

## **The COVID -19 Legacy - Social protection fragilities and frontline social work practice dynamics in Zimbabwe post COVID -19 pandemic**

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**Abstract:** Zimbabwe's socio-economic trajectory consists intractable challenges that were partly reinforced by the COVID-19 pandemic. Zimbabwe was not spared from pervasive the 2020 COVID-19 pandemic induced social protection challenges complicated by how the country was smarting from devastating 2019 Cyclone Idai effects and other natural climatic shocks. Based on a methodology of reviewing secondary literature, exploration is made of how post the 2020 COVID pandemic, social workers continue to navigate the precarity of vulnerable persons that existed even before onset of COVID-19. Examination is also made regarding robustness of Zimbabwean government's social protection mechanisms to cushion citizens. Finally, pathways are proposed through which social workers' methods of interventions can continue to be enhancing socio-economic functioning to militate against long term COVID-19 impacts.

**Keywords:** COVID 19; socio-economic; social security; Zimbabwe

### **Introduction**

Zimbabwean social workers play a vital role in the country's social development, connecting people, communities and systems. Importantly, section 30 of the Constitution of Zimbabwe Amendment (No. 20) of 2013 mandates the government of Zimbabwe to "take all practical measures within the limits of the resources available to it, to provide social security and social care to those who are in need" (Zimbabwe Coalition on Debt and Development ZIMCODD 2019).

Undeniably COVID-19 pandemic's impact to frontline social work practice methods of intervention is principally due to how it reinforced Zimbabwe's social protection fragilities. In late 2019, an outbreak of a new and extremely deadly virus in the city of Wuhan in China identified as the SARS-CoV-2 Coronavirus (COVID-19 had many Chinese citizens hospitalised or losing their lives. du COVID-19 an unprecedented situation, the World Health Organisation (WHO) declared COVID-19 a global pandemic in January 2020. It would not take long before Africa identified its first case of COVID-19, and this was recorded in Egypt on 14 February 2020 (Noyoo 2020).

The total global confirmed cases of infection by April 2023, were 762,790,388, and the total global confirmed deaths were 6,897,012 (Council for the Development of Social Science Research in Africa (CODESRIA) 2024). At COVID-19 pandemic onset in 2020, the predictions for Africa were dire but these predictions turned out to be exaggerated. By 14 April 2023 the confirmed infection in Africa was 5,382,790, and the confirmed fatality was 140,681. Against a global population share of 16.72 per cent in April 2023, Africa's infection share was 0.7 per cent, and the share of the death rate was 2.04 per cent. However, these

figures hide substantial regional and national variations with South Africa alone accounting for 75.66 per cent of infections and 72.93 per cent of fatalities (CODESRIA 2024).

According to Jörgen (2020), at onset of COVID-19 crisis many African economies were already at risk of debt distress complexities which could have made debt relief settlements achievement hard. Leach et.al (2021) also make an important observation by noting COVID-19 pandemic's origins and unfolding effects required analysis addressing both structural political-economic conditions.

The Human Research Council of South Africa (HRCSA) asserted that the severity, pervasiveness and endurance of COVID-19's economic meltdown could have been closer to the Great Depression (1929-1933) than the Great Recession (2007-2009). Therefore, anchoring macroeconomic responses to the aftermath of COVID-19 pandemic needed firmly address needs of poor and vulnerable households with social workers playing their part as well as custodians of people's dignity.

### **Methodology**

A literature review was conducted drawing on both empirical and conceptual/theoretical literature, including academic publications; working- and policy papers by research and development organisations; and where relevant – documents by multinational and bilateral development organisations. In doing so, we drew on literature and documentation from across disciplines, fields of study and policy areas. This includes, but is not limited to, scholarship and documentation on (i)COVID-19, (ii) social policy and (iii) social work.

### **Conceptual framework**

COVID-19 highlighted weaknesses and gaps in the health, social, and economic systems of various countries. In Patel's (2021) analysis, exposure of fault lines such as weak social service delivery systems and institutional challenges made the COVID-19 pandemic more than just a health crisis. The COVID-19 pandemic has become ubiquitous in our thinking, doing and being. Over a period of 5 years, hundreds of COVID-19 pandemic themed books and articles have been published. A simple keyword, 'COVID-19 pandemic' search on the Google Books website showed over 4 million results. This indicates that extensive literature has been produced regarding the pandemic, which has affected numerous facets of life and ecology in diverse ways (Pawar 2024). Patel (2021) asserted interlocking problems emanating from COVID-19 poverty and inequality makes fault lines to be unlikely redrawn or removed unless if new and innovative evidence-based solutions would not be found.

Undeniably, in the Global Majority predominantly COVID-19's far reaching impacts reinforced the pre-existing socio-economic vulnerabilities of poverty, food security and livelihoods. COVID-19 threatened to undo many decades of progress towards the global commitments to poverty reduction, hunger and other forms of vulnerability (Lind, Roelen and Sabates-Wheeler 2020). On the same note as most Global Majority populations are informally employed most families live from hand-to-mouth (Devereux, et al., 2020).

The COVID-19 pandemic sent many African economies reeling into recession disrupting sources of livelihood for millions of African people, putting them at risk of malnutrition, hunger, and other deprivations. Adesina (2021) posits that an economy and labour market's degree of informality determines social policy architecture development. Despite poverty increasing from 30% in 2017 to 42% in 2023, Zimbabwe's social spending averaged 0.5% of

Gross Domestic Product (GDP) during the 2019 to 2023 period much lower than the 1.5% of GDP for Sub-Saharan African countries. During the period the social spending budget allocation increased from US\$47.1 million in 2018 to an average of US\$82.9 million but this is inadequate as coverage at 37% in 2019 left half of the people in extreme poverty without any form of assistance (ZIMCODD 2023).

## **Socio-economic context**

The following section outlines the dynamics of Zimbabwe's socio-economic trajectory. Zimbabwe is a landlocked country in Southern Africa, classified as a lower-middle-income country, with a total land area of 390 757 square kilometres (km<sup>2</sup>). It shares borders with Zambia to the northwest, Mozambique to the east and northeast, South Africa to the south, and Botswana to the southwest.

Since 1980, Zimbabwean technocrats developed seemingly aggressive economic and social policies and programmes to determinedly fight inequalities. Zimbabwe is a lower middle-income country with strong human and natural capital and significant growth potential and yet faces entrenched governance and institutional challenges, macroeconomic volatility, and high poverty (World Bank 2024).

The inherited colonial economy was troubled with entrenched inequalities including rural-urban disparities, educational and occupational disparities, regional inequality, income inequalities, gender inequality, land ownership disparities and racial inequality to mention a few. Influenced by the socialist ideology, the policy-making processes accentuated the state-centric nature of post-colonial development centred on land redistribution, agricultural development, health and education service delivery and social welfare programmes.

Zimbabwe has experienced a record peacetime decline in welfare amidst legacy challenges related to fiscal excesses, rent seeking and uneven implementation of reforms. Relations with the international community have been fraught, driven by tensions deriving from land reform, concerns related to human rights and international sanctions. The country underwent the most fundamental political transition of its post-independence history in 2017 when Robert Mugabe stepped down as president, marking a change in the head of state for the first time in its 37 years of post-independence history. Zimbabwe is among other countries in Sub-Saharan Africa which are grappling with an intersecting crisis including the climate change crisis; slow post COVID-19 recovery; unsustainable debt crisis; collapsing macroeconomic indicators; high corruption prevalence & -illicit dealings; the current Russia-Ukraine war, which is contributing to overstretched food systems, heightened food insecurity, high fuel costs, rising inequalities, among other factors. The proliferation of all these crises is disproportionately impacting rural livelihoods, women, youths, and other marginalised groups (Zimbabwe Coalition on Debt and Development 2023).

Zimbabwe has faced a complex humanitarian crisis driven by overlapping shocks, including the El Niño induced drought, multiple public health emergencies, and persistent economic instability. extreme poverty more than doubling between 2011 and 2020. An additional 38 percent of the population remains vulnerable to poverty, particularly in rural areas, due to their susceptibility to shocks. Since 1975, Zimbabwe has faced 10 droughts, 13 floods, 10 storms, and 26 epidemics (UNICEF, 2024).

Zimbabwe is highly vulnerable to the impacts of climate change, which poses growing risks to human health. Rising temperatures altered rainfall patterns, and extreme weather events have been linked to increased burden of climate-sensitive diseases such as malaria, cholera, typhoid, and heat-related illnesses. The National Social Protection Policy Framework (2016) sets out the main policy measures and interventions in term of the social protection infrastructure, ranging from a) social assistance, b) social insurance, c) labour market interventions, d) livelihoods support and e) social support and care. Social assistance is the most widespread social protection measure and targets households below the food poverty line for reducing poverty, vulnerability and inequality and enhancing basic social services access.

The Ministry of Public Service, Labour, and Social Welfare (MoPSLSW) and nongovernmental organizations (NGOs) through the Child Protection Fund (CPF), have developed a social protection program encompassing cash transfers targeted for poor households and a coordinated system for child protection case management. The most prominent operational component of the CPF was the harmonized social cash transfer (HSCT) program. HSCT aimed to deliver regular, reliable cash transfers and provide comprehensive child protection services – a “cash plus care” model of social protection. The cash transfer component targeted labour-constrained, food-poor households in Zimbabwe, including child-headed households, intergeneration care households and households with large numbers of dependents and/or chronically ill or disabled people, and would provide approximately 20% of per capita household consumption (range: USD\$10-25) on a bimonthly basis.

The COVID-19 pandemic aggravated existing challenges particularly the protracted emergency of Cyclone Idai of 2019 which had already heightened domestic and gender-based violence, violence against children, mental-health and psychosocial support needs.

The year 2020 Rapid Poverty Income Consumption and Expenditure Survey (PICES) telephonic survey was completed through a partnership between Zimbabwe National Statistics Agency (ZIMSTAT), in partnership with the World Bank and UNICEF facilitated. There were some significant findings from this frequency telephone survey of households to measure COVID-19 socio-economic impacts. Findings from the sampled 1 800 households led to conclusion that the combined effects of increased necessities in the price, economic contraction cause this frequency19 pandemic, and poor households tot made half the Zimbabwean population in 2020 to be in extreme poverty.

On the same note World Bank (2021) observed that 7.9 million extremely poor households had been navigating the limited social safety nets complicated by turning to negative coping strategies. Capacity to effectively address chronic poverty and mitigate the aftermath of COVID-19 pandemic socio-economic shocks was inhibited by the limited social protection. On basis of the 2019 Labour Force and Child Labour Survey (LFCLS) it was noted that about 249,000 persons received a monthly pension or any social security fund or both. With respect to medical insurance, about 984,000 persons, representing about 7% of the population, were members of a medical aid scheme (Government of Zimbabwe, 2020).

Thus, informal economy workers including artisanal miners contributed to the country's economy, employment, household welfare and fill the social protection gaps the deteriorating economy has created. On this basis Jones (2010) terms Zimbabwe's informal sector the 'kukiya-kiya' economy, postulating it as a new logic of economic action in post-2000 Zimbabwe. In local parlance 'kukiya-kiya' refers to multiple forms of 'making do'. It is

perhaps on this basis that Chitambara (2020) cautioned that a nation's capacity to proactively and effectively respond to crises as COVID-19 was a function of its social protection and healthcare systems, as well as the state of its institutions and infrastructure.

Dafuleya (2020) contended that most mutual assistance practices persisted, providing essential but limited social assistance to poor and vulnerable people not reached by formal mechanisms. For Dhembra (2012) lack of employers' ability to meet part contributions towards self-employed and informal sector workers scheme, makes social insurance schemes coverage extension to require imaginative ways.

## **Discussion**

### **The state of social work post COVID -19**

Having outlined Zimbabwe's socio-economic trajectory, the following section discussions the state of social work frontline practice and key drivers shaping it in terms of social policies post COVID-19 pandemic. In the midst of COVID-19, GoZ rolled out the National Development Strategy 1 (NDS1) (2021–2025), an economic blueprint aligning national priorities with the Sustainable Development Goals. Zimbabwe's Vision 2030, launched in 2018, provides the overarching national development framework. It is underpinned by a national aspiration to move "towards a prosperous and empowered upper middle-income society by 2030". The National Development Strategy (NDS1 2021-2025) aims to ensure high, accelerated, inclusive and sustainable economic growth as well as socio-economic transformation and development "while simultaneously addressing the global aspirations of the Sustainable Development Goals (SDGs) and Africa Agenda 2063 (Government of Zimbabwe 2021).

On the same note, the Zimbabwe National Social Protection Policy Framework (NSPPF) of 2016, recommended the creation of an Integrated Social Protection Management Information System for better management by social workers and allied professionals of social protection programs. This is further emphasised in the National Development Strategy 1 as it is given as one of the major outputs expected from the Social Protection Thematic Area.

The government identified social protection as key to reducing poverty and vulnerability, redressing inequality, and promoting inclusive growth and development. In NDS 1, these outcome performances are measured by four key performance indicators: social assistance, social care and support services, livelihoods, and social insurance. Social aid was realised through food assistance for food-insecure households, school feeding programmes, social cash transfers, and the Basic Education Assistance Module (BEAM). The government strengthened social protection programmes for women and girls, e.g. cash transfers for women and food for work activities through public works. In 2021, 2.3 million households were set to benefit from food assistance. Of that target, 3 million were reached, giving a positive variance of 665 418. In 2022, 3.2 million beneficiaries were reached, giving a positive variance of 839,988. In 2022, 4,601 schools implemented the feeding programme, notwithstanding constraints due to COVID-19-induced lockdowns and challenges with the procurement processes. This positively affected women who were responsible for providing food for the family (Government of Zimbabwe 2024).

In 2024, 29 per cent of total government expenditure was directed toward social sectors, with over 80 per cent of that going to wages and salaries. The 2025 national budget projected a rise in social sector spending to 35 per cent (equivalent to 7 per cent of GDP), with allocations distributed as follows: 17 per cent to education, 10 per cent to health, 7 per cent to social protection, and just 1 per cent to water, sanitation and hygiene (WASH). For the 2024 budget as of 30 September 2024, disbursement rates stood at only 68 per cent for education, 53 per cent for health, and a mere 18 per cent for social protection(UNICEF n.d).

In terms of Zimbabwean social workers frontline practice, a repertoire of interventions are embedded by social workers that galvanise child protection, social development and livelihoods security to overcome precarity. Despite a pedigree of internationally recognised social workers trained in Zimbabwe, the outflow of social workers is an intractable challenge that needs exploration. At this juncture, Zimbabwean social work practice is being revamped to reflect tenets of the developmental social work paradigm. The developmental approach has of late gained traction in social work education and practice in Southern Africa. This paradigm shift from welfare must be acknowledged within the wider context of current socio-economic challenges facing southern African countries and Africa as a whole. As such, mainstreaming the developmental approach to social work education and practice has become an imperative and requiring more than lip service. Testimony to the developmental social welfare services agenda, GoZ developed a Harmonised Social Protection Management system under finalisation, a social registry is also under development. These systems will bring better coordination and harmonization of the sector.

Zimbabwe's establishment of a national social registry is aimed at strengthening social protection system, with ongoing efforts to create a comprehensive database of households to improve the targeting and delivery of social services to poor and vulnerable communities. Although not fully established yet, the initiative aims to provide a unified, data-driven approach to social welfare, supported by international partners like the World Bank and UN Agencies

Despite significant progress in National Case-Management System (NCMS) establishment soon after the COVID-19 pandemic, Zimbabwe's child protection sector remains fragmented. It has social service workforce shortages, minimal investment in child-sensitive justice and social welfare systems, and limited policies and legislation implementation.

Experiences of volunteer social workers during the pandemic, particularly those who were under National Association of Social Workers-Zimbabwe Volunteer Project was explored by Chidyausiku, Tachiva and Dudzai (2024). Data was collected from 12 research participants (two focus group discussions) and triangulated with information gathered from three key informants.

The study found that volunteer social workers offered many services during COVID-19 pandemic, including new services which never existed before the pandemic. The study discovered that during disasters and pandemics, more focus is given to victims rather than service providers, hence volunteer social workers faced challenges during COVID-19 pandemic as lack of recognition as essential service providers, working in risky environments without proper personal protective equipment and no provision for allowances. Chidyausiku, Tachiva and Dudzai (2024) recommend the need to prioritise the welfare of volunteers and to promote their professional growth.

Undeniably, Zimbabwe is one of the major labour force suppliers to the UK's social work sector (Eborall and Griffiths, 2008). Alongside UK, other social workers migrate to Australia, USA and Canada. Although expanding professional horizons enriches social workers' professional capabilities, ironically this migration is happening at a period in Zimbabwe and African social work practice where there are ongoing endeavours to decolonise the profession. However, it is ironic that social workers then gravitate back to the minority countries from where practice is global minority oriented. Employment as a frontline practitioner for the government's Department of Child Welfare and Probation Services (DCWPS), a unit within the Department of Social Development (DSD) formerly the Department of Social Service (DSS) or non-governmental organisations is characterised by different constraints. Principally, the prevailing turbulent Zimbabwean socio-economic environment means resource constraints hamper social workers capacity for embedding transformative and empowering social work practice. Conversely, pervasive shortages of social workers in UK's local authorities have led to increased recruitment of international social workers to work on the frontline. Scholars estimated that over 10 per cent of England's qualified social workers trained abroad (Hakak, Onokah and Shishane 2023).

The UK has struggled with social work staff retention in critical areas like child protection necessitating a look-abroad approach to recruitment of labour (Welbourne et al., 2007).

As noted by Willet and Hakak (2022) employment opportunities for international workers in the health and social care sectors have been due to demographic and social factors allowing migration to play a valuable part in the UK labour market. Furthermore, Tinarwo's year 2011 study concluded that Zimbabwean social workers migration trajectories in the UK are far from being linear as most of them live dual lives participating socially, economically and politically back in Zimbabwe while living in the UK with plans to re-migrate for some, and to eventually return to Zimbabwe for others.

Another further complication has been how as of 2025 the United States cut foreign aid to countries such as Zimbabwe where for nearly two decades, the US programmes including United States President's Emergency Plan For AIDS Relief (PEPFAR) , the world's largest HIV initiative, had formed a critical safety net for Zimbabwe's fragile health system. Zimbabwe received over US\$500 million in aid from the US, most of which went to the health sector. The first half of 2025 has seen 5,932 AIDS-related deaths, a rise from 5,712 in the same period last year, according to official government figures (NewsdzeZimbabwe 2025).

Due to the above and other intractable challenges, social workers now engage communities with heightened vulnerability. In the 2025 National Budget, Treasury had budgeted US\$800 million as official development assistance to cover the rising demands. However, the coming in of United States President Donald Trump on January 20 saw the American government cut foreign aid to manage that country's burgeoning debt of over US\$35 trillion. For Zimbabwe, this aid cut resulted in losing about US\$327 million. The average foreign aid allocated to the southern African nation over the past five years is US\$348 million. Zimbabwe was to receive US\$21 million in aid from the United States during 2025 (Zvinoira 2025).

According to Cross (2025) the national health budget is about US\$800 million, just US\$50 per capita and inadequate to health care provision to a population of 16 million people. 80 per cent of this goes into the maintenance and operation of about 100 major hospitals and 1600 health clinics. Very little remains for public health services and other essential services. The

budget contribution is extended by about US\$300 million a year in international aid for HIV and other major infections such as malaria. The Aids levy of 3 per cent of all salaries generates significant funds (Cross 2025).

It is also laudable that as of year 2026 the GoZ will be rolling out the National Health Insurance (NHI) to target the uninsured majority, aiming to cut out-of-pocket costs and strengthen equity in health care. NHI roll out desired outcomes is for vulnerable persons greater access to universal health care as social workers have been contending with resource constraints for vulnerable populations to fully access health care. This would be unlike the previous reliance on the social workers administered means tested Assisted Medical Treatment Order. Roll out of the NHI scheme targeted for June 2026 is aiming at achieving universal health coverage and ensuring free access to essential healthcare for all citizens. The National Health Insurance Bill has Cabinet approval and is pending Parliament's decision, with funding anticipated from designated taxes such as those on sugar and airtime. Zimbabwe plans to launch its NHI in June 2026 to expand universal health coverage, funded through earmarked taxes. With only 13% covered by medical aid, the NHI will.

Under NHI, healthcare costs from consultations and diagnostic tests to treatments and even surgeries—would be covered, eliminating the need for out-of-pocket payments. Reliance on existing and new taxes such as the sugar and airtime levies, which the government seeks to “ring-fence” specifically for health, rather than going into general Treasury revenue will be the financing model (Muchetu 2025).

## Conclusion

It cannot be contested that the intensity and the frequency of COVID-19 in Zimbabwe impacted social policy dynamics and administration. Therefore, given their ethical responsibility for the poor and vulnerable people, it is imperative that social workers advocate for the provision of comprehensive social protection schemes and programmes that can be leveraged on to shock proof to future crises that would be of a COVID-19 nature. Such measures would go a long way towards making the majority of the people resilient to the precarity that disasters like COVID-19 have brought.

It is laudable that post COVID-19, the new DSD policy embeds a family strengthening approach developmental welfare. The DSD is abandoning curative interventions for preventative and sustainable approach which galvanises communities to tackle precarity due to better livelihoods as well as attain child centred development. Accordingly, given Zimbabwean and all the other social worker's globally ethical obligation and commitment to social and economic justice and the dignity and sanctity of human life, social workers have an important and unique contribution to make in developmental social welfare services especially in the post COVID-19 context. Therefore, meaningful resource allocations are vital. Therefore, there is need for the galvanising of Zimbabwean social work achievable through overcoming limited human resource capacity, poor retention of skilled labour, and limited exploitation of technological opportunities towards improved efficiency and effectiveness of service delivery. The National Association of Social Workers Zimbabwe (NASWZ) should robustly engage the parliamentary Portfolio Committee on Public Service, Labour and Social Welfare and Thematic Committee on Human Rights regarding exponential growth in poverty post COVID-19, the misalignments in social policy commitments and actual resource allocations.

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