



RESEARCH ARTICLE

Understanding the impact of the COVID-19 pandemic on households' livelihoods in Zimbabwe: A qualitative study using the sustainable urban livelihood framework.

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Abstract

Background

Pandemics such as COVID-19 affect lives in complex ways, disrupting economic activities and impacting livelihoods. The Sustainable Livelihoods Framework (SLF) helps us to understand these diverse effects beyond health impacts. We investigate the impact of the pandemic on the livelihoods of urban households in Zimbabwe.

Methods

We conducted a qualitative study utilizing an iteration of the SLF, the Sustainable Urban Livelihoods Framework (SULF), as our theoretical foundation for exploring urban living in Harare and Bulawayo,

Zimbabwe. Between April and December 2021, we collected primary data through household surveys, focus group discussions, and interviews with the key informants. Following SULF, we performed hybrid deductive and inductive thematic analysis of the data.

Results

Households from various socioeconomic backgrounds have experienced notable negative effects owing to the COVID-19 pandemic. The pandemic and its related control measures, such as social distancing and lockdowns, have led to job losses, income reductions, food insecurity, and the illness or death of household members. Additionally, many individuals faced decreased access to essential health services and education, which are vital for maintaining their livelihoods. Those from lower socioeconomic backgrounds were particularly affected, struggling to sustain their livelihoods more than those from higher income brackets.

Conclusions

The disproportionate impact on low-income households highlights the lack of properly established social support systems stemming from the challenging political and economic conditions in Zimbabwe. While low- and middle-income countries should consider international policy recommendations, we advocate evidence-based policy decision making that carefully evaluates the effects of COVID-19 policies on health, livelihoods, and the wider economy.

Plain Language Summary

The impact of the COVID-19 pandemic on households' livelihoods in Zimbabwe

Pandemics such as COVID-19 impact lives in various ways. While they cause illness and fatalities, they also significantly affect people's livelihoods, which in turn affects their ability to access healthcare. A valuable tool for understanding these dynamics is the sustainable livelihood framework, which illustrates interrelated aspects of people's lives.

To explore the multifaceted impact of the COVID-19 pandemic on urban households' livelihoods in Zimbabwe from April to December 2021, we qualitatively collected data from 40 household surveys, conducted four focus group discussions in Harare and Bulawayo, and interviewed 18 key informants involved in policy formulation and implementation.

Our findings indicate that, while the pandemic affected everyone, households from poorer backgrounds faced the greatest challenges in maintaining their ways of living during the COVID-19 period. These households struggled more due to pre-existing socioeconomic and

governance issues, which forced them to adopt unsustainable short-term survival strategies.

This study highlights the need for evidence-based decision making that carefully assesses the impact of COVID-19 policies on health, livelihoods, and the broader economy. This emphasizes the importance of implementing a sustainable social safety support system in Zimbabwe and similarly resource-constrained settings.

Keywords

COVID-19, pandemic, impact, households, sustainable, urban, livelihoods, qualitative, Zimbabwe

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Background

“Yes, there are things like climate change which have affected us, consecutive droughts that have affected this country are also a challenge. Currently, of course, as a result of this COVID-19, we are suffering both economically and socially, and it’s a drawback but it’s not only Zimbabwe, it’s a worldwide effect of COVID-19, it’s worldwide and we do our best. Primarily, what is most important is that we preserve lives because if we lose lives, we will never resurrect them again but if we have some problems with the economy, we can always reconstruct the economy again.” Zimbabwe President Emmerson Dambudzo Mnangagwa in a post-lockdown extension announcement on 13 April, 2020.

The above quote by the President of Zimbabwe during the COVID-19 pandemic underscores the multiple challenges and complexity of prioritizing preserving lives relative to the economy and, by extension, people’s ways of living during the COVID-19 pandemic. Pandemics such as COVID-19 have influenced lives in complex ways by disrupting economic activities and everyday routines, making them a livelihood concern¹. The influence of pandemics on people’s livelihoods lies in the interconnectedness of disease spread and everyday economic and social activity² including available support mechanisms and ways of coping³.

One way to understand people’s livelihoods is through a sustainable livelihood framework (SLF). It is a holistic analytic tool for capturing different dimensions of livelihoods⁴ and is increasingly being applied by scholars from different disciplines, including public health^{5,6}. The SLF offers an opportunity to understand the wider impacts of pandemics and their responses beyond a purely biomedical framework⁷. This framework has already been used in Africa and Asia^{2,3,8–12} in the context of COVID-19 to demonstrate its massive and unprecedented

impact the pandemic has had on the global economy and livelihoods, especially in low- and middle-income countries (LMICs).

However, the SLF has been criticized for its lack of historicity and attentiveness to political economy¹³. In addition, urban and rural livelihoods have been observed to differ and require different conceptualizations^{14,15}. This has led to the proposal of a sustainable urban livelihood framework (SULF), which is considered more suitable for urban settings. We used SULF to explore the impact of the COVID-19 pandemic on Zimbabwean households in Harare and Bulawayo. We examined the multifaceted effects of the COVID-19 pandemic and its control measures on people’s everyday lives, the broader political-economic context in which the pandemic occurred, and efforts to mitigate these effects in Zimbabwe with the aim of informing policies and responses to future public health emergencies.

Methods

Study design

We adopted a qualitative study design to explore the impact of the COVID-19 pandemic on urban household livelihoods using SULF. We collected primary qualitative data from Harare and Bulawayo from April 2021 to December 2021.

Theoretical conceptualisation

SULF is a poverty-centered theoretical framework that presents factors that influence urban residents’ livelihoods and their relationships in LMICs^{4,14}. It originated from the SLF, which Chambers and Conway developed in the 1990s^{4,14–16}. As shown in Figure 1, it has five core components: vulnerability context, capital assets, transformative structures and processes, livelihood coping strategies, and livelihood outcomes¹⁷.

The framework asserts that households consist of interdependent varying levels of capital assets used to attain livelihood

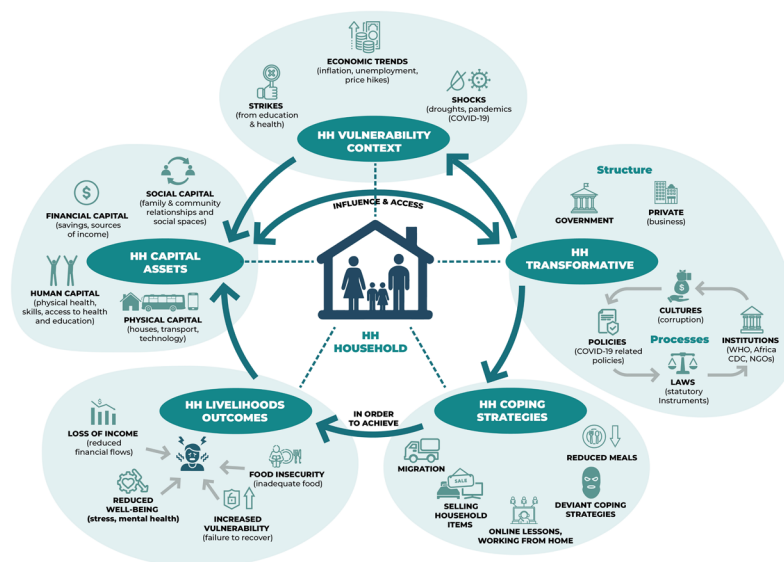


Figure 1. Sustainable urban livelihoods framework (SULF). Source: SULF diagram Adapted from the Department for International Development (DFID) 1999.

outcomes¹⁸. These livelihood outcomes include increased/decreased well-being, increased/decreased household income, increased/decreased food security, and increased/decreased resilience to shocks, stressors, trends, and seasonality, all of which are part of the household's external environment. This external household environment is called the vulnerability context. It is characterized by stressors and shocks, such as the COVID-19 pandemic, drought, and other natural and anthropogenic disasters, that have the propensity to affect capital assets directly or indirectly. In turn, households develop long- and short-term livelihood strategies to cope with vulnerability context in pursuit of positive livelihood outcomes. Transformative structures and processes pertain to institutions and policies that improve households' access to livelihood assets or mitigate shocks and trends in the vulnerability context. They focus on the social, cultural, political, and economic structures and processes that transform capital assets into livelihood outcomes.

In this study, we conceptualized the COVID-19 pandemic as an acute event (shock) that forms a part of the urban household vulnerability context. In addition to COVID-19, the vulnerability context has been shaped by trends such as the state of the economy, including inflation, unemployment, other shocks such as drought, and the availability of social amenities. These vulnerability factors potentially impact urban household capital assets either directly or indirectly. In SULF, capital assets include human, financial, physical, and social capital, excluding natural capital, and they are interdependent in their function¹⁸.

Human capital refers to the skills, knowledge, ability to work, and good health that enable households to pursue positive livelihood outcomes¹⁸. Financial capital is a financial resource available to households and includes savings and access to credit and loans, including sources of income such as informal trading. Physical capital includes infrastructure, such as cars, houses, technology, and transportation. Alternatively, physical assets are also household properties, such as a cooking stove (which is important for making food and may be used for income generation). Social capital refers to relationships among people that form a social support network^{9,19}. This might mean that somebody may borrow money from a neighbor or provide counselling or emotional support to a bereaved relative or friend.

The transformative structures and processes in our conceptualization can be considered in two ways: hardware and software. Hardware includes private and public organizations, such as government ministries, the World Health Organization (WHO), and the Africa Centers for Disease Prevention and Control (Africa CDC). These institutions set and implement policies and legislation, deliver services, purchase, trade, and perform all other functions that affect livelihoods⁶. Their structures exist at various levels (international, national, and local). Software refers to processes that determine how structures and individual households operate and interact with each other. Software includes policies (macro and regulators), legislation, institutions (e.g.,

markets), culture, and power relations^{9,15}. Transformative structures and processes amplify or mitigate the impact of stressors, trends, and shocks such as the COVID-19 pandemic.

To deal with stressors and shocks such as the COVID-19 pandemic, ongoing transformative processes operate at a structural level, and households adopt long- and short-term livelihood coping strategies¹⁷. In the context of the COVID-19 pandemic, coping strategies include migration, changes in dietary habits, transition to virtual learning and remote work, and incidents of robbery and theft^{20–23}. Livelihood outcomes were primarily characterized by effects on health status, self-esteem, sense of belonging, and access to social services²⁴.

Study setting and population

This study was conducted in two metropolitan provinces of Zimbabwe, Bulawayo and Harare. Harare is the capital city divided into five districts with an estimated population of approximately 2 million, whereas Bulawayo is the second-largest city with three administrative districts and an estimated population of approximately 700,000 people. Both cities were COVID-19 hotspots, contributing approximately 60% of the total COVID-19 cases in the country²⁵.

In both metropolitan provinces, town planning is divided into industrial, central business district, and residential areas. In residential areas, plot sizes vary (low-density -1000-5000 square meters with high-income earners; medium-density- 400-900 square meters with middle-income earners; high-density -150-350 square meters with low-income earners)²⁶. Public transport is commonly used by residents of high- and medium-density suburbs, whereas most residents of low-density suburbs own private vehicles²⁷.

Based on this information, we purposively identified 11 residential areas in two cities: three high-density suburbs (Nkulumane and Cowdry Park in Bulawayo, Mbare in Harare), five medium-density suburbs (Bellevue, Montrose, and Newton West in Bulawayo, Waterfalls, and Southwood in Harare), and three low-density areas (Northern Suburbs and Queens Park in Bulawayo, Mabelreign in Harare).

Data collection and procedures

Five experienced research assistants with a Master of Science in Social Science fluent in English, Ndebele, and Shona conducted household surveys through interviews, key informant interviews (KIIs), and focus group discussions (FGDs). All research assistants attended a two-day orientation training session on study objectives and expected outcomes. Prior to their use, all the study tools were piloted in similar urban settings. After piloting, the tools were appropriately revised to ensure their alignment with pilot feedback and research objectives.

To assess the impact of COVID-19 on households, we conducted 20 household interviews each in Harare and Bulawayo

with equal representation of the three aforementioned economic strata. Household heads were interviewed to determine their socio-economic characteristics. A topic guide was developed to explore the experiences of households during the COVID-19 pandemic, focusing on their perceptions of control measures, livelihoods, and access to social services such as health and education. Additionally, the guides asked about their coping strategies during the pandemic.

To gain a broader community perspective, we conducted four FGDs with community members: two in Harare with 9 and 10 participants, and two in Bulawayo with 11 and 13 participants, respectively. Each FGD lasted between 2 to three hours, including a plenary discussion. The discussions were conducted in an open space while observing COVID-19 rules and regulations. Initially, using an FGD guide, all groups of participants were asked to discuss the following topics: the COVID-19 pandemic evolution in the country, policy implementation, livelihood experiences, and how they felt about pandemic management, in breakout groups of 3–4 people for 60 minutes, guided by a research assistant. A summary of the breakout discussions was presented to a larger group to allow corroboration.

To understand the broader vulnerability context and transformative structures and processes, 18 purposive in-depth KIIs in person or on Zoom lasting on average 1h were conducted with stakeholders, including community-based organizations (CBOs) (n=5), city health managers (n=5 from Harare City Health and n=3 from Bulawayo City Health), as well as national program managers and policymakers (n=5). The KIIs questions aimed to gather informants' experiences and perspectives on COVID-19 and its control measures. They also explored issues related to access to health services and treatment during the pandemic, including policy formulation and implementation.

Data analysis

All interviews and FDGs were recorded, transcribed verbatim, translated from Shona or Ndebele to English, and transferred to NVivo14.23.3 (QSR International) (61) software version for analysis. In the field, notes were taken, and daily interview summaries were subsequently written to aid interpretation. Guided by the SULF framework, we conducted a hybrid deductive and inductive thematic analysis of data. The deductive aspect of the analysis involved the use of codes developed *a priori*^{28,29} from SULF. Among the deductively produced high-level codes, lower-level codes were inductively generated using content analysis³⁰. Pattern coding was used to identify patterns across and within the data sources. This allowed data to be condensed into fewer relevant analytical concepts. For validity, pattern coding was conducted by three experienced researchers, who reviewed all transcripts and identified descriptive codes through consensus. This analytical approach helped maintain a focus on the holistic livelihood impact of the COVID-19 pandemic on households.

Ethics

Ethics approval was obtained on the 20th of April 2020 from the Medical Research Council of Zimbabwe (MRCZ/A/2596), Queen Mary University London (QMUL) Ethics Committee (QMERC20.041), obtained on 18 November 2020 and the

London School of Hygiene and Tropical Medicine (LSHTM) Ethics Committee (Ref 25547) obtained on 7 June 2021. Written informed consent was obtained from all the participants. KII respondents were approached by email and asked for their consent, which was verified prior to the interviews. No incentives were provided to the participants. However, FGD participants received transport reimbursements and refreshments during the half-day workshop.

Results

Table 1: Household study participants' demographic characteristics

Table 1 presents the demographic and socioeconomic characteristics of the 40 households surveyed. Most respondents (70%) were women with at least a primary school education level. The median age of the respondents was 37 years (IQR 32–51), and the household size ranged from three to five. Only 15% of the respondents were formally employed, 33% were unemployed, and 53% were informal traders or self-employed. Almost all households (98%) owned a cell phone, but these were not necessarily smartphones (16%).

In both Harare (63%) and Bulawayo (100%), municipal water was the primary water source; however, households in high-density suburbs also used communal boreholes. More people in Harare (86%) relied on communal boreholes than those in Bulawayo did. In low-density suburbs, boreholes are private, whereas in high-density suburbs, they are communal.

Vulnerability Context pre-COVID-19 pandemic

Mai Chichi veMbare (*pseudo name*) is a 42-year-old married woman living in Mbare, a high-density suburb of Harare. She has 4 children. Mai Chichi's husband is informally employed as a panel beater, and they run an informal and illegal tuckshop in front of their homes to sell groceries. This tuckshop has been the main source of income to support their livelihood since the husband's income has been unreliable and insufficient to support the entire family. However, local authorities sanctioned the demolition of illegal structures, leaving Mai Chichi's tuckshop at risk. These impending demolitions made Mai Chichi's source of livelihood precarious and vulnerable even before the COVID-19 pandemic.

Baba Juju (*pseudo name*) is a 35-year-old married man who works in the culinary arts industry and lives in Mebelreign, a low-density suburban area. Due to economic hardships and few employment opportunities, Baba Juju, after completing his culinary arts training, left Zimbabwe for South Africa to search for better employment opportunities. After working in restaurants for many years, he returned to Zimbabwe and established a registered culinary art company. This allowed him to relocate his family to Zimbabwe. His company provided services at weddings, parties, corporate functions, and conferences, earning him up to 5000 USD monthly before COVID-19.

As the two vignettes demonstrate, the urban vulnerability context, even before the COVID-19 pandemic was shaped by a

Table 1. Participants' demographics.

	Bulawayo				Harare				Grand Total
Economic strata	Low Income	Middle Income	High Income	All strata	Low Income	Middle Income	High Income	All strata	
Median age (years)	36	35	53	39	40	31	32	36	37
Median number of persons per household	4	2	3	4	4	4	5	4	4
N	7	5	8	20	7	6	7	20	40
	n	n	n	n	n	n	n	n	n
Sex									
Female	5	2	7	14	5	4	5	14	28
Male	2	3	1	6	2	2	2	6	12
Education level									
Primary	4	0	1	5	0	3	2	5	10
Secondary 'O' level	3	4	5	12	7	3	2	12	24
College/University	0	1	2	3	0	0	3	3	6
Employment Status									
Unemployed	3	2	5	10	0	1	2	3	13
Formally employed	0	1	1	2	1	2	1	4	6
Informal trader	4	1	0	5	4	0	2	6	11
Self employed	0	1	2	3	2	3	2	7	10
Work Status During COVID-19 lockdown periods									
Currently not working due to COVID	0	0	0	0	1	0	1	2	2
Currently not working due to other reasons,	0	1	0	1	0	1	0	1	2
Working	4	2	3	9	6	4	4	14	23
Marital Status									
Single	0	2	0	2	0	0	1	1	3
Married	1	2	6	9	5	5	5	15	24
Divorced	2	1	0	3	1	1	0	2	5
Widowed	4	0	2	6	1	0	1	2	8

profound lack of formal employment opportunities, leading many to depend on informal economic activities and ways of making a living. The socioeconomic situation across the three strata was fragile. Many residents with the means to do so, such as Baba Juju, left the country for the diaspora in search of better employment and economic opportunities. Residents from

high-density suburbs, such as Mai Chichi, from the lower economic strata, had no such opportunities to leave and had no choice but to face widespread and worsening poverty, precarity, and deprivation within Zimbabwe. In addition, they lacked the skills and financial capital to formalize their business and, as a result, risked the penalties that accompanied roadside trading.

Since most such activities violated the law, they faced penalties, closures, and repeated destruction of their premises.

Whilst those who had legalized their ‘hustle,’ such as Baba Juju, were somewhat better off before the pandemic and able to absorb some shocks, they were also vulnerable to drastic and detrimental economic changes during COVID-19. Fewer people could spend money, and people’s ‘reserves’ concerning finances (i.e. savings, social security) were limited, even among the more affluent (Baba Juju). Furthermore, changes in the movement of goods and people, both locally and globally, had impacted people’s abilities to make a living. Even individuals with formal businesses, such as Baba Juju, were vulnerable to the significant restrictions on movement enacted by the COVID-19 lockdown measures, as gatherings such as weddings were prohibited.

The vulnerability context was also shaped by persistent industrial action by civil servants before and during the pandemic who were inadequately paid. Such actions compromise social service delivery (health and education), which is crucial to sustaining people’s livelihoods.

“The teachers, you know they are not well paid and therefore not functional, not motivated, there are such a source of crisis, they have to be supported much more. There is a lot that could have been done if the teachers were motivated and the students were connected, the crisis would not have tolled much on education.” (KII, UN, F 51, Harare).

“There were staff shortages, there was a strike the time COVID started, so because of the strike there was poor service delivery, we understand that right, there was a shortage of medicines hindering people from getting the medication that they required.” (FGD1 Community, Group 1, Bulawayo).

Beyond vulnerabilities related to employment and making a living, our findings also show that almost all residents were pre-COVID-19 affected by the broader socio-economic and infrastructural challenges of urban living, for which Zimbabwe’s metropolises are well known. This includes poor water infrastructure and perennial potable-water access challenges in cities, especially for households in high-density areas. Owing to the unavailability of clean water, participants reported difficulties complying with the recommended guidelines to prevent SARS-CoV-2 infection, putting them at risk of becoming infected.

“We were told to wash our hands, but that’s when we had no water most of the time, and you ask yourself, how do we practice health when there is no water? It affects us because you are saying when you come from wherever you have gone, wash your hands, how am I going to wash my hands when there is no water? When we spent 3–4 days without water, what am I going to do?” (HH, single, F37, medium density, Bulawayo).

In summary, in the pre-COVID-19 era, many, if not most, households in the urban areas of Zimbabwe lived in precarious

conditions, which made them vulnerable to the potential effects of the pandemic. As we explore next, transformative structures and processes were not adequately sensitive to these preexisting vulnerabilities when the pandemic occurred.

The transformative structures and processes and the COVID-19 pandemic

Aida (*pseudo name*) is a single mother, 35 years old, who lives in Mbare. She gave birth to twins during the pandemic, but unfortunately, they did not survive: one died at delivery, while the other died shortly thereafter. A donor project assisted Aida in booking her pregnancy to a nearby clinic. Aida presented the COVID-19 test results at the clinic as a new requirement for COVID-19 infection prevention and control measures. Additionally, Aida’s access to health services was limited because health-care workers faced challenges in getting to work as transportation was restricted by movement and lockdown measures. Often, healthcare workers would arrive late or leave early to find transport, which negatively affected Aida’s access to services.

After her delivery, life became harder for Aida, as she could not continue her vending job of selling toilet paper packs (tissues) on the roadside. She was unable to leave her small baby with her 4-year-old daughter and could not obtain childminder support from close relatives, as they were not allowed to travel because of movement restrictions and lockdowns. To survive during COVID-19, Aida relied on support from the church, relatives, friends, and neighbors for food and money.

After a few months, she would leave the baby for a short time while selling her toilet paper packs before returning home. It was even more difficult than usual for Aida to conduct vending during the COVID-19 period, as vendors would often face arrest by the central government and local authority police enforcing stay-at-home orders and lockdowns. These orders had ripple effects: fewer people were on the road, there was greater police enforcement of the measures, and there were fewer customers. Despite these risks, she continued to vend as she no longer had enough food to eat and feed her two children. On several occasions, the police confiscated Aida’s stock and she bribed them to get it back. Depending on the quantity, she paid them between 1 USD or 0.50 USD as a bribe.

Aida’s experience was shaped by numerous aspects of transformative structures/processes at different levels and scales that intersected pre-existing vulnerabilities from global to regional through to local and household levels. During the COVID-19 pandemic, the central government was the primary institution responsible for the development of policies and laws. However, the transformative structure was multifaceted and included various entities. International organizations such as the WHO and Africa CDC played significant roles, as did bilateral partners such as China, India, Russia, and South Africa. Additionally, local entities, including churches, non-governmental

organizations, and city councils such as those in Harare and Bulawayo, also influenced the formulation and adoption of policies and laws in Zimbabwe during this time. Furthermore, specific structures and processes were established in response to the COVID-19 pandemic. For example, the government established eight response pillars and formed a ministerial taskforce led by Vice President Kembo Mohadi. WHO played a significant role during this period.

“WHO was actually quite influential, they were central in the formulation of COVID-19 protocol and our gateway to adopting global health policies in Zimbabwe is done through WHO. Africa CDC yes it is available but it's not as strong as WHO, and WHO is considered almost an extension of government they work very closely with the Ministry of Health and Child Care at the level of the Minister and Permanent Secretary, so they had considerable influence even to this date all the protocols that we have adopted they are WHO Certified” (KII, NGO, M42, Harare).

The ‘software’ components of the transformative structures and processes included lockdowns and restrictions, plans for healthcare service provision (some regulations such as the requirement for COVID-19 tests made access more difficult), infection prevention and control (IPC) measures, some social support (despite its ineffectiveness), and radio lessons for remote learning to address educational gaps. These policies (lockdown, stay-at-home orders, and movement restrictions) were the most limiting factors for households trying to maintain their livelihoods. The main difficulty was meeting basic needs, such as getting food and accessing healthcare, while complying with regulations. COVID-19-induced financial and economic policies, such as the reintroduction of the U.S. dollar and border closures, resulted in limited goods entering the country and fewer people available for trade.

In addition, as shown in Aida’s vignette, corruption was prevalent among those responsible for enforcing pandemic-related law.

“There was corruption by policymakers, you will find that councillors were now selling their stamp, to stamp letters for movement, you would pay for that.” (FGD2 Community, Group 2, Bulawayo).

The lack of aid and support, both food and financial, during the pandemic worsened the urban household situation. While some people, such as Aida, mentioned receiving support or hearing about others being supported, most respondents reported being promised help, but not receiving anything. In cases in which support was provided, it was often considered inadequate.

“The government then came up with some social support, systems, and packages if you want to call them. I think one of them was the cash transfers if I remember well. I think at some point not sure if that dollar figure was then revised, it was 300 Zimbabwe dollars per month, and, if you are going to convert it I am not sure what rate you would want to use, but ultimately that comes up to about plus or minus

a dollar, is it 3 dollars, or probably slightly less than 3 dollars a month. I am not sure you know, what or how much you will be able to afford with 3 dollars for a month because if anything, it's probably just enough to buy a meal, not even an expensive meal, but just you know a basic meal.” (KII, Doctor, M43, Harare).

Although these policies were enacted, they often failed to provide effective solutions. Instead, they exacerbated the situation, particularly regarding school and social assistance. Aida’s vignette highlights the challenges faced by many urban households in Zimbabwe in navigating the operationalization of these policies. These transformative structures and processes did not help households, amplifying the effects of the pandemic on people’s lives.

The effects of the COVID-19 pandemic on capital assets

When COVID-19 arrived in Zimbabwe, Baba Juju’s business was greatly affected as gatherings and movements were banned. He had to close his offices because he could no longer afford the rent (*financial and physical capital*). His sister-in-law was infected with SARS-CoV-2 and later infected his mother-in-law, with whom she shared the bedroom (*human capital*). Baba Juju described the panic and stigma they experienced due to the infection (*social exclusion*). However, Baba Juju believed that the time they spent together as a family during the lockdown improved their bonding as a family (*social capital*).

In Mai Chichi’s household, her eldest daughter, Chichi, worked as a shopkeeper in the city, while her second-born, Taku, was a Form 4 student who was unable to sit for his final exam due to financial constraints. Her third child, Tafara, was in Grade 4, and her youngest, Tatenda, was in kindergarten. Taku and his two younger siblings could not attend school when COVID-19 started due to the COVID-19 lockdown. He even failed to sit for his ordinary level examinations because there was no money for extra lessons or online lessons (*human capital*) as the family struggled to earn money during the COVID-19 period. Her husband was asked to stop working because his employer faced challenges due to COVID-19-induced closures (*financial capital*). Mai Chichi also reported tensions between herself and her husband because of financial constraints in the household. In the community, Mai Chichi was unable to attend the funeral of a close neighbor because of pandemic restrictions that limited attendance to just 30 people at any given time (*social capital*).

Human capital

As shown in Baba Juju and Mai Chichi households, the COVID-19 pandemic and its associated control and prevention measures have greatly impacted all aspects of capital. Households faced challenges in earning income during the COVID-19 pandemic; household members fell sick, and some even lost their lives from SARS-CoV-2 infection, compromising human capital, a core capital for livelihood outcomes. Respondents also indicated challenges in accessing healthcare services during this period, which further endangered human capital

assets. In addition, challenges in accessing education due to school closures have been reported. This led to children becoming idle, some getting involved in drug abuse and gang behaviors, and some becoming pregnant as teenagers.

“To the teens and those growing up, drug abuse became rife, teenage pregnancies and as I said earlier on, incest cases rose.” (FGD1 Community, Group 3, Bulawayo).

“On education, we discovered that there was a lot of time lost in academics, which was due to COVID. You will find that there is a child who would have started ECD, and 2 years down the line, they don’t know where to proceed to. Some tertiary students were also affected, you go to school for your first semester, and now, 2 years later, you are in Part 2, you don’t know whether you are in Part 1: 1 or what. During that period, you discover we have graduates who were in Upper 6 and Form 4, they wrote exams, and they don’t know if they are going back or proceeding, there was a lot of confusion around that.” (FGD2 Community, Group 2, Bulawayo)¹.

Financial capital

The global economic effects of the pandemic significantly affected people’s financial capital. Zimbabwe relies heavily on imports, and many industries are closed, resulting in the closure of borders and leading to decreased imports into the country. Consequently, people lost their sources of income, thus compromising their financial capital. Meanwhile, commodity prices increased, contributing to a higher cost of living and inflation and putting a strain on already struggling households. Most families in Zimbabwe depend on remittances from countries such as the United Kingdom, South Africa, and United States. However, due to the widespread restrictions that resulted in job closures and losses, there was a decrease in remittances from abroad.

“Sending money [from South Africa]?!... he was not sending any money... just because he was also seated there---I am the one who would get a little chance to sell here, ... selling at the market and get money for - [Inaudible]. Aah, it’s really different, just because before COVID-19, I would be able to get good money but when COVID-19 came through, all my things went down.” (HH, married, F38, low income, Harare).

The majority of the participants stated that their primary sources of household financial resources came from informal activities, such as vending, and that they relied on living hand-to-mouth (e.g., Mai Chichi above). This way of living means that they had neither savings nor the ability to obtain loans to support their income during the pandemic, which greatly compromised their financial capital. They mentioned that closure of their businesses, stay-at-home orders, and movement restrictions resulted in a decrease in the number of customers.

¹ Zimbabwe’s education system consists of early childhood development (ECD), primary, secondary, and high school, followed by tertiary education (college or university). University degrees generally take four years to complete, divided into two semesters per year. The stages are labelled as Part 1:1 for the first year, first semester, and Part 1:2 for the first year, second semester.

“We survive on selling, especially some of us who don’t go to work, we survive on selling. Currently, most people are into selling. (HH, widow, F34, middle income, Bulawayo).

“Well now I don’t know but at that time, there were few customers, and we even bought tomatoes from a structure that was later destroyed by the council.” (KII, Sister-In-Charge, F42, Harare).

Physical capital

Most households’ physical capital diminished as they sold or failed to maintain their physical assets, such as stoves, television sets, radios, and cars, because of the necessity to free up cash to pay for certain necessities. However, the main challenge during COVID-19 for physical capital was transportation. Movement is essential to urban livelihoods as it is linked to sources of income and various related activities. One respondent indicated the following.

“Yes, I used to go and do my orders, at some point I went to Binga to buy fish, and that was going on well, but because of COVID-19, all that came to an end. So, the fish was still there (at Binga) but the problem is how to get there from here. Yes, transport became a big problem, and it became very expensive, so they surprisingly increased their fares. (HH, married, F34, middle income, Bulawayo).

The ban on private transport combined with government-owned transport focused on essential service provision affected those whose livelihoods depended on regular travel. For many, this has resulted in greatly reduced incomes, causing many households to struggle to pay their accommodation and council rates, resulting in the loss of their physical assets. Accommodation is one of a household’s most important physical capital assets to attain positive livelihood outcomes.

“Some of us no longer have a place to stay because landlords were demanding their rentals, yet I can’t sell so that I can get money, or maybe I have lost employment and I can’t afford rent, I would end up with nowhere to stay.” (FGD1 Community, Group3, Bulawayo).

Social capital

Household social capital during the COVID-19 pandemic was shaped by a mix of positive and negative social interactions. On one hand, stay-at-home orders brought families together and improved family bonding, as was the case with Baba Juju. Our findings also show that households would support each other by sharing the little they had.

“And another thing I realised in our area, one can plant choumoellier, another one beans and carrots so if I have tomatoes, you can come to buy, then we buy this from that one, we support each other, that’s what we do.” (FGD1 Community, Group 1, Bulawayo)

However, most respondents indicated difficulties providing and receiving much-needed social support, as shown in Mai Chichi’s vignette. One respondent said,

“So, you would just stay at home, and it was a challenge not attending a funeral because culturally if there is a funeral, you are supposed to pay your condolences. But we were unable to go” (HH, widowed, F61, middle income, Harare).

On the other hand, similar to Mai Chichi’s household, the prolonged time spent together in a confined space and under challenging economic circumstances with little to do resulted in tensions and disputes, and in some instances, divorce and sexual and gender-based violence.

“We said for household members there was domestic violence. Spouses are not used to spending time together, because normally these people do different tasks, some will be going to work, and some will be doing this and that. So, people started fighting within their homes. Young girls getting pregnant, and teenagers not attending school. Perhaps those responsible for the pregnancies would be uncles, brothers, and things like that. Young people would meet anyhow in the neighbourhood and there was no sanitiser; still they would meet, sanitisers were so expensive, I think it was around 1000, is that so?” (FGD1 Community, Group 2, Bulawayo)

In addition, places that facilitate social interactions and support, such as religious gatherings and churches, sports clubs, shebeens, and gyms, were closed because of the COVID-19 infection prevention and control measures.

“In May 2021 churches were closed again for the second time, churches closed and aah some of the churches are yet to open because there are now few congregants, you know some churches it’s not a crime ..., they survive on tithes and offerings and that was an impact to the clergymen or the pastors” (FGD 2, Community, Group 3 Harare).

“We even failed to go to the gym where we could go and exercise. What’s healthy is when you are not feeling well, you go and exercise, and all those places were closed. This really affected the community, because, in the Western suburbs, people ended up opening their WhatsApp groups where they could coordinate with each other and jog in the morning.” (FGD2 Community, Group 1, Bulawayo).

Livelihood coping strategies adopted during the COVID-19 pandemic

Faced with a reduced financial income, Baba Juju began working as a middleman on Facebook. He would connect potential buyers and suppliers of various items. He earned a minimum of 500 USD per month from this new hustle. Baba Juju’s lifestyle dramatically changed because of the loss of income. His daughter was no longer attending school, and he tried homeschooling; however, he struggled to help his child study because he was unsure about the syllabus. He felt that his daughter’s education was significantly affected by the lockdown. Baba Juju also noted that their meals did not change significantly, but food was depleted at a faster rate than before because they were always at home and eating.

The lack of food in households forced Mai Chichi to reopen the tuckshop. This was a breach of the COVID-19 regulations. She lived with constant fear of impending arrest and demolition of her illegal tuckshop. The money available was insufficient to provide family members with three meals per day. Mai Chichi reduced the size and frequency of the meals she prepared.

Education is regarded highly in Zimbabwe and faced with the challenges of school closures; many households paid for extra lessons as a coping strategy. Extra lessons were mostly offered online, since gatherings were outlawed. To a lesser extent, those who came from middle- to higher-income households like Baba Juju took up homeschooling with their children but highlighted that they were not informed of the syllabuses and thus were not sure what to teach their school-going children. There were some, such as Mai Chichi, mostly from the lower-income bracket, who were unable to do either online lessons or homeschooling, thus affecting children’s education and consequently household human capital.

Most households, particularly those in the lower-income bracket, indicated that they had altered or reduced their meals. Households from the higher- and middle-income brackets indicated that their food was diminishing more quickly than usual because of the increased frequency of meals, as the family was always home and thus would eat more often.

The cases of Mai Chichi and Baba Juju highlight some coping strategies adopted by households to earn a living. Most of the newly adopted coping mechanisms were short-term. Some households, such as Baba Juju, changed their line of business, while others, such as Mai Chichi, had to operate businesses that were illegal and in conflict with COVID-19 control and prevention regulations. Law evasion tactics involved working outside normal hours such as during the night.

Typically, households rely on each other for short-term borrowing, particularly when facing financial difficulties. However, the COVID-19 pandemic affected everyone simultaneously, making it impossible for people to seek help from neighbors or relatives living abroad. Consequently, the only option left for many was borrowing from private lenders or loan sharks. These lenders charged extremely high interest rates for short repayment terms. For instance, one participant mentioned being charged 30% interest per week, meaning that a loan of 100 USD would require a repayment of USD 130 within the week. Many families hesitated to use loans as a coping mechanism because of the uncertainty surrounding repayment. Higher-income households depleted their savings, whereas others resorted to selling household items and storing food to meet their basic needs.

“Yes, you know when problems occur others will take advantage of that, and we will be having more problems. So, there are people who could lend us money, then we told them we could give you by the end of the month ... at an

interest. That's how you could get the money, if you could not do that you would not get the money. Like if you say I need R100. Then he tells you that you give R140 on month end." (HH, married, F33, middle income, Bulawayo).

"Yes, as for me I sold a Woofer and another TV and DVD. [to raise] ...money for food." (HH, widow, F34, middle income, Bulawayo).

Although people were not allowed to move because of lockdown restrictions and transportation problems, some respondents indicated that other household members relocated as coping mechanisms. They migrated from the same city to other cities or countries with some moving to rural areas.

"Then some resorted to go back to their rural home because at home even if you do not have food, you won't sleep without eating but here in the urban settings it's something different. You have no food you are on your own." (KII, HCW, F48, Bulawayo).

"Some during that period also crossed illegally to the neighbouring countries because life here really was unbearable, it was difficult. People couldn't get any source of living from anywhere. So, some left the country during that same period." (KII, HCW, F48, Bulawayo).

Our findings also show that, with many facing challenges and being unable to provide for themselves, some were forced into crimes, including robbery and theft.

"Aah, there was also an increase in cases of robberies as well as murder and rape cases in the community. Aah, this was due to a lot of people losing their jobs during the lockdown and so some of them resorted to criminal activity." (FGD2, Community, Group 2, Harare).

"And also, the issue of banning commuter omnibus as you know that's the only industry that accepts now, our not so learned brothers they don't have anything to do anymore and it's hard for someone who is used to handling money every day not to have it that's why they opted for crime." (FGD2 Community, Group 2, Bulawayo).

The impact of the COVID-19 pandemic on livelihoods outcomes

When the first two-week lockdown was announced, Mai Chichi's family stocked food for two weeks, but this was quickly finished, and they had to turn to her business stock, which again quickly ran dry. The continued lockdown period extension worsened the situation to the extent that they failed to buy a loaf of bread for the family (*food insecurity*). Her tuckshop was mostly closed and opened intermittently; she lost her usual income (*loss of income*) and, consequently, the ability to buy food. She and her son Taku were devastated by failing to let Taku sit for ordinary level examinations. This stressed both Mai Chichi and her son (*well-being*).

Negative livelihood outcomes

The vulnerability context characterized by increased basic goods prices and weak transformative structures as described above, coupled with adopted coping strategies, was unable to

mitigate and potentially fed into overall poorer livelihood outcomes such as reduced household income and increased food insecurity. Some households indicated that they did not have food in their home.

"There was the loss of income because normally our population engage in small income-generating projects. Knowing that they were under lockdown, they could not do it. The least they could do is to have a garden at home, and that will just be for the family, they could not go out and sell." (KII, Sister-In-Charge, F47, Harare).

Effect on Well-being

The COVID-19 pandemic intensified existing uncertainties about the future and how to make a living across all the respondent groups. Many people felt uncertain about how long the pandemic would last, its potential severity, and the number of fatalities it could cause. This uncertainty, compounded by constantly changing information and the prevalence of misinformation, likely contributed to the heightened anxiety levels. Additionally, concerns about when restrictions would be lifted and when a vaccine would become available also caused distress. These worries were further exacerbated by harsh economic conditions, inability to provide for children, familial tensions, and uncertainty about the potential impact of the current situation on children and their futures.

"During that lockdown, all those avenues of livelihoods were closed. And therefore, this added to the anxiety. So, there was first anxiety around contracting the virus, people were anxious that they were going to be the next victim but also, this anxiety around contracting the virus was driven by the fact that we knew that our health service delivery system was not in good shape should you get infected, umm it was equivalent to death in most people's minds. So that drove anxiety levels very high." (KII, NGO, F50, Harare).

"Also because of job losses there was a lot of stress and unfortunately community at large, they were focusing on stress on adults and not on young people but also kids were affected, one, you have lost your academic time, two you are locked in at home with parents who are always fighting, that affects psychologically and sadly lockdown setup exposed a lot of families, people fighting in the heat of the moment you say something, violence erupts in front of children. And, anxiety, the whole community we were anxious because we were living on edge and for the first time as a nation, we were anxious to see the president on TV, and wondered what he would say on that particular day we were looking forward to hearing what the president would say." (FGD2 Community, Group 2, Bulawayo).

Increased household vulnerability

Consequently, after using all their financial resources coupled with effects on other capital assets, such as human, social, and physical assets, many households could not return to their pre-COVID-19 state. They were significantly affected, becoming more vulnerable and struggling to return to normal activities and livelihoods as before the COVID-19 pandemic.

"We were affected much because as we speak our water supply was cut. From there we engaged in debt because we needed to pay something to the city council. So, we then had arrears, and they came to disconnect our water because we were no longer paying since our business was down. You can see now I only have a dish, right? I used to have a big table." (HH, married, F52, middle income, Bulawayo).

Discussion

In this qualitative study, we used SULF¹⁴ to understand the multifaceted impact of the COVID-19 pandemic on urban households in Zimbabwe. COVID-19 affected everyone globally; it was not a shock to one country, neighborhood, or person, and has had far-reaching effects outside the control of individual governments, such as Zimbabwe. Our findings foreground the unique effects of a truly 'global' pandemic on urban livelihoods and highlight the importance of strong, sustained social safety net policies to mitigate the impact of pandemics on the most vulnerable in society. We found that households across socioeconomic strata experienced profound negative effects from the COVID-19 pandemic, both directly and indirectly. Households from lower economic backgrounds were more severely affected and faced greater difficulties in maintaining their livelihoods than those from higher income brackets. The disproportionate effect on poor households suggests a lack of institutionalized social support systems due to Zimbabwe's challenging political-economic context.

SULF first enabled us to show that the impact of the COVID-19 pandemic on household livelihoods in lower-income strata was exacerbated by the layered vulnerability context before the pandemic. The high poverty levels, struggling economy, lack of employment opportunities, poor amenities, and prevailing droughts³¹ made up the layers of vulnerability. The COVID-19 pandemic added an extra layer of shock to the already challenging vulnerability context. For instance, people in the lower economic strata had to use communal boreholes for water, which led to gatherings and increased the risk of SARS-CoV-2 transmission. This may explain the intense community transmission of SARS-CoV-2 in Harare and Bulawayo^{32,33}. Additionally, the lack of formal employment forced many households to engage in informal economic activities that required physical presence rather than virtual service provision, making it challenging to comply with the COVID-19 policies and regulations. The rules and regulations for COVID-19 were difficult to operationalize due to the significant economic, health, and well-being threats they posed^{34,35}, meaning that they were understandably not complied with.

Furthermore, the transformative structures and processes supposed to mitigate the predictably disproportionate effects of the pandemic on household livelihoods actually amplified them. The COVID-19 pandemic was an acute shock, which meant that households spent faster than their capacity to replenish; consequently, households adopted short-term coping mechanisms that were not sustainable. Coupled with a lack of strong social protection nets, poor households were left with limited coping

strategies, exacerbating the differential impact of the pandemic on low-income households. Furthermore, some of these exacerbating impacts were deliberate attempts to curb urban informality, a vital mode of livelihood in Zimbabwe. These findings align with those of related studies in Zimbabwe^{26,36,37} and other settings and epidemics, such as Ebola in West Africa, where government officials used the pandemic for personal favor and corruption³⁸. In Zimbabwe, policies targeting informal markets and private transport operators, including demolishing informal trader stalls without notice or consultation, were considered insensitive³⁹. This resulted in many of those in the informal sector losing their means of survival, and even when the lockdown was eased, a large proportion of the informal sector was left non-functioning or malfunctioning, based on gazetted regulations^{35,39}, making it difficult to recover. This highlights the insensitivities that characterized the transformative structures and processes, which in turn increased household vulnerability.

The reduced adaptive capacity and coping of many low-income households in the presence of weak transformative structures and processes have resulted in further deleterious effects of shocks⁴⁰. Many of the coping mechanisms employed were irreversible; for instance, the unequal impact of lockdowns on both health and education will likely be long-lasting and difficult to recover from⁴¹. Inadvertently, loss of livelihood can affect the ability to access healthcare services, further complicating the direct and indirect effects of a health pandemic and highlighting the importance of contextualizing internationally recommended measures.

Our findings in Zimbabwe resonate with those of other contexts in LMICs. Numerous studies^{11,12,42–44} have reported a slump in economic output during the COVID-19 pandemic, consequently affecting employment and household income, which varies between countries depending on social welfare systems, insurance schemes, and other social safety netting policies^{45,46}. Many studies^{47–50} including those by Chackalackal *et al.* in six LMICs, have highlighted the disproportionate impact of the pandemic on informal-sector employees, with financial and food support largely inadequate⁵¹. Studies from Southern Africa, which focused on the impact of the pandemic on households, have highlighted the negative livelihood outcomes and gendered disproportionate effects of the pandemic on poor households and the informal sector^{8,11,49,52–54}. Notable related studies in Harare⁴⁸ and Bulawayo²¹ on the impact of COVID-19 on households have found the same (negative livelihood outcomes) effect of the pandemic on capital assets, especially human capital. Our study is the first to use SULF and all its components to present the effect of the pandemic on urban households in a low-resource setting. It presents a holistic interconnectedness of the effects of the COVID-19 pandemic on livelihood components as they relate to urban households.

Therefore, this study builds on a chorus of scholarship that demonstrates the limitations of universal applications of COVID-19 pandemic prevention and control measures

following international advice amid security concerns in contexts where it may not be feasible or is likely to cause severe harm, raising ethical concerns^{48,55–59}. The internationally recommended measures in the context of Zimbabwe created difficulty for poor urban households who were left to rely on their limited coping strategies⁵⁴, often disempowering them from adhering to COVID-19 regulations and increasing their defenselessness to the pandemic. Global health security concerns shaping rhetoric and response have been criticized for being northern-centric (i.e., protecting the concerns of the global north ahead of the concerns of the LMICs in the global south)^{60–62}. The north-south bias of universal global health security has been likened to neocolonialism, highlighting the challenges of the universal application of internationally recommended policies in local contexts. This experience raises an important lesson for the future regarding the need to contextualize internationally adopted policies and the need to create long-term social support safety systems as an ongoing process for contexts such as Zimbabwe.

The strength of our study lies in the fact that we gathered data on the same topic from three sources (household surveys, FGDs, and KIIs). This increased the reliability of the information gathered from these sources. Additionally, drawing on the strength of SULF, which has been useful in expanding the scope in the context of other health topics such as tuberculosis⁶³, our qualitative study presents a comprehensive and multifaceted analysis of the impact of the pandemic from a non-biomedical perspective, providing a more nuanced understanding of how pandemics affect various aspects of human life. However, a weakness of this study is the limitation of the SULF framework, which hinders a longitudinal understanding¹³ of phenomena such as the effects of the pandemic on livelihoods, whose historical context is important in elucidating the impact of the pandemic on livelihoods.

Conclusion

In conclusion, Zimbabwe, a country already grappling with high poverty levels and a predominantly informal economy, faced an additional shock when COVID-19 affected urban households. While it is important for Zimbabwe, like other LMICs, to consider international and neighboring countries'

policies, analyses suggest that it would be beneficial to more comprehensively assess their applicability and feasibility before adopting them. Locking down the entire economy, which operates mainly as an informal market, left poor households with limited and unsustainable coping mechanisms. Their informal nature of employment does not, in most instances, allow for absenteeism, potentially leading to the violation of COVID-19 regulations and increased community transmission of SARS-CoV-2. We recommend evidence-based policy decision-making that carefully evaluates the impact of COVID-19 policies on not only health, but also livelihoods and the wider economy. Additionally, we strongly advocate for the establishment of ongoing support for long-term social safety nets in anticipation of future pandemics.

Data availability statement

The data that support the findings of this study are openly available on figshare: (MaCoCo) Livelihoods data DOI: <https://doi.org/10.6084/m9.figshare.29046431> (Taruvunga 2025). This project contained the following underlying data: anonymized household transcripts, key informant interview transcripts, and focus group discussion summaries, including metadata listing. The data are available under the terms of the [Creative Commons Attribution 4.0 International license](#) (CC-BY 4.0). The data supporting the findings are also linked to the data openly available at the London School of Hygiene and Tropical Medicine (LSHTM) at <http://doi.org/10.17037/DATA.00004258> (reference number 4258) as soon as the verification process is complete. Until then, the data is available upon reasonable request from the corresponding author.

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