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SOCIO-ECONOMIC IMPLICATIONS OF COVID-19 IN DENSELY POPULATED COMPOUNDS (KOMBONI) IN LUSAKA, ZAMBIA

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Abstract

The Coronavirus 19 (CoviD-19[1]) pandemic has ravaged countries and disrupted the social-economic stability of communities leaving people in desperate need of essential commodities. Its effects are generally implicitly well known by many. Yet, the reality in densely populated areas such as compounds, is underestimated. The year 2020 marked a pivotal point in human history due to this global pandemic that, among other things, forced unprecedented upheaval to human lives, individual careers, economic activities, education and health systems. This research set out to explore the social-economic implications of the CoviD-19 pandemic in densely populated compounds in Lusaka. This was done with an intention to explore the impact on the human lives of those already struggling under the strain of poverty and expose how they are currently coping. As an exploratory design, the research seeks to use a case study approach of 4 compounds in Lusaka District. The intention is to use focus group interviews, complete observations and fixed questions to collect rich data in situ that is intended to demonstrate the multi-layered effects affecting settlers in densely populated compounds. This research analysed the collected data through the use of thematic analysis.

Key Words: CoviD-19, Pandemic, Masks, Densely populated compound, Social Distancing, Settlers
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1. Introduction

A nation's socio-economy is a measure of its different activities, including but not limited to how social trends affect production, consumption and trade. These efforts are carried out by individuals, international investors, private and public (government) institutions in an attempt to have a positive effect on the quality of living of their citizens. Therefore, different metrics such as the unemployment rate, revenue production, foreign investment and a country's balance of payments (deficit/surplus) are used to calculate these operations. Factors to be taken into account are labor, land and resources and how well they are handled by humans. If properly handled, both of these variables contribute to a positive growth of the economy, otherwise a retrogressive economy may be the resultant. The genesis of the Coronavirus (CoviD-19) had almost brought to a standstill the above noted activities with a positive effect on the socio-economy of a country. Measures to contain the virus have had devastating effect on almost all sectors of life.

The CoviD-19 is an ongoing global pandemic of the coronavirus disease 2019 caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The outbreak was first detected in December 2019 in Wuhan, China and later declared a pandemic on 11 March 2020 by the World Health Organization following a surge in the number of cases in Italy, Iran, South Korea, and Japan (Baldwin & Weder di Mauro, 2020). This description and declaration of CoviD 19 as a pandemic falls within what a pandemic is typically defined as, since it affected the entire globe (David Morens, Gregory Folkers, and Anthony Fauci, 2009). The virus that causes CoviD-19 spreads primarily through droplets that are produced when an infected individual coughs, sneezes or talks. One may also get infected by touching the contaminated surface and then touching their eyes, nose or mouth before washing your hands. After the weekly epidemiological update released on 5 October, the World Health Organization (WHO) indicated that more than 2.2 million new cases and 39,000 new cases had been registered. This was the highest number of

[1]COVID-19 will be used interchangeably with Coronavirus

cases recorded in a single week so far. From 31st December, 2019 to 14th December, 2020, more than 71 503 614 37 COVID-19 cases and 1 612 833 deaths were registered globally (ECDC, 2020).

Most countries closed their borders and declared the complete shutdown of their borders hence forcing people to stay at home. Travel barns where equally effected, and no gathering of peoples was permitted due to the high toll of number of deaths worldwide. The luck of medication or vaccine for the virus has put so much strain on the world of scientist who seem to have no answers except insist on the need to adhere to the health protocols given to save lives. Schools and other higher learning institutions, including public and private work places had to close, as well as many other social events. According to the International Labor Organization (ILO) (2020), over 306 million employees have lost their employment from the time CoviD 19 was declared a global pandemic. According to College pond (2020), WHO declared CoviD-19 a global pandemic in the joint statement by ILO, FAO, IFAD and WHO, Kimberly Chriscaden, the communications officer for WHO observed that the COVID-19 pandemic had led to an unprecedented loss of human life worldwide and poses an unparalleled threat to public health, food systems and the world of work. The economic and social damage caused by the pandemic is devastating: tens of millions of people are at risk of falling into extreme poverty, while the number of undernourished people, currently estimated at nearly 690 million, could grow by up to 132 million by the end of the year (WHO, 2020).

Zambia registered the first corona case on March 18, 2020. Prior to that, the Government of the Republic of Zambia (GRZ), through the Minister of Health (MoH) declared the compulsory 14-day self-quarantine period for travelers from or transiting through countries affected by the outbreak of COVID-19 14 days prior to their arrival in Zambia. On March 20, the government announced the closure of schools for an unspecified period. The President further issued bans on public gatherings, bans on international flights and cross-border passenger buses (Ibid, 2020). August was envisaged as the peak month with the highest statistics souring as high as 10,000 (Situation Report, 2020). However, the adherence to health regulations remains a concern among many Zambians.

According to the MoH (2020), Zambia has recorded 17,700 coronavirus cases, 357 deaths and 17,086 recoveries as of December 3, 2020. Lusaka Province and Lusaka City being the capital of Zambia has had the highest number of coronavirus cases, as these cases still continue to be recoded to date (2024).

As of 2021, the World Health Organization (WHO) reported that there have been over 100 million confirmed cases of COVID-19 globally, with the majority of cases and deaths occurring in the United States, Brazil, India, and Russia (WHO, 2021). A study by the Imperial College London estimated that the global case fatality rate for COVID-19 is approximately 1.38% (Wu et al., 2021).

Research has also shown that individuals of certain racial and ethnic minorities, as well as older adults and those with underlying health conditions, are at a higher risk for severe illness and death from COVID-19 (CDC, 2021). A study by the Centers for Disease Control and Prevention (CDC) found that non-Hispanic Black and Hispanic individuals in the United States have a higher hospitalization rate due to COVID-19 compared to non-Hispanic White individuals (CDC, 2021 CDC, 2021).

The vaccines developed by Pfizer-BioNTech and Moderna have been shown to be highly effective in preventing severe illness and death from COVID-19, with efficacy rates of around 95% (CDC, 2021). However, the roll out of vaccines has been uneven globally, with higher-income countries administering vaccines at a faster rate than lower-income countries (WHO, 2021 CDC, 2021).

As of 2021, there have been over 100 million confirmed cases of COVID-19 globally with the majority of cases and deaths in the United States, Brazil, India and Russia. Studies have shown that certain racial and ethnic minorities, older adults, and those with underlying health conditions are at a higher risk for severe illness and death from COVID-19. The vaccines developed by Pfizer-BioNTech and Moderna have been shown to be highly effective in preventing severe illness and death from COVID-19 but the roll out of vaccines has been uneven globally .

According to a report released by the ILO (2020), 90% of Zambia's labor force operates in the informal sector. This implies that corporations are not licensed, do not pay taxes and are hardly regulated. This also guarantees that employers do not receive social security. In the majority of sub-Saharan nations, things are similar. Agriculture and retail markets on a small scale are usually informal, and wholesale markets are most frequently informal. Policy initiatives designed to restrict the spread of CoviD-19 have had a substantial effect on the informal sector in Zambia, just like it has been recorded in many other African countries. The explanation is that revenue-generating operations are made more difficult or even impossible, and individuals have to do without the daily

earnings from which they and their families rely. Economic stimulus for losses (fixed/maintenance costs incurred by both private entities and individuals was induced by the government to help boost productive activities and avoid bankruptcy for some entities. This stimulus comes in the form of small or no interest loans, food supplies and other basic needs. Such an outcome demonstrates how the low income individuals who live in the densely populated compounds are hard hit, economically.

When the people's movement comes to a standstill, as described earlier, all businesses that rely on this movement of people come to a halt. For example, Ioannides & Gyimóthy (2020), referring to tourism businesses pointed out that the damage was so huge that some of the big tourism businesses may not recover until the end of the pandemic. Overall, CoviD 19's after-math would leave a historical mark that has revealed the other loose ends of humanity that no one prepared for.

While Ioannides & Gyimóthy (2020) referred to big tourism businesses, this research focused on the individuals in the informal sector whose small businesses depend on the movement of people and have no social security. Such individuals are residents in densely populated areas called compounds[1]. This research is an attempt to investigate the socio-economic implications of CoviD-19 in such settlements as Mandevu, Chawama, Kanyama and Mutendele given the scarcity of significant facilities, lack of space to physically distance, lockdowns that restrict movements of individual whose businesses depend on movements of people, the economic powerlessness of the settlers and the social underdevelopment of such areas.

The densely populated compounds seem to be ignored despite their lack of necessary amenities such as water and sanitation that are crucial to limiting the spread of CoviD-19. There is a huge population in the densely populated areas whose lifestyles and state of environment may not enable them to seriously adhere to the health protocols hence putting their lives in danger. The spread of CoviD -19 could blow-out like a wild fire if such compounds where hit by the virus. The settlers are the owners of informal businesses that provide a number of wealthy individuals with affordable fruits, vegetables, meats and other necessities all over the city. This research posits that the densely populated compounds can be a time bomb in Zambia if the virus broke out. There has not been any focused mandate even by the MoH ensuring that the densely populated compounds are considered in the provisions of the health necessities and other measures to alleviate their low socio economic status. The research questions have been designed to guide this research.
The main research question: How have households in densely populated compounds been affected by the CoviD 19 pandemic?

The specific research questions that guided tis study were:

1. What are the perceptions of residents on the effect of CoviD 19 on individuals?
2. How is the availability and usage of the healthy requirements among residents in the compounds?
3. How have the residents managed to sustain themselves during the pandemic?
4. How has CoviD 19 affected the socio-economy of the residents?

2. LITERATURE REVIEW

Reviewing literature is important for any research as it provides insight into different types of scholarly works in the particular area of research. It further represents the numerous and sometimes contradictory narratives of all, especially those affected most (Dry and Leach 2010). Morens et al (2009), posits that epidemics and pandemic[2] are synonymous terms. However, the concept of pandemic is the advanced form of an epidemic whose characteristic includes that of wider geographical coverage, fast movement of the disease, high transition from person to person, high attack rates on humans, minimum degree of protection by humans, unusual, infectiousness, contagiousness, and severe.

Epidemics and global reactions are essentially political nationwide, arguably, the experts selected for consultation, the evidence used for consultation, the routes of informed response and accounts of guilt, fear and openness are politically motivated and need to be examined. However, this research will not delve into the different types of narratives but will seek to provide insight into the socio-economic implications of CoviD-19. Dry and Leach (2010) have presented that 25 percent of global deaths worldwide are caused by infectious diseases. These infectious diseases range from ebola, TB, malaria, HIV/AIDS HIV, hepatitis C, and Nipah viru. The epidemics that arise

[1] This current research will interchangeably use slums, settlement, komboni, shanty and compound to mean one and the same thing.

[2] Pandemic and epidemic will be used interchangeably in his document due to its thin dichotomy.

from these diseases are volatile, have uncertain, different risks, and narratives. The current infectious disease being CoviD 19 has caused a huge loss of human life worldwide slowing down the global economy in multiple settings (Scoones, 2010; Mpolomoka, Mosha, Banda, Amadhila & Chikopela, 2020).

2.1 Global Perspective

The COVID-19 is a global pandemic and its effect on the world cannot be underestimated. Some countries have had second waves of the virus and could even enter into third wave due to the continued increase in the number of positive cases as noted by WHO (2020).

The COVID-9 pandemic is not only a public health crisis; the global economy and financial markets have also been seriously impacted by it. Large income declines, increasing unemployment and disturbances in the transport, utility and manufacturing sectors are among the implications of the disease control measures introduced in many countries (Anton et. al, 2020). It has slowed down the global economy by disrupting supply chains and social stability. It is estimated that all countries will experience negative economic outcomes due to the pandemic as this will affect output and productivity which will be evidenced by the reduction in the Gross Domestic Production (GDP) in the year as noted by WHO (2020), and McKibbin and Fernando (2020). The World Health Organization (WHO) Director, indicated that owing to the global pandemic of viruses, the global economy is expected to shrink by 5.2 percent by the end of the year, and the World Bank (2020) further added that in this year 2020, the pandemic is expected to plunge most nations into recession, with per capita income contracting since 1870 in the largest fraction of countries worldwide. Such situations present a sense of concern on the developing nations and much more for individuals who are already in dare poverty and surviving to live. Such is the concern of this current research.

With this projection, as noted above, the World Bank (2020) have counseled global policy makers to consider establishing innovative steps to provide income support to employees and credit support to firms. This has been necessitated by the 2020 projection which predicts that the pandemic will plunge most nations into recession, with per capita income contracting since 1870 in the largest fraction of countries worldwide. It is estimated that advanced economies will shrink by 7%. The weakness will spill over to the outlook for emerging markets and developing economies, which, as they cope with their own domestic outbreaks of the virus, are expected to contract by 2.5%. In at least sixty years, this will mark the worst demonstration by this group of economies.

According to Surg (2020) a disruption in the supply chain has led to uncoordinated regulatory responses and lockdowns. In China, the production of goods from factories was substantially reduced by lockdown restrictions, while quarantine and self-isolation policies reduced consumption, demand and use of products and services. In the US, before the US government secured the Coronavirus Help, Relief, and Economic Protection (CARES) Act, the S&P 500 stock market index, which measures the stock output of 500 major companies on the US stock exchange, the Dow Jones Industrial Average, and the Nasdaq, dropped significantly, with indexes rising by 7.3%, 7.73%, and 7.33%, respectively. In addition, US Treasury bond yields for 10 years have fallen to 0.67 percent.

As illustrated in the PWC publications titled "Possible economic consequences of a novel coronavirus (CoviD-19) pandemic" in 2020, due to the pandemic, all countries/regions will experience negative economic outcomes as this will impact development and productivity, as demonstrated by the yearly decrease in gross domestic production (GDP). The 2020 Botswana Daily Newspaper suggests that the debt due to the United States reaches twenty-six trillion as the country deals with financial relief from the pandemic of the corona virus. The debt has also been shown to have risen gradually over the past few years, but only jumped higher in the past six months since the lockdown crisis. When the world begins to transform into a new planet, so is the devastation that often comes with it. Among some of the G20 nations, the mystery behind the origin of this kind of virus has generated political and social diversity. The way we communicate, socialize and do business has been dictated by the pandemic and may continue to do so as long as the pandemic continues. The health protocols advanced by WHO for all countries are a responsibility of every sovereign nation to implement to curb the pandemic. The responsibility of each nation spurns the socio-economic status of its individuals and where they reside.

2.2 Economic Effects

Research about the impact of the CoviD-19 epidemic on the economy has been very popular, and many scholars have studied the topic from different perspectives. It's argued that the spread of CoviD-19 is expected to result in a considerable slowdown of economic activities due to different variables. According to an early forecast of the International Monetary Fund (IMF) (2020), it was expected that the global economy would contract by about 3 percent in 2020. It was argued that the contraction was expected to be of far greater magnitude that that of the 2008-2009 Global Financial Crisis. However, in its latest update (June 2020), the International Monetary Fund

(2020) revised the forecast to 4.9 percent contraction in 2020. The report cites the following reasons for the updated forecast: i) greater persistence in social distancing activities; ii) lower activity during lockdowns; iii) steeper decline in productivity amongst firms which have opened up for business; and iv) greater uncertainty. Such reason as postulated by the IMF cannot go without a comment given the situation in Zambia's densely populated compounds whose settlers maybe hard hit. Chisanga and Chileshe (2020) have equally argued that Zambia's economy will be hard-hit given the already stressed economy whose inflation rate was at 15.7% and the depreciated currency at more than 20% as at the first quarter of 2020.

It is argued that the economic pain, worldwide, became severe as people were asked to stay at home, and the severity was felt globally in various sectors of the economy with travel bans affecting the aviation industry, sporting event cancellations affecting the sports industry, the prohibition of mass gatherings affecting the events and entertainment industries (Horowit, 2020; Elliot, 2020). In the case of Zambia, such gatherings tend to be business opportunities for most of the settlers in densely populated compounds who depend on informal businesses. As earlier indicated by ILO (2020), 90% of Zambia's labor force operates in the informal sector. Halting operations of different sectors and big events translate into lack of business for settlers who are the focus of this current research.

2.3 Labour Market Effects

A large number of studies document the effect of CoviD-19 on hours of work and job losses. It's argued that the unemployment increases observed in the US are partly driven by lockdown/social distancing policies (Rojas et al., 2020). Accounting for cross-state variation in the timing of business closures and stay-at-home policies in US, Gupta et al. (2020) finds that the employment rate in the US falls by about 1.7 percentage points for every extra 10 days that a state experienced a stay-at-home policy during the period March 12 - April 12. On the other hand, Aum et al. (2020) in their research find that an increase in infections leads to a drop in local employment in the absence of lockdowns in South Korea, where there were no government mandated lockdowns. This number increased for countries such as the US and the UK where mandatory lockdown measures were imposed. This shows that CoviD-19 has had a negative effect on the employment status of different communities and countries globally.

Zambia is not an exempt in such a crisis. This is noted by UNDP (2020) in the working document who argued that there will be a losses estimated at 14,634 and 14,291 respectively especially in the wholesale and retail and the tourism sector. The paper argues that the knock-on effect on the informal sector will be more severe. The incidence of poverty is projected to increase by about 3.5% and vulnerable households are non-other than the settles in the densely populated compounds of Lusaka.

Bartik et al. (2020) survey a small number of firms in the US and document that several of them have temporarily closed shop and reduced their number of employees compared to January 2020. According to Ozili and Arun (2020), the coronavirus outbreak led the governments of many countries to impose restrictions on nonessential travel to countries affected by CoviD-19, indefinitely suspending tourism travel, work visas and immigrant visas. Some countries placed a complete travel ban on all forms of inward or outward travel, shutting down all airports in the country. At the height of the coronavirus pandemic, most airplanes flew almost empty due to mass passenger cancellations. The travel restrictions imposed by governments subsequently led to the reduction in the demand for all forms of travel which forced some airlines to temporarily suspend operations such as Air Baltic, LOT Polish Airlines, La Compagnie, and Scandinavian Airlines. Such travel restrictions cost the tourism industry alone a loss of over $200 billion globally.

2.4 Health Effects

Health risks like epidemics such as cholera, Ebola, measles, Spanish flu and now CoviD-19 have impacted economic activities over the years (Pak, Anton, Adegboye, Oyelola, Adekunle, Adeshina, Rahman, Kazi, McBryde, Emma, and Eisen, Damon, 2020). Such pandemics have a detrimental effect on a nation's socio-economy by partly stopping productive activities and also impacting government spending in the health sector and all activities aimed at containing the spread of the virus.

The impact of the pandemic on physical health and mortality has been documented in many studies globally. A growing number of studies also document worsening mental health status and well-being. For instance, Brodeur et al. (2020c); Davillas and Jones (2020); de Pedraza et al. (2020); Tubadji et al. (2020); Chatterji and Li (2020) narrate the effect of the pandemic on the US health care sector. The authors find that CoviD-19 is associated with a 67 percent decline in the total number of outpatient visits per provider by the week of April 12th - 18th 2020 relative to the same week in prior years. This might have negative health consequences, especially amongst

individuals with chronic health conditions.

Using the Canadian Perspective Survey Series, Béland et al. (2020) find that older individuals and employed individuals who have less than a high school education reported lower mental health status. Their assessment also reveals that those who missed work not due to CoviD-19, and those who were unemployed, showed declines in mental health. Using panel data in the UK, Etheridge and Spantig (2020) report a large deterioration in the state of mental health, with much larger effects for women.

Zambia is not exempt from such findings. The health system in Zambia is severally stressed even before CoviD-19. The situation could even be worse with CoviD-19 as the essential health supplies and supplies are being averted to support the CoviD-19 response. Health facilities that rarely have the essential health supplies are at much risk. The increased risk of mortality and morbidity as a result of chronic non communicable and communicable diseases are expected.

2.5 Sub-Saharan African Context

The scientific and public health community around the world has tried to better understand, track, treat, and prevent the disease, CoviD-19, since the novel coronavirus appeared in late 2019. Many countries have responded vigorously and decisively in sub-Saharan Africa (SSA) with lockdown steps and border closures. Throughout much of the region, such efforts may have helped avoid major outbreaks, although there is considerable difference in caseloads and mortality between nations. In addition, the infrastructure of the health system remains a problem throughout most of the SSA, and lockdown policies threaten to increase hunger and food insecurity for the poorest citizens of the subcontinent. In many countries, the lack of adequate monitoring, asymptomatic infections and inadequate reporting practices restricts the understanding of the effects of the virus, creating a need for better and more detailed surveillance metrics that account for underreporting and contamination of data.

A study conducted by Pesala (2020) on the SARS-CoV-2 Surveillance System in Sub-Saharan Africa: Modeling Study for Persistence and Transmission to Inform Policy, provided a SSA CoviD-19 situation. A study whose purpose was to enhance the surveillance of infectious diseases by complementing standardized metrics with new and decomposable CoviD-19 surveillance metrics that resolve data constraints and contamination inherent in public health surveillance systems. In addition to the prevalence of observed regular and cumulative tests, the testing of positivity, morbidity and mortality rates, the researchers obtained transmission of CoviD-19 in terms of speed, acceleration or deceleration, shift in acceleration or deceleration (jerk), and persistence of the 7-day transmission rate, which explains where and how rapidly
CoviD-19 transmits and quantifies changes in the rate of infection.

The researchers collected 60 days of CoviD-19 data from public health registries in terms of methodology and used an empirical difference equation to calculate daily case numbers in 47 sub-Saharan countries as a function of the previous number of cases, the degree of testing, and weekly change variables based on a dynamic panel model calculated using the generalized approach method of moments

The study revealed that the most observed CoviD-19 cases were in Kenya, Ghana, Nigeria, Ethiopia, and South Africa, and the fewest were in the Seychelles, Eritrea, Mauritius, Comoros, and Burundi. Speed, acceleration, jerk, and 7-day persistence, on the other hand suggest that the rates of CoviD-19 transmissions vary from the cases observed. Cape Verde, Namibia, Eswatini, and South Africa had the highest rate of transmission of CoviD-19 in September 2020 at 13.1, 7.1, 3.6, and 3 infections per 100,0000, respectively; Zimbabwe had an acceleration rate of transmission, while Zambia had the highest rate of deceleration, referred to as a jerk, this week compared to last week. In conclusion the study, public health authorities also need to understand where transmission rates of CoviD-19 are accelerating or decelerating, whether these rates are rising or decreasing over short periods of time because the pandemic can intensify rapidly. Although SSA is home to some of the world's poorest countries, CoviD-19 transmission is not inherently predictive of growth and population size, which means that higher income countries such as the United States will learn from African countries how best to adopt mitigation and prevention efforts.

South Africa has been the most affected country in Africa. Its CoviD-19 cases rose rapidly from a single case in March. The country was put on six weeks lockdown in an effort to contain the virus.

2.6 Zambian Context

Situated in Southern Africa, Zambia is a landlocked country covering a total area of 752,614 sq. km. Rural areas are home to about 9,989,317 individuals of Zambia's 17 million plus population (Macrotrends, 2020). Zambia’s 5664 km border is made up of eight countries. Taylor (2006) argues that there is no geographical or ethnographic

justification for the border of Zambia: a characteristic shared with its neighbors by the country and that has important consequences for the conceptualization and implementation in this sub-region of transnational disease control policies.

Like other countries in the region and worldwide, Zambian life has been affected by the CoviD-19 pandemic (Mushibwe & Mpolomoka, 2022). As of 2021, Zambia has seen a total of over 150,000 confirmed cases of COVID-19 and over 3,000 deaths. The number of cases and deaths has been steadily increasing since the start of the pandemic. The country has implemented measures such as lockdowns and travel restrictions in an effort to slow the spread of the virus. However, the effectiveness of these measures has been limited by a lack of resources and widespread poverty in the country. Additionally, there has been a shortage of vaccines in Zambia, further hindering the country's efforts to control the spread of the virus. It is important to note that the figures and measures may have changed since the time of my knowledge cutoff. It is recommended to check with the World Health Organization and the Ministry of Health of Zambia for the most up to date information.

Prior to the pandemic, the health and family patterns of Zambia were marked by persistent levels of disparities across urban/rural, educational, and socioeconomic divides. The CoviD-19 pandemic of Zambia in comparison with other countries may seem fair however it is second to South Africa. Among its closest neighbors, Zambia tops the statistics of both the confirmed CoviD-19 positives and the dead. See the table below.

Table 1: CoviD 19 Cases in Southern Africa

Country	**Confirmed Cases**	**Confirmed Dead**
Malawi	6,161	187
Namibia	18,714	177
South Africa	921,922	24,691
Botswana	13,014	38
Mozambique	17,568	148
Zimbabwe	12,325	320
Lesotho	2,543	48
Eswatini	7,427	140
Zambia	18,716	373

Source: Mwai (2020)

The statistics are an indication of the continuous increase of the spread of CoviD-19 and hence its effect continues to affect a number of people. The indirect effects of CoviD-19 on Zambian families mean that many firms had lost income (through a decrease in the size of both the formal and in particular, the informal sectors) and many enterprises are struggling with higher costs and lower revenues. The healthcare system was strained, particularly in rural areas and compounds (Sialubanje, Sitali, Mukumbuta, et al., 2022). Although the effect on the education system is unlikely to be completely apparent for several years, fewer children are expected to pass this year's exams, thus reducing human resources for the next generation.

In comparison, the affluent of Zambia, mostly concentrated in the two economic and population centers of Lusaka, the capital, and the province of Copperbelt, spend more time with their families while using their significant resources to sustain their living standards. The desire to participate in physical distance often differs, with the wealthy being able to do so by staying home and shopping in smaller, more costly (but less patronized) shops while the poor crowd joins congested neighborhoods and markets. In the near and long term, these profound disparities are likely to continue to influence the Zambian society well after the 2020 CoviD-19 pandemic has faded from collective memory.

2.6.1 Zambian Densely Populated Compounds

Zambia is a third most urbanized country in Southern Africa as noted by Chisanga and Chilufya (2020). Most of the citizens reside in informal urban and peri-urban areas. Historically, the term 'slums' was originally used to describe 'early self-help' settlements which was land allocated to indigenous local settlers on the outskirts of the main urban settlement, while 'unauthorized housing', referred to settlers on private owned farm lands without the

authority and had no municipal services hence were crowded, lacked portable water, roads, public transport roads, health facilities, lack of garbage collection services and other important amenities. This is similar to what Mulenga, Bwalya and Chishimba (2017) observe that shanty compounds are unplanned in nature, have poor sanitation, water reticulation, floods, unimproved pit latrines, living conditions and inadequate and or nonexistent basic services. Mkandawire (2014) defines a shanty compound as an informal settlement that is characterized by makeshift or poorly constructed dwellings that usually lack basic amenities like clean water, sanitation, and electricity. The settlers in the slums are vulnerable to ill health due to lack of "clean water and safe sanitation facilities" (Chileshe, 2003:8; Eikemo & Oversveen, 2019; Mushibwe & Mpolomoka, 2022; Chelak & Chakole, 2023). This given scenario has not changed much as noted by Chisanga and Chilufya (2020). Chileshe further states that "the striking feature of early self-help housing, both authorized and unauthorized" includes the use of "unconventional building materials and their location just outside the city/town boundary" (pg. 7). Additionally, unauthorized self-help settlers were low-income indigenous workers not entitled to any housing after their short-term labor contracts ended. Hence, instead of returning back to their villages they hid in the unauthorized settlements. These unauthorized settlements were referred to as shanty compounds. It is generally assumed that the locals could not pronounce the word 'compound' so referred compound to 'Komboni' as a mispronunciation. Komboni has emerged as the popular concept in context.

While some improvement has been made to the now called Komboni, the above description of the slums pretty much describes the status quo of the compounds. The decline in the availability of formal wage employment, the majority of residents in Lusaka reside in compounds and work mostly in the informal sector. A number of settlers are without practical skills and tend to engage in small scale trading activities in markets, along the streets and within the compounds. There are also those with semi-skilled to skilled individuals that are residents in the compounds. Chileshe (2003, pg. 10) argue that the residents in the settlements depend on a variety of livelihood activities which are dynamic and change with seasons and the overall economic conditions and individual circumstances. However, the decline in living standards, generally tend to affect the poor in these compounds due to Government reduced capacity to provided new socio economic infrastructure that is in tandem with the population growth in the compounds as confirmed by Chileshe (2003), Masiye and Kaonga (2019) and Chisanga and Chilufya (2020).

Chisanga and Chilufya (Ibid), have argued that the significance of hand hygiene and water supply are crucial to containing CoviD-19. However given the scenario as noted in the discussion, there is limited supply or a complete absence of water in these areas. The extensive hygiene protocols cannot be effectively followed or later alone practiced by the residents. For example Chisanga and Chilufya (2020), indicate that about 80% of families in Kanyama[1] compound do not own the houses they live in, have shared pit latrines, collect water from shallow and unprotected wells and the average house size is approximately 8m for a family of six. This is a common scene in almost all the compounds. The stay home and maintain physical distancing is practically not feasible and neither can good hygiene be practiced. Of particular importance to this research are Kanyama, Mandevu, Chawama and Mutendele compounds. This study explored the economic implications of CoviD-19 in such settlements given the scarcity of significant facilities, lack of space to physically distance, lockdowns that restrict movements of individual whose business depend on movements of people, the economic powerlessness of the settles and the social underdevelopment of such areas.

3. THEORETICAL FRAMEWORK: THE CONSPIRACY BELIEF THEORY

Living in crowded areas is not devoid of suspicions, conspiracies and gossip. Belief in any baseless news that is spreading is common in these areas. For example, there has been a general understanding that CoviD-19 is for people that have passports (meaning the affluent people that can afford to fly out of the country), and not for the poor living in compounds. Secondly, there is also a belief that those who wear masks are the infected who wear the masks to prevent the spread of the virus. Such kinds of beliefs have an effect on how compliant the residents are to the health protocols of CoviD-19. Hence, containing the virus can be a difficult exercise.

This current research is grounded in the theories of Conspiracy Beliefs that are driven by motivations characterized as epistemic (understanding one's environment), existential (being safe and in control of one's environment), and social (being safe and in control of one's environment) (maintaining a positive image of the self and the social group) as postulated by Douglas et al (2017). Conspiracy theories are speculative and contrarian as argued but Douglas et al stating that they "posit actions that are hidden from public scrutiny, complex in that they postulate the coordination of multiple actors, and are resistant to falsification' because the actors can be part of the conspiracy. Such a position explicates the ongoing discussion of the residents in these densely populated compounds.

[1] Kanyama is one of the compounds in this study

However, conspiracy theories appear to provide broad, internally consistent explanations that allow people to preserve beliefs in the face of uncertainty and contradiction. In keeping with this analysis, research suggests that belief in conspiracy theories is stronger when the motivation to find patterns in the environment is experimentally heightened (Douglas, et. al., 2017).

A people under distress underscore the current situation in the various compounds because of CoviD 19. Such a state is enough ground to emphasize the use of the Conspiracy Belief theory in this research. The feelings of distress tend to be stronger when the residents are so uncertain of what is going on. Hence, they tend to be disempowered. However, Conspiracy Beliefs may offer a significant source of belonging and shared reality as argued by Douglas et al (Ibid).

There has been little research delved into the implications of Conspiracy Beliefs, and to date, this study does not show that Conspiracy Beliefs fulfill the motivations of people. Instead, Conspiracy Beliefs may be more attractive than satisfying for many individuals in these compounds.

Additionally the theory of 'conscientization' popularized by Paulo Freire (1970) was used in this research. The theory posits that social awareness and critical enquiry are key factors in social change. The CoviD-19 pandemic calls for change of one's way of life and this is notably true given the necessary changes that have been called for to contain the virus. Thus, calls for individuals to acquire a critical conscious of the current happenings in the compounds. Conscientization is supported by WHO.

4. METHODOLOGY

This research agrees with Blumberg et al (2011:12-13) who argue that "good research with a clearly defined focus and plausible goals, defensible ethics and replicable evidence of objectivity" should be 'purposeful'. The researches have critically ensured that this study is purposeful in line with the current CoviD-19 pandemic and further provides the necessary recommendation and future constraints as noted by Saunders, et al (2007).

This research is grounded in the phenomenological research philosophy and hence uses the exploratory research design to explore the current phenomena in detail in an "attempt to discover facts or describe reality" as supported by Sullivan (2001, pg. 15; Banda, Mpolomoka, Mbono & Sampa, 2017). The description of the interactions among participants and researchers in the participant's naturalistic settings with few boundaries resulted in a flexible and open research process (Harwell, 2020). A case study approach was used to capture in-depth, multi-faceted explorations of complex issues in their situ as argued by Crow et al (2012). A case study seeks to describe a unit in detail, in context and holistically (Kombo and Tromp, 2006).

The study was conducted in four densely compounds in Lusaka that included Mutendere, Kanyama, Chawama and Mandevu. These compounds were purposively selected for their location, and snowball Sampling was also used which helped add to the sample of participants as commended by Ghosh (2003) and Braun and Clarke (2006). Conducted were 10 family Focus Group Discussions (FGDs) in each compound. Therefore a total of 40 families comprised the total sample of families interviewed in all the four compounds. Each family had an average of 8 members. The members included school going children of both primary and secondary schools. An age range of close to one month old baby to an old individual of up to 80years old were observed in different households. Large households had 12 members which included visitors from the village. Interviews lasted an average of 1hour which was restricted due to the CoviD-19 restrictions. Narrative data was collected from the FGDs. Further still, data was collected through observations as some members continued with their household chores during the interviews. These included laundry, contact with the neighbors, washing dishes as well as selling by the side of the road close to the house. Observed were the CoviD 19 restrictions such as social distances with neighbors, the use of face masks, the washing of hands and the use of sanitizers. The researchers were able to give the respondents an opportunity to give a more in-depth explanation on their experiences and hence, got detailed understanding of the issue under research. The researchers grouped the responses according to research questions earlier raised. This enabled helped to ensure that all the research questions responded to. The narrative data was analyzed using thematic analysis by identifying themes, examining, and recording patterns (or 'themes') within data as supported by Braun and Clarke (2006).

5. FINDINGS AND DISCUSSION

The research used the research questions to present the data. The stories as told by the participants are equally captured. The captured voices are in italics. Four types of family are represented here. See below in table 2:

Table 2: Types of Families

	Type of Family	Description in this research
1	Nuclear	Comprising mother father, biological and dependent children
2	Extended	This family included grandparents, grandchildren and in some cases married offspring
3	Joint	This family comprised female siblings with their children living together. The siblings have children from different men
4	Blended	This family comprised married widowed or divorced parents who have children

All the above identified families were represented in the research in the various compounds. The participants were all families that ranged from school going children (Primary, Secondary, College, and University), parents, grandparents sometimes aunties and uncles. The most common family was the extended family. The following codes were used to identify the compounds where the family resided. The digits went up to 10 in representation of the 10 family participants in each compound.

Table 3: Participant Code

Code	**Compound**	**Code**	**Compound**	**Code**	**Compound**	**Code**	**Compound**
Chaw	Chawama	Kany	Kanyama	Mand	Mandevu	Mute	Mutendere
F	Family	F	Family	F	Family	F	Family
1	Family 1	1	Family 1	1	Family 1	1	Family 1

5.1 What are the perceptions of the residents on the effect of COVID-19 on individuals?

The participant clearly indicated that they were aware of the effect of CoviD-19 on individuals. They learnt about it from the media, the social media and from neighbours. However a number of families still insisted that CoviD was not real. This is in support of the conspiracy theory belief. This is evident in the narrative below:

> *This disease is for white people. We know it is killing people like locusts in their countries. But here, it is life as usual.* The daughter, who is in grade 12 interjects: *Dad, I tell you every day of people the MOH announces to have CoviD-19 or have died in Zambia. Why don't you believe that?* The mother comments: *which relative or anyone here in Chawama did you here, had a relative with CoviD-19 or that they have died? No one!* The grandmother who had been silent during the interview raised her voice in anger, *takwaba Colona!* (Meaning: There is no Coronavirus) The father quietened everyone as they were laughing at the grandmother. He then spoke with pain in his voice. *Everywhere I go doing my business, everyone says there is no CoviD 19. The effects, yes we hear about them too. For us, I complain about my business that is all. Even the roasted cassava and groundnuts my wife says by the side of the road is not doing well. Go to the shops, everything is expensive* [Chaw.F.8].
>
> *We cry for our businesses and high cost of living. I sell fruits and vegetables along Cairo road. When the people were told not to go to work, my business almost died. There were few cars on the road and the motorists are the ones who buy from me. Like Atate Chongo*[1] *has said,* (the wife joined) *it was difficult for him. But for me it has been fine. I sell at Kuku market. My business has not been affected. It is just the value of the money. Previously, each day could allow me to buy a 2kg bag of sugar, 2.5 litres of cooking or other important foods in bulk at the end of each sale. Now, we just have to get a small measure of each of these. We use a bit of cooking oil here, a bit of sugar, even salt. My sister in-law*, *here* (pointing to the sister in-law) *will tell you the same thing.* The sister in-law respond, *my business is dead and I don't know where I will get the capital* [Chaw.F.1].

Such responses were common among different households. The major effect noted had to do with their businesses. The other views relating to health implications, were not known except as heard from others and only relating to other countries. Despite the country not completely locking down, the economic implications are very clear. Such an outcome is noted by UNPD (2020) argued to this effect.

[1] Father of Chongo is an expression that depicts a respective way of calling a husband to avoid calling him by his name.

5.2 How is the availability and usage of the healthy requirements among residents in the compounds?
Observations made during the collection of data revealed a non-compliance attitude of the residents. It was visibly clear there lack of water and sanitation in the compound with the majority collecting from one point. Houses were built close to each other that in some cases, it is difficult to tell where the demarcation was. Pit latrine toilets where in some cases shared among neighbours and there was no hand wash facility in the vicinity. This is confirmed by Chileshe (2003), Masiye and Kaonga (2019) and Chisanga and Chilufya (2020) who have argued to this effect. Some households would use water in which dirty dishes had been socked to wash hands and chitenga wrappers used to dry the hand. None of the families had used sanitizer. For those who go into town, school and malls, face masks had been bought. This form of community education on emerging practices and tackling them corroborate with what Banda & Mpolomoka (2018) advance in promoting culturally relevant education. The number of face masks was limited hence only used for those in dare need due to restrictions.

> *I have not used sanitizer before. My daughter is the one who told me because she went to Makeni Mall with her friends to play after school. I don't go out except to Soweto market for orders early in the morning. There, they only ask for masks. I have one which I share with anyone going out. It is hard* (the oldest daughter who is at Evelyn Hone College interjected). *I have 6 siblings and they are all at school. Mam had chitenge masks made for us from the local tailor. My 2 cousins go to school in the afternoon so they wait until two of my siblings return from school to use the mask. If they don't come back early they just go without the masks. Dad shares his with anyone. He does not even use it. Sometimes we borrow from the neighbours*. They all laugh. (I ask how often the face masks are washed.) *Only when they are visibly dirty.* The mother responds [Chaw.F.7].

> *Have you seen a tap of water here? Mmm? The government knows that we have no water. How can they then say wash your hands every 20 minutes. As neighbours, we wanted to dig a boll hall only to be told, we have to pay for it. Do you know how much we earn from our manial jobs?* (The man of the house spoke visibly angry). Their 24 year old son who is a carpenter and sells household furniture spoke, *I woke by the side of the road with 4 of my friends the whole day and there is no water there. We all use this pit latrine* (pointing at one pit latrine with the sack door covered in flies). *Go and tell the government, we don't wash our hands except when eating nshima. That is a must for us not for CoviD 19. They are the ones who know that there is CoviD in Zambia.* The sister a grade 9 pupil added. *Even at our school, because of load shedding, we only have water when we go in the morning. The teachers said not to use the water just in case the MoE or MOH visits and finds there is no water* .When probed about social distancing, the mother answered. *My sister, this house is four rooms that includes one bedroom. In this yard we have six families altogether, in six four roomed flats. We use one pit latrine, we have no water and you expect us to social distance? For us here, I have five girls, my sister and her two small children. I have four boys. My boys sleep in the neighbour's house with their boys. Then their four girls come to sleep here. How do we social distance?* (She asks again) [Chaw.F.4].

From the responses, it was clear that the there was little to lack of the necessary healthy requirements in the compounds except for the mask. Social distancing in 'densely populated families' is not possible. Land lords tend to build a big structure with which provides a number of small flats. Unfortunately there is no limit to how many people live in such small flats. In some cases, a small compound is created within the compound. Families within the small compound live like one big family sharing literally anything up to a bathing soap. Imposing social distancing is not possible.

5.3 How has CoviD 19 affected the socio-economy of the residents?
The prices of most commodities have almost doubled given the weak currency since March. FNB (2020) as on the 31st December 2020, the dollar was bidding at 20.970880 for K1 when it was at 14.6780 on the 31st January 2020. ILO (2020) had argued that 90% of Zambia's labour force operates in the informal sector. As noted by Chisanga and Chileshe (2020) that Zambia's economy will be hard-hit given the already stressed economy whose inflation rate was at 15.7% and the depreciated currency at more than 20% as at the first quarter of 2020, households are already hard hit. The knock down effect is clear. Chileshe (2003, pg. 10) equally indicated that the livelihood activities of the residents in the compounds were dynamic and change with seasons and the overall economic conditions and individual circumstances. The situation in a number of households is dare and hopeless. Chanda (2023) established these similar dare economic hardships among marketeers in her study on the social economic factors affecting small business performance among chisokone marketeers in Kitwe District in Zambia. The responses were emotive and coupled with anger. Sometimes they became political and the researchers had to

remind the participants to avoid politicizing the research being conducted as was not a political research. The responses clearly demonstrated that CoviD 19 has had an effect on the social economic status of the residents.

> *My mother has instituted a one meal per day regime. During the day, we pick and eat anything* (a 9 year old girl answered looking at her mother). The mother looked down but the father responded. *Yes, we have no option. We cannot afford.* The grandmother joined in. *this happened during Kaunda* [Chaw.F.2].
>
> *My husband is a seasonal business man. So I buy chitenge face masks for him to sale along the streets. But even then, they don't do well.* The husband spoke, *anything is being blamed on the dollar and CoviD. Electricity is expensive, charcoal is expensive, business is slow and difficult and then children at school need a phone to learn. Is it CoviD or it's the failure of the government to manage the country? I am confused, help me. We will die and they will say its Coronavirus.* He concluded [Chaw.F.6].

5.4 How have the residents managed to sustain themselves during the pandemic?

Life in the compounds can be interesting. Observing life in the compounds during the process of collecting data demonstrated how difficult life must be. Lifestyles have become had. It was clear that the reason for number of families in the households was in an effort to help each other. Food is shared among neighbours.

> *We depend on each other here. You send a child around to neighbours to ask for things such as salt, cooking oil, sugar or mealie meal.* The mother opened the discussion. *The children are skilled at asking. Our neighbours know to give if they have because they know if they don't share, they are doomed. Second hand clothes have helped us remain descent.* The sister added. *There are four sisters here and we all have children. We don't work but sell anything that can be sold.* They all agree in unison. *Like now, we sell mangoes. What is sold goes right away to buy something for to make a meal. [Chaw.F.4].*
>
> *Charcoal is just expensive as electricity. I have a saloon here. She points at the ramshackle of a building. I started it so I can help my husband but sometimes only one person per day turns up. The dryers don't work anymore because of the expensive electricity.* The husband chipped in. *I am a welder. I have stopped completely. We can afford electricity. We are literally managing through the selling of vegetables in front of the house. It's our business,* said their niece who is 10 years old. *Everyone sales here [Chaw.F.5].*

To supplement individual efforts, government has been encouraging both small scale business owners and individuals to apply for the Constituency Development Fund (CDF) amongst other forms of empowerment meant to uplift the living standards and minimize the impact of the CoviD 19, which still lingers on in many communities in Zambia. Chitondo, Chansa, Mpolomoka & Ngulube (2024) allude to this in their study on disaster management and mitigation strategies in Zambia.

6. CONCLUSION

The research has clearly demonstrated that the residents are aware of CoviD 19 and its implications. They are equally aware of the health protocols expected of each one. However, the socio economic status of the residents makes it difficult for families to practice the health protocols. These include social distancing, masking, hand washing and the use of sanitizer. It is clear that the insufficient provision of water make hygienic practices even more difficult effect the healthy protocols. The restrictions imposed upon by the government to contain CoviD-19 resulted in the informal insignificant business the residents depend upon come to a halt or become unreliable to sustain them. It is clear that the current economy of the country has worsened the socio economic status of the residents whose poverty levels are already low.

Unfortunately the theory of 'conscientization' did not seem to apply in the compounds. While the research expected the residents to organize themselves in order to take particular action and change their social realities because of the pandemic, the Conspiracy Belief Theory worked in making them downplay the seriousness of the pandemic. The belief that CoviD-19 is for the Europeans is strong in almost all the compounds. The lack of evidence in form of positive cases and death due to CoviD-19 does not help much.

7. RECOMMENDATION

It is important for the government should establish ways and means of improving the provisions of water and sanitation in the compounds.

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