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Effects of COVID-19 on the Livelihoods of Women with Disabilities in Zimbabwe: A Study of Three Low-Income Areas in Harare Metropolitan Province

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Abstract

This study documents how the COVID-19 pandemic affected the livelihoods of women with disabilities in three low-income urban areas of Zimbabwe's Harare Metropolitan Province. A mixed-method approach was used to gather data through structured interviews, key informant interviews, and focus group discussions with 104 women with disabilities and service providers working with women with disabilities in Caledonia, Hatcliffe, and Epworth. The study utilises the sustainable livelihood approach to analyse the dynamics ensuing during the pandemic and how they impinged on women with disabilities' livelihoods. Findings reveal that the pandemic, particularly the lockdowns, greatly and negatively impacted the livelihoods of women with disabilities, who mainly depend on the informal sector through vending, begging, and handouts. The study recommends the provision of targeted sustainable social safety nets for women with disabilities in times of shocks and stresses such as pandemics to cushion them from the devastating effects brought about by such eventualities.

Keywords COVID-19 · Food shortages · Livelihoods · Women with disabilities · Zimbabwe

Introduction

In 2022, a research team consisting of members from two organisations (a University and a Non-Governmental Organisation) in Zimbabwe conducted research funded by an organisation based in Austria (as identified in the funding statement). The main aim was to understand how women with disabilities were affected by the coronavirus disease 2019 (COVID-19) pandemic in terms of their livelihoods, personal care and hygiene, access to food, health, and other social services, and the challenges

Extended author information available on the last page of the article

they were facing. The research was also supposed to proffer recommendations on what could be done to enhance the lives of women with disabilities, especially during lockdown periods. The concerned NGO is among the oldest NGOs working with persons with disabilities, having been established in 1950. The findings presented in this manuscript are based on one of the objectives of the project, which was meant to explore the effects of the COVID-19 pandemic on the livelihoods of women with disabilities in Harare Metropolitan province.

The COVID-19 pandemic brought with it unprecedented impacts and challenges for people with disabilities in general and women with disabilities in particular, due to pre-existing gender inequalities and their gender roles. The lockdowns and restrictions imposed by the government in an effort to contain the pandemic had a lot of structural and micro-impacts. While the pandemic plunged societies into economic and social crises, the impacts were worse for the particularly vulnerable and subaltern populations, who faced enormous challenges that made their lives difficult. It is necessary to understand how women with disabilities were affected by the pandemic so that better programming could be done to cater to such categories of individuals who could easily fall through the cracks and 'be forgotten', especially in times of crisis. Gumbo et al. (2022) indicated the paucity of data on how children with disabilities cope with the COVID-19 pandemic. Their study of children with disabilities in Zimbabwe revealed how the pandemic led to further exclusion of the children who did not receive any meaningful assistance from the government or non-governmental organisations. Such could be the situation of women with disabilities and, thus, the need to study their lives during the pandemic.

Background

The COVID-19 Situation in Zimbabwe

Natural disasters, pandemics, and crises tend to create long-term imbalances and worsen pre-existing challenges in societies. If not consciously managed, the multidimensional nature of challenges that some individuals experience creates unique circumstances, rendering recovery difficult. When cases of COVID-19 were discovered in Zimbabwe in March 2020, the nation was already reeling under economic strain with high unemployment, inflation, extreme poverty, and the negative effects of climate change (Chagonda, 2020; Chirisa et al., 2020; Helliker & Murisa, 2020). Climate change has increased the chances of recurrent droughts, poor harvests, the frequency of floods, and natural disasters like cyclones (Chanza et al., 2020), creating chronic food shortages. Household food insecurity greatly affects more women than men because of their different gender roles (Dodson et al., 2012; Lufuke et al., 2023).

COVID-19 was declared a national disaster in Zimbabwe on 19 March, and the first 21-day national lockdown started on 30 March 2020, as promulgated by the Statutory Instrument (SI) 83 of 2020 (Government of Zimbabwe SI 83, 2020). The national lockdown required that people (except those who worked in essential service sectors such as health and food distribution) stay at home and exercise social

distancing. The existing vulnerabilities, insecurities, and challenges among different social groups were exacerbated by the COVID-19 pandemic (Makombe, 2021). In rural areas, COVID-19-induced shocks strongly disrupted people's livelihoods and revealed a serious lack of resilience among small-holder farmers (Bwerinofa et al., 2022; Mutyasira, 2021). In the cities, workers, particularly in the informal sector, also experienced livelihood disruptions through a myriad of socio-economic challenges (Chapungu et al., 2023; Nyoni et al., 2023).

COVID-19 exposed the fragile social location of women and their rights, creating an opportunity for patriarchy to reassert control and dominance, especially in relation to gender-based violence, women's mobility, and financial freedom. Restrictions on mobility and the closure of markets, businesses, and borders heavily impacted female-dominated areas such as cross-border trade, agriculture, and the informal sector (Bhatasara & Chiweshe, 2023; Mutambara et al., 2022; WEI, 2020; World Bank Group, 2020). Chirisa et al.'s (2022) study of the urban poor of sub-Saharan African cities (Nairobi, Cape Town, Lagos, and Harare) revealed how lockdown policies undermined poor households' survival as they mostly depended on the informal sector. Turok and Visagie's (2021) comparative study of South African townships and suburbs revealed that COVID-19 amplified urban inequalities, especially in terms of employment and hunger. Researchers also noted the health, environmental, and planning challenges in informal settlements and consequently called for the upgrading of informal settlements in African urban areas (Chirisa et al., 2022; Smit, 2021; Turok & Visagie, 2021). While the COVID-19 situation is generally understood to have dealt a heavy blow on the already disadvantaged poor groups, including persons with disabilities (PWDs), research still needs to be conducted to establish the extent of the impact on women with disabilities in Zimbabwe.

COVID-19 and PWDs

Depending on the type of disability, persons with disabilities may have challenges advocating for themselves and keeping themselves safe during a pandemic. Courtenay and Perera (2020) noted how persons with intellectual disabilities were vulnerable to the physical, social, and mental effects of COVID-19. In Jordan, 88% of people with physical disabilities experienced difficulties getting to the hospital for regular check-ups (Humanity & Inclusion, 2020). The use of face masks became a barrier for deaf individuals who rely on lip reading for communication (Kubenz & Kiwan, 2021). Das et al.'s (2021) study of Bangladesh revealed how persons with disabilities' vulnerability increased in all sections of life during the COVID-19 pandemic, as most lost their jobs or had reduced income in their informal sector jobs. It should be noted that even under normal circumstances, persons with disabilities have limited access to education, healthcare, income opportunities, and all the other sectors of society (United Nations News, 2020; WHO, 2022). In low- to middle-income countries such as Nepal, Bangladesh, Kenya, Nigeria, and Uganda, the COVID-19 pandemic profoundly impacted persons with disabilities, sometimes leading to their dehumanisation, discrimination, deprioritisation, and disruption of their livelihoods (Humanity & Inclusion, 2020; Kubenz & Kiwan, 2021; Meaney-Davis, 2020;

Wickenden et al., 2021). The Disability Rights Monitor (DRM)'s (2020) survey of 81 countries revealed that almost one-third of the survey participants reported a lack of access to food. This challenge was much pronounced in the global south.

Zimbabwe does not present COVID-19 data disaggregated in terms of disability; therefore, it is not known how many of the PWDs were affected by COVID-19, but as of 27 May 2022, the total number of COVID-19 cases recorded was 251,646 with 243,561 recoveries. There were 5498 deaths and 6,216,521 vaccinations. Fortunately, the recovery rate was stated as 97% (Government of Zimbabwe, Ministry of Health and Child Care (MoHCC), 2022). The country was ranked 13 in the top 20 African countries affected by COVID-19 (Worldometers, 2022). While the cases of COVID-19 are subsiding, the effects of the pandemic are devastating, more so for those groups that already face multiple forms of inequality. The limited engagement/consultations of PWDs and organisations of persons with disabilities in the drafting of the national response plan might make it difficult for PWDs to build back better (Smythe et al., 2022).

Why Focus on Women with Disabilities During the COVID-19 Pandemic?

Globally, around 1.3 billion people live with a significant disability (World Health Organization (WHO), 2022). The Global Report on Health Equity for Persons with Disabilities indicated that the global prevalence of disability among women is approximately 16% (WHO, 2022). Globally, women tend to have higher disability prevalence rates than men by 60% (Matin et al., 2021). Using the 6 functional domains (of communication, walking, self-care, cognition, hearing, and seeing) adopted from the Washington Group of Disability statistics, the Zimbabwe Housing and Population Census Preliminary Report on Functioning determined that persons with functional difficulties constituted 9.2% while the national disability rate stood at 1.6% (Zimbabwe National Statistics Agency (ZIMSTAT), 2022). The report further indicated that in both rural and urban areas, there are more women with disabilities than men.

Disability has different impacts on women, men, girls, boys, and other gender identities. Due to pre-existing gender inequalities, deep-rooted discrimination, and feminised poverty, the multifaceted consequences of COVID-19 impacted women more than men (Bhatasara & Chiweshe, 2023; Humanity & Inclusion, 2020; Women Enabled International (WEI), 2020). In times of crises, when resources are strained and institutional capacity is limited, women and girls face disproportionate impacts with far-reaching consequences for their life opportunities (UNFPA & WEI, 2021).

Furthermore, while all women and girls face inequality, women and girls with disabilities often face additional, severe disadvantages due to discriminatory social norms and perceptions of their value and capacity (Mandipa, 2013; Mitra & Sambamoorthi, 2014; United Nations Department of Economic and Social Affairs, 2019; United Nations Population Fund (UNFPA) & WEI, 2021; WHO, 2022). The COVID-19 pandemic added another layer of adversity for women with disabilities (Mutambara et al., 2022). Case studies from Malawi, Chile, Fiji, and England reveal that gender, disability, and structural inequalities that characterised societies before

the crisis were exacerbated, particularly for those who experience intersecting forms of discrimination and exclusion, including women and girls with disabilities (Swartz et al., 2020; UNFPA & WEI, 2021; WEI, 2020; World Bank Group, 2020). Women with disabilities are at higher risk of poverty, violence, and limited access to education and healthcare (UN Women, 2020; WEI, 2020; WHO, 2022). As a result, women with disabilities are more likely to report poorer health than men with disabilities (WHO, 2022). The Ministry of Health and Child Care (MoHCC) & United Nations Children's Fund (UNICEF) (2013) highlight that ageing appears to significantly influence disability trends, as the disability prevalence among persons aged 60 years and older is higher among women than men. The intersection of age, disability, and gender creates unique circumstances and vulnerabilities for older women with disabilities.

In addition to the burden brought about by COVID-19, the implementation of COVID-19 guidelines and national response strategies, such as travel restrictions, social distancing, and lockdowns, regrettably reinforced, amplified, and compounded existing challenges, disadvantages, and gender inequalities (Budoo-Scholtz & Johnson, 2023; Smythe et al., 2022; WHO, 2022). The negative impacts that pandemics exemplified by COVID-19 have on women, particularly marginalised African women with disabilities, have been established but scarcely investigated (Budoo-Scholtz & Johnson, 2023). It is against the above backdrop that this paper presents the effects of COVID-19 on the livelihoods of women with disabilities, using Harare Metropolitan Province as a case.

The Legislative Framework for Persons with Disabilities in Zimbabwe: Existing Support and Protection

Zimbabwe is party to regional and international legal frameworks such as the Convention on the Rights of Persons with Disabilities, The Convention on the Rights of the Child, and the African Charter on Human and People's Rights that promote and guarantee the rights of persons with disabilities. At the national level, Sect. 83 of Zimbabwe's Constitution (2013) guarantees the rights of persons with disabilities, mandating the State to take necessary measures, 'within the limits of resources available to it', to create an enabling environment for self-reliance, participation, access, protection, and the realisation of full mental and physical potential of persons with disabilities. The current constitution, unlike the previous one, is deemed more inclusive and preferable to persons with disabilities and their organisations (Mandipa & Manyatera, 2014; Mugumbate & Nyoni, 2013).

The Disabled Persons Act of 1992 (DPA) identifies the 'responsible Ministry' for persons with disabilities as the Ministry of Public Service, Labour, and Social Welfare. In this Ministry, the Department of Disability Affairs is responsible for managing the affairs of persons with disabilities. The DPA further mandates the Ministry to establish the National Disability Board, which is responsible for formulating policies sensitive to the needs of PWDs enabling, as much as possible, the pursuance of independent living by PWDs through working together with other government ministries and stakeholders. The 2021 National Disability Policy further elucidates

the policy framework relating to disability issues and the mandate of the Ministry, highlighting the need to reserve 15% of jobs in all sectors, scholarships, and housing/residential stands in the public sector for PWDs. In terms of social protection, it is stipulated that disability identification cards must be issued for easy identification of PWDs for social services, including healthcare (consultation and treatment) in public healthcare centres. Through the Social Welfare Assistance Act (Cap. 17:06), there is a provision for public assistance for indigent/destitute persons, including PWDs.

While relevant pieces of law exist, the 'resources available to the state' (as mentioned in the Constitution), even before COVID-19, have tended to be inadequate to ensure that persons with disabilities enjoy their rights and lead-free dignified existences (Dziva et al., 2018; Kaseke, 2015; Muridzo & Chikadzi, 2020). The paltry budget allocated to the responsible Ministry has led to the inconsistent disbursement of the monthly grants (an equivalent of US$20) to PWDs. This, coupled with the rising inflation in Zimbabwe, makes the lives of PWDs precarious, more so for women with disabilities who ordinarily face isolation and exclusion from state programmes due to both disability and gender-specific impediments (Bhatasara & Chiweshe, 2023). Globally, in low-income countries, only about 1% of PWDs benefit from social protection measures (Kubenz & Kiwan, 2021).

Theorising Livelihoods of Women with Disabilities

This study employs Chambers and Conway's (1992) and Scoones' (2009) sustainable livelihood framework to analyse how women with disabilities have fared within the COVID-19 context. Theorising livelihoods requires consistent framing, and according to Scoones (2009), a framework is one particular way of viewing the world. A livelihood framework thus becomes a way of understanding how households derive their livelihoods by drawing on capabilities and assets to develop livelihood strategies composed of a range of activities.

Furthermore, the sustainable livelihood framework offers a valuable understanding of how people, particularly subaltern populations (in this case, women with disabilities), engage in economic activities to sustain their lives under certain conditions (COVID-19 pandemic). A sustainable livelihood has been defined as (having) 'adequate stocks and flows of food and cash to meet basic needs' (Chambers & Conway, 1992, p.5). In this article, we analyse how the shortage of adequate stocks such as food, cash, and other necessities rendered the lives of women with disabilities unsustainable as they were exposed to shocks and stresses such as hunger and water shortages. To Scoones (2009, p. 172), livelihoods 'start with how different people in different places live' and they are 'a complex web of activities and interactions that emphasises the diversity of ways people make a living'. These definitions show the complexity of livelihoods as they insinuate both a structural and micro-level analysis of livelihoods. According to Chambers and Conway (1992, p. 6).

> A livelihood comprises the capabilities, assets (stores, resources, claims, and access), and activities required for a means of living: a livelihood is sustaina-

ble and can cope with and recover from stress and shocks, maintain or enhance its capabilities and assets, and provide sustainable livelihood opportunities for the next generation; and which contributes net benefits to other livelihoods at the local and global levels and in the short and long term.

From a sustainable livelihood framework perspective, a livelihood also comprises the capabilities, capital assets (including both material and social resources), activities, and processes that social actors engage in to earn a living (Chambers & Conway, 1992). Capabilities such as skills, health, and education are not evenly distributed among varying populations, and as reflected in this article, women with disabilities have always experienced disadvantages that were amplified by the pandemic restrictions. Capital assets are what people have to earn a living, and they are entrenched in people's beliefs, feelings, and identity (Scoones, 2015). They can be social, political, financial, natural, physical, or in the form of human capital (Scoones, 2009). Understanding assets that particular people have and how they use them further helps in appreciating the outcomes different people realise from their livelihood strategies and how the (un)availability of those assets condition life chances in different contexts. In Zimbabwe, persons with disabilities have fewer assets and lower living standards compared to the non-disabled (Swedish International Development cooperation Agency [SIDA], 2014). We, therefore, discuss how women with disabilities' capital assets, such as financial capital for women involved in petty trading, roads and the Central Business District, which are normally used for begging and petty trading, and people depended on by women with disabilities, were severely compromised by the pandemic lockdowns, thus limiting if not (temporarily) obliterating, livelihood pathways for women with disabilities.

Furthermore, the livelihoods of subaltern populations are to be understood in relation to the vulnerability context in which they are practised. A livelihood vulnerability context is considered the starting point for informing livelihoods and offering 'dimensions from the domains of economics, politics (local, national and regional), informal power dynamics, demographic trends, formal and informal institutions, and often conflict(s)—each of which will have a different impact on different people, and the interactions between the forces are almost infinitely complex" (Levine, 2014, p. 4). Thus, we discuss COVID-19 as a peculiar vulnerability context, including its lockdowns, movement restrictions, police brutality, and the overall disruption of livelihoods constrained women with disabilities' livelihood chances. This study explains how structural policies, institutions, and processes also enable or constrain people's livelihood chances, showing how COVID-19 containment strategies at the national and local levels affected diverse women with disabilities differently. Although the Zimbabwean government responded to the pandemic by offering packages for social protection (Gentilini et al., 2020), this study shows the extent to which the livelihood chances of persons with disabilities in general and women with disabilities in particular were constrained.

The sustainable livelihood framework also focuses on the strategies employed by people to earn a living. A livelihood strategy is 'a set of guiding principles by which people try to organise themselves to achieve their goals' (Levine, 2014, p. 5). In addition to showing how livelihood strategies are usually disability-specific,

we further discuss how women with different disabilities had to reconfigure their livelihood strategies in the face of the pandemic. The weak inclusion of persons with disabilities in Zimbabwean society, which existed before COVID-19, became worse during the pandemic, especially in relation to livelihoods.

Methodology

Study Design and Methods

Using a largely qualitative design, researchers collected data in April 2022. In this single-phased study, data were collected simultaneously using three different methods (42 structured interviews, 5 focus group discussions (FGDs) with 62 women, and 7 key informant interviews). Each FGD had 12–15 participants. Structured interviews and FGDs targeted women with disabilities, while key informant interviews were conducted with service providers and professionals from organisations working with women with disabilities. Qualitative data from FGDs and key informant interviews ensured thick descriptions and provided holistic narratives about the meanings the research participants attached to what was going on in their lives (Sandelowski, 2010). The interactive nature of FGDs (mainly involving those with physical impairments, the deaf, and the visually impaired participating in different groups) provided a variety of views that were shared in a safe, non-threatening environment (Hennink, 2014), capturing the essence of the experiences of disability and its intersection with gender during the COVID-19 pandemic. Using different data collection methods assisted in gathering comprehensive data and increasing understanding of the phenomenon under study (Arias Valencia, 2022).

Quantitative data from structured interviews were analysed using descriptive statistics for frequencies, cross-tabulations, and percentages, and other measures of central tendency using the Statistical Package for Social Sciences (SPSS) version 20, while qualitative data were analysed through thematic analysis as guided by Braun and Clarke (2006).

Sample Size, Research Site, and Ethical Procedure

While the ZIMSTAT report on disability (2022) only provides the demographic data that describe the size (as a fraction of the total population) at the national and provincial levels, it does not reflect the disaggregated geographical spread of persons with disabilities within the provinces. There were no official census figures for the persons with disabilities residing in the three study locations. In view of this and to arrive at a less arbitrarily determined sample of research participants, a two-phased approach was adopted. Firstly, population estimates were extrapolated from the NGO that works with persons with disabilities, whose registers of persons with disabilities in Epworth, Hatcliffe, and Caledonia totalled 416, 227, and 748, respectively, giving an estimated total of 1391 (both women and men). We then applied the ratio of 19 to 2:12 (female to male persons with

disabilities) provided by the United Nations Department of Economic and Social Affairs (2019) to this total figure to arrive at the approximate number of 852 females with disabilities in the study area. This became the sampling frame.

A sample of 104 women with disabilities was then purposively drawn from the population using the following disability criteria (visual, hearing, speech/communication, physical, cerebral palsy, epilepsy, intellectual/learning, psychosocial, multiple disabilities, and albinism) to ensure a fair representation of each category of disability in the sample. This sample represents about 12% of the total population of females with disabilities in the three study areas. However, the sample did not maintain the proportions of the women with disabilities in the three study sites, mainly owing to logistical issues and the availability of participants. Memon et al. (2020) acknowledge the various factors affecting the determination of the sample size, including practical considerations. This sample was considered adequate in line with recommendations by Memon et al., 2020) that for behavioural sciences, a sample between 30 and 500 is adequate.

Ethical clearance to conduct fieldwork was obtained from the Midlands State University. Informed consent was sought from all participants who either signed forms or gave consent for audio, pictorial, and video recordings. In data processing, analysis, and publication, the identity of the participants is protected through the use of pseudonyms. A dissemination and validation workshop conducted in November 2022 at one of the research sites (Caledonia) created another platform for both the researchers and participants to seek further clarification and validate the research findings. To ensure inclusivity, as recommended by scholars in this field (for example, Lewis, 2004), selected participants from the other two sites were ferried to the venue by the researchers, and assistance with sign language was provided by the NGO and its partners. The map presented below indicates the geographical sites of the study (Fig. 1).

Findings and Discussion

The three sampled geographical areas exist in Harare Metropolitan Province. They are former farms generally characterised as poor, informal settlements and, to some extent, 'chaotic and disorganised', lacking basic services and amenities such as roads, water, and electricity (Chari, 2021). While Epworth has a long history, having started as a Methodist Church mission station in the late nineteenth century and developed in the 1970s as a result of the intensification of the liberation war in the rural areas and people migrating out, the other two (Hatcliffe and Caledonia) developed partly as a result of the early 2000s internal displacements of the fast-track land reform programme and operation *Murambatsvina* (Chirisa et al., 2014; Chitekwe-Biti et al., 2012). Epworth is located about 15 km from Harare city centre. Hactliffe is about 21 km away from the Central Business District (CBD), while Caledonia is located some 22 km east of the city centre.

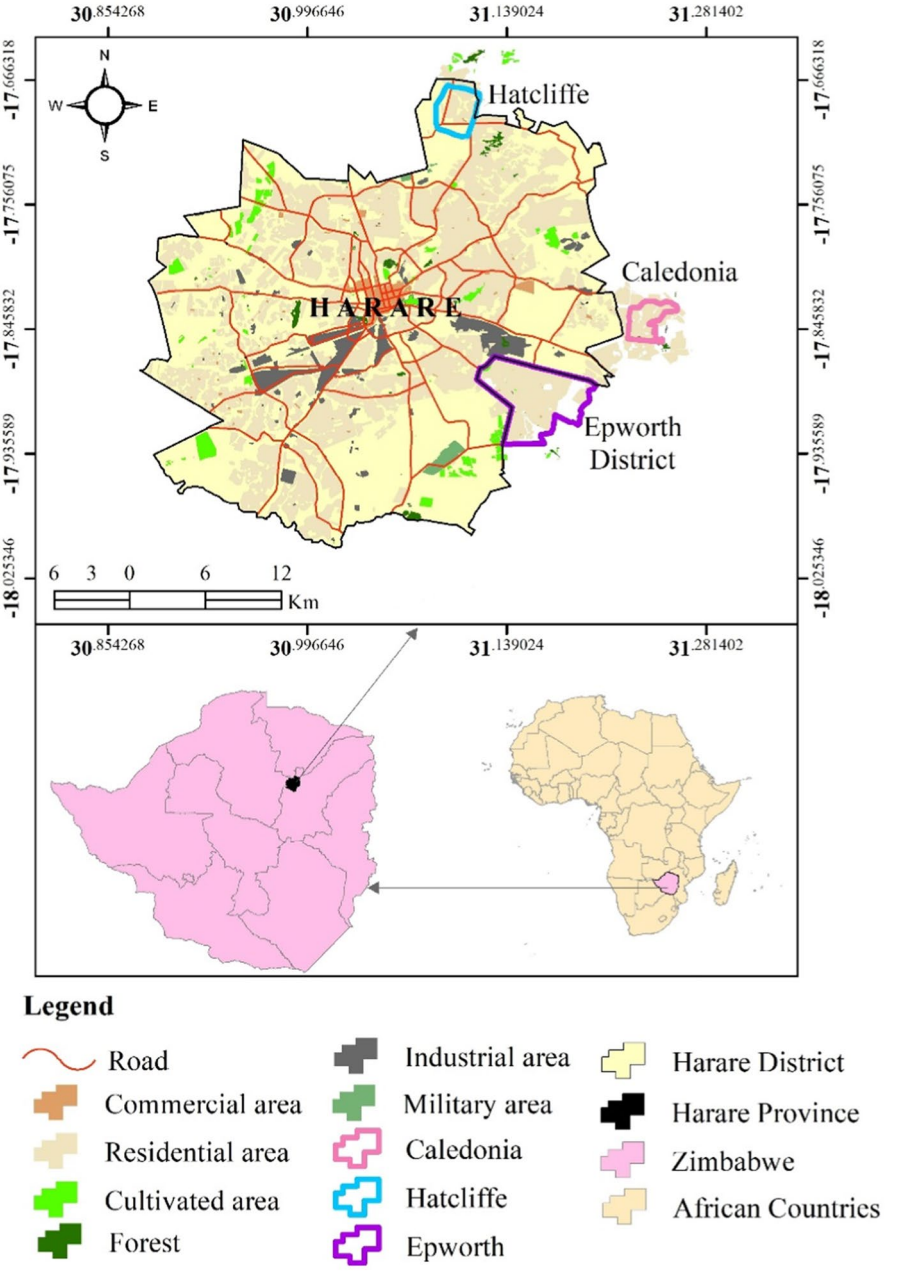


Fig. 1 Map of study sites (own source)

Table 1 Demographic profiles of research participants

Age of participants	Number of participants	Percentage	Cumulative percentage
18–19	8	7.7	7.7
20–29	10	9.6	17.3
30–39	22	21.1	38.4
40–49	38	36.5	74.9
50–59	13	12.5	87.4
60–69	10	9.6	97
70–79	1	1	98
80 +	2	2	**100**
Total	**104**		

The Demographic Profiles of Sample Participants

Participants aged between 30 and 49 constituted the majority (57%) of the members in the study. Population ageing is indicated by a sizable number of participants aged 60 and above, who constituted 12.6% of the study sample. Table 1 provides the demographic profiles of research participants.

While acknowledging the numerous methods of classifying disability, this research adopted the following 10 categories of disabilities based on the definitions articulated by the UN Convention on the Rights of Persons with Disabilities (CRPD) and used by the NGO in its programming. These are: visual, hearing, speech/communication, physical, cerebral palsy, epilepsy, intellectual/ learning, psychosocial, multiple disabilities, and albinism. In the sample, participants with physical disabilities constituted the majority (48%), followed by those with hearing impairments (14%). The visually impaired constituted 12%, and those with intellectual/learning disabilities constituted 5%. Those with cerebral palsy were 4%, while those with albinism constituted 3%. Participants with speech/communication disabilities were 2% of the sample. Women with epilepsy and psychosocial disabilities constituted 1% each, while the remaining 10% had multiple disabilities. These sample characteristics do not reflect (in the same proportions) the results from ZIMSTAT (2022), which revealed that at the national level, more persons with disabilities have difficulties in seeing (4.8%) and walking (4.1%). Logistical issues of accessing women with visual impairments could explain this inconsistency in the sense that these women woke up very early to go and work (vending and begging) in the CBD, such that when the researchers visited their homes later during the day, they could only access a few, even after making prior arrangements/appointments.

Sources of Livelihoods

The research revealed that women with different disabilities had different livelihood sources, particularly before the pandemic, but this drastically changed after the COVID-19-related lockdowns. Generally, persons with disabilities mainly

participate in the informal sector, largely because of their low levels of education. SIDA (2014) maintains that about 67% of Zimbabwe's children with disabilities never attend school, thus already placing them at a comparative disadvantage with their non-disabled counterparts right up to adulthood. Among our interviewed participants, just above half (57%) went up to secondary school, although some may not have gone up to Form 4 (ordinary level), above a quarter went up to primary school level (29%), and 12% did not go to school. Only 2% of the participants had attained a college-level qualification. Resultantly, the intersection of gender, disability, low levels of educational attainment, and the structural harsh macro-economic conditions, poverty, and the high unemployment rate in Zimbabwe, implied almost all of the research participants were either unemployed or were in informal employment. A key informant (KIN3) lamented the low levels of education among women with disabilities, stating that 'the education levels are low, so being formally employed is highly unlikely'. Thus, regardless of the COVID-19 context, persons with disabilities generally lack access to adequate education, which is an indispensable asset required for formal employment. Employment in the formal sector is arguably more sustainable compared to the informal sector, as it comes with other benefits such as pensions and health insurance.

In Zimbabwe, as in the rest of the world, the pandemic lockdowns greatly and negatively impacted the livelihoods of those in the informal sector, as they could not ply their trade in the manner they did before (Dzawanda et al., 2022; UN Women, 2020; Wickenden et al., 2021). While the non-disabled could still ply their trade by evading or bribing law enforcement agents (Makombe, 2021) or even changing strategies (for example, vendors who started using their cars instead of roadside tables (Toriro & Chirisa, 2021)), including during mandatory lockdowns, our participants stated that their disabilities made it difficult to bribe or evade the police. Their capabilities to circumvent restriction measures were limited as they lacked the skills and resources that were possessed by some of the non-disabled. They had no better option but to conform to (structural) national COVID-19 guidelines while their livelihoods were brought to a halt. The pandemic thus greatly limited participants' capabilities to circumvent the travel restrictions and lockdowns as shocks and stresses brought about by the pandemic. Their situation was also different from the majority of the non-disabled in the formal sector, particularly civil servants who continued to receive their salaries during the lockdowns. Although cash transfers became a popular response to assisting the poor (Gentilini et al., 2020), these were not without challenges.

Before the pandemic, the majority of the study participants, especially the physically and hearing impaired, relied on vending mainly at their homesteads and at local shops or pick-up points along the roads, while a few plied their trade in CBD. Those areas were critical physical capital assets for persons with disabilities as they were rental-free, albeit they are usually targets for local authorities and police crackdowns. With the help of their children, and sometimes on their own, they would set up vending stalls (usually made up of wood and plastic) by the roadside and/or at the front of their houses. Those who sold in the CBD would also use cloth, cardboard boxes, and plastic as stalls to display their



Fig. 2 One of the research participants selling her wares in front of her house

products along street pavements. Products sold included snacks, sweets, biscuits, cigarettes, second-hand clothing, and fruits and vegetables (Fig. 2).

The visually impaired mainly depended on begging by the roadside, at busy road intersections and streets in various areas around Harare, an activity they regarded as a job, and on the streets, which they called workplaces. A few also ventured into cross-border begging in South Africa while very few participants were formally employed. Others were also involved in street hawking. Generally, most participants pointed out that they led precarious lives before the outbreak of COVID-19, but the pandemic amplified their precarity as the government instituted containment measures (temporarily) banned and consequently criminalised the informal sector activities. Thus, women with disabilities' physical assets, such as the Central Business District, roadsides, local shops, and almost all public spaces they used to earn livelihoods, became inaccessible. They simply could not earn a livelihood.

Even though most participants reported a general precarity prior to the pandemic, there was an exceptional case of one visually impaired Martha (not her real name) who used to own a canteen in Gweru (Zimbabwe's fourth-largest city), where she also employed five people. Martha also ventured into cross-border trading, and she sold second-hand clothes in one of Gweru's markets. As will be discussed later, the pandemic proved futile for her business exploits. Two older women relied on tenant rentals from their houses. They, however, pointed out that their tenants found it difficult to pay their rentals as the tenants' livelihoods were equally adversely affected by the pandemic. They, therefore, could not realise income from their houses, which were their main, if not only, reliable asset.

The long, unproductive spell of the pandemic subsequently forced most women (especially vendors and street hawkers) to spend all of their financial capital, thus limiting and, in some cases, depleting their asset and resource base. This made it difficult for them to recover from the shocks of the pandemic post-lockdown.

Resultantly, some participants in Epworth and Caledonia resorted to firewood vending since it is almost capital-free (financially, at least). They fetched the firewood from nearby farms for sale in their neighbourhoods. Firewood vending is, however, a very difficult option for women with disabilities. Quite often, it involves arrests and prosecutions from police officers and Environmental Management Agency (EMA) workers, as firewood trading (particularly involving wet trees, which are the only ones available) is illegal. The non-disabled can easily evade those agencies by merely running away, while running is difficult for persons with disabilities. As a result, persons with disabilities are often caught and, in some instances, forced to pay a fine or a bribe. For the visually impaired, like Martha, recovery through firewood vending was simply not an option since they required assistance with gathering, tying, and carrying the firewood and the long walks in the forests from their homes. Firewood poaching is therefore a constraint to disabled women's capabilities. Some participants, however, highlighted that sometimes the law enforcement agencies release the disabled without fines. Their firewood was nonetheless confiscated by the police in exchange for release.

In Martha's case, in addition to losing her business and financial capital due to the pandemic, she also lost her husband in 2021. Earning a living became difficult for her to the extent that her house, located in another city (Gweru), was enlisted for attachment by the Gweru City Council owing to her failure to pay her water and refuse bills. Martha has since resorted to begging in Harare, as she mentioned that she felt embarrassed begging in Gweru, where she was well known. Begging for her (and other participants) was demeaning and frustrating. In her words:

> What will people say if they find me begging in Gweru? They know me as someone who works for herself… help me find a job...I can wash curtains… and get my pay at the end of the month. I do not enjoy begging it's just that I do not have an option. I am used to working for myself.

Thus, for people like Martha, the pandemic posed a threat to their established livelihood strategies, capabilities, and assets they had accumulated over time. That loss threatened their ability to recover from COVID-19-induced stress and shocks, and they had to resort to livelihood strategies unpopular to them.

Women who loathed begging reasoned that capital injection was vital for them to earn a living in a 'dignified' manner. Most participants who resorted to begging post-lockdown also highlighted that begging was their last option, but even that too had been rendered impossible during the lockdown. They highlighted that, given other options, they would choose self-help projects rather than go back to begging post-COVID-19 lockdown. Participants also highlighted that begging has since become less lucrative post-lockdown as their asset because the people from whom they used to beg were also affected by COVID-19, and hence they could not donate much, if any, thus showing how structural shocks impact the livelihoods and assets of the vulnerable.

Participants reported that before COVID-19, they used to earn above US$10/day, but since the pandemic, they could hardly get an average of US$7/day. On a bad day, they went back home empty-handed. Likewise, those who used to depend on cross-border begging could no longer do so owing to national COVID-19 restrictions.

Mandatory vaccination (which is required for foreign travels), for instance, was a barrier to the visually impaired, most of whom had not been vaccinated. An FGD with predominantly visually impaired women in Epworth (who happen to depend on begging), for instance, revealed that all seven visually impaired women had not been vaccinated due to various reasons (including lack of clear understanding and the prevalence of myths about the pandemic). Resultantly, they could no longer travel to South Africa for begging.

The COVID-19 period also forced some women with disabilities to solely depend on handouts from NGOs, relatives, and neighbours for financial assistance. Some participants pointed out that they relied on food handouts (50 kg of maize grain) from the Department of Social Development under the Food Deficit Mitigation Programme, especially during the lockdown period. The Zimbabwean government had set aside about 600 million Zimbabwean dollars to assist 1 million poor urban households through an emergency harmonised social cash transfer programme where each eligible member received about US$13 per month (Gentilini et al., 2020). Others benefited from the already existing urban food security and resilience programme rolled out by the World Food Program (WFP). This provided unconditional cash transfers, which came in handy, particularly during the lockdown. Participants and key informant interviewees revealed that most families (including the non-disabled) in low-income urban areas, including the areas where the research was conducted, benefitted from the WFP programme. Under the food security and resilience programme, each family member received US$12 per month. Participants who benefited from the programme pointed out that the proceeds proved very vital as they were able to buy basic food commodities such as mealie-meal, cooking oil, and salt at a time when all other avenues were closed, thus showing the importance of external help in times of vulnerability. Thus, at times, structures and processes were put in place to assist the vulnerable from the pandemic, but as we discuss below, those measures did not specifically target women with disabilities only.

Even though the cash transfers were an indispensable relief to women with disabilities, the research also revealed that not all the women with disabilities benefitted from the programme. Some complained that they only learned about the programme after beneficiaries had already been selected. Others pointed out that they were never listed as potential beneficiaries, while another group explained that they were initially registered but eventually did not make it to the final list of beneficiaries. There are participants who indicated that their disabilities made it difficult for them to inquire about the programme, including finding ways to becoming beneficiaries. Another group opined that those who compiled those lists 'always forgot' about women with disabilities when identifying beneficiaries, and so they remained invisible and forgotten during the pandemic while the non-disabled could successfully solicit and make use of accessible information to their advantage. Disability remained an obstacle in finding the required capital with which to circumvent the COVID-19 shock.

Participants like Martha, who were known for earning better thanks to their business ventures, were deliberately omitted from the programme because they were considered 'rich'. Martha, for instance, complained that she was 'punished' because of her hard work. In her words:

Table 2 Source of non-financial support during the COVID-19 period

	Percent
Government	4.8
NGO/private sector	14.3
church and well-wishers	21.4
None	59.5
Total	100.0

> They openly told me that I did not qualify because I am rich. But look, it is because I choose to work hard. It's never easy when you are visually impaired. We always go an extra mile but we get punished for that. I could choose to beg but I do not want to. But when these NGOs come. You get punished. They will leave you for lazy people.

Participants also had a tough time accessing non-financial support, especially from the government. Among those who responded to the structured interview, 59.5% indicated that they did not receive non-financial support during the pandemic. This was in the form of foodstuffs and clothing. Table 2 indicates this information.

Other physically impaired participants also revealed that some workers from organisations and government departments that distributed food handouts also accused them of not being 'disabled enough' to qualify for food handouts. As one participant noted:

> They [those distributing Social Welfare Department food handouts] saw me coming to collect my 10 kg mealie meal (corn powder) and shouted that I could walk but was using crutches as a disguise. They said that my [disabled] leg was not that bad and that I should work like what old non-disabled women do. They eventually gave me but that was too humiliating… (FGD, Epworth).

The demand to prove that one is 'really' disabled was not only demeaning but was deemed a sign of a lack of acknowledgement of one's being. In poverty situations and where expectations are high regarding government support, there are competing definitions of disability, with government workers sometimes narrowing what counts as disability (Das et al., 2021; Hansen & Sait, 2011; Kubenz & Kiwan, 2021).

Some participants also noted that their spouses lost their jobs owing to the economic hardships induced by the pandemic. This resulted in a very limited family income. Widowed and single women also reported that they struggled even more as they had no spouse to share family responsibilities with. To cope, some family members of women with disabilities got involved in illicit activities. Some daughters and other female dependents got involved in prostitution, while boys became involved in thievery to make money. As a result, as one key informant (KIN5) noted, 'the number of single mothers and unplanned pregnancies increased during the COVID-19 era'. Non-disabled husbands would also break lockdown measures to vend. In some cases, they would be arrested and would bribe the police with all their capital for them to be released. Those who depended on handouts from family members,

relatives, and friends also pointed out that their providers were facing the financial impacts of the lockdown, hence the ripple effects cascading down to them.

Impacts of Livelihood Disruptions

The challenges posed by livelihood disruptions also had negative impacts on participants' lives including their diet, access to medication, exposure to gender-based violence, and ability to pay bills and school fees for children. Because of traditional gender roles, women's income is largely spent on household food consumption, and women mainly determine the dietary composition of households (Lufuke et al., 2023). This role became difficult to fulfil during the COVID-19 era. All participants highlighted that food shortages became a chronic challenge since COVID-19 started, with the situation getting worse during the lockdowns. The year 2020 was generally characterised by maize shortages resulting in (disorderly) food queues, including during lockdowns (Makombe, 2021), making it difficult for women with disabilities to compete with the non-disabled. Our participants, especially those who did not benefit from food handouts, narrated their difficulties in trying to buy mealie meals as they failed to withstand the queues. Some shop owners could not give them, as they and the non-disabled who were in the queues claimed that 'everyone' was hungry. Most participants pointed out that what they would remember most about COVID-19 and its subsequent lockdown restrictions was hunger. However, some participants pointed out that access to food has since partially improved, although diets remained poorer than in the pre-COVID-19 period.

The pandemic-induced financial stress and subsequent lockdowns resulted in most families cutting their number of meals from three to two, and in some cases, to only one per day. Before the pandemic, most participants used to have three meals comprising of breakfast (porridge or tea with plain bread or rice, or samp), lunch (rice or *sadza*[1] with leafy vegetables or soya mince), and supper (*sadza* or rice with vegetables, soya mince, beans, sour milk, and occasionally, meat). However, when COVID-19 came, participants limited their meals, and protein such as beans, meat, and milk became unaffordable. They thus depended on starch in its various forms, including home-made bread, porridge, samp, *sadza*, and on a few occasions, rice. Such an unbalanced diet is also dangerous for women with specific dietary needs and medical conditions.

Food handouts, notably those from the Government's Department of Social Development, also fell short of providing a balanced diet. The Department, working together with the Department of Disability Affairs, distributed 50 kg of maize per month to vulnerable households, including households of persons and women with disabilities. One key informant (KIN6) stated that this was not enough:

> We were providing grain to persons with disabilities, the problem is you are just giving grain…50 kg a month.

[1] Thick porridge made from maize (corn) meal is considered a staple food in Zimbabwe. It is a great source of starch/carbohydrates and is eaten with relish such as meat.

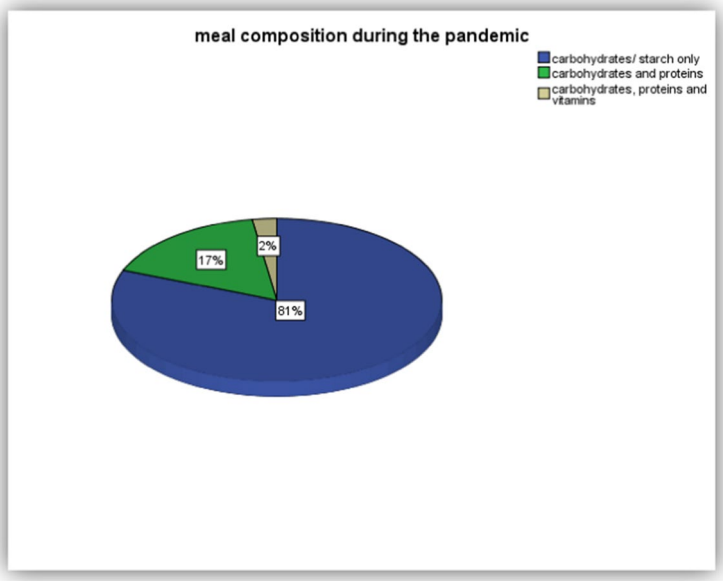


Fig. 3 Meal composition in participants' households during the COVID-19 pandemic

Figure 3 indicates the participants' meal composition during the COVID-19 pandemic. The already unbalanced diets became worse with the pandemic (Fig. 3).

Participants reported that a balanced diet was the least of their worries as they now resorted to 'eating to live'. One participant with albinism indicated that she suffered from malnutrition during the lockdown as she resorted to eating *sadza* with salty water only, twice a day. She could not afford proteins and vitamins. In her own words:

> I was starving. I got sick and when I visited the clinic, the doctor told me that I had kwashiorkor. At this [my] age. They told me I had to eat nutritious food, but where would I get it?

In some instances, some participants spent a day or two without eating as access to food became increasingly difficult. Some resorted to eating boiled indigenous vegetables without starch. As one participant narrated:

> There was a time when I went for two days without eating. I could not even access vegetables to boil. (FGD, Caledonia).

Another participant added:

> One day we cooked *samp*[2] made from sorghum we received as part of food handouts. It was my first time … [having that meal] and it did not taste good at all. But we had no option. (FGD, Caledonia)

[2] Coarsely ground corn meal.

Participants also expressed how it pained them as mothers to see their children go hungry. They not only helplessly watched their children starve but also bore the brunt of constant food demands from their children. Gender roles often make women immediate food providers for their children. They cook and feed their children. Thus, when children get hungry, they approach their mothers. As one participant noted:

> As a mother it was difficult, children would cry to you and it was so heartbreaking because there was nothing to give them. Sometimes they would go and beg for food at the neighbours unbeknown to me... Some neighbours would give them food but others would tell my children that my disability is not their fault.

The above excerpt shows the double jeopardy that children of vulnerable women with disabilities face: that is poverty and stigma. The pandemic-induced food challenges amplified the financially motivated social ridicule that women with disabilities routinely experience.

In some cases, the pressure for food caused domestic and gender-based violence among married women. Children would demand food from their mothers, who would in turn demand food from their spouses. Faced with the reality of an inability to provide for their families, some men would turn violent towards their wives and children, in some cases leading to separations and divorces. One woman explained being beaten by her husband as the result of sitting at home and spending too much time together during the lockdown. A key informant (KIN5) explained:

> Many were abandoned and some were divorced by their husbands. This is because most of the persons with disabilities are in the informal sector. The lockdown meant nobody could sell their products, be they vegetables or food items in tuckshops. Everything was down, they could not replenish supplies, and it was a lockdown. So, for most men who were used to surviving on the earnings of their wives, it became a big challenge. There were misunderstandings in the homes between husbands and wives. Consequently, there was an increase in the number of women who separated or were divorced from their husbands.

Overall, participants' assessment of their access to food both before COVID-19 and during the pandemic indicates an inadequate food supply. The pandemic exacerbated an already vulnerable situation. This is reflected in the fact that 74% of the participants experienced a lot of challenges accessing food, while 14% said that they experienced few challenges, and only 12% stated that they did not have any challenges at all in accessing food. Because of the inadequacies and insecurities in livelihood losses, participants mainly recommended that food handouts (38.1%), cash transfers (19%), and a conducive environment for self-employment (26.2%) be made available for them to guarantee sustainable lifestyles. A few wanted access to employment (2.4%) and gas for cooking (2.4%). The remainder were undecided on specific recommendations for recovery post-COVID-19.

Urban food insecurity has been recognised as the 'greatest humanitarian problem of the century' and an 'invisible crisis' (Dodson et al., 2012, p. 11), which is linked to household precariousness. This food insecurity became worse as the already precarious livelihoods of women with disabilities were affected by COVID-19. The challenge of hunger in households affected women more than men, as women tend to be the primary food preparers and decision-makers of household dietary requirements (Lufuke et al., 2023; World Bank Group, 2020).

Conclusions and Recommendations

The premise of this paper is that people with disabilities are disadvantaged from the outset, so they need to be given something more to be equal (Eide & Ingested, 2011, p. 8). Findings concur with those of Das et al. (2021) in Bangladesh, who concluded that the vulnerabilities faced by persons with disabilities stemmed from their marginal existences prior to the onset of COVID-19. Globally, women with disabilities tend to engage in self-employment or work in the informal sector (Kubenz & Kiwan, 2021). There is a need for the empowerment of women with disabilities so as to increase their capabilities in dealing with shocks and stressors such as those posed by the COVID-19 pandemic. This will directly affect the level of household food security, addressing pressing issues of hunger (DRM, 2020; WEI, 2020).

While the experience of disability is not homogenous, there are certain commonalities relating to the numerous obstacles, burdens, and sources of vulnerability and exclusion. Disasters and pandemics can only worsen their situation, especially if no clear strategy is adopted to assist them. While COVID-19 caused unprecedented disruptions and untold suffering to many, it shattered the livelihoods of women with disabilities (WEI, 2020).

While different frameworks have offered useful theoretical and practical insights into understanding and framing livelihoods, this paper contributes to the literature by framing livelihoods within a disability context. In doing so, the paper discusses how disability and gender within a COVID-19 context drew different women into a peculiar vulnerability context. Because of the intersection of disability, socioeconomic status, gender, and the COVID-19 pandemic, women with disabilities largely fared worse within the pandemic context than before.

The findings of this study expose the inadequacies of existing social safety nets targeting vulnerable populations, including women with disabilities, in Zimbabwe. While COVID-19 introduced peculiar challenges for women with disabilities, the intention of social protection provisions is to provide for contingencies such as COVID-19-induced challenges. COVID-19 exposed the inadequacies of existing policy frameworks in terms of targeting, level of provisions, and coverage (Smythe et al., 2022). As in other contexts (studied by Das et al., 2021; Humanity & Inclusion, 2020; Wickenden et al., 2021; WEI, 2020), some women with disabilities had no access to information about social protection measures, lacked money for bribes, and generally felt excluded and forgotten.

The study further reveals the possible failure of women with disabilities to cope with the COVID-19 context. They became more vulnerable than before since

disability coupled with gender, a lack of formal employment, and a generally difficult macro-economic environment made their livelihoods difficult, if not impossible. This happened against limited external assistance, particularly from the government and other potential stakeholders, including NGOs and the donor community. In light of this, we recommend that the government and other stakeholders take serious consideration of the vulnerability of PWDs, particularly women with disabilities, given their multiple intersections of vulnerability. There is a need to prioritise urgent assistance with food and other basic necessities and services, such as clean water, particularly in low-income areas. There is also a need for such stakeholders to enhance the capabilities of women with disabilities to recover from the losses induced by the pandemic and the subsequent lockdowns. As rightly stated by the majority of the participants, income to boost or restart self-help income-generating projects will go a long way in enhancing their livelihood strategies, in addition to restoring their dignity.

Study Limitations

Initially, the study was intended to be conducted on a national scale with a view to shine a light on how factors of different geographical and cultural locations coloured women with disabilities' experiences of the COVID-19 situation. However, due to resource limitations, it was scaled down to only three locations, all in the Harare Metropolitan Province. This, however, had the advantage of focusing on Harare Province, which not only had the highest numbers of people per square metre but also the highest cases of COVID-19. However, generally, there are more persons with disabilities in rural areas than in urban areas (ZIMSTAT, 2022). The sample characteristics were affected by logistical issues of accessing women with different categories of disability, and thus the proportions of the prevalence of different types of disability were not maintained (see the discussion on demographic characteristics of participants). Notwithstanding these factors, it is recommended that more studies of this nature be conducted in other provinces to help broadly understand the position of women with disabilities, including caregivers of persons with disabilities, for purposes of coming up with a comprehensive understanding of how the pandemic continues to impact on women with disabilities and providing sustainable interventions. These will assist in addressing the precarious livelihoods of women with disabilities.

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Data Availability A dataset is available upon request.

Declarations

Ethics Statement The research sought participants' informed consent was approved by the Midlands State University Ethics Board.

Conflict of Interest The authors declare no conflict of interest.

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