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Exploring implications of Covid-19 on children and caregivers in informal kinship care in Shibuyunji Zambia

Beatrice Banda

Erasmus Mundus Master's Programme in Social Work with Families and Children (Mfamily)

Supervisor:

Prof. Helena Belchior Rocha (PhD) – Assistant Professor, Iscte-University Institute of Lisbon, Portugal

September 2021

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Erasmus Mundus

Department of Political Science and Public Policy

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Abstract

Title: Exploring implications of Covid-19 on children and caregivers in informal kinship care in Shibuyunji Zambia

Author: Beatrice Banda

Keywords: Informal kinship care, Child, Kinship caregivers, COVID-19, Social Work

This study aimed to explore the impacts of COVID-19 among children and caregivers in informal kinship care households. The study sought to establish the experiences of children and their caregivers before and during the pandemic. A qualitative exploratory research design was employed. 10 key informants (5 children and 5 caregivers) who had lived in kinship care before and during the pandemic were selected using purposive sampling with the help of a research assistant. Data were collected through in-depth interviews conducted online via Zoom, and data was analyzed using thematic analysis. According to the study findings, children and caregivers were already vulnerable before the pandemic began as they could not meet their basic needs. The COVID-19 exacerbated their situation because they could not generate an income due to the restrictions imposed to combat the pandemic. For example, those who ran small-scale businesses could no longer continue as before. The main challenges that children and caregivers faced were lack of enough food to eat and money to pay children’s school fees. To cope with the pandemic effects, some children took on informal jobs within their village to help provide for their kinship care families. The study found that Zambia's COVID-19 Emergency Cash Transfer (ECT) program needed to be expanded to benefit more vulnerable families. Furthermore, kinship care is the most common and widely practiced type of alternative care in Zambia, but there are not enough programs to assist vulnerable kinship care families.

Resumo

Título: Explorando as implicações da Covid-19 nas crianças e cuidadores em cuidados informais de parentesco na Zâmbia Shibuyunji

Autora: Beatrice Banda

Palavras Chave: Famílias de Acolhimento, Crianças, Cuidadores Informais, COVID-19, Serviço Social

Este estudo visa explorar os impactos da COVID-19 entre crianças e cuidadores em lares informais de famílias de acolhimento. Procurou-se compreender as experiências das crianças e dos seus cuidadores antes e durante a pandemia. Optou-se por uma investigação exploratória qualitativa, 5 crianças e 5 cuidadores que viveram e vivem com famílias de acolhimento informal. Selecionou-se uma amostra intencional por conveniência com a ajuda de um assistente de investigação. Os dados foram recolhidos através de entrevistas semidiretivas realizadas via Zoom, e os dados foram analisados utilizando análise de conteúdo categorial. De acordo com os resultados, as crianças e cuidadores já eram vulneráveis antes do início da pandemia, uma vez que não podiam satisfazer as suas necessidades básicas. A COVID-19 exacerbou esta situação impedindo gerar rendimentos devido às restrições impostas para combater a pandemia. Exemplo, os que dirigiam pequenas

empresas deixaram de o fazer. Os principais desafios que as crianças e os cuidadores enfrentaram foram a falta de alimentos e de dinheiro para pagar as propinas escolares. Para fazer face aos efeitos da pandemia, algumas crianças aceitaram empregos informais dentro da sua aldeia para ajudar no sustento. O estudo dá a conhecer que o programa COVID-19 de Transferência de Dinheiro de Emergência (ECT) da Zâmbia precisava de ser expandido para beneficiar as famílias mais vulneráveis, os cuidadores informais são as práticas mais comuns de cuidados alternativos na Zâmbia, mas não há programas suficientes para apoiar estas famílias

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List of Abbreviations

ACRWC	African Charter on the Rights and Welfare of the Child
BOND	Mental Health and Psychosocial Disability Group
CDC	Centres for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
ECT	Emergency Cash Transfer
HIV/ AIDS	Human immunodeficiency virus/ Acquired immunodeficiency syndrome
IFSW	International Federation of Social Workers
NASW	National Association of Social Workers
OECD	Organisation for Economic Co-operation and Development
SCT	Social Cash Transfer
SFP	School Feeding Programme
UK	United Kingdom
UNCRC	United Nations Convention on the Rights of the Child
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
USA	United States of America
WHO	World Health Organisation

Acknowledgements

I give God all the glory for making this Master programme journey possible and for giving me the strength to be persistent.

I would like to extend my utmost gratitude and appreciation to my supervisor Pro. Helena Belchior Rocha for her relentless guidance and support. You were available for me throughout my research always encouraging me to reach my goals. You challenged me to think outside the box and to step out of my comfort zone. I was able to see research from a different perspective. Thank you for your constructive feedback and suggestions that helped me improve my work.

I am grateful to all the professors from the four consortium Universities. Mfamily professors from the University of ISCTE-UIL, Stavanger, Gothenburg and Makerere, thank you for sharing your knowledge with me, challenging me to become a better version of myself academically, and for training me to embrace a challenge. To Mfamily programme coordinators, thank you for making my student life comfortable and memorable and for being a source of comfort during the COVID-19 pandemic. I would also like to extend my gratitude to all the visiting Professors from all over the World.

To my research assistance Melody Banda, thank you for your support and encouragement, without you this research would not have been possible. I am grateful for your input and the time that you devoted to ensuring that data collection was a success.

My dear husband Dr. Mulenga Kalumba thank you for finding this Master program for me and for encouraging me to apply despite knowing will be worlds apart from each other. Your selflessness and desire to see me spread my wings is admirable. Thank you for your prayers and for believing in me when I doubted myself. I am grateful for your support and for being my biggest cheerleader. Thank you to my family for your support and understanding when I did not pick your calls because I was busy with assignments. To my friend Tabitha Pauline Moyo, I am grateful for your endless support. Thank you for reminding me to take some time off and take care of myself, and for the long talks, loughs, and prayers we had at ETF and over the phone. Thank you for being my stress reliever buddy and for visiting me in Lisbon.

Last but not least, my Mfamily friends and colleagues who became family thank you for being there for me, I really appreciate it. To Mogogi Selebogo, Eshcol Tafera, Mercy Appiah -Akuetteh, Tania Saha and Victoria Awortwe many thanks for making my Mfamily experience more exciting and bearable. The discussions, laughter, tears, the food we shared oooh my! we had so much fun. I will always cherish our time together until we meet again to continue where we left off. Thank You.

CHAPTER ONE: INTRODUCTION

The United Nations Convention on the Rights of a Child (UNCRC) Article 20, indicates that, if the family environment of a child is deemed not conducive and does not save the best interest of a child, the child is entitled to receive alternative care that is, either formal care (foster care or residential) or informal care (kinship care) (UNCRC, 1989). Formal care is care provided in a family setting or in residential homes with the authorisation by the State. On the other hand, informal care is when a child is looked after in a family environment by extended family members or friends to the family without state involvement (Leos-Urbel, Bess & Geen, 2000). Though in some countries like the United States of America (USA) for example, the state is involved in placing orphaned and vulnerable children (OVC) in informal kinship care. When the State is involved, the child in need of care is placed with a relative (caregiver) that has been approved by the authorities (O'Brien, 2012).

For the purpose of this study the focus will be on informal kinship care because studies have shown that when biological parents are unable to care for their child, the preferred alternative care for children is within the family among relatives (kinship care) if it is guaranteed that the child will be safe (Montserrat, 2014; O'Brien, 2012). Research suggests that children should remain with relatives because children continue to have contact with their family members such as siblings (O'Brien, 2012). Kinship care also facilitates the creation of identity for a child as he or she lives with people with a shared culture and beliefs. It was also found that children in kinship care had fewer mental health problems compared to children who were placed in residential homes or foster care (O'Brien, 2012). More so, kinship care is deeply ingrained in many families throughout Sub-Saharan Africa and the practice is common in both rural and urban areas (Ariyo, Mortelmans & Wouters, 2019). Relatives or friends to the family play a vital role in taking up the care responsibility for orphaned and vulnerable children (Mann & Delap, 2020). Additionally, the UNCRC acknowledges that children raised within a family environment have better opportunities of realising their potential (UNCRC, 1989). Similarly, Article 25 of the African Charter on the Rights and Welfare of the Child (ACRWC) highlights that a child who is not cared for by his or her parents should be provided with care and protection under an alternative family setting (UNICEF, 1990).

Furthermore, between formal and informal care arrangements, informal kinship care is the most used alternative care in low, middle as well as higher-income countries. For example, 11 per cent of children in Ethiopia and Kenya do not live with their birth parents, the majority of these children live in informal kinship care with either their grandparents or other relatives (Save the Children, 2015). Studies also indicate that 95 per cent of kinship care in the United Kingdom (UK) and the USA is informally provided to protect and care for children (Frimpong-manso, 2013; Kiraly, 2015). Millions of children around the World are in informal kinship care due to various reasons such as conflict, poverty, violence, abuse, disability, abandonment, humanitarian crisis and HIV/AIDS (Save the Children, 2015). About 140 million children globally are orphans, meaning children below the age of 18 years do not have one or both parents. Among these children, more than 33 per cent are from Sub-Saharan Africa and because of the prevalence of HIV/AIDS, 29 per cent of orphaned children lost their parents to HIV/AIDS (UNICEF, 2014).

In Zambia, 48 per cent of the Zambian population is below the age of 15, and this is because the population is characterised by a high fertility rate and low life expectancy. Meaning people give birth to children, but they die at a very young age leaving their children behind.

As a result, 32 per cent of Zambian's households care for orphaned and vulnerable children. In addition, 16 per cent of these children are below the age of 18 and live in informal kinship care, and 10 per cent of these children are orphans, that is, one or both parents are deceased (Zambia Statistics Agency, Ministry of Health, University Teaching Hospital Virology Laboratory & ICF, 2020). Formal care such as foster and residential care is practised but is not very encouraged or common because most people (family members) prefer informal kinship care that can be terminated at any time without legal responsibilities to the child (Ministry of Gender and Child Development, 2012). Furthermore, informal kinship is considered a culturally acceptable and natural environment to raise children in need of care. Therefore, authorities only intervene in informal kinship care if there are complaints of child abuse or if the child is in conflict with the law (Ratelle, 2011; as cited in SOS Children's Villages Zambia, 2014).

1.1 Background

The Coronavirus Disease (COVID-19) is a global health pandemic that is affecting many households and children around the World (WHO, 2020; UNDP, 2021). With the emergency of the COVID-19 pandemic, the well-being of children, communities and economies have suffered a great deal. Among the households that have been mostly affected during the pandemic, are informal kinship care households (Shadi, 2020). Informal kinship care families are among the most vulnerable groups amidst the COVID-19 pandemic because historically they have not had access to the needed resources to help them care for the OVC (Shadi, 2020). While kinship is prefered by most societies around the World and policymakers consider it as the ideal alternative arrangement of care for children, caregivers in kinship care do not receive much assistance from governments, making children and their caregivers very vulnerable (Delap & Mann, 2019).

Before the pandemic, many households were hardly able to meet their basic needs due to lack of support from social welfare and other forms of informal support (Delap & Mann, 2019). It is approximated that due to the outbreak of the COVID-19 pandemic, about 43-46 million children may be susceptible to extreme poverty. The impacts of the pandemic are projected to be more severe in countries, communities, households and among individuals that were vulnerable before the pandemic (United Nations 2020). Similarly, The World Bank (2020) projected that due to the COVID-19 pandemic, they will be extreme levels of economic decline resulting in an increase in the number of people in extreme poverty from 88 million to 115 million in 2020 and another addition of 150 million people in 2021. The World Bank report also indicated that the majority of people who will experience extreme poverty are those coming from countries with an existing high poverty level (World Bank, 2020). For example, Zambia is one of those countries with an already existing high level of poverty with over 40 per cent of people living in extreme poverty (under USD 1.25 per day) (Habitat for Humanity, 2021).

With the COVID-19 measures in place to curb the spread of the virus, many households that were already struggling economically have been affected more severely (UNICEF, 2020b). People have limited movements due to restrictions, as a result, most people have ended up with reduced income and for some jobs have been lost. Due to decreased income and loss of employment, it is projected that children might be expected to take up jobs to contribute to the family financially, which may result in further child labour and exploitation. It is also predicted that some households may force children into child marriages as a coping strategy (UNICEF, 2020b).

Elderly caregivers with pre-existing health conditions have a higher risk of not only contracting the virus but also dying from the virus. Therefore, children under their care are at risk of losing support from their caregivers in the event they get sick or die of COVID-19 (WHO, 2020). Prior to the pandemic, some caregivers were experiencing stress due to the challenges of caring for OVC with minimal resources. And now due to the pandemic, there has been added stress on the caregivers which is affecting their physical and mental well-being. If a caregiver's mental health is not stable, this may in turn affect the quality of care given to children (BOND Mental Health and Psychosocial Disability Group, 2020). For instance, during the Ebola Virus Disease (EVD) epidemic outbreak in West Africa, relatives took on the responsibility of caring for children who lost their parents to the disease (UNICEF, 2016). Consequently, experts are now projecting that the COVID-19 pandemic will have similar outcomes for children due to the death or illness of their parents and kin caregivers (Bakrania& Subrahmanian, 2020). Therefore, more children will require out-of-home care and kinship care will be one of the alternative options for children especially those in Sub-Saharan Africa.

1.2 Statement of the problem

In Zambia, it is considered normal and natural for a relative to take in a child or children whose parents are unable to care for them for various reasons, taking a child to foster or residential care is seen as the last alternative. As a result, households headed by older caregivers are on the rise taking up the responsibility of caring for children whose parents are not able to do so (UNDP, 2011). Informal kinship care exists outside of the State’s legal and administrative regulatory and supportive structures, hence, kinship care households are usually not regulated, not supervised and mostly not supported (SOS Children’s Villages Zambia, 2014). Informal kinship care is unregulated or unsupervised because of state bodies lacking resources as well as lack of policy direction on how to regulate informal kinship care as an alternative care for children in out-of-home care (SOS Children’s Villages Zambia, 2014). Consequently, elderly caregivers with low socioeconomic status and children in their care experience financial, physical and psychological difficulties (UNDP, 2011).

In recent years the Zambian government and partners working under the Ministry of Community Development and Social Services (MCDSS), launched the social protection program known as the Social Cash Transfer (SCT) to help vulnerable and extremely poor households. It was designed to assist households headed by the elderly with vulnerable and or orphaned children, as well as many other vulnerable groups. The program’s beneficiaries are expected to receive cash support every two months (SOS Children’s Villages Zambia, 2014). Besides the SCT program, there is also another program known as the Public Welfare Assistance Scheme (PWAS) also met to assist vulnerable households mainly in-kind for instance, beneficiaries are provided with food and school fees (SOS Children’s Villages Zambia, 2014).

There are some positives outcomes among the poor and vulnerable households that receive SCT. However, despite the ongoing social protection programs in Zambia, poverty and inequality remain prevalent. The cash program has only benefited a very small population of the poor and vulnerable households, this is because the vulnerable and disadvantaged households were not properly identified and enrolled in the program (Michelo, 2018). A report on Zambia's economy shows that Zambia's vulnerabilities will become worse as a result of the COVID-19 pandemic (World Bank, 2020). Consequently,

during the pandemic, kinship care families are more likely to become more susceptible to extreme poverty.

1.3 Significance of the study

The purpose of the study was to explore the living experiences of children and their caregivers in informal kinship care in Shibuyunji Zambia following the outbreak of the COVID-19 pandemic in 2020 in Zambia. The study also aimed at analysing the views and experiences of both the children and their caregivers in informal kinship care before and during the pandemic. Since the pandemic is still ongoing, the findings of the study may assist relevant stakeholders, particularly the district's Department of Social Welfare in providing needed assistance to kinship care households severely impacted by COVID-19. In addition, courses offered in the Mfamily programme on alternative care, for example, Children in Adverse Life Situations focuses more on foster and residential care. Therefore, this study may help contribute to shedding more light on kinship care under the alternative care umbrella. Furthermore, the study will also contribute to the body of research because as of 2020, there have been no published studies in Zambia on the implications of COVID-19 on children and caregivers in informal kinship care.

1.4 Research questions

The general research question is, what are the living experiences of children and caregivers in informal kinship care before and during the COVID-19 pandemic in Shibuyunji Zambia?

The specific questions were:

- What were the living conditions of children and caregivers before the COVID-19 pandemic?
- With the emergence of the pandemic, what are the children and caregivers living experiences?
- What challenges do children and caregivers in informal kinship care face?
- What mechanism do children and caregivers in informal kinship care households use to cope?

1.5 Objectives

The objective of the study was to explore the living experiences of children and caregivers in informal kinship care before and during the COVID-19 pandemic. The specific objectives were:

- To Explore the living circumstances of children and their caregivers prior to the pandemic in Shibuyunji Zambia.
- To assess the experiences of kinship care families during the COVID-19.
- To establish the challenges that that children and caregivers face?
- To identify coping mechanisms for children and their caregivers.

1.6 Structure of the study

The study is divided into seven chapters, with the first chapter providing an introduction and background on the study. The chapter goes on to state the problem and the significance of the study. The second chapter investigates, analyses, and summarizes the existing literature on the subject of study. The third chapter provides a theoretical framework that was used to guide the research. The fourth chapter is a methodology that illustrates the methods and tools used in data collection, as well as the location where the data was collected and from whom the data was collected. The fifth chapter focuses on the findings of the study. Chapter six discusses the findings of the study. Finally, chapter seven highlights the study's implications for social work practice, its relevance to the Mfamily program and social work, recommendations, and the conclusion.

1.7 Definition of keywords

Informal kinship care: Is defined as "informal alternative care which is outside the legal and administrative regulatory and supportive mechanisms of the State; normally, it is unregulated, unsupervised and frequently unsupported" (SOS Children's Villages Zambia, 2014, p.22).

Child: A "child means a person who has attained, or is below, the age of eighteen years" (Article 266 of the Zambian Constitution 2016).

Kinship Caregiver: "Kinship caregiver is a term used to describe a broad group of grandparents, relatives, and non-relatives with close or family-like relationships who take on the role of primary caregiver for a child" (Shadi, 2020, p. 1).

COVID-19: "The Coronavirus Disease is an infectious disease caused by a newly discovered coronavirus". The virus is passed through droplets of mucus or saliva when an infected person sneezes or coughs" (World Health Organisation [WHO], 2020).

Social Work: "Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing" (International Federation of Social Workers [IFSW], 2014)

CHAPTER TWO: LITERATURE REVIEW

A literature review was conducted to discover what has already been written or studied on the topic and what gaps the current study is trying to fill (Bryman, 2012). This chapter presents relevant existing literature on what is already known about the current study, which explored COVID-19 implications on children and their caregivers in informal kinship care at Shibuyunji Zambia. This chapter begins with a brief introduction of what constitutes informal kinship care and subsequently, children's experiences in informal kinship care will be discussed. After that, the experiences of caregivers in informal kinship care will follow. This will then be followed by challenges of kinship care households, then coping mechanisms in kinship care families. Finally, the impacts of Covid-19 on children and caregivers will be highlighted. It should be noted that COVID-19 is a new phenomenon thus, not much has been written with regards to impacts on kinship care families, thus the review focused on a few available articles and reports.

2.1 Literature search process

To carry out a literature review, "there is consensus that a range of databases must be chosen to obtain comprehensive search results in the social sciences" (McGinn et al., 2016, p. 267). To find the specific literature for the topic selected keywords were used to search databases such as Scopus, ProQuest, Web of Science, JSTOR, Google Scholar and Google (Bryman, 2012). Keywords include kinship care, child, kinship caregiver, COVID-19 and experiences derived from the main research question. These keywords were used to obtained articles relating to kinship care and COVID-19 (McGinn et al., 2016). For example, in Scopus document search was selected and keywords such as "kinship care" were entered in the search space. To obtain specific articles from the search results, social science and keywords from the drop-down list were selected. Then after obtaining the results, the most relevant options were selected to narrow down the search. Afterwards, an article with the keywords used in the search was selected then from the abstract other keywords were identified. To advance the search further, the researcher visited ProQuest 'OR' 'AND' keywords like 'COVID-19'* and 'kinship'* were used (Bryman, 2012). To widen the search further from keywords, synonyms of keywords were identified (McGinn et al., 2016).

2.2 An overview of informal kinship care

Historically, in many societies around the World, a family was recognised as an organised system of relatives responsible for raising children. The family system did not only include blood relatives, it also comprised of people outside the family who shared an emotional attachment to the people within the family, such as friends to the family (Stack, 1975; Geen, 2004; Nukunya 2016). Members of the kin network were expected and had an obligation to look after children who needed care and protection. As a result, kinship members accepted the responsibility to look after vulnerable and orphan children (OVC) in need of care to provide a home for them (Stack, 1975).

In Sub-Saharan Africa, informal kinship care originates from the indigenous African tradition characterised by communal ties that created bonds among communities in pre-colonial societies. Caring for and raising vulnerable or orphaned children was the responsibility of the extended family members such as grandparents, aunts, uncles, nieces, nephews, cousins and siblings (Noyoo, 2013; Øien, 2006; Benjamin, Chang and Steele, 2019). For instance, among the Baganda tribe of Uganda, no child was considered an orphan despite not having parents because the child’s uncles (the child’s father’s brothers) were the child’s fathers, so no child was ever vulnerable as they were relatives who happily provided for children in need of care (Roscoe, 1995 as cited in Foster, 2000). Thus, even when the kin had insufficient resources to provide for the OVC they still took up the responsibility because per tradition no child was an orphan in African communities. Kin was considered the social security for all the members of the clan and it also had an obligation of caring and providing for the destitute and those in poor health (Foster, 2000; Delap & Mann, 2020).

Consequently, in most developing countries, kinship care is informal where kin members to the family take in vulnerable or orphaned children without the State's involvement (Walsh, 2013). Usually, the head of the family such as grandparents or uncles selects among other family members to take the care responsibility of the child in need of care. This is done to preserve family ties and keep the child with people he or she is more familiar with (Kuyini, Alhassan, Tollerud, Weld & Haruna, 2009). In African societies accepting to care for vulnerable or orphaned children was commended, and whoever takes on the care responsibility is regarded as a kind and a good person and he/ she is seen as someone people can count on and trust. Therefore, relatives who looked after OVC attracted respect from their clan members (Øien, 2006). However, unlike developing countries, industrialised countries such as Australia, the USA and many others, since more than two decades ago, the State assume an active role in the decisions pertaining to child placement. It regulates the whole process to ensure that the child is placed in a home where he or she will be well provided for (Ince, 2009; Kuyini et al., 2009; Brouwer, 2010).

Furthermore, kin have always looked after children when biological parents are not able to do so due to various reasons. These reasons include the death of parents, illness, poverty, violence, abandonment, incarceration and many other family problems (Annie E. Casey Foundation, 2013; Desta & Linsk, 2015). Hagar (1999) acknowledges other reasons that land children in kinship care such as, the stigma attached to having a child out of wedlock. In some societies, it is a taboo to have a child before marriage, as a result, those with a child out of marriage have their relatives look after their child to avoid being stigmatised. Furthermore, relatives volunteer to raise a vulnerable or orphaned child to provide a better life for a child, for instance, taking the child to school and the child also help the caregiver with household chores (Hagar,1999). Researchers have argued that, when a child needs out-of-home care, kinship care is a more favourable alternative care option compared to foster and residential care because it reduces trauma in children who have just been separated from their biological parents. This is so since children are usually placed with caregivers they know or have a good relationship with (Wu, White and Coleman, 2015; Child Welfare Information Gateway, 2018; Benjamin et al., 2019;). Therefore, kinship care practice is still widely used and is seen as the preferred alternative care for children who needs care and protection in many parts of the World because children have positives outcomes under kinship caregivers (Annie E. Casey Foundation, 2013; Desta & Linsk, 2015; Burgess, Rossvoll, Wallace & Daniel, 2010).

2.3 Experiences of children in informal kinship care

Children in informal kinship care have different life experiences depending on several factors surrounding their care environment (Ariyo et al., 2019). Using a systematic review to determine the well-being of children in kinship care and children in other alternative care arrangements in Sub-Saharan Africa, found that the experiences children have in informal kinship care are mainly influenced by the type of relationships they have with caregivers and the socioeconomic status of the kinship carer. The study highlights that children who lived with, for instance, a grandmother or a sister whom they were close to fared better than those who were under the care of a relative they were not close to (Ariyo et al., 2019). However, Connolly (2003) argues that this might not be the case for all caregivers and children as some caregivers might not have had a prior close relationship with the child before assuming care responsibilities but can still be caring and loving towards the child.

2.3.1 Positive experiences

Some studies such as (Burgess et al., 2010) and (Messing 2006) reported that children had pleasant experiences while living with their caregivers and that they were happy to be under the care of their relatives. From the perspective of children, kinship care can be beneficial.

2.3.1.1 Relations between children and caregivers

A comparative qualitative study between informal and formal kinship care shows that most of the children in informal kinship care were very happy living with their caregivers (Burgess et al., 2010). They felt welcomed and wanted by their caregivers who had time to talk to them about their worries. Thus, they grew closer to their caregivers and had emotional attachments with them, which enabled them to identify themselves as belonging to their new family. Some children who took part in the study did not wish to go back to their biological parents because their kin became part of their primary support system ((Burgess et al., 2010). In addition, in a recent report from six countries in Sub-Saharan Africa (Ethiopia, Ghana, Kenya, Liberia, Rwanda and Zimbabwe), some children who took part in the studies from these six countries claimed to have had strong and better relationships with their caregivers than their biological parents. They highlighted that their caregivers were more supportive and caring than their parents hence they preferred to live with their caregivers than their parents (Mann & Delap, 2020). Similarly, Messing (2006) conducted a study in the United States of America using focus group discussions among children in informal kinship care between the ages of 11 to 14. Participants in the study indicated that they were satisfied living with their caregivers who were mainly grandparents and pointed out that, despite their caregivers being strict with them, they were also very thoughtful and loving towards them (Messing 2006). More so, another study by Farmer Selwyn & Meakings (2013) indicates that children were relieved to be in the care of their relatives since they found their new home with their caregivers to be a peaceful environment away from their abusive parents.

2.3.1.2 Adequate provision of basic needs

A qualitative study conducted in Ghana looking at the experiences and views of children, carers and adults in kinship care affirms that most of the children who took part in the study were happy living with their relatives because their basic needs were being met, such needs included a chance to go to school which would not have been possible if they were living with their parents (Kuyini et al., 2009). Results from other studies also show that from the time children were placed in informal kinship care, there were improvements in children's educational, mental health and behavioural outcomes (Benjamin et al., 2019; Charon &

Nackerud 1996). In other words, children who had issues before moving to a kin's house experienced positives changes under the care of a caregiver.

2.3.2 Negative experiences

Although some studies show that children in kinship care have had positive experiences, kinship placement, on the other hand, has a number of downsides as well. Other studies indicate that children have also experienced difficulties while living with their caregivers. More so, studies have revealed that the majority of children in informal kinship care are living in precarious conditions (Farmer et al., 2013).

2.3.2.1 Children basic needs not met

In many African societies caring for vulnerable children is considered a responsibility of kinship members. Sometimes care responsibility is entrusted in kinship without considering the ability of the kin member to provide adequate care for the child in need of care. More often caregivers who take in vulnerable or orphaned children have their biological children living with them, making it difficult for them to provide for their households. Children indicated that their caregivers were not in the position to provide enough food to eat and pay for their schools and medical bills (Abdullah, Cudjoe & Manful, 2020). Equally, a qualitative study conducted in rural Zimbabwe using in-depth interviews and focus group discussions indicated that children in informal kinship care did not have enough to eat as their caregivers were unable to provide for them, some of the children even missed school because they could not go to school hungry (Dziro & Mhlanga, 2018). In addition, children highlighted that they did not have access to health services as their caregivers could not afford to pay for their medical bills and some girl children mentioned that they did not have access to sanitary pads as a result, they skipped classes until the end of their menstruation (Dziro & Mhlanga, 2018).

Similarly, a recent qualitative study conducted in Ghana that looked at the experiences of young people who had previously lived in kinship care found that their basics needs were not met when they were still under their caregivers' care. They reported that they did not have enough food to eat and that their caregivers were unable to provide the supplies required for children to attend school due to poverty. However, despite caregivers being poor, children believed that their caregivers were not bothered so much to provide for them because they were not the caregiver's biological children (Cudjoe, Abdullah & Chiu, 2021). Consequently, children whose caregivers could not afford to pay their tuition fees and buy school materials, dropped out of school as children were set back home from school due to outstanding bills (Amolo, Onumonu Edebeatu & Onazi, 2003). Other studies found that the ability of households caring for vulnerable or orphaned children to meet their basic needs is highly influenced by their socioeconomic conditions Ariyo et al., (2019). However, a growing number of kin households are poor so much that they cannot afford to have their basic needs met (UNICEF, 2003).

2.3.2.2 Lack of moral support for children

Some of the caregivers did not have compassion towards children in their care, which could be due to the poverty that most caregivers face as a result of their lack of education, unemployment, and low income (Gebel 1996; Abdullah et al., 2020). Caregivers lack the knowledge of what caring for a vulnerable or orphaned child means, they do not know how to provide moral support to children as they have an understanding that as long as they are

meeting the physical needs of the children, then that is good enough and that is all that children need (Abdullah et al., (2020). In a cross-sectional survey conducted in Zambia on OVC children between the ages of 10-17, children were asked if they had someone in their lives to whom they could turn for moral support. Some of the children indicated that they did not have anyone to talk to when they had personal issues and that they had no one who was affectionate towards them, not even their caregivers (Mbizvo, Hewett, Kayeyi, Phiri, Mulenga, Mushika & Chibuye, 2018). Furthermore, children highlighted that they did not feel like they belonged to their new home as they experienced loneliness and rejection from caregivers. Caregivers treated children like they were tired of providing care and did not want them in their house anymore (Mann & Delap, 2020). Consequently, young people claimed that caregivers did not understand how to nature their behaviour. This was due to caregivers' lack of understanding of what it meant to care for a vulnerable or orphaned child, as caregivers were not educated or supervised by social workers on how to care for OVC (Abdullah et al, 2020; Geen, 2004).

An additional issue that might contribute to caregivers not being responsive to children emotional needs, is that in most African societies children are placed in informal kinship care as a result of elders in the family choosing among family members who would look after the child with minimal participation or no consultation from the person assigned to care for the child (Kuyini et al., 2009). A caregiver might not have the resources needed to care for the child entrusted to them by their elders, but because they have an obligation to do so, they accept the responsibility (ibid). Therefore, caregivers who are not ready to take up the care responsibility may view the child as a burden hence less emotional support the child receives from the caregiver.

2.3.2.3 Child maltreatment

Evidence from studies shows that kinship care is the more ideal placement for children who cannot remain in the care of their biological parents because they are loved and well taken care of (Annie E.Casey Foundation, 2013; Burgess et al., 2010). However, some children have been maltreated, abused and discriminated against by their caregivers and children of caregivers (Mann & Delap, 2020). According to Kuyini et al., (2009) after interviewing children in kinship care, some children reported having been physically and emotionally abused by their caregivers. This usually happened when children did something their caregivers did not like or thought objectionable, thus, their caregivers would hit them or call them names (verbal abuse). Dziro & Mhlanga, (2018) argued that girl children in kinship care had the most difficult time, as carers regularly asked them to help with housework, whereas biological children were not required to. Some caregivers made children work as domestic workers without giving them pay and children were also used as carers for older women who depended on them for their everyday functioning. In a project focusing on helping vulnerable children in Nigeria, children reported missing school because they were burdened with a lot of household chores while some were being discriminated against by their caregivers and other households' members. This affected their school attendance as they did not feel supported or encouraged to go to school (Amolo et al., 2003).

A report looking at kinship care in Sub-Saharan Africa, affirms that children were subjected to child labour and their caregivers did not provide basic needs such as school fees because they did not think it was necessary to do(Mann & Delap, 2020). Some children reported that to have something to eat they had to steal from the caregivers who punished them for stealing by burning their hands with plastic (Mann & Delap, 2020). In other studies, children stated that they did not have a good relationship with their caregivers because their caregiver

favoured certain children in the household, as a result, they were expected to do a lot of housework when other children were not required to do so (Malinga-Musamba, 2015; Farmer et al., 2013).

2.4 Caregivers experiences as a care provider

Caregivers in kinship care have had different experiences depending on a number of factors such as, how they came to care for an OVC, the experiences children had prior to living with kin just to name a few (Lee, Clarkson-Hendrix & Lee, 2016; Jill, 2001; Hay, 2012).

2.4.1 Caregiving as a reward

Like children, caregivers have positive and negative experiences due to various circumstances in their caregiving roles. According to Hay (2012) caregivers were happy and enjoyed taking care of children as they had a lot of love to give and the children returned the affection. Caregivers stated that they found it very rewarding to look after children who needed care. Some caregivers also indicated that caring for vulnerable or orphaned children strengthened family relationships as family members had to work together to help provide for the needs of the children (Hay 2012). Furthermore, caregivers had good relationships with the children under their care so much that they referred to them as their children (Malinga-Musamba, 2015). In a qualitative study from Ethiopia caregivers from the age of 18 years and above were interviewed and the results show that caregivers found it fulfilling to look after children in need of care. They regarded it as an opportunity to raise a child as they did not have children of their own, it was also a way of accomplishing what they thought was one of their life's goals. For some it was a calling from God and having OVC under their care was perceived as doing God's work. Thus, providing for children in need of care was going to attract God's blessings especially in the new life after death (Desta & Linsk, 2015).

2.4.2 Stress

Kinship caregivers find themselves unable to cope due to lack of capacity to provide care for children in out-of-home care (UNICEF, 2003). A mixed-method study conducted in the USA indicate that most caregivers lived below the average household income in their county, as a result, they were unable to meet their needs and that of the children (Lee et al., 2016). The authors claim that the inability of kin carers to provide for their households was found to be a stimulus for stress among most caregivers. Furthermore, caregivers' stress was also contributed by worrying about the children's behaviour and emotional problems as some of the children in their care had lived with parents or adults who abused them prior to living with the caregiver (Lee et al., 2016; Jill, 2001; Hay, 2012). For instance, a study in Australia highlighted that children who had been sexually and physically abused had special needs and they frequently displayed sexualised strange and undesirable conduct. Because of such behaviours from children, caregivers were stressed as they did not know what to do (Jill, 2001).

A qualitative study from Botswana highlights that some caregivers had problematic relationships with children under their care because some children had behaviour problems where they kept to themselves and did not want to be part of the household activities or helping out with housework (Malinga-Musamba, 2015). Furthermore, kinship, caregivers with paid jobs stated that they did not have time to rest as they had to work during the day and come home to take up the caregiving obligation, which was equally exhausting as a result, they were usually tired and stressed (Malinga-Musamba, 2015). Additionally,

caregivers were wearing out as a result of having provided care to vulnerable and orphaned children for many years (Hay, 2012).

2.5 Challenges of informal kinship care households

Kinship care households are faced with adversities mostly due to their demographic characteristics such as not having enough resources, poor health, level of poverty as well as not having a support network (Abdullah et al., 2020; Makuu, 2019).

2.5.1 Poor health

Studies have shown that kinship care households are usually headed by older caregivers with health issues who find it challenging to provide adequate care to the children or give sufficient guidance to children, particularly teenagers who might be going through a lot of changes in their lives (Ehrle & Geen, 2002). It was found that the caregiver's health deteriorated after taking on the caregiving role, this was so because of the many duties that come with caring for children (Minkler, Roe & Price, 1992). Children were concerned about their caregiver's health, they were anxious as some of them were orphans who had lost one or both parents, hence they worried that their caregivers would die and leave them without anybody to look after them (Burgess et al., 2010, Farmer et al., 2013).

2.5.2 Poverty

Among the challenges preventing caregiver's ability to provide for the needs of children under their care was poverty. Poverty was one of the obstacles that caregivers faced in meeting the needs of the children in their care. Caregivers were too poor to provide food for their households, pay children school fees or pay for their medical costs and other needs (Abdullah et al., 2020; Makuu, 2019). A comparative study between kinship caregivers and non-kinship caregivers found that kinship caregivers usually earned less and are not educated, kinship care households thus face a lot more difficulties to provide for the children compared to non-kinship caregivers (Geen, 2004; Ehrle & Geen, 2002). Although kinship care has been and continues to be the desired alternative care arrangement for children in Sub-Saharan Africa, it is necessary to draw attention to the fact that kinship care leaves much to be desired as it has failed to meet care expectations. Kin households have been unfavourably impacted by poverty as a result vulnerable and orphaned children have become even more vulnerable due to caregivers' poverty (Dziro & Mhlanga, 2018). Kielland, 2009) asserts that the more vulnerable the household the fewer coping mechanisms opportunities available for children and caregivers.

2.5.3 Financial challenges

According to Blair & Taylor (2006) kinship care households experience financial hardships as most of them are females who are not married with low incomes, high levels of stress, physical and mental health problems. Abdullah et al., (2020) indicated that caregivers in kinship care usually take up the responsibility of caring for children even when they do not have a job to support the children under them. Therefore, the majority of kinship households suffer from financial difficulties as they do not have an income to sustain them. The situation is worse in remote areas where an increasing number of grandparents take in young OVC children without a source of income with limited to no financial support. Studies have also shown that kinship caregivers face financial difficulties due to lack of planning prior to taking the care responsibility. Because of an instant need of care for an OVC, children may be

placed with a relative who lacks the financially or mental capacity to take on the role of a caregiver (Geen, 2004; Cudjoe et al., 2019).

Notably, due to caregivers' financial problems, children refrained from asking for material things that they needed from their caregivers as they were concerned about their caregiver's financial condition (Kuyini et al., 2009). Furthermore, financial constraints were found to prevent caregivers from expanding their social capital consequently, they do not participate in the community associations that could be beneficial to them (Taylor, Di Folco, Dupin, Mithen, Wen, Rose & Nisbet, 2020). Other caregivers have jobs and can work and generate an income, but they still find it difficult to satisfy the demands of the children despite having a job. Those with available childcare had to work longer hours to make more money (Lee et al., 2016). Equally, a quantitative study found that 48 percent of kinship care households with working caregivers reported facing financial constraints and had challenges meeting the needs of their households and their communities (Miller, Gruskin, Subramanian, Rajaraman & Heymann, 2006). More so, a report from some countries in Sub-Saharan African indicates that caregivers do not have enough money to pay children school fees (Mann & Delap, 2020).

2.5.4 Informal social support

Informal support refers to help provided by family members and friends to the family, help can be offered in terms of moral support, financial assistance, or material support (Gerard, Landry-Meyer, Roe, 2006). In a quantitative study where children and caregivers took part, it was found that both children and caregivers did not receive social support from their relatives or community members (Mbizvo et al., 2018). It was reported that before caregivers assumed the caregiving role, family members during the Family Group Conference (FGC) had promised to be supportive to both the caregiver and the child. Unfortunately, those promises were seldom kept as family members had their own problems to deal with (Jill, 2001). In their caregiving role, they were times when caregivers felt like they were failures and felt guilt for not meeting the child's need and they decided to reach out to their network for help on several occasions but none of them responded (ibid). Miller et al., (2006) analysed results from a Family Health Needs study (2002) where 1033 OVC caregivers participated in the study, they reported that from the analysis only 2 per cent of the respondents were receiving family and friend's support.

Taylor et al., (2020) argued that the main support system for caregivers is their kin but most of them are not supported due to weak relationships among family members. Some kinship caregivers do not get along well with other family members thus there do not receive any support from them. On the other hand, some family members were willing to assist kinship households but lacked the resources to do as they did not have enough resources to help. Older caregivers face a lot of challenges in providing care for the OVC, and in addition, lack of family support has detrimental effects on their lives and they are frequently stressed because they are continuously worried about how they will satisfy the requirements of the child in their care (Gerard et al., 2006).

2.5.5 Formal social support

Formal support is a form of help that is offered by professionals and institutions assisting vulnerable groups to meet their needs. Depending on the context, some common services that the formal sector provides include welfare programs, counselling, recreation programs for children, legal and medical services (Gerard et al., 2006). Most of the vulnerable groups do not have access to these services due to various reasons. A situation analysis from Tanzania

found that kinship caregivers are limited in terms of providing care for children because they are financially handicapped. The government of Tanzania does not have specific support programs for OVC and due to lack of resources, the social welfare system does not do much to support kinship households (Makuu, 2019). Moreover, due to corruption and abuse of public funds by key stakeholders in the Social Cash Transfer program in Zambia, kinship care families that were expected to receive support through the program were not enrolled (US Department of State, 2019). This is usually the case in most developing countries where governments are unable to support kinship care households even when the State is hypothetically responsible to look after children in out-of-home care, thus the majority of OVC and their caregivers remain vulnerable to adversities in unstable economies (Kielland, 2009). In addition, Fredrikson-Bass & Kanabus (2004) highlighted that OVC lives in societies where there are insufficient social services intended to meet the needs of children outside their kin network, resulting in the majority of children in kinship care not having their basic needs met.

Similarly, in Scotland, informal kinship care was approximated at 76 per cent with little to no financial support from the State (Zuchowski, Gair, Henderson & Thorpel, 2019). A mixed-methods study in the USA where grandparents and other kinship caregivers participated in a survey and a focus discussion highlighted that some of the caregivers were receiving the Non-Parent Caregiver grant (NPC) which was provided through the Temporary Assistance for Needy Families (TANF), while other caregivers reported that they were on the program and they were not aware that such a program existed (Lee et al., 2016; Landry-Meyer, 1999). Correspondingly, Hayslip and Shore (2000) found that due to a lack of awareness of the available services for kinship households, children and caregivers did not know about existing formal support, as result they were not enrolled on assistant programs. For some, the assistant offered did not meet their needs as they needed specialised support. Those who received the NPC did not receive enough to sustain their households and the bureaucracy that caregivers had to go through to receive assistance was complicated and discouraging (Jones Chipungu & Hutton, 2003 as cited in Blair & Taylor, 2006).

Nevertheless, some experts of child protection are concerned that if more support is offered to kinship households, parents might be encouraged to give up care responsibilities to their relatives so that they continue receiving financial assistance from the State. In the same way, relatives who are getting a large sum of money may be less eager to adopt the children in their care (Ehrle & Geen, 2002; Leos-urbel, Bess & Geen, 2000). Such kind of assumptions among experts has also contributed to the lack of needed support for kinship families.

2.6 Coping mechanisms for informal kinship care households

Due to the difficulties that kinship care families encounter, some of them have developed coping strategies. According to WHO (1999, p.5) coping mechanisms are “remedial actions undertaken by people whose survival and livelihood are compromised or threatened”. It should be noted that coping strategies are influenced by the context in terms of culture, gender, age, social and economic background of the people affected (WHO, 1999; Foster, 2000).

2.6.1 Family and friends

Foster, (2000) claimed that in Sub-Saharan Africa relatives and friends to the kin are usually more involved and assist kinship care households in rural areas than in urban areas. This is

probably because people in the rural setting continue to rely more on their families for socio-economic support than in urban regions. Meaning children and caregivers cope better with challenges in the rural area as they have a stronger support system than in the city. (Kielland, 2009) also reported that kinship households in rural areas usually depend more on their families and friends when they are faced with adversity. There is a consensus among family members and friends to the kinship family where they all pledge to support each other anytime one of their network members is in need, thus everyone benefits from the arrangement. In some cases, kinship care households caring for vulnerable children have shared responsibilities with the biological parents of a child. The child's parents send money to the caregiver so that the needs of the child are met (Kielland, 2009).

2.6.2 Child labour migration

Furthermore, children also play a big role in improving the household socioeconomic situation as they migrate to the city to look for jobs and send remittances to their caregivers who remain in the village or rural areas (Kielland, 2009). Moreover, if the family is extremely poor, the child will have an even greater need for labour migration. Therefore, a child who moves to the city to work brings so much honour and hope for a better future for the caregivers and the rest of the family members. Kielland (2009) described child labour migration for households with few resources as a "lottery ticket" for the family. Moreover, when children grow up in a poor home, they are aware of what is expected of them which is why they move to cities to seek opportunities to improve the well-being of members of their household. Child labour migration is used as a coping mechanism for poor families, but it also puts children at risk of child exploitation and early marriages (Kielland, 2009). The situation is aggravated and continues to exist due to lack of support outside the kin system (Amolo et al., 2003).

2.7 Impacts of COVID-19 on children and caregivers

The COVID-19 pandemic has created a Worldwide catastrophe that has affected billions of people across the globe. Among the people affected are millions of children who live in informal kinship care families. Kinship care families are more vulnerable during the pandemic due to their pre-existing vulnerabilities (Delap & Mann, 2020). Thus, the pandemic has caused a lot of radical socioeconomic changes to kinship care households thereby, putting them in a more disadvantaged situation than before the pandemic (OECD, 2020). Before the pandemic kinship care families faced a lot of difficulties and did not have enough support to cushion them, thus the pandemic is likely to have worsened their situation (Kinship, 2020).

2.7.1 Socioeconomic impacts

As predicted by the United Nations (2020) that those households that were already vulnerable before the COVID-19, are going to become more vulnerable due to the effects of the pandemic such as lockdown that prevents them from having access to resources that were available to them before the pandemic. Live5News (2020), reported that many kinship care families, particularly those who were already economically disadvantaged, are finding it difficult to meet their necessities because of the epidemic. The majority of kinship families do not have adequate food and do not have a stable source of income.

2.7.2 Health impacts

Studies have shown that the majority of kinship caregivers are old and tend to have underlying health problems that have weakened their physical and mental health (Ehrle &

Geen, 2002; Bunch, Eastman & Griffin, 2007). Therefore, caregivers have a high risk of experiencing health problems during the pandemic. Centres for Disease Control and Prevention (CDC) reported that the elderly have a higher likelihood of getting very sick from the COVID-19 as more than 80 per cent of people who have died of COVID-19 are above the age of 65 (Centers for Disease Control and Prevention [CDC], 2021). Studies revealed that caregivers experienced stress as a result of pre-existing mental health problems and financial hardships that kinship households are facing during the pandemic (Xu, Wu, Levkoff & Jedweb 2020; Holmes, Connor, Perry, Tracey, Wessely, Arseneault, Ballard, Christensen, Silver, Everall, Ford, John, Kabir, King, Madan, Michie, Przybylski, Shafran, Sweeney & Bullmor, 2020). Furthermore, measures put in place to curb the COVID-19 has also contributed to psychological distress among caregivers and children as they are confined at home without the freedom to visit family and friends. Children and caregivers mental health may not be attended to because elderly caregivers are afraid that if they have frequent contact with people outside their home they may get the virus. Due to these underlying factors children's and caregivers' mental health are possibly heightened (Xu et al., 2020; Shadi, 2020).

2.7.3 Educational impacts

According to UNICEF (2021), approximately 40 per cent of children in Southern and Eastern Africa were not attending school due to the already large number of children who did not attend school prior to COVID-19, as well as those who were not attending due to school closures as a result of the pandemic. Among the most affected countries include Botswana, Namibia, Uganda, Zimbabwe and Zambia. These countries and many other countries in these regions had long periods of school closures. It was estimated that approximately 69 million children did not attend school due to the outbreak of the pandemic and other reasons such as child labour due to poverty, lack of sanitary napkins, girls being forced into early marriages, and parents or caregivers being unable to pay for children's school fees. However, some children within Africa were able to attend classes online, but millions of children were unable to do so because they did not have access to the internet and computers (UNICEF, 2021).

2.7.4 Support for kinship households during the pandemic

In some countries, there are emergency cash programs to help vulnerable groups navigate through the pandemic. For example, in Zambia, the Ministry of Community Development and Social Services was spearheading the COVID-19 Emergency Cash Transfer (ECT) in collaboration with several other partners. The ECT was designed to assist vulnerable individuals and families (including kinship families) during the pandemic (UNICEF, 2020b). The program was temporal and was intended for people who had been adversely affected by the pandemic, including OVC and other vulnerable groups Program beneficiaries received monetary assistance in the amount of approximately ($30) per month. In addition to cash transfers, ECT recipients were linked to support services that provided information on sanitation, nutrition, how to report violence and abuse, and where to go in an emergency (UNICEF, 2020b).

2.8 Gaps in literature

From the reviewed literature, there are some gaps in the studies, particularly those published in 2020 and 2021; none of them looked at the impact of the COVID-19 on children and caregivers in informal kinship care. Furthermore, the few studies conducted during the

pandemic were not conducted in Zambia. In addition, the studies that were reviewed looked at different age groups for children and caregivers and also used different data collection methods from what was used for this study. For instance, Messing (2006) interviewed children between the ages of 11-14 years using focus group discussions, (Xu et al., 2020) looked at understanding the relationships between parenting stress and mental health with grandparent kinship caregivers' risky parenting behaviors in the time of COVID-19. Abdullah et al (2020) focused on how to create a better kinship care environment for children in Ghana. Therefore, this study will help fill a gap in literature by investigating the effects of COVID-19 on both children and caregivers in informal kinship care in Zambia. Children who participated in the study were between the age of 15-17 and caregivers (aunties, uncles and grandparents) were from 60-81 years. The study employed qualitative design and used in-depth interviews to collect data.

2.9 Chapter summary

In summary, the chapter revealed and discussed relevant literature about kinship care and how COVID-19 has affected kinship care families thus far. The discussion of literature started with how the literature was conducted using reliable research engines, then an overview of informal kinship care was presented, followed by the experiences both positive and negative that children and caregivers have encountered in kinship care. Furthermore, the challenges that children and care face were highlighted; this was followed by coping mechanisms that kinship care families employ to overcome some of their challenges. Last but not least, some of the impacts of COVID-19 on children and caregivers were discussed.

CHAPTER THREE: THEORETICAL FRAMEWORK

The use of a theory in social research is of great importance as theory provides context for how the researcher conducts a study and interprets the findings of a study (Bryman, 2012). For this study, an inductive approach to the study was employed which is characterised by a ground-up approach to research where theory emerges from the data (Creswell, 2013). In comparison to deductive research where data collection is used to test theory (Chapman, Hadfield & Chapman, 2015). To support the inductive research approach, this study used grounded theory which was beneficial to comprehend the scope of the study as it aims at discovering theory from data (Charmaz, 2014; Padgett, 2008). To recognise the theory that emerged from data, the geographical characteristics and political environment of the participants were put into consideration(Chapman et al., 2015).

3.1 Grounded theory

The idea of developing theory from data was first coined by Sociologists Glaser and Strauss in 1967. Instead of using a theory to guide the study, these scholars believed that data from the study should be used to determine which theory to employ to help explain the phenomena under study (Glaser & Strauss, 1967). Charmaz (2006, p.202) defines grounded theory as "a method of conducting qualitative research that focuses on creating conceptual frameworks or theories through building inductive analysis from the data". Therefore, to understand the phenomenon under investigation, grounded theory enables the researcher to avoid using predetermined ideas in the study, instead the collected data gives direction on how the findings should be interpreted and what theory should be used (Charmaz, 2006). Meaning the researcher allows participants' experiences to define theory instead of using theory to define their experiences.

3.1.1 Relevance of grounded theory to this study

Charmaz (2006) claimed that what a researcher might assume is the participants' experiences or situation before data collection might be proved wrong after data is gathered and analysed. Thus, this study was guided by grounded theory to help understand and explain the phenomenon under investigation using children and caregivers' experiences without enforcing preconceived notions about their experiences. More so, having lived in informal kinship care as a child, I have first-hand experience of how the situation in informal kinship care families is in Zambia. Therefore, using grounded theory helped to avoid enforcing my own lived experiences into the study. Research has also shown that since grounded theory facilitates the discovery of theory from data, it is suitable to use in new areas of research or under-researched topics (Charmaz, 2006; Noble & Mitchell, 2016). Consequently, since the COVID-19 pandemic is a new phenomenon and there is not much literature on the effects of the pandemic on informal kinship care in Zambia, grounded theory was utilized to help the researcher discover and interpret the living circumstances of children and caregivers before the pandemic and the impacts of COVID-19 among children and their caregivers during the pandemic.

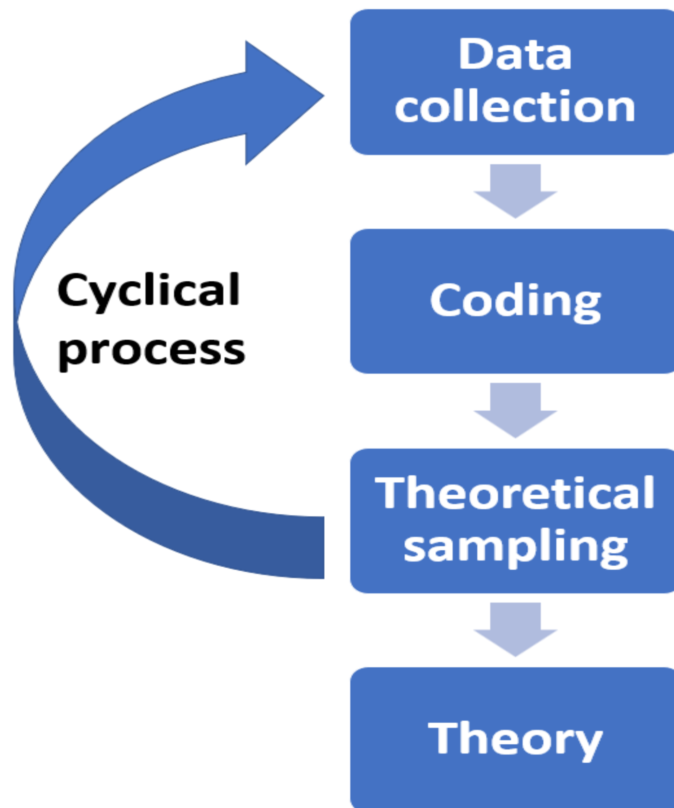

Figure 1: Cyclical process involved in grounded theory (Charmaz, 2014)

CHAPTER FOUR: METHODOLOGY

The procedures and strategies that were employed to carry out the study are described in this chapter. It outlines the approaches that were used to select research participants, the paradigm and research design that influenced the way the study was conducted, data collection methods, data analysis, ethical considerations as well as the trustworthiness of the study.

4.1 Study site

Shibuyunji is a rural district located 70km west of Lusaka in the central province of Zambia with approximately 2000 square kilometres in size (Mubanga, Umar, Mubanga & Muchabi, 2015). As of 2011, the population was estimated at 49,551 with 9764 households (Central Statistical Office, 2011). Shibuyunji district has a population density of 24 people per square kilometre which is higher than the national average of 17 people per square kilometre. Their main source of income is generated from agriculture which includes crop farming and livestock rearing mostly on a small scale (Mubanga et al., 2015). This area of study was chosen because I had worked in a rural community near Shibuyunji before as an intern and during my internship, where I worked with vulnerable families. Shibuyunji was the site of study instead of the community I was more familiar with because I had a colleague in Shibuyunji who was willing to help with the identification of participants and organising interviews. Moreover, the demographic characteristics of the study population I was interested in were in Shibuyunji.

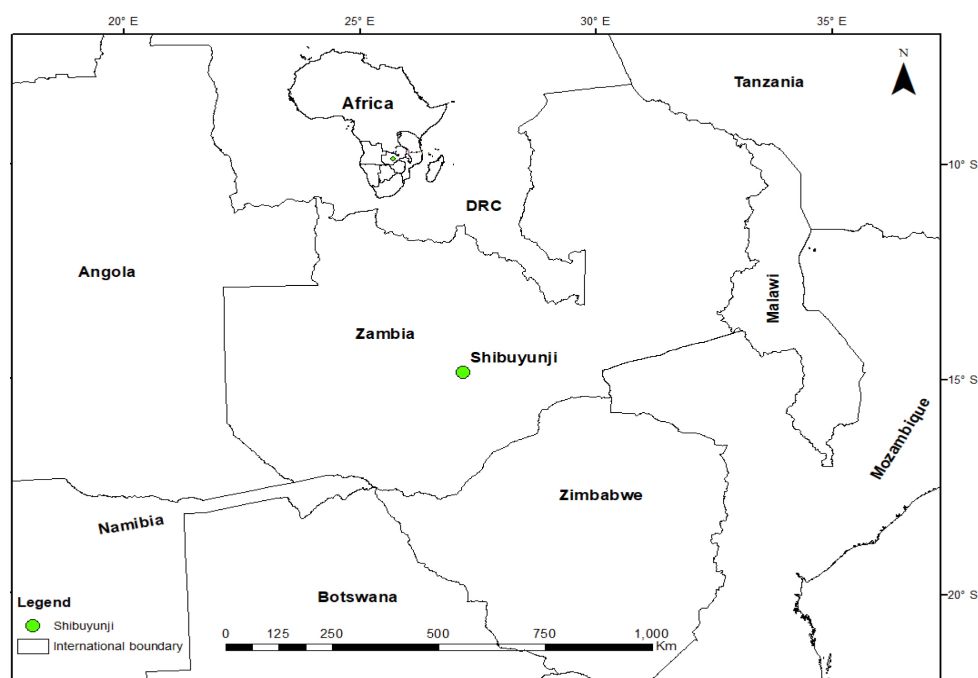

Figure 2: Location of Shibuyunji in Zambia

4.2 The study population

This study's target population comprised of children both girls and boys and caregivers both male and female in informal kinship care. Children participants were between the age of 15-

17, and their caregivers' age range was from 60-81 years. This group of people had lived experiences before and during the COVID-19. Children between the age of 15-17 years were selected because as of 2018 Zambia's Demographic Health Survey shows that the highest percentage (29.4 %) of children who do not live with their biological parents are between the age of 15-17 years (Zambia Statistics Agency [ZSA] et al., 2020). In addition, Healy & Darlington (2009) asserted that researchers must bear in mind the child's developmental stage and age when the study involves children. The authors suggested that if children are in an environment where they have had traumatic experiences, the researcher should avoid engaging children below 9 years in the study. With the emergent of Covid-19, children might have experienced traumatic situations, thus, in this study, older children were selected.

Furthermore, the United Nations Convention on the Rights of a Child (UNCRC, 1989, Article 12) stipulates that children who can inform their own decisions should be consulted on matters concerning their well-being and their views being taken into consideration according to the child's age and level of maturity. Additionally, if children are recognised as capable of making their own decisions it empowers them to make meaningful contributions to research (Eldén, 2013). The age range for caregivers was from 60- 81, 60 years and above was the appropriate age range for caregivers reason being statistics from the World Health Organisations (WHO) indicates that people who are 60 years and above have a higher risk of contracting and dying of COVID-19 (WHO, 2020; CDC, 2021). Therefore, caregivers who participated in the study were children's grandparents, uncles, and aunties. Both genders were included in the sample so that there is no gender imbalance.

4.3 Sampling method

A purposive sampling method was employed to select participants for the study. According to Etikan, Musa, Alkassim (2016) purposive sampling helps the researcher focus on people with particular homogeneous characteristics to obtain specific information. A purposive sampling method was employed to intentionally select children and caregivers who had lived in informal kinship care households before and during the COVID-19 pandemic. Thus, the selection of participants was purposeful in that only children receiving informal kinship care and caregivers providing care to children in informal kinship care were recruited for the study. Furthermore, this group of people was selected for the study for the reason that they had information relevant to the study and were willing to share their experiences (Yin, 2016; Creswell, 2013). In addition, due to COVID-19 restrictions, I could not travel to Zambia to collect data. To overcome the limitation, a research assistant was recruited to facilitate with identification of study participants.

4.4 Sample size

Green & Thorogood (2004) argues that qualitative studies do not have a standard formula to define the number of participants for a study. Instead, the number of participants is determined by different things, such as the purpose of the research and how the researcher intends to maximise information. Therefore, in this study, 10 participants were selected from the target population. Among the 10 participants selected, 5 were children and 5 were caregivers to the children in informal kinship care. Consequently, the 10 participants adequately provided enough information which answered the research questions.

Table 1*:* Demographic background of children

Participants	Gender	Age	Grade	Child's Status	Period lived with caregiver
Child 1	M	16 years	11	Double orphan	16 years
Child 2	M	17 years	12	Double orphan	6 years
Child 3	F	16 years	11	Vulnerable child	3 years
Child 4	F	15 years	10	Vulnerable child	8 years
Child 5	F	17 years	Dropped out in grade 10	Vulnerable child	6 years

Table 2*:* Demographic background of caregivers

Participants	Gender	Age	Marital status	Highest education qualification	Profession	Number of OVC in the household	Total number of children in the household
Caregiver 1	F	81	Married	Grade 3	Small-scale farmer	1	1
Caregiver 2	F	76	Widow	Never been to school	Small-scale farmer	1	1
Caregiver 3	F	65	Married	Grade 7	Small-scale farmer	5	5
Caregiver 4	F	62	Widow	Teaching Diploma	Retired Teacher/ small-scale farmer	2	6
Caregiver 5	M	61	Married	Grade 11	Small-scale farmer	4	7

4.5 Methodological choices

4.5.1 Research paradigm

In this study, the Ontology paradigm was applied using a constructivism approach. Ontology is the study of being, which is concerned with what exists, what is known, and what is real (Creswell, 2013). The Ontology of constructivism is based on the assumption that people interpret the world around them in different ways. That is, each person has his or her own way of defining reality based on their perceptions (Schwandt, 2000; Creswell, 2013) Therefore, the researcher employed this approach to gather those realities from individual participants.

Consequently, the Ontology of constructivism research approach enabled the researcher to learn about the living conditions of children and caregivers before and during the pandemic from their World view (Moon & Blackman, 2014). In other words, the researcher was able to learn about what was going on among different individuals and families in informal kinship care depending on each individual's experience. Furthermore, the use of Ontology constructivism was found to be appropriate because it is more inductive in nature, which is consistent with grounded theory, which is a bottom-up approach in which findings or theories emerge from data without preconceived notions (Charmaz, 2006; Creswell, 2013). This research approach was therefore very useful as it allowed the researcher to understand how participants interpreted their living conditions before and during the COVID-19 pandemic.

4.5.2 Research approach

A qualitative approach to research was employed using an exploratory research design to allow participants to use their voices to present their lived experiences from their perspectives (Bryman, 2012; Patton, 2014). A qualitative approach enabled the researcher to concentrate on the participants' interpretations of their lived experiences rather than the researcher's preconceptions and world views (Creswell, 2013; Yin, 2016). Furthermore, a qualitative approach allowed the researcher to conduct the study in the participant's natural environment and interpret the phenomenon based on the meanings that participants assigned to their problems (Creswell, 2013). More so, qualitative research allows vulnerable groups in society who do not normally have a platform to express their concerns to do so (Hammersley & Atkinson, 2007). Therefore, a qualitative approach that is exploratory in nature facilitated in capturing participants' perspectives (Yin, 2016). Moreover, a qualitative method was employed because of its flexibility attributes to research (Creswell, 2013).

4.5.3 Data collection tools

The data for the study was collected using in-depth interviews which is one of the most used qualitative data collection methods (Bryman,2012). Interviews were conducted using a semi-structured interview guide to allow participants to speak from their own lived experiences using their own words (Bryman,2012; Creswell, 2013). Bryman (2012, pp. 12) points out that "semi-structured interviews are used so that the researcher can keep more of an open mind about the contours of what he or she needs to know about so that concepts and theories can emerge out of the data". Consequently, this method of data collection was used to obtain a detailed understanding of the topic under investigation from the perspectives of the people who had experienced the phenomenon under study (Bryman, 2012, Yin, 2016). In-depth interviews made it possible to probe for more answers especially with children because some

of them were a little shy and hesitant to engage in a conversation during the interview session.

Interviews were conducted in Chinyanja (one of the widely spoken languages in Zambia) which is the language participants speak and I also speak and understand the language very well. Interviews were conducted using two separate interview guides for children and their caregivers because children may not have experienced the pandemic in the same way as their caregivers and the same for caregivers. The children's interviews took between 20-40 minutes, while for the caregivers' interviews lasted between 35-50 minutes. The interview sessions were audio-recorded, and the audio was later translated from Chinyanja to English for data analysis (Myers, 1998). Unlike focus group discussions individual interviews made it possible for participant's identities to remain anonymous. Furthermore, due to the nature of the study (qualitative and flexible), some of the questions were refined depending on how the participants were responding to the questions, this was useful to get more detailed responses from the respondents (Creswell, 2013).

4.5.4 Zoom audio interviews

Due to COVID-19 measures and travel restrictions, asynchronous (online) interviews were employed in real-time through Zoom audio call which was recorded (Bryman, 2012). Video interviews were not possible because of unstable network reception. Video interviews would have been helpful to capture non-verbal communication from respondents such as facial expressions, body language and pauses (Yin, 2016). However, despite not being able to see the participants during the interviews, this model of interviews was the closest the researcher could get to a face-to-face interview. The researcher was able to gain more meaning from the tone of the participants' voices and the emphasis they placed on explaining a given situation. Audio interviews also allowed the researcher to concentrate on what participants were saying rather than being distracted by writing down what they were saying (Bryman, 2012). Furthermore, interviews were conducted using the research assistant's phone because it was more convenient and participants did not need to install a Zoom app on their phones as the majority of them did not have access to the internet. More so, the research assistant was present during all the 10 interviews to introduce the researcher to the participants and to also assist participants in resolving some of the technical difficulties of using Zoom.

4.6 Data analysis

Thematic data analysis method was employed to analyse the data with an influence of an inductive approach meaning codes and themes emerged from the data without relying on pre-determined ideas (Chapman et al., 2015). Thematic analysis was used because it is flexible and it can be used in both inductive and deductive research approaches (Braun & Clarke, 2008; Bryman, 2012). To analyse the data, the recorded audio was translated from Chinyanja into English then read through the transcript several times to get familiar with the data. This study followed an inductive approach to data analysis, therefore, data was coded utilizing NVivo software using the line-by-line coding technique so that no meaning of words and sentences was missed in the data, and during coding, notes were jotted down to capture similar ideas from the data (Chapman et al., 2015). The notes were then compared with other sections of data to generate more codes (Charmaz, 2006). After codes were developed in NVivo, they were then moved into a word document as it made it easier to read through and generate themes by creating a table and grouping codes with the same meanings together which later developed into themes. Emerging themes were then reviewed several times to ensure that all the developed codes were captured and that all the themes were comprehensive

of the raw data (Chapman et al., 2015). From the analysis, 4 major themes emerged and from themes, 18 sub-themes were developed which facilitated in writing the findings and discussion of the findings of the study.

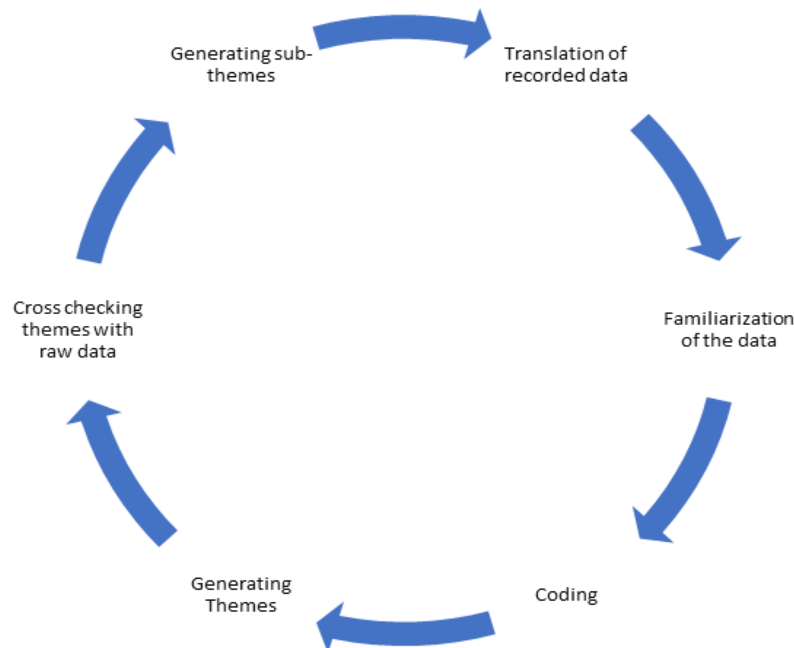

Figure 3: Process of data analysis

4.7 Ethical considerations

People confirm to given rules and laws when they engage in various activities in everyday life, similarly, there are ethical considerations in social research that must be observed throughout a study (Yin, 2016). Due to COVID-19 restrictions and measures to curb the pandemic, data was collected using an online platform called Zoom. It goes without saying that, just like face-face interviews, online interviews also raises ethical issues. Ethical concerns of carrying out a study online include issues of lack of informed consent, lack of confidentiality, invasion of privacy, deception, and harm to participants (Bryman, 2012). Additionally, this study involved children and whenever children take part in a study there are ethical concerns that arise (Eldén, 2013). Therefore, extra care was taken to explain in detail to participants, the purpose of the study and any potential risks and benefits of participating in the study using a language participants were more familiar with (NASW, 2017; Homan, 1992). Participants were also informed on how the data collected was to be stored, analysed and reported and that the recordings were to be destroyed once the report was completed (Pittaway et al., 2010).

Assurance was given to participants that instead of using their real names, pseudonyms will be used and any information that might be linked back to them will not be in the field transcripts or study report (Bryman, 2012). In addition, bearing in mind that the interview was online, it was explained to the participants that while the researcher would do her best to maintain confidentiality, but confidentiality could not be guaranteed because computers are sometimes hacked during online meetings without the participants' knowledge. Furthermore, due to the nature of the research topic, participants were warned of any harm in terms of

stirring up bad experiences or emotional trauma that they might have experienced during the pandemic (Homan, 1992).

4.7.1 Informed consent

Before the commencement of the interviews, informed consent was obtained from the participants and participants were informed that participation in the study was voluntary hence they were free to opt-out at any given time during the interview (Homan, 1992; Hammersley & Atkinson, 2007; Creswell, 2013). For children, to ensure that their participation was not just voluntary but well informed, informed consent was obtained from them and their caregivers by informing them and their guardian about the purpose of the study and what was involved (Eldén, 2013). Because the interviews were conducted online, the informed consent was sent to the research assistant for participants to sign before taking part in the study (Bryman, 2012). The researcher interviewed all the participants and before each interview, the informed consent was read out loud and a detailed explanation was given to the participants about what it entailed to take part in the study and were asked if they had any questions or concerns regarding the research before the interview begun. All the participants agreed to have understood the purpose the study and signed the informed consent before the interview started.

4.8 Trustworthiness

Lincoln & Cuba (1985) stressed that the trustworthiness of a study should be considered to determine how good a qualitative study is. To ensure the trustworthiness of the study four aspects need to be considered that is; credibility, transferability, dependability, and confirmability.

The credibility of a study guarantees that the methods used to collect and interpret data were in line with the views of the participants being studied (Yin, 2016). To address the issue of credibility in the study, data was collected from an environment the researcher was more familiar with and misinterpretation of the participants' views were avoided by using a language that both children and caregivers were more conversant with. Furthermore, research ethics were followed, for example, a separate interview guide for children was developed so that caregivers could not influence their responses. More so, the perspectives of both children and caregivers in kinship care were captured, indicating that the study had good coverage because both groups' perspectives were considered. In addition, to ensure that the responses given during the interviews were accurate, follow-ups were conducted with some of the participants to make sure that their responses were confirmed and what was recorded during the initial interviews was what they intended to say (Lincoln & Cuba, 1985).

Transferability is the second aspect of trustworthiness to put into account when conducting a study. Transferability is mainly concerned with the application of the study findings into other settings or contexts if the same methods were employed (Bryman, 2012; Lincoln & Cuba, 1985). According to Creswell (2013), a researcher must give a detailed description of the context of the study so that other researchers can transfer the findings onto different settings. Therefore, to establish transferability, the context where the study was conducted was well described as well as the demographics of the participants were highlighted.

The third aspect is the dependability of the study which is concerned with how reliable the findings of the study are. Lincoln and Cuba (1985) suggested that to have a dependable study, the researcher ought to have the study go through auditing and peer review so that the

methods and procedures used can be verified. Thus, to achieve dependability, the researcher's supervisor reviewed the study and provided feedback throughout the research process. Peers were also engaged to read through and gave feedback. The supervisor's and peers feedback facilitated in making revisions whenever possible to ensure that the acceptable procedures and standards were observed throughout the research process.

Last but not least, the confirmability element addresses the issues of reflexivity as to how the researcher prevented his or her personal beliefs and experiences from influencing the results of the study (Creswell, 2013; Hammersley & Atkinson, 2007). Having lived during the COVID-19 pandemic and experienced some of the impacts of the pandemic, to maintain objectivity, reflexivity helped to refrain from imposing one's own experiences, beliefs, and biases on the findings of the study.

4.9 Limitations of the study

Initially, the plan was to have face to face interviews with participants to capture no-verbal gestures during the interviews. Unfortunately, due to COVID-19 travel restrictions, travelling to Zambia was not possible hence, Zoom was used to conduct interviews. Due to poor internet connectivity, it was not possible to have a video session with the participants hence missed out on the non-verbal communication. To overcome this limitation, all the interviews were recorded, this helped to get some meaning from the tone of the participants' voices.

The other limitation of the study was not having a good representation of male caregivers as most of them shied away from taking part in the study.

The methodology used to conduct this study (qualitative methods) was another limitation, as the results of the study could not be generalised to the rest of the Zambian informal kinship care population. In addition, the lack of studies about informal kinship care before the COVID-19 pandemic in Zambia was another limitation to the study, because there was very limited literature to refer to.

4.10 Chapter summary

To sum up, this study used a qualitative exploratory approach (is a qualitative study), such that participants were selected using purposive sampling with the help of research assistance. The study employed Ontology constructivism. Data was collected using semi-structured interviews and analysed using thematic analysis. Consequently, ethical standards to research were observed as demonstrated above. Limitations to the study have also been highlighted.

CHAPTER FIVE- FINDINGS OF THE STUDY

This chapter reveals the findings of the study which were analysed using thematic analysis. The study had four main research questions focusing on: children and caregivers' experiences before the outbreak of the COVID-19, experiences of children and caregivers during the COVID-19 pandemic, the challenges that kinship care households face and coping mechanisms children and caregivers in informal kinship care households. From the analysed data, four main themes emerged that is: living conditions of children and caregivers prior to COVID-19, followed by the impacts of COVID-19 on children and caregivers in kinship care, and the third was theme was on challenges that children and caregivers experience then coping mechanisms was the closing theme for this chapter. Verbatim from interviews was used to support identified themes during the presentation of the findings. To preserve anonymity and confidentiality, 'child' and 'caregiver' was used instead of the participants' real names (Bryman, 2012).

5.1 Living conditions of children and caregivers before COVID-19

To assess the severity of the implications of COVID-19 on children and their caregivers, it was necessary to explore their lived experiences before COVID-19 began. Children and caregivers described how their lives were before the pandemic. This theme is divided into four sub-themes that is: socioeconomic conditions, social support, moral support and formal support.

5.1.1 Socioeconomic conditions

Kinship households depend mainly on small scale farming for their primary food supply and income. They grow crops such as maize (corn), groundnuts (peanuts), sunflower sweet potatoes and soya beans. Some of the children and caregivers mentioned that their lives were much better before the pandemic as they could sell their farm produce to have money for other household needs. They highlighted that before COVID-19 their small-scale businesses of selling agricultural products were doing considerably better since they could sell their agricultural products in the city without travel restrictions and fear of getting the COVID-19. They used the profits from their businesses to pay for the children's school tuition and other household essentials like food.

> *I practised small-scale farming where we get our food and I also had a business selling farm crops like peanuts, maize, and sunflower (Caregiver 3).*

> *I am a widow and retired, the small-scale business helped me to feed my household and pay for school fees for my niece and nephew whose parents are no longer with us (Caregiver 4).*

> *I was happy that I lived with my aunt because the living conditions at my parent's house are not good. At my aunt's house, we always had food to eat and my school fees were always paid for (child 3).*

Nevertheless, some households did not have enough farming land to grow crops for home consumption and business. They had kiosks (a booth) where they sold assorted groceries to earn an income for their household.

> *Before coronavirus started, we had enough to eat because my caregiver has a kiosk that was used to sell groceries (child 2).*

Some said they used to go around collecting empty alcohol bottles from local bars and selling them in the city.

> *We would go round villages collecting empty bottles of alcohol which we then sold to factories in Lusaka (Caregiver 2).*

> *My grandmother taught me the bottle business when I was very young, since then I help with collecting the bottles and she goes to sell them in the city (Child 1).*

However, older caregivers practised small-scale farming mainly for food and not for selling because they were too frail and did not have enough farming inputs to make farming much easier for them. Children and caregivers explained that before COVID-19 started, they did not have enough to eat as caregivers could not adequately provide for their households.

> *I cannot provide for all my grandchild's needs. For most days, we only eat wild vegetables and life goes on, God takes care of us; otherwise, it has not been easy (Caregiver 1)*

> *She has taken good care of me from the time I was a baby, but now that she is old she is not able to provide for me as she used to (Child 1)*

Due to caregivers' financial challenges, one child dropped out of school because of the caregiver's inability to pay the child's school fees. Due to the financial difficulties at home the child got a job as a hairdresser. Despite the caregiver's failure to provide for her, the child claimed that she could not return to her parent's house because she felt like a burden to them. Her parents could not afford to send her to school that is why they sent her to live with her mother's relative.

> *I dropped out of school in grade 10 and got a job as my caregiver could not afford to pay my school fees. I could not go back home to my parents already have enough problems to deal with (child 5)*

For children still in school, school performance was among the issues that were raised. Children and caregivers indicated that, before the pandemic, children's school performance was slightly above average because they had more learning hours and teachers were more engaging in class. The school environment was a place for children to attend classes and socialise with their peers and enjoy other activities such as sport. Children described their schools days back then as fun and enjoyable. They also reported that studying was a lot easier because they would meet to study with their friends either at school or at home.

> *I did not experience many difficulties with my studies before COVID-19 because my friends and I would meet to have discussions on subjects that we found challenging (Child 3).*

My grandchild was among the best students in his class, I was happy with his grades and I was very sure he was going to do well in grade 12 (Caregiver 3).

I enjoyed going to school because I didn't have to wear a mask around my friends or social distance from them (Child 3).

5.1.2 Social support

In times of need, some informal kinship care households depended on family and friends for social assistance. For caregivers who also had their biological children still at home to look after, family support played a significant role in providing material support. They said that even though their families (relatives) lacked sufficient resources, they still helped with the little they had. They emphasized that providing for orphaned and vulnerable children was a shared responsibility among family members.

I am a widow, retired and I still looking after my grown children who also have children of their own living with me, receiving financial assistance from my brother was very helpful to manage the living expenses (Caregiver 4).

My elder sister and cousin used to send us some money from time to time, it was not much but it made a difference (Child 5).

When I was in need, my sister assisted me with what she could, she sometimes brought food for us and school materials for the children (caregiver 5).

Unfortunately, not all caregivers and children received assistance from their extended family before the COVID-19 began. They reported not having support from relatives because their relatives are also vulnerable as a result, they could not assist them whenever they were in need.

My children are subsistence farmers they do not help me with much, and they are also poor like me, it is like we are sharing poverty (Caregiver 2).

My cousins in the city do not do much to help us because they are also struggling as city life is more expensive (Child 2).

5.1.3 Moral support

For moral support, some of the children mentioned their caregivers being their moral support system. They had good relationships with their caregivers and saw them as parental figures. They were comfortable discussing needs and challenges with caregivers and caregivers were very supportive.

My relationship with my grandmother was very good we got along very well, we talked about everything, she is like a mother to me (Child 1).

My living experience with my aunt was pleasant and if I had something serious bothering me, I would talk to my aunt about it (Child 3).

On the other hand, some children did not have very good relationships with their caregivers, as a result, when going through a challenging time, they preferred seeking comfort from friends instead of their caregivers.

Whenever I needed someone to talk to, I usually go to my friends because they are easier to talk (Child 2).

Some caregivers indicated that they received moral support from religious groups where they met for prayers and fellowship.

The church was a place where I shared some of my problems because we could all share and pray together (Caregiver 1).

5.1.4 Lack of formal support

Children and caregivers reported not receiving any form of institutional support before COVID-19 started. There are community development programs such as the social cash programs designed to assist vulnerable households. Caregivers explained that over the years they have given their personal details to their community leaders (gatekeepers) who promised to help informal kinship care households headed by older caregivers with in-kind and cash support. However, it had been over 3 years and these caregivers have not received anything from their leaders. They stated that they made follow-ups with their community leaders many times and were told that their names were still on the waiting list. As a result, most of them had given up and lost trust in their community leadership.

Our village headman came to get our particulars, but we have not heard from him, they have been coming for years now to get our details, but they don't help us with anything (Caregiver 1).

I know of social cash transfer program that is targeted at helping vulnerable households, but my household has not been registered for the program yet (Caregiver 5).

5.2 The impacts of COVID-19 on children and caregivers in kinship care

The impacts of COVID-19 on informal kinship care households are the focus of this theme. During the pandemic, children and their caregivers reported having had some similar and different experiences. Under this theme, five sub-themes were be utilised to describe children's and caregivers' experiences during the outbreak of the pandemic.

5.2.1 Economic impacts

Some households indicated that they were already vulnerable before the outbreak of the pandemic, and as a result, when COVID-19 started, their living conditions became worse. Children and caregivers mentioned that due to COVID-19, they had become more susceptible to malnutrition/ hunger as they could most afford to have enough to eat every day. This is because those with small-scale businesses were affected as they were not able to go to marketplaces to sell their merchandise due to COVID-19 lockdown.

My aunty is always complaining about how expensive food has become, the amount of food we eat each day has reduced. Sometimes we eat only twice a day (Child 3).

Our lives have changed drastically, we struggle to make ends meet each month, for example, we cannot afford to have three meals a day anymore (Child 2).

> *The business has gone down, we cannot sell our farm products like before because of COVID-19 lockdown (Caregiver 5).*

Some caregivers mentioned how the closure of bars affected their household income given that, their income was earned through selling empty alcohol bottles which they collected from bars and took to factories in the city to sell. Due to COVID-19 measures, bars were forced to close, affecting their bottle business.

> *Now that there is coronavirus, our business cannot continue since we are not allowed to collect those bottles anymore and bars are usually closed (Caregiver 2).*

Some kinship care households made some money from collecting wild fruits, vegetables, and roots which they took to the city to sell. Their small-scale businesses were also affected due to the COVID-19 restrictions that were enforced by the government, as a result, they were unable to go to the city where the majority of their customers were located.

> *We used to collect wild vegetables and take them to town to sell, which is not possible now because of travel restrictions that the government has put in place (Caregiver 1).*

Households that owned kiosks were forced to close them, caregivers indicated that these kiosks acted as an extra form of income to help them raise money for children's school fees.

> *I also have a booth with a few groceries, but the shop is closed due to Covid-19 (Caregiver 4).*

5.2.2 Educational impacts

Some children and caregivers also indicated that the pandemic had some negative impacts on the children's school performances. Children stayed at home almost the whole of 2020 and when schools were reopened, children spent only 3 hours in class every day of the week and had eight to nine subjects in their curriculum to cover. Other than that, they were required to maintain social distance in class and throughout the school grounds to prevent the transmission of the virus. Children reported having a difficult time adapting to the new learning standards and environment.

> *Due to reduced learning hours, the children in my household are falling behind in their studies (Caregiver 3).*
>
> *Wearing a mask in class, usually makes it difficult for the teacher to hear what I'm saying, and the teacher can't come too close to me because we are expected to maintain social distance (Child 4).*

Some children are finding it difficult to focus in class because they are fearful that one of their classmates may be infected with the COVID-19 and pass it on to them. Caregivers also expressed some concerns over the safety of children while at school. Because caregivers believe that the school premises are not safe for children as they claimed that the school is not doing enough to enforce COVID-19 measures. They highlighted that classes have large numbers of children which makes it impossible for children to maintain social distance.

> *Because I'm afraid of contracting the coronavirus, it's sometimes difficult for me to concentrate in class (Child 1).*

It is hard for children to focus on their studies as the school environment is not safe. We are worried that when a child goes to school, he/she might contract the virus (Caregiver 1).

Besides that, a child's dream to go back to school was shuttered because of the pandemic. One of the children narrated that she dropped out of school because her caregiver and her parents could not afford her school fees. Before the outbreak of the COVID-19, one of her relatives had offered to pay her school fees so that she could continue with her studies. Unfortunately, due to COVID-19, the company where her relative worked was liquidated and he no longer had a job, so the child was unable to go back to school as expected.

Covid-19 has had a personal impact on my life because I have an uncle who promised to pay for my school fees so that I could go back to school, but because of Covid-19, he lost his job, he is not able to help me go back to school anymore (Child 5).

5.2.3 Social impacts

During the pandemic, some informal kinship care households did not have social support from their relatives. Three caregivers highlighted that just as COVID-19 had negative effects on them it also had negative effects on their extended families as a result, they are unable to receive assistance from them as before the pandemic started. They also mentioned that while some of their relatives are better off than them, but due to financial difficulties during the pandemic, their main priority was their families. One caregiver mentioned that she had to send some of the children whom she cared for to her relatives because she was no longer able to provide for them. She said if she was receiving some assistance from her relatives with children's school fees, things would have been a lot easier for her during the pandemic.

We have relatives, but because times are hard, relatives are not able to provide for extended family members especially if you're not their child, each person is more concerned about providing for his/her children (Child 1).

I looked after three more children, but because I cannot afford to care for all of them during this time of the pandemic, I spread them among my relatives (Caregiver 2).

Two of the caregivers, on the other hand, indicated that from the time COVID-19 started, their older children who lived and worked in the city assisted them from time to time. Although the support was not much, it made a difference in terms of food and other household essentials. They also noted that asking for support from their children makes them feel guilty since they are aware of the effects of the pandemic on their children's lives.

Occasionally, I receive a few kwachas (money) from my daughter in the city, but it's a huge burden to be put on one person, so she only helps with very little (Caregiver 1).

Feelings of isolation were also expressed among children and caregivers. They indicated that they are unable to visit their family and friends in the neighbouring villages or in the city and their relatives could not visit them either. They stated that due to COVID-19, they did not meet up with their fellow church members or have a normal church service where they would shake hands or talk to each other at church as before. Some caregivers complained about the cancellation of religious celebrations (Easter) at their churches which is something they were looking forward to doing with their churchmates.

We were told to avoid too many movements because of the coronavirus, so I can't visit my relatives. I spend the day at home alone when my grandchild is at school (Caregiver 2).

I miss my friends since we cannot spend time together anymore, from school we must go straight home and when I'm home, I can't visit my friends and they can't come to my place either (Child 3).

We did not meet to celebrate Good Friday (Esther) because of coronavirus, the church cancelled all the celebrations (Caregiver 3).

5.2.4 Psychological impacts

Due to the news that caregivers and children were listening to, what people told them about the effects of COVID-19 on the elderly and what they had witnessed for themselves, caregivers developed thanatophobia (fear of death). They said they have not been sick yet or had any of their household members been infected by the virus, but they had heard and seen from their neighbours what happens when an elderly person gets infected with the virus. As a result, they thought if they contracted the virus they could die and leave the children suffering as they would be no one to care for them.

I hear old people are more likely to contract Covid-19, I'm very fearful for if I contract the virus it might be fatal because of my age (Caregiver 1).

We're worried that if she goes out, she will catch the coronavirus and become very sick (Child 4).

On the other hand, one of the caregivers described how she struggled to convince the children in her households about the seriousness of the COVID-19. Some people around their community had spread rumors that COVID-19 was not real, it was just a way the government was using to get donor funding. Therefore, children did not believe that Covid-19 was real and that it was killing people across the World. Because of that, caregivers were worried that children were going to get the virus and not only fall sick, but also spread it to the rest of the household members.

I had a challenge convincing the children that Covid-19 is real, and people die from it, they did not believe me because they were saying coronavirus does not exist (Caregiver 4).

5.2.5 The positive effects of COVID-19 on kinship care households

Despite the negative effects of the COVID-19 on children and their caregivers, it is important to also acknowledge the positive effects. Even if it is just one or a few, I think they should not be overlooked. One of the positive effects of the pandemic is that caregivers have thought of diversifying their crops to improve their food security that may also result into more income coming from their farm output. They stated that this is something they thought of before the pandemic, but they never really thought it was feasible since they did not have the money to invest in their farm for more yields. But because of the difficulties of the pandemic, they are seriously looking into adding more crops in the coming planting season so that they expand their markets and become more self-sufficient.

Even before the pandemic started, I thought of growing different types of crops to sell, I didn't think I was going to do it any time soon because it's expensive to buy seeds and a lot of work to prepare the field, looking at how we are struggling now, I think growing more crops is our only way out (Caregiver 5).

With the school expecting us to find private tutors for the children, will have to add more crops so that we have more to sell and improve our income (Caregiver 3).

5.3 Challenges of informal kinship care households during the pandemic

Despite having improved and developed new coping mechanisms during the pandemic, children and caregivers continue to experience challenges in various aspects of their lives. Therefore, the focus of this theme was on the difficulties that children and caregivers in informal kinship care households faced during the pandemic. Under this theme, four sub-themes describe informal kinship care challenges from the children's and caregivers' experiences.

5.3.1 Lack of moral support

Children and caregivers stated that it was difficult to find moral support during the pandemic because most people in their cycles were also dealing with the pandemic's challenges. They pointed out that since they were expected to maintain social distance or quarantine, seeing friends and family was difficult as people were no longer welcoming. Religious groups played an important role in their lives but because of the pandemic, they could not meet as they used to for consolation or encouragement. Caregivers stated that they felt guilty or bad to reach out to family or friends for moral support as they did not what to be a burden to them.

Due to COVID-19 lockdown, people's tempers are very high, so I try to avoid talking about my problems with my friends because everyone is struggling to cope with the pandemic (Caregiver 4).

The church was a place we found solace, but it's no longer possible because we only go to church on Sunday and when we are there, we must maintain social distance (caregiver 1).

For some children, caregivers acted as their moral support system, however, some children do not have a close relationship with their caregivers. When they are going through a tough time, they turn to their friends instead of their caregivers.

My relationship with my caregivers is not that good compared to that of my parents when they were still alive (Child 2).

5.3.2 Financial challenges

Informal kinship care households highlighted that among all the challenges they faced, financial hardships was the most pressing problem since they did not have a consistent income. Children and caregivers emphasised that they were unable to meet all their needs because they farm on a small scale and they did not get much from the farm to sustain themselves throughout the year.

Right now, the most difficult thing is now is not having enough money to provide for the children (Caregiver 4).

The yield is usually not enough to feed us until the next harvest season (Caregiver 2).

Caregivers in some households stated that they are too frail to do manual work such as farming as a result they do not get much from the crops they grow.

Because of my age, it is hard for me to work on the farm, I usually sustain injuries from falling, I cannot bend without feeling pain in my body (Caregiver 1).

Both of my caregivers are old, they can't work to provide for our household (Child 2).

My grandmother is old, and she has problems with her eyes due to old age so she is not able to do much to raise money for my school fees (Child 1).

Caregivers and children also emphasized that the most pressing challenge is not having enough food to eat and money for school fees. They stated that these problems were there before COVID-19 began. It just that now with the financial difficulties owing to COVID-19, the situation has just gotten worse.

The most challenging thing right now, like very challenging even before Covid-19 started is money for my school fees, (Child 1).

My aunty cannot provide for all our needs, we do not have enough food at home, and it has become more difficult for her to pay our school fees (Child 3).

Despite practicing farming, I still face challenges finding money to buy food and other household necessities (Caregiver 5).

At the moment, the most pressing problem is finding money for food and money to pay my school fees (Child 2).

Children who work to support their households stated that it is becoming challenging to find casual jobs as employers do not have money to pay them.

It is not easy to find piece-works, as people tell you they can't afford to pay you so they would rather do the job themselves (Child 1).

I have been to the city to look for a job, but because of the pandemic people are not employing (Child 5).

5.3.3 Lack of social support

Caregivers and children indicated that one of the challenges they faced was lack of social support from their relatives. Some caregivers did not even ask for help because they knew they will not receive anything from them. They mentioned how some of their relatives were too poor that they could not afford to provide for themselves, let alone offer help to other people.

My parents do not send anything for my sister and me because they can't afford it. Even with us gone from the house, they are still struggling to meet their needs (Child 3).
I have a son who is 42 years old, but he is a drunkard and he spends most of his time in bars, he does not help me with anything (Caregiver 1).

Some households had small kiosks where they sold groceries, but due to Covid-19 lockdown, they were forced to close their businesses for an extended period of time, leaving them without an income. They claimed that they reached out to relatives for assistance, but none of them responded to their plea for help.

We depended on the money we made from the kiosk, which is now closed due to Covid-19, and no one is willing to help us (Child 2).

5.3.4 Lack of formal support

Informal kinship care households highlighted that, despite the financial challenges, they do not receive any assistance from the government. Some caregivers mentioned some community associations that are designed to help those in need if they pay a registration fee. The registration fee was for investing in a joint business then the profits were later shared among the members. Caregivers could not join these social clubs because the registration fee was quite high.

I am not part of those clubs because I cannot afford to pay the registration fee of k500 (USD 21). I would like to join the club so that I can also receive some help (Caregiver 1).

Some households are not aware of any projects or programs in their community meant to help vulnerable households.

In our village, there are no organizations or programs that I know of where we can seek assistance (Child 1).

It was reported that the lack of assistance from formal institutions was mainly caused by nepotism and corruption among community leaders in charge of community assistance programs. The benefits meant for vulnerable households was rather directed elsewhere. Some caregivers also claimed that they only head about a project when they had finished and closed. Information was only shared with a selected population.

Not everyone is aware of the social assistance projects that come to our village, they hide information from some of us (Caregiver 5).

The social welfare programs designed to help vulnerable households do not reach them because our community leaders only select their relatives and people close to them (Caregiver 4).

One caregiver stated that she had gone to the social welfare office, but that she had been denied assistance because social workers believed she did not meet the criteria because of her physical outlook.

When I visited the social welfare office, they refuse to help me, they said I'm not that old or neither do I look poor to be on social welfare (Caregiver 4).

Caregivers claimed that the school was not doing anything to assist children who were struggling to adapt to the new teaching approach which required teachers to cover a lot of materials in a short time. Caregivers were expected to find private tutors for children who were not doing very well. This was not possible as caregivers reported that they were already struggling to pay children's schools fees, let alone pay for a private tutor for a child to catch up with his/ her studies.

The school is not offering any support for children struggling with their studies to catch up in the subjects they're not doing well (Caregiver 3).

I have seven children in my household who are all still in school, it is not easy to find the money for school fees for all the seven children (Caregiver 5).

5.4 Coping mechanisms of children and caregivers in kinship care households

As a result of the effects of COVID-19, children and caregivers in informal kinship improved on their already existing coping mechanisms and developed new ones to help them get through the pandemic. There were four sub-themes under this theme that is; role reversal, small-scale farming and social support.

5.4.1 Role reversal

Before the pandemic, children used to help their caregivers with house chores, farming and selling farm produce and other small businesses. Since the outbreak of the pandemic informal kinship care households have suffered greatly. To manage the financial effects of the pandemic, children took up casual jobs to support their elderly caregivers who no longer had the capacity to produce a lot from their farms or go out to run their small-scale businesses. Some children during the interview mentioned that they worked in people's gardens or farm fields to earn some money for their households. They worked because they felt they had the responsibility to lessen the burden on their caregivers of providing for them.

I usually go to the local teacher's houses to cut their lawns and work in their gardens. The money I make from these casual jobs I take home to my grandmother (Child 1).

Since my cousin and I are the oldest children in the house, we usually go out looking for piecework that can earn us some money (Child 5).

After school or over the weekend, I work on people's farms, sometimes I help with harvesting their crops or clearing their farm fields for the next planting season (child 2).

5.4.2 Small-scale farming

Informal kinship care households highlighted that they depended on small-scale farming for food and running of their small-scale businesses. With the emergent of the COVID-19 pandemic, some households were still able to sell their farm produce as customers followed them home to buy the farm produce. Despite the COVID-19 measures, some still travelled to other villages to sell their produce. Some of the interviewed caregivers stated that selling

farm produce was the only form of income they had, so they had no choice but to risk their lives and go out to sell.

When I hear that a particular village has run out of peanuts or maize, I travel to sell my produce (Caregiver 4).

Customers who know where we live usually come to buy from my home (Caregiver 3).

We eat and sell from the little that we harvest (Caregiver 5).

One household that did not grow much for food or to sell mentioned that they started burning charcoal to sell as their new primary source of income. They highlighted that customers came to buy from their homes.

With the lockdown in place, I started burning charcoal that I sell, it is not much but it helps (Caregiver 1).

Some of the households combined farming and gardening, they indicated that they had incorporated the growing of vegetables such as cabbage, onions, carrots, and tomatoes into their copping strategy. The growing of vegetables helped in reducing expenditure on foodstuffs as they get all their vegetables from their gardens.

We started doing gardening to avoid spending money on buying vegetables (Caregiver 5).

We have a garden where we grow vegetables for food at home and business too (Child 4).

5.4.3 Social support

The continued support from family members helped some informal kinship care households manage with the effects of the COVID-19. They reported that their family members were assisting them occasionally during the pandemic. Two caregivers indicated that during the pandemic they received some assistance mostly from their biological children who lived in the city.

When I need help with something, I ask for assistance from my children who live in the city and they help me whenever they can (Caregiver 3).

My children who brought their children to me to look after, continue to send money for food and school fees for their children (Caregiver 4).

In some households, interviewed children reported that they received support mainly from friends and other people outside their family. They revealed that they usually asked for help from friends who were well off than them. Professionals such as teachers were also included as people who had been very helpful during the pandemic.

Every now and then when there is nothing to eat at home, I usually go to my friend's place to have lunch or dinner (Child 2).

Sometimes when I need help with something I usually go to my teacher, I ask for help if I don't have money to buy bathing soap or body lotion (Child 1).

My boyfriend also helps me sometimes since he's aware of my home situation (Child 5).

5.4.4 Needed support for children and caregivers

However, to be able to cope well with the challenges, children and caregivers expressed the need for support from formal institutions such as the department of social welfare. They highlighted that in order to improve their socio-economic status and food security they needed assistance with farming equipment such as ploughs and walk-behind tractors. Most of the interviewed caregivers are quite old and cannot continue to practice farming using the traditional methods of a hoe. They indicated that improved farming equipment would help them grow more crops for home consumption as well as for business.

Having enough farming materials will help improve our livelihood significantly, we will have more to sell and enough for home consumption throughout the year (Caregiver 5).

I would appreciate it if the government of Zambia or any well-wishers would help me with seeds, fertiliser, and a plough (Caregiver 2).

The other need raised among caregivers and children was the need for school scholarships for children so that they can continue going to school. Every household is having difficulties finding the money for the children school fees.

I need help paying my grandchild's schools fees to reduce the time I spend on farming to raise money for her school fees (Caregiver 1).

If I can have help with paying school fees, then I will be able to go back to school (Child 5).

5.4.5 Prospects for the future

During the interviews, children and caregivers expressed different plans for improving their well-being. Some children talked of relocating to the city to look for work, they stated that if they manage to find work, they would work and send some money back home to their caregivers. If possible, they also plan to save up for their college so that they can continue with school when they have enough money saved.

I am willing to be a garden boy or guard in the city so that I can save some money to help my family (Child 2).

To solve our problems, I was thinking that maybe I should leave my grandmother here and go to the city and look for a job so that I can be sending some money to my grandmother for food and other things (Child 1).

On the other hand, caregivers talked about how they could improve their well-being through the diversification of crops. They indicated that they plan on growing different crops to expand their business and increase their profits. They want to start growing crops such as cotton and cassava as they believe these will facilitate the expansion of their market.

Because our livelihoods are dependent on farming, I was thinking of growing a variety of farm crops so that maybe our living conditions can change (Caregiver 5).

When we have some money will try to include other crops that are more are profitable and on-demand (Caregiver 2).

5.5 Chapter summary

The chapter has discussed the key findings of the study by highlighting themes and subthemes that emerged from data analysis. It was found that kinship care families in Shibuyunji Zambia were already vulnerable before the outbreak of the COVID-19 pandemic and their situation only worsened during the pandemic as restrictions to curb the pandemic made it impossible for them to continue with their usual small-scale business thus affecting their income. One of the challenges they faced was the inability to meet their basic needs, due to the impacts of COVID-19 and minimal to lack of support from their support networks. Therefore, caregivers are thinking of novel ways of expanding their crop production so that they can manage well the existing challenges. On the other hand, some children resorted to finding temporary jobs within their villages to help their kinship families.

CHAPTER SIX- DISCUSSION OF THE FINDINGS

This chapter is focused on discussing the findings of the study with the help of previous literature and theory. The purpose of the study was to explore the implications of COVID-19 on children and caregivers in informal kinship care in Shibuyunji Zambia. Four sections derived from the specific objectives were used to facilitate the discussion of the study findings and these include; experiences of children and their caregivers before the COVID-19 pandemic, followed by experiences of children and caregivers during the pandemic, then challenges that children and caregivers faced and mechanisms that children and caregivers used to cope with the COVID-19 pandemic. The theory that emerged from data was the Resilience Theory. According to (Hamill, 2010, p. 1) “Resilience typically refers to the development of competence in the face of adversity”. Despite the COVID-19 affecting informal kinship care families, they demonstrated some level of resilience, other than that they also showed some strength to overcome adversity. Strength perspective focuses on people’s strengths to solve their problems by emphasizing their abilities, resources and their self-confidence for a better future (Saleebey, 1996; Healy, 2014). Therefore, resilience theory and strength perspective facilitated the discussion of the findings of the study.

6.1 Experiences of children and caregivers before the COVID-19 pandemic

Before the COVID-19 pandemic started, kinship care families in Shibuyunji Zambia just like many other kinship care families across the globe were vulnerable and unable to meet most of their basic needs. Findings indicate that children and their caregivers lived under the poverty datum line (less than USD 1.25 per day) and thus, could not meet their daily needs. Their situation was also exacerbated by the fact that caregivers were poor, elderly, and frail, making it impossible for them to provide for themselves and the vulnerable and orphaned children in their care. Kinship care households were reliant on subsistence farming in which they grew a few crops for food and some to sell in order to pay for children's school fees. Even though these small-scale businesses did not generate much profit, they assisted many informal kinship care families in making ends meet on a daily basis. Life before the pandemic was not easy for them but they found a way to survive. Despite the difficulties caregivers encountered to raise vulnerable and orphaned children, taking care of children in need of care was regarded as a blessing and they believed that God would reward them for caring for their relative’s children. Similarly, a study by Desta & Linsk, (2015) from Ethiopia confirms that children’s caregiving role is viewed as an opportunity to do God’s will and attracts blessing from God. Thus, caregivers continue to provide care to children in need of care even when they do not have enough resources to do so.

Some kinship care households received financial assistance from relatives, especially caregivers with older children working in the city. The assistance was not consistent, but it made a difference because they were able to combine the little they received from their small-scale farming and business to have enough to live on. In spite of the many problems that children and caregivers faced, they demonstrated resilience and strength by believing that

even with so many problems, they could rise above them and look forward to each day because God provided them with the strength and resilience to carry on.

The findings of the study show that, living with caregivers, whether grandparents, uncles, or aunties, was beneficial for some children because their caregivers provided better care than their parents for those who still had living parents. These findings are consistent with those of Burgess et al (2010), Mann & Delap (2020) and Messing (2006) where children reported that they prefered living with their caregivers to their biological parents. Some children mentioned that before the pandemic, even if they were struggling economically their caregivers loved them and they looked forward to the day they were old enough to return the favour and take care of their caregivers. Children felt that, because their caregivers struggled to look after them and made sacrifices so that they could have the little they had, children thought it was fair to also look after their caregivers when they were old enough to do. Kielland (2009) also found that children growing up in poor households in West Africa, were already aware of the care responsibilities that lay ahead of them towards their families. This in some way put so much pressure on the children as caregivers were also expecting their grandchildren, nieces or nephews to look after them when they were older. Children showed strength and resilience knowing that he or she already had an obligation or responsibility to look after an elderly family member in the future. They felt they had to be responsible and work extra hard at school so that they did not disappoint their caregivers.

On the other hand, some children did not want to live with their caregivers because they did not feel loved by them. Their caregivers treated them like housemaids, expecting them to do all the house chores. They expressed feelings of sadness as they wished their parents were still alive. In the same way, studies by Dziro & Mhlanga, (2018) and Amolo et al., (2003) found that instead of going to school, children were used as domestic workers, spending the majority of their time cleaning, washing, cooking and doing other housework for their caregivers. Children who were mistreated by their caregivers in informal kinship care in Shibuyunji could not leave their caregiver’s homes as they did not have anywhere else to go. Other relatives did not have enough resources to take them in and some relatives thought the child was being ungrateful if the child complained about the living situation with a caregiver. They expected the child to just keep quiet and not say anything bad about the caregiver. The culture of not allowing children to speak has also contributed to many children in Zambia suffering in silence. Children are expected to keep quiet and not question the decisions that adults make concerning their lives. As a result, some children did not have a voice to be heard, their concerns were not taken seriously by the adults in their lives. Furthermore, The findings reveal that children were not aware of the of Department of Social Welfare in their village where they could have gone and sought assistance or report abuse. When asked if they knew any social workers at their school they said they did not know who a social worker was. It was surprising that the existence of social workers, who are supposed to help vulnerable and orphaned children, was not known to the children. That being the case, children who were abused by caregivers in informal kinship care continue to be abused because they do not have anyone to turn to for help.

6.2 Experiences of children and caregivers during the pandemic

The emergence of the COVID-19 pandemic exacerbated the living condition of children and caregivers in Shibuyunji informal kinship care. This was because there were already susceptible even before the pandemic started. Experiencing the impacts of COVID-19 just made the lives of children and caregivers more difficult. The findings of this study are

consistent with those of Live5News (2020), who stated that kinship care families would struggle to survive the pandemic due to pre-existing vulnerabilities. With the movement restrictions/ lockdown imposed by the Zambian government to prevent the virus from spreading, informal kinship care households were severely impacted because they were unable to operate their small-scale business, which was their primary source of income. As a result kinship care families could barely afford three meals, some had only one meal per day. Thus, the health of children and caregivers was not only threatened by COVID-19 but also through malnutrition as they did not consume enough nutrients to keep them healthy. The majority of caregivers were elderly and not having enough to eat made them weak, making providing adequate care to children difficult. There were days when children did not go to school due to hunger or went to school without anything to eat, making it difficult for them to concentrate in class. Dziro & Mhlanga (2018) also reported that due to lack of enough food to eat at home, children in informal kinship care in rural Zimbabwe missed classes as they could not attend classes on an empty stomach. This just shows that children in kinship care families are at risk of dropping out of school due to lack of food at home to keep them active in class and enjoy other after school activities. In Zambia, there is a School Feeding Programme (SFP) meant to provide meals for vulnerable children in primary schools. The initiative is aimed at assisting children who live in poverty to continue with their education without having to miss classes due to lack of food (Sitali, Chakulimba & Ng'andu, 2020). Since the SFP is only for vulnerable children in primary schools, the rest of the vulnerable children in secondary schools do not receive any meals, putting them at a disadvantage because most of them will continue to live in their very precarious conditions that guaranteed their poverty and lack of food from primary school all the way to secondary school.

The physical distance measures to reduce the spread of the virus has left kinship care families isolated from their primary support networks such as their family, friends and the community. There were not allowed to meet people outside their homes just like most people around the world, not having constant social support from their families and friends during the pandemic, made them more vulnerable to poverty as they depended on their family and friends for economic and moral support. These families did not have access to the internet to communicate with families during lock-down, the church was a place where they found peace and reassurance and not having that in their lives as well, left children and caregivers feeling lonely and devastated. Occasionally, children were able to talk to their friends about their concerns at school and sometimes at their homes. On the other hand, caregivers did not have anyone outside their households to talk to and share their worries with. Xu et al (2020) confirm that due to social isolation children and caregivers suffered from psychological distress because they were not able to visit their family members and friends as they wanted to. Children and caregivers in Shibuyunji were able to survive through the pandemic because of their resilience. Despite not having had constant family contact and support for a long time, they believed they were each other's pillars of strength. Some children stated that their caregivers were a source of hope and strength for them throughout the pandemic and some caregivers said the same about the children in their care. The study findings also show that children who had good relationships with their caregivers prior to the COVID-19 pandemic remained close even during the pandemic, which was extremely beneficial.

Other than economic and social impacts, the COVID-19 pandemic had an impact on children's education. Schools were closed for an extended period of time, and schools did not have the resources to conduct classes online, as most developed countries with advanced learning technology did. The findings show that, even if schools had access to the internet and computers, many of the students came from low-income families and did not have access

to computers at home. Similarly, UNICEF (2021) reported that, while some children in some parts of Africa had access to online learning, millions of children were unable to attend classes due to a lack of access to computers and the internet. Therefore, children in informal kinship care in Shibuyunji like many other children across the continent (Africa) spent their days at home waiting for schools to re-open. When classes resumed, teachers tried to teach as quickly as possible before the end of the academic year so that children could cover as much content from the syllabus as possible. However, some children were being left behind because children learn at different paces and those who were slow to grasps things did not do very well in their exams. According to children and caregivers, teachers were not assisting those who are falling behind in class in catching up. In Zambia public schools usually have 50-80 or more children in one class, so it is possible that with teachers trying to finish the syllabus as fast as they could, it is unlikely that each student would have a one on one with a teacher. Furthermore, having many students in one class was not ideal during a pandemic because it means social distancing was impossible to maintain. In addition, wearing of masks in the classroom was another barrier to participation in class discussions, some children simply avoided asking questions because the teacher could not hear them clearly.

6.3 Challenges that children and caregivers faced

Kinship care families faced a lot of challenges before and during the COVID-19. Findings indicate that caregivers did not have enough resources to provide adequate care for the vulnerable and orphaned children in their care. As a result, one of their challenges was not having money to meet their basic needs, such as having enough food and paying tuition fees for the children. This was because caregivers did not have a stable income as some were retired and some were too old to work. These findings agree with Blair & Taylor (2006) who reported that caregivers in informal kinship care who care for children in need of care usually come from low-income households and the majority of them are elderly. In addition, Abdullah et al (2020) from Ghana also found that informal kinship caregivers usually take up the care duties even when they do not have a substantial income. Despite caregivers not having the capacity to provide for vulnerable and orphaned children they still took up the care responsibility. The findings of this study show that some caregivers had no choice because there was no one else to care for the child or children, while others felt it was their responsibility because the child was their grandchild. Due to the financial constraints, a child in one of the households could not continue with her schooling thus she decided to get a job and help pay household expenses. The child was disadvantaged as she felt obligated to take on the role of a provider and not have the same opportunities as her peers who were still in school. This could lead to generational poverty because she would be unable to obtain a well-paying job without an education. As a result, chances of the child experiencing financial difficulties as an adult are high.

Some of the difficulties that children and caregivers faced could have been prevented had they received consistent support from extended family members, friends or the children's parents for those whose parents were still alive. Unfortunately, family members, friends and the community were not in a position to constantly lend a helping hand to kinship care families because they were also impoverished. Similarly, Jill (2001) and Mbizvo et al (2018) reported that family members and the community did not support children and caregivers in need. The findings of the study show that with informal kinship caregivers not being able to work or do their business as usual due to the outbreak of the COVID-19 pandemic, it also became even more difficult for kinship care families to receive support from their families and friends as their loved ones were also badly affected. Some kinship care households

avoided asking for help from family members and friends as they were aware of the negative impacts of the pandemic on them. This confirmed the United Nations (2020) report where predictions were made about how vulnerable households would become more vulnerable due to the COVID-19.

In Zambia before the outbreak of the COVID-19 pandemic, initiatives were been made to help vulnerable households such as informal kinship care households. One of them is the Social Cash Transfer (SCT) program, which was designed to assist vulnerable households in the country's poorest areas (SOS Children's Villages Zambia, 2014). Children and caregivers in Shibuyunji's kinship care were unaware of the program and claimed to have never heard of it. All they knew was that the social welfare office in their district had been enrolling people for welfare programs over the years, and some of the households had their names registered but had no idea what the program entailed. Similarly, another study by Lee et al (2016) in the USA indicated that caregivers were not given any information regarding welfare programs in their county, as result they were not enrolled on any welfare assistance program for vulnerable households. Children and caregivers were not well informed about the types of welfare programs available in their district where they could seek assistance. One of the caregivers who was aware of the SCT for which the social welfare department was in charge of registration, was told she was not eligible as she did not meet the section criteria because of her physical appearance (she did not look poor) according to a social worker, despite the caregiver being elderly, unemployed, and caring for a large number of orphaned children. This is contrary to the findings of Landry-Meyer (1999) who reported that some caregivers in the USA received the Non-Parent Caregiver grant from the state through the TANF. In Shibuyunji, despite promises from their community leaders to assist children and caregivers financially and in-kind, no assistance was provided. According to the study's findings, kinship care households were not receiving any formal support due to corruption and nepotism. A report from the US Department of State (2019) in Zambia indicated that due to corruption, beneficiaries of the social welfare program did not receive any assistance. Community leaders enrolled vulnerable kinship care households purely for formality's sake, with no intention of assisting them in any way. Their family members and cadres in their cycle benefited from what was intended for vulnerable children and caregivers. The findings show that, this is because social workers delegated the enrollment of vulnerable households to community leaders who had ulterior motives.

During COVID-19, the Zambian government, in collaboration with other stakeholders, launched a nationwide emergency cash project to assist vulnerable households during the pandemic (UNICEF, 2020b). Unfortunately, kinship care households in Shibuyunji did not benefit from the project. The findings show that children and caregivers were not aware of any COVID-19 relief program. They were unsure whether the project had reached their community or not because in the past, projects for the vulnerable had arrived and been implemented without their knowledge. Therefore, kinship care families have been surviving through the COVID-19 pandemic without any formal assistance from the Department of Social Welfare.

6.4 Coping mechanisms that children and caregivers used

The findings of the study revealed that children and caregivers improved on some of their old coping mechanisms and developed new ones in order to survive the pandemic. Family support was not consistent even before the pandemic thus, kinship care families had already found ways of managing on their own. The majority had small pieces of land which they used

to grow crops for home consumption and to sell, and some had other small-scale businesses. Before the pandemic, doing business to make money was possible, but with the outbreak of COVID-19, that became even more difficult. As a result, because shibuyunji is a rural area to manage, some households gathered wild fruits and vegetables for consumption. Wild fruits and vegetables were not enough to sustain them as they had other needs that needed money. Consequently, to meet those needs, children in some households took on the responsibility of acquiring piece-works (part-time jobs) to help provide for their kinship care families. These findings agree with Kielland (2009) that children worked to support their vulnerable families. The findings of this study show that caregivers encouraged children to work as most of them were elderly and did not have the energy to work on their farm and take up extra work elsewhere to earn money. In addition, caregivers had the knowledge that elderly people were more at risk of contracting the virus, thus they tried to limit their movements by allowing children to work instead. However, due to COVID-19 restrictions, it was difficult for children to work because most people were maintaining social distance thus were not allowing people outside their bubble to work for them. These findings confirm UNICEF's (2020c) predictions about children engaging in labour outside their household to earn some money due to reduced household income as a result of COVID-19 measures.

Kinship care families who had more extended family living and working in the city were able to cope through the assistance they received from them once in a while. Some of the caregivers were looking after their grandchildren whose parents were still alive living elsewhere, they were given some money which they used to pay children school fees and other household essentials. Children who did not receive much assistance from their caregivers received support from their friends who offered them food whenever they were hungry and had nothing to eat at home. Similarly, Foster (2000) and Kielland (2009) indicated that family and friends are a big source of support for kinship care families. Furthermore, the findings also show that children received support from their teachers who provided some monies to children who asked for assistance from them. Even though the support they received from these groups of people was not consistent, especially during the pandemic, the study discovered that it had a positive impact on the lives of children and caregivers.

Households with bigger farming land and more children at home started focusing on producing more crops from the land for home consumption. After school hours and weekends children had to go and help their caregivers with ploughing the fields. Helping guardians or parents with housework or any family work was considered a collective responsibility for each family member. Kielland (2009) also found that children who come from vulnerable households were expected to help their families through labour. Thus, children spent so much time in the field so much that some did not have enough time to do their homework as they were constantly tired. The goal was to produce more and have more food to feed the family. Some children did not know how to tell their caregivers that they needed more time for their school because there were afraid that they would be scolded for wanting to leave the field earlier than the rest of the kinship care family members. Children continued working as that is what was expected of them. Despite being vulnerable and having a lot of difficulties in their lives, children found ways to survive amidst hardships. Children had the capacity to survive or to function even after being exposed to adversity is what Masten (2001) referred to as resilience. Both children and caregivers were hopeful that things would get better if they worked harder and stayed positive despite the hardships they were going through.

Before the pandemic, kinship care families had other plans in mind to improve their livelihoods. After experiencing the negative effects of the COVID-19 pandemic, they decided it was time to look into other ways to improve their livelihoods. Children hoped that if they could move to the city to look for jobs it would help improve their living circumstances. Caregivers, on the other hand, planned to improve their small scale businesses by venturing into more marketable crops. These were coping strategies that kinship care families could use to get back on their feet after the pandemic. Kinship care families hoped that the Zambian government, through the Department of Social Welfare in their village, would come in and help them with farming equipment to improve their farms' yields.

CHAPTER SEVEN: IMPLICATIONS, RELEVANCE, RECOMMENDATIONS, AND CONCLUSION

7.1 Implications for social work practice

The study's findings indicate that kinship care families in need of assistance before and during the pandemic were unable to receive it, even though some resources were available in their community through the Department of Social Welfare but did not reach them. It was extremely unprofessional and discriminatory for social workers to refuse to enrol vulnerable caregivers based on their appearance. There was no means test (criteria used to determine service eligibility) to assess whether the service user was eligible or not. Community leaders should act as gatekeepers and assist social workers to meet members of the community. Social workers should start working directly with the people rather than sending community leaders who are not trained to practice social work. Furthermore, social workers in Shibuyunji district need to step up and be more active in their work to assist vulnerable groups in the community in solving their problems. Because there was no food at home, some children had to go to school hungry. According to the United Nations Conversion on the Right of a Child (1989), the state is responsible for providing material support to a child's parents or guardians, such as nutrition, clothing, and housing, so that the child has food, clothes and a place to live. This can only be possible if social workers on the ground advocate for children so that their needs are met, especially in the period of the pandemic where caregivers are facing financial difficulties due to COVID-19 measures.

7.2 The study's relevance to Mfamily programme and social work

The Mfamily program strives to educate students on the life circumstances and difficulties that children and their families experience in different settings across the globe. Students are encouraged to conduct studies in various contexts to be informed so that they can improve their capacity to work with vulnerable children and their families. Therefore, this study is relevant to Mfamily program as it was aimed at developing an understanding of the lives of already vulnerable children and their kinship care families during the outbreak of a global pandemic (COVID-19). Furthermore, the study contributes to social work practice, as social workers work with disadvantaged families to assist in solving their problems. Thus, the study helps to enlighten social workers on what can be done to help improve the lives of children and caregivers in informal kinship care.

7.3 Recommendations

To identify vulnerable kinship care families and children, social workers must go out into the community and conduct a means test. They should also perform checks and balances on who is enrolled in Social Welfare programs and who is receiving assistance to ensure that the intended beneficiaries receive the assistance they need.

Social workers with other respective stakeholders should work together to help give a voice to children who are living under precarious circumstances with their caregivers.

During the COVID-19 pandemic, there should be wide-reaching relief programs in place to improve financial and social support for children and caregivers. This will help kinship families recover more quickly after the pandemic.

Finally, there is a significant research gap in Zambia on informal kinship care families, especially looking at that the fact that it is the most widely practiced form of care for OVCs. As a result, this study recommends that more research should be conducted in various parts of the country to improve on literature on this phenomenon. More so, having enough information on kinship care families will aid policymakers in decision-making.

7.4 Conclusions

The study findings gives us the perception that informal kinship care families were vulnerable before and during the pandemic. Therefore, to improve their living standards child welfare systems such as the social welfare department should be aware of the difficulties and needs of children and caregivers. Right channels of inquiry should be employed in assessing the vulnerabilities of kinship care households so that the appropriate interventions are used. From the findings, lead us to wonder that the living circumstances of children and caregivers would have been much better if they had received some financial and social assistance from the formal institutions in their village. Therefore, kinship care households, just like any other vulnerable families, should be prioritised to have access to social assistance in their community. For example, lack of adequate food and school fees was one of the pressing problems for children and caregivers. The Department of Social Welfare and other existing organisations in the community should focus on helping OVC with school scholarships and farming tools for their kinship care families to improve their food security.

If the Department of Social Welfare had enrolled kinship care families on social assistance before the outbreak of the pandemic, there is a high probability they would not have been as badly affected by the COVID-19 measures as they were. The COVID-19 Emergency Cash Transfer program in Zambia would have had been more beneficial if the initiative had a broader coverage, allowing more vulnerable families to access the products and services provided through the ECT program. Furthermore, even though kinship care is widely practiced and accepted as an ideal alternative care for children in Zambia, there are not enough programs designed to assist children and caregivers, there is still a lot of work to be done.

Schools were closed for so many months due to COVID-19 and the Zambian government did not invest much to keep schools open by providing face masks to students and hand sanitisers for instance. The Zambian government need to invest more into the education sector so that schools are safe for children to avoid closures in the future. To ensure that those children who are falling behind in class can catch up with their fellow classmates, investments in after-school lessons can be made so that everyone is on the same page. We must not forget that in Zambia, or any country in the world, children are our greatest asset, the way they are treated, how they develop and grow, means that as adults they will lead their lives in this world and can transform it into a better place.

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APPENDICES

Appendix I: INFORMED CONSENT

Topic: Exploring implications of Covid-19 on children and caregivers in informal kinship care in Shibuyunji Zambia

Dear Respondent,

I want to thank you for taking the time to meet with me today. My name is Beatrice Banda, I am a student at ISCTE- University Institute of Lisbon pursuing a European Erasmus Master's degree in Social Work with Families and Children (Mfamily). The study is being carried out to write a dissertation in partial fulfilment for obtaining a Masters degree through the Mfamily program.

Study Objective: The study seeks to explore the lived experiences of children and their caregivers before and during the Covid-19 pandemic. It investigates the coping mechanisms of children and caregivers and explores the challenges children and caregivers face in Shibuyunji Zambia.

The Purpose of the Study: The purpose of the study is academic, the findings will be available at the national and international levels. There will be no monetary compensation for participating in the study. The findings will be useful in raising awareness of the experiences of children and caregivers in informal kinship care in Zambia. The study's findings could/will be used to influence policy as well as provide insights for future research.

Data Collection and Handling

- The researcher will be assisted by a research assistant who will be present during the interview session.
- Due to COVID-19 travel restrictions, the interview will be conducted online using ZOOM video/audio calls.
- The interview session will be recorded.
- The recorded videos and audios will be stored on the researcher's personal computer file and protected with a password to avoid unauthorised access to the data.
- There be no real names on the transcripts or the report instead, pseudonyms will be used to protect participants identities.
- The raw data is going to be destroyed once the report is handed in and the researcher is given a final grade.

Participant's Rights

- Participation in this study is voluntary.
- You are free to withdraw from the study at any time you feel you cannot continue answering questions.

- You do not have to talk about anything you do not want to, and you are at liberty to ask questions for clarifications where you are not clear.
- With your permission, the interview will be recorded to facilitate the collection of information as it is not easy to write everything and interview at the same time.
- You have a right to confidentiality, meaning your responses will not be shared with a third party without your permission. The information collected will be treated with outermost confidentiality.
- All your responses will be anonymized, I will ensure that any information I include in the report does not identify you as a respondent.

Caution: Be informed that during the study you are at risk of remembering upsetting moments that you might have experienced before or during the pandemic.

Consent Form

I agree to be interviewed for this project. [Circle one]: **Yes/No**
I agree to be audio recorded during this interview. [Circle one]: **Yes/No**
If you agree to participate in this research project, please sign below:

Participant's signature: ________________________________

Date of Interview: ____________________________________

Time of Interview: ____________________________________

Researcher's signature: ___ ____________________________

Role	**Name**	**Email**
Researcher	Beatrice Banda	bbanda@ymail.com
Research Supervisor	Helena Belchior Rocha	helena_rocha@iscte-iul.pt
Research Assistant	Melody Banda	Vainesbanda8@gmail.com

Appendix ll: INTERVIEW GUIDE FOR CHILDREN

Characterization of respondents
Name:
Gender:
Age:
Grade:
Child Status:
Period lived with the caregiver:

Information about Covid-19 is available for children and caregivers.

1. Do you know what Covid-19 is?
2. What information do you have about covid-19?
3. Do you know where the testing centres for Covid-19 are? If so, how far are the centres from your home?

Living experiences of children and caregivers in informal kinship care before and during the pandemic.

1. Can you kindly explain how you came to live with your caregiver?
2. How were the living conditions of your household before COVID-19 started?
3. How are the living conditions during the COVID-19 pandemic?
4. If there are any changes which have taken place during the pandemic, how did these changes come about/ what happened? And why?
5. Is there a difference in your relationship with your caregiver before and during the pandemic? If so, what has changed?
6. What is it like living with your caregiver?
7. What do think would have been different if you were living with your parents?

Challenges that children and caregivers faced before and during the COVID-19 pandemic.

1. What challenges did you experience if any before COVID-19?
2. What challenges are you experiencing now due to COVID-19?
3. What has been the most difficult thing to deal with?
4. In your opinion what do you think can be done to improve and overcome the challenges you have been dealing with?

Coping mechanism children and caregivers use to survive before and during the pandemic

1. How has your household been dealing with difficult situations before and during the pandemic?
2. Did Covid-19 affect you as an individual?
3. When you need help with something where do go to ask for help?
4. If you need to talk to someone about anything to whom do you go?
5. Have you usually been receiving the help you need before and during the pandemic?
6. Do you do anything to contribute to your household's income?
7. What do you do throughout the day?

8. Is there anything else you would like to share with me?
9. Do you have any questions?

Appendix IIl: INTERVIEW GUIDE FOR CAREGIVERS

Characterization of respondents

Name:
Gender:
Age:
Marital Status:
Highest education qualification:
Profession:
Number of OVC in the household:
The number of years lived with OVC:

What Information about COVID-19 is available for children and their caregivers.

1. Do you know what COVID-19 is?
2. What information do you have about COVID-19?
3. Do you know where the testing centres for COVID-19 are? If so, how far are the centres from your home?

Living experiences of children and caregivers in informal kinship care before and during the pandemic

1. Can you kindly explain how you came to live with the child/ children?
2. What influenced your decision to live with the child/ children?
3. How would you describe the living conditions of your household before COVID-19?
4. How would you describe the living conditions of your household during the pandemic?
   a) How has been your experience?
   b) How has been the child/ children's experiences?
5. If there are any changes which have taken place during the pandemic, how did these changes come about/ what happened?
6. Is there any difference in the number of children in your household before and during the pandemic? If so, what caused the increase or decrease?
7. Can you tell me how your relationships were among the members of your household before and during the pandemic?
8. What is your general experience caring for OVC children?

Challenges that children and caregivers have faced before and during the COVID-19 pandemic.

1. What challenges did you experience if any before COVID-19?
2. What challenges are you experiencing now due to the pandemic?
3. What has been the most difficult thing to deal with before and during the pandemic?
4. In your opinion what do you think can be done to improve and overcome the challenges you have been dealing with before and during the pandemic?
5. Thinking that in the next few years this situation or similar ones will occur what is your biggest fear and what kind of help do you think will need most?

Coping mechanism children and caregivers use to survive before and during the pandemic

1. Would you say as a household you are using the same coping strategies as before Covid-19 started or you have developed new ones?
    a) What are those coping strategies?
    b) How are you applying them to your everyday life?
2. Are you receiving any help from an institution/ organisation? If so, what are they helping you with?
3. Who would say has been very helpful to your household during the pandemic?
4. Does each member of your household contribute to the well-being of the household? If so, how do they contribute?
5. Is there anything else you would like to share with me?
6. Do you have any questions?

Appendix IIII: NON-PLAGIARISM DECLARATION

I hereby declare that the Dissertation titled . . . Exploring implications of Covid-19 on children and caregivers in informal kinship care in Shibuyunji Zambia. . . . submitted to the Erasmus Mundus Master's Programme in Social Work with Families and Children:

 Has not been submitted to any other Institute/University/College

 Contains proper references and citations for other scholarly work

 Contains proper citation and references from my own prior scholarly work

 Has listed all citations in a list of references.

I am aware that violation of this code of conduct is regarded as an attempt to plagiarize, and will result in a failing grade (F) in the programme.
Date (dd/mm/yyyy): ....02/09/2021.....

Signature......... ....

Name (in block letters):…….BEATRICE BANDA......