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Research Article:

COVID-19: Exploring the situation of children in Zimbabwe's high density urban areas

Agness Mutemaringa
Independent Researcher, Harare, Zimbabwe
agnessmutemaringa@gmail.com

Abstract

The COVID-19 pandemic has had disruptive impact across the globe. Scholars and practitioners are still grappling with its effects on socioeconomic and political systems, along with exploration of how best to respond to the pandemic. Despite significant developments ushered by epidemiology, medicine and public health to understand, prevent and contain COVID-19, pivotal contributions from social science are still low. As the pandemic continues to unfold in a context where the knowledge base and policy responses are inadequate, the paper explores the situation of children in Zimbabwe's high density urban areas, using Chitungwiza town and child-sensitive social protection as the case study and conceptual underpinning of the paper respectively. The interrogation shows that COVID-19 has tapped on and deepened existing developmental deficiencies, structural inequalities and vulnerabilities. Effective responses to the pandemic should be anchored on a multi-stakeholder approach that addresses poverty, inequality and marginalisation, while advancing developmental transformation.

Keywords: *children, COVID-19, inequality, social protection, marginalisation, poverty, Zimbabwe*.

1. Introduction

The disruptive and devastating impacts of COVID-19 are widespread and still unfolding (Ataguba, 2020: 325; Harris et al. 2020; Loembe et al. 2020). On 11 March 2020, the World Health Organisation (WHO) declared the new virus a global pandemic along with encouraging countries to adopt measures of preventing and containing the pandemic (Liu, Lee and Lee, 2020: 277; Lone and Ahmad, 2020: 1300). Since inception, COVID-19 is mainly presented as a biomedical problem hence, the dominance of epidemiology, public health and medicine in attempts to comprehend and control the pandemic (Eaton and Kalichman 2020: 341). On face value, the pandemic appears to be principally falling outside the ambit of social science disciplines (Eaton and Kalichman 2020: 341, Weible et al 2020). However, the new virus emerged, and is spreading and affecting people within a social context. The implication is that people and the attendant social organisation and social processes are at the centre responses to the pandemic hence, justifying the importance of including social and behavioural sciences in responses to the pandemic (Van Bavel et al. 2020). Grounded in quest to transform

wellbeing, the article explores the situation of children in Zimbabwe's high-density areas in a context of COVID-19 lockdown.

Crystallised around children in Chitungwiza, the largest dormitory town of Harare, the central questions that I address in this article are: What child issues emanated from or were shaped by the pandemic? How can the issues be understood and addressed through social policy for the current and future wellbeing of children?' The paper advances a child perspective to COVID-19 and the associated lockdown in Zimbabwe primarily due to existing lacunae in this regard in literature and ongoing responses to the pandemic. Essential to understand is that indepth, solid, nuanced and situated empirical knowledge is essential if Zimbabwe is to comprehensively understand and effectively respond to the pandemic. The importance of such knowledge is not restricted to COVID-19 but transcends time and geographical context, thereby heralding ongoing and future relevance. Appropriate responses to pandemics through social policies that guarantee the wellbeing of children are in essence assuring reproduction of society and sustainability of development because children are the future of every society. The importance of children and youth in improving and reproducing society is widely explored (see Bastien and Holmarsdottir, 2020). Accordingly, marking the article is the question, 'In what ways were children in Zimbabwe's high density urban areas affected by COVID-19 lockdown, and how can their lives (and those of families) be improved through policy in the immediate, and in future?' Acknowledged in this paper is that children are not a completely exclusive group. From a sociological perspective, children belong to families, households, and communities (Sharma, 2013). This dimension of studying children applies to all social groups and should fully be brought to the fore in efforts to comprehensively explore, respond and improve the wellbeing of children.

The 20th of March 2020 heralded the onset of COVID-19 and mandatory testing of all returnees started on 26 May 2020 (Ministry of Health and Child Care, 2021). Compared to earlier stages, local transmission has superseded imported cases hence, increased focus on internal measures to reduce transmission since 22 July 2020. For detail pertaining to COVID-19 statistics, see Ministry of Health and Child Care (2021). While the statistics seem low compared to other countries, they signify a major threat to Zimbabwe's fragile health care system, ailing economy and weak social protection measures. The country's economy, healthcare and other areas of social policy have been tumbling since 2000 when Zimbabwe adopted a radical indigenisation programme (Chinyoka 2017, Kidia, 2018). Since then, the capacity to deliver socioeconomic wellbeing has been eroded. The country's inflation rate stood at 500 per cent in 2019, while 90 per cent of the economically active group are out of formal employment (Chagonda 2020), with youth being the bulk of the unemployed and under-employed (Gukurume and Oosterom, 2020); industries are folding operations; healthcare facilities lack basic medical equipment and drugs (Kidia 2018); the informal sector is expanding and constitute 60.6 per cent of the economy (International Monetary Fund, 2019); and 7.7 million people constituting approximately 60 per cent of the population are food poor, 2.2 million being in urban areas (Zamchiya et al 2020). Food insecurity is

increasingly being experienced in a context of paltry social protection programmes. Currently, Zimbabweans await changes that are likely to realised due Emmerson Mnangagwa's ascendency to presidency, re-engagement with the international community and efforts to attract foreign direct investment. This national outlook of macroeconomic meltdown, fragile social services and protection programmes, and broadening and intensifying poverty is reflected at micro levels such as high-density urban areas. While not portraying a uniform picture of the country's high density areas and acknowledging differentiation in such areas, Chitungwiza is a classic example of a densely populated town characterised by weak or erratic social services (potable water and refuse collection), ailing public health service institutions (municipal clinics and government hospital), slums, decayed urban infrastructure in its diversity and rampant uncontrolled urban sprawl (Chigwenye 2019, Gallagher 2018, Zvobgo 2020). In this 'gloomy' urban environment coupled with weak national response and social provisioning under COVID-19 lockdown, the wellbeing of poor children and other social groups is threatened.

The article is envisaged to be significant to child and family studies for various reasons. Firstly, I provide fresh and real-time scholarly insights on COVID-19 and lockdown in Zimbabwe thereby contributing to literature on the novel virus that is largely still in its infancy in Zimbabwe and other African countries (refence being made to the time of writing). Since the onset of the pandemic in Zimbabwe, scholars focused on various aspects (see Dandara et al 2020, Zamchiya et al 2020). However, reputable literature is still scanty. Secondly, I specifically focus on children in a context of the pandemic and lockdown. This group is often marginalised in mainstream research and subsumed under other groups and their experiences are rarely heard directly from them. Limited focus on children in exploring COVID-19 is acknowledged in literature (Karombo 2020, Save the Children 2020, UNICEF 2020). Thirdly, I focus on child-sensitivity in social policy and programming. This is a novel approach of exploring COVID-19 lockdown in Zimbabwe, therefore, provides alternative lenses for interrogating and advancing child wellbeing. Fourthly, I proffer recommendations with practical relevance to the government, parents and guardians, child service providers, programme implementers, policymakers, and other stakeholders. The superior objective of the article is to improve the wellbeing of children through influencing policy. Leveraging on this aim, it is envisaged that the responsible stakeholders will embrace the recommendations thereof for the improvement of the lives of current and future children during and beyond the pandemic. The article is composed of four sections. In the ensuing section, I explore and justify child-sensitive social policy as the relevant conceptual approach for addressing children's issues in a COVID-19 lockdown context. In the second section, I discuss the research approach and methods anchoring the article. The third section is constituted by six selected themes of COVID-19 lockdown and children, while in the fourth section, I present the overview of the main arguments and recommendations for improving the wellbeing of poor children, families and households in Zimbabwe's high-density areas. How useful then is the

child-sensitive social protection (CSSP), and what innovations are necessary in the ambit of Zimbabwe's COVID-19 lockdown? This is my focus in the next section.

2. Conceptual framework: Child-sensitive social protection

While fully acknowledging its limited scope compared to child sensitive social policy, CSSP lenses were adopted to explore the situation of children under Zimbabwe's COVID-19 lockdown. Broadly, social protection is just one of the tasks or functions of social policy (Adesina 2011 2020, Mkandawire 2011). However, due to neoliberal corrosion, hegemony of the Organisation for Economic Cooperation and Development (OECD) institutions, increasing infiltration of (global) capitalism in social policy and development, and the ascendancy of targeting the deserving or ultra-poor, social policy has been reduced to social protection (Adesina 2020, Ouma and Adesina 2019). Most governments in the developing world have been swayed by dominant international financial and development institutions including the World Bank (WB) and International Monetary Fund (IMF) to embrace a neoliberal agenda, and narrow social provisioning based on shortemism (Park 2019). Social protection through social assistance and social insurance has become predominant in the developing countries. Accordingly, programmes based on social protection are commended for improving livelihoods in Africa (see Devereux 2016, Devereux and Sabates-Wheeler 2004, Moore and Seekings 2019). Restriction of social policy to social assistance has led to mono-tasking of social policy through peripheralisation of other social policy functions (production, redistribution, social reproduction and social cohesion/compact) (Adesina 2011, 2020). Yet, social protection does not challenge the structural causes of inequality, marginalisation and poverty (Adesina 2020, Mkandawire 2006, 2015; Ouma and Adesina 2019, Yi and Kim 2015). Both established and emerging scholars are critical of the trends in current social protection and have called for transformative social policy with its aim of addressing the structural causes of poverty through multiple functions, and a wider vision of people's wellbeing (Adesina 2020, Mkandawire 2015, Yi and Kim 2015); and re-engineering of governance in Africa and broadly, the Global South (see Mkandawire 2015, Park 2019). The bottom line is that when applying CSSP to improving child wellbeing during COVID-19 and the accompanying lockdown (and in the aftermath), its attendant strengths and pitfalls should be understood and addressed particularly through inclusion of other tasks of social policy.

While deserved criticisms have been highlighted, CSSP provides essential lenses for analysis of the situation of children during COVID-19 lockdown. Along with application to child issues in Zimbabwe's lockdown, two key questions should be addressed: What is CSSP? What falls within the ambit of CSSP? Conceptualising CSSP calls for understanding social protection first - the set of public policies, programmes and systems that help poor and vulnerable individuals and households to reduce their economic and social vulnerabilities, improve their ability to cope with risks and shocks, and enhance their human rights and social status (Save the Children International 2015: 5). Basically, social protection falls into two broad categories – formal and informal. Formal social protection includes social assistance (conditional and

unconditional non-contributory cash transfers, in kind transfers or social contributions including school feeding programmes, public works programmes and pensions); social insurance (health insurance and employment benefits); and relevant national legislation, policies and regulations (Bilecen et al 2019, Castellani and Martin-Daiz 2019). Four elements are central in formal social protection (preventive, protective, promotive and transformational change). Informal social protection (also called traditional social protection) includes mechanisms that are provided through family and community networks. In practice, formal and informal mechanisms for social protection should be complementary (Ashraf, 2014). If applied to children and COVID-19 lockdown, informal provision for child welfare by family and community networks, and formal provision by government and other organisations should complement each other.

Various conceptualisation of child-sensitive social protection are available in literature (see Jones and Holmes 2010: 1, Temin 2008, UNICEF 2009, Yates et al 2010:210). For example, Yates et al (2010: 210) argue that child-sensitive social protection focuses specifically on addressing the patterns of children's poverty and vulnerability and recognizing the long-term developmental benefits of investing in children… In addition, interventions do not have to target children directly to be child-sensitive. For instance, food provision during COVID-19 lockdown can be distributed to parents and guardians therefore, reaching children indirectly. While critiquing earlier definitions, Roelen and Sabates-Wheeler (2012:294) reiterate the need for CSSP to focus on outcomes rather than a set of inputs or instruments. In that context, they bring three distinct sets of vulnerability and asymmetry that are pertinent to children. Physical/biological vulnerability acknowledges that children at different ages are more susceptible to the negative impacts of malnutrition or disease by virtue of their immature immune systems and under-development. Dependence-related vulnerability focuses on the understanding that children are dependent on adult members of the family, household and community for their wellbeing (meeting physical, emotional and social requirements). For example, in the Chitungwiza case study, most children depend on adult members for socioeconomic wellbeing although some also participate in economic activities to complement family income. Child-headed households primarily depend on the participation of older children in informal activities in the absence of formal provisioning. In their own right, children are not expected to be economic agents. Institutionalised disadvantage (also called cultural devaluation disadvantage) is the devaluation of some groups in society on the basis of perceptions of who they are, and how those in power act in relation to them. Notable is that although the visibility of children in poverty reduction debates and agenda is increasing, they largely lack voice and are an 'invisible' population. Children are largely trivialised and considered a secondary group (Bessant 2020, Elster 2020). On the basis of these three vulnerabilities, a more personalised thinking about social protection is essential. Such an appropriate social protection response for children requires particular elements that constitute the degree of child-sensitivity of the intervention (Roelen and Sabates-Wheeler, 2012: 296). In this way, for example in a COVID-19 lockdown context, child-sensitive social

protection should incorporate both the practical and strategic needs of children, those who care for them and the community. Overall, despite definitions of CSSP being work in progress and lean, three aspects are pivotal – interventions that address the specific vulnerabilities faced by children, human capital investment, and making reference to target groups and mechanisms.

What is the context of CSSP? A joint statement meant to establish wider agreement on the essence of CSSP, highlighting the vulnerabilities experienced by children and families, how social protection can improve children's lives even in cases where they are not the direct beneficiaries, along with creating approaches and principles for executing child-sensitive social policy was made in 2009 (UNICEF 2009). This global initiative emphasised the importance of social protection. Accordingly, the development agenda is increasingly being weighed on the basis of how well it protects people (Devereux 2016). Still on global commitment, social protection is prioritised in the 2030 Development Agenda that is grounded in the 2015 Sustainable Development Goals (SDGs). Target 1.3 implement nationally appropriate social protection systems and measures for all including floors, and by 2030 achieve substantial coverage of the poor and vulnerable is included under SDG1 (End poverty) (Devereux 2016). Furthermore, at global level, policy attention on child poverty gained momentum. However, while the inclusion of social protection in the SDGs raises hope for improved child outcomes, distinctive factors in different countries will determine success in this regard. Disaggregation of the Global Multidimensional Poverty Index by age group and gender (executed by the Oxford Poverty and Human Development Initiative in 2017), for purposes of interrogating the condition of 1.8 billion children specifically focused on assessing and reducing child poverty (see Alkire 2018). Despite social protection gaining global mileage, sufficiency of coverage is worrying. Approximately 45 per cent of the world's population and 35 per cent of the child population are covered (International Labour Organisation, 2017 cited in Mahendru and Tasker 2020: 3). At a micro level, public food and potable water assistance for children was recorded in Chitungwiza during COVID-19 lockdown.

Why is momentum for CSSP increasing globally, and in what ways is CSSP relevant to exploring the children's questions in Zimbabwe's COVID-19 lockdown in high density areas, and in informing social policy? CSSP provides new impetus to calls for social protection in a context of intensifying or widening poverty especially in developing countries (Osabohien et al 2020). Emphasis on CCSP acknowledges aspects pertaining to child poverty, vulnerability and wellbeing as important in poverty reduction responses. Children are disproportionately affected by extreme poverty that is pegged at 1.90 United States dollars (Christensen 2019: 1). In 2016, approximately 385 million children constituting 19.5% of the world's population were living in extreme poverty compared with 9.2 per cent of adults (Newhouse et al 2016, UNICEF and WB 2016). If current trends are not abated, 305 million children in Africa will be living in extreme poverty by 2030 (Watkins and Quattri 2020: 1). In Zimbabwe, as is the case in most African countries, statistics of child poverty are scanty. The lack of cogent statistics on poverty in Africa is explored by other scholars (Dadalen et al 2016, Flahaux and De Haas,

2016). Three themes stand out in relation to increasing calls for CSSP – acknowledgement that children have different basic needs from adults and are affected most, both in the short and long- term, when their basic needs are not met; rights- and efficiency-based arguments approaches for child wellbeing (social protection as a human right by reference to the Universal Declaration of Human Rights (1948), moral obligation to guarantee children's wellbeing in a context of dependence on others, rights-based policy around child poverty by the United Nations and NGOs, and ratification of the Convention on the Rights of the Child); and social protection for children is investment in addition to being a mere welfare or a protective measure. This is an efficiency-based justification for CSSP (Merrien, 2013, Roelen and Sabates-Wheeler 2012). As I indicated in the introductory paragraphs of this section, CSSP is essential as a stop-gap measure for example, providing food and other basic livelihood goods and services during lockdown, but fails to advance developmental transformation in the long-term. Transformative social policy is an essential alternative. What are the appropriate research approach and methods for the exploration of the situation of children and family under COVID-19 lockdown? In the next section, I explain and justify the approach and methods adopted.

3. Materials and methods

In this section, core aspects of the methods applied are justified. These include an outline of Chitungwiza town, preparation for fieldwork and research approach adopted; sampling, data collection and ethics observed; researching with children and data analysis.

The study area, preparation for fieldwork and research approach

Chitungwiza is a dormitory town of Harare (Zimbabwe's capital city) and is among the oldest towns of the country. The town was established under British colonial administration and is located approximately 30 kilometers to the south of Harare (Gallagher 2018). As a dormitory town, Chitungwiza was meant to accommodate low-income people working in Harare (the then Salisbury). Since establishment, most people residing in Chitungwiza commute to Harare for work or goods and services that they may not access in the town (Chirisa, Mazhindu and Bandauko 2016). Rated in terms of population, the town is the second largest after Harare, and accommodates approximately 1 million people (Zimbabwe National Statistics Agency, 2012).

Since the colonial era, the town is marked by development gaps due to limited, and in some cases, the absence of strategic town planning, infrastructural and industrial development and renewal, and pathetic social services delivery (sewage and solid waste management, regular potable water provision, servicing of residential and industrial stands and urban renewal). These deficiencies are mounting in a context of a population boom due to both natural growth (biological reproduction) and migration (Chigudu 2020, Zvobgo 2020). Cheap accommodation and other factors of real or perceived low cost of living, opportunities for informal trade and employment, and easier connectivity to Harare are the main reasons

for the increasing influx of people to the town (Ray of Hope Zimbabwe 2017). Several scholars explored various socioeconomic woes bedeviling Chitungwiza and other towns (see Gambe 2019, Manzungu et al 2016, Muchadenyika and Williams 2020). These problems have negative implications to the lives of children and broadly, families in Chitungwiza in a time of COVID-19.

The study informing the article was executed during Zimbabwe's COVID-19 lockdown in 2020, implying the need for clearance and protecting self and others from the virus. Preparing for fieldwork included applying for clearance and approval, submitting data collection guides to senior researchers and child specialists for assessment and incorporation of comments, preparing a budget and sourcing funds, pretesting and refinement, and developing strategies for gaining entry. Approval was sought from the Zimbabwe Republic Police (ZRP), the Ministry of Primary and Secondary Education, Chitungwiza Town Council, parents and local childcare organisations. There are several high-density towns in Zimbabwe, but Chitungwiza was selected for convenience in terms of access and accumulation of research networks and contacts. I adopted an interpretive research approach anchored on qualitative-dominant research methods to gather solid, fresh and nuanced data on the situation of children and associated families under COVID-19 lockdown. To enhance geographical coverage across the town, Old St Mary's and Manyame Park (new St Mary's), Zengeza 2 and 5, and Seke Units E, L and Makoni were selected. The what and how questions pertaining to preparing for fieldwork, intepretivism and qualitative-dominant research methods are widely documented (see Creswell and Creswell 2018; Creswell and Plano Clark 2017).

The sample, data collection and considerations for ethical research

Although the focus of the study was primarily on children, its demands could not be comprehensively satisfied without including other individuals and groups. Accordingly, I selected representatives of children organisations, resident's, informal traders' associations, and Chitungwiza municipality, and community leaders purposively. This sampling technique was applied to select participants who were known in advance to possess essential information. Children, parents and guardians, teachers and school administrators, clinics and hospitals, and churches were randomly selected in an attempt to give each a fair chance of being selected. In addition to this main corpus of participants are child vendors, and men and women who operate at informal markets or move from one household to the other selling various wares that I interacted with on the basis of convenient availability.

The final sample was as follows: children (30); parents and guardians (15); representatives of children's organisations (2); teachers and school administrators (5); local health institutions (2); residents' representatives (1); informal traders' associations (1); local community leaders (ward councillors) (3); churches (2); and representative of Chitungwiza municipality (2). Sampling is a pivotal area of research practice (Lohr, 2019; Patten and Newhart, 2017). Both primary and secondary data, scholarly literature, COVID-19 regulations

and social policy documents were essential in informing the study. Though scanty (at the time of fieldwork), scholarly articles on COVID-19 in Zimbabwe and the accompanying lockdown were reviewed, along with media sources, statutory instruments and other provisions relating to the pandemic.

Data collection was executed in October and November 2020 using mainly face-to-face indepth interviews (with for example, children, parents and guardians); key informant interviews (with for example, local community leaders and health institutions); telephone interviews and skype (with for example, child specialists and representatives of children's organisations); observation based on a flexible guide (of children at playgrounds, child vendors and informal markets); and informal interaction and questioning (with children, parents and guardians, vendors). Three aspects are worth noting. Firstly, the number of interviews correspond to the number of the stated participants. Secondly, data were gathered from children aged 14 to 16 years due to the closeness of this age group to the legal age of majority (LAMA) in Zimbabwe and the assumption that in the absence of constraining factors, these children are competent to represent themselves in research relating to their lives. Thirdly, the new virus has disrupted the so-called natural setting therefore, remote methods of data collection were also applied to complement face-to-face data gathering where physical contact with some key informants was impossible due to various reasons, or had to be complemented. This justifies why I used remote interviewing (telephone and Skype interviews) with child specialists and representatives of children's organisations. Interacting with these participants in this way built on existing, wide and accumulating contacts and networks in the town.

To safeguard the health of participants included in face-to-face interviews against COVID-19, physical distancing, appropriate wearing of face masks and sanitisation were prioritised (as outlined in SI83/2020). Furthermore, primary data collection was done in the 'relaxed' phase of Zimbabwe's lockdown. In this phase, restrictions on physical interaction were reduced but adherence to COVID-19 prevention and containment were enforced (see The Insider, 2020 April; China Global Television Network, 2020).

Data collection guides (flexible guides for in-depth interviews and informal interaction and questioning, and observation), and the code of ethics underpinning the study were shared with peer researchers and senor scholars (including psychologists, sociologists and child development specialists), requisite research councils, children's organisations and carers for review. I incorporated essential comments from these stakeholders in refining data collection instruments and the ethical base to their satisfaction. Prevention of COVID-19 through adhering strictly to the government and WHO regulations, informed consent and assent, avoidance of harm in its diversity (not only restricted to physical but also relating to psychological, social and political aspects), confidentiality and provision of feedback were highly prioritised. However, ethical dilemmas were also experienced and managed. For example, instead of restricting myself to mere data gathering, where information gaps on

COVID-19 or risky behaviours (not practicing physical distancing) were noted, I actively engaged the participants for their safety and health.

Considerations in researching with and for children

How did I conduct research with children particularly where literature is rife with debates in this area? Against a background of research being on children, the researcher designed and executed the study to be for and with children. While acknowledging the methodological and ethical complexities of such research, children's reality could not be attained without putting them at the centre of the exploration. Accordingly, children were viewed as competent participants particularly where Zimbabwe's legal frameworks on research with children were satisfied; parents and guardians consented; and relevant regulatory organisations approved the study. Several scholars focus on diverse aspects of a new social science for and with children (Alderson 2000, Barker and Weller 2003, Christensen and Prout 2002, Darbyshire MacDougall and Schiller 2005), and children's rights discourse (Fargas-Malet et al 2010, Horgan 2016, Jenks and Prout 1998, Punch 2002a).

What methodological and ethical priorities did I make and why? Gaining access and seeking consent and assent to conduct research with and for children implied securing cooperation from parents and guardians, carers and social workers in Chitungwiza. These constitute what I term gatekeepers in this article. This was not an easy task due to situational differences particularly a longstanding 'traditional' view held by some gatekeepers that children are not competent to represent themselves in studies of whatever kind. However, I prioritised children aged 14-16 years due to the closeness and consistency of this age to the legal age of majority. Children falling within this age range were considered to be competent minors therefore having sufficient knowledge to understand the focus and content of the study (after I explained the study in detail), and to exercise discretion in decision making and responding to questions. This is a valid argument unless a child has intellectual disabilities. Due to the broad scope of the category 'children' reference to other age categories was unavoidable. The children represented themselves, with parents and children giving passive consent/agreement. Passive consent is explored in social science research literature (Martins and Sani 2019, Range Embry and MacLeod 2001). However, in few cases where parents and guardians emphasised that children cannot represent themselves, their assent/agreement was sought and where they so deemed, interviews were done in their presence.

The location and context of the study were also special considerations in pursuit of enhancing familiarity, improve children's feelings and level of discussion. These crucial aspects of research with children are vibrant in scholarly literature (Abma and Schrijver 2018, Marsh et al 2019). Interviews and informal questioning and observation were therefore done in their homes or on the streets where they gather to play. The home, streets and markets also provided an opportunity for data collection through observation. The researcher became a guest in the homes. Important to note is the presence of parents and guardians at home. While posing a challenge through taking over or dominating the interview, their presence and

those of other family members older than the participants helped in sharing experiences and knowledge. It affirmed that children do not exist in isolation – they belong to families and communities. Domination or taking over were controlled through re-emphasising that children were the main participants, and redirecting questions to children. The merits and demerits pertaining to the presence of parents and guardians during interviews are documented (Alder, Salantera and Zumstein-Shaha 2019; Sim and Waterfield 2019).

Throughout the data collection phase, child-friendly language, explanations, questioning, and formal and informal interactions were used in their usual settings (at home or informal markets) to increase familiarity as explained. In addition, the methods and techniques were applied sensitive to COVID-19 regulations, adapted to the physical setting and limitations of time and other resources. The flexible interview guide started from the familiar including daily livelihood routines, knowledge and feelings on COVID-19 lockdown, to the unfamiliar. This helped the children and other family members (as applicable), to settle in and for the researcher to establish what they already understand, and to grasp the situated meanings and lived experiences of COVID-19 and lockdown. The researcher created a conducive environment for children and family members to narrate events and experiences, broadened their participation, prioritised reflexivity, and reduced the influence of power inequalities. For example, I created a collegial relationship with children and other participants. In addition, I emphasised that, addressing child and family issues during lockdown are best achieved through collective effort. The importance of building functional relationships and reciprocity is emphasised in literature (Sim and Waterfield 2019; Wilkins 2018). Closely linked to data collection is the use of rewards. The researcher did not give financial and non-financial rewards to children, parents and guardians, other family members, carers, and social workers for participation to avoid the influence of such rewards on participation and the responses. I explained that the best reward is the contribution of this article to policy change and delivery for transformation of their wellbeing. These were the various aspects that I considered in researching with and for children.

Data analysis and interpretation

Analysis of data and drafting of the article started during fieldwork and were finalised after exiting the field. Gathered data were cleaned, collated, organised according to the objectives of the study. Three types of analyses were conducted. Thematic and discourse analysis were applied to qualitative data. The former involved generating themes from the data based on the guiding objectives, and other pertinent aspects that were raised in field. The later revolved around the character of interaction, topical issues and debates. For example, debate revolved around state-civil society relations and their roles in responding to COVID-19. Basic statistical analysis catered for data in numeric form. Although the approach adopted was qualitative-dominant, some primary and secondary data were in numeric form. Examples include number of children in a household, and health and childcare institutions in the town.

I sought to interpret the results primarily from the position of the children, families and other participants due to the need to be as close as is possible to their lived experiences and situated meanings in relation to the study's objectives. Collecting, analysing and interpreting data in this way increased the opportunities for trustworthiness, confirmability and transferability. Furthermore, I interpreted the data through a social policy perspective to advance the transformative implications. In the next section, I present the results and discuss selected issues of COVID-19 lockdown and children, and aspects that overlap to families, households and the community.

4. Results and discussion

The new virus and the associated lockdown, and the implications of these to children, family and community where children belong have many facets. However, in this article, I focus on six themes as the point of entry into child and family studies in a COVID-19 context. These are: closure of schools, associated innovative and manipulation strategies, and implications to children's vulnerability to COVID-19; participation of children and youth in precarious informal sector activities; child-sensitivity in COVID-19 community education; appropriate use of personal protective clothing; the right to play and cognitive development; and ineffective social protection programmes and social services. In addition, I engage with how the pandemic and these associated lockdown in Zimbabwe link with economic, sociocultural and political aspects along with implications on children, family and other groups. Important to note is that the themes I included in this section are a mere selection therefore are not exhaustive.

Closure of schools: Innovation, manipulation and vulnerability to the novel virus

A cross section of the participants explained that due to COVID-19 and lockdown, Zimbabwe's schools closed prematurely on 24 March 2020. Lower, higher and tertiary institutions of education and learning were affected by the closure. The critical question was, 'How have parents and guardians, government and schools responded to the premature closure and limited chances of reopening in 2020, and implications of the responses to children's vulnerability to COVID-19?' From the perspective of the government, schools should have remained closed until directed to reopen. The 5 teachers explained that based on SI83/2020 COVID-19 prevention and containment regulations, opening schools without authority, and conducting private face-to-face lessons are illegal. They pointed out that to address the gap created by prolonged lockdown, the government introduced radio lessons. These were scheduled to start on 16 June 2020, a date that parents, guardians and school administrators viewed to be way too late considering that schools were disrupted in March 2020 and that Ordinary and Advanced Level students were expected to sit for examinations in December 2020. Radio lessons during lockdown are noted in literature (Dzenga, 2020; UNICEF, 2020). However, important to understand is that while both primary and secondary level learners

may access the lessons through radios and smart phones, not all households in Chitungwiza have access to these gadgets.

Interviews and informal interaction with children of school-going age in Chitungwiza showed that accessing educational content through radio is not appropriate for all categories of learners for example, those with hearing impairment. Some learners are not used to radio lessons while for others, radio lessons should merely be used to complement face-to-face teaching and learning. Of the 30 children included, 23 emphasised the later argument. The implication is that radio lessons should be delivered cognisant of this diversity. According to the 5 school administrators, the government authorised learners to sit for June 2020 Ordinary and Advanced Level examinations under strict adherence to sanitisation, social distancing and wearing of masks to reduce transmission of COVID-19. Media also reported this news (Masikati 2020, Mutongwizo 2020). As reopening of schools was gloomy at the time of writing, November 2020 Ordinary and Advanced Level examinations were scheduled to start on 1 December 2020 and will extend to January 2021 (Zimbabwe Schools Examinations Council 2020).

The disruptive effects of COVID-19 on schools in Zimbabwe (see Zimbabwe Human Rights Commission, 2020), and other countries is documented (see Harris and Jones 2020; Rosario 2020). In what parents, guardians, teachers and private schools consider to be innovative attempts or manipulation of government regulations in a context of COVID-19 lockdown, private lessons and online teaching and learning were introduced (based on interviews in Chitungwiza, July-August 2020; Gwarisa 2020). Reports from all the 7 parents/guardians who are sending children to private schools show that these institutions are complementing self-study through online teaching. Teaching and learning content are uploaded on school websites or learners and teachers interact through WhatsApp and email. Parents and guardians explained that they are expected to continue paying fees but as a reduced amount and view this initiative as appropriate in a COVID-19. Yet, 16 parents cited issues pertaining to availability, affordability and use of online teaching. Parents and guardians are also arranging with teachers of both public and private schools (names supplied but withheld for ethical reasons) for face-to-face lessons with pupils at a cost. For teachers, this is an opportunity to get income while for parents and guardians, this arrangement addresses the gap created by the closure of schools during the lockdown. However, these arrangements do not only breach the law but expose the teachers and child learners, families and the wider community to the new virus. Child learners who gather in houses come from various households whose COVID-19 status is unknown, are not observing physical distancing and use of sanitizers, and the venues are not disinfected. The lessons are therefore, creating opportunities for local transmissions as emphasised by an Ordinary Level pupil:

> We are expected to sit for exams in December and January despite the COVID-19 lockdown. By the time of closure, we had not covered much of the syllabus and parents have no option except to send us for private lessons …. But it's not safe. We are congested, no sanitisers and most students …. and the teacher do not wear face masks.

Unexplored claims are that the Zimbabwe Republic Police (ZRP) in Chitungwiza is aware of some teachers conducting the lessons, and premises being used yet, prefer to get brides to exercising the law. These are worrying claims given that law enforcement agents are expected to be executing their duties effectively to protect the public. Increases in corruption involving law enforcement agents during the lockdown is documented (Anti-Corruption Trust of Southern Africa 2020; Njanike 2020, Pan Africanism Today Secretariat 2020). Generally, movement is expected to be restricted due to the 'stay home' regulation. However, school going children are moving and interacting broadly for private lessons and group work thereby increasing their vulnerability to COVID-19 and being agents for spreading the virus. These various facets of closure of schools, attendant innovations and manipulation against ban on social gatherings raises critical policy questions pertaining primarily to school going children, but extending to parents and guardians, other family members, teachers and the community in relation to contracting and spreading the virus, and ineffectiveness of the lockdown.

Participation of children and youth in precarious informal sector activities

In Chitungwiza, informal sector activities are diverse, and include vending of vegetables and fruits, sale of used clothes, groceries and other wares. Children and youth are active participants in the town's informal economy. Representatives of informal sector associations, parents and guardians revealed that most of the informal activities are precarious and have increased the vulnerability of children and youth to the new pandemic. The precarity of livelihoods in urban areas is also reported by scholars (see Gukurume and Oosterom 2020, Oosterom 2019). Interviews with children and observation of their participation in the informal economy confirmed these claims. Reports by parents, guardians and representatives of the informal traders' association indicate that the participation of children in some sections of the informal economy in the town is not a mere product of COVID-19 lockdown but has intensified during the lockdown particularly due to loss of or reduced employment and earnings of parents and guardians in both the formal and informal sectors. Beyond children, youth (and women) being more vulnerable to COVID-19 due to their participation in sites for informal trade and movement within Chitungwiza town to sell wares, they are also agents for transmitting the virus. Increased movement and interaction heighten the vulnerability of family or household members and the community to COVID-19. Core questions are: What is the situation of selected children in the town in relation to the informal economy and vulnerability to the pandemic? What are the perceptions of children, parents and guardians, and other stakeholders on the plight of participating children?

The children (26) explained that with intensification of economic woes due to, or broadened by the pandemic and lockdown, vending has increased along with the participation of children in this survival strategy or means for livelihood diversification. Chitungwiza Municipality also reported that children are increasingly being used to vend in prohibited areas on the understanding that they are less likely to be arrested or brutalised by

the municipal police, ZRP and Zimbabwe National Army (ZNA). However, in addition to breaching child labour laws, this practice exposes children to a wide array of human rights abuse. For example, child vendors and other informal economy participants at Chigovanyika and Huruyadzo in St Mary's/Manyame Park, and Zengeza 2 and 5, Unit D and Makoni Shopping Centres reported being beaten and arrested by the ZRP and Chitungwiza municipal police. However, as is the norm in Zimbabwe, the Chitungwiza municipality rejected claims of physically abusing informal vendors. Human rights violations during COVID-19 lockdown are widely explored in literature (Piri 2020, Zimrights 2020). The use of children to beg is also widely used in Zimbabwe's urban areas by poor parents and guardians (Hove and Ndawamna 2019, Ndlovu 2016).

Across the study sites, children (especially girls) on their own or with their mothers move from household to the next selling various wares. For example, in Seke Units D, E and H, the Johane Marange religious sect mainly survives through making and selling steel household utensils (pots, buckets, knives, spoons). Children and women belonging to this religious group are very mobile in the town to widen the market for their wares despite the threat of COVID-19. These issues are captured in the following excerpt:

> We have been surviving on this trade for decades. I move around this town selling *midziyo yemumba* (household utensils) and vegetables with my children. This is our main livelihood source …. These children are raising money for their school fees, clothes and food. We know that this is a time of COVID, but do we have an option? Fearing COVID means accepting to die of hunger.

Worth understanding is that parents and guardians involved in this trade are aware that they are exposing children, themselves and other households to acute vulnerability through participation in the informal economy particularly through limited opportunities for observing physical and social distancing, low use of face masks and non-use of sanitisers. However, they are pressed between poverty and the pandemic. Urban poverty is a key feature in Zimbabwe's urban development studies (Matamanda 2020; Ndlovu, Mpofu and Moyo 2019). In other contexts, the participation of children and youth in the urban informal sector is explored (see Gukurume 2018; Zimbabwe National Statistics Agency 2019).

Child-sensitivity in COVID-19 community education

In Chitungwiza, health education pertaining to COVID-19 was reported to be provided by various stakeholders including clinics and hospitals (falling under the Ministry of Health and Child Care, MoHCC), NGOs (local and international) focusing on community health, community health workers, parents and guardians, and church leaders. At national level, the Ministry of Information and Publicity and the COVID-19 Information Hub provides information on COVID-19 (UNESCO 2020, UNICEF 2020). While reliable information provided by the MoHCC and WHO is readily available through the media, local clinics and hospitals, gaps exist. I single out three critical lacunae that are worth urgent attention in Chitungwiza. First, the

local health institutions are not active in community education that primarily focus on COVID-19. The usual approach would be to gather people for health education yet, this increases the risk of spreading the new virus. However, local health institutions can target people at shopping centres and informal markets. Second, is the dominant assumption that parents, guardian and carers have sufficient knowledge and are appropriately placed to address children's information needs pertaining to the pandemic. The Chitungwiza case study revealed that this assumption is partly valid. Interaction with parents, guardians and church leaders showed that some have information gaps implying that the same gaps may be reproduced in children. Moreover, they may support risky practices and non-conformity to COVID-19 regulations. For example, some churches (names provided but withheld to protect their identity) and parents belonging to these shun modern medicine and discourage the use of sanitizers along with rejecting physical distancing. This religious teaching is directed to all members including children.

Children often view parents, guardians and church leaders as focal opinion leaders therefore in the absence of more powerful alternative sources of information and socialisation, children have information gaps and negative attitudes to formal strategies meant to secure their wellbeing. Another negative implication of some churches and other religious organisations (names not included for ethical reasons) to their membership is the claim that they can cure COVID-19. Reporters also noted this in other areas of Zimbabwe (see Chimuka 2020, Nkomo 2020). Third, are age biases in the delivery of COVID-19 education. While content can be developed by specialists and elders, children and youth can be agents of communication through the formal channels. For example, inclusion of children and youth in broadcasting COVID-19 prevention messages via national television and radio stations or delivering the messages in communities. Children are often attached to messages delivered by peers. The absence of direct engagement with children and issues affecting their lives is documented (Alder et al 2019, Bastien and Holmarsdottir 2020, Bessant, 2020). Applied to Zimbabwe's lockdown, critical children's issues and associated responses are being missed due to these gaps.

Appropriate use of personal protective clothing

In terms of COVID-19 travel restrictions and 'stay home' regulations, in cases where people have a genuine and pressing need to travel, they should do so wearing face masks as the prescribed personal protective clothing (Herald Reporter 2020). At the time of writing, face masks were mandatory and people who appear in public without wearing face masks properly are breaching COVID-19 prevention and containment regulations, therefore, should be arrested and pay a fine of ZWL$500 (Bulawayo Staff Reporter 2020, Maphosa 2020, SI83/2020). In relation to children in the town (while acknowledging variations in age and competency), I explored the wearing of face masks further. I asked: When leaving homes, what type of face mask are they wearing? Are masks appropriate for use by all children? Are the children able to sustain the use of face masks even when some elders are failing?

A recurring theme by all parents, guardians and teachers is that children in lower grades (1 to 5) who are attending private lessons or interacting with peers in streets and playgrounds may not be able to cover the mouth and nose, or do so in a sustainable manner. Observations in streets, playgrounds and informal markets (at Chigovanyika, Huruyadzo, Zengeza 2 and Makoni), and child vendors confirmed these arguments. Most of the face masks used by the majority in Chitungwiza are home-made and should be appropriately handled and washed. However, the level of safety provided by such masks to young children or elders may be low depending on material used and capability to appropriately use the masks. However, although wearing of face masks do not guarantee complete protection from the new virus, the 30 children and other participants indicated that they are essential especially when worn properly yet, appropriate and sustainable use by some children is problematic. Overall, the children leaving homes for private lessons or play are highly vulnerable to contracting and spreading the virus.

The right to play and cognitive development

Child specialists and carers reiterated that play is a right and essential determinant of children's cognitive development; and that children need to learn from and share with their peers. Scholarly attention on these themes is notable (see Abessa et al 2019, Whitebread et al 2017, Yogman 2018). Interviews with child rights organisations and children in and outside Chitungwiza town, childcare specialists and renowned child development psychologists in Zimbabwe's institutions of higher learning revealed the significance of play in child development and the yet to be explored consequences of the lockdown. The following excerpt sums the discussion:

> We may not get into greater detail of child development theory and practice. However, play is paramount in cognitive development and social aspects of child growth. Besides parents and guardians, children learn immensely from their peers. Multiple repercussions of play-deficiency are notable at both early and later stages. In the later, the problems are difficult to address.

In Chitungwiza, the level of risk perception was commendable along with attempts to reduce children's vulnerability to the new virus. Reports were that the lockdown constrained opportunities for children to play outside their households especially in the early phases of lockdown (April and May 2020). Parents and guardians were seeking to reduce the vulnerability of children to the pandemic by restricting inter family and household physical interaction, but success is limited due to the high-density character of most parts of the town, and generally the social character of the society. Elsewhere, scholars also note how children were prohibited from visiting common playgrounds (Masiyiwa 2020, United Nations Development Programme 2020), particularly in a context of the government's call for staying home, emphasis on social distancing and ban on social gatherings except unavoidable ones

(for example, funerals yet, these are also controlled in terms of the number of people who attend).

Parents and guardians reiterated that trade-offs between restricting play and allowing children to go out and play are not easy considerations. However, with people getting used to the new virus (emphasised in interaction with various participants), and government's relaxation of regulations (see Gwarisa 2020, Marawanyika and Ndlovu 2020), child play on the streets, community playgrounds and open spaces is increasing (confirmed by observations). This is encapsulated in the following excerpt:

> As a parent, my role is to protect my children from various risks. At this stage, COVID-19 is the main risk. In the early stage, parents in this area attempted to prevent child gatherings on the streets and playgrounds but failed. Up to when can we try to avoid interaction among children? We are getting used to the pandemic and are allowing children to interact … restrictions are getting lighter. Even some elders are no longer wearing face masks and are spending time at beer halls…. but this may increase our vulnerability to the virus.

Despite efforts to prevent the vulnerability to COVID-19 by restricting broader interaction of children outside homes, families and households are not entirely closed systems. This argument is consistent with sociological analysis (see Bailey 2019, Hofkirchner 2019). In the current context (at the time of writing), critical questions should be posed and utilised in influencing policy: Given the rise in local transmission of COVID-19 (see Zimbabwe Ministry of Health and Child Care, 2020), how safe are the children and other family or community members? Should families prioritise children's right to play and its implications to cognitive development or protecting them against the pandemic? What are the limits of tapping on the government's relaxation of the COVID-19 regulations particularly in relation to the wellbeing of children? Despite diversity in answering these questions, children's health and security against the new virus is paramount.

Ineffective social protection programmes and social/public services

Representatives of Chitungwiza Municipality emphasised that the town is topical for dilapidated and inadequate social services infrastructure against a booming economy and urban sprawl. These issues are notable in literature (Jonga and Munzwa 2009, Muchadenyika and Williams 2018, Zvobgo 2020). Observations showed that one of the study sites - St Mary's - the oldest township in Chitungwiza, is a classic example of urban decay. Low access to potable water, perennially leaking sewer pipes and poor solid waste management are emblems of most parts of the town. Scholars noted that these challenges contribute to the vulnerability of residents to cholera and typhoid (see Mafundikwa 2018, Gambe 2018, World Health Organisation 2018). Germane to the analysis of COVID-19 lockdown and social services is access to and use of potable water. The two ward councilors, representatives of Chitungwiza municipality and non-governmental organisations (NGOs) explained that to

reduce potable water challenges, NGOs and the municipality are partnering in drilling and servicing boreholes while residents are also drilling private boreholes and sinking wells.

In the town, community boreholes and private wells (where people share) were reported to be posing challenges in preventing the spread of the virus. Interaction with women and children indicated that they bear the greater brunt of the burden of sourcing water in the town. This is corroborated by other scholars (see Gambe 2018, Munyoro 2020). Physical distancing, sanitisation and appropriate use of face masks are not key considerations at community boreholes or shared wells (based on observations and interviews). In other contexts, the challenges to appropriate use of face masks and sanitisation are explored in relation to other contexts (Chimuka 2020, Esposito and Principi 2020, Swain 2020). Interviews with a female child at a community borehole indicated various challenges that have implications to COVID-19:

> Water is a major problem in St Mary's. We last received council water supply six months ago. As a girl and generally as an able-bodied child, I am expected to fulfill household responsibilities including fetching water. This place is always overcrowded. I am usually here by 4am or I come here at night with my mother and other girls …. We are not sanitised …. Very few people wear face masks …. This place is not fumigated. We are aware of coronavirus, but we do not have another option …. We cannot afford to buy water from private suppliers.

While fully recognising the challenges posed by collective utilisation of water sources, I pose crucial questions that are pertinent to social policy in both the short and long-term: Are there immediate solutions to the potable water challenges particularly alternatives that allow access to water at each house given that the town does not have own water development plants, and some formal and informal settlements do not have water connections? How effective are health education and promotion programmes pertaining to the new virus that reiterate frequent washing of hands with running water when potable water is a critical challenge for most households in the town? Given that women and children are responsible for sourcing water (while acknowledging diversity of gender and age divisions of labour across households), what are the implications to these group's vulnerability to COVID-19? Even if they are the most vulnerable due to frequenting collective water sources, is vulnerability mapping restricted to these groups? Can social distancing and appropriate wearing of face masks be ensured for children and other groups who gather for water at community boreholes and shared private boreholes and wells? These questions indicate the development challenges rooted in structural causes of water poverty and the complexity of responding to COVID-19 in a context where social services are inadequate. The municipal representatives reiterated that developmental transformation should be a long-term priority in Chitungwiza. Core social policy literature also emphasises the significance of developmental transformation (see Adesina 2020, Mkandawire 2015).

Closely associated with the exploration of social services in a context of COVID-19 lockdown are fragile public health systems and weak social protection programmes

particularly relating to food provision and healthcare. The ward councillors, parents and guardians reported high incidence of food insecurity and poor healthcare. In literature, scholars document how food insecurity and poor healthcare have greater consequences for children (see Chakona and Shackleton 2018, Ke and Ford-Jones 2015, UNICEF 2020). Health personnel indicated that all the polyclinics in the town and Chitungwiza referral hospital are ill-equipped to handle COVID-19 positive cases. Ineffective public health systems are a national problem (see Chinyoka 2017, Kidia 2018; Shamu, January and Rusakaniko 2016, Meldrum 2008). Important to understand is that even though the town has private health care providers that are better resourced compared to public clinics and hospitals for example, CITIMED, affordability is a major challenge. In addition to poor public health delivery are food challenges in a context of lockdown, loss of or under-employment, ban on informal sector operations except registered operators who are utilising approved sites, seizure of wares by the police and reduced income. Councillors, parents and guardians were unanimous that the government promised to provide food hampers and cash transfers to vulnerable households as social safety nets in a context of pandemic and lockdown yet, these are yet to be realised. Literature supports these reports (see Gukurume and Oosterom 2020, Vendors Initiative for Social and Economic Transformation 2020). The argument by representatives of the town's municipality and ward councillors is that the food and health issues are beyond their capacity and raise the need for the intervention of national government for the benefit of children and other categories of the population.

5. Conclusion

The article advanced exploration of COVID-19 lockdown and the situation of children in Zimbabwe's high density urban areas in the ambit of social policy. A micro study of Chitungwiza town provided the empirical base of the article. While the new virus is a socioeconomic challenge countrywide, the diverse qualities of urban poverty and high population density in Chitungwiza town create a fertile ground for vulnerability to COVID-19 and other health pandemics. Critical risk factors include high rate of urban poverty, weak social services and social protection programmes in a time of pandemic, impracticality of the stay home regulation due to acute poverty, child and youth participation in precarious informal activities, limited use of sanitisers, face masks and other personal protective clothing, biases in COVID-19 education, and broadly, a fragile economy. Child-sensitive social protection, a component of the social protection paradigm, provided the conceptual lenses for the exploration. Fundamental to child social protection is its particular focus on tackling children's poverty and vulnerability. The social protection paradigm has gained prominence in Africa to the extent of being equated to social policy. The dominance of social protection implied the proliferation of its tiers including child-sensitive social protection. However, child-sensitive social protection suffers from the weaknesses of its underpinning paradigm – social protection. The approach failed to address the structural causes of poverty, and to lead to developmental transformation in relation to children and other groups in the African

continent. Evidence in African countries particularly sub-Saharan Africa shows that increases in social assistance programmes have failed to reduce poverty levels. The pitfalls of attempting to deliver wellbeing through social protection-limited instruments provide justification for social policy practitioners and scholars to search for approaches that focus on the structural causes of poverty, inequality and marginalisation, and broader instruments for addressing these problems. In this respect, transformative social policy is an approach whose time has come (see Adesina, 2020).

The vulnerability of children, youth and families in Chitungwiza to COVID-19 is mainly due to poverty and macroeconomic meltdown. Acute urban poverty is leading to the urban poor children, parents and guardians to engage in precarious activities to generate livelihoods. Awareness of how the activities increase vulnerability to the pandemic is high while a significant number of children comprehend the pandemic and the risk factors. However, they have constrained livelihood alternatives besides precarious activities in the informal sector. In addition, low economic activities in the formal sector led to unemployment and loss of incomes. Most urban households are turning to informal activities as the main or alternative livelihood sources. In this context and in relation to children, two central pathways can be explored. First, the government of Zimbabwe, NGOs and other stakeholders can consider child-sensitive social policy as a top-tier priority compared to child-sensitive social protection. Shifting from child-sensitive social protection to child-sensitive social policy is essential primarily given the latter's broader instruments (production, redistribution, social protection, social reproduction and social cohesion/nation building). Second, and based on the first recommendation, is ongoing economic empowerment of urban families and households, and formalisation and funding of legal informal activities to improve wellbeing outcomes. Children are part of families and households therefore socioeconomic provisioning should be comprehensive.

Child-sensitive social policy or any other approach of delivering welfare to urban children must be informed and supported by child-sensitive research. The concept of child-sensitive research is broad and contested. However, a desirable objective is to research with children where the national regulations and code of ethics permit such novel approaches in seeking to understand socioeconomic problems from the viewpoint and experiences of children. This requirement pertains to COVID-19 and other problems. Where child-sensitive research has been appropriately applied, there are higher chances that what is portrayed as reality is that of children, and that the policy responses generated will work for them. The COVID-19 pandemic has revealed that the wellbeing of children and vulnerable families in Chitungwiza and other high-density areas cannot be provided through the market. Basic social provisioning is a necessity during and beyond the COVID-19 pandemic. Despite contestation on what constitutes 'basic needs' and 'poor people' children and other members from poor households are failing to meet critical requirements - food, health, potable water and other essentials during the COVID-19 lockdown. State intervention and long-term pro-active measures that are fused in mainstream social policy are important. The government of

Zimbabwe and its development partners should provide food and other essentials and should consider having an ongoing pandemics fund to cater for basic requirements and other needs. Chitungwiza municipality should improve supply of potable water as an essential requirement during and after COVID-19 lockdown.

Child health education must be part of community health education during and after the new pandemic. While health education on COVID-19 in Zimbabwe is remarkable in terms of content and media used (broadcasting, print and internet) and participation of community health workers, NGOs, churches and other stakeholders, child-sensitivity is a key priority. The assumption that health education pertaining to the new virus will trickle down to children through parents, gardenias, older community members and pastors may be valid but may not always be effective. The design of the messages and medium used should be informed by child-sensitivity in terms of age, ability to comprehend, circumstances and other crucial factors. Parents, guardians and child carers are close to children despite diversity in age groups falling under children as a social category. They should take a leading role in educating children in appropriate ways, discarding risky cultural and religious beliefs and practices, and changing grand media messages to content that is relevant to children. Children's organisations are important during and after the lockdown. As such they can ensure children's rights and welfare through their diverse areas of competency. Child health education must be part of mainstream community health education during and after the new pandemic, and should be child-sensitive. The implication of children's issues arising from the COVID-19 lockdown is that the roles of media specialists, parents and guardians, child carers and specialist, community health workers and other stakeholders must be redefined in relation to the child sensitivity of the content and delivery of health education.

The effectiveness of lockdown is paramount to preventing and containing COVID-19. Depending on risk assessment, the government should continue to enforce lockdown but addressing gaps in its social provisioning particularly on the basic needs of children and generally vulnerable families. Moreover, enforcement agents must execute their work in a transparent manner for the benefit of children and other groups. The issue of private face-to-face lessons, infringement of children's rights during raids of informal markets, and manipulation of the law through corruption are topical. I make a plea to parents and guardians who are sending children for private lessons, and the teachers who are disregarding the ban on gatherings and conducting private face-to-face lessons to desist from this practice as doing so increases the vulnerability of the whole community to COVID-19. Investment in social services including health, potable water and refuse collection is critical. These social services complement the efforts to attain healthy communities and lives in high density areas. For instance, the biomedical dimension of COVID-19 requires the availability of potable water and competent health personnel. Hygienic practices including frequent washing of hands under clean running water and staying home are not possible where potable water is not available or where people gather at community or private boreholes to get water. The government of Zimbabwe is incapacitated to invest substantially in social services due to fiscal

woes but can transform social services in phases and partner with well-resourced non-state development partners.

Political and economic stability along with networking and collaboration beyond national borders is indispensable given the global character of COVID-19 and limited capacity of Zimbabwe to effectively meet the financial requirements of the pandemic and other development priorities. For example, Chitungwiza town requires developmental transformation which the government cannot deliver through its sole effort. Functional international relations create opportunities for collective responses. Zimbabwe's economic crisis is rooted in radical indigenisation and authoritarianism by the ZANU PF-led government rooted in the late 1990 and early 2000s. This led to capital flight, closure of industries, limited participation of NGOs and other civil society organisations in development programmes. While good governance is debatable and sometimes used by global powers as a leeway for achieving hegemony in less developed countries, Zimbabwe should reflect on its governance and adopt relevant principles. Overall, although the article is based on a single case study of Chitungwiza town and is a micro study restricted to COVID-19, it provides essential insights that should be considered in terms of the wellbeing of children in a time of the new virus and other pandemics. The insights are relevant for the effective operation of diverse stakeholders involved in child-sensitive social policy. However, further research in other areas, both urban and rural, is crucial to explore core children's issues with full acknowledgement that children are part of families, households and communities, and their contexts vary.

Notes on contributor

Agness Mutemaringa is an emerging scholar whose research and publication focus on urban sociology and development with particular focus on children, youth and gender. She endeavours to improve people's wellbeing through working with and for the grassroots, influencing development policy, and scholar activism. She envisions and is working for a society where marginalised groups actively contribute to and benefit from mainstream development.

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