

# THE LIVED EXPERIENCES OF COMMUNITY CHILD CARE WORKERS OPERATING DURING COVID-19 PANDEMIC IN ZIMBABWE: A CASE STUDY OF "EGYPT" AND "CANAAN", SUB-RESIDENTIAL AREAS OF HIGHFIELD SUBURB IN HARARE

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DOI: <https://doi.org/10.5281/zenodo.13325551>

Published Date: 15-August-2024

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**Abstract:** This study was carried out to establish the lived experiences of the Community Child Care Workers (CCWs) during the COVID 19 pandemic as they continued with their duties. To that end, the study made use of a qualitative research methodology to guide its data collection and analysis. As a result, data collection for this study was done through a merger of in-depth interviews, focus group discussion, and key informant interviews. Following thematic content analysis, the study findings established that CCWs were confronted with several challenges as a result of the COVID 19 pandemic namely increased caseloads, transport problems and insufficient protective clothing increasing their risk of contracting the COVID 19. Despite battling these challenges, CCWs reported that they continued to address various child protection issues arising from the COVID 19 pandemic. Such child protection issues include child labor, destitution, food insecurity and child abuse owing to domestic violence. Acknowledging the impact of the challenges they are facing due to the COVID 19 pandemic, CCWs revealed that they have been employing several strategies to cope with them such as using their own cars to easy transport challenges, use of Zoom meetings and buying reusable face masks. Considering the importance of the CCWs in the Zimbabwe National Case Management System, the study recommended that the government should make efforts to improve the narration of the experiences of the CCWs during the pandemic, without their full participation many child protection cases will remain unaddressed.

**Keywords:** Experiences, Child, Care, Workers, Community, Pandemic, Covid 19.

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## 1. INTRODUCTION

In Zimbabwe, like other countries, efforts have been in place to amalgamate and harmonize child protection programs through the National Case Management System in conjunction with the other non-state actors (World Education, 2014). This means that there was a well-oiled system in place from the central government down to the village working tirelessly

in a coordinated manner for identifying and intervening to various child welfare and protection needs. This was hugely made possible through the use of the Child protection Committees (CPCs). Africans depended on kinship ties and community-based care for child welfare and therefore, the concept of volunteerism is not a new feature in the African societies (Atta and Anam, 2017). Community Child Care Workers who are village cadres responsible for identifying and referring children in need to the Case workers. They were of paramount importance as the concerned authorities tried to address the adverse ramifications which were fallouts from various socio-economic policies that the government adopted from time to time. According to (Barruet et al 2000). the nation faced a series of crises in various other spheres like health (HIV-AIDS), droughts and other high inflationary economy. WHO (2000) & Mukaro (2013) highlighted that many children became orphans below the age of 15 and this led to growth of child headed families. To add on, in a study by the Zimbabwe Youth Council (2014) in Mudzi, Neshuro, Chikombezi, Mwenezi, Ngundu, Lukosi and Hwange it was observed that children in Zimbabwe continued to be vulnerable and exposed to such problems as sexual abuse, illegal border crossing, forced marriages, child labor and drug abuse as such for effective identification of these children and to refer them to the needed resources it would largely depend on the CCWs.

The National Case Management is a systematic process of providing efficient, high quality, transparent monitoring, and effective professional assistance to vulnerable children through a robust referral system (World Education, 2014). As part of this system CCWs operate within the international and domestic legal frameworks and these are United Nations Convention for the Rights of Children, African Charter on the Rights of Children and the Children's Act (chapter 5:06). They identify children who are in contact and in conflict with the law as well as assess and report to the DSD for assistance. Although the National Case Management System acknowledges the role played by community childcare workers in Zimbabwe, it is important to note the experiences of CCWs prior to Corona virus era and how they have weakened the service delivery system. These include insufficiently developed transport systems, lack of funding, high work load, poor monetary incentives, inadequate training and lack of support from mother agencies that is the local Department of Social Development. The other notable experience is absence of remuneration in Southern Africa which reduces the effectiveness of child and youth care workers (Govo, 2015). Consequently, the surge of the COVID-19 pandemic has also led to the increase of child welfare and protection issues such as poverty, child marriages and domestic violence. It has also created a harsh environment for CCWs as they encountered challenges such as lack of financial resources, high case loads, poor inter-organizational collaborations and lack of protective clothing thereby exposing them to the pandemic.

## 2. STATEMENT OF THE PROBLEM

Child Protection Committees such as the Community Child Care Workers are vital for the National Case Management as a system given that their role is to identify children in need from first hand and the subsequent referrals. However, due to the COVID 19 such an important pillar of the National case management system, like any worker were affected by the pandemic in several ways detrimental to their health, work efficiency and above all on the children who benefited from their work. It is worth noting that they are voluntary workers and were not fully capacitated to deal with disaster situation hence, children were likely to be left vulnerable to unaddressed child welfare and protection issues. These concerns included the surge of child labor, sexual abuse, food insecurity and exploitation all coming from the pandemic. Given this background, it is paramount that a study should be done on the lived experiences of the CCWs towards establishing the challenges faced, coping strategies used and possible interventions to effectively restore full functionality and navigation of the CCWs in the villages in child protection efforts.

## 3. RESEARCH OBJECTIVES

- To explore the lived experiences of community child care workers operating during the Corona Virus pandemic
- To explore the challenges facing the Community Child Care Workers as a result of the COVID-19 pandemic
- To establish child protection and welfare issues which were addressed by the Community Child Care Workers during COVID-19
- To examine coping mechanisms adopted by Community Child Care Workers in the face of challenges emanating from the Covid-19 pandemic

#### 4. RESEARCH METHODOLOGY

This study adopted the qualitative research approach which was thought to be best to enhance the researchers' understanding of the challenges being faced by community child care workers in the face of this pandemic. Thus, following standards of qualitative studies, the researchers collected data from the CCWs whilst in their respective communities given that Creswell (2014) argues that a qualitative research approach is naturalistic in nature. As a result, being largely influenced by the interpretivists, this approach allowed the research to collect subjective experiences of the CCWs and the interpretations they attached to their experiences during the COVID 19 pandemic. As guided by a qualitative research approach, the researchers opted for a case study research design in order to bring out the experiences of CCWs. The study was carried out in Highfield suburb in city of Harare. The researchers focused on the community childcare workers working under the Department of Social Development in Canaan and Egypt as sub-residential areas of Highfield. The areas serve a wider area and population hence, it was thought best that studying the impact of COVID 19 in this socio-economic environment would be of significant benefit to the country particularly the planners and governance. The target population was community child care workers, social workers, district head of the Department of Social Welfare and the republic police. These were identified as the representative population of the study and would provide the relevant information to the research. Non-probability specifically purposive sampling was adopted for this research study. The researchers selected participants on a non-random basis since it was qualitative. Purposive sampling was employed in selecting key informants which included the head of the Department of DSD, social workers, republic police and CCWs. The sample constituted of 14 participants namely, the head of the Department of DSD (1), social workers (2), Victim Friendly Unit officers (2), police officer in-charge (1), lead CCWs (2) and general CCWs (6). The researchers collected data through Focus group discussions, Key informant interviews and indepth interviews. The data was reorganized and presented in groups and subgroups. Thematic data analysis is a technique of coding, classifying and analysing trends and patterns of data in themes and sub-themes as argued by Braun and Clarke (2006). Hence, it was this data that was used to make extrapolations on the challenges faced by CCWs in the provision of their services during COVID-19. The researchers presented the information in themes to make it more meaningful and organized.

#### 5. THEORETICAL FRAMEWORK

##### ● Crisis intervention theory

This study adopted the crisis intervention theory to comprehensively explore the lived experiences of Community Child Care Workers during COVID-19. This theory was found by Lindemann (1944) and Caplan (1964), and they discovered that individuals are eager to experience a homeostatic balance within their environments therefore a crisis is a challenge, threat or hazardous situation. Puryear (1979) argues that crisis intervention refers to the alleviation and reduction of immediate pressure and restoration of one's normal functioning to the pre-crisis era hence the process fully equips the person to cope with future difficulties. Rapoport (1970) also noted that the four main goals of crisis intervention are symptoms amelioration, restoration of normal functioning, an understanding of factors that led to disequilibrium and remedial measures identification.

The crisis intervention theory is applicable in the maintenance of the efficiency and effectiveness of the CCWs in disaster situations. According to Langsley et al (1968) the stress-oriented model focuses on the development of problem resolution plans and coping mechanisms to accomplish specific tasks resulting from a disaster. It is worth noting that COVID-19 negatively impacted the child welfare systems leading to the surge of social concerns such as poverty, child mortality, early child marriages, domestic violence and depression. This shows that the pandemic created a state of disequilibrium and homeostasis for CCWs as children hence that experienced stress and anxiety as they not meet the basic needs of children. In the same vein, there were poor support systems, inadequate protective clothing, work overload and delays in case resolution by the DSD which deepened the vulnerability of CCWs. Therefore, the theory seeks to enhance the coping strategies of community cadres as well as their problem solving skills to improve child protection during crises.

According to Gilliland et al (1993), the six stage model of crisis intervention informs intervention to capacitate an individual with coping mechanisms and a strong resilience system. The sequence of the steps is defining a problem, ensuring the client's safety, providing support, examining alternatives, making plans and obtaining commitment. This model was also applicable to Community Childcare Workers in dealing with children and their families that there was need for problem identification, ensuring that children were safe, providing psychosocial counselling, health assistance, financial assistance and food stamps through referrals, examining alternatives in the provision of child welfare services or

identifying coping mechanisms for vulnerable families, making plans for provision of services and making case-follow ups in a crisis situation. It is therefore worth noting that the crisis intervention theory seeks to enhance the social support and problem solving capacity of community-based workers during COVID-19 to provide of active and directive response to child protection problems.

This crisis intervention theory was applicable in the context of COVID-19 in that it informs policy planning and maintenance. According to Langsley et al (1968), the system oriented model of the crisis intervention theory focuses on the systems approach of intervention. It is grounded in the field of social policy formulation and public health interventions showing that it was vital in the development of National Case Management to be more comprehensive on child protection issues during crises. The theory is of paramount importance in policy formulation and maintenance to develop a robust child welfare and protection response system. This also strengthens collaborations and partnerships among child welfare stakeholders provide back-up support for CCWs by enhancing information dissemination and disbursement of resources during crises.

## 6. LITERATURE REVIEW

### ● Community Childcare Workers in The Child Protection Committees

According to Garabaghi (2010) community child workers have been given different titles in the global and regional and national frameworks. In Scandinavian countries such as Norway and Sweden these are called social pedagogues whilst in Canada, USA, Scotland they are named child and youth care workers (CYCWs). In Bangladesh these workers are known as Community Health Workers (CHWs). Paramount in influencing the titles that these workers received was the basis of their origins. Kendrick et al (2011) argues that in America and Canada the concept of CYCWs started in the 1960s mainly through the activities of religious groups. While, in other countries, these workers may receive some rewards, in others, the services are provided for altruistic reasons (voluntary workers or philanthropic). In European countries, these child welfare workers are now highly specialized professionals requiring a basic degree and some specialized professional training in child welfare. The trainees also receive full funding during training with their level of professionalism being the major focus of this training. When employed they receive salaries and have working conditions equivalent to public school teachers while being respected members of their professional societies with several career paths before them.

At a regional plain these workers are known as child and youth care workers (CYCWs) in Zambia and in South Africa. According to Allsop (2008), in South Africa the concept of community child care work is driven by the Isibindi model to build a robust child protection system. Under Isibindi of South Africa, the in-service training extends over two to three years backed by mentors who work closely with the child and youth care workers (Winfield 2011). The majority of these childcare workers in South Africa receive a certain amount of monthly stipends whilst others are doing childcare voluntary work. Zambia conducts in-service training at two levels spanning over 2 to three years and is done on a voluntary work basis. The first level being basic, deals with introductory and communicative skills in Sudan they are called Community-Based Child Protection Networks (CBCPN).

In Zimbabwe, the child community cadres are known as Community Childcare Workers (CCWs). The Case Management model seek to raise awareness in communities about the importance of social services for vulnerable members of community as well as identifies voluntary case care workers to support these members (Zimbabwe Council of Social Workers, 2011). CCWs are child voluntary workers who provide pro-bono services to their mother agents thus they are registered by the Department of Social Development which also has a mandate of child protection. They receive short course training from the Department to enhance their understanding on child protection issues. The basic reporting structure under which they operate has a professionally trained social worker at the helm of their operations. Reporting to the social worker is a lead CCW who in turn has a team under their management split area wise. The selection process involves identification of potential candidates by members of the community in which they will serve. The selected members are handed over to the Department which vets the suitability of the candidates including the assessment of the home environment. The mother agency is responsible for providing educational support, financial support, monitoring and evaluation of their performance. CCWs are trained to enhance healthy child development as well as promote their social competence by being in their daily lives.

### ● The Role of Community Child Care Workers in Child Welfare and Protection Programming

As subordinates or assistants of social workers, the roles of CCWs can only be supportive and complimentary to the activities of social workers if they are to expand the catchment areas of influence of their supervisors. Consequently, as is the case with their supervisors, the roles of CCWs can be broadly classified into three categories. The first is the promoter role which includes advocacy, coordination and education among others. Advocacy is the concept of promoting and fighting for the rights of vulnerable children as argued by Sheafor and Horejsin (2006). Under coordination, CCWs have to deal with various experts from different walks of life. In North America, Asia, Canada and United Kingdom, Child and Youth Care Workers advocate and coordinate the activities of children hence, contributing to effective service delivery.

The responsive role protects and supports those affected by domestic violence, abuse, neglect and exploitation. According to Gharabaghi (2008) in the United Kingdom, Australia and Asia, child and youth care workers identify children living in conditions that are detrimental to their welfare as well as identify other options for children from divorced parents, orphaned, those suffering from sexual abuse, emotional abuse and neglect. They additionally deal with those from residential homes or foster care institutions as well as manage cases through assessments, planning and referrals thereby managing the psychosocial support process.

Community Childcare Workers have a preventative role which includes, identifying vulnerable children and the households that are at greater risk in areas of child care as well as contracting COVID 19. They ensure that not only these children but, their respective parents also receive the requisite appropriate assistance. In this regard they provide psychosocial support to buttress preventive mechanisms and also promote family-based child care options. Cameron and Maginn (2009) argue that in America, Canada and Australia child and youth care workers educate families on issues such as domestic violence, physical, sexual and emotional abuse.

In Africa, Child Youth Care Workers in Zambia and South Africa and Ghana link the various experts that may be needed in the process of rehabilitating a disadvantaged child for example a distressed child. They also inform and assist not only the distressed juveniles but also, the parents or guardians (counseling). Community Child care workers are also brokers as they identify the vulnerable children and families and refer them for assistance in form of food, school fees, housing assistance and medical assistance (Vandereen and Stuck, 2014)

They also educate and coordinate the activities within childcare such as awareness campaigns and groups educational meetings. Most ordinary people may not be aware of the consequences of their actions on children especially implications on their social behavior. On a general note, while there may be a few differences country wise, in the sense that in South Africa Child and Youth Care Workers deal with health issues and provide basic aid materials to children (Molepo et al 2015). Given the myriad of issues involving distressed children and families even though these may be at the periphery of child care issues CCWs have to have the dexterity of being able to understand as to what is lacking in a child's personal development process and where and who should provide it (Child Protection Committees Handbook Sudan, 2012). Community-Based Child Protection Committees and Networks in Sudan and South Africa conduct awareness programmes raising activities and advocating for the rights of children.

In South Africa, Mozambique and Ethiopia the community child care networks have been responding to the need of children going through child abuse as well as making referrals to other professionals. The CYCWs under the Isibindi model of child welfare in South Africa includes the role of facilitating availability of social grants, HIV and AIDS counseling and provision of basic needs for vulnerable children.

According to the Ministry of Public Service, Labour and Social Welfare (2015), the National Case Management System appreciates the significance of Community Child Care Workers. Community based workers have, in addition to the normal standard roles cited under global and regional experiences, been used as fire fighters in event of social calamities such outbreaks of cholera, HIV and AIDS, typhoid outbreaks as well as COVID 19 outbreak. In this regard, they are given a promotional role under disaster control measures, closely linked to this role, is advocacy and educative role through counseling as well as conducting awareness campaigns. These obligations are in addition to their normal responsibilities which include identifying and reporting to the Department of Child Welfare children in need of care including those experiencing neglect, physical, emotional and sexual abuse. In discharging these tasks, collaborations and partnerships in the child welfare system through the use of the National Case Management System becomes an imperative approach (UNICEF, 2015).

## ● Challenges Faced by Community Childcare Workers during The Pandemic.

### Social problems

#### *Exposure of community care workers to the pandemic*

The nature of this virus is that it is highly infectious to the extent that it puts frontline child care workers at greater risk of contracting COVID 19 as they dealt with children from diverse social environments including living in foster homes, on the streets and in institutions. Torales et al (2020) argues that worldwide the pandemic affected the families of people from different frontline professions in sense that they lived in permanent fear of contracting the virus. Even though countries such as the United States and China had enough equipment to conduct cases virtually, child care workers were still at risk when conducting home visits in cases of emergency. In South Asia countries such as India, Bangladesh and Afghanistan could not provide adequate protective clothing for the voluntary workers especially at the beginning of the pandemic. Child welfare permanent workers and child protection para-professionals (community-workers) were at risk of contracting the virus.

As developing nations, the health of community child protection workers was even at greater risk and further intensified by the absence of adequate technical information as well as the commensurate health facilities as argued by Cornia et al (2020). In most African countries such as Zambia, Botswana and Mozambique, there was no adequate protective clothing and equipment which led to their exposure to the pandemic whilst conducting emergency child protection cases. Front line workers in healthcare and child protection had challenges in accessing adequate protective clothing.

In Zimbabwe, child community care workers experienced a hard time during the COVID 19 pandemic era. As the foot soldiers of the government CCWs had to move and report the local child abuse cases to the mother agency so as to reach out to the vulnerable children. It is worth noting that child welfare workers did not have access to adequate protective clothing which left them and their families at risk (WHO, 2020).

#### *Stigma related to pandemic*

Community care workers were limited in accessing vulnerable children in some communities as there was fear that they would introduce a virus. In European countries such as USA, United Kingdom, Japan and Canada cases were conducted virtually to limit the exposure of childcare workers to pandemics and this reduced their chances of being stigmatized (Welch and Haskins 2020). Welch and Haskins (2020), further argue that due to lack of technology in African countries such as Zambia, Mozambique and Malawi Community childcare workers had limited access to vulnerable children. Stigma related to COVID-19 hindered other community childcare workers to reach out to the vulnerable children as people feared contracting the virus and they had the same fear. These are foot soldiers who conduct face to face interactions with their clients therefore the emergence of the pandemic curtailed their outreach programs to reach out vulnerable children.

According to UNICEF (2020), in Zimbabwe particularly during the period of the total shutdown, child frontline workers experienced stigma related to COVID-19. Some families did not allow outsiders into their homesteads due to fear and anxiety of Corona Virus contagion. Community child care workers were not of exception as they were the key players in child welfare.

#### *High caseloads*

Welch and Haskins, (2020) postulates that the tasks of child protection workers were characterized by high caseloads, volumes which intensified stress among child welfare workers. COVID 19 led to the rise of child abuse cases in form of neglect, emotional abuse, physical abuse and sexual abuse. The work load of community childcare workers in USA, United Kingdom, China and Canada was intensified during the national lockdowns. It was noted that peri-traumatic distress among child welfare workers in United States (U.S) was prevalent. Researchers deployed a self-report tool, a COVID-19 Peri-traumatic Distress Index and discovered that 60% was suffering from work-related stress (Qiu et al, 2020). However, there was a multi-sectorial approach in the provision of child welfare services. Community childcare workers had reliable transport system, sound network systems for virtual psychosocial counselling, effective health facilities and government support which were complementary to their activities.

Developing nations were cash strapped and could not afford to render adequate child welfare services during COVID-19. The shortage of basic essentials affected urban populations in many African countries such as Zambia, Mozambique and

Somalia not being excluded especially in high density areas. The Catholic Medical Mission Board (2020) reported that a research carried out in Lusaka of families with children living with disability highlighted that they had 79% of food insecurity, 67% housing instability, 36% stress, 18% of child neglect and 33% could not access to physiotherapy. UNICEF (2020) also recorded 19% of domestic violence cases in Ghana for May 2020 and these mainly resulted from home restrictions and school closures some parents and guardians ended venting out their frustrations on children (compensatory behavior). This burdened the community case workers as they had to be brokers in devastating socio-economic situation for the nation and individual families.

Miller et al (2018) argues that as a result of brain drain, CCWs have been experiencing high workloads in Zimbabwe as social workers migrated. This challenge was intensified by the emergence of COVID 19 in 2020 as it also deepened the child protection concerns. It was noted by UN (2020) that the government of Zimbabwe had promised to provide humanitarian assistance of ZW\$200 which was equivalent to \$10US to cushion the citizens however only 22% received assistance which is close to \$2US due to inflation. 7 million people in urban and rural areas were in urgent need of humanitarian assistance as compared to 5.5 million in August 2019. In Zimbabwe cases of early child marriages increased as children sought to have a better life. Cases of physical, sexual and emotional abuse were high thereby showing that COVID 19 left children vulnerable to abuse as reported by Childline (2020). Therefore, community child care workers are overwhelmed by the challenges faced by many families which also affect the children's welfare.

### ***Inadequate protective gear***

According to Baker et al (2020), developed nations such as China, UK and Australia had adequate protective clothing for the frontline workers. These nations have a robust case management support system which also ensured child frontline workers had adequate clothing and hand-washing equipment inclusive of community cadres. Frontline workers were also provided with health insurance to ensure their safety and these workers had access to adequate information on the pandemic. However, Baker et al (2020) also acknowledges that frontline workers in the U.S.A had no adequate protective clothing at the beginning of COVID-19. In India, Pakistan and Afghanistan, frontline workers also experienced inadequate provision of protective clothing during the surge of COVID-19 (WHO, 2020).

In most African countries such as Nigeria, Ghana and Mozambique child frontline workers had a challenge of poor supply of protective gear. ILO (2020) highlighted that in Africa, unprotected workers permanent and voluntary frontline workers had a high probability to be disproportionately hit by COVID-19 and some without social protection mechanisms or income generating sources.

In Zimbabwe, the CCWs experienced a crisis of protective clothing as they were in the same predicament as the medical profession. (WHO, 2020) revealed there was a shortage of protective gear for frontline workers in Zimbabwe which put their lives at risk. Community child care workers as they operate on a voluntary basis and being child frontline workers also experienced the same challenge with medical professionals. The Department of Social Development could not even afford to adequately provide basic safety equipment to social workers with the child voluntary workers included.

### **Economic problems**

#### ***Lack of funding***

Developed nations such as China, Canada and United Kingdom had sufficient funds to cushion their child welfare, COVID 19. According to UN (2020), China, USA and Australia provided adequate social service to the citizens in form of food stamps, accommodation assistance and monetary grants to cushion people from the devastating impacts of the novel Corona Virus. Child protection organizations were also provided with adequate technological equipment and funds for effective service delivery. This reduced the burden of child welfare workers including community cadres as the government took responsibility.

United Nations (2020), argues that COVID 19 crippled the economy of the world especially in developing countries which affected many government budgets towards public administration and child welfare funding was of no exception. Poor national economic performance of African countries including Malawi, Ghana and had an impact on social service provision and also this affected child protection networks especially those who offer voluntary work within statutory institutions. Community Child Protection Workers were already experiencing resource inadequacy due to poor funding. This led to lack of tangible progress results in countries such as Mozambique and Zambia and Somalia as noted by

Winfield (2013). Therefore, in the context of a disaster situation such as COVID-19, it had overwhelming effects on child welfare in Africa.

Child frontline workers experienced lack of funding during COVID-19. The surge of Corona Virus worsened the situation as some institutions or industries closed shop because the advent of COVID19 up-scaled the need for technology, appropriate as well as adequate resources which most developing countries do not have. UN (2020) further states that Zimbabwe heavily depended on non-state actors to fund for child protection sector which is not sustainable. The nation received donor assistance of \$18 million from USA, 14million from UK and 14 million from European Commission. As already alluded to, CCWs are voluntary workers who are using their own personal resources to discharge philanthropic work for the benefit of society hence they had to sometimes lean on their budgets.

### **Administration challenges**

#### ***Limitations in conducting outreach programmes***

European powers and China governments responded to this disaster by imposing very stringent curfew regulations thereby limiting people's mobility Welch and Haskins (2020). Any movement had to be authorized by the police and this in itself scaled down the activities of child voluntary workers. Community cadres had to observe the movement and social gathering restrictions which reduced their scope of activity and effectiveness as they could not conduct outreach programmes.

Thus in Africa, child frontline workers were also limited in carrying outreach programmes due to the stringent movement restriction regulations during COVID-19 (UNICEF, 2020). A number of African countries such as South Africa, Botswana and Zambia imposed the movement regulations in bid to control the spread of the pandemic. This limited the outreach programmes of CCWs thereby restraining their effectiveness in coverage of service provision to vulnerable groups.

The activities of child protection workers were reduced due to COVID-19 restrictions UNICEF (2020). As a result, child frontline workers were now working in small numbers to avoid the spread of Corona Virus. The pandemic also limited their access to carry outreach programmes in schools and in the community due to limited movement restrictions. Therefore, COVID-19 increased distress among community childcare workers as they could not reach out to the vulnerable children as before the emergence of the pandemic.

#### ***Delays in case resolutions***

According Kelly (2020) the stringent movement measures slowed down case resolution process due to understaffed offices. Community cadres in nations such as Pakistan, India and Cambodia experienced interruptions in resolving child welfare issues as a result of resource inadequacy and COVID-19 shortage of workers in the offices. According to, these restrictions were stumbling blocks in the management of child welfare cases as it slowed down case resolution process. However, developed nations such as U.S.A, Australia and UK had adequate resources for virtual case which enabled them to navigate ways in performing their duties with social workers during COVID-19 (Benavides and Nukpezah, 2020).

Merritt and Simmel (2020) also noted that the regulatory movement edicts slowed down the resolution of child protection cases. Offices had inadequate social work practitioners which delayed the resolution of cases. Most African countries such as Zambia and Botswana are technologically backward and this affected the case management process. These delays were also a result of poor communication, lack of humanitarian assistance resources and poor inter-departmental collaborations and partnerships.

In Zimbabwe, the delays in the resolution of child protection concerns were intensified by the advent of Corona Virus disease (UNICEF, 2020). There were shortages of manpower at the mother agencies of child protection, poor referral system among child welfare stakeholders and lack of resources thereby reducing the provision of child welfare and protection services.

#### ***Poor collaborations and partnerships***

Developed nations have a robust child welfare system since they have adequate resources and adequate manpower within child protection sector. The child welfare systems of nations such as Canada, UK and USA are fully funded by the governments UN (2020). They have a robust and responsive child welfare structure as multiple sectors adequately



respond to the needs of vulnerable children. Thus the ministries of health, child welfare, education and transport have strong collaborations which enable effective service delivery. Therefore, this reduces the burden of child front line workers.

Prior to COVID 19, Gharabaghi (2010) argues that there were poor stakeholder relations in child care in developing nations. In South Africa Child and Youth workers highlighted that lack of cooperation affected the delivery of child care services. UNICEF (2020) argues that the novel Corona Virus deepened the challenge of poor stakeholder relations in Africa. The national case management system is weak.

Due to the outbreak of COVID 19 in Zimbabwe, child welfare providers had poor support system. This is due to lack of resources and lack of commitment from other state and non-state organizations. Other critical institutions in building an effective multi-disciplinary approach closed operations as result of COVID-19 stringent measures (Save the Children, 2020).

## Psychological problems

### *Stress and anxiety*

Child community care workers worked under pressure as they sought to access their clients during before and during Corona Virus pandemic. Prior to COVID-19 CCWs were facing stress as a result of high workload in the UK, Canada and Australia. According to Spoorthy et al (2020), child protection workers are exposed to higher work related stress levels and fatigue as compared to other social service personnel. Community child care workers experience stress and anxiety in working with children as a result of work pressure and the intensity of some of the child abuse cases.

African community child protection cadres experienced stress and anxiety as they sought to reach out to their clients during this Corona Virus pandemic era. Most developing nations are characterized by poverty, poor transport systems, poor health systems and poor social protection budgetary allocation towards child welfare. All these factors had a devastating impact at the work of child protection workers. (UNICEF, 2020) argues that COVID-19 pandemic affected an array of professionals in the provision of social services and developing countries such as Mozambique and Malawi.

According to (UNICEF, 2020), in Zimbabwe community child care workers had stress and anxiety as a result of shortage of resources. Their stress and anxiety was further exacerbated by poor transport system, high caseloads and shortage of protective clothing from the pandemic.

### ● **Child Protection and Welfare Issues That Were Addressed by Community Childcare Workers during COVID-19.**

During the COVID 19 pandemic, children continue to be made vulnerable to various issues affecting their wellbeing and development socially and economically. These child protection concerns or issues are discussed in detail in the following sections.

## Social concerns

### *High child mortality rate*

According to UN (2020), an estimation of 239 000 child deaths was recorded in South Asia in 2020. Child mortality rate in countries such as Bangladesh, Pakistan, India, Nepal, Afghanistan and Sri Lanka increased as a result of poor sanitation, home deliveries and malnutrition as well as disruptions in provision of maternal health and childcare. UN (2020) also noted that 80% of children in Bangladesh and Nepal experienced malnutrition. An estimation of 35% children in India and 65% in Pakistan reported for children who lacked access immunization programmes due to COVID-19. As a result, child mortality increased with 13% in Bangladesh, 15.4% in India, 21.2% in Pakistan and 21.5% in Sri Lanka.

In African countries such as Malawi, Nigeria and Zambia, high child mortality rate was also prevalent. According to UNICEF (2020), in Ghana 14.4% of women reported having not obtained vaccines for a long time between March and June due to the fear of contracting the Corona Virus. Nearly 1 million children were at risk of non-adhering to medication requirements. 4.1 million children between 0-16 experienced malaria, tuberculosis and diarrhea whilst 2 000 living with HIV/AIDS had no access to antiretroviral drugs leading them to default on treatment. An estimation of 50% children had no access to clean water and 51.5% of the marginalized families had no adequate hand washing equipment and soap.

In Zimbabwe, diseases and high mortality rate was a social concern to community based childcare workers. According to the World Health Organization (2020), a total population of 40% world-wide has inadequate hand washing facilities with clean water and soap in their homes. ¾ of developing countries is affected by shortage of resources Zimbabwe is not an exception. This shows that for many children basic hygiene facilities remains a challenge. Community cadres also faced a challenge of diseases such as malaria, diarrhea among children, ZimVAC (2020) reported 2 533 children were admitted in government hospitals due to malnutrition. The interruptions of medical supplies and limited hospital admission regulation in hospitals resulted in high mortality rate

### ***Gender based violence***

Globally, the cases of gender based violence increased as a result of frustration and confinement of children in homes. Edwards (2020) notes that there was an increase of 15 million cases of gender based violence at a global level. In a survey conducted by UNFPA across 37 countries including America, Australia and Norway, 19% of the cases were from low income households compared to 5% of economically stable households. 17% of these cases were recorded during school closures whilst the 8% was recorded when schools had opened.

It was also noted that there was an increase in cases of segregated gender based violence and child abuse cases in Africa in countries such as South Africa, Kenya and India. In 2020, Childline in India reported 92 203 calls and 5 584 of the calls included gender based violence and some cases extended to sexual abuse (UNIFPA, 2020). In Ghana 19% of children reported having experienced gender based violence in forms of physical abuse, sexual abuse and emotional abuse as noted by UNICEF (2020).

According to UNICEF (2020) there was a sharp increase on cases of SGBV in the in Zimbabwe. School closures left children vulnerable to sexual exploitation, domestic violence, physical abuse and emotional abuse. Msasa Project reported to UNICEF (2020) that from 30 March to 6 April SGBV cases increased by 89%. This resulted in increased work-related psychological distress among community childcare workers. Therefore, ecological systems theory is applicable as community childcare workers are acting as the point of contact, identifying assessing and educating children on agencies that can offer emotional support.

### ***Child labour***

The surge of COVID-19 intensified the rate of child labour in countries such as Myanmar, Nepal, India, Pakistan, Cambodia and Bangladesh (ECLT, 2020). According to UN (2020), worldwide, an estimation of 152 million children is involved in child labour with 108 million in the agricultural sector and 73 million working in hazardous environments. Kundu (2020) pointed out that 62.8% of children aged 15 years to 18years are in hazardous work, employed in informal sectors for low wages as well. Nazalya (2020) notes that the garment making sector has heightened child labour in Bangladesh and Cambodia during COVID-19. Child labour has been increased due to school closures, economic pressure and poverty thereby exposing children to the risk.

Child labour has become a cause of concern in child protection as a result of the emergence of COVID-19 in Africa. In 2019 the rate of child labour was 30% in Ghana and an increase of 0.7% was noted in March 2020 which was aggravated to 10.9% in June 2020. These children are aged between 5 and 17 and they are involved in drug dealing and informal jobs (UNICEF, 2020). In countries such as Zambia, Mozambique and South Africa some children are engaging in the procurement of drugs in order to maintain their livelihoods as they are experiencing absolute poverty.

In Zimbabwe, due to school closures and poor socio-economic performance, children have resorted to vending, drug dealing and being housemaids to sustain their lives. This has affected children in both rural and urban areas. In areas such as Epworth the rate of child labour has been deepened by the emergence of Corona Virus as most caregivers cannot provide for their children (Save the Children, 2020).

### ***Food insecurity***

Children in families suffering from food insecurity were around 37million which also resulted in malnutrition in Southern Asia (Robertson et al 2020). He also noted that other developed nations such as UK, Canada and Australia provided adequate child protection support to vulnerable children during COVID-19. However, the World Bank cited in Shaikh (2020) revealed that in Southern Asia, countries such as Pakistan, India and Bangladesh were seriously affected by COVID-19 which led to the surge of unemployment, poverty and hyper-inflation. Predicted job losses were 2.5million to

3million in Bangladesh and 4million to 8 million in Pakistan. These economic disruptions had a devastating impact on the livelihoods of people resulting in failure to secure food and accommodation.

Food insecurity was also another challenge that was faced in developing nations such as Zambia, Nigeria and South Africa during COVID-19(UN, 2020). A study of Lusaka in Zambia proved that most families reported economic pressures and unemployment having resulted in 79% of food insecurity and stress 36% as urban families had limited income generating activities in an economic situation characterized by hyperinflation. This resulted in poor living standards as most of the families survived below the minimum poverty datum line. Children in nuclear families and in foster homes were in need of humanitarian assistance as the stringent movement measures resulted in the reduction of household incomes (UN, 2020).

In Zimbabwe food insecurity affected the child community care workers and the communities which they served. Other childcare institutions ended up getting assistance from NGOs such as Plan International and UNICEF. There was no adequate humanitarian assistance from the government which resulted in failure to secure adequate food. People in urban areas were the most affected as they depended on buying food (WFP, 2020).

### ***Early child marriages***

According to UNIFPA (2020) the rate of early child marriages increased as a result of COVID-19. A global estimation of 13 million extra early child marriages was recorded by the end of year 2020. 75% of the children were from poor families and 2/3 of the total number was from South Asia and Sub Saharan Africa. These nations include India, Pakistan and Sri Lanka in the Sothern part of Asia. World Vision cited in Bartha (2020) predicted that 4million girls are at risk of child marriages globally due to the surge of Corona Virus pandemic.

In Africa, shortage of contraception, school closures and poverty increased the rate of child marriage. UNICEF (2020) estimated that the potential number of girls to be in early child marriages by 2025 is likely to increase by 2.5 million. In 2020 most of the girls got married as a result of unwanted pregnancies and poverty. Save the Children (2020) also reported in May 2020 that the novel Corona Virus had the potential to exacerbate poverty levels in Sub- Saharan Africa with 24 million households thus from 250 million households to 274 million households by end of 2020. It was then discovered that the main causes of child marriages are poverty, child sexual exploitation, sexual violence, unwanted pregnancies thereby pushing girls into child marriages.

Early child marriages became a cause of concern among community childcare workers during COVID-19 in Zimbabwe. According to WHO (2020), 1.57 billion students which is equivalent to 91% were affected by school closures and 346 million have no access to internet. Those in absolute poverty and marginalized communities in Zimbabwe were exposed to sexual exploitation and early child marriages.

### **Economic concerns**

#### ***Poverty***

The surge of Corona Virus resulted increased the global unemployment rate which resulted in poverty. In Sothern Asia, countries such as Bangladesh, unemployment intensified the levels of poor living conditions, poor sanitation and food insecurity (Sakamoto et al, 2020). An estimation of 150 million people was pushed into poverty with a total number of 117 million children as reported in 2020. Globally a total of 700 million suffered from absolute poverty which resulted in lack of access to better health services, accommodation services and adequate food provision (UNIFPA, 2020).

Poverty as a result of unemployment was also excavated by COVID-19 as noted by UN (2020). People in the African countries such as Bangladesh and India were struggling to provide for their families in a harsh socio-economic condition. This was because of loss of livelihoods and a decline of employment opportunities due to movement restrictions. In Ghana as a result of unemployment 55% to 62% households could not afford better housing. A total number of 17.5% children under the age of five had stunted growth whilst 12.6 % were under weight and this was a result of malnutrition due to food insecurity (UNICEF, 2020).

In Zimbabwe there was an increased rate of poverty both in rural and urban areas. In the case of Corona Virus Pandemic, CCWs have been experiencing high caseloads as result of poor socio-economic performance coupled with drought from 2019 that had an impact in 2020. WHO (2020) argues that in March 2020, 7million people were reported to be in need of humanitarian assistance with 3.2million being children and this resulted in increased food insecurity and poor housing

facilities. Community Childcare Workers experienced work related burn-outs as there was a poor child protection support system. Other non-governmental organizations and private funders down-scaled and some were closed resulting in reduced funding in children's welfare and protection activities (UNICEF, 2020)

### Psychological concerns

#### *Stress and anxiety*

Globally, over 4.6 billion children lost access to education and 1.7 million can no longer access school feeding programs which has increased stress and anxiety among children. Children have been confined to their homes which has increased the chances of them experiencing domestic violence (UNICEF, 2020).

The novel Corona Virus children experienced stress and anxiety as it paralyzed their social lives. Due to limitations in movement restrictions, relations with their friends and relatives were weakened. As a result, other children resorted to drug abuse, early child marriages and child labour. This affected most of the African countries such as South Africa, Kenya and India. According to UNICEF (2020), in Ghana 30.4% families were saddened by the situation and children between 6 and 17 had a total of 26.0% anxiety, 15.5% irritation and 13.1% distress.

In Zimbabwe, most of the children were affected by school closures mainly those in absolute poverty who could not afford extra-lessons. An estimate of 1.6 billion students in Sub-Saharan African marginalized areas were affected by COVID-19 and by them not accessing education it has resulted in depression and anxiety and Zimbabwe is not of exception (UN, 2020).

#### ● Copying mechanisms of community childcare workers in the during COVID-19

Child protection cadres in developing countries resorted to conducting cases virtually during COVID -19 (Kelly, 2020). Due to movement restrictions in Canada and Australia community cadres had to develop new strategies in child protection service provision. Due to availability of resources and technological advancements the child cadres were only limited to have face to face sessions they but could conduct video conferences, meeting on platforms such as zoom offer counselling and bereavement support to children. Therefore, community child protection workers could still provide seminal duties in a disaster situation.

In Africa, most of the countries lack resources in conducting child welfare services WHO (2020). Even when COVID-19 was at peak, community childcare workers walked to reach out to their clients and the pandemic brought many social issues which demanded the services of community cadres. These para-professionals had to adhere to maintaining social distance in home visits and protective clothing. In countries such as Mozambique and Ethiopia, community workers had to strive under socio-economic unstable environments. In other countries such as South Africa, counseling was done through mobile phone calls and video calls.

According to UNICEF (2020) in Zimbabwe child protection workers developed new coping mechanisms so that they would provide services during the pandemic. As an attempt to reduce exposure to the pandemic, CCWs started working in limited numbers, resolving cases over the mobile phone, online case reporting, offering virtual psychosocial support to children. Community childcare workers also maintained social distance adhered to wearing non-disposable face masks and made use of sanitizers when conducting emergency cases in community.

## 7. RESEARCH FINDINGS AND DISCUSSION

#### ● Challenges Faced by Community Childcare Workers During The COVID -19 Pandemic.

Owing to the COVID-19 Community Child Care Workers (CCWs) reported being exposed to several challenges of varying nature. These challenges have their roots in the various vulnerabilities that the CCWs found themselves in as a result of the pandemic and inadequate resources to cope with the demands of the COVID-19 pandemic.

#### *High Case Loads*

The results of the study established that due to the COVID 19 pandemic children now face more problems resulting from various vulnerabilities that the pandemic places them. Participants indicated that due to this increase in child related problems, they are now faced with a task to address all of them, thus creating a lot of caseloads. Highlighting this issue of insurmountable caseloads, one participant recounted that:

*“.... this pandemic has brought many challenges that resulted in children being affected in several ways. This in turn created a lot of work as we opened many cases for the children facing such issues as child labour, exploitation, reports of child prostitution and issues of hunger. At the end of the day we have a lot of caseloads to attend, more than what we normally do in normal times”.*

Given the number of the CCWs in these locations, the numbers of their cases are too many for them to manage given that they have few resources. This becomes very stressing to the CCWs especially during the pandemic due to the measures associated with the lockdown such as restriction on movements resulting in challenges when moving from one place to another. Study findings further established that due to these increased caseloads, CCWs reported ending up feeling powerless leading to some cases left unattended or not attended in time. This is highlighted by the report made by one participant who noted that

*“...since joining as a CCW I have never felt powerless when it comes to child protection issue, but during the COVID-19 the cases are too many and we are only a few. As a result, some cases are left unattended”.*

This is in sync with the report made by the UN (2020) in that failure of the Zimbabwean government to provide adequate humanitarian assistance exposed children to challenges such as early poverty, food insecurity and early child marriages. Childline in Zimbabwe also made a report in 2020 on the increase of child sexual, physical and emotional abuse as a result of the pandemic. The crisis intervention theory states that a crisis creates a state of imbalance hence there is need for a system intervention to restore the normal functioning of people in communities and the Community Child Care workers.

### ***Transport Problems***

Given the COVID 19 induced lockdown coupled with travelling restrictions, CCWs reported they had transport challenges during the pandemic. This is vindicated by one participant who reported that:

*“During this pandemic, transport is a big problem for us we struggle to have transport to quickly move children to the department of social development in time”.*

Community Child Care Workers further reported that the transport has become expensive during the pandemic arguing that due to the emergency of their cases they cannot afford to wait for the ZUPCO buses. Resultantly, CCWs reported that they end up using their own money for transport to move the children to the DSD or other agencies. Highlighting this, one participant, recounted that:

*“The ZUPCO is cheap but the problem is that given the urgency of our cases we do not have the time to wait for the buses since there are only a few here so we end up hiking which is expensive. In most cases we end up using our own money for transport and it is expensive for us”.*

UNICEF (2020) supports that the CCWs are volunteers in the National Case Management System as such they are not resourced enough to cope with these expenses which explains their plight as they complained that the transport has increasingly become expensive for them. Child frontline workers were also not adequately funded which resulted in shortages of emergency funds to provide child protection services. The crisis intervention theory seeks to ensure that CCWs are adequately funded during a crisis to ensure an effective child welfare delivery system.

### ***Inadequate Protective Equipment***

Submissions from the Community Child Care Workers pointed to lack of adequate Protective equipment such as masks to reduce their exposure from contracting the corona virus given their constant interaction with the public. To that effect, one participant during a focus group discussion bemoaned that:

*“We do not have effective protective gear; we only have masks that we buy for ourselves we need to be fully protected from the virus since we ever working with the public”.*

Further, the CCWs reported that they do not have sufficient sanitizers recounting that they could not afford it given that they do not earn much from their duties. The CCWs further reported that since they use public transport they feel exposed to the COVID19 pandemic given that they do not have adequate protective clothing to protect them from contracting the virus.

The issue of inadequate protective clothing for workers in the public remains an unresolved problem in Zimbabwe which can be attributed to many factors chiefly poor prioritization by the central government. WHO (2020) reinforced that the nurses as front-runners in combating and responding to the COVID-19 cases themselves are without adequate protective equipment as they end up using their own money to buy masks and sanitizers. This does not only put the workers at risk but further affect their work as they end up psychologically affected which reduces their concentration leading to several adverse events. Therefore, the crisis intervention theory seeks to is essential as it emphasizes on the provision of adequate resources to child community care workers thereby maintaining their efficiency during disaster environments.

### **Weak Coordination**

Through key informant interviews the researcher noted that, the linkages between government departments are very weak to an extent that even different stakeholders within the case management system. This was a result of financial constraints among different departments involved in child protection and other NGOs closed. The end result the referral networks were limited and some official assignments were not done or timeously executed. Consequently, the weakened multi-sectorial approach compromised the activities of CCWs as well as their response to child protection issues that arose during the pandemic. One of the participants highlighted that;

*“The government is facing financial challenges and other NGOs closed. The referral systems have been weakened and we are failing to help children who are even more vulnerable in this COVID-19 season”*

The surge of the Corona Virus pandemic resulted in the rise of child protection concerns yet other organizations closed operations (Save the Children, 2020). This was also supported by UNICEF (2020) in that there was a poor referral network system in child welfare especially among government actors that NGOs had to strong intervene. The Crisis intervention theory is essential in the strengthening of the NCMs to establish a robust referral network in disaster situations resulting in improved child welfare services.

### **Delays in Case Resolution**

Through an interview guide the researcher discovered that social workers are senior to CCWs and in fact CCWs report to them. This means that, it is the social workers who monitor the activities of CCWs. The cutting down of social workers, naturally, led to the weak monitoring of cases and activities of CCWs. In fact, social workers produce reports which are of great assistance to CCWs in the discharge of their responsibilities. These reports of ceased to be timeously produced leaving CCWs in an indeterminate state. One of the lead CCWs noted that;

*“As government enforced regulations relating to social distance probation officers had to take turns in assumption of duties with the consequence of weak monitoring of the activities of CCWs”*

The COVID -19 regulations limited the number of social worker’s office as established by UNICEF (2020). This increased the work pressure for the social workers as there was a high social worker-client ratio. Social workers attended to cases depending on the gravity of the cases. By so doing there were delays in the resolutions of some cases which also affected the service delivery of CCWs as part of the child frontline workers. The crisis intervention theory becomes applicable in the development of other alternatives to increase the provision of quality child protection issues. Cases need to be conducted virtually to ensure that a number of social workers continue to provide online services to reduce work overload in on office.

### **● Child Protection and Welfare Issues Addressed by the Community Childcare Workers During The COVID-19 Pandemic.**

Across the world the COVID 19 pandemic brought with it various challenges to the people making the children vulnerable to various problems. The submissions made by the study participants established that due to the COVID 19 children are plunged in various problems that the CCWSs have been addressing to their best efforts.

### **Child Labour**

Remarks made by the study participants suggested that owing to the COVID 19 pandemic cases of child labour has been on the rise as families try to sustain themselves and cope with the pandemic. To that end, one key informant indicated that:

*“Due to COVID-19 many children are now joining vendors to sell freezits , drinks and roasted maize to support their livelihoods”*

This suggest that due to the pandemic, families lost their sources of income through retrenchments as companies downsized as a result children have been employed by their own families to help bring income to the family through selling various products resonating with findings made by UNICEF (2020).

In Zimbabwe, a child is someone who is 18 years and below (**the Constitution of Zimbabwe Amendment no// 20**) or someone who is 16 years and below as stipulated by the Children’s Act. As such, anyone in this age range is not expected to partake in such activities as vending as it is classified as child exploitation in the name of child labor. However, due to the economic crisis in Zimbabwe largely characterised by poverty, it has become a norm for children to be seen vending to support their families (WHO, 2020). In the Children’s Act, children who are seen vending or engaging in child labor are catergorised as children in need of care and protection and it is a crime to make children engage in vending. The crisis intervention theory argues that when a problem such as the covid 19 overrides the resources of the people it becomes a crisis and that creates disharmony in the system of the people. In response to this imbalance, the theory argues that people will do all they can to restore the balance which in this case explains why there has been an increase in cases of child labor.

### **Child Abuse**

One of the child protection and welfare issues being addressed by the Community Child Care Workers is the issue of child abuse as reported by the findings of this study. Participants reported that children are constantly exposed to abuse mentally, physically and sexually during the pandemic. One participant recounted that:

*“...as a result of the economic problems emanating from the pandemic, many couples have been fighting day and night and many children have been affected psychologically as a result of the domestic violence”.*

This is further supported by another participant who indicated that children even end up getting hurt physically during instances of domestic violence. To that end, she reported that,

*“last week we hand a case of child who was injured during a domestic violence here in this location which highlights the increase in child abuse cases”.*

In other instances, the study results revealed that children are also abused by their parents or guardians as a result of the stress during COVID-19 in the family which agrees with the observation made by UNICEF (2020).

Child abuse remains a major problem that child protection programmers have been tirelessly tackling in Zimbabwe yielding less success given the social/cultural roots of some of the abuses. Though the constitution of Zimbabwe section 81 protects children from various forms of abuse, the enforcement of such a provision remains work in progress. The society has somehow normalize abusing children in most cases in the name of disciplining the children. On the other hand, children have accepted and internalise such abuses as they are taught to honor and respect your parents/elders. As a result, they are crippled and powerless to report cases of abuses only for them to be noticed in most cases by neighbors or school teachers. The crisis intervention theory argues that due to the imbalance the crisis creates within families and communities, problems such as abuse and domestic violence are likely to occur as manifestation of stress as people will be trying to figure out how to restore things back to normal.

### **Food Insecurity**

Participants in their reports highlighted that food security as affected many children during the COVID 19 pandemic especially in urban areas. Participants suggested that given that many people lost their jobs as a result of the COVID 19 with companies closing and the informal sector market closing. As a result, many families were plunged in poverty as they now cannot afford to buy food for their families. To that end, during a focus group discussion, one participant reported that:

*“Many people lost their jobs which compromised their earning and income sources, and as a result many households here no longer afford to feed their families on daily basis”.*

As a result, many children are left to anguish in hunger as their parents no longer afford to feed them leaving them with no option but to start begging for food in the streets or shopping areas. Participants further revealed that children due to

increased food insecurity are at risk of suffering from nutrition related diseases and stunting. In support of increased cases on food insecurity one CCW blames the government for its failure to provide social safety nets to support families during the covid 19 pandemic.

Due to lack of social protection systems in Zimbabwe many families to date are struggling to afford a one meal per day. This is the case with the findings of a study done by UNICEF (2020) arguing that the pandemic has led to increased food insecurity leading to 17.5 % of the children suffering from stunting and 12 per cent under-weight. The Constitution of Zimbabwe Amendment Bill number 20 provides for the provision of food to children as a right (section 81). In this case, the government has an obligation to provide food to the children as provided by the constitution. Reports of children being victims of food insecurity deviates from the country's respect of these rights and nullify its adoption of the international legal instruments such the Universal Declaration of the Human rights and the United Nations Convention on the Rights of a Child. Hence the crisis intervention theory reinforces that the government should intervene and provide for its vulnerable groups in disaster situations.

### *Destitution*

The study findings established that due to the COVID 19 pandemic many households lost their jobs and their sources of income with it. As a result, study participants indicated that many households became vulnerable to poverty characterised by housing problems as it was reported that families could no longer afford the rentals.

In their reports, study participants as guardians of the children in these locations suggested that this could be attributed to increased cases of abuse coupled with housing problems. This surge in child destitution can also be seen with a spike in numbers of children living and working in the streets in Harare Central Business District (UNICEF, 2020). The children's Act argues that a child who is a destitute despite the reasons is a child in need of protection and care. Further, **the Constitution of Zimbabwe Amendment Act No 20 (2013) in section 80** guarantees the children's right to conducive shelter, however, the numbers of children living and working in the streets continue to rise in Zimbabwe.

Using the crisis intervention theory, increase in destitution by children highlights how COVID 19 as a crisis has destroyed the harmony of many families as systems.

### ● **Strategies Employed by The Community Childcare Workers to Cope with The Challenges They Faced as a result of the COVID 19 Pandemic.**

In face of the above discussed challenges that the CCWs battled with during the COVID 19 pandemic as they try to pursue their duties in addressing child protection and welfare issues, CCWs reported that they employed various strategies to cope with the challenges.

#### *Use of personal vehicles for Transport*

The Community Child Care Workers indicated that they faced a challenge with transport give that their work requires them to be mobile. In response to this challenge, the Community Child Care Workers reported that they ended up using the car of one of the CCW to ease the transport challenges. Supporting this one participant reported that "We are lucky that one of us has a car so realising that we had transport problems we agreed that we could just buy fuel for her car and make our travelling without any challenges". One participant further indicated that they are grateful that one of the CCWs gave them her car for transport reporting that it put the whole team at easy and they were able to continue their good work despite the transport issues.

#### *Use of Zoom Meetings*

Given the above mentioned transport problems and the COVID 19 induced lockdown which advocated for reduced public gatherings and travelling, the study participants reported that they have resorted to using online communication methods such as the Zoom meetings. This to study participants made things easier for them as they are now able to avoid unnecessary movements and mingling with the public. To that end one participant narrated that:

*"The department and many of our stakeholders have resorted to using Zoom meetings for most of the meetings and case conferences. This has been helpful as it spares us the struggle of transport and public gatherings".*

Nevertheless, though helpful it has been, the participants reported that due to unreliable network connection sometimes they have challenges connecting to the meetings leading to communication breakdown and delays in addressing some of



the cases. This was also noted by UNICEF (2020) that the provision of child welfare services had been affected by the pandemic. The crisis intervention theory emphasizes on the systems approach to ensure technological improvements in child welfare and protection issues.

### *The use of reusable non-disposable Masks*

Lack of adequate protective clothing is one of the challenges that the Community Child Care Workers reported affecting them severely during the covid 19 pandemic. In response, acknowledging that they do not have the resources to buy disposable masks, CCWs reported that they bought reusable masks made of cloth. One participant noted that *“We could not afford to buy disposable masks and we are not given those by the government so we decided to buy masks made of cloth since we can wash and use them for a long time”*.

This reduces the cost of buying disposable masks for CCWs given their earning capacity. To further highlight the efficiency of this the CCWs suggested that masks made of cloth are actually more useful than the disposable ones.

WHO (2020) highlighted that most of the frontline workers in developing nations lacked adequate protective gear. The crisis intervention theory indicates that there is need for development of alternatives during disasters to ensure the continuation of service delivery.

## 8. CONCLUSIONS

The community childcare workers experienced double barreled challenges in providing for their families and vulnerable children in the community during the Corona Virus disease. There was an increase in cases of child sexual exploitation, poverty, child labour, depression, early child marriages and domestic violence during COVID-19. It is important to note that in the same vein, child care workers were encountering various challenges such as scarcity of resources, poor transport system, stigma, anxiety and lack of protective clothing which hindered effective service delivery.

Zimbabwe's child welfare system does not have a capacity to deal with crises that are similar to COVID 19 hence there is need to establish a comprehensive case management system. Issues of child care and child welfare are not receiving the adequate attention they deserve from concerned authorities. Any nation's economic and social development is directly linked to the quality of its level of its commitment in child care. Therefore, there is need for the responsible authorities to approach the issue of child welfare from a pragmatic and holistic point of view for effective and efficient delivery system. The crisis intervention theory is fundamental in the maintenance of the National Case Management System to create a strong resilience foundation to in similar disaster situations. The efforts and activities of community child care workers need to be supported to ensure that there is adequate backup for effective service provision in disaster environments. The responsible authorities need to continue encouraging the injection of new ideas and approaches in child welfare so that the system becomes responsive during disaster situations.

The research study recognized that the novel COVID-19 pandemic had a devastating impact on child welfare and protection. Child welfare concerns were amplified whilst the support structure was inadequate which resulted in poor service provision. Social workers uphold justice, social development and ensure the protection of vulnerable groups through casework, group work and community work. Hence, these methods are vital in the protection of children during crisis situations such as COVID-19. Community child care workers operate within the national case management providing complimentary child welfare services therefore social workers should provide disaster management training and as well as supervision of their services even in disaster situation when children are more vulnerable.

Social workers should also advocate for Community Child Care workers to receive grants that help them in service provision. It was highlighted that CCWs faced transport challenges prior and during the pandemic. Advocacy becomes vital for the recognition of community cadres by the government so as to increase efficiency and effectiveness in the response to child protection cases.

Social workers need to advocate for the development of a responsive disaster management system in child protection to ensure that child care workers are well catered for. Crisis intervention becomes more profound when the independent body for disaster management is well established for case management. Child welfare workers need to be well protected in terms of the provision of adequate protective clothing, health insurance and be granted risk funds.

Social workers should carry out more research on the challenges faced by child voluntary workers in the field. Social workers are the primary service providers at the Department of Social Development they need to establish a research

board in order to monitor and evaluate the surge of child protection issues in disaster situations or post-disaster environment. This improves the quality of services provided as the programme planning and implementation will be research driven.

## 9. RECOMMENDATIONS

- The concerned authority need to harmonize and synergize its actions in the various aspects of its development plans and strategies. It is worth noting that CCWs are voluntary workers whose charitable efforts are not being adequately appreciated by the concerned authority. A robust child protection system needs to be put in place.
- The government should improve on the implementation of child-focused policy and legal frameworks in the provision of universal assistance to children. Its services should be consistent in the delivery child welfare assistance as well improve the quality and coverage of child protection services to curb poverty and high mortality rates.
- The government should make efforts to partner with other non-state actors to create and establish a robust child welfare system through an effective and efficient support system to community based care networks. Collaborations and partnerships are essential in information dissemination and resource distribution resulting in increased efficiency and effective service delivery in disaster environments.
- The government should improve the Monitoring and Evaluation System for child welfare and protection concerns. During COVID-19 the country depended on the researches done by other NGOs. There is need for a sound monitoring and evaluation system for children to keep track of child rights violations and emerging risks to inform comprehensive interventions.
- The government is recommended to enhance the capacity of community child protection workers to reduce child protection issues arising out of disasters. Due to the novel Corona Virus children were exposed to child marriages, high mortality rate, child labour, poverty, stress and gender-based violence hence the CCWs required adequate training, protective clothing, financial support and effective referral systems that would be profoundly responsive to child welfare issues. The development emergency response systems for community child protection workers become fundamental in improving case management during disasters.
- There is need to ensure that as frontline workers, community child care workers should have adequate protective clothing and health insurance in disaster situations. Community child care workers need be trained on how to deal with children during pandemics as well as protecting themselves from contracting the virus or any contagious disease. By improving availability of protective gear it also reduces work related stress and anxiety on their health.
- The government needs to incentivise Community care workers so that they are well motivated and have back-up support for their activities. The pandemic had devastating impacts on the functioning of the various institutions hence, burdening the child care workers. It is worth noting that CCWs are voluntary workers who need to get paid by way of receiving regular monthly grants. The economic meltdown meant that their own personal sources of income were reduced resulting in lack of funding for their activities. Any system that cannot cope with the normal course of things cannot cope in a disaster situation. Hence, there is a need for the formulation of resilient child welfare systems in normal situations first to lead into improved response in disaster situations.
- Tax incentives should be introduced by the government for all those who are involved in child care and child welfare. This could prove to be more beneficial to foster parents as a way of giving financial support to those involved in such philanthropy. By providing the monetary grants, the government will reduce the burden of foster parents as they provide places of safety for vulnerable children.
- Other non-governmental organizations should collaborate and partner with the government in child welfare provision during natural disasters. The Department of Social Development was underfunded which resulted in delayed child protection response as well as poor service provision. Collaborations are vital in the delivery of comprehensive services that are holistic in nature thereby enhancing the welfare of vulnerable children
- Community Childcare Workers need to be encouraged to form psychosocial support groups. These can be done online whether there are or there are no disasters for information dissemination, psychological and social support purposes. This reduces stress hence, contributing to improved mental health. It can also be used to enhance communication with their respective supervising social workers.

- Community based child protection workers should establish alternative ways to provide psycho-social support to children in orphanages, foster care homes, prisons and in isolation during disaster environments such as COVID-19. In the context of Corona Virus, the activities of CCWs were affected by the movement restrictions and social gathering restrictions. A number of children experienced hence they needed improved psycho-social support to help them acquire resilience to depression and anxiety.
- The study established that community care workers are incapacitated to deal with disaster situations in Zimbabwe. There is need for more research on the operations of community cadres in other countries and tailor-make their emergency response system to the Zimbabwean context. This leads to the establishment of an improved community-based child care service delivery in similar disasters.

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