



African Journal of Social Work
 Afri. j. soc. work
 © National Association of Social Workers-Zimbabwe/Author(s)
 ISSN Print 1563-3934
 ISSN Online 2409-5605

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Indexed & Accredited with: African Journals Online (AJOL) | University of Zimbabwe Accredited Journals (UZAJ) | SCOPUS (Elsevier's abstract and citation database) | Directory of Open Access Journals (DOAJ) | Society of African Journal Editors (SAJE) | Asian Digital Library (ADL) | African Social Work Network (ASWNet) | Department of Higher Education and Training (DHET) - South Africa | SJR | CNKI – China | Journal Publishing Practices and Standards (JPPS)

COVID-19 pandemic and the informal sector in Zimbabwe

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ABSTRACT

With the Zimbabwean economy already struggling with high unemployment rate in the formal market and high inflation rate, the coronavirus national lockdown will exacerbate circumstances of socio-economically vulnerable groups in Zimbabwe. Given the condition that about 90% of the employable population works in the informal sector, Zimbabwe's national lockdown response has plunged the majority of informal operators such as vendors into further shackles of poverty. Vendors and commuter omnibus drivers are a typical group of people in Zimbabwe that fall within the range of socio-economically vulnerable people and their ability to withstand shocks is wanting. Anecdotal evidence indicated that the lockdown in Zimbabwe resulted in some families of vendors engaging in domestic violence as they are failing to cope up with the abrupt change to their circumstances. This paper is a product of qualitative research that was conducted with twenty participants in Hopley Community of Harare South using in-depth interview. The researchers also reviewed and analysed current narrations as indicated in different documents about the implications of the COVID-19 lockdown on the informal sector. This article proposes possible recommendations on how the government, social workers and other stakeholders may help in empowering informal sector workers to cope up with the aftermaths of the coronavirus lockdown.

KEY TERMS: corona virus disease 2019 (COVID-19), unemployment, informal sector, lockdown, Zimbabwe

KEY DATES

Received: August 2020
 Revised: October 2020
 Accepted: November 2020
 Published: August 2021

Funding: None
 Conflict of Interest: None
 Permission: None
 Ethics approval: Not applicable

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Current and previous volumes are available at:

<https://africasocialwork.net/current-and-past-issues/>



How to reference using ASWNet style:

Dudzai, C. & Wamara, C. K. (2021). A COVID-19 pandemic and the informal sector in Zimbabwe. *African Journal of Social Work*, 11(4), 201-208.

INTRODUCTION

The spread of the coronavirus pandemic which was first noticed in the City of Wuhan in China in December 2019 has seen different countries across the globe decreeing national lockdowns in a bid to curb the spread of the deadly virus. With a number of cases having tested positive for coronavirus in Zimbabwe's neighbouring country, South Africa, Zimbabwe followed suit by enacting a national lockdown. Zimbabwe's national lockdown that was effected on the 30th of March 2020 after the nation had recorded one case that had succumbed to the virus comprised robust measures meant to curtail the disease. Having been announced by President Mnangagwa on the 27th of March 2020 under Statutory Instrument 83 of 2020, the national lockdown required that people (except those that work in the essential services sector such as health and food distribution) to stay at home and exercise social distance. This also meant suspension of operations for "non-essential services" including informal sector operations such as vending and commuter omnibuses. This article analyses the situation of the informal sector during the pandemic and proposes possible recommendations on how the government, social workers and other stakeholders may help in empowering informal sector workers to cope up with the aftermaths of the coronavirus lockdown.

BACKGROUND

The coronavirus lockdown which definitely was a positive public health move would help contain the spread of the coronavirus in the country. However, for the fact that Zimbabwe as a country has experienced an economic meltdown and political turmoil for two decades (Gumbu, 2020), the lockdown would further present shocks to the country's socio-economic fabric. Certainly, it would come with certain economic costs given the condition that Zimbabwe's economy shrank by 6.5% in 2019 (World Bank, 2020). The World Bank projects a further contraction by 5-10% in 2020 due to the pandemic. It is also obvious that the outbreak of the coronavirus pandemic was going to be a challenge for a country whose socio-economic fabric has for long been impeded by United States and European Union targeted sanctions, poor governance, corruption, galloping inflation, high unemployment, persistent droughts and shortages of basic commodities that epitomizes the Southern African Country. It's worthwhile noting that the rigidities within Zimbabwe's production sector which had seen a high level of unemployment resulted in a large informal sector and shrinking of the formal sector. To that end, Zimbabwe is rated as the 2nd highest informal sector dominated country after Bolivia (World Bank, 2020). By its meaning, informal sector refers to the "unregulated non-formal portion of the market economy that produces goods and services for sale or for other forms of remuneration" (Becker, 2004:10). The sector thus refers to all economic activities by workers and economic units that are in law or in practice not covered or insufficiently covered by formal arrangements.

For a number of years therefore, Zimbabwe's informal sector has been a marginalized survival sector that has contributed in mopping up entranced and retrenched workers. The sector has thus been for long an entrepreneurial part of Zimbabwean economy which stimulates economic growth and job creation (African Union, 2008). Given the condition that 90% of the working class in Zimbabwe works in the informal sector (International Monetary Fund, 2020), it could be argued that Zimbabwe's informal sector has always been contributing towards job creation and poverty reduction.

Given a sudden outbreak of the coronavirus that required a sudden closure of the informal sector, a certain impact was definitely going to be deposited on informal sector operators' wellbeing. Zimbabwe's national lockdown was decreed without meaningful policies on how to protect the marginalised informal traders' livelihoods such as vendors and commuter omnibus drivers despite the fact that majority of these are impoverished and survive on hand to mouth. No stimulus packages were provided by the government as a way of cushioning informal operators' livelihoods (Dube and Katende, 2020). Hence, this has plunged many informal sector operators into socio-economic vulnerability. This paper therefore illustrates ways in which the coronavirus lockdown in Zimbabwe has affected the lives and wellbeing of informal sector operators such as vendors and commuter omnibus drivers in urban poor communities in Harare.

METHODOLOGY

The study employed qualitative research methodology to explore how the coronavirus lockdown affected the lives and wellbeing of informal sector operators. The target population for this study were informal sector operators that were known to the researchers to be vendors and commuter omnibus drivers. In coming up with the target population, convenient sampling was employed by the researchers. The researchers employed convenience sampling in coming up with twenty participants that comprised ten vendors and ten commuter omnibus drivers in Hopley Community of Harare South. The researchers thus decided to end interviews at twenty after it was realised that there information being obtained had become repetitive at the 20th participant. This means that data saturation was reached when authors reached the twentieth participant. The research questions and the objectives of the research determined the criterion for choosing samples. Researchers had to interview vendors

and commuter omnibus drivers since they understand their lived experiences due to the impact of the national lockdown on their welfare and wellbeing of their livelihoods. In order to solicit for information from the participants, the researchers employed in-depth interviews. As indicated above, in-depth interviews were conducted with twenty participants who are vendors and commuter omnibus drivers in Hopley Community (Harare South) in order to establish their lived experiences, welfare and livelihood sources during the national lockdown.

The in-depth interview technique was designed to elicit a vivid picture of the participant's perspective on the research topic. During in-depth interviews, the person being interviewed was considered the expert and the interviewer was considered the student. The researchers' interviewing techniques were motivated by the desire to learn everything the participants could share about the research topic. The researchers engaged with participants by posing questions in a neutral manner, listening attentively to participants' responses, and asking follow-up questions and probes based on those responses. The researchers did not lead participants according to any preconceived notions, nor did they encourage participants to provide particular responses.

STUDY FINDINGS

A dominant theme was that the coronavirus lockdown had social and economic effects on the vendors and commuter omnibus operators. Participants reported that most of the effects were negative in nature given the fact that vendors and commuter omnibus operators have limited access to and control over economic resources and lack resilience to handle the shocks arising from sudden changes such as the coronavirus lockdown. The socio-economic effects of the coronavirus are presented in this section.

Socio-economic effects of the national lockdown on informal sector operators

Study participants testified that the lockdown had restricted people's movements and a restriction for more than two months on informal sector operations such as vending had left them not only in a physical lockdown but also in a state of mental lockdown. The lockdown was reportedly putting vendors and commuter omnibus drivers in urban areas in a state of uncertainty about the future. As family men and women, these commuter omnibus drivers and vendors became uncertain on how they would be able to feed their families and meet other urban expenses such as paying rent, water bills and electricity given the fact that their paltry savings had been exhausted in the first few days of the national lockdown. Eight vendors and commuter omnibus drivers expressed that such uncertainties were now leading to stress and depression as they were now unable to cope up with the abrupt change. Due to such stress and depression caused by uncertainties, participants converged on the fact that they feared such suffering might lead to mental illnesses.

Besides leading to stress and depression among informal sector operators such as vendors and commuters whose operations remain banned even when other informal sector operations have now been allowed to operate, it was noted during the study that there is an inextricable nexus between stress, depression and anxiety and domestic violence. Due to stress and depression, participants indicated that since the beginning of the national lockdown, they had experienced increased domestic violence in their homes. Of the ten females that comprised the study, six submitted that due to stress and depression caused by scarcity of food and inability to meet the daily urban expenses, their husbands would scapegoat them for whatever wrong turnings within their families. Such scapegoating was illustrated to contribute towards misunderstandings which in turn would lead to violence within families. One female participant made the report illustrated below:

For seven years of our marriage, we never got involved in serious squabbles with my husband who is a combi driver. Now, after a month, of the national lockdown, we have fought several times. If you look at this scar on my cheek, I got it while fighting with *Baba Tadiwa*. *Kubvira lockdown zwayakatanga* (Since the beginning of the national lockdown), I am always blamed for any food shortages in the household *ndichinzi handigoni budget, ndaitambisa mari ndiko saka tava kuva nenzara* (I am always blamed for poor budgeting and he insists that is why the family is now starving). Had it not been because of the national lockdown, by now I would have broken up the marriage. The national lockdown is tough. I am now a prisoner in my own home

From that illustration by one female participant, it can be clearly understood that the national lockdown has in way or the other influenced domestic violence in poor families. Such domestic violence indirectly and directly determined by the national lockdown was leading to family instability of the ultra-poor families that comprise some informal sector operators. It could also be argued that the domestic violence would also lead to reduced family morale even for children in such families.

Further, the study also learnt that the national lockdown had left families of informal sector operators idle. Due to idleness within families, unplanned pregnancies were thus reported to have been prevalent. Unplanned pregnancies were pointed out to be influenced not only by idleness but a result of inability to afford family

planning facilities. Informal sector operators could no longer afford family planning facilities as they no longer had the financial capacity to access those services. Unplanned pregnancies were presenting a further burden of stress and depression in poor families comprising informal sector operators. To that end, seven female participants confirmed that they had unwillingly got pregnant during the national lockdown since they could no longer afford to stick to family planning methods. Affected participants expressed fear and anxiety on how they would be able to provide for a broader family given the condition that the national lockdown persists. Interviewed participants also testified that in their neighbourhoods, unplanned pregnancies were not only a common phenomenon among women but some teenage girls of school going age were also reported to be getting pregnant since the start of the national lockdown. Parents who participated in the study confirmed that teenage pregnancies were due to the fact that parents could no longer afford to pay for extra lessons for their school going children and due to being unoccupied, teenage girls were engaging in antisocial behaviour. It was further reported that the lockdown which had seen everyone staying at home in Zimbabwe had seen parents losing the grip of social control over their children. It was learnt that these children who would be coming from families comprising many family members were engaging in more deviant behaviour. It was learnt that teenagers in Hopley Community were engaging in deviant behaviour such as drug abuse and child prostitution. Such child prostitution in turn was leading to unplanned pregnancies among the teenage girls. Participants also confirmed that as parents failed to adequately feed for their families due to the closure of their informal sector, the children indulged in anti-social behaviour such as child prostitution in an endeavour to earn money for buying food. Therefore, it was observed that child prostitution which was leading to unplanned pregnancies among teenage girls was due to increased poverty and hunger within families and thus child prostitution was an attempt to secure food and money by these children. To that effect, the study learnt that teenage girls would indulge into sexual behaviour in exchange for food items such as *maputi*, zap nax and sweets. Though it was acknowledged that this has always been a common phenomenon even before the national lockdown, participants confirmed that they had witnessed an increase in teenage pregnancies during the lockdown. It was also indicated that parents had lost control of their teenage children due to the fact that they would be preoccupied in domestic violence hence finding no time to monitor their children.

Increased crime rate in Hopley is another reported effect of the national lockdown. Asked on how informal sector operators were now adjusting to the national lockdown, some participants testified resorting to criminal activities as vending and commuting which used to be their livelihood activities had been locked down. One male participant is recorded making the submission quoted below:

Boss, *ini ndaiva hwindi muhupenyu hwangu* (I used to be a commuter omnibus tout). Two weeks before lockdown *ndakanga ndava* (had just become) combi driver *ndipo pakabva zvazonzi gwii nelockdown* (and then lockdown happened). I have a wife and five children. What can I give my family? *Kutaura chokwadi wangu, ini ndatova mbavha* (Truth be told my dear, I am now a thief). No two ways. I now steal to earn a living and to be able to look after my family. Even some big people in high government offices are also thieves. Why can't I? Many more people have also resorted to thievery during this national lockdown. But still things remain difficult even if I steal because security has tightened in neighbouring Waterfalls where we would go to steal.

The above testimony is a typical illustration of the grave consequences of the national lockdown in contributing towards an increase in criminal activity. The national lockdown has thus been capitalised on as a safe haven for criminal activity in poor communities such as Hopley. This resonates confirmation by some participants who reported that their vegetable gardens would be stolen from as many people that used to work in that informal sector could no longer afford to buy food. Households that had no proper security also risked being stolen from both during the day and night. Some of the vendors that used to be able to buy vegetables had now become unable to buy vegetables and they would now resort to steal from their neighbour's gardens. Besides theft, it was also learnt that robbery was increasingly becoming common since the start of the lockdown as individuals would engage in such criminal activity in an attempt to earn a livelihood. This leads to an understanding that when vending and commuting got locked down, some individuals in poverty-stricken communities such as Hopley considered crime as an alternative livelihood source.

Individuals that had certain underlying health problems such as sugar diabetes, tuberculosis and HIV/AIDS confirmed that the national lockdown was posing a serious challenge to their health and wellbeing. Thus, individual participants acknowledging to have these underlying health problems submitted that there was shortage of Anti-Retroviral Therapy drugs at Tariro Clinic in Hopley where they used to get them. Some also indicated that they were now unable as a result of the national lockdown to buy medication at pharmacies due to lack of financial capacity. It was learnt during the study that most of the medication sold in pharmacies was being sold in United States Dollars and former vendors and commuters could not afford to raise the dollars required to buy the medication for their underlying health conditions. Therefore, financial incapacitation was blamed for leading to health deterioration of the concerned individuals. Health deterioration among individuals with underlying health conditions is also due to poor diet since as these individuals could no longer afford adequate food that suits their health conditions.

During the study in Hopley, it was observed that the national lockdown which required excising social distancing was a physical impossibility in such an area that is characterised by overcrowding and unsanitary living conditions. The observation correlated with submissions from participants who confirmed that excising social distancing in the area is a physical impossibility since before the national lockdown, people instead of overcrowding at business points such as vending sites, they now overcrowd at water points such as water wells as Hopley is not connected to running water. Possibilities of hand washing using running water in order to prevent the spread of coronavirus were thus learnt to be limited thus leaving people endangering themselves and their community by overcrowding at water wells. Therefore, for an overcrowded community such as Hopley in Harare, a lockdown only meant that people get overcrowded in their homes whose shanty houses are already overcrowded hence posing a serious public health issue in the area.

A national lockdown that halted informal sector operations during the first two months of the national lockdown was also blamed by participants for indirectly leading to frosty relations between landlords and their tenants in Hopley. Bad blood was reported to have developed between some landlords/landladies and their tenants as these tenants could no longer afford to pay household rentals. As said by participants, rentals paid by tenants were the only livelihood source for some landlords/landladies in Hopley. Therefore, tenants' inability to pay rentals due to halted vending and commuting would mean that the landowner would also be incapable to meet daily urban expenses such as buying food and medication for the family. Faced with financial challenges, it was reported that some landowners would continue to turn to their tenants to pay their rentals. Actually, participants who confirmed to be tenants established that their landowners would blame them for causing all the financial challenges and suffering that the landlords/landladies would be facing. In support of this, one male participant who is an informal sector operator said:

We are always blamed for all the financial challenges that the landlord faces just because we are no longer able to pay our rentals. Each time the landlord notices that he no longer has money to buy mealie-meal, he will turn to me or my wife and demand his dues. Even when we greet him, he doesn't respond. We now feel mentally incarcerated. It all began with the lockdown.

As part of national lockdown requirements, individuals working in the supply of agricultural sector were required to continue working in order to allow a continuous food supply chain in the nation. The researchers managed to interview during the study four food vendors who used to order food items such as fresh vegetables from Mbare Musika and in the first month of the national lockdown, they were not able to proceed with their business due to unavailability of transport to ferry them to Mbare Musika which is over ten kilometres from Hopley. Due to the fact that they no longer managed to travel to Mbare Musika to place orders for vegetables for resale in Hopley for the whole month, they recorded hefty losses in their businesses. As such, they confirmed having depended solely on their paltry savings for urban survival. Later on, these savings got exhausted making life expensive for them during the national lockdown.

During the time of the study, a few vendors were now resuming operations. However, vendors who had resumed operations cited reduced demand for their commodities such as fruits, carrots, potatoes and green pepper. As reported by the vendors, these commodities prior to the national lockdown were on high demand. The level 2 national lockdown has thus seen a fall in demand for such commodities and it is this lockdown that vendors blamed for causing a fall in the demand. According to the interviewed vendors, demand had fallen for some fresh vegetables due to the fact that different customers could no longer afford buying these commodities such as carrots and green pepper. Hence, during level 2 of the national lockdown, it was believed that customers could no longer afford to buy items such as fruits, green pepper and carrots due to economic hardships. Fruit vendors thus cited that some of their fruits would rot due to fallen demand hence incurring losses. Fallen demand also implied reduced profits. Most vendors thus acknowledged operating at break-even point due to fallen demand.

When the Government of Zimbabwe relaxed lockdown regulations and required the informal sector to operate after registering with relevant authorities on the 12th of June 2020 (though commuter omnibuses remained banned), vendors in Harare had to register with Harare City Council. The registration fee with the local authority was cited to be 8900 RTGS\$ which most vendors acknowledged was impossible for them to raise given the fact that they had previously been in a state of non-operation. Therefore, the registration fee itself was regarded by participants as a barrier towards resumption of their duties. A few vendors that had resumed operations acknowledged that they had not obtained operating licences and they cited challenges with the police that would often confiscate their goods and hence pushing them into further losses.

DISCUSSION

The national lockdown has caused a plethora of socio-economic challenges. The overall impact of these socio-economic challenges is that many families that depended on informal sector businesses such as vendors and commuter omnibus drivers in ultra-poor communities such as Hopley in Harare South were being plunged into further shackles of gruelling poverty. The abrupt change in the socio-economic circumstances of informal sector

operators in areas such as Hopley led to many individual families failing to withstand the shocks. This is also contained in earlier study by International Labour Organisation (2020) which states that Covid-19 exacerbates the main vulnerabilities of the poor in the informal economy. Informal sector operators fail to withstand shocks such as the coronavirus national lockdown due to unavailability of social protection mechanisms and social safety nets for the informal sector. Different actors such as Social Workers, government and other non-state actors remain indebted to play a role towards enabling ultra-poor informal sector operators in areas such as Hopley Community in Harare South to be able to withstand the shocks brought about by the coronavirus lockdown in Zimbabwe.

Initially, taking into consideration the present circumstances of informal sector operators that have been plunged into vulnerability as a result of the national lockdown, there is need for social workers in Zimbabwe to mobilise resources. Social Workers in Zimbabwe should therefore work hand in glove with the government and other non-state actors in providing income and food support to individuals and their families to compensate the loss of income due to suspended economic activity. Providing some income through social cash transfers and food will help curb criminal activities among vulnerable informal sector operators. It is during this time also that Social Work in Zimbabwe should seek audience with the government to fulfil that the constitutional right enshrined in terms of Section 77 of the country's constitution should be fulfilled in needy communities such as Hopley Community. According to Section 77 of Zimbabwe's Constitution, every person has a right to safe, clean and potable water, sufficient food; and the State must take reasonable legislative and other measures, within the limits of the resources available to it, to achieve the progressive realisation of this right. Social Workers and different non-state actors in the country should advocate for the government to fulfil this right for ultra-communities such as Hopley Community. Failure to fulfil this right in such a community will make life difficult for informal sector operators in such communities. Without clean and portable water, there is a probability that adhering to Covid-19 requirements such as excising sanity and hygiene. It has been learnt during the study that failure to observe this right by the Zimbabwean government has resulted in some stranded informal sector operators resorting to criminal activity such as stealing and other antisocial activities such as child prostitution in an endeavour to get food.

The role to provide food to affected families of informal sector operators calls for social workers in Zimbabwe to act as brokers as required as one of social work roles in doing community development (Zastrow and Kirst-Ashman, 1997). In this case, social workers should link needy informal sector operators in needy communities with resources and services that can ensure that they have safe, clean and potable water and sufficient food. There is therefore need for Zimbabwean social workers to be brokers who assist affected individuals obtain emergency food and other needed resources.

Since affected informal sector operators have certain underlying health conditions such as sugar diabetes and now due to the national lockdown, they are no longer able to afford medical facilities, social workers, government and non-state actors have to work together in sourcing medical resources for these affected persons. This will be a positive move towards ensuring that those who are infected among poor informal sector operators have access to health care during the national lockdown. To this end, this will help in fulfilling the right to health care as in terms of Section 76 of Zimbabwe's constitution. According to Section 76 (1) of Zimbabwe's constitution, every citizen and permanent resident of Zimbabwe has the right to have access to basic health-care services, including reproductive health-care services. Having learnt during the study that certain participants whose income is confined to vending and commuting were no longer able to access medication and family planning facilities, there is need therefore for social work, government and non-state actors to source resources for providing these resources. Since social work is a profession premised on principles of social justice, human rights, collective responsibility and respect for diversities (International Federation of Social Workers, 2014), social work should therefore advocate for social justice for affected informal sector operators in an endeavour to ensure that their human rights to safe and clean water and access to health care are fulfilled during the national lockdown.

One would also argue that there is need for social workers, government and other stakeholders to initiate and involve affected informal sector operators into business activities that synchronise the fight against coronavirus pandemic in Zimbabwe. For instance, there could be a need to engage these informal sector operators into community empowerment projects such as sewing of masks and production of sanitizers. This implies that there is need for social workers to assist in helping shifting the business idea of affected individuals and generate income through Covid-19 related business activities. This would require social workers to partake the role of educators (Zastrow and Kirst-Ashman, 1997). Social workers may therefore give information on the need to diversify business operations for the informal sector and teaching skills to individuals and communities on how that can be done. That role would require social workers to be knowledgeable with problems that are affecting groups and communities during the national lockdown.

Going forward, there is need to extend social protection to informal workers as recommended by International Labour Organisation (2019). Extending social protection will provide social security to informal sector operators in emergency times as they will be able to have their back fall on social security. According to International Labour Organisation (2019), one way of extending social protection to the informal sector will be through initiating the requirement that all informal operators have to join membership schemes through their respective

representative organisations in which there would be voluntary social insurance schemes that are funded by membership monthly subscriptions. These voluntary social insurance schemes will then be responsible for providing a source of financial security to individual informal sector operators in the event of particular eventualities basing on the amount they would have contributed. It should be noted that the success of these schemes will require transparency and accountability.

There is also need for the government to establish social assistance schemes, such as cash transfers to affected informal sector operators that are financed through regressive tax systems. According to International Labour Organisation (2019), social assistance is the provision of social security benefits financed from the general revenue of the government rather than by individual contributions, with benefits adjusted to the person's needs. Universal social assistance programmes that are non-contributory, such as cash transfers or fully subsidized insurance schemes, can reach informal workers and their households. Therefore, government may need to prioritize extending universal cash transfers, rather than safety nets, to provide a source of income to informal workers during the national lockdown.

CONCLUSION

The national lockdown in Zimbabwe which has held in suspense operations of most informal sector enterprises such as vending and commuting has plunged informal sector operators in ultra-poor communities such as Hopley in Harare South into a state of uncertainty and vulnerability. To that effect, different socio-economic effects have been deposited on the wellbeing of informal sector operators such as vendors and commuters. If not addressed, these effects are likely to have a long lasting impact on the circumstances of poor informal sector operators in Zimbabwe. In order to address them, there is need for a holistic effort by social workers, government and non-state actors in restoring the social functioning of poor informal sector operators.

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