



**Lived experiences of Zimbabwean labour migrants in the informal economy in Urban
Cape Town during the COVID-19 pandemic.**

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ABSTRACT

This research investigated the lived experiences of Zimbabwean labour migrants in the informal economy in urban Cape Town during the COVID-19 pandemic (hereafter referred to as COVID-19). The study was undertaken in Cape Town, South Africa. The major issues investigated included the lived experiences of Zimbabwean labour migrants in informal economy during COVID-19. The coping mechanisms used by Zimbabwean migrants to survive during the pandemic and the role local institutions played in enhancing the adaptation of migrants to the challenges that came with the COVID-19 was investigated. This qualitative study recruited 20 participants from Zimbabwe using purposive and snowball sampling. Face-to-face and telephonic interviews were used in data collection. The data was then analysed using thematic data analysis. Two theoretical frameworks; social exclusion theory and capability approach, were used in understanding designing of the study, and understanding the findings. The findings uncovered various challenges that were faced by Zimbabwean migrants during COVID-19. These include loss of livelihood opportunities, failure to send remittances home, unexpected changes in their social life, and exclusion from state-provided COVID-19 response packages. The findings further showed that to cope or adapt to these constraints Zimbabwean migrants adopted various mechanisms. These mechanisms included spending money from their pre-pandemic savings, relying on their social networks (family and friends) and some local institutions (churches and non-governmental organisations) for food, and financial support. The study discovered that COVID-19 helped some Zimbabweans to learn new skills to create entrepreneurial opportunities for themselves. A combination of these coping strategies demonstrated a high level of migrants' resilience which is critical in reducing their vulnerability relative to the effects of future pandemics and ongoing exclusions. The study concluded with recommendations. These included that the policy makers to be more inclusive of vulnerable migrants in formulating policies. There is need to provide social protection to migrants in difficult times such as the pandemic.

Keywords: COVID-19; informal economy; labour migrants; lived experiences; South Africa; Zimbabweans

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CHAPTER 1: INTRODUCTION

1.1 Background of the study

South Africa is a major destination for Zimbabwean migrants (Crush & Tawodzera, 2016). In addition, South Africa has also for long been a prime destination of choice for migrants from its other neighbouring countries such as Lesotho and Mozambique (Crush, Chikanda & Tawodzera, 2015). Research shows that the number of people migrating from Zimbabwe to South Africa has generally increased over time. Around 1980s, most migrants returned to Zimbabwe regularly and had little desire to stay in South Africa for more than a few months. However, this changed over time resulting in more Zimbabweans settling more permanently in South Africa since the past decade (Mutambara & Maheshvari, 2019).

One of the major reasons that South Africa has so long received many migrants from its neighbouring countries is its relatively competitive economy (Gumbu, 2020). The Zimbabwean economy has continued to collapse since the 2000s till now. The country's situation remains tragic; the education, health and economic sectors have all been decimated. This has resulted in a myriad of challenges such as food shortages, poverty, and many Zimbabwean youth becoming pessimistic because many higher education graduates are becoming street vendors (Sithole & Dinbabo, 2016). These challenges have pushed a large number of Zimbabweans, including youth, to move to other countries, mostly South Africa, in search of greener pastures to reduce poverty in their households (Bloch, 2010; Crush & Tevera, 2010; Sithole & Dinbabo, 2016). Therefore, Zimbabweans migrating to South Africa is a way of household survival.

Before COVID-19, people's movements were less restricted hence it was easier to migrate to South Africa. But from 2020 South Africa was affected by COVID-19 leading to the country's government joining the bigger part of the world in implementing lockdown measures to contain the virus. Lockdown regulations included social distancing and travel restrictions, which meant a halt in non-essential migration globally, and reduced access to necessities at local levels (Chugh, 2020). People were not able to travel back home because of the travel restrictions.

According to Chugh (2020) movement restrictions made it challenging for migrants to get protection which intensified the already existing inequality, and discrimination against them. This had negative implications on socioeconomic inclusion and social cohesion (Chugh, 2020). For South Africa, COVID-19 impacted the socioeconomic life of everyone living in the country. But the South African government only provided social assistance to the country's

citizens. Initially, migrants did not receive COVID-19 response packages. This means that they had to find other ways to survive (Kavuro, 2020). A lot of migrants did not have a source of income because most of them worked as waiters and drivers, yet during the COVID-19 induced lockdowns, restaurants were closed, and some transport services were not operating (Gumbu, 2020). Resultantly, migrants had no work, and left struggling to make enough income for their necessities.

1.2 Statement of the problem

COVID-19, which began in China was one of the most devastating global health disasters and had serious implications for global socioeconomic activities (Gondwe, 2020). COVID-19 was discovered and recorded for the first time in December 2019 in Wuhan, China. The virus is highly contagious, and it spread internationally within a short period of time. This prompted the World Health Organisation (WHO) to designate it a global pandemic in March 2020 (Lone & Ahmad, 2020). It has had a negative impact on a variety of sectors around the world, including transportation and individual movements.

In response to COVID-19 governments globally induced lockdowns to lessen the transmission of the virus. However, the lockdown restrictions caused myriad challenges such as the closure of businesses which cut-off many people's income and worsened access to their necessities (Gondwe, 2020). For most of a large population of Zimbabwean migrants in South Africa's informal labour, this might have been made worse. The statistics of Zimbabwean migrants in the informal sector in South Africa is not accurately known owing to issues such as being undocumented. One contributing factor leading numerous Zimbabweans in South Africa to informal economy is a lack of documentation in form of valid permits (Mutambara, Crankshaw & Freedman, 2021). The lack of valid permits to reside and work in South Africa also meant that many Zimbabweans were unable to participate and benefit from programs that could have helped them to counteract COVID-19's negative economic effects (Mutambara, Crankshaw & Freedman, 2021).

While South Africa has progressive migration policies, migrants were initially excluded from the government's support of its people in response to COVID-19's devastation. Migrants were excluded based on their nationality. The conditions for receiving the government's packages included that the recipient needed to produce a national identity document or permit for identification, yet most migrants did not have these (Mutambara, Crankshaw & Freedman, 2021). This can be identified as institutionalised or structural exclusion that make it transparent

that somewhat in practice South Africa is less welcoming to migrants. However, migrants' access to the government's packages was improved after contestations and migrants who held asylum permits were later allowed to receive the social relief grant.

According to Finell et al. (2021), the majority of migrants during COVID-19 were more prone to psychological distress because they had been exposed to more traumatic events before migrating, lacked close family or other social supports, and had less access to healthcare. Therefore, the goal of this study was to investigate the experiences of Zimbabwean labour migrants in Cape Town during the COVID-19 pandemic.

Zimbabwean labour migrants in the informal economy were among the worst affected by COVID-19 pandemic in South Africa, they are inadequate scientific studies that have focused on lived experiences of Zimbabwean labour migrants in the informal economy during COVID-19. This means their voices are inadequate in global scientific knowledge about experiences of labour migrants about COVID-19. These gaps in scientific knowledge motivated me to embark on this study. That is, the study aimed at addressing the above gaps in scientific knowledge and thus, broaden scientific knowledge.

1.3 Rationale and Significance of the Study

The COVID-19 outbreak resulted in a wealth of research on topics relating to health, migration, labour, and development. Many of these studies suggest that there was a significant response to COVID-19 in relation to labour, but the responses and adjustments were most focused on supporting mostly high-wage formal employees (Cook & Ulriksen, 2021; Gerard et al., 2020). For example, universities supported the teaching and learning programmes, engineering companies, and retail stores continued to operate although under strict measures to reduce the spread of the pandemic. Yet, those in the informal labour did not seem to receive strong support from the governments or organisations (Mbeve et al., 2020). Hence, it would seem they were the worse affected population, globally.

Bhagat et al. (2020) supports the above by arguing that globally, the circumstances of labour migrants in the informal economic sector (informal labour migrants – hereafter) are worsened because they are typically not considered in plans for national responses to pandemics (Bhagat et al., 2020). There is already a wealth of research that has focused on the impact of COVID-19 on vulnerable populations globally. However, there is limited research that has focused on the impact of the COVID-19 pandemic and resultant experiences for informal labour migrants such as many Zimbabwean migrants in South Africa. It is because of this reason that the current

study investigated the lived experiences of Zimbabwean labour migrants in informal economy in Urban Cape Town during the COVID-19 pandemic. As was anticipated, this study's findings uncovered lived experiences of Zimbabwean labour migrants in informal economy in Urban Cape Town during the COVID-19 pandemic. It is hoped that these findings will further influence policy makers to be more inclusive of vulnerable migrants in formulating policies.

1.4 Research Topic

Lived experiences of Zimbabwean labour migrants in the informal economy in Urban Cape Town during the COVID-19 pandemic.

1.5 Main Research Questions

1. What are the lived experiences of Zimbabwean labour migrants in the informal economy in Urban Cape Town, South Africa during the COVID-19 pandemic?
2. What are the coping mechanisms used by the Zimbabwean labour migrants in informal economy to survive during the pandemic in Urban Cape Town, South Africa?
3. What is the role of local institutions in enhancing the adaptation of labour migrants in informal economy to the challenges that came with the COVID-19 pandemic in Urban Cape Town, South Africa?

1.6 Research Objectives

1. To explore the lived experiences of Zimbabwean labour migrants in the informal economy in Urban Cape Town, South Africa during the COVID-19 pandemic.
2. To investigate the coping mechanisms used by the Zimbabwean labour migrants in the informal economy during the COVID-19 pandemic in Urban Cape Town, South Africa.
3. To examine the role of local institutions in enhancing the adaptation of labour migrants in informal economy to the challenges that came with the COVID-19 pandemic in Urban Cape Town, South Africa.

1.7 Main Assumptions

It was assumed that COVID-19 and its induced lockdowns yielded negative socioeconomic effects on Zimbabwean labour migrants in informal economy in South Africa. It was assumed that Zimbabwean labour migrants in informal economy adopted various coping strategies and that they would share the experiences that they had during the COVID-19.

1.8 Clarification of Terms

1.8.1 Migrants

Migrants are people who move within or across nations seeking opportunities to improve their socioeconomic circumstances (Douglas, Cetron & Spiegel, 2019). The movement is regardless of their legal status and the movement can be voluntary or involuntary. Thus, they can be economic migrants or refugees (Douglas, Cetron & Spiegel, 2019). The current study focused on people who moved from Zimbabwe to Cape Town, South Africa as economic migrants who are both documented and undocumented.

1.8.2 Informal economy

The informal economy is a sector of the economy that is not regulated by the government and is not subject to taxation (Pitoyo, Aditya & Amri, 2020). There are often two concepts in the informal economy: the informal sector and the informal workforce. The informal sector consists of a business that is not a legal entity and is owned by households or individuals. An informal worker is unregistered and unprotected by the legal system, without employment contracts, secure work incomes, benefits workers, or social protection (Pitoyo, Aditya & Amri, 2020).

1.8.3 Coronavirus Disease (COVID-19)

COVID-19 is an infectious disease that is caused by a novel coronavirus, which is structurally comparable to the virus that causes severe acute respiratory syndrome (WHO, 2020). COVID-19 is a lethal disease that is a major global public health problem (Ola, 2021).

1.8.4 Pandemic

The World Health Organisation defines a pandemic as a disease that spreads globally or across a very large area, crosses international borders, and often affects a sizable population. Platto, Xue and Carafoli (2020) notes that a pandemic is when a highly contagious disease spreads globally.

1.9 Conclusion

This chapter has managed to discuss the study's background, problem statement, study rationale, and research topic. The main research question, research objectives, main assumptions and definition of concepts were highlighted. The study's literature review and theoretical framework will be discussed in the following chapter.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter discusses what has been researched on the topics of COVID-19, migration, and survival strategies adopted by migrants. The discussion in the chapter then identifies the research gap that informed the current study's research focus. The chapter will also present the theoretical framework and policy frameworks that underpin the current study.

2.2 COVID-19

COVID-19 virus is believed to have first surfaced in Wuhan, China, around the end of December 2019 (Pitoyo, Aditya & Amri, 2020). In less than a month after the initial case was reported, there were more than a thousand positive confirmations of COVID-19 in China. Once this virus started spreading to neighbouring nations, on March 11, 2020, the World Health Organisation (WHO) declared the virus to be a pandemic due to its unregulated global spread and growing prevalence (Pitoyo, Aditya & Amri, 2020). Since then, it has expanded globally and has affected several nations and areas (Clara, 2020).

The United States had the most reported COVID-19 patients as of early April 2020, followed by Spain, Italy, Germany, France, and China. Following the China pandemic, Italy was severely impacted. The case-fatality rate in the Italian report was 7.2%, which was three times higher than the rate in China (Yuki, Fujiogi & Koutsogiannaki, 2020).

COVID-19 hit many countries around the world, with Africa being the last continent affected by the pandemic (Lone & Ahmad, 2020). The first case on the African continent was confirmed in Egypt on 14 February 2020 and in Nigeria it was confirmed on 27 February 2020 after a person had flown from Italy to Nigeria (Lone & Ahmad, 2020). COVID-19 came to South Africa later than in other parts of the world (Naidu, 2020). South Africa was hit by the COVID-19 pandemic in early March 2020, and it quickly became the most affected country in Africa. The number of cases quickly grew from one on March 5th, requiring the South African government to act quickly and place the country under extreme lockdown for six weeks (Stiegler & Bouchard, 2020). By April, most African countries had been affected by COVID-19 (Buheji et al., 2020).

The respiratory system is where the COVID-19 virus primarily manifests itself (Yuki, Fujiogi & Koutsogiannaki, 2020). In the original case series from Wuhan, China, fever, dry cough, and breathlessness were listed as symptoms associated with lower respiratory tract infections.

Additional symptoms included a headache, dizziness, generalised weakness, vomiting, and diarrhoea (Yuki, Fujiogi & Koutsogiannaki, 2020).

2.3 Impact of COVID-19

COVID-19 had an impact on many countries around the globe. COVID-19, which first appeared in Wuhan at the end of 2019 caused significant turmoil in the world economy, particularly in the areas of transportation, tourism, and global supply chains (Pitoyo, Aditya, Amri & Rokhim, 2021). The COVID-19 pandemic had a negative effect on the economy, particularly for individuals working in the informal economy. According to the International Labour Organisation (ILO), COVID-19 was estimated to have a substantial impact on 1.6 billion workers in the informal economy, with a 60% global income reduction expected (Pitoyo et al., 2021).

The impact of the complex crises brought on by the COVID-19 pandemic makes the informal economy one of the key areas of concern. Since they typically have poor earnings and lack social protection, it is generally acknowledged that informal labourers are a vulnerable group. Given the large amount of informality in low- and middle-income countries, this circumstance poses a significant issue for these nations (Pitoyo, Aditya & Amri, 2020).

The informal workers are more vulnerable compared to formal workers because they lack social safety nets (Pitoyo et al., 2021). Those in formal economy were less affected because some of them such as Medical Doctors, Nurses and other medical personnel, University Professors, Teachers, Engineers among others, they were given some form of social protection by their employers and most of them continued to work and were getting salaries.

Sub-Saharan Africa has the largest informal economic activities with a percentage of 89% (Khambule, 2020). The majority of people in Southern Africa depend on daily wages earned through the informal economy to survive (Buheji et al., 2020). Southern Asia is the second highest with informal employment of 88%. East and Southeastern Asia have 77% in informal employment. In developing countries, Eastern Europe and Central Asia have the lowest rates of informal employment at 37% (Khambule, 2020).

In Asia majority of the populations are self-employed (Rasul et al., 2021). The difficulties are made worse by the fact that a sizable portion of the population relies solely on self-employment or informal sectors for employment, with no social or health benefits (Rasul et al., 2021). The

most severely impacted groups in most Asian nations are slum dwellers, many of whom are migrants.

One of the nation's most severely affected by this pandemic is Indonesia (Pitoyo et al., 2021). It has a higher percentage of informal employment than formal employment. The number of positive cases did not start to fall after the first incidence in March 2020 until September 2020. As of September 3, 2020, there were 184,268 positive cases overall in Indonesia's 34 provinces (Pitoyo et al., 2021). The Indonesian government took a number of actions to stop the virus from spreading, such as calling for the implementation of physical distance, limitations on crowd-pleasing events, and extensive social restriction measures (Pitoyo et al., 2021).

The COVID-19 pandemic has had a significant negative impact on the livelihood, safety, and health of employees in the informal economy, particularly domestic workers, the majority of whom are female. Domestic workers are highly vulnerable to exploitation and human rights violations because they are the least organized and have no institutional support (Sumalatha, Bhat & Chitra, 2021). Domestic workers in Mumbai, India were interviewed about their working conditions, household dynamics, health situation, and government help during the pandemic. The findings show that domestic employees experienced widespread job loss between March and June 2020, along with significantly lower remuneration and higher workload. 40% of domestic employees worked without any safety precautions, and almost 57% of them reported experiencing stigma and prejudice at work (Sumalatha, Bhat & Chitra, 2021).

In Bangladesh, the majority of migrants who engage in informal labour suffered. During the lockdown, around 80% of casual workers were not working at all (Sohel et al., 2022). They typically work as street vendors, restaurant servers, housemaids, and rickshaw drivers in the metropolis of Dhaka. In general, undocumented migrants live hand to mouth and typically have no savings (Sohel et al., 2022).

2.3.1 COVID-19 impact on migration

Globally, the closure of borders as one of the lockdown measures restricted people's movements, and this was coupled with constraints on immigration services (Chugh, 2020). Resulting from closed borders, people were not able to travel back home. Additionally, limitations on movement made it challenging for migrants to seek socioeconomic protection, this intensified inequality and discrimination (Chugh, 2020).

To reduce the increase of the COVID-19 cases, the South African government implemented the initial six-week lockdown. The lockdown regulations were included closure of borders, businesses, and a ban on local human movements (Stiegler & Bouchard, 2020). The majority of African nations had been impacted by COVID-19 by April 2020 (Buheji et al., 2020). This was followed by spread on the adoption of the lockdown implementations across the countries in the continent. However, owing to their depreciative socioeconomic outcomes to human population, lockdowns were later considered to be among the worst measures to be implemented globally.

2.3.2 Socioeconomic impact of COVID-19

The response to COVID-19 by a lot of countries was meant to reduce the transmission of the virus however, it did not take into consideration the social ramifications, including for interpersonal and societal relations (Long et al., 2021). To prevent the transmission of the virus, social distancing entailed avoiding contact with others. Due to this, many people worked from home, refrained from attending social events, and could not contact their close friends (Singh & Singh, 2020). The rise in social seclusion measures during the COVID-19 time had a negative influence on social connections, social relations, and social interactions, while these are essential to human civilisation (Singh & Singh, 2020).

COVID-19, and its induced lockdowns had an impact on the socioeconomic status of all people living in South Africa. Nguse and Wassenaar (2021) argued that although COVID-19 impacted everyone in South Africa, the poor and marginalised people were the most negatively affected. This is because of the socioeconomic conditions that they already have been living in prior to COVID-19, thus being affected by inequality, poverty, and high unemployment. The COVID-19 induced lockdowns increased the rate of unemployment globally, taking away the already scarce source of income for the people with lower socioeconomic status (Jones, Mudaliar & Piper, 2021). Ola (2021) reported that COVID-19 had a detrimental effect on African migrant populations all across the world, and in South Africa owing to the repeated lockdowns, they lost their jobs, shelter, and food. During the Level 5 lockdown, those who had jobs in February 2020 were no longer actively working, with the permanent layoffs or firm closures appearing to be the cause of half of this reduction in active employment (Schotte & Zizzamia, 2021). The labour market was severely affected by the overall decline in demand, leading to layoffs, firm closures, and underemployment (Schotte & Zizzamia, 2021). The Southern African Development Community (SADC) region saw a significant increase in unemployment due to

the slowdown in economic activities during the COVID-19 period (Jones, Mudaliar & Piper, 2021).

In support of those who lost a source of income, the South African government provided the country's citizens with social assistance, in form of the COVID-19 response packages. However, migrants who did not have a legal status in South Africa, including some Zimbabweans, were excluded from this government support (Kavuro, 2020; Ogude & Chekero, 2020). They were left to find other ways to survive, yet most of them did not have any income since their jobs were directly impacted by the COVID-19 induced lockdowns, since they worked as waiters, drivers, and street vendors (Mbeve et al., 2020). Restaurants were closed and some transport services were not operating (Gumbu, 2020). Thus, in the South African context, most migrants faced worsened social exclusion, poverty, limited food access, hazardous living conditions, unemployment, and minimal-to-no government protection (Bhagat et al., 2020; Mbeve et al., 2020).

The loss of income for many migrants in South Africa owing to the COVID-19 is in line with previous research's findings. For example, Moroz, Shrestha, and Testaverde (2020) noted that during the COVID-19 period, migrant workers were particularly susceptible to the negative impacts of losing jobs since they are usually involved in informal jobs, and they do not have safety nets in the case of job loss or illness. Noteworthy, research shows that only a small percentage of migrants from developing countries have access to social safety (Moroz, Shrestha & Testaverde, 2020). As such, due to their predominance in insecure low-wage sectors and history of being among the first to lose their jobs, migrant workers were structurally sensitive to the economic shocks brought owing to COVID-19 and its induced lockdowns (Jones, Mudaliar & Piper, 2021).

Furthermore, worldwide national lockdowns affected economic supply networks and wreaked havoc on people's livelihoods, mostly in urban areas (Ozili, 2020). Economic activity was hindered; borders were closed, air and land transport systems were halted, and factories, shops, restaurants, and other businesses were closed. The main economic activity that was left operational were those involving critical services such as food stores, pharmacies, and banks (Bhagat, 2020). The decreasing economic opportunities brought by COVID-19 came with potentially long-term socioeconomic vulnerabilities of poverty and unemployment (Simon & Khambule, 2021).

COVID-19's negative impact was worse on the livelihood of people with lower socioeconomic status (Ola, 2021). They experienced severe economic difficulties, including losing access to money, which compromised their livelihoods. While some severely affected populations attempted to continue making an income through means that involved moving around, such as street vending, they risked or experienced; exposure to COVID-19, police and army violence (Segadlo, Krause, Zanker & Edler, 2021). Hence, in South Africa many people were stalled into poverty and starvation because they could not maintain their livelihoods as a result of the Level 5 lockdown regulations (Simon & Khambule, 2021).

Migrants' loss of income had a negative impact on their relatives back home, since they were unable to send any remittances at the time (Ola, 2021). Mbeve et al. (2020) argues that Zimbabwean migrants in South Africa are known for sending money and food back home (Mbeve et al., 2020). But the lockdown meant that the procedure of sending money and groceries back home had to be halted. The halt in remittances was a major negative COVID-19 impact because they are a crucial lifeline for the impoverished (Kpodar, Mlachila, Quayyum, & Gammadigbe 2021). Migrants' contribution to the economy of the nation and developmental potential of remittances have been regarded as a significant driver in economic development (Preibisch, Dodd, & Su, 2016).

2.3.3 COVID-19 impact on physical health

The virus's greatest impact on human includes direct respiratory system injury, immune system deterioration, aggravated underlying medical disorders, and ultimately, systemic failure and death (Woods et al., 2020). Due to social isolation, melancholy, dread, and financial hardship, COVID-19 results in lowering the quality of life, hospitalisations, fatalities and for those affected. Older people suffer the most from COVID-19's difficulties. They are more susceptible to COVID-19 because of the complex changes in physiological and cellular functions associated with aging (Woods et al., 2020). People with underlying health problems are also more susceptible to COVID-19 (Tessema et al., 2021).

COVID-19 has tested the health systems' preparedness at of local, national, regional, and international levels (Tessema et al., 2021). Globally, including in Africa, COVID-19 attack alone resulted in the hospitalisation of tens of thousands of patients, and millions more were forced to stay in confined spaces (Tessema et al., 2021; Woods et al., 2020). Tessema et al. (2021) mentioned how in African urban regions' healthcare facilities, there was overcrowding

of patients. Due to a shortage of ventilators and ICU beds, healthcare facilities had a restricted capacity for increased demand (Tessema et al., 2021).

With regards to access to health care as a migrant, there have been some issues reported within South Africa. Crush and Tawodzera (2014) in their study talk about how Zimbabwean migrants experience xenophobia within the public health institutions. Medical xenophobia is the unfavourable behaviours and attitudes that health professionals and staff have toward immigrants and refugees (Crush & Tawodzera, 2014). Recently, there was a video that went viral of the Member of the Executive Council for health of Limpopo province where she was criticising a Zimbabwean patient who was in search of healthcare. There have been various reactions from people. Some have demanded Phophi Ramathuba resign on the grounds that it was improper to verbally abuse a patient. Others have defended her, claiming that she encapsulates the opinions of the local South Africans (Vanyoro, 2022). As a result of these attitudes and beliefs, discriminatory actions are taken, such as denying care or delaying access to services.

2.3.4 COVID-19 impact on mental health

A study conducted by the World Health Organisation (WHO, 2020) noted that a sizable proportion of the participants reported feeling as though their mental health was worsening owing to COVID-19. Participants reported feeling more hopeless, furious, stressed, lonely, worried, anxious, sad, and facing more sleep-related challenges (WHO, 2020). Similarly, Mukumbang, Ambe, and Adebiyi (2020) noted that, globally, the lockdown containment tactics made migrants' situation worse because they were unexpectedly out of work, evicted from their houses, hungry, and confined to dorms or camps where it was impossible to maintain an adequate physical distance. These circumstances are thought to be antecedents and prodromes of mental health problems.

COVID-19 and the unknown concerning its future dynamics elevated many people's psychological health problems through intensifying mental health challenges (Doan et al., 2022). Most of the mental health problems that are reported in literature are associated with the decline in the socioeconomic status of various global populations. This includes populations such as migrants in South Africa who could not have access to their livelihood resources, or activities such as salaries, school, and social networks (De Man et al., 2022; Doan et al., 2022; Mbeve et al., 2020; Schotte & Zizzamia, 2021). Depression and stress were among the biggest

obstacles faced by migrants, which were exacerbated by their inability to provide for their families back home.

Furthermore, numerous studies have shown that viruses and infections can have a variety of detrimental effects on mental health, including encounters with sadness, anxiety, and post-traumatic stress disorder (Spiritus-Beerden et al., 2021). Already prior to COVID-19, in South Africa, many migrants were exposed to a confluence of risk factors that may harm their mental health, such as; unstable housing, experiencing social exclusion, material deprivation, sometimes being undocumented, and being in a constant state of uncertainty about their future (Mbeve & Ngwenya, 2022). During the COVID-19 pandemic, migrants experienced severe discrimination to accessing their basic needs, and this worsened their mental health (Spiritus-Beerden et al., 2021).

2.4 Migrants coping strategies during COVID-19

Some Zimbabwean migrants received internal (from family and friends) psychosocial support to help them cope with the tough socioeconomic challenges brought on by the lockdown regulations, which resulted in income erosion and job losses (Mbeve et al., 2020). Psychological support during the COVID-19 period appears to have been beneficial in helping some Zimbabwean migrants to remain stable, acquire new survival skills and establish strategies to financially support their families in Zimbabwe (Mbeve et al., 2020). Similarly, Finell et al. (2021) found that during the COVID-19 period migrants turned to their families and friends for support. Noteworthy, familial relationships can boost a person's sense of belonging, security, and self-worth, which can be a huge help when they're going through a difficult time, such as the stressful social distancing that was enforced by the lockdowns (Li & Xu, 2022).

It has been demonstrated that social support is essential for processing traumatic events as it expedites active cognitive processing, aids in making sense of what happened, and reframes preconceived ideas about the world (Northfield & Johnston, 2022). During stressful times such as the COVID-19 pandemic, people depend on one another (McKinley, 2020). How a person deals with a horrific situation may also depend on the many forms of perceived social support that they receive (Northfield & Johnston, 2022). Support from family and friends was very important during the COVID-19 period. People received information and psychological support from family and friends. Spiritus-Beerden et al (2021) states that social support is crucial for coping with difficulties such as mental health and financial difficulties. Therefore,

literature discussed in this section shows that the support from family and friends was crucial in coping with the difficulties brought by COVID-19.

2.5 Local institutions responses to COVID-19

In a South African context, there are three categories of local institutions; civic, public, and private, that can be in both formal and informal settings (Agrawal, 2010). Civic institutions are made up of formal, but predominantly informal institutions at various social levels. Some examples of civil institutions are local development committees, church organisations, small-scale credit programs, and youth clubs (Chekero, 2018). Local public institutions include local governments and local organizations. Examples include extension services and other local branches of higher governmental levels. Private institutions include corporations and NGO service providers and charities (Agrawal, 2010). These institutions responded to the COVID-19 pandemic and played a vital role in communities' adaptation to the resultant socioeconomic challenges.

2.5.1 Government responses to COVID-19

Bhagat et al. (2020) states that migrants and refugees around the world suffered because they faced hardships owing to the COVID-19 pandemic. This was along the global governments' lack of preparedness to support migrants in a case of the emergency of a pandemic such as COVID-19. Only a few governments around the world developed effective strategies to support vulnerable migrants. For example, migrants and asylum seekers in Portugal were temporarily issued full citizenship rights which allowed them access to the country's healthcare system (Bhagat et al., 2020). Those who were covered by the Social Security Fund were also eligible to compensation for lost income owing to the government's decision to cease work in specific industries. Migrants in Asian nations such as India and Nepal who lacked access to basic needs received government assistance (Bhagat et al., 2020).

Several economic and hunger-relieving initiatives were executed by the South African government to lessen certain socioeconomic hardships brought on by COVID-19 (Bostane, 2020). First, the government declared that, starting in May 2020, it will offer the R350 COVID-19 Social Relief of Distress Grant to all unemployed South Africans and refugees. South African citizens and migrants who could provide their refugee permit number were eligible to receive the relief grant (Bostane, 2020). This means that migrants who did not have permits could not receive the Social Relief Distress Grant. Second, the value of the child support grant was raised. Thirdly, the government assured businesses whose operations were impacted by

the COVID-19 outbreak that a Business Relief Fund of R500 million would be available (Mukumbang, Ambe, & Adebisi, 2020).

The above strategies are admirable, however, there were no clear governmental promises on providing for migrants who were also in need. Many migrants in general, were marginalised and discriminated against by the South Africans, despite that these measures were designed to help various vulnerable demographics that lived in the country at the time. The way in which migrants were discriminated contradicted with the South African Constitution which states that the rights of all residents of South Africa must be protected (Bhagat et al., 2020).

The South African government began delivering food packs to individuals whose access to food was threatened. It was reported that migrants made up a large share of those attending these food distribution programs. (Mukumbang, Ambe & Adebisi, 2020). A South African national ID or a special permit, neither of which were likely to be held by the majority of migrant workers who were not South African natives, were necessary to get a food delivery. Therefore, migrants are generally excluded from government food assistance programs (Mukumbang, Ambe & Adebisi, 2020). The South African government's numerous migrants' packages do not directly or indirectly consider migrants and foreign employees with temporary visas (Kondo, 2020).

The Unemployment Insurance Fund (UIF) was created by the Unemployment Insurance Act, and it offered short-term assistance to employees who lost their jobs or could not be employed due to illness, maternity, paternity, or adoption leave – it was also made available to those who were affected during the COVID-19 period. But in South Africa, for a worker to be eligible, they were supposed to had been registered and were making monthly contributions to the UIF (Venter & Olivier, 2020).

Although they were eligible to receive the UIF by virtue of having been registered and contributing well-before COVID-19, people with permits could not receive their UIF payments, compared to South African employees (Mukumbang, Ambe, & Adebisi, 2020; Venter & Olivier, 2020). The justification for not paying migrants was that the passport numbers were not recognized by the UIF's electronic system. The socioeconomic circumstances of people who did not receive the UIF worsened (Mukumbang, Ambe, & Adebisi, 2020).

2.5.2 Private institutions and civil societies responses to COVID-19

Some organisations such as the Scalabrini Centre in Cape Town, worked towards improving the circumstances of migrants and asylum seekers during COVID-19 (Kondo, 2020). The Scalabrini Centre in Cape Town is a non-governmental organisation (NGO) that offers specialised services to South African communities, migrants, and refugee groups. For instance, the Scalabrini Centre filed an urgent appeal with the court regarding the issue of social relief grant (Bostane, 2020). According to the argument, the exclusion of legitimate asylum seekers and holders of special permits was arbitrary, irrational, unjustified, and infringed their constitutional rights to equality, dignity, and social protection (Kondo, 2020). As shown by Moeenian, Khamseh, and Ghazavi (2022), Scalabrini Centre's advocacy intended to influence public policy to improve the policies with regards to migrants through peaceful means. Following a victory by the Scalabrini Centre of Cape Town, some individuals with special permits and requests for asylum were now eligible to qualify for the COVID-19 Social Relief of Distress grant (Kondo, 2020).

NGOs play several locally, regionally, or globally significant roles in development processes and global health governance (Mohseni et al., 2022). NGOs have aided in the growth of local communities over the globe and are significant partners of numerous governments, but at the same maintaining autonomy from government (Mohseni et al., 2022). NGOs primarily focus on issues relating to people, including disaster relief, environmental preservation, human rights, and development support (Moeenian, Khamseh & Ghazavi, 2022). NGOs are the best leaders for social reconstruction in impoverished countries because they support societal aims and ambitions. NGOs are more closely connected to the communities they serve, and they respond to crisis through assisting with needs that they require (Sayarifard et al., 2022).

International NGOs such as the United Nations (UN) agencies reacted by mobilising to handle the needs of various people to support their food security (Dodd et al., 2021). These interventions took a variety of forms in terms of program types, food security issues addressed and implementation techniques (Dodd et al., 2021). NGOs created new interventions to fulfil the needs of food security and modified and reframed current projects to continue operating throughout the pandemic (Dodd et al., 2021). The responses from various countries to COVID-19 also emphasized the critical function that NGOs play when governments are not able to independently address the demands of the people (Sayarifard et al., 2022).

In addition, church organisations played a role by providing aid to migrants during the COVID-19 period (Del Castillo, Biana, & Joaquin, 2020). They tried to ensure that their members were coping with the effects of COVID-19. Wild-Wood et al. (2021) noted that as COVID-19 progressed throughout Africa, it became clear that church organisations were important in fighting the pandemic and its resultant unfavourable socioeconomic statuses on a personal to communal level. Wild-Wood et al. (2021) reported that churches and faith-based organisations were found to be helpful in two areas, thus, providing material aid and counselling services to the then most vulnerable members of society to support them spiritually and emotionally. Mutambara, Crankshaw, and Freedman's (2021) study found that during the COVID-19 period, some refugee women in South Africa, relied on churches. Wild-Wood et al. (2021) states that in Cape Town, some churches and faith-based organisations took special care to uphold a work ethic of responsible participation, which had been built over the previous years, when of humanitarian disasters were experienced. The immediate humanitarian catastrophe and the long-term threat of unemployment were both issues that they collectively addressed.

2.6 Theoretical Framework

2.6.1 Social exclusion theory

This study is premised on the social exclusion theory. In this study, social exclusion is understood as a theory that seeks to understand structural factors that remove people from having the same opportunities as others (Sen, 2000). Thus, the specific focus in this study are migrants as subjects of social exclusion from participation, accessing basic needs, material goods, government provisions such as health care, education, social rights, and social services such as COVID-19 government relief packages (Jehoel-Gijsbers, 2007; Witcher, 2013). However, a more favourable system is one that promotes social inclusion which is the process of enabling individuals or communities to fully engage in society (Witcher, 2013). Social inclusion is generally used to describe the opposite effects of social exclusion.

In the current study, the social exclusion theory is used to explain the nexus between migrants' exclusion from government relief packages when it was first announced and their coping mechanisms thereafter. At its introduction to combat the challenges of food shortages, mostly undocumented migrants were excluded from receiving the government relief packages. Therefore, only citizens and legal permanent residents of South Africa and refugees were eligible for the package. The funding was not open to temporary permit holders or those seeking asylum (Kavuro, 2020). This means that they were excluded from receiving the government

relief package. This resulted in many NGOs having an upsurge in requests for social and food aid (Kavuro, 2020). An application was then sent to Pretoria High Court by Scalabrini (Bostane, 2020). The Pretoria High Court ruled that it was illegal and unconstitutional to deny special and asylum seeker permits holders access to the relief grant (Botsane, 2020). As such, the exclusion was lifted, and the respective permit holders were allowed access to the social relief grant. This provided some relief to the vulnerable group that had been in a desperate situation since the nationwide lockdown began.

In addition, migrants were excluded from the unemployment grant. It is important to note that most migrants work in informal sector therefore they were not eligible for the UIF. Unemployed South Africans who worked in the informal economy were eligible for an unemployment grant but were not for UIF (Kondo, 2020). The recipients of this grant were unemployed individuals who were not already receiving a UIF payment or other social grant in any kind. This funding was intended to help people in the informal sector who were suffering from the pandemic's catastrophic impacts on their social and economic well-being, hunger, and growing levels of poverty (Kondo, 2020). It is also important to note that undocumented migrants make up a sizable portion of the workforce in the informal sector. An estimated 2 million individuals work in the informal economy, or just under 20% of all employment (Kondo, 2020). Those in the informal sector were not eligible for UIF pay outs. This means that migrants who works in informal sector were excluded from receiving any form of assistance after they lost their jobs. Thus, the use of social exclusion theory in understanding how Zimbabwean migrants were excluded and how they made use of their coping mechanisms in that situation.

2.6.2 Capability approach

The capability approach emphasises the capability to function as the most important factor in establishing an individual's place within the context of social inequality (Preibisch, Dodd, & Su, 2016). The capability approach suggests that individuals who have more opportunities to act seem to have an advantage in the social system, while those who have less opportunities seem to be at a disadvantage. One of the main goals of this theoretical framework is to better understand human rights, social justice, freedom, power, equality, and how these concepts can be used to build a human development paradigm (Preibisch, Dodd, & Su, 2016). Sen's theories serve as the foundation for the human development paradigm, which is concerned with how

people can act and with the opportunities they may have to do so. In this perspective, migrant workers are viewed as effective development agents (Preibisch, Dodd & Su, 2016).

Remittances from migrants are thought to have great potential for development and contribute significantly to the national economy. The capability approach in this study was used to comprehend how Zimbabwean migrants were able to make use of their capabilities during COVID-19. The concept of capabilities approach is utilised to demonstrate an individual's ability to accomplish significant outcomes for their families and oneself (Eichsteller, 2021). Zimbabwean migrants have shown their abilities to work in South Africa and be able to send remittances to their home country. This capability, however, was slowed down because of the COVID-19 pandemic as most people lost their jobs. This means that migrants could not send money or food back home.

In addition, Sen's investigation of social disadvantages has considerable potential in the context of research on migration. Sen is an advocate of a fairness-based view of justice that must be acutely and explicitly focused on the actual freedoms that varied people experience (Eichsteller, 2021). Sen emphasizes that the freedom to live one's life as one chooses, not what can be accomplished with the same amount of resources, determines the quality of life (Eichsteller, 2021). In this situation, migration may be seen as a decision made on a personal level that results in individualized economic or social benefits.

The absence of other options, especially in the case of people fleeing conflict or persecution, can also be a factor in migration (Mbeve & Ngwenya, 2022). Zimbabweans, for instance, have fled to South Africa in pursuit of better opportunities due to that country's economic collapse. Migrants from Zimbabwe are demonstrating their ability to thrive in South Africa, where they have the privilege of accessing relatively fewer rights. The capabilities approach concentrates on opportunities that provide an advantage. Sen emphasises that the most valuable thing a person can sell is his or her labor, and as a result, a person's power is largely determined by their capacity to obtain work (Eichsteller, 2021). In relation to migration, it is more about any valuable assets that can be gained, mostly to obtain a job, but also to acquire access to other resources. Physical health, the capacity to communicate, transferrable skills, a college diploma, and other abilities such as creativity and adaptability are all positives for migrants.

2.7 Policy and Legislation

2.7.1 White paper on international migration for South Africa

Several international, regional, and local frameworks influence migration policy in South Africa. A few examples of laws and regulatory frameworks are the Refugees Act of 1998, the White Paper on International Migration (1999), and the Immigration Act No. 13 of 2002. In light of this, the South African government has been working since 1994 to improve the laws and regulations governing immigration and refugees. A White Paper on International Migration with a Draft Immigration Bill was published in 1998 as part of this process, and a Green Paper on International Migration was published in 1997. At that time, the first comprehensive Immigration Act of 2002 was also passed; it was later revised and modified.

Since the White Paper on International Migration was published in 1999, South Africa has seen new developments. Individuals seeking asylum in South Africa continue to come from almost every country in the world, even those in politically stable nations. To adapt to these developments, the current international migration strategy must be integrated with new macro-policy frameworks.

There are principles in the South African Constitution that have an impact on the White Paper. It asserts that everyone, including migrants, has an innate right to dignity and the right to have that right recognised and safeguarded (Department of Home Affairs, 2017). The restriction of movement of people can only be done under section 36 of the constitution which states that there must be a justifiable and sound reason for limiting the movement of people. For example, during COVID-19 there was a limitation on the movement of people and this was justifiable since it assisted in preventing the spread of the virus. In accordance with the Constitution, the state is prohibited from discriminating against anyone on the basis of their gender, sex, ethnicity, social background, or any combination of these characteristics. This means that migrants must not be discriminated against as they are protected within the constitution.

2.7.2 Immigration Act No. 13 of 2002

The purpose of the Immigration Act No. 13 of 2002 is to regulate entry into, residence in, and exit from South Africa for all individuals. Immigration Act emphasises on principles that include the requirements and procedures to enter South Africa, and expeditious issuance of residence permits (Department of Home Affairs, 2014). It also includes the security and state control over immigration, border monitoring and deterrent of illegal immigration, efficient

management and administration of border posts, and efficient and effective enforcement of immigration laws.

Zimbabweans enter South Africa using various visas that are mentioned in the Immigration Act 13 of 2002. These include transit visas, visitors permit, business permits, relative permits, and work permit (Department of Home Affairs, 2014). Skilled migrants have access to work permits and unskilled migrants can either apply for asylum or acquire South African documents illegally (Makina, 2011). Majority of undocumented Zimbabweans have entered South Africa to seek asylum. In accordance with sections 21 and 22 of the Refugees Act 130 of 1998, the Immigration Act 13 of 2002 permits an asylum applicant a 14-day window of time before submitting an asylum application. A person may receive an asylum seeker visa under section 22 of the Refugees Act while waiting for the resolution of their asylum petition (Department of Home Affairs, 2014). However, there are Zimbabwean migrants who have come to South Africa without legal documents. They are regarded as illegal migrants and are subject to deportation according to section 32 of the 2002 Immigration Act.

2.8 Summary of the gaps in the reviewed literature

There are inadequate scientific studies that have focused on lived experiences of Zimbabwean labour migrants in informal economy in South Africa during COVID-19. Thus, little is known about their lived experiences, and as such are excluded from scientific knowledge and on-going global and African discourses on how to extend coverage of social protection to informal economy workers in the informal economy in the diaspora. The global value of 'Leave No One Behind' in Sustainable Development Goals seems to have been ignored in the current studies. This is because Zimbabwean labour migrants in informal economy in South Africa have not adequately given a scientific platform to give their voice about their lived experiences during COVID-19. These gaps in global scientific knowledge motivated me to embark on this study so that I address the gaps.

2.9 Conclusion

This chapter has reviewed literature on COVID-19, its socioeconomic impacts on labour migrants in the informal economy, their coping strategies. The review has also reflected on the governments', public institutions', and civil societies' responses to COVID-19. Social exclusion theory and the capability approach were discussed as the theoretical frameworks that are used in this study. Policy and legislation which include the White Paper on international migration for South Africa and the Immigration Act 13 of 2002 were also highlighted.

CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter focuses the research methodology of this study. The description focuses on the research design, population, sampling, data collection, data analysis, and data verification. The chapter also includes the limitations of the study, the researcher's reflexivity and the main ethical considerations.

3.2 Research design

This is a qualitative study. Qualitative research design is a method of exploring and comprehending the meaning of a social problem that individuals or groups of people identify with (Creswell, 2014). The goal of a qualitative research design is to learn about the participants' lived experiences to be able to describe social reality. This study's problem of interest is COVID-19 and its associated challenges on Zimbabwean labour migrants in the informal economy in South Africa.

The type of qualitative research design for the study was phenomenological research design. Phenomenological studies use participants' descriptions to investigate the significance of their lived experiences (Astalin, 2013). In phenomenological research, participants are asked to explain their experiences according to their perceptions (Astalin, 2013). The aim of the current study was to explore the lived experiences of Zimbabwean labour migrants in the informal economy in Urban Cape Town during the COVID-19 pandemic hence the use of phenomenological research design.

3.3 Research population and sample

A research population is a group of people who are potential participants for the researcher's chosen topic (Salkind, 2006). The population is made up of everyone who lives in the area where the study is being conducted. In this study the population was Zimbabwean labour migrants in the informal economy living in Cape Town, South Africa who were affected by COVID-19.

A sample is a subset of a research population (Salkind, 2006). The current study's sample consisted of Zimbabwean migrants.

3.3.1 Sampling technique

Purposive and snowball sampling techniques were used in this study. Purposive sampling is when a researcher selects a group of participants who have been carefully and consciously recruited because they are seen as suitable for answering the study topic (De Vos, Strydom, Fouche & Delport, 2011). Snowball sampling is a technique in which a researcher relies on the initial participants to expand their research sample (Bless, Higson-Smith & Sithole, 2013). In snowball sampling, the researcher starts with a small number of initial contacts who are invited to participate because they match the criteria (Johnson, 2014). The next step is to ask the interested participants to recommend other contacts who fit the research requirements and might take part.

Researchers use their social networks to generate early contacts and develop a sampling momentum that would eventually capture a bigger chain of participants (Johnson, 2014). Most Zimbabwean migrants are mobile and elusive due to the nature of their livelihood practices. Thus, combining purpose and snowballing sampling techniques made it possible to follow participants in their everyday routines and interview them without interrupting their activities. The researcher began by purposively identifying and approaching suitable potential participants including those who were well-known to the researcher. For example, the researcher started by purposively approaching three initial participants who were well-known to her: a hairdresser, waitress, and churchmate.

The hairdresser works at a salon in Mowbray, Cape Town, and is a close acquaintance with the researcher since 2019. The hairdresser played a key role in connecting the researcher with her clients, friends, and family members who were potential participants. The churchmate played a role in linking the researcher with other church members, family and friends. Thus, with reference to snowball sampling technique, the three initial participants served as gatekeepers for the rest of the participants. They facilitated the continued participant recruitment through introducing the researcher to other Zimbabwean migrants who later voluntarily participated in the study.

3.3.2 Sample characteristics

This study consisted of 20 participants: 10 females and 10 males. The youngest participant was aged 19 years, and the oldest 60 years, and had lived in Cape Town for no less than five years. Thus, most of them were already in Cape Town when COVID-19 was first reported in South Africa. Four participants were formally employed, twelve were informally employed, and four

were unemployed. Participants were recruited from Cape Town's southern suburbs, including Mowbray, Wynberg, and the Cape Town inner city.

3.3.3 Sampling procedure

The researcher recruited participants using social networks. These social networks were the researcher's connections or relationships with people she knew before embarking on the research. The researcher made use of her hairdresser in Mowbray, a church member in Wynberg and a waitress in Cape Town inner city. They are Zimbabwean migrants who served as a gatekeeper. They introduced the researcher to other Zimbabwean migrants who were potential participants in this study. Potential participants would first grant the gatekeeper permission for the researcher to contact them if they wanted to participate in the study. The participant was then contacted by the researcher to confirm their interest in taking part in the study. The researcher then went over the details of the study with the participants.

3.4 Data Collection

Data was collected using qualitative techniques – individual interviews, that were efficient for exploration. This is because the study was exploratory and focused on lived experiences of Zimbabwean migrants during the COVID-19 period. Face-to-face, telephonic, and online (WhatsApp calls) interviews were used. During the face-to-face interviews COVID-19 restrictions such as social distancing were followed. Telephone, WhatsApp calls, and any other costs that emerged in this study were at the expense of the researcher. Participants who required WhatsApp calls were reimbursed for data costs by the researcher. All interviews were efficient in gathering data on participants' lived experiences during the COVID-19 period. The researcher was able to interact with the participants in a language that they felt comfortable with. Most participants preferred interviews to be conducted their home language, Shona – a language that the researcher was also fluent in. This made participants feel more comfortable to share their experiences during the COVID-19 pandemic.

3.4.1 Data collection instrument

Semi-structured interview schedule was the data collection instrument used in this study. Semi-structured interview schedule is when the researcher prepares a list of questions for the interview (Dane, 2011). The schedule guided the face-to-face, telephonic, and online interviews with the participants. In order to create an interview schedule, the researcher developed a list of questions, which she then used throughout the interviews. From what the

participants were saying during the interview, the researcher was able to delve deeper into their responses. This allowed for more flexible interviews to ensure the collection of rich data from the participants.

3.5 Data recording

Interviews for data collection were all audio recorded using a recording device. This is because the researcher wanted to then transcribe the interviews and revisit the audios as per necessary, during data analysis. Recording the interviews also allowed the researcher to focus on keeping the conversations going, without being interrupted by having to make notes of what the participants were saying during the interviews. Participants were informed about the recording of interviews, and when they consented, they had to sign a consent form. Field notes were written in a journal, and this also assisted with data analysis. Field notes contained the non-verbal cues that were identified during the interview. This ensured that no information was omitted.

3.6 Data Analysis

Data analysis involves making sense of the data that has been collected (De Vos et al., 2011). When data collection was complete, the researcher began analysing the data. Data analysis was conducted using Tesch's (1990) eight steps in qualitative data analysis – more literature such as Creswell (2014) were also used to enhance the researcher's qualitative data analysis skills. Tesch's (1990) eight steps that were used are as follows:

Step 1: In this step, the researcher started-off with organising the data that were in form of transcripts, and typed field notes. The researcher sorted and organised the data into various types based on the source of data (Creswell, 2014).

Step 2: On this step, the researcher read and examined all the data, to make sense of the transcripts. This step allowed the researcher to have a thorough comprehension of the data and to reflect on its overall relevance (Creswell, 2014).

Step 3: Here, the researcher collated similar topics from the transcripts, and arranged them in columns.

Step 4: The topics from step 3 were coded in this stage by the researcher. Data is organized through the process of coding, which involves enclosing segments of text or images in brackets and putting a word in the margins to represent each category (Creswell, 2014).

Step 5: In this step, the researcher identified the themes with the best descriptive language and organized them into categories. To highlight how different topics relate to one another, categories were divided into groups and lines were created between them.

Step 6: Here, each category's final abbreviation was chosen, and the codes were alphabetized.

Step 7: Each category's data material was gathered in one location, and data analysis was done. Creswell (2014) note that making an interpretation of the findings or outcomes in qualitative research is part of data analysis. The researcher was able to analyse data making use of the literature that was derived from literature review.

Step 8: This is when the researcher records existing data where necessary.

3.7 Data Verification

Verification consists of the techniques used during the course of the study to gradually increase the assurance of reliability and validity (Bless, Higson-Smith & Sithole, 2013). Reliability refers to the consistency of the research techniques and their documentation throughout the investigation. Validity refers to the accuracy of research tools and findings (Bless, Higson-Smith & Sithole, 2013). Validity considers whether different data sources support the same general conclusions and whether research methods such as interview guides, tests, and questionnaires genuinely measure what they claim to measure. Therefore, validity and reliability concern trustworthiness of the study. Credibility, dependability, transferability, and confirmability are four concepts that influence the study's trustworthiness (Bless, Higson-Smith & Sithole, 2013).

3.7.1 Credibility

Credibility is the use of research methods that are indicated in the study (Shenton, 2004). The researcher followed the research methodology and chose individuals who were suitable for the study to ensure credibility.

3.7.2 Dependability

Dependability is the ability for the same research to be repeated and produce similar results (Shenton, 2004). The research methodology used in this study was described and was used consistently to ensure that the results are dependable. Dependability is based on researchers' consistency in both investigations and the broader process of data gathering, interpretation, and reporting study findings.

3.7.3 Transferability

Transferability is the ability of qualitative research findings to be transferred to other situations, instances that are similar, or applied to other studies (Shenton, 2004). The researcher provided a detailed description of the study site, research participants, and the data collection method used to ensure transferability.

3.7.4 Confirmability

Confirmability refers to the data's objectivity and that findings are based on participants' experiences rather than the researcher's biases (Shenton, 2004). In this study, the researcher recorded the interview sessions, transcribed the data, and analysed the data to ensure confirmability.

3.8 Reflexivity

Reflexivity involves recognizing how one's actions as a researcher affect the study process and findings (Haynes, 2012). It entails being conscious of one's participation in the research and how this is influenced by the research object. Every qualitative study has a context; it occurs between two or more people in a certain setting and at a specific moment (Dodgson, 2019). When a researcher describes the contextual relationships in which the participants and themselves intersected, the findings are more trustworthy and our understanding of the work is enhanced (Dodgson, 2019).

For the current study, the researcher is related to the participants. The researcher is also a Zimbabwean migrant who lives in Cape Town, South Africa. But the researcher was aware of the similarities that existed between her and the participants. The researcher noted that she was an insider and knows how migrants are treated in South Africa. Therefore, the researcher commenced this study with own preconceived opinions about what Zimbabwean migrants might have gone through during the COVID-19 period. However, upon data collection, she realised that Zimbabwean migrants had worse experiences during COVID-19 period than she anticipated.

Haynes (2012) discussed how crucial it is for researchers to be mindful of unconscious bias. The researcher was aware of her biases and ensured that these did not affect the way she conducted the research. The researcher avoided assuming that since she is the same nationality, therefore, the other Zimbabwean migrants' experiences during the COVID-19 period were the same as hers. The researcher had to understand that everyone's experiences differ and had to

use open-ended questions to create a space for participants to freely share their unique experiences. The researcher managed to keep an open mind to get accurate data from participants.

3.9 Ethical Considerations

3.9.1 Avoidance of harm

In the current study, there was risk of harm to the participants because in general conducting research can be unpredictable (Kostovicova & Knott, 2022). For example, during the interviews, the researcher may intrude into private and deeply personal experiences which may cause emotional reactions (Kostovicova & Knott, 2022). The anticipated potential harm to participants in the current study was associated with that COVID-19 had traumatised people globally. Owing to COVID-19, many people lost their loved ones or those that they knew at personal levels, and some had appalling experiences that this study explored. It was particularly upsetting for migrant workers who had relatives in other countries since they could not visit each other owing to the lockdown restrictions.

Therefore, the researcher was aware that the study could trigger participants' emotions due to losses and experiences that they might have had. With reference to these background anticipations, the researcher informed participants that they could leave the study anytime that they may have felt harm owing to their participation. However, all participants were able to discuss the experiences that they had during the COVID-19 period. Only a few participants chose not to answer some questions but the researcher respected those participants' decisions and focused on other questions. This was a way of avoiding harm to the participants. The researcher also held debriefing sessions with participants after each interview to ensure that they could reflect on their emotional status resulting from the interviews. In the debriefing sessions, all participants reported that they were fine, and did not show any signs of distress. Hence, there was no participant who was referred to a specialist for counselling – although there was a provision for a free counselling service for participants who may have needed it.

3.9.2 Informed consent

Informed consent entails giving participants all the information they require to decide if they want to participate in the study (Wiles, 2012). Before a study begins, the researcher must inform participants about the study's goals and objectives, their rights, obligations, and anything else that might impact their decision to participate (Oliver, 2010).

To ensure informed consent in this study, the researcher contacted potential participants and scheduled a meeting to discuss the study and invite them to participate if they were interested. Upon their confirmation of interests, the researcher distributed the consent forms to them prior to the interview. Participants showed their voluntary agreement to participate to the study by signing the consent forms. Before each interview, participants were allowed to review the consent forms, in case they may have changed their decision to participate and decide to withdraw. This was followed by requesting participants' consent to audio record the interviews.

3.9.3 Deception of respondents

Deception consists of withholding facts or providing inaccurate information to entice subjects to participate when they might otherwise decline (De Vos et al., 2005). However, researchers must avoid deceiving participants (Creswell & Creswell, 2018). The researcher in this study was able to give participants accurate information about the study to avoid deception.

3.9.4 Privacy of respondents

All interviews took place in a space where we were not disturbed or overheard. The researcher arranged for interviews be conducted in a community hall. The community hall was accessible to the researcher and community members, and appropriate for face-to-face interviews. The researcher scheduled the interviews with consideration of the times that the participants were available. During a telephonic interview, participants found a space where they felt comfortable and did not have any disturbances. To create a safe space for participants in this study, the researcher ensured that each participant had access to their privacy in both private and public settings. According to Wang and Redwood-Jones (2001), people have the right to privacy in both private and public settings. To establish a safe environment, the researcher agreed to ensure that participants were not subject to bias, discrimination, or criticism because of their involvement in this study. The researcher postponed or rescheduled the interviews and set up a meeting at a safe place if it turned out that the times are unsafe for doing them online. All identifying information was changed during transcription, and recordings were kept safe.

3.9.5 Anonymity

Anonymity refers to the fact that no one will be able to identify the participant afterward (Oliver, 2010). Anonymity involves the use of pseudonyms to identify participants and hiding their real identities (Coffelt, 2017). Pseudonyms were utilised in the current study to safeguard

the identity of the participants, and they were made aware that their identities will not be included in the research report.

3.9.6 Confidentiality

Confidentiality in research implies that the researcher has a duty to keep all participants' information private from the public and to avoid connecting any ideas or comments to participants' real identity (Kamanzi & Romania, 2019; Oliver, 2010). For the current study, confidentiality began from the beginning of the research process, thus, during the recruitment of participants. During the initial contact with potential participants, they were informed that their details were going to be kept confidential. As the interviews started, the researcher did not share any information about the participants with others. The use of pseudonyms also helped in disconnecting the information that participants contributed from them (Wiles, 2012). Interviews were transcribed and only the researcher has access to the recordings which are kept in a safe place. Thus, in Microsoft one drive which is password protected.

3.9.7 Voluntary Participation

The researcher should not force participants to sign the informed consent form when collecting data for a study (Creswell & Creswell, 2018). Participation in a study should be voluntary, and the researcher should make it clear in the consent form instructions that participants can choose not to participate (Creswell & Creswell, 2018). In the current study, participation was voluntary and participants would provide their consent. Participants were not forced to continue with the interview if they felt the need to leave. The informed consent form also indicated that participants had the right to pull out from the study at any time. Participants were notified of their right to withdraw from the initial moment that the researcher contacted them. They had the option of withdrawing before or during the interview.

3.9.8 Debriefing participants

Debriefing is when participants are given the opportunity to work through their experiences and its potential effects after their participation in the study (De Vos et al., 2005). The emerging effects can be addressed through debriefing. This is one method in which the researcher can reduce harm on the participants. In the current study, after each interview, the researcher conducted a debrief session with the participants to assess if there were any emotions that were

evoked. All participants reported that they were fine and there was no need to refer them for counselling.

3.9.9 Publication of findings

Findings from a study must be written up and distributed to the general audience (De Vos et al., 2005). The researcher must thrive to compile a report that is accurate and unbiased. Participants should be informed objectively about the findings, without providing too many details or jeopardising confidentiality (De Vos et al., 2005). Prior to the interviews, the researcher informed participants that data was going to be used solely for academic reasons and that the final report will not pose any danger to them. The findings of this study are used to produce this dissertation which when completed and submitted to the UCT library, it will be accessible to the general public.

3.9.10 Corporation with contributors

People who are actively involved in a study are referred to as collaborators (De Vos et al., 2005). For the current study, participants contributed by sharing their lived experiences during the COVID-19 period. Furthermore, the researcher received constructive feedback and mentorship from her supervisor starting since conceptualisation of the study, to the completion of this dissertation.

3.10 Conclusion

This chapter has discussed the research methodology, with a focus on research design, population, and sampling techniques. The chapter also discusses data collection methods that were used, data collection instrument, data recording, data analysis and data verification. The chapter end by discussing the limitations of the study, reflexivity and ethical considerations.

CHAPTER 4: PRESENTATION OF RESEARCH FINDINGS AND DISCUSSION

4.1 Introduction

The findings for this study and presented and discussed in this chapter. The chapter begins by describing participants in table 1, below. This is followed by a summary of the themes and sub-themes (table 2) that are used in discussing the findings. The themes and sub-themes are used to further discuss the findings in detail. In the discussion of the findings, relevant literature and this study's theoretical framework are consulted.

4.2 Demographic information of the participants

Table 1

Participant	Age	Gender	Highest Level of Education	Occupation	Years in Cape Town
1	25	Male	Bachelor's degree	Sneaker cleaner	6
2	27	Male	National Certificate	Self-employed	5
3	25	Male	Bachelor's degree	Bar tender	5
4	23	Female	Advanced Level (A' Level) ¹	Unemployed	8
5	24	Female	Ordinary Level (O' Level) ²	Waitress	8
6	53	Female	O' Level	Unemployed	8
7	24	Female	O' Level	Waitress	5
8	42	Female	O' Level	Chef	13
9	40	Male	O' Level	Unemployed	5

¹ In Zimbabwe, Advanced Level is the final grade in high school where examinations are written and the results can be used to enrol in university. In South Africa it is equivalent to matric.

² In Zimbabwe, Ordinary Level is a grade in high school and there are examinations written to advance to the next stage which is Advanced Level.

10	19	Female	Grade 11 ³	Unemployed	16
11	27	Male	A' Level	Electrician and driver	7
12	24	Male	A' Level	Self-employed	5
13	45	Male	O' Level	Driver	14
14	50	Female	O' Level	Domestic Worker	10
15	60	Female	Bachelor's degree	Domestic Worker	16
16	28	Female	Bachelor's degree	Waitress	7
17	33	Male	O' Level	Construction worker and driver	11
18	45	Male	Form 1 ⁴	Concierge and informal business	22
19	31	Female	O' Level	Hairdresser and beauty therapist	5
20	35	Male	O' Level	Barber	8

The table above describes the demographic information of this study's participants. The study consisted of 20 participants, equally divided between females and males, whom the youngest was aged 19 and oldest 60 years old. The shortest period that the participants had lived in Cape Town was five years, and longest was 22 years. This means that all participants were in Cape Town before, during, and after the COVID-19 period. A total of four participants were unemployed, and the rest were either self-employed, or had a job in formal, or informal industry. Furthermore, all participants had some form of education, with the lowest educational attainment being Grade 11, and the highest was a bachelor's degree. But most participants did not complete high school.

4.3 Summary of findings

The table below shows the major findings of the study.

³ The participant was studying in South Africa. She migrated when she was young and studied until grade 11.

⁴ Form 1 is the first year of high school in Zimbabwe. It is equivalent to grade 8 in South Africa.

Table 2

Themes	Category	Sub-category
Experiences of Zimbabwean labour migrants in the informal economy during COVID-19	Challenges faced by Zimbabwean labour migrants in the informal economy during COVID-19	Loss of livelihood opportunities
		Financial challenges
		Difficulties in accessing the Unemployment Insurance Fund (UIF)
		Failure to send the available remittances back home
		The negative impact of COVID-19 on migrant lifestyle
		Changes in social life
		COVID-19 impact on physical health and access to health care
		COVID-19 impact on mental health
Coping mechanisms used to survive during the pandemic	Social networks	
	Use of savings	
	Coming up with creative and innovative strategies to survive	
Role of local institutions in enhancing the adaptation of migrants to the challenges that came with COVID-19	Role of private institutions in enhancing the adaptation of migrants to the challenges that came with COVID-19	Support from NGOs

	Role of civic institutions in enhancing the adaptation of migrants to the challenges that came with COVID-19	Support from Church Organisations
	Role of public institutions in enhancing the adaptation of migrants to the challenges that came with COVID-19	Support from the government
	Recommendations for the government when it comes to offering support to migrants	

Table two above summaries the main findings of this study. The presentation and discussion of the findings will be respective to the order presented in table 2, above. The main themes to be discussed in this chapter are the experiences of Zimbabwean migrants during COVID-19, coping mechanisms they used to survive the pandemic and the role of local institutions in enhancing the adaptation of migrants to the challenges that came with COVID-19.

4.4 Challenges faced by Zimbabwean labour migrants in the informal economy during COVID-19

The lockdown procedures implemented to halt the spread of COVID-19 presented a number of difficulties (Mbeve et al., 2020). In as much as everyone was affected by COVID-19, migrants' vulnerability (when they already mostly have a history of vulnerability) was exacerbated owing to the lockdown regulations. Their vulnerability stems from a lack of belonging, lack of requisite documentation and local hostilities (Chekero and Ogude, 2020). Nguse and Wassenaar (2021) argued that even though COVID-19 impacted everyone in South Africa, the poor and marginalised people, which includes most migrants, were the most negatively impacted because of their long-lasting poor socioeconomic conditions that they suffer because of being at the receiving end of inequality, poverty, and increased unemployment (Garba, 2020). When participants were asked about their overall experiences during the COVID-19 period they all stated that they had negative experiences. They explained that they went through a myriad of hardships due to COVID-19. Participant 1, and 2 explained below:

COVID-19 was bad hey. There were a lot of negative experiences that I experienced during COVID. I so wish it never comes back or happen in the world because everything went down. I lost my job, I lost my wife, a lot of things happened, it's a lot. (Participant 1, Male, 25).

Actually, there were never benefits or anything from COVID. I actually lost a lot plus I lost a job as well. So, after losing a job I remember as well, I lost all my savings that I had because I thought it was going to be a 12... Was it a 12 days or 21 days thing? (Participant 2, Male, 27).

These sentiments from the participants show that Zimbabwean migrants had various negative experiences during the COVID-19 period. They are indicative of how most participants in this study lost their jobs and any source of income. Participant 2 mentioned how he lost his material possessions as he had to sell them to make a living. He even lost his savings as he had to make use of them to survive. Thus, COVID-19 resulted in a wide range of difficulties. It compounded the difficulties that many Zimbabwean migrants were already facing in South Africa.

The above findings corroborate with Segadlo et al. (2021) who noted that people were severely impacted by economic difficulties, challenging access to money and livelihoods, movement, and rising violence in addition to health problems and concerns about the disease. Before the pandemic, displaced migrants, already had to deal with a variety of institutional/structural barriers that limited their ability to exercise their rights, or take advantage of economic possibilities (Segadlo et al., 2021). During the pandemic, migrants faced more challenges because they were excluded from interventions that were meant to provide relief to people. Below are more challenges that were faced by Zimbabwean migrants.

4.4.1 Loss of livelihood opportunities

COVID-19 related widespread job losses occurred worldwide in 2020 when COVID-19 became prevalent, and migrants were the most affected population (Jones, Mudaliar, & Piper, 2021). As noted in the literature review, the SADC region saw significant employment losses due to the slowdown in economic activity during the COVID-19 period (Jones, Mudaliar, & Piper, 2021). The majority of participants in this study confirmed that they lost their jobs when COVID-19 started. When the lockdown started, some of them were retrenched and some were retrenched until further notice.

Yes, a lot changed. I lost my job, and children were not able to go to school. It was difficult to get transport money, rent and money for food. It was hard for us Zimbabweans. I was working in Woodstock as a cleaner. So, when COVID started they told us to stop coming to work and they never called us back up until now. (Participant 10, Female, 19).

I would say it was difficult as a migrant because we got retrenched at work but at the end of the day when things got intense let's just say when the lockdown came through and everyone was supposed to be home and there was a shutdown completely, there was nowhere to go around and look for anything to put on the table. Let's just say food be it.... even employment or anything just to find yourself busy or to get yourself to the next day. But it was difficult as a foreigner because there are certain things you cannot do like taking a loan, I would say it was completely hectic for me throughout up until things start to ease up. When they started to adjust levels, things started to get a little bit fine but then it was tough also. (Participant 12, Male, 24).

The above narratives from the participants demonstrate that the COVID-19 pandemic had an impact on their work life. Thus, participants lost their opportunities to go to work and earn an income. As seen from participants 10 and 12, the participants lost their jobs, and it was difficult for them to get money for rent and food because of a lack of income. It became difficult for them to find ways in which they could earn money to take care of their family. This illustrates the extent of challenges that migrants face because they have poor access to economic resources in South Africa.

Literature has shown that due to migrants' predominance in insecure low-wage sectors and history of being among the first to lose their jobs, they have been structurally sensitive to the economic shocks and stresses brought on by COVID-19 (Jones, Mudaliar & Piper, 2021). Many migrant workers were unable to access social protection benefits or help from their employment agencies or companies (Jones, Mudaliar, & Piper, 2021). This raised a number of pressing issues, such as the workers' inability to cover living costs and difficulties for relatives that relied on remittances to meet their basic needs (Jones, Mudaliar & Piper, 2021). This is something that came out from the findings as participants were struggling with getting money to pay for their living expenses due to loss of jobs.

The restrictions put in place by the South African government to stop the spread of the virus had a severe impact on the informal sector. Reduced mobility and gathering, which are the backbone of informal economic activities, have had a significant impact on migrants. The majority of participants in the study who were working in the informal sector were affected the most as they easily lost their jobs. For example, participant 10 was informally employed as a cleaner, however, when covid-19 came, she was told to stop coming to work and the employers never called her back. Such experiences are in tandem with Bhagat et al. (2020) who argue that migrants who are employed in the informal sector are the ones who are more vulnerable as they

do not have job security or social protection. In this study most participants did not have job security as they worked as domestic workers and waiters without a formal contract.

4.4.2 Financial challenges

Job losses led to financial challenges. COVID-19 caused various financial burdens for most people, particularly migrants. The rapid global suspension of most economic activities because of enacting lockdown measures left many firms, households, and people financially struggling (Ola, 2021). Many migrants' economic challenges intensified after they lost their jobs and other sources of income. Due to their loss of jobs owing to COVID-19, most participants for this study reported to have faced several financial challenges. It became difficult for them to continue making an income to afford rentals, food, and other needs. Participant had this to say regarding the financial challenges they faced:

So, I had a challenge where when it comes transport to bring to work, I ended up walking from Woodstock to come here every single day. I would just come and open the restaurant to just show that we are still here. You would work the whole month every single day and I would get 1500 rand. And that money is not even enough to pay for rent, I only used that money to buy food only. Can you imagine how will I survive like that? (Participant 8, Female, 42).

I had to go to work and get wages that were below the minimum wage. I think I got 15rand an hour or something, it was very, very tough. I was just literally working for my transport back and forth; I couldn't even cover rent or anything else with that. (Participant 16, Female, 28).

When we were in lock down, that's when my wife had a baby and things were tough at that time. I had money from the company I had worked for but it didn't last because at that time you have a baby who needs pampers, they need to go for a check-up at the hospital so I had to hire a car to take the child to the hospital and I had to come back and take her. That costed me a lot, that 10000 didn't last. The company that I worked for used to give me full wages every week, he would give me the same amount every Friday until he saw that he couldn't pay us anymore, then he reduced it to half and then still he was struggling and he started giving us 500 per week. (Participant 17, Male, 33).

The sentiments expressed by participant 9, shows how the extended lockdown affected his finances as he was not going to work. Many migrants who participated in this study echoed similar sentiments in which they indicated how they could not afford to pay rent and meet other basic expenses. In cases where the salary was reduced, or no longer secured, participants could not afford their bills. This resonates with the experiences of participant 8 and 16 who mentioned how they started getting reduced salaries during COVID-19. The money that they received could no longer meet all of their expenses. Participant 17 expressed on how during lockdown he had a newborn baby who required a lot of things such as diapers and going for check-ups at

the hospital. All this needed money and the money that he had was not enough to cater for all of his expenses as his salary had been reduced. This shows that COVID-19 caused financial challenges among Zimbabwean migrants.

Mbeve et al. (2020) also reported similar findings, they found that the lockdown imposed by the South African government had a negative impact on Zimbabwean migrants' livelihoods. Movement restrictions along with the forced isolation of all non-essential workers stopped majority of formal and informal economic activities. Many undocumented Zimbabwean migrants who worked in informal work, lost their sources of income. In addition, Gumbu (2020) states that most of migrants who were left with no source of income during lockdown worked as waiters and drivers.

For participants of this study, losing an income intensified the challenges that they already have been facing in South Africa. Migrants in South Africa face issues such as social exclusion, poverty, limited food access, minimal or no government protection, vulnerable informal employment, and unemployment (Mbeve et al., 2020; Ogude & Chekero, 2020). While many migrants face exclusion and hostilities, of late Zimbabweans have been the target of community-mobilised movements such as Operation Dudula (Chekero, 2022). This adds a layer to the financial predicaments that migrants often find themselves in. Therefore, COVID-19 added to the struggle that many Zimbabwean migrants were already facing. Most of the participants in the study were involved in informal economic activities. Participants reported that they could not work due to lockdown which in turn affected their source of income.

4.4.3 Difficulties in accessing the Unemployment Insurance Fund (UIF)

In addition to financial challenges, migrants had difficulties in accessing Unemployment Insurance Fund (UIF). The UIF, established by the Unemployment Insurance Act, provides short-term support to people who lose their jobs or are unable to work due to illness, maternity, paternity, or adoption leave. To be eligible in South Africa, a worker must register and make a monthly contribution to the UIF (Venter & Olivier, 2020). Any employee who has contributed to the UIF is eligible to claim for benefits when they lose their job. Migrants can contribute and apply for benefits from the UIF (Venter & Olivier, 2020). In this study, participants reported that when they were retrenched, they were told to apply for the UIF benefits. However, it was difficult for them to obtain the funds:

Yes. They just stopped us from nowhere. They just said COVID-19 is starting after two days from today. They just said your job is done. No money, no what, you have

to go claim your UIF and by that time by UIF there were millions of people there. It was bad. (Participant 1, Male, 25).

So, after three months our shop was shut down and we were given our money for pension and we were told to apply for UIF but we were not given our money. We were only given money for one month, for the other two months we were not given. I had money that I had saved and that's the one I was using. (Participant 8, Female, 42).

It was very tough. We lost our jobs. We did not get the UIF money because we are foreigners. They were deducting from our salary and we did not have someone who was going to stand up for us. Owners of the company were given money but they put it in their pockets and they lied saying that they did not receive the money. (Participant 19, Female, 31).

The above narratives show that participants were unable to access their UIF money during the pandemic. Participants were informed to claim their UIF money however, they had a very difficult time in accessing their UIF. Participant 1 reported on how he lost his job and was encouraged to go and claim his UIF money however, this was a difficult process for him. Participant 8 noted that she was given money for one month only and she did not receive the rest. Participant 19 did not receive her UIF money at all. Similar findings were reported by Mukumbang, Ambe, and Adebisi (2020) who noted that those with special permits and those seeking refuge who worked in the formal economy and made the requisite contributions to UIF did not get their UIF payments. It was reported that the electronic UIF system does not recognize foreign passport numbers, hence migrants were not paid by UIF. (Mukumbang, Ambe & Adebisi, 2020). This situation also shows how migrants in South Africa are excluded in certain areas where they clearly have rights to access the services (Nyamnjoh, 2006). The UIF money could have assisted migrants in improving their livelihoods.

4.4.4 Failure to send the available remittances back home

Apart from difficulties in accessing the UIF money, migrants faced challenges in sending their available remittances. As a result of losing their employment and income due to the COVID-19 outbreak, migrant workers were less able to send money home (Jones, Mudaliar & Piper, 2021). Remittances from migrant workers can come in the form of cash or goods. Lockdown procedures, which included limiting people's mobility, enforcing curfews, and creating social and physical distance, had a detrimental effect on people's lives, means of subsistence, and remittances. In this regard, the mechanism by which remittances were mobilized was hampered, particularly during the Levels 4 and 5 lockdowns in South Africa, when it was prohibited to travel interprovincially or internationally. Because of high unemployment and a lack of available income, remittances were reduced. The migrants either did not have enough

money to send home or did not have enough money to buy goods to send home. In addition, because service providers were compelled to adjust their operations in response to the lockdown, remittance services were put in jeopardy. As a direct consequence of this, the options for transmitting remittances have become more limited, more time-consuming, and/or more expensive.

In this study, most Zimbabwean migrants were no longer able to send money back home or even food to support their families. Only a few could send money back home to Zimbabwe. However, it was a limited amount compared to what they used to send before COVID-19. This means that COVID-19 pandemic affected the flow of remittances. Participants reported the following regarding remittances:

Yes, my family is back home in Zimbabwe. So, I can also imagine how they were impacted by COVID because they were expecting something from me and I couldn't send money back home. (Participant 1, Male, 25).

Yes, because you have family that will be looking up to you and for them to understand the situation that's there is very difficult. My family was in Zimbabwe and I was the one who was supposed to send money back home but I could not as it was difficult to get money. I only had money to sustain myself. (Participant 9, Male, 40).

Statements from participants 1 and 9 show a consensus of opinion among migrants who participated in this study. Many participants indicated that the COVID-19 pandemic particularly level 4 and 5 in South Africa made it more difficult for them to send money and goods back home. The participants had lost their jobs and they did not have enough money to send to their families. They only had money to sustain themselves. This augurs well with Bisong, Ahairwe and Njoroge (2020) who noted that lockdown measures used in host countries led to the loss of employment for many migrants, which decreased remittance flows to their home countries. This is in line with the majority of participants who reported how they could not send money back home to Zimbabwe due to loss of employment.

Other participants noted that they were now sending little money than they used to prior COVID-19. This was noted by participant 13 and 17 below:

My wife stopped working and it affected the family as there was no income coming from her anymore so there was a bit of change. At that time my children were in Zimbabwe so when it came to sending them money the amount I was sending to Zimbabwe when my wife was working was now different as my wife was no longer working. (Participant 13, Male, 45).

I would send money here and there but not as much as I used to because I was worried that if I send money there, I would not have money for rent. (Participant 14, Female, 50).

I used to send the little money that I got and when I don't have, I wouldn't send and would just tell them that I don't have money. (Participant 17, Male, 33).

The above statements from the participants shows that many migrants were struggling to send remittances back home. The loss of jobs affected the flow of remittances. For example, participant 13 noted that when his wife stopped working, this affected the amount of money that was being sent back home in Zimbabwe. The amount of money sent was small, which meant that families in Zimbabwe were affected because they did not receive the money that they were used to. Participant 17 stated that he would sometimes refuse to send money because he did not have it. This depicts how COVID-19 influenced the flow of remittances.

Migrant workers are notorious for sending money back to their home countries. Zimbabwean migrants working and living in South Africa are known for using an informal courier service known as "Malayitsha" to send money and food back home (Mbeve et al., 2020). When the lockdown occurred, the process of sending money and groceries back home was halted because the borders between South Africa and Zimbabwe were closed. This impacted Zimbabwean households that rely on remittances.

In terms of the capabilities approach, it is used to demonstrate an individual's ability to achieve significant outcomes for their families and themselves (Eichsteller, 2021). Zimbabwean migrants have demonstrated their ability to work in South Africa and send money home. Even when faced with financial difficulties, some participants were able to send what little they had to their families. This capability, however, was slowed for most people because of the COVID-19 pandemic, as the majority of people lost their jobs. As a result, migrants were unable to send money or food back home.

4.4.5 The negative impact of COVID-19 on migrant lifestyle

The pandemic had a devastating economic impact, and as a result, people faced the prospect of living in abject poverty. COVID-19's reduced economic opportunities were accompanied by socioeconomic vulnerabilities such as poverty and unemployment (Simon & Khambule, 2021). The migrant lifestyle has suffered as a result of the crisis. Despite the fact that everyone experienced consequences, certain social groups are better prepared to deal with them than others due to the uneven distribution of resources (Burton-Jeangros et al, 2020). In this case, migrants were unable to access resources such as relief packages during COVID-19, forcing

them to adjust to the new normal. Participants in this study described how their lifestyle had changed as a result of the COVID-19 pandemic. The way in which participants lived before COVID-19 changed as they had to adjust to the challenges that were brought by the pandemic. This is what some of the participants had to say about the negative changes that happened with their lifestyle:

Even food you have to struggle. Limit yourself, if you are used to eating two meals a day you have to limit to half in a day. (Participant 1, Male, 25).

Yah my lifestyle changed because before COVID, I was staying alone so I had to now move in with my boyfriend because I couldn't afford the rent on my own so I think my lifestyle changed in that way and I was also used to earning a lot of money and living a lavish life and now I had to earn below the minimum wage. So, it was definitely, I feel like it downgraded but I also learnt how to save money because I couldn't just buy pizza whenever I felt like it. (Participant 16, Female, 28).

The narratives that have been presented here suggest that the COVID-19 had a negative effect on the way of life for a significant number of migrants. As a result, many migrants' lifestyles had to change from what they had before COVID-19. Participant 16 mentioned that she had to switch from living alone to living with her boyfriend in order to afford rent. Because of the changes that occurred during COVID-19, the participant was now earning less than the minimum wage and had to downgrade her lifestyle. During the pandemic, the participants were forced to deal with this.

Literature demonstrates that the shock of the COVID-19 outbreak intensified the economic vulnerability that was there prior to the pandemic (Schotte & Zizzamia, 2021). In their research, Simon and Khambule (2021) discovered that many people in South Africa were stalled into poverty and starvation as a result of their inability to maintain their livelihoods as a result of the Level 5 lockdown laws. This means that people were vulnerable, and their lifestyles changed, as evidenced by the study's findings.

Restrictions related to the COVID pandemic disrupted people's daily lives. Initial phases of lockdown in the nation had an impact on the availability and consumption of food. Many migrants endured significant food insecurity as a result of the lockdowns (Bhagat, 2020). This is similar to research conducted by Ogude and Chekero (2020) which indicated how COVID-19 caused severe food insecurity. This corresponds with the findings of this study, as participants reported having to restrict their food intake. Some of the participants mentioned having food shortages and having to find alternative ways to feed their entire family. This means that food supply changed, and people had to adjust to food shortages.

4.4.6 Changes in social life

In addition to changes in migrant lifestyle, the pandemic has an impact on migrants' social lives. The response to COVID-19 was aimed at reducing virus spread, but it did not consider the social ramifications, including interpersonal and societal relations (Long et al., 2021). People's social lives were impacted by lockdown regulations. People had to adjust to changes that occurred. COVID-19 had an impact on how people interacted. People's social lives were harmed because they couldn't go out as much as they used to and had to spend more time with their loved ones. Some of the study's participants discussed how their social lives had changed because they were always at home and couldn't participate in any of their favourite activities. Some the participants had this to say about the changes that occurred in their social life:

The fact that we couldn't gather together as people, we couldn't do anything, obviously that affected some parts of our social life. We couldn't meet as people and do the stuff that we love. Some relationships grew a little bit apart, but also some relationships got more time together, spend more time together as family, we grew closer as family. But some relationships went apart and some became even more stronger. (Participant 3, Male, 25).

Yes, it did affect my social life because we were used to associating with people, I was used to going to church so, being indoors affect your social life. You will be used to meeting with different people and sharing your stories. (Participant 14, Female, 50).

Participants reported that their social lives were harmed because they were unable to meet in public places such as sporting events, restaurants, beaches, and other entertainment events. Because everyone was forced to stay indoors, the lockdown had an impact on their social relationships, which are formed and rebuilt when people meet in public places. Participant 3 mentioned that some relationships grew closer as they spent more time together at home, while others grew apart. This demonstrates that there were both positive and negative changes in their social lives as a result of the COVID-19 restrictions that were imposed. According to the findings, most people got to spend more time with their families during lockdown because they were always at home together. According to the literature, face-to-face interactions were typically restricted to core network members during the most severe COVID-19 restrictions, such as spouses, and family members, some relationships ended, and interactions were even more restricted even to those closest to the person. (Long et al., 2021).

Participants 6 and 16 had this to say about the changes in their social life:

My social life changed because I didn't have anyone to socialise with. Everyone was in their home so this affected my social life. (Participant 6, Female, 53).

Socially as well it was very tough because there wasn't a lot of places that was open and being a social person, I found it very hard to cope with just going to the groceries, wearing a mask... yah it was not a nice experience. (Participant 16, Female, 28).

These narratives from the participants illustrates well on how the COVID-19 pandemic caused a change in people's social life. The way in which they socialise changed and this was something new that they had to adapt to. The national lockdown caused people to stay indoors which reduced social interactions. This is similar to Saladino, Algeri and Auriemma (2020) who notes that social distance and security precautions have an impact on how people interact with one another and how they see others. To prevent the transmission of the virus, social distancing entailed avoiding contact with others. Due to this, many people were working from home and refraining from attending social events and getting in touch with even their close friends (Singh & Singh, 2020). These changes in social life affected a lot of people and as seen by the quotes from the participants, it was very difficult for them not to be in contact with their loved ones as well as do activities that they enjoy.

4.4.7 COVID-19 impact on physical health and access to health care

COVID-19 is a lethal disease that is a major global public health problem (Ola, 2021). The virus's greatest impact is on human health, which includes direct respiratory system injury, immune system deterioration, aggravated underlying medical disorders, and ultimately, systemic failure and death (Woods et al., 2020). Due to social isolation, melancholy, dread, and financial hardship, COVID-19 not only results in hospitalizations and fatalities but also lowers quality of life for those affected. Some of the participants mentioned on how they contracted COVID-19 and how it affected them. They also talked about their experiences when it came to accessing health care.

Yes, because I got sick from it. I wasn't admitted. When I went to Victoria hospital, they said they would call me and at that time I was already sick. That was around 20 June 2020. Then on the 22nd they called me and they told me that I had tested positive for COVID and at that time I was already sick. I then went to the hospital and they told me to go back as they were not going to admit me. They gave me some pain stop pills which I was taking. I got sick for six weeks which was very serious but still I did not get admitted. I would get calls from the department of health and they would ask me how I am doing, if I am able to breath and to eat. They would help me on what I need to do. (Participant 6, Female, 53).

After levels had been reduced, I got a message on Monday to come to work on Wednesday and then the following week I got really sick from COVID-19 that I couldn't even walk and I spent the whole week sitting at home not going to work. (Participant 17, Male, 33).

From the above statements it is evident that the participants contracted COVID-19. This affected their physical health, and they could not do any work because of it. Participant 6 had to go to the hospital to receive treatment. However, she was not admitted as hospitals were full. She managed to get assistance from the department of health through phone calls to monitor her progress.

Literature has shown that tens of thousands of patients were hospitalized as a result of the COVID-19 attack, and millions more individuals were being forced to stay in confined spaces (Woods et al., 2020). Participant 6 in the study talked about how she was told to go home after she tested positive for COVID-19 as they could not admit her. This shows how the hospitals were full and that this is something that was affecting a lot of people. Most countries were experiencing health system overload because to the COVID-19 pandemic. Tessema et al. (2021) mentioned how in African urban regions' healthcare facilities, there was overcrowding of patients. Due to a shortage of ventilators and ICU beds, healthcare facilities had a restricted capacity for increased demand. In addition to the pandemic's impact on the general public's access to crucial health services, there was also a restricted capacity for surge treatment of COVID-19 (Tessema et al., 2021).

One of the participants talked about her experience of being scared to go to the hospital. This is what the participant had to say:

I think I got COVID at some point but I was just scared to go to the hospital as a migrant. I was just thinking are they going to treat me well umm a lot of people were dying, people that I knew that were migrants as well. So, I ended up treating it at home but I almost died. I think it was a COVID wave that I had at some point in my life and it kept on coming back. So, my health wasn't good either because of that, working very long hours contributed as well, working very long hours without any protective clothing meant I always had health issues. (Participant 16, Female, 28).

The above statement illustrates on how the participant had fear of being mistreated at the hospital as migrant which led her to not going even though she was sick. As seen in the quote above from participant 16, there was fear of going to the hospital as a migrant because she was not sure if she will be treated well. Crush and Tawodzera (2014) in their study talk about how Zimbabwean migrants experience xenophobia within the public health institutions. Medical xenophobia is the unfavourable behaviours and attitudes that health professionals and staff have toward immigrants and refugees (Crush & Tawodzera, 2014).

The Refugees Act of 1998 states that refugees have the right to access care and basic healthcare services as citizens at public healthcare institutions which is also applicable to undocumented

immigrants who are nationals of any SADC nation (Vanyoro, 2022). These laws are a reflection of the South African constitution. Everyone in South Africa has a constitutional right to healthcare, regardless of position or nationality, as stated in Section 27. Therefore, this means that Zimbabwean migrants have the right to access healthcare services.

4.4.8 COVID-19 impact on mental health

The prevalent socioeconomic problems brought on by COVID-19, particularly the decline in employment prospects, money, and social ties, have a significant impact on people's psychological wellbeing (Doan et al., 2022). People's mental health was impacted by COVID-19's negative effects of strict lockdown which caused unemployment, food shortages, and social unrest (De Man et al, 2022). Most of the participants talked about how COVID-19 lockdown affected their mental health. Having to stay indoors at home and not doing anything was very depressing for most of the participants. Also, the issue of losing a job and not having a source of income was very stressful for most of the participants. This is what the participants had to say about the impact of COVID-19 on their mental health:

I can say that staying at home and not going out was very depressing because the time that I stayed at home was very long and the time that I was sick. I would talk to people over the phone and no one wanted to come and see me inside my home. Everyone who wanted to talk to me would be outside the gate. They would shout at the gate and I would just stand at the door and talk to them like that then I would go back inside. It was very difficult. (Participant 6, Female, 53).

Yah, I experienced a lot of changes in my mental health. I think I even had depression episodes at some point because nothing was making sense financially and I also had some relatives that died and I couldn't attend any of their funeral so it was a very emotional time not being able to travel internationally to go anywhere was just difficult. (Participant 16, Female, 28).

You always live with stress especially if you have a new born baby at home you will always have stress. I would always think that what if the pampers get finished, where would I get money to buy more pampers. If the child gets sick and you are not working, where do I get the money to hire a car to take the baby to the hospital. You must always have money at home if you have a new born baby since anything can happen. So, I was always stressed. (Participant 17, Male, 33).

The quotes from the participants shows that lockdown restrictions had a negative impact on the mental health of people. Having to stay at home and not going out caused people to be depressed. Most of the participants mentioned on how it was difficult to be indoors when used to being outside. This is similar to literature as Spiritus-Beerden et al. (2021) states that studies have shown that viruses and infections can have a variety of detrimental effects on mental

health, including encounters with sadness, anxiety, and post-traumatic stress disorder on patients and families.

Literature has established a connection between the pandemic's social and economic disruptions such as the loss of possibilities to generate income, and psychological distress (Schotte & Zizzamia, 2021). The lockdown and financial challenges that came with COVID-19 caused people to be depressed and stressed. The participants in this study showed that they experienced psychological distress due to loss of income and having to stay at home. This affected their mental health negatively.

4.5 Coping mechanisms used to survive during the pandemic

Even though Zimbabwean migrants faced challenges during COVID-19, they were able to find ways to cope with and adapt to the negative effects of COVID-19. This research reveals the creative strategies that migrants used to reduce and combat the negative effects of COVID-19. The coping mechanisms used by Zimbabwean migrants include having social networks, use of savings and coming up with creative and innovative strategies to survive during COVID-19. The findings from the study showed that the migrants experienced difficulties and fears but they also showed resilience and resources to cope. Below are the survival strategies used by Zimbabwean migrants to cope with the impact of COVID-19.

4.5.1 Social networks

Social networks are referred to as the web of social connections that surrounds people (Heaney & Israel, 2008). Migrants make use of social networks as coping mechanisms to lessen their vulnerability to disasters. Social networks play an important role in promoting Zimbabwean migrants' sense of community in South Africa (Chekero, 2018). Social networks in this context consist of family and friends. Many migrants find that relying on social networks helps them deal with the impacts of being excluded from social assistance. These social networks offer support to Zimbabwean migrants in times such as COVID-19 pandemic. Family and friends are seen as crucial support system as they assist in dealing with difficult situations. Spiritus-Beerden et al (2021) states that social support is crucial for coping with difficulties such as mental health and financial difficulties. Migrants frequently turn to their networks for help because they frequently face large barriers to receiving assistance. Participants in the study talked about how they got support from their family and friends. The support that they got was in form of emotional support and financial support. Participants below stated that:

My family would assist me by giving me food. My family in Zimbabwe that is my sisters also sent me money and sometimes my children would assist me. (Participant 6, Female, 53).

I can say I got support from my family in form of money and food. Whenever I did not have anything, my family would bring me whatever I need. (Participant 19, Female, 31).

From the above quotes, it is apparent that the participants got support from their family, and this was a way in which they coped with the effects of COVID-19 pandemic. This shows that family played an important role in providing with food and money to family members who lacked. This is similar to a study conducted by Finell et al. (2021) who noted that migrants would turn to their families and friends for support. This shows that the support from family has been crucial in coping with the challenges brought by the COVID-19 pandemic. Mbeve et al. (2020) in their study, they noted that other participants reported to having received food donations from family members who also resided in South Africa and as a result, the spirit of solidarity grew among migrants in South Africa.

Some participants mentioned that the support they got was getting to spend more time with family which was a way of coping with the COVID-19 pandemic. Participants 3 and 4 had this to say:

I would say basically I coped by talking more with my loved ones, spend more time together and encouraging each other. Talking just about life. Just the effect of spending more time together, you become close. I feel like that time we spent together like the fact that we were together and talked more, made it much easier to get through the pandemic compared to maybe stuck in the house alone not doing anything. So, I would say that's how I survived. (Participant 3, Male, 25).

We were living in the same house with my family. So, we both moved back to my mom's place other than that we had each other's backs so I didn't need any support from any other friends as long as my family was okay and they are with me that's all that mattered at that time. (Participant 4, Female, 23).

From the above statements it can be noted that the participants managed to cope with the challenges that came with COVID-19 by being in contact and spending more time with their family. Being together with family helped with easing the lockdown period. This demonstrates the importance of having family in times of COVID-19 as they can play a vital role of support.

Literature notes that the lack of social interactions, connections, and support with other people and the outside world, was a downside of social distancing (Li & Xu, 2022). The most readily available source for genuine, face-to-face social relationships and exchanges became the family at home. Strong familial relationships can boost a person's sense of belonging, security, and

self-worth, which can be a huge help when they're going through a difficult time (Li & Xu, 2022). Assistance from family members is essential in assisting individuals in overcoming the stress and challenges brought on by the pandemic and the ensuing isolation.

Depression and stress were among the biggest obstacles faced by migrants. They turned to their own family members for psychosocial support as a survival strategy (Mbeve et al., 2020). Psychological support appears to have been beneficial because it helped the participants to remain stable and acquire new survival skills as well as establish strategies to financially support their families (Mbeve et al., 2020).

Findings from the study also showed that people were showing each other emotional support and because of social distance they would keep in touch with family and friends over the phone.

Well, emotional support mostly was there you know, calling each other, checking up on each other on how you are doing, are you fine, are you well and just encouraging each other and just helping each other and letting each other know that this is just a phase it's going to pass through even though at some point we had extended lockdown. The fact that we are in this together helping each other that made it helpful. (Participant 3, Male, 25).

We didn't really have any support financially but obviously emotionally we would always say hello, hi on the phone and that was how other people were there but in terms of finances it was just us and we actually had other people who came up to us. (Participant 5, Female, 24).

The statements above from the participants shows that they got emotional support from family and friends through phone calls. To fill the gaps caused by social distance, people would schedule regular phone conversations with family and friends. The phone conversations would assist on checking up on one another and helping each other to get through lockdown. From this vantage point, technical innovations played a significant role in reducing the pandemic's negative impacts (Saladino, Algeri & Auriemma, 2020). The COVID-19 pandemic had an impact on how individuals interact with one another. People had to rely more on technology to communicate with their loved ones whom they did not stay with during the COVID-19 pandemic. This assisted with keeping in contact with family and friends as well as getting emotional support from them.

4.5.2 Use of savings

People were affected by unemployment and the lack of income during COVID-19. In response to the crisis brought by COVID-19, households ran through their savings since they lacked the

resources to absorb a rapid economic loss (Schotte & Zizzamia, 2022). Participants in the study talked about how they survived through savings that they had. When people lost their jobs due to the pandemic, they turned to their savings as they did not have any source of income. Participants 6 and 8 had this to say about making use of their savings:

I managed to survive through savings that I had (Participant 6, Female, 53).

I had money that I had saved and that's the one I was using. (Participant 8, Female, 42).

Some of the participants talked about how they survived with savings however, they also mentioned that savings were not enough to sustain them throughout the pandemic.

During lockdown I had savings but because I was sitting at home, without doing anything, you just pump out and there is no money coming in. So, money ends up running out. (Participant 8, Female, 42).

Yes, there was no salary coming in so I would rely on my savings but they ended up not being enough. (Participant 19, Female, 31).

Most people during the COVID-19 pandemic started to make use of their savings to survive. Savings were able to assist migrants with meeting their basic needs whilst they were not working. Srivastava et al. (2021) in their findings noted that many migrants began to spend their savings during COVID-19 pandemic. A lot of people utilized their savings to survive during the lockdown. Those who had saved dropped their ambitions and utilized their savings to pay for basic necessities. Migrants had to rely on their own savings to buy food, pay rent and other bills. However, as noted by participants 8 and 19, the savings were not enough to last the whole lockdown as there was no income. This led migrants to coming up with creative ways to survive which are going to be discussed below.

4.5.3 Coming up with creative and innovative strategies to survive

Zimbabwean migrants had to come up with creative ways to survive during the pandemic. Most of the participants who lost their jobs were able to come up with other ways to survive. This included starting new businesses or looking for other jobs. This shows how Zimbabwean migrants are creative and are willing to do anything to survive and cope with any situations that comes their way. For example, participant 18 talked about how he came up with a business idea because he had lost his job and had to find other ways to make money. He came up with a money transfer business whereby he would get money from other Zimbabwean migrants in Cape Town who wants to send money back home in the rural areas. He saw that there was a loophole in the business, and he was able to create an opportunity for himself through that.

Other money transfer businesses such as Mukuru and World Remit are only found in the city centre which means that people in the rural areas have to travel to collect money. People could not travel during lockdown in Zimbabwe, and this made it difficult for people in the rural areas to travel to the town city to collect money they had received from their relatives in South Africa. The participant therefore was able to create an opportunity by ensuring that people in the rural areas do not have to travel. The participant's wife in Zimbabwe is the one who would then give people money in the rural areas. This is what the participant had to say regarding this issue.

I said okay, how do I survive now because we can't move, we are restricted to move, I came up with an idea that I was looking at Mukuru where people send money home so I was like people don't travel so how can people survive. Then I drafted something. I had something like 11000 or so but I put 9800 to start something and see if it could work to assist. I created a pamphlet and I was adding people and asking friends to give me their friend's numbers. So, I was getting numbers and adding them and advertising then I said guys those who need money I am going home. So, in the village if you want money, you send it to my account then your family will get money right where they are because they couldn't travel. So, I managed to do that. (Participant 18, Male, 45).

Participant 6 had this to say about how she started her own business of knitting:

The time that I was sitting at home during quarantine, I started learning how to knit. The day I came back from the hospital when I tested for COVID that's when I bought 2 rolls of yarn and I started knitting. I started learning how to knit and I even downloaded videos on YouTube until I got good at knitting. When I started going out and was able to get into town, that when I started looking for people who can buy. I then met with this boss who I then started knitting for and it's giving me good money. (Participant 6, Female, 53).

From these statements it is evident that Zimbabwean migrants make use of their problem-solving skills to cope with the stressors that were brought by the COVID-19 pandemic. These findings are similar to a study conducted by Srivastava et al. (2021) who found out that while migrants were going through a difficult time, they were trying to find various strategies in which they can cope with the stressors brought by COVID-19.

Due to the lockdown condition and challenges that came with it, Zimbabwean migrants had to learn new survival skills in order to adjust to the new normal. Mbeve et al. (2020) in their study noted that some people used online services to sell their products, while others looked for entrepreneurial opportunities to better their lives. In other words, people aimed for a steady income that would allow them to pay their rent and buy food. This is similar to the findings from this study where people looked for other entrepreneurial opportunities.

Zimbabwean migrants are showing their capability to be able to survive in a country where they do not have the same rights as South Africans. The capabilities approach concentrates on opportunities that provide an advantage. Sen emphasizes that the most valuable thing a person can sell is his or her labor, and as a result, a person's entitlement is largely determined by their capacity to obtain work (Eichsteller, 2021). In relation to migration, it is more about any valuable assets that can be gained, mostly to obtain a job, but also to acquire access to other resources. In this study, participants were able to show that they have the capability to create opportunities for themselves and make use of the resources available to them.

The term capability in Sen's theoretical framework denotes the potential to freely pursue a variety of options and is connected to the functioning that characterizes the present condition of being (Eichsteller, 2021). Each person possesses a collection of capabilities, some of which will be translated into functional abilities (Eichsteller, 2021). An individual's skill set changes at every stage of life depending on the circumstances in which they are placed. Findings from this study shows that Zimbabwean migrants were able to translate their capabilities into function as they came up with creative ways to survive during COVID-19 pandemic.

4.6 Role of local institutions in enhancing the adaptation of migrants to the challenges that came with COVID-19

There are various public, private and civic institutions that support migrants in developing their capacity to adapt to the challenges that they face within South Africa. Public institutions include government departments such as the department of labour and the department of social development. These departments are tasked with creating laws and policies that influence how migrants participate in society and how they have access to resources and opportunities (Chekero, 2018). Private institutions consist of non-governmental organisations, community-based organisations, and volunteer organizations. These are crucial for funding adaptation, planning awareness campaigns, and ensuring that the voices of migrants are heard. Civic institutions are made up of formal and informal organisations at various social levels (Chekero, 2018). They are often informal. Local development committees, church organizations, small-scale credit programs, and youth clubs are just a few examples. Findings from the study showed that most of the participants got assistance from their church organisations. This study is

looking at the role those local institutions played in enhancing the adaptation of migrants to the challenges that came with COVID-19.

4.6.1 Role of private institutions in enhancing the adaptation of migrants to the challenges that came with COVID-19

Support from Non-Governmental Organisations (NGOs)

NGOs play a number of significant roles in the majority of countries' development process and global health governance (Mohseni et al., 2022). Activities of NGOs can be regional, global, or local. NGOs have aided in the growth of local communities over the globe and are significant partners of numerous governments, but at the same maintaining autonomy from government (Mohseni et al., 2022). NGOs primarily focus on issues relating to people, including disaster relief, environmental preservation, human rights, and development support (Moeenian, Khamseh & Ghazavi, 2022). NGOs are the best leaders for social reconstruction in impoverished countries because they support societal aims and ambitions. NGOs are more closely connected to the communities they serve and they respond to crisis through assisting with needs that they require (Sayarifard et al., 2022). Participants in the study mentioned on how they got assistance from non-governmental organisations during COVID-19 pandemic.

I got support from the people I worked for, they gave us food and money. Also, where I stay, we got food from this organisation, I forgot the name, but they would tell us to come and get some food. (Participant 10, Female, 19).

There is Islamic relief that once assisted me. They even assist children in schools. Even in Zimbabwe I heard it's there. That's the one with the person I work for. Islamic relief is international. They assist everyone and they have recently announced that if there are children who wants to go to school who cannot go to school because of financial issues, they are able to help. (Participant 7, Female, 24).

The above expressions from the participants shows that NGOs played a role in ensuring that migrants received food parcels. Participant 7 reported that she got support from an organisation called Islamic relief. They were able to assist her with food parcels. The assistance from organisations helped with improving the living conditions of people during COVID-19. Findings have shown that most people lost their source of income, and it was difficult for them to meet their basic necessities. During the COVID-19 pandemic, widespread food insecurity became a major humanitarian issue worldwide. International NGOs and UN agencies reacted by mobilizing to address the needs of various populations in terms of food security (Dodd et al., 2021). NGOs have not only created new interventions to fulfil the needs of food security,

but they have also modified and reframed current projects to continue operating throughout the pandemic to address these issues (Dodd et al., 2021).

NGOs are working to protect migrants and ensure that they receive the assistance they require during difficult times. According to Moeenian, Khamseh, and Ghazavi (2022), NGOs now seek to influence public policy through a variety of peaceful means. Scalabrini Centre's advocacy demonstrates that they are working to improve policies pertaining to migrants.

4.6.2 Role of civic institutions in enhancing the adaptation of migrants to the challenges that came with COVID-19

Support from Church Organisations

Church organisations play a role in providing assistance during times like the COVID-19 pandemic (Del Castillo, Biana & Joaquin, 2020). They ensure that members are coping with the impact of COVID-19. Some of the participants in the study talked about how they were able to receive support from their church. They noted that the support that they received was in the form of food and other basic necessities. Analysis revealed that during the COVID-19 lockdown, churches played a significant role in aiding migrants by distributing food to people in need. This helped in ensuring that they had enough to sustain them and their families. Participants 13 and 15 had this to say about the support they got from their church:

We got help from church twice. They helped us with food, they gave us basic needs. They helped church members. (Participant 13, Male, 45).

My church members were helping me with buying groceries and even buying me electricity. My pastor also had food parcels that he was bringing which helped. The only help that I got was from church. I only base on my church. My help only comes from church. We even started a kitchen soup and charity where we help within the community. If I have problems, my church always checks up on me and they care for me. (Participant 15, Female, 60).

From these quotes, it is evident that the church played a role in assisting migrants during a difficult time. The church noticed that people were going through a difficult time during COVID-19 lockdown, and they played an important role in which they provided with food parcels. This is similar to a study conducted by Mutambara, Crankshaw and Freedman (2021) who noted that the participants interviewed were reliant on aid from civil society organizations, especially churches, which are regarded as a significant source of material and spiritual support for refugees in South Africa, as they were unable to access official relief assistance.

Wild-Wood et al. (2021) noted that churches and faith-based organizations were found to be helpful in two specific areas which included providing material aid to the most vulnerable members of society and providing impacted people with counselling services in order to provide them with spiritual and emotional support. This is similar from the findings as reported by participant 15 who reported that her church always checked up on her to show emotional support.

For migrants, the benefits of spiritual support extend beyond church attendance. They also get a place to make friendly connections that they can later use to gain access to opportunities (Chekero, 2018). The Church is equipped with the knowledge and skills necessary to influence how refugees are perceived in society (Kenge, 2017). One of the participants mentioned on how she is the only foreigner in her church and that they treat her with equal respect. She also stated that if she has any problems her church is always there for her. This shows that churches play a significant role in assisting migrants in times of need and in this particular situation it was during COVID-19 pandemic.

4.6.3 Role of public institutions in enhancing the adaptation of migrants to the challenges that came with COVID-19

Support from the government

Governments took great lengths to minimize the harm to people and the disruption of the economy during COVID-19. Local governments were at the center of the COVID-19 crisis on a global scale (Linden, 2020). This demanded that local government responses to COVID-19 be on par with similar integrated planning and disaster mitigation measures at the national, provincial, and regional levels (Linden, 2020). Crisis like the Covid-19 demonstrate the importance of local government as the point of delivery and impact for policies (Linden, 2020). The South African government built socioeconomic procedures to address the economic issues posed by COVID-19 pandemic (Bostane, 2020). Migrants were marginalized and discriminated against by local inhabitants, despite the fact that these measures were designed to help various vulnerable demographics in the country.

Most of the participants in the study did not receive any support from the government. Participants confirmed that when it came to receiving support from the government, they were not included. They also felt that they did not have clear information when it came to them receiving social assistance. Those who got something from the government are people who were waiting to receive their UIF. The government recommended enhancing assistance through

the UIF for those who lost their jobs as a result of COVID-19 restrictions. However, it was even difficult for them to get their funds. The statements below show what participants 1 and 3 had to say about this issue:

I did not receive any support from the government. I think they can also just give packages to the foreign nationals just like how they do to their people who stay here in South Africa. If they can help foreigners the same way I think that will make a big difference because some of us including me were actually struggling with getting daily bread. (Participant 1, Male, 25).

No, I didn't receive any other support except from my family. During COVID-19 I felt like as foreigners or migrants we were kind of excluded I would say. The South African government was kind of providing relief for their own citizens and we stay in South Africa where we don't get support so I felt like they could have provided support. Like I told you before, it was hard for us to get UIF money even though we were working at the same company you know, like other people who were local were able to get their money and our money came after while so that was kind of hard and I feel like they could have done better there. (Participant 3, Male, 25).

The quotes above depicts on how Zimbabwean migrants did not receive any support from the government during the COVID-19 pandemic. Participants would mention on the type of assistance that they expect the government to be provide them with. They reported that they felt excluded when the South African government was giving social relief to its citizens. The South African government created a number of financial aid programs, including the Social Relief of Distress Grant, to help alleviate some of the socioeconomic burden that the COVID-19 lockdown had on the public. These policies however, excluded various categories of foreign nationals in favour of enhancing circumstances for South African citizens. The South African government's numerous immigration packages do not directly or indirectly take into account migrants like refugees, illegal laborers, and foreign employees with temporary visas (Kondo, 2020). This demonstrated the South African government's failure to take this marginalized group into account when developing its economic, anti-poverty, and anti-hunger programs (Mukumbang, Ambe & Adebisi, 2020).

4.6.4 Recommendations for the government when it comes to offering support to migrants

The participants were able to state their recommendations to the government when it comes to offering support to migrants. From what the researcher gathered from the study; participants felt that they have the right to get support from the government within South Africa as they are contributing to its development. The participants even referenced from the law of South Africa on how migrants have rights in South Africa.

Yes because ... actually, the freedom charter says, the South African freedom charter, South Africa belongs to all those who are living in it and the other thing is that either you are legal or illegal, but remember if you are working, they are still deducting money, they tax money from you one way or another, you buy food, you contribute to the economy, they take 15%. You can go to pick n pay and buy so either way if there is a disaster like what happened on COVID, for me why not because all of us we contribute to the economy. That money ends up in the government so we are contributing a lot no matter how you look at it. (Participant 18, Male 45).

They are working and the government is also taking tax from them. Remember they are taxing them, either you buy food or your salary, they are taxing you. The UIF money they deduct it but it's now difficult for them to claim that money so I don't see any difference for me. The difference is in nationality but they should get something because now they are in the country and the laws of South Africa say, South Africa belongs to all those who are living in it. (Participant 20, Male, 35).

These quotes from the participants shows that migrants are contributing to the economy, and they feel that they should be able to get support from the government. Looking at the South African law regarding migrants, it shows that what is written on the paper is not what is happening on the ground. The budget for social assistance should include migrants as they are also contributing to the development of South Africa. Social assistance funds in South Africa come from tax and considering that migrants are also contributing to tax, this also justifies their plight in receiving social assistance or any form of support from the government. During times such as the COVID-19 pandemic, migrants should not be excluded from receiving any form of assistance as this is a crisis that affected everyone. Everyone is affected by the COVID-19 pandemic. It has no regard for national, socioeconomic, or ethnic boundaries. Individuals who were unfortunate enough to have it and those who were indirectly impacted by steps to contain it have suffered because of it. Dalufeya (2020) argues that humanitarian aid is required for those impacted, not because of citizenship but because of human solidarity and compassion.

Dalufeya (2020) in his study noted that there is a need to separate social assistance and emergency assistance. Considering that it is difficult for migrants to get social assistance, the researcher agrees with the concept written by Dalufeya (2020) as it makes it easier for migrants to get assistance during times such as the COVID-19 pandemic. The COVID-19 pandemic was something that affected everyone in the world and the fact that migrants in South Africa were excluded from receiving social assistance shows that there is need for a change. Non-governmental organisations had to advocate for migrants to receive social assistance and this shows how the South African government is not practicing its law when it comes to the protection of migrants. Looking at the theoretical framework of this study of social exclusion, it is clearly evident that migrants were excluded. Social exclusion looks into structural factors

that remove people from having the same opportunities as others (Sen, 2000). In this study, social exclusion covered migrants' lack of access to government services including health care, education, and social services as well as their shortcomings in terms of basic requirements and material possessions (Jehoel-Gijsbers, 2007). From the findings of this study, it is therefore apparent that migrants were excluded from receiving social assistance.

4.7 Conclusion

This chapter has discussed all the findings from this study in relation to the research objectives. The findings from the study included the experiences of Zimbabwean migrants in Urban Cape Town during COVID-19. Zimbabwean migrants faced challenges during COVID-19. These challenges included loss of livelihood opportunities, financial challenges, failure to send available remittances back home, the negative impact of COVID-19 on migrant lifestyle and COVID-19 impact on mental health. The chapter also discussed the coping mechanisms used by Zimbabwean migrants to survive during the pandemic. The role of local institutions in enhancing the adaptation of migrants to the challenges that came with COVID-19 was also discussed. A discussion on the recommendations for the government when it comes to offering support to migrants was also done. The next chapter is going to discuss the conclusions and recommendations emanating from the research findings.

CHAPTER 5: CONCLUSION, POLICY IMPLICATIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter concludes the study and provides recommendations that are derived from the findings. The main conclusions will be discussed relative to the objectives of the study. The main purpose of the study was to explore the lived experiences of Zimbabwean labour migrants in the informal economy in Urban Cape Town during the COVID-19 pandemic. The objectives of the study included exploring the experiences of Zimbabwean labour migrants in the informal economy during COVID-19 pandemic, the coping mechanisms used to survive during the pandemic, and the role of local institutions in enhancing the adaptation of migrants to the challenges that came with COVID-19. Lastly, recommendations will be made to the government, policy makers, and further research in relation to the findings from the study.

5.2 Main conclusions

5.2.1 Conclusions emanating from the experiences of Zimbabwean labour migrants in the informal economy during COVID-19 pandemic

Participants reported on their overall experiences during the COVID-19 pandemic. Findings suggest that most Zimbabwean migrants in Cape Town had negative experiences during the COVID-19 period. When the lockdown began in South Africa, they lost their jobs and income. Most of the participants worked in the informal sector and the restrictions that came with the lockdown made it difficult for them to conduct their work and earn an income. Due to loss of jobs, Zimbabwean migrants faced financial challenges. It became difficult for them to afford rent, food, and their bills. A few of the participants who did not lose their jobs were affected by salary reduction leading to insufficient funds for their expenses.

It was also difficult for Zimbabwean migrants who had lost their jobs to access UIF. Only one participant was able to get one month of their UIF money and the others did not get their money. Migrants contribute towards the UIF and can apply for benefits. UIF offers temporary assistance to workers who lose their jobs or cannot find employed due to illness. Participants reported the difficulties that they faced to access the UIF. The findings showed how migrants experienced exclusion when it came to them claiming their UIF.

Zimbabwean migrants faced challenges in sending the available remittances back home. Migrant workers losing their jobs and income had an impact on their ability to send remittances

home. Participants in the study revealed that they were no longer able to send money back home to support their families. Those who could send money reported that it was not as much as it used to be before COVID-19.

Participants also reported that COVID-19 had a negative impact on their lifestyle. The way in which participants lived before COVID-19 changed because they had to adjust to the challenges that were brought by the pandemic. The participants' social life changed due to COVID-19 induced lockdown regulations. The way in which people interacted changed because everyone was staying at home during lockdown.

COVID-19 had an impact on the physical health of the participants. Some of the participants tested positive for COVID-19 and this affected their health. They also reported negative experiences in their attempts to access health care services, and this included visiting the hospital but being told that they could not be admitted due to the conditions in the hospital. Participants talked about how COVID-19 lockdown affected their mental health. The lockdown and financial challenges that came with it caused stress and depression.

5.2.2 Conclusions emanating from the coping mechanisms used to survive during the pandemic

Zimbabwean migrants were able to find coping strategies to deal with the difficulties caused by COVID-19. Some participants received support emotional and financial support from their friends and family. Family and friends assisted with finances for basic needs. Some got to spend more time with their family during lockdown which helped them to cope. Keeping in touch with family over the phone also helped with coping with the effects of COVID-19. This study was able to show the importance of social networks among Zimbabwean migrants.

In addition, Zimbabwean migrants made use of their savings to survive during the pandemic period. Some participants survived through savings that they had. When jobs were lost, they turned to their savings. However, it is important to note that savings were not enough to cover all the expenses during the pandemic period, and this led them to generate creative ways to survive during the pandemic.

Most participants who lost their jobs were able to innovate new ways to survive. This included starting new businesses or looking in other jobs. Some had to learn new skills and create entrepreneurial opportunities for themselves. They demonstrated their problem-solving skills to cope with the stressors that were brought by the COVID-19 pandemic. These findings

showed that Zimbabwean migrants create opportunities for themselves despite the challenges that they face which shows their resilience.

5.2.3 Conclusions emanating from the role of local institutions in enhancing the adaptation of migrants to the challenges that came with COVID-19

Participants noted that NGOs played a role in ensuring that they adapt to challenges that came with COVID-19 by giving them food parcels. This study's findings showed that participant received support from their church organisations. The church played a role in offering support to migrants during the COVID-19 pandemic. Participants mentioned that they received groceries and emotional support. This shows that church organisations during COVID-19 pandemic played a critical part in enhancing the adaptation of migrants to the challenges that came with COVID-19.

Findings showed that most participants did not receive support from the government of South Africa. Those who received support it was in the form of UIF; however, it was difficult for migrants to access the funds. Some have not received their UIF up to now. The findings showed that participants had no idea of what was going on with regards to receiving assistance from the government.

5.3 Policy implications

This study's findings suggest that the South African government and similar nations, need to relook their policies that inform their responses to pandemics such as the COVID-19. Such revisions must consider that the informal employees are worst affected by pandemics – especially if lockdown restrictions are applied. The informal employees are affected worst because their income is often heavily reliant on the work that they would have done. They do not have a guaranteed or secure monthly income. Their work contracts are also easily terminable – they are precarious employees. Therefore, key policy considerations need to be done to ensure that the government is all-time prepared to buffer the economic challenges that informal employees such as migrants face when pandemics such as COVID-19 emerge. Such preparedness could include having funds in reserves so that they can be used in times of need such as the COVID-19 period.

The government policies may also consider better methods of disease control, so that if there are no funds to support the informal employees, they can still be allowed to work in strictly safe conditions. The lockdowns seem to have had a more dire effect to informal employees'

economic needs. Perhaps, while they were effective in disease control, they created a lot more problems in relation to food and shelter, which are needs for everyone despite their nationality or job status. Policy responses must also consider that the termination of work for informal employees affects their families who are dependent on them. For example, the termination of work for informal employees in the current study meant a halt in sending remittances home, as they had already been doing before. This may have perpetuated hunger, and perhaps poverty by restricting their families' access to shelter if they were solely dependent on the remittances.

Furthermore, restrictions in accessing the UIF for migrants affects their access to their human rights at a capacity of being human. This could be associated with the informal employees not knowing the process to access or the restrictive policies. Therefore, while it may not seem relevant over time, it is necessary for the government to conduct regular trainings that can help the informal employees to know about the process and requirements to apply for the UIF. This would help informal employees to find alternative ways to continue maintaining their livelihood despite having their regular income stopped. Mental health for the affected migrants also needs to be considered with high regard.

While COVID-19 had a negative impact to all, regardless of nationality, it seemed to add a strain to the already existing mental health challenges that informally employed migrants already live with. Thus, stress such as, already existing difficulties to make an income, and difficulties to access health services and maintain a healthy life. Therefore, their health plight needs stronger and well customised policy preparedness and responses. Noteworthy, migration is a potential economic boost for the globe, and organisations such as the United Nations have outspoken the need to protect and ensure regular migration. Therefore, policy responses that are suggested here, are not only a responsibility for South Africa, but the global organisations such as the International Organization for Migration, to uptake and support the international goals for maintaining and protecting migration.

5.4 Recommendations

This study demonstrated the need for vulnerable populations, such as migrant individuals, to be considered in responses to pandemics such as COVID-19. There is need to provide social protection to migrants to ensure that there is reduced poverty, inequality, vulnerability, and social exclusion. The government should create and put into effect policies that allow migrants to receive social protection while addressing the underlying difficulties and limitations that

they encounter. Considering that COVID-19 was a worldwide crisis, migrants had the right to receive social assistance.

There is need for policies to be better implemented in real life. There are progressive migration policies on paper, migrants sought to be included in the government relief packages but this is different from what is happening on the ground. South African government is not implementing its laws on protection of migrants. More work needs to be done as evidenced by the fact that most migrants are refused access to these services and programmes. When compared to citizens who have lived and worked in South Africa their entire lives, migrant workers face significant obstacles in obtaining their social protection rights. The government and policy makers have to make it clear to everyone on the rights of migrants when it comes to issues of offering social assistance such that there is no confusion especially within local government departments that offer the services.

Migrants are often forgotten when it comes to pandemic preparedness planning which makes it a challenge. The way in which migrants are discriminated contradicts with the South African Constitution which states that the rights of all residents of South Africa must be protected (Bhagat et al., 2020). The fact that migrants were not considered at first to receive social assistance programmes during a pandemic show that there is need for change. There is need for the government to allow migrants to be involved in their responses especially in a worldwide crisis such as the COVID-19 pandemic. In a situation where everyone is affected, there is no need for exclusion as everyone will be vulnerable.

5.5 Value addition to existing knowledge

This study has added an understanding of the existing discourse on labour precarity within the existing body of literature which is usually from a social sciences (sociology and political studies) perspective. The study has provided a holistic approach to understanding informal labour migration, and how this has suffered heavy impacts from COVID-19. The study adds to the various disciplines such as social policy, social protection, labour migration, human rights and governance. The study's findings and recommendations are not limited to the COVID-19 pandemic and its related ripple effects but may be applied to any other pandemics with a similar effect. Furthermore, the scientific knowledge generated from this study is globally relevant. It has relevant policy implications for South Africa, Zimbabwe, international labour organization (ILO), International Organization for Migration (IOM) and various countries which are grappling with ways on how to extend social protection to international labour migration.

5.6 Limitations of the research

Methods used in qualitative research have their own strengths and limitations. This study consisted of face-to-face, telephonic, and online interviews. The researcher notes, telephonic and online interviews as one of the study's limitations. These interviews made it difficult for the researcher to observe participants' nonverbal communication to enhance the researcher's probing questions. However, during the telephonic and online interviews, the researcher was able to get around this dilemma by paying close attention to what the participants were saying. The researcher had the ability to probe for additional details from the participants. Another limitation is that poor network connection for telephonic and online interviews occasionally interrupted the interviews. This had an impact on both the interviews' flow and the data being gathered. Although, by asking the questions repeatedly allowed the researcher to handle the situation.

5.7 Areas for Further Research

To further understand the experiences of informal labour migrants in unique experiences such as the COVID-19 pandemic, telephonic and online interviews affect the depth of the understanding because they do not have the best option for observation. Therefore, further research in similar circumstances and participants must strive to engage in research methods that may improve the depth in data collection and analysis. Such methods may include ethnographic methods that will yield improved long-term observation of participants concurrent with conducting interviews. This will allow the researchers to have a closer understanding and yield richer data. Furthermore, expansive data may be collected through quantitative questionnaires, and this would increase the scope of the study and better enhance the recommendations such as those of the international level.

5.8 Conclusion

This chapter has managed to discuss the main conclusions drawn from this study. This research explored the lived experiences of Zimbabwean labour migrants in the informal economy in Urban Cape Town during the COVID-19 pandemic. The research findings showed the challenges that the Zimbabwean labour migrants in the informal economy faced during the COVID-19 pandemic. In the midst of all the challenges, Zimbabwean migrants were able to come up with coping mechanisms that helped them to survive during COVID-19. This study showed how Zimbabwean migrants are able to create opportunities for themselves in dealing with the challenges that they face. Local institutions such as NGOs and church organisations

played a critical role in ensuring the adaptation of migrants to challenges that came with COVID-19. Recommendations for the government and policy makers were discussed. It is important to note that migrants are a vulnerable group and that they deserve social protection especially in a crisis time such as the COVID-19 pandemic.

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Appendix A – Consent Form



DEPARTMENT OF SOCIAL DEVELOPMENT
UNIVERSITY OF CAPE TOWN

MASTERS IN SOCIAL DEVELOPMENT
DISSERTATION
2022

Participant Consent Form

Title: *The lived experiences of Zimbabwean migrants in Urban Cape Town during the COVID-19 pandemic.*

Thank you for agreeing to participate in the study. These questions are part of a study that seeks to understand the experiences of Zimbabwean migrants in Urban Cape Town during the COVID-19 pandemic. The interviews are also being conducted as part of my dissertation for my master's degree in Social Development.

I _____(name) understand that by signing below I am consenting to participate in this study and that my participation in this study is completely voluntary. I am able to give my informed consent to participate as the researcher has explained the following to me in a way that I understand:

1. I have been given sufficient information about this research and all my questions have been answered.
1. I understand that my participation is voluntary. There is no explicit or implicit coercion whatsoever to participate. I understand I have the right not to answer any of the questions. I understand that I have the right to opt out at any part of the research.
2. I understand that the interview will be approximately 45 to an hour long and will be done either face to face or telephonically adhering to social distancing safety measures.
3. I understand and consent that the researcher will record the interview and that this interview will be transcribed and all my identifying information will be removed before the data is shared.
4. I consent to my interview being used within the study and any presentations, publications or data sharing which emanates from the study, but that at all parts of this process my identity will remain confidential.

Thank you for your participation.

Respondent's Signature

Date

Researcher's Signature

Date

Appendix B – Interview guide

INTERVIEW GUIDE

Research Title: The lived experiences of Zimbabwean migrants in Urban Cape Town during the Covid-19 pandemic.

Demographic information

1. How old are you?
2. What gender do you identify with?
3. What is your highest level of education?
4. Are you currently working?
 - a. If so, what kind of work do you do?
 - b. If not, when last did you work? Are you currently seeking employment?
5. When did you move to Cape Town, South Africa?
6. What is your marital status?
7. Do you have any children?
8. How many people are dependent on you?

Experiences of Zimbabwean migrants during COVID-19

1. How did you react to the COVID-19 pandemic when you first heard of it?
2. What were your overall experiences during the COVID-19 pandemic as a migrant in Cape Town, South Africa?
3. Were there any negative or positive experiences for you resulting from the COVID-19 pandemic?
4. How did the pandemic impact your livelihood?
 - a. How did you survive before COVID-19?
 - b. Has that changed? If so, in what ways?
5. Did you experience any changes during the COVID-19 pandemic in relation to your:
 - a. Employment status
 - b. Mental health
 - c. Physical health
 - d. Social life

Coping mechanisms used by the Zimbabwean migrants to survive during the pandemic

1. In what ways did you cope with the effects of COVID-19 pandemic?
2. Did you have any support system (family and friends) during the pandemic?
 - a) If so, could you tell me about your experience of support from family or friends.
 - b) Did you receive any external support aside from your family and friends? For example, from government, NGO's or other Zimbabwean migrants.
3. Did you learn something new about yourself on how you respond and cope with situations such as the COVID-19 pandemic?

Role of local institutions in enhancing the adaptation of migrants to the challenges that came with the Covid-19

1. Are you aware of any organisations that provide assistance to migrants?
 - a. If so, have you made use of these organisations in any way?
 - b. What assistance did they give you?
2. Was there any support you were receiving from the government, community-based institutions or any organisations that work with migrants?
3. What support would you like to see from the government, your community or any other local institutions?
4. What do you think the South African government should do in assisting migrants during the pandemic?
5. Do you think there should be changes in the policies with regards to offering migrants social assistance?

18 January 2023

To Whom it May Concern

Re: Proof of editing

This letter serves to confirm that I have edited a dissertation by **Betty Chinhara (CHNBET003)**.

The **title of the dissertation** is: *The lived experiences of Zimbabwean migrants in Urban Cape Town during the COVID-19 pandemic*. **To be submitted** in fulfillment of the requirements for the degree of Master's of Social Science in Social Development, at the University of Cape Town.

In this dissertation, I conducted both language editing.

Note: The student made further inputs after my editing.

If there are any questions, do not hesitate to contact me.

Kindest Regards
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