I also would like to thank my lecturers in the Faculty of Social Science and Humanities, particularly those in the Department of Social Work, for the product they have produced in me. Above all, I give glory and honour to my Lord and Saviour Jesus Christ, for without His unconditional love and grace, this academic endeavor would have remained a dream.

ABSTRACT

The research aimed at investigating the impact of COVID-19 on the economic and social well-being of vendors living with disabilities. The Corona virus was first identified in China in late December 2019 as the primary cause of COVID-19, a human respiratory disease. The pandemic spread across continents in a rapid globalisation style, causing a state of panic, disrupting the political, social, economic, religious, and financial structures of the world. The virus affected all groups regardless of age, social status, gender or geographical location, including vulnerable individuals such as people living in poverty, the elderly, and people with disabilities. It led to the impositions of lockdowns in most countries around the world. The research used the qualitative methodology. Data analysis was done using themes formed during data collection. This research established that vendors with disabilities resorted to bribing security personnel and using fake “essential services” letters to gain access to the CBD and various agricultural food markets as survival strategies to counter the COVID-19 restrictions. Participants also revealed that despite the government announcing a ZW200 social protection grant per individual for the vulnerable groups of society in response to the pandemic, vendors living with disabilities did not receive any form of assistance from the government or from non-state actors such as Community Based Organisation and Faith Based Organisations. The COVID-19 restrictions negatively affected the economic and social well-being of these vendors as it restricted travelling, disrupted the food value chains and livelihoods, limited access to social services such as education and health care, and caused loss of income and assets. The researcher initially faced challenges in accessing the field due to restrictions imposed by the government on travelling and/or transport. The research employed the resilient theory as its theoretical framework to understand how vendors with disabilities navigated their way, adjusted and adapted in response to challenges caused by COVID-19 imposed lockdowns. The constant harassment of vendors by the security personnel within the CBD also disturbed the smooth flow of the interviews. The study recommends that in order minimize acts of corruption and extortion perpetrated against vendors with disabilities, the government of Zimbabwe, through relevant department and ministries should strengthen its social protection services to cater for vulnerable groups. Adequate funding of social protection is needed in the event of natural disasters such as the COVID-19 pandemic. The research further recommends that the department of Social Work maintain a proper register of all vulnerable groups to use in the event of pandemics or natural disasters.

LIST OF ACRONYMS

| | |
|---------|---|
| CBD | Central Business District |
| CBOs | Community Based Organisations |
| FBOs | Faith Based Organisations |
| FSIN | Food Security Information Network |
| GDP | Gross Domestic Product |
| ICRISAT | International Crop Research Institute for the Semi-Arid Tropics |
| ILO | International Labour Organisation |
| IMF | International Monetary Fund |
| LMICs | Low and Medium Income-Countries |
| NGOs | Non-Governmental Organisations |
| WFP | World Food Programme |
| WHO | World Health Organisation |
| ZCIEA | Zimbabwe Chamber of Informal Economy Association |

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CHAPTER ONE

1.0 Introduction

The chapter covers the background of the study and attempts to situate it in its rightful context. The section further highlights the significance of the study, research objectives and research questions linked to the study topic. Statement of the problem, assumptions, delimitation and definition of terms are also covered in this chapter.

1.1 Background of the study

According to Mhlanga and Ndhlovu (2020), the Corona virus was identified in China in late December 2019 as the primary cause of COVID-19, a human respiratory disease. Mhlanga and Moloji (2020) further note that the Corona virus was first detected in the Wuhan City (China). The virus engendered substantial changes to healthcare, economic, transportation, and education systems worldwide. On the 30th of January 2020, the virus was declared an emergency by the World Health Organisation (WHO, 2020).

The pandemic moved across continents in a fast-paced globalisation style, producing alarm and having a rapid impact on the global economy (Alnasrawi, 2020). According to Verma et al., (2021), the global epidemic of COVID-19 fundamentally destroyed the world's political, social, economic, religious, and financial structures. Most governments enforced nationwide lockdowns characterised by restricted movement and physical distance in order to contain the virus's transmission, according to Yap (2020) and Sarwal et al. (2020). By 2021, the world has reported over 159 million instances of COVID-19 infections and 3.3 million COVID-19-related fatalities, according to the WHO.

The first COVID-19 case was confirmed in Africa on February 14, 2020 (WHO, 2020), and the pandemic was first detected in Sub-Saharan Africa in Nigeria (Nigeria Centre for Disease Control, 2020). The majority of the transmissions originated in Europe and the United States of America (USA), where the virus had already begun to spread (Sharpe, 2021). The Economic Commission for Africa (2020:18) noticed the following as a result of the virus's spread to the African continent:

Africans working in the informal economy in cities (about 250 million people) are projected to be at danger. Firms and businesses in cities, particularly small and medium enterprises, which account for over 80% of employment in Africa, are also vulnerable to the COVID-19 epidemic.

Ruzvidzo (2020) further asserts that in Africa the risks of COVID-19 were compounded by a hike in the cost of living, leading to a burdensome increase in the price of basic food items in some countries.

To battle the spread and impact of the COVID-19 pandemic, many governments were forced to adopt exceptional steps, resulting in the closure of most sectors of the economy, with the exception of vital service providers such as healthcare centres, pharmacies, food outlets, mining, and farming. The virus's social component harmed vulnerable people, such as the poor, the elderly, and persons with disabilities (United Nations, 2020). Over 4 million confirmed cases had been documented in Africa by March 2021. (African Union, 2021). Furthermore, national policies (such as quarantine) had a considerable psychological impact. Apart from psychological stress (Scott et al., 2020), depressive symptoms, dread, and insomnia (Torales et al., 2020), it has been discovered that there is a strong link between alcohol, drug usage, suicide, and unemployment (Continetti, 2020). The restrictions have a socioeconomic impact on the informal sector's livelihood, especially street sellers (Afrobarometer, 2020).

Given their poverty levels and economic dynamics, street vendors are one of the most vulnerable groups, especially if they live with disabilities. Street vendors, who can be found in all Zimbabwean towns, make up part of what is referred to as the informal economy, which, due to its characteristics, exempts them from legislation prohibiting the use or occupation of public spaces and roadways as workplaces (Roubaud, 1995). Their economic activities and services do not necessitate tax records, regulatory oversight, or any form of social protection (Roubaud, 1995).

Street vendors provide a variety of goods and services to the general public, and they operate from temporary static structures, mobile stalls, or head-loads rather than permanent facilities (Roubaud, 1995). This form of work, according to Michel et al., (2021), has exploded in public areas of all sizes, particularly in developing countries. Nonetheless, street vending has become an increasing phenomena in recent decades, affecting both rich and developing countries (Mhlanga et al., 2020). Street selling is an important source of income for marginalised and underprivileged people in many developing nations, particularly internal rural migrants. Furthermore, it has been found that petty trade is primarily carried out by less educated people in many developing countries (Recchi, 2020).

In late March 2019, Zimbabwe declared a nationwide lockdown, which was ultimately lifted after a few months to allow certain industry and commerce to operate, although the informal sector remained restricted (Government of Zimbabwe, 2020). While the lockdown was unavoidable, it was a financial disaster for the three-quarters of the economically active people (76 percent) who labour in the informal sector (Zimbabwe National Statistics Agency, 2020). Due to the restrictions, vendors and other self-employed people have been unable to leave their homes to work, putting their families at risk of starvation (Mukeredzi, 2020). The government then promised disadvantaged families a \$200 one-time cushioning grant, but more than four months into the lockdown, only 202 000 of the one million households eligible for help had received it (Buckle, 2020; Mpofu, 2020).

The declaration of COVID-19 pandemic a national disaster by the Zimbabwean government led to the country imposing lockdown measures, which restricted movement of people in the country in attempt to curtail the spread of the pandemic. However, the lockdown measures had a negative social and economic impact especially on people that are employed in the informal sector such as loss of income and jobs (Mhlanga et al., 2020). As has been observed previously, the heavy restriction of people's movements through various regulations by the government of Zimbabwe led to only permitted essential workers (such as those working in the food value chain, health, and utility workers) to leave their homes to go to work (Toriro and Chirisa, 2021). The cited authors further assert that the rest of the population was expected to stay indoors in order to minimise the spread of the respiratory disease. The initial measures only allowed formal food system suppliers, such as supermarkets and registered and licensed traders to operate. It was only subsequently that the informal food suppliers were also permitted to operate in built-up or approved premises. This, however, left informal sector vendors exposed, as many of them operated from unregistered premises within the central business districts of most towns and cities such as Harare, Bulawayo, Mutare and Norton. In light of this, the researcher set out to explore the socio-economic impact of COVID-19 on vendors with disabilities in Norton.

1.2 Statement of the problem

COVID-19 brought untold suffering to most citizens, with vendors living with disabilities experiencing severe impact due to the exposed nature of their conditions and trade. Needless to reiterate, vendors living with disabilities are already vulnerable with or without lockdowns. The COVID-19 imposed lockdowns restricted all the citizens from free movement, and most

businesses-both formal and informal- closed down. In some instances, the formal businesses are permitted to operate within the stipulated confines of time and regulatory precautionary measures to stop the spread of the pandemic, while the informal businesses such as vending were strictly prohibited. Prior to the advent of COVID-19, vendors living with disabilities were able to market their products freely and to fend for their families. The national lockdowns, which were pronounced through various statutory instruments, severely impacted on the livelihoods of the vendors living with disabilities. It is against this background that this study aims at unpacking the effects of COVID-19 to vendors living with disabilities in Norton, Mashonaland West Province.

1.3 Justification

This study presented the effects of COVID-19 to vendors living with disabilities, and is expected to help state and non-state actors to institute proper measures to reduce vulnerabilities among the indicated group of people. The observations that are revealed in this study, as well as the recommendations it proffers, are expected to inform service delivery by both the government and NGOs in terms of setting up sustainable safety nets for vulnerable groups in Zimbabwean societies.

Further, the findings offered a new area of study for academia, which had previously seen little or no research on the socioeconomic impact of COVID-19 on vendors. The findings provide a foundation for future research on the topic as well as gaps in the literature that can be exploited to develop new approaches and methods of supporting vendors, especially those living with disabilities.

The research provides new insights and ways to the roles of the government, NGOs, and other stakeholders in assisting vendors to survive under challenges induced by COVID-19. This research also raises social workers' awareness regarding issues encountered by vulnerable groups in society. It also alerts them on the need to establish interventional strategies that can be successfully and efficiently implemented to cushion vendors with special conditions in times of national shocks and disasters.

Also, the research posed to the researcher as an eye-opening opportunity to interact with society's most disadvantaged and marginalised populations. This allowed the researcher to apply what she had previously learned during her bachelor studies and come up with clear suggestions and strategies to help vendors.

1.4 Aim

The aim of this study is to assess the impact of COVID-19 on the economic and social well-being of vendors living with disabilities in Norton.

1.5 Objectives of the study

The objectives of this study are:

1. To establish measures used by vendors with disabilities to counter the impact of the COVID-19 imposed lockdown measures.
2. To determine the form of assistance provided by the state and non-state actors to vendors living with disabilities during the COVID-19 lockdowns.
3. To examine the effects of COVID-19 lockdown measures on the livelihood of vendors living with disabilities.

1.6 Research Questions

1. What measures were used by vendors with disabilities to counter the impact of the lockdown measures?

What form of assistance provided by the state and non-state actors to vendors living with disabilities during the COVID-19 lockdowns?

3. What are the effects of COVID-19 lockdown measures on the livelihood of vendors living with disabilities?

1.7 Assumptions

The researcher assumed that the participants were going to be available and provide correct responses to enhance the effectiveness of the study. The researcher further assumed that the research was not going to be affected much by the COVID-19 restrictions.

1.8 Delimitations

The research targeted vendors in Norton urban as one of the groups of society usually ignored by government departments such as the Department of Social Welfare, as well as the Ministry for SMEs. These organs are normally expected to avail funding to SMEs and general care of the people, in their capacity as key partners responsible for the welfare and well-being of not only vendors but the generality of Zimbabweans. NGOs were also included

in this research as they are key development partners in society with the potential to fill the gap left by the government, in their complimentary efforts.

1.9 Definition of terms

COVID-19 – A respiratory disease caused by the Corona virus and was first discovered in China.

Social protection - These are strategies intended to enhance societies' problem solving capabilities through social assistance, social insurance and social support and care in any effort to lessen or eradicate risks of deficiency and vulnerability.

Social assistance - A non-contributory form of social security financed from government revenue and in some cases with support from non-state actors such as development partners, civil society organizations and the private sector.

Social support and care - focuses on the provision of social welfare services designed to enhance human social functioning.

Livelihood support strategies - enable the poor and vulnerable households to manage risks and in particular to develop capacity to withstand stress and shocks.

1.10 Chapter summary

The Corona virus was identified in Wuhan, China in late December 2019 as the primary cause of COVID-19, a human respiratory disease. The virus engendered substantial changes to healthcare, economic, transportation, and education systems worldwide. The World Health Organisation declared the disease a pandemic by end of January 2020. Most governments then declared national lockdowns with the aim of controlling the disease. However, the national lockdowns led to the restriction of movement of people within the country borders as well as from city to city, thereby affecting the lives of many citizens. In Zimbabwe, the restrictions only exempted those engaged in essential services, such as those working in the food value chain, health, and utility workers to go for work. The initial measures only allowed formal food system suppliers, such as supermarkets and registered and licensed traders to operate. This adversely affected the lives of some segments of the population; especially vendors, whose livelihoods (and those of their families) are solely dependent on hawking. It was only subsequent that informal food suppliers were also permitted to operate in built-up or approved premises. This, however, left informal sector vendors exposed as many of them operated from unregistered premises.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter aims at reviewing literature related to the field of study. The study seeks to develop the relationship between the theoretical framework, the objectives and past studies and to understand the behaviour of vendors of with disabilities and the challenges they faced due to restrictions imposed by various government worldwide. The chapter highlights the environment in which vendors with disabilities operate and attempts to establish how this shapes their way of life and behaviour. The chapter also tries to fill the gap left by previous studies.

2.1 Theoretical framework

The resilience theory was used to guide the research. 'The ability to restore original shape or position after bending, stretching, compression, or other deformation,' according to Korber, Rod, and McNaughton (2017). According to Van Breda (2018), resilience is bolstered through enhanced networks and the formation of professional counsellor networks, as well as accepting life's changes and refusing to accept a crisis as insurmountable. "Resilient" means, according to Greene, Galambos, and Lee (2004), "individuals' ability to navigate their way to the psychological, social, cultural, and physical resources that sustain their welfare, as well as their ability to negotiate for these resources to be provided and experienced in culturally meaningful ways." Inner or individual attributes, as well as organisational and external circumstances, all play a role in resilience. Adaptive resilience, according to Korber, Rod, and McNaughton (2017), is a process of continual change and adaptation following a disturbance.

Resilience is a method that produces a result. Adversity, mediating processes, and good outcomes are all included in the Resilience hypothesis, and it is a multilevel process that the system engages in to achieve desired results in the face of adversity. As a result, the misfortune in this context is the COVID-19 emergency, and the facilitating processes are the capacity, assets, and altering structures and processes engaged to rectify the deteriorating of their susceptibility conditions. The mediation process, according to Van Breda (2018), includes personal ability, problem-solving skills, emotional aptitude, motivation to succeed, belief, and optimism. Individuals, on the other hand, are responsible for coping with

collective difficulties that should be addressed by state mechanisms. In order to test and assess how the resilient theory enables self-reliance of vendors with disabilities under the COVID-19 norms in poor economies like Zimbabwe, the study used the resilient theory. The hypothesis was used to investigate the long-term viability and adaptability of individual and family prosperity in the face of adversity. According to the notion, good relationships during difficult times provide positive consequences that are measured by the quality of life of the impacted groups (Chazovachii et al., 2020), in this case disabled vendors.

2.2 Defining the informal sector in Zimbabwe

The informal sector is "broadly described as consisting of units involved in the production of products or services with the primary objective of producing employment and incomes for the persons concerned," according to the International Labour Organization (ILO) (1993:5). Furthermore, the informal sector is marked by insecure and unpredictable working conditions, and employees are not protected by any labour laws. Despite the dismal working conditions, the informal sector has transformed for many Zimbabweans from a source of employment to a reliable source of income. According to the International Monetary Fund (IMF), 6 million Zimbabweans, or roughly 34% of the population, live in absolute poverty, while at least 90% of Zimbabweans work in the informal sector, which is insufficient in providing sustainable livelihoods during difficult times. The COVID-19 epidemic threatens the livelihoods of persons working in the informal sector, as their skills and functions are usurped, especially when governments fail to give these sectors due attention.

Zimbabwe's economy is largely informal, as previously stated, and most of the country's families rely on it for survival. The informal sector, according to Luebker (2008), existed prior to independence but was hidden due to colonial policies that suppressed African enterprise. In times of financial hardship, households seek to supplement their revenues from the informal sector, as Nyabeze and Chikoko (2019) have observed. Because of the low economic performance of developing countries, the informal sector's contribution is crucial, as any adverse occurrences such as wars or disease outbreaks cause livelihood disruption.

Zimbabwe's political and economic crises, which peaked in 2008, led in decreased formal-sector output, shrinking tax collections, and rising informal-sector growth (Kanyenze et al., 2003; ZIMRA, 2016). In Zimbabwe, the rise of the informal sector has been matched by the growth of informal employment in both the formal and informal economies. According to the Labour and Economic Development Research Institute of Zimbabwe (LEDRI), in 2011, 84

percent of the 5.4 million people (aged 15 and above) were informally employed. According to the Labour Force and Child Labour Survey (LFCLS), the informal economy accounted for 94.5 percent of employment in Zimbabwe in 2014, up from 84 percent in 2011. (IMF, 2016).

Medina & Schneider (2018), estimated that the informal economy in Zimbabwe contributed 61% towards the country's GDP between 1991 and 2015, making it one of the largest informal economies in the world. The given statistics notwithstanding, the exact size of the informal economy remains unclear, with estimates varying from high to very high. It is also difficult to define what constitutes the informal economy in Zimbabwe as there can be crossover between formal and informal activities and sectors. Of essence, however, is that the informal sector accounts for Zimbabwean's majority in terms of its workforce. Ndelela (2006) highlights the formal trade in Zimbabwe is subjected to a host of regulations regarding the establishment and operation of a business. Compliance with these is costly, time consuming, complicated, and is often beyond the means of those in the informal sector. Dube and Casale (2019) observed that in 2005, the Zimbabwean government broadened the tax base through the introduction of presumptive taxes targeted at the informal sector. According to Dube and Casale (2019), the Zimbabwean government broadened the tax base in 2005 by introducing presumptive taxes aimed at the informal sector.

2.3 COVID-19 and the informal sector

The advent of the COVID-19 epidemic has wreaked havoc on the informal sector's socioeconomic situation. COVID-19's impacts have been terrible yet minor over the world, and many countries have enacted lockdown measures to try to stop the virus from spreading. According to Mupambireyi et al., these lockdown tactics worsened the already fragile African economies, which are primarily informal (2014:23). As of May 19, 2020, Zimbabwe had 46 confirmed cases of COVID-19 and four deaths (Macivenyika, 2020) A nationwide lockdown has been in effect since March 30, 2020, and was extended indefinitely on May 16, 2020, with evaluations every two weeks. Zimbabwe's borders were closed to all human traffic save returning Zimbabweans and permission holders, however freight lines remained open (Price, 2020). The lockdown was lifted in week four of the imposition to allow some formal businesses and companies to reopen under stringent circumstances. The informal economy remained closed outside of agriculture, farmers' markets, and minor industries (Machivenyika, 2020). In 2020, Zimbabwe was fighting not only COVID-19, but also a severe famine catastrophe, with acute food shortages worsening significantly.

The lockdown was relaxed in week four to allow some formal enterprises and companies to return on the condition that their staff be tested and cleared of COVID-19 and that they follow tight procedures like as temperature monitoring, social separation, and wearing face masks (The Herald, 22 April, 2020). On May 16, 2020, the government announced that business hours had been extended, allowing them to operate from 08:00 until 16:30. Other news sources reported that the informal sector outside of agriculture, farmers' markets, and certain manufacturing, which were allowed to operate during previous rounds of the lockdown, remained closed, according to Machivenyika (2020). With the indefinite extension of lockdown (announced 16 May 2020), the government affirmed that informal street markets "...would stay closed while the government contacted health specialists on how to reopen them securely" ("Zimbabwe extends coronavirus," 2020, para 3). Zimbabwean migrants returning home from South Africa and Botswana face a 21-day quarantine in schools and college facilities, according to government laws issued on May 16, 2020 ("The Herald, 28 April 2020").

According to the IMF's COVID-19 policy response tracker (2021), Zimbabwe's policy responses to COVID-19 include the following: On March 19, 2020, the COVID-19 National Preparedness and Response Plan was launched, and on March 20, 2020, a state of disaster was declared. Zimbabwe's government announced a US\$2.2 billion domestic and international humanitarian appeal on April 2, 2020, for the period April 2020 to April 2021. The government planned to spend \$220 million on COVID-19, \$37 million on health-related issues, and \$34 million on water, sanitation, and hygiene (WASH). Food security received US\$956 million, while social protection received US\$20.8 million.

The IMF reaction tracker for 2021 also states that on March 30, 2020, the Zimbabwean government proposed a ZWL\$600 million cash transfer programme aimed at 1 million poor households over three months. The government promised to help needy families with a one-time award of ZW\$200. The payment was increased to ZW\$300 (US\$12) to accommodate for the detrimental consequences of hyperinflation, according to Karombo (2020), but no more distributions were made after the announcement.

The government of Zimbabwe announced a COVID-19 economic recovery and stimulus package on the 4th of May 2020, according to the IMF tracker, which includes measures to: Provide liquidity support to several sectors, such as agriculture, mining, tourism, SMEs, and the arts; Expand social safety nets and food grants; Establish a health sector support fund;

Upscale investments in social and economic infrastructure in Cyclone Idai affected communities; and the government reintroduced the m-bond.

2.4 Inequalities and limited social protection support pre-COVID-19 crisis

People with disabilities are particularly vulnerable in the run-up to a catastrophe. People with disabilities, who account for 15% of the world's population, are almost certainly poor, face catastrophic health costs, and have lower levels of education and economic participation than the general population (WHO, 2011). Persons with disabilities frequently suffer additional large disability-related costs, and their families are frequently forced to limit or discontinue paid work in order to provide the necessary support, compensating for the lack of publicly supported care and support services (UNPRPD, 2020). Disability is also heavily gendered, with women on average having higher levels of disability and being more likely to take on caregiving responsibilities (UNPRPD, 2020). Women's economic insecurity and sensitivity to both life cycle and systemic covariate shocks are exacerbated by the gendered nature of disability. Persons with disabilities require social protection in order to alleviate vulnerability, encourage economic empowerment, inclusion, participation, and a long-term escape from poverty (UNPRPD, 2020).

Due to a combination of contributory and tax-financed schemes, social protection systems in high-income nations provide near-universal coverage for people with disabilities (ILO, 2017). In 2012, public spending on disability-specific social insurance plans and programmes in EU countries averaged 2.1 percent of GDP (Grammenos, 2016). These expenditures and programmes are critical in mitigating the effects of persisting structural barriers and prejudice. For example, without social protection support, 68% of the EU population with an activity constraint would have been at danger of poverty in 2018. (Eurostat, 2020). Despite their critical function, there are still concerns about coverage and benefit adequacy, as well as an over-reliance on institutional care.

In low- and middle-income countries (LMICs), however, coverage is poor, with a global average of 19% of people with severe disabilities receiving disability benefits, but only 1% in low-income countries (Durán-Valverde et al., 2019). While most LMICs have contributory disability plans in place, many of them only cover a small portion of the workforce, notably those in the formal economy (UNPRPD, 2020). Only around half of LMICs have a tax-funded disability-specific scheme, and only a few invest more than 0.3% of GDP (ILO, 2017;

Kidd et al., 2019). Tax-funded programmes are frequently narrowly aimed at impoverished individuals or households, with little coverage and insufficient assistance (UNPRPD, 2020).

While many nations are establishing or changing their social protection schemes/programs to better support people with disabilities and their families, the vast majority of people with disabilities and their families remain unprotected and unsupported (UNPRPD, 2020). The prevalence of a "missing middle," consisting of persons not covered by contributory schemes but not deemed as poor enough to be eligible for poverty-targeted help, has been a major issue, as it has been in other areas of social security.

Social protection measures for people with impairments come into four areas, according to UNPRPD (2020):

Cash benefits are primarily non-contributory tax-funded systems, but they are also sponsored through contributory social insurance plans in rare situations. Disability allowances for adults and children; mainstream schemes such as old-age pensions, sickness benefits, job retention schemes, additional unemployment benefits, or poverty-targeted social assistance programmes; and paid family leave for those caring for and supporting disabled people.

Food, sanitary supplies such as personal protection equipment, medicine, and other essential items are distributed as part of in-kind help.

Helplines, as well as care and support services, are available.

Job-protection policies aimed at assisting employers in keeping individuals with disabilities on the job.

2.5 Economic impact of COVID-19 restrictions on informal traders

The COVID-19 epidemic had repercussions throughout the global economy, limiting the degree of economic activity in every region (Copenhagen Economics, 2020). Through a reduction in economic activity, the pandemic has had a substantial impact on social policy, as well as the social and economic well-being of citizens (Ozili, 2020a). COVID-19's consequences on poor countries owing to the cessation of economic operations, according to Barnett-Howell and Mobarak (2020), would be greater because most people lived on day-to-day earnings. According to Chagonda (2020), the COVID-19 lockdown in Zimbabwe was difficult for the informal economy because most dealers are subsistence traders who are already poor.

2.5.1 Enforcement of lockdown, lack of savings and livelihoods

According to a Quartz Africa (2020) news story, illicit money changers in Zimbabwe "...used to operate in the city and shopping centres in the suburbs now do business at home, asking consumers who want to acquire foreign cash to come over." Many small-scale and informal traders face precarious financial realities, and they are unable to survive without some form of daily trade. They do not have the luxury of bank savings, credit cards, or online commerce to be able to stay indoors or isolate for extended periods of time, according to the article. Informal traders and companies in Sub-Saharan Africa "...continue to operate out of a sense of urgency and despair," according to Quartz Africa (2020). A cyclical influence is also at work, according to the organisation, as many things happen in cycles.

2.5.2 Destruction of market stalls and produce

During the lockdowns, according to Ndebele and Matimire (2020), a nationwide crackdown on sellers resulted in police invading vegetable markets and destroying produce. "On the 3rd of April 2020, Sakubva vegetable market in Mutare was raided, leading more than 300 vegetable merchants to run and leave behind their produce, which was then burned by police," Ndebele et al., (2020:21) add. Despite the fact that agriculture was designated as an essential service during the shutdown, this happened. The vendors were not reimbursed for their losses, and the Zimbabwe Chamber of Informal Economy Associations (ZCIEA), an informal traders' organisation, was quoted in a news piece by Chat263 as expressing dissatisfaction with the devastation. Ntali (2020) cites unnamed sources as alleging that the Zimbabwean government took advantage of the COVID-19 lockdown to clear unlawful constructions. According to Scoones (2020b), the lockdown restrictions were strictly followed, exacerbating hardships in poorer metropolitan areas where informal traders were targeted.

2.5.3 Livelihoods and food security

Due to travel restrictions, millions of people who rely on informal economic activity were confined to their homes. "Lockdown templates used by developed countries with formal food supply systems and the capacity to expand social assistance programmes are bound to be problematic if they are adopted by poorer countries such as Zimbabwe without being adapted to local contexts," write Zamchiya et al. (2020) in a blog post. The authors wonder how the government can regulate the informal sector without jeopardising the livelihoods of millions of people who rely on it.

According to the Food Security Information Network (FSIN), (2020), the majority of rural households in Zimbabwe are poor, and extreme poverty is on the rise, with estimates ranging from 29 percent in 2018 to 34 percent in 2019. Zimbabwe will face a serious hunger crisis in 2020, according to the report, with extreme food insecurity projected as a result of economic issues, eroding household resilience, rainfall shortages, and low harvests. According to Zamchiya et al. (2020), national lockdown limitations on the movement of goods, people, and services are expected to have far-reaching implications on the farming sector, affecting food supply networks, and thereby aggravating food insecurity.

According to Zamchiya et al. (2020), the family farm sector, which is dominated by women, generated 70% of staple items in the 2018/19 farming season..., but was extremely vulnerable to exogenous shocks like lockdown measures. Through informal trading agreements with stores like Spar and OK Zimbabwe, as well as other indigenous supermarkets that stayed open in urban areas during the lockdown, the more affluent family farmers are connected in the loose urban value networks (Zamchiya et al., 2020).

Mhlanga and Ndhlovu (2020) looked into the possible socio-economic impacts of COVID-19 on small-holder livelihoods in Zimbabwe, extrapolating from prior viruses such as Ebola. COVID-19, according to the duo, has made it more difficult for not only vulnerable producers like smallholders to have enough food for life and sufficient nutrition, but also many individuals and entire communities that rely on them for food production. "Food chain shocks by COVID-19 could interrupt flows of production and trade," according to Mhlanga and Ndhlovu (ibid). They claim that this could lead to market instability and have ramifications for both food prices and agri-food-based incomes. Protracted lean seasons and other caloric shortfalls, especially among those who are already food insecure, could have a greater influence on "human/cognitive growth as a result of extended lean seasons and other caloric deficiencies, especially among those who are already food insecure" (Mhlanga and Ndhlovu, 2020; 12).

2.5.4 Transport restrictions, food value chains and livelihoods

Hambloch et al., (2020) analyse the influence of COVID-19 on local food value chains in Eastern and Southern Africa in a blog post for the International Crops Research Institute for the Semi-Arid Tropics (ICRISAT). Government efforts to combat the COVID-19 pandemic in the region, they believe, are beginning to have considerable negative effects on local agricultural value chains, with serious implications for food security and livelihoods. The site points out that the region's governments have not coordinated a regional response. Transport, logistics, processing, and sales bottlenecks in peri-urban areas are projected to affect local food value chains in the short to medium term as a result of trade disruptions and national COVID-19 mitigation measures." (Hambloch and colleagues, 2020).

The food processing industry is feeling the affects of Zimbabwe's lockdown, which is affecting the availability of processed foods. Prices for staple foods have risen substantially, according to the FAO's latest Food Price Monitoring Analysis report for Zimbabwe, driven by low production prospects for the 2019/2020 season, low food stockpiles, and an unstable currency, requiring a high level price warning to be issued (FAO, 2021). Smallholder farmers in Zimbabwe's rural areas have been hit even harder by interruptions in local value chains, and they are expected to suffer escalating poverty and hunger as nutritious food becomes more difficult to come by (Hambloch et al., 2020). Hambloch et al. (2020) go on to say that despite COVID-19's unfavourable effects. Despite the negative effects of COVID-19, Hambloch et al. (2020) claim that there is an opportunity for Zimbabwe and other nations in the region to develop their local food value chains in order to mitigate damages and create resilience to future shocks.

2.5.5 Travel restrictions, urban poor and livelihoods

Ian Scoones (2020a) writes in a blog post for African Arguments that people in Zimbabwe's rural areas, who were more likely to have food to eat or sell, strong local networks to lean on, and low expectations of the state, were the most resilient in the face of COVID-19 policies. People in Zimbabwe's densely populated townships, he claims, are the most vulnerable to COVID-19 and economic stoppage because they are far from places of work, reliant on precarious, informal work, and have insufficient services. Scoones (ibid), on the other hand, emphasises the Zimbabwean people's resilience and concludes that they are accustomed to living in a highly turbulent economic and political environment.

In Zimbabwe, public transportation is restricted, with only a few public buses permitted to operate and intercity public transportation, as well as taxis and kombis, prohibited (Machivenyika, 2020). In a blog post, Hambloch et al. (2020) contend that the travel restrictions resulted in "...complete loss of income for casual labour, sellers, minibus drivers, and others relying on daily salaries." In Zimbabwe, where an estimated 7.7 million people suffered food shortages in 2020, this had a huge impact (WFP, 2020). As food shortages worsened, Hambloch et al. (2020) suggest that "people are obliged to resist the lockdown and acquire food from local markets."

"The epidemic was impacting Africa's already vulnerable food systems, especially for the urban poor, many of whom work in the informal sector as vendors or merchants and rely on it for food," writes Resnick (2020), a Senior Research Fellow with IFPRI. According to the author, how food traders are managed could have a significant impact on the nutrition and financial prospects of many people in Africa. Local governments now regulate many small-scale markets and street vending enterprises, which generate significant tax money. "Shutting them down would obviously have detrimental implications on the broader urban political economy," writes Resnick (2020). Cooperatives or associations organised along product lines often control markets well. As a result, she emphasises the importance of local government communicating with market leaders on the best ways to handle a shutdown. The author also proposes temporarily removing ordinances prohibiting citizens from selling outside their homes, which would generate some revenue while also reducing traffic to markets. Other viable possibilities include opening markets every other day and sanitising on the off days, as well as allowing for 24-hour trading to alleviate consumer congestion (Resnick, 2020). In Africa, informal food traders have long been excluded from traditional safety nets enjoyed by people in the formal sector, such as sick leave and pensions, and instead rely on rotating credit groups, as well as neighbourhood and funeral associations, for support in the event of a shock. Such ad-hoc social coping systems are likely to be stressed in the face of a systemic shock like COVID-19. As a result, social protection systems must become more inclusive (Resnick, 2020).

2.6 Impact of COVID-19 on social sectors

This subsection reveals the impact of COVID-19 on Zimbabwean livelihoods.

2.6.1 Impact on health

COVID-19 has instilled dread among individuals affected by the outbreak, and the chances of health workers being stigmatised and shunned by communities are considerable (UNECA, 2020). The sheer volume of patients to deal with, as well as the difficult judgments to make about who should survive or die, had a detrimental psychological impact on healthcare staff. This was made worse by the fact that the region's doctor-to-population ratio is already significantly below the suggested level of ten (UNECA, 2020). Only Mauritius exceeds the criterion, and nine of the regional members have less than half the recommended number of doctors (UNECA, 2020).

2.6.2 Impact on Education

COVID-19 looked to be sparing children as compared to other infectious diseases such as influenza, according to the WHO-China Joint Mission on Coronavirus Disease 2019 study released in January 2020. Many children infected with COVID-19 appear to have quite little symptoms, if any at all (that is, asymptomatic). Even asymptomatic youngsters could play a "significant role" in disease transmission, despite the fact that much regarding COVID-19 is unknown. According to UNECA (2020), school closures could help to contain the pandemic's spread across communities in the region, and it may be preferable from a health standpoint to limit transmission from children to others, such as family members who are more susceptible to infection, such as those with chronic medical conditions.

COVID-19 has resulted in an increase in the number of children, teens, and adults not attending schools or colleges in Southern African countries (UNECA, 2020). Six countries, including Botswana (which affects over 600,000 children and youth), Lesotho (which affects over 570,000 children and youth), Mauritius (which affects over 270,000 children and youth), Namibia (which affects 746,000 children and youth), South Africa (which affects over 14 million children and youth), and Zambia (which affects over 4 million children and youth), have closed educational institutions (from pre-primary to tertiary education) nationwide to contain the COVID-19 (UNECA, 2020). More countries in the region are expected to enact nationwide school closures, disrupting the education of thousands of additional students.

2.6.3 Rising Unemployment and Poverty

Unemployment rates in Southern Africa are high, according to UNECA (2020), notably among the youth and women. Due to a decreasing private sector, the economy in the subregion was primarily informal. Furthermore, the organisation claims that youth unemployment is high and continues to deny the region the opportunity to benefit from the demographic dividend that comes with a young population, as well as preventing countries from leveraging the transformative potential of their young citizens for economic growth and development.

COVID-19 exacerbated Southern Africa's already high unemployment rate, since both the formal and informal sectors are anticipated to deteriorate further (UNECA, 2020). Supply chain disruptions, demand decreases, and production halts result in reduced revenues and earnings, as well as layoffs.

2.6.4 Widening Inequality Gaps and Fragile Social Cohesion

In Africa, and particularly in Southern Africa, income disparity is high (UNECA, 2020). According to a recent Oxfam research, seven of the world's twenty most income unequal countries are in Africa, and three of the world's four most unequal countries are in Southern Africa. Eswatini, Namibia, and South Africa are the countries in question. Only 12 nations had a Gini coefficient above 50, according to the UNDP's 2019 Human Development Report data on the Gini coefficient of inequality for a list of 189 countries. Seven of them are in Southern Africa, with South Africa ranking first with a score of 63.0, followed by Namibia, Zambia, Lesotho, Mozambique, Botswana, and Eswatini in that order. Central African Republic (56.2), Brazil (53.3), Saint Lucia (51.2), Honduras (50.5), and Guinea Bissau were the non-Southern African countries (50.2).

COVID-19 economic shocks disproportionately affect the poor and vulnerable, who are frequently deprived of basic amenities like health, water, and sanitation and are not covered by government-funded social safety nets (UNECA, 2020). Southern Africa's economic and non-income imbalances are exacerbated by the COVID-19 shocks. In the absence of focused help for the poor and vulnerable, the health crisis has exacerbated disparities, resulting in social discontent and violence, as well as worsening the economic climate and increasing economic losses (UNECA, 2020). Due to the fact that women are the primary caregivers in the home, gender inequality may worsen. Gender inequality is very high in Southern Africa

(UNECA.2020). The region is home to 50 of the world's most unequal societies (Angola, Eswatini, Malawi, and Mozambique).

2.7 Research gaps

There is limited research on effects induced by policy responses to COVID-19 on informal traders, particularly vendors with disability in developed countries. The research aims to demonstrate wider economic, political, and societal challenges, including inequality and poverty, unemployment within poor members of the society, as well as to interrogate the gap between rich and poor.

2.8 Chapter summary

The Corona virus was first discovered in China and quickly spread across all continents, causing global panic and affecting the socio-economic livelihoods of the people, particularly vulnerable groups such as vendors with disabilities. COVID-19 restrictions imposed by government have exacerbated the already high employment rates and strained social relations; the same have affected food supply within countries and resulted in loss of income, widened inequality gaps and caused immense poverty amongst the populations.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

In order to answer the research questions raised in Chapter One, this chapter explains the research design, research methodology, sample methods, and research instruments used in this study. The study location and demographic, as well as data collection methods and tools, are all described in the chapter, which also highlights how data was analysed utilising a thematic approach.

3.1 Research Design

A research design, according to Cooper and Schindler (2003), is a plan and structure for obtaining answers to research questions. This study used a qualitative research approach based on this explanation. This method was best for the study since it allowed the researcher to gain insight into the perspectives of target audience members by immersing herself in a culture or circumstance and interacting directly with disabled merchants. Qualitative approach allows the researcher to act as a data collector, allowing the researcher to learn about the research participants' feelings, reactions, attitudes, and views. The research employed different types of qualitative research methods in the form of in-depth interviews. The results of qualitative methods are more descriptive and the inferences can be drawn quite easily from the data that is obtained.

3.2 Study Setting

The study was conducted in Norton, a small town Mashonaland West province. The study setting was used for the research due to its location as an urban centre where most people survive on vending as a result of the currently high unemployment rate in Zimbabwe. The study location is also located in between the major towns and consists of a heterogeneous population in terms of social status and other demographic variables such as employment, level of education and age.

3.3 Research method - case study

A case study research was adopted as the framework for guiding data generation and analysis as it presented appropriate methods for the study through reports of past studies and allowed

for exploration and understanding of socio-economic impact of COVID-19 on vendors living with disabilities. Through case study methods, the researcher was able to go beyond the quantitative statistical results and understand the behavioural conditions through the actor's perspective. The case study method enabled the researcher to closely examine the data within a specific context. Case study method was used because in its true essence, it explores and investigate contemporary real-life phenomenon through detailed contextual analysis of a limited number of events or conditions, and their relationships (Creswell, 2012).

3.4 Target population

McLeod, (2019), defines a target population as the total group of individuals from which the sample population for a study is drawn from. The target population was primarily vendors living with disabilities. For comparison, the researcher collected data from the Department of Social Welfare and the Ministry of Small and Medium Enterprise on the assistance it offered to vendors and other small and medium entrepreneurs..

3.5 Sample size

According to Lester (2007), a sample is a given number of subjects drawn from a defined population, which is to say, the sample is representative of the total target set. The sample population comprised of three (3) social workers from the Department of Social Welfare and nine (9) vendors living with disabilities.

3.6 Sampling technique

McPhail (2001) defines sampling as a process of selecting elements from a homogeneous population of interest so that by studying the sample we may fairly generalise our results back to a population from which they are chosen. Non-probability sampling in the form of snowballing was used to select the target population. Snowballing involves selecting participants meeting the study requirements recommending others with the same characteristics (Creswell, 2011). The method is used when trying to access difficult-to-reach populations. The researcher commenced by identifying a few respondents that matched the criteria for inclusion in the study, and then asked them to recommend others they knew to also meet the selection criteria. For instance, the researcher identified one vendor with disabilities and asked the vendor to recommend other vendors with disabilities for the study. Although this method hardly leads to representative samples, it may sometimes be the only way to establish meaningful contact with hard-to-reach populations, or when no sampling

frame is available. As Hu (2014) notes, snowballing provides unique and rich information of value to the study.

To obtain the required information, the researcher regarded the respondents to be interviewed as a “repository of information” or a “basket full of answers.” The researcher sought to obtain unrestricted access to what the respondents know or think, in a way producing accurate information. The researcher created an appropriate atmosphere and to formulate questions in such a way that respondents gave answers that did not distort their views. The researcher maintained a friendly atmosphere during the interviews, yet maintaining a certain personal distance, making respondents feel that they were being taken seriously, whilst at the same time avoiding being judgmental about their views. For example, the stated was done by not obviously agreeing or disagreeing, not showing signs of approval or disapproval, and also by not indicating belief or disbelief. Further, the researcher also avoided challenging or “grilling” the respondents. The interviewer’s behaviour and body language was respectful and alert; for example, displaying interest but retaining a non-directive posture in order to avoid phenomena such as the Greenspoon effect. The researcher sampled and analysed data until no new data appeared and all concepts were well-developed and their linkages to the other concepts were clearly defined, and thus when data collection ceased.

3.7 Triangulation

The selection of the study population involved triangulation. Triangulation, – when applied means the use of two or more separate research studies (qualitative and quantitative), both of which involve the same object of investigation but are otherwise independent of each other, to see where the two results intersect (Creswell, 2012). The core of triangulation as a research method is that the two pieces of research are independent of each other. As Nastasi, Hitchcock, and Brown (2010) put it, “complementary” designs are used by researchers to work out the overarching meaning of data. The use of data triangulation allowed the researcher to explore the complexity of a poorly understood phenomenon. In this case the researcher used in-depth interview discussions with the vendors with disabilities and compare with the data collected from the Department of Social Welfare and the Ministry of Small and Medium Enterprise

In order to obtain the strongest possible triangulation effect, the two sources of data were related to the common research subject, yet being handled as independent of each other as possible, with each providing its own dataset, which was analysed according to the standards

of the study approach. The datasets on the same research item were collected using the same method but from different respondents, and were analysed separately, and the results were compared to obtain an overall interpretation.

In terms of the process of drawing conclusions, triangulation means that the results of the two approaches are combined to better locate the subject of study. According to Denzin and Lincoln (2011;...), “Triangulation adds vigour, depth, complexity and richness to the research process.” Having observed that, it becomes apparent triangulation therefore increases validity of the results (Giles 2002).

3.8 Data collection methods

This subsection explores the data collection methods employed for this research.

3.8.1 In-depth interviews

An interview is a procedure designed to obtain information from a person’s oral response to oral inquiries (Dessler, 2011). Dumay (2011) argued that interviews places the researcher in a better position to gather accurate information since the interviewer is able to see if respondents understand the questions and can help to correct them should there be any misinterpretations. The interviewer attempted to get below the surface and identify the underlying emotions and feelings experienced by respondents. An attempt to recognise the rationalisations and defences the respondents use when dealing with challenges they face on daily basis in the streets. The in-depth interviews involved clinical procedures such as free association, encounter and techniques. For instance, an in-depth discussion while examining the effects of COVID-19 lockdown measures on the livelihood of vendors living with disabilities it may reveal that the whole topic is surrounded by hostility and anger ultimately directed at the government. Revelations by the respondents may be disturbing, especially one who is sensitive and insightful, and needs to be treated with care. This example confirms the importance in qualitative research of personal properties in the researcher such as empathy, but also responsibility.

In-depth interviews helped the researcher to authenticate data collected through participant observations on the study area. The in-depth interviews were repeated twice to verify or check certain facts from the respondents. This was done to make sure that the data which gathered truly reflected the views of vendors with disabilities.

3.8.2 Document analysis

Document analysis was used as a tool to obtaining relevant documentary evidence to support and validate facts gathered in the research. Documents to be analysed include various report by the Department of Social Welfare, Ministry of Small and Medium Enterprise, the Ministries of Health and Finance. These reports were used to cross check and validate data collected on the form of assistance provided by the state and non-state actors and to examine the effects of COVID-19 lockdown measures on the livelihoods of vendors living with disabilities.

3.9 Research tools

Research tools refer to the instruments used to gather data from the respondents. The study used the interview guide to gather information. The guide formed the basis for which data was collected. The guide contained open ended questions, which could be changed or further developed during the course of the in-depth interviews. The guide helped the researcher to remain focused on the objectives of the research.

3.10 Data Presentation and Analysis

Data was analysed using thematic analysis, which is a comprehensive process where the researchers are able to identify numerous cross-references between the data, the researcher and the evolving theme (Hayes and Moulton, 2017). Data gathered was cross-examined with relevant literature and inferences drawn using past studies. The hybridisation of data analysis allows the researcher to cross pollinate ideas and come up with conclusions.

3.11 Limitations of the study

Initially the study faced challenges in data collection due to persistent inhibitive lockdowns. However, as the lockdown restrictions were relaxed, the researcher was able to collect data without any challenges. The sampling technique was burdensome to use as it mainly relied on ‘references’ from one person to another. The absence of a qualified assistant to help in the interpretation of what the dumb and deaf said. The researcher had to rely on street vendors when dealing with the dumb and deaf.

3.12 Ethical considerations

The researcher explained the purpose of the research to participants and sought their consent through appendage of their signatures on the consent form. The researcher gave the

participants assurance on the confidentiality of their responses. Further assurance was given that in the event of any damage or injury or eventuality the participants were not liable for prosecution since the research was purely for academic purposes only. The participants were informed of their right and freedom to withdraw at any stage of the interviews despite having signed consent forms. This was done to fulfilment the requirement of the code of ethics in order to avoid infringing on the rights of participants and for the avoidance of harm to participants.

3.13 Chapter summary

The study adopted qualitative methodology as the research design. Qualitative methods are more descriptive in nature and the inferences can be drawn easily from the data generated. The chapter also discussed the research method adopted in the form of case studies. Case studies allow the researcher to gather data in a specific context and can be utilised in narrowing the research to a specific area and selected sample population. Snowballing was used as a sampling technique to select participants for the research. The method was used for its effectiveness in identifying research participants. A hybrid data collection approach was utilised using in-depth interviews and document analysis as sources of information. Hybridisation of data collection was aimed at cross pollinating ideas and come up of conclusive results that can be replicated and generalised.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 Introduction

The chapter presents, interpret and discusses the research findings using the qualitative approach. The chapter also profile demographic characteristics such as gender and educational qualification to make conclusive remarks that can be replicated, generalised and make conclusions.

4.1 Demographic data

The following subsections give demographic information obtained during data gathering.

4.1.1 Gender composition of the participants

Most participants of the research were women, with a significant number being males. Seven participants were female and for male. The gender composition of the study population may have been greatly influenced by societal expectations and gender roles were women are expected to take care of the family regardless of their physical, social and economic well-being. Taking care of the family is a socially construed role given to women, hence most vendors with disabilities found themselves on the streets selling various goods and services. The gender composition of the study population reflect how women face challenges and survive in both formal and informal employment and this provided the research with a reliable source which was used to draw conclusion and generalise the challenges faced by vendors with disabilities due to COVID-19.

4.1.2 Age distribution of the respondents

The age composition of the participants varied from teenage mothers to old men and women, all with forms with disabilities. The age range ensured that data was obtained from different generations. This was significant to the research findings as the responses obtained represented and reflected views across generations. The age distribution shows that the participants were all mature and capable of providing relevant information used for the study. The ages ranged from 25 -50.

4.1.3 Level of education

According to the research findings, all participants were literate. They had basic primary education as well as secondary education. The participants were capable of reading and

interpreting questions and this positively impacted on the research outcomes. The results obtained can be relied upon as there was minimal interference in interpreting questions and generating responses from participants.

4.2 Strategies used by vendors with disabilities to counter the impact of the lockdown measures

The research finding revealed that vendors with disabilities had to buy letters from essential services personnel to access the CBD and areas on the peripheries of the CBD. In addition the vendors had to bribe the security services personnel to be allowed to sale their goods. This was revealed by participant (P2) who confided that,

We had to buy letters showing that we provide essential services or we were getting into the CBD to access medical care. This allowed us to pass through roadblocks manned by the security services and health personnel. In most cases it was difficult but we sailed through.

This claim was supported by P5 who noted that, “...to get into town I had to carry a letter showing that I needed to buy medication from pharmacies or needed to access hospital.” However, P3 alleged that to access the CBD she had to part with at least a US\$1 per day at the peak of the lockdown. “During certain days it didn’t matter whether you had a letter or not. All you needed was at least US\$1 to be allowed to pass through the most dreaded roadblocks to access the farmers.” On the same note, P6 alleged that they had to negotiate with farmers to bring produce to the residential areas.

P6 had this to say,

I had to resort to negotiating with farmers to bring their produce to my home. This was easier as farmers were categorised as part of the essential services. However, we had limited bargaining power when it came to price negotiations. We were more of price takers.

The cited responses from participants show that vendors with disabilities faced challenges in accessing the CBD and agricultural produce markets. This hindered their business operations and in a way forced them to engage in corrupt activities to survive. In addition, this further worsened their livelihood as the little money they had was taken by the security officers and some by eroded by high transport costs. During the initial lockdown various news outlets reported a national crackdown on vendors; with police officers raiding vegetable markets and destroying produce (Ndebele and Matimairé, 2020). On a particular reported case, on 3 of April 2020, Sakubva vegetable market in Mutare was raided by the police causing more than 300 vegetable vendors to flee and leave behind their produce, police then burnt the vegetables

(Ndebele and Matimaire, 2020). This was despite the agriculture sector being classified as an essential service by the government.

4.3 Assistance provided by the state and non-state actors

Participants revealed that government social protection assistance in response to the pandemic, as well as non-state actors in the form of Community Based Organisation (CBOs), Faith Based Organisations (FBOs) and other civil society organisations was not provided to most vendors with disabilities. This was revealed by P2 who said,

I only heard about ZW200 per individual social protection grant announced by the Minister of Finance and Economic Development, but I did not receive any money and this made life difficult for me and my family as I had lost my only source of income from vending within the CBD. Occupying vending spaces with the residential areas was difficult as most areas had its own vendors as was already crowded due to high unemployment rate in the country. I did not receive any assistance from Non-Governmental Organisation or any civil society organisation.

Participant P5 concurred by saying,

I bought a Netone sim card and registered for OneMoney mobile money in anticipation of the ZW200 social protection grant from the government, but the money never came. I could only read in the newspapers and other social platforms that the money was there but there were no clear modalities on how we could access the money. As for grants from non-state actors I did not hear of anything neither did I receive any form of assistance ''

However, participant P3 had this to say,

I received the ZW\$200 social protection grant disbursed by the government. However, the amount was little and couldn't buy much. The money was even disbursed late and this defeated the whole purpose of the social grant. As for NGOs I did not receive anything.

The above cited verbatim indicate that some of the vendors received the grant from the government. However, the majority did not have access to the money and rather pointed out that the government had poor modalities in place to reach the intended beneficiaries. Contrary to the views provided by the participants, the government of Zimbabwe promised a once-off cushioning allowance of ZW200 to vulnerable people and 202 000 of the one million households targeted for assistance had received the money during the first four months of its

introduction (Buckle, 2020; Mpofu, 2020). In concurrence, the World Bank reported that by the end of March 2020, eighty-four countries including Zimbabwe had reported changes to their social protection systems in response to the pandemic with fifty-eight scaling up cash transfer schemes.

However, Zamchiya et al., (2020;23) resonates with the views of the participants when they point out that, “Though the government promised small and medium enterprises a grant to cushion them during the lockdown, the process has been very slow and halfway through the shutdown informal traders in areas such as Bulawayo still had not received any funds.” This therefore means that most vendors did not receive the grant from the government or any form of assistance from non-state actors such as NGOs. The social assistance program adopted by the government through the ZW200 social grant was of no significance as the majority of the vendors did not receive the money.

4.4 Effects of COVID-19 lockdown measures on the livelihood of vendors living with disabilities

4.4.1 Economic impact

The study findings revealed that during the COVID-19 pandemic vendors living with disabilities did not receive social support and care from the government or non-state actors. The absence of livelihood support strategies from the government and the civil society worsened the situation of vendors living with disabilities, leading to them selling their assets and/or survive on the benevolence of family and friends. P4 said,

I had saved money to complete my rural home, but I couldn't look at my family going hungry for days with no solution in sight. I had to use the savings to buy food and pay rentals as I had no meaningful income sources. Zimbabwe had one of the toughest and strict lockdown regulations and this brought poverty to me as well as other vendors living with disabilities.

In support of the above, P8 revealed that, “I was faced with a dilemma on whether to keep the savings or let my family starve. Eventually, I decided to use the savings to finance our daily needs till they were exhausted and had to sell my cattle from the rural areas to subsidize our family needs.” In addition, P6 said, “I had very little saving due to my large family as I also take care of orphans. I had to sell my furniture to make ends meet in anticipation of early lifting of strict COVID-19 regulations. However, I ended up getting help from family and

friends to survive.” The research findings concurs with a study by Wickenden et al., (2021) who revealed that, in order to survive during the worst of the pandemic and lockdown period, many individuals relied on using their savings or business capital, financial support from external family members or friends, or sold their belongings, such as domestic animals. This led to the further impoverishment of many vendors with disabilities. According to the Chronic Poverty Advisory Network (2021), the drivers of impoverishment across different contexts and social and economic groups are many, including lost income and employment due to lockdowns and other disease containment measures, travel restrictions constraining mobility to access markets and livelihoods opportunities, and higher costs of staples such as food. The Chronic Advisory Network (2021) further notes that the “...effects of COVID-19 further negatively impacted on livelihoods-generating activities for small businesses and informal traders as demonstrated by qualitative interviews with street food vendors in Zambia.”

4.4.2 Structure systems and services

The research findings further revealed difficulties faced by vendors with disabilities in accessing healthcare services and education. P5 queried how the government handled the pandemic. He said, *“It boggles the mind as to how social services such as education could be suspended yet political gathering were allowed to proceed without any disturbance.”* In concurrence, P6 questioned how the government, *“....could limit the number of people visiting patients in hospital or suspend learning at all levels, but allow political gatherings and churches to operate, yet adult people were more susceptible to the Corona virus than kids and the young generation.”* The COVID-19 restrictions adversely affected vendors with disabilities by limiting their access to healthcare facilities over and above burdening them with the extra responsibility of dealing and handling their kids due to indefinite suspension of all forms of physical access to education from primary to tertiary level. This also created extra costs on the vendors as they were forced to pay for online lessons as well as buying data bundles in a country where data bundles are exorbitant and out of reach for the greater part of the population. UNECA (2020) notes that countries such as Zimbabwe, Zambia and Lesotho suspended schooling through various regulation, and this led to the number of children, youth and adults not attending schools or universities increasing in Southern African. In addition, a study by Wickenden et al., (2021) revealed that the government of Uganda allowed the opening of other sectors of the economy and political gatherings but suspended educational activities and limited the number of people in hospitals. This impacted negatively

on education from primary level to tertiary institutions and has a long life bearing on the education system and academic progression of the learners. UNESCO (2021) assert that,

Implications of lost education over this prolonged period due to COVID-19 for so many children are anticipated to be long-term, particularly for the marginalised and most vulnerable children who already experience barriers accessing education, or who are at higher risk of being excluded...including learners with disabilities.

4.4.3 Transport restrictions, food value chains and livelihoods

The research findings indicated that vendors with disabilities, just like any other citizens, faced difficulties in accessing reliable transport, disruption of food value chains and livelihood. This was revealed by P5 who said, *“The was no reliable transport to within the country to move around performing different activities, for example, transport to the vegetable market was not readily available and this posed serious challenges to my business as a vegetable and fruit vendor. Fruit and vegetables are perishables, hence I need to restock them regularly.* In support P3 was of the view that, *“Transport restriction had a negative effect on trade especially on vendors dealing with farm produce. The farmers had limited access to the market especially during the first 21 days of restrictions imposed by the government. This created shortages of agricultural produce.”* The restrictions on travelling impacted negatively on the commuting public, including vendors living with disabilities. The restrictions affected the food value chains and the livelihoods of vendors with disability, plunging them into abject poverty. In a blog, Hambloch et al., (2020) concurs with the participants on the impact of the pandemic on the food value chain and livelihood of the population. Hambloch et al. (ibid) posit that the impact of COVID-19 on local food value chains in Eastern and Southern Africa had started to have significant adverse impacts on local food value chains and have significant ramifications for food security and livelihoods. The authors further assert that governments in the region had not coordinated a regional response hence trade disruptions and national COVID-19 mitigation measures are *“...expected to disrupt local food value chains in the short to medium term through transport, logistics, processing and sales bottlenecks in peri-urban areas.”*

The government of Zimbabwe restricted public transport and only allowed a few buses to operate under the Zimbabwe United Passenger Company (ZUPCO) franchise. Intercity travelling was banned, and so were taxis and *kombis* (Machivenyika, 2020). Hambloch et al., (2020) argue that the lockdown restricted the daily commuting of people in high-density,

peri-urban neighbourhoods to the city and this resulted in “...total loss of income for casual labour, vendors, minibus drivers and others reliant on daily wages”. According to the World Food Programme (2020), this is significant in Zimbabwe, where the population relies on the informal sector and people are already food stressed (with an estimated 7.7 million people affected by food shortages in 2020).

4.5 Summary

Strategies used by vendors with disability to limit the impact of COVID-19 restrictions on their businesses included bribing security services, buying fake essential services letters as well as negotiating with suppliers to deliver produce in residential areas as compared to agricultural markets. Though the government of Zimbabwe promised a grant to small and medium enterprises including vendors, nothing materialised. The research findings revealed that effects of COVID-19 included economics effects, effects on transport and other social services as well as access to social services such as education and health.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.0 Introduction

The chapter summarises the whole research project including the general research overview, research objectives and research questions. The chapter goes on to draw some conclusions and proffers recommendations based on the research findings linked to the statement of the problem.

5.1 Summary

The research utilised the resilient theory as its theoretical framework to understand how vendors with disabilities navigated their way, adjusted and adapted in response to challenges caused by COVID-19 imposed lockdown. Resilience is the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful. Resilience is supported by enhanced networks and formation of professional networks of mentors, accepting the change of life and avoiding accepting a crisis as insurmountable. In this case, the research was premised on identifying the social relationship of vendors with disabilities and their behaviour as a group when faced with a hostile environment during the COVID-19 lockdowns.

The study sought to investigate the impact of COVID-19 lockdowns and subsequent restrictions on the economic and social well-being of vendors living with disabilities. Data was collected using snowballing sampling technique to select the participants. This method allowed the researcher to collect relevant data from the specific group of the population through referencing. In-depth interviews were carried out using interview guides, thereby allowing the researcher to probe the participants further to get the desired responses for the study.

Qualitative research design was used during the research to form opinions based on the responses provided by the participants. The responses given by the participants were cross-examined with data provided by the key informants as well as secondary data sources such as

existing documents. Data was analysed using the thematic approach where themes and patterns formulated during data collection were used to deduce meaning from the data set.

The research findings indicated that in order to survive the COVID-19 restrictions and their impact on their operations, vendors with disabilities resorted to bribing the municipal police and other security personnel to be allowed into the Central business district (CBD) to sell their goods. The vendors with disability further developed strategies such as negotiating with suppliers of agricultural produce to deliver their produce to residential areas to minimise confiscation of their produce by the relevant security personnel manning several roadblocks and entry points into the CBD. Most participants did not receive assistance from the government and non-state actors regardless of numerous reports published in the media. The COVID-19 restrictions had negative economic and social impact on the livelihood of vendors living with disabilities. The lockdowns had an adverse effect on travelling, food value chains and livelihoods, access to social services such as education and health care, loss of income and assets.

Constraints faced during the research findings were also linked to the COVID-19 lockdowns. These included travelling and/or transport restrictions, which occasionally limited the researcher's access to the CBD to carry out interviews. The COVID-19 regulations and recommendations such as social distancing made the interviews tiresome. The constant harassment of vendors by the security personnel within the CBD disturbed the smooth flow of the interviews.

5.2 Conclusion

The socio-economic impact of COVID-19 restrictions on the wellbeing of vendors with disabilities resulted in the vendors bribing the municipal police and other security personnel. The vendors with disabilities developed survival strategies such as negotiating with suppliers of agricultural produce to deliver their produce to residential areas to minimise confiscation of their produce by the relevant security personnel manning several roadblocks and entry points into the CBD. Participants did not receive assistance from the government and non-state actors regardless of numerous reports published in the media. The COVID-19 restrictions had negative economic and social impact on the livelihood of vendors living with disabilities. The lockdowns had an effect on travelling, food value chains and livelihoods, income sources, assets, as well as on access to social services such as education and health care facilities.

5.3 Recommendations

To minimise acts of corruption and extortion of vendors with disabilities, the government of Zimbabwe, through relevant department and ministries should strengthen their social protection services to cater for vulnerable groups such as vendors with disabilities. Adequate funding of social protection is needed in the event of natural disasters such as the COVID-19 pandemic.

On grants meant for vulnerable groups, it is recommended that the department of Social Work maintain a proper register of all vulnerable groups to use in the event of a pandemic or any other natural disaster. This minimises chances of vulnerable people missing out on government grants and other social protection services.

The government ought to strengthen its communication department to disseminate reliable information through the media. The government ought to ensure that the information provided to its citizens is adequate and can be easily utilised by diverse segments of the population to secure adequate assistance in the event of a crisis.

The government is also encouraged to ensure that different government departments work in cohesion to assist vulnerable groups in the event of a crisis. Further, the government is also encouraged to engage and work closely with non-state actors such as Faith Based Organisations, Community Based Organisations and other national NGOs before, during and at all times in assisting the most vulnerable groups of society.

5.4 Chapter Summary

The research findings indicate that bribery and carrying of fake essential work letters were some the strategies developed by vendors with disabilities. Although the government announced some form of grant, most of interviewed the participants did not receive any grant from the government of Zimbabwe or any civil society organisation. The COVID-19 pandemic limited the access of vendors with disabilities and their families to basic services such as education and healthcare. Travelling restrictions also negatively impacted on their business operation leading to loss of income.

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RESEARCH INSTRUMENTS

Confidentiality and Consent Form

BINDURA UNIVERSITY F SCIENCE EDUCATION

DEPARTMENT OF SOCIAL WORK

Dear Participant,

My name is Lily Chibikwa, an undergraduate student at the Bindura University of Science Education currently studying for a Bachelor of Science degree in Social Work. I am carrying out a research on the on **Impact of COVID-19 on the economic and social well-being of vendors living with disabilities in Norton**. The information provided will be treated as confidential and is only meant for academic purposes. Your name is not required.

Your participation is based on voluntary basis. Therefore, you have the power to decide whether you feel comfortable or not to be interviewed. You may decide to withdraw from the interview at any moment.

If there is need for clarity or you do not understand hesitate to ask or make further enquiries on the detail provided below the interview will take a few minute of your time

Your cooperation and support will be greatly appreciated.

Contact details

If you have any other questions you can contact me on the following details

Email:✉

Phone number:✉

If you understand the above instruction and you are willing to partake and contribute to the study, you may kindly sign below.

Participant signature

Signature of researcher

Date.....

In-depth interview guide for vendors with disabilities - *Impact of COVID-19 on the economic and social well-being of vendors living with disabilities in Norton*

Demographic information

Gender

Male

Female

Level of education

Primary

High School

Diploma

Degreed

Other (Please specify).....

Strategies used by vendors with disabilities to counter the impact of the lockdown measures

1. What are the challenges being faced by you as vendors in the face of the persistent lockdowns?
2. What are the effects of the COVID-19 on your operations and welfare?
3. In the face of challenges you are facing, what measures have you put in place to counter the effects of the COVID-19 lockdowns on your operations?
4. How effective are the strategies you employed?
5. In your opinion, what should be done to ease the effects of the COVID-19 on the operations of vendors with disability?

Assistance provided by the state and non-state actors to vendors living with disabilities during the COVID-19 lockdowns

6. Have you received any assistance from the government and other non-state actors?
 - a) If yes what form of assistance and was it enough to cater for your basic needs?
 - b) If No, what are the reasons?
7. What were your expectations from the government and non-state actors in the face of the COVID-19 lockdowns?
8. In your opinion, what is the role of the government and the civil society in assisting vendors living with disabilities?

Effects of COVID-19 lockdown measures on the livelihood of vendors living with disabilities

1. What's the impact of the COVID-19 lockdown measures on the livelihood of vendors living with disabilities?
2. To what extent did the regulations impact on the welfare of vendors living with disabilities?
3. What should be done to minimise the effects of the lockdowns on the welfare of vendors living with disabilities?

In-depth interview guide key informants - *Impact of COVID-19 on the economic and social well-being of vendors living with disabilities in Norton.*

Demographic information

Gender

Male

Female

Level of education

Primary

High School

Diploma

Degreed

Other (Please specify).....

Strategies used by vendors with disabilities to counter the impact of the lockdown measures

1. What are the challenges being faced by vendors in the face of the persistent lockdowns?
2. What are the effects of the COVID-19 on the operations and welfare of vendors with disabilities?
3. In the face of challenges being faced by vendors with disabilities, what measures have you put in place to counter the effects of the COVID-19 lockdowns on the operations of vendors with disabilities?
4. How effective are the strategies being employed by the government?
5. What should be done to ease the effects of the COVID-19 on the operations of vendors with disability?

Assistance provided by the state and non-state actors to vendors living with disabilities during the COVID-19 lockdowns.

9. Did the government and other non-state actors offer any assistance to vendors with disabilities in the face of the pandemic?
 - c) If yes what form of assistance and was it enough to cater for your basic needs?
 - d) If No, what are the reasons?
10. Under normal circumstance what should the government and non-state actors have done to assist vendors with disabilities in the face of the COVID-19 lockdowns?
11. What hat is the role your department in assisting vendors living with disabilities?

Effects of COVID-19 lockdown measures on the livelihood of vendors living with disabilities

12. What's the impact of the COVID-19 lockdown measures on the livelihood of vendors living with disabilities?
13. To what extent did the regulations impact on the welfare of vendors living with disabilities?
14. What should be done to minimise the effects of the lockdowns on the welfare of vendors living with disabilities?