Care and caring among ageing migrant workers in two informal settlements in Harare

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Abstract

In this study of older migrants living in informal settlements in Harare, we seek to understand what care and caring means for older people ageing far from their place of origin in conditions of informality in a country with no formal care infrastructure. We find that care relations derive from histories of migration, community, kinship, aspiration, displacement and disenfranchisement, with the provision of security within insecure systems core to the very idea of care. Further action is needed at all levels to foreground how older migrants are living on Zimbabwean society's margins and to facilitate their daily practices of care.

Key words Zimbabwe • older migrants • ageing in place • informal settlements

Introduction

In this article, we seek to understand what care and caring mean for ageing migrants living in informal settlements in Harare, the capital of Zimbabwe. Zimbabwe is a country with almost no formal care infrastructure that relies heavily on family care for the support needs of its population. Understanding the conditions for ageing, especially in conditions of poverty and uncertainty, is ever-more important for the region. Like other countries across Southern Africa, the proportion and number of older people in Zimbabwe is increasing. In Zimbabwe's 2012 census, 1.3 million people (10 per cent of the population) were aged over 50, but this is expected to more than triple to 4.3 million people (17 per cent) by 2050 (US Census Bureau, 2022). As in many countries, most of this rise is in urban areas (WHO, 2011).

There is a growing body of scholarly research on the lives of older people in Zimbabwe showing ageing to be a major risk factor for social work and care (Nyanguru, 2007; Gutsa and Chingarande, 2009; Hungwe, 2011), climate change (Gutsa, 2017), social

welfare and housing (Ncube and Nhapi, 2022), and living in conditions of informality (Ncube, 2022). However, while displacement and migration profoundly shape the lived experiences of older people, older migrants remain largely invisible in this literature (Daimon, 2014; Bhanye, 2022; Chadambuka and Helliker, 2022; Hungwe, 2022). The focus of this qualitative study is on migrant workers aged over 50 living in two informal settlements in Harare, coming from both rural areas within Zimbabwe and surrounding countries, all now ageing far from their place or country of origin. Through this lens, we explore the infrastructural conditions and outcomes for care that have been generated for older migrants through the interplay of colonial and political histories, Zimbabwe's precarious economy, the contributions of civil society, and the agency of informal communities.

The colonial and post-colonial positioning of migrant workers

During British colonial times (1890–1980), Zimbabwe (colonial name: 'Southern Rhodesia') was a major destination country in the Southern African region, with migrants from the UK and Europe encouraged to settle permanently, and migrants from neighbouring countries like Mozambique, Malawi (colonial name: 'Nyasaland') and Zambia (colonial name: 'Northern Rhodesia') recruited to work in mines, commercial farms and domestic service (Zinyama, 1990). A federation between Zimbabwe, Zambia and Malawi was established in 1953 as an attempt to attract investment capital and facilitate the diversification of the economy. This was followed by a decade of rapid industrialisation, with subregional labour migration facilitated by several factors, including the permeable borders that gave easy access for those seeking work to travel to Zimbabwe (Schmidt, 2013).

In 1965, the white Rhodesian regime declared the Unilateral Declaration of Independence (UDI) from Britain, but majority rule and independence was only achieved in 1980 after the Lancaster House Agreement ended UDI. Before independence, Zimbabwe was characterised by limited options for the indigenous black people. Colonialism depleted rural communities through the rural–urban migration of able-bodied labour (Scarnecchia, 1996; Potts, 2015). All attempts to

provide a measure of financial security for urban workers upon retirement were consistently resisted by diverse groups on an assumption that African workers were only temporary migrants in towns. Black Zimbabweans were viewed as temporary sojourners to the main centres, such as the capital city of Harare, with no rights to live there or make decisions about its future. This thinking also framed the government's decision in the early 1940s not to extend social pensions to the African population. Urban life was viewed as the preserve of white people, with black Africans expected to return to their rural homes upon retirement (Potts and Mutambirwa, 1990). Workers from Malawi, Zambia, Angola and Mozambique employed on commercial farms, mines and in domestic service were the most affected by this arrangement, being without rural homes in Zimbabwe (Potts, 2015; Chadambuka and Helliker, 2022).

Zimbabwe's colonial heritage also shaped the citizenship options for commercial farm workers, whose formal identity was anchored to the commercial farm at which they worked (Rutherford, 2001). Most foreign farm workers migrating before independence either faked the loss of their identity documents from their country of origin or destroyed them in order to enter the country (Mayavo, 2004; Chadambuka and Helliker, 2022). Documents were not a prerequisite for getting a job on the commercial farms and the colonial borders were not seen as important but regarded as colonial creations that had inadvertently separated families. However, at independence, citizenship assumed new importance to commercial farm workers, as well as others, as the new government required possession of Zimbabwean citizenship to enjoy welfare benefits from the new socio-economic state. Even though civil rights were extended to non-Zimbabweans who had been resident in the country for a 'number of years', several factors continued to militate against former farm labourers acquiring national identity documents. These included ignorance, illiteracy and uncooperative employers (Mayavo, 2004). As a result, these former labourers could be considered as existing outside normal governance structures, which means that their citizenship rights have never been clear in either the colonial or post-colonial eras (Muzondidya, 2004; Daimon, 2014).

Economic crisis and family care

The newly independent state set out to address inequalities through increased social spending. In the late 1980s, however, the country experienced economic difficulties arising from its macroeconomic policies. In 1990, the government abandoned its interventionist programme and implemented a market-driven economic structural adjustment programme (ESAP). Between 1990 and 2000, Zimbabwe experienced rapid economic decline, mainly caused by high taxation, a devalued Zimbabwe dollar and high interest rates.

Before Zimbabwe's economic crisis, the government had promised to act as the provider and guardian of people in need (Nyazema, 2010), but by the year 2000, the role of the government in care provision had significantly reduced. The government stopped funding old-age provision directly (Ncube and Nhapi, 2022), and most old people's homes, which had relied on government and donor funding, found their funds cut off (Nyazema, 2010). The government itself was also not in a financial position to help older people: no social pension was introduced, and colonial-style models of residential care were inappropriate in the context of mass poverty and gross economic differentiation. While the government advocated for and allowed non-governmental organisations to provide aid, civil society organisations' funding also dried up, and the private sector proved unreliable, with erratic supplies (Chiweshe and Gusha, 2012). The economic crisis in Zimbabwe characterised by hyperinflation increased older people's vulnerability, while further condemning them to a life below the poverty datum line (Dhemba, 2013; Ncube and Nhapi, 2022).

Without formal care structures, support for older people who needed it was left to the family and community, but the hyperinflationary environment and widespread growth in poverty affected families' capacity to carry on providing care for the extended family, despite the normative commitment to meet traditional obligations (Paradza, 2009). It eroded people's salaries such that they were no longer adequate to cater for even a small family unit and eroded pensions for those few who had them. There were no guarantees or security in the informal social system, and people also found themselves with little access

to healthcare, despite this being increasingly important as they aged (Hungwe, 2022).

The Fast Track Land Reform Programme and displacement of older migrants

The position of rural migrant workers was also materially affected by Zimbabwe's Fast Track Land Reform Programme (FTLRP), which began in 2000 and was supposedly completed in 2002 (Chadambuka and Helliker, 2022). This programme acquired farmland from white commercial farmers for redistribution to poor and middle-income landless black Zimbabweans. However, the FTLRP led to the displacement of former commercial farm workers, with the lay-off of an estimated 150,000 farm workers and their families – about 900,000 people (Chiweshe and Chabata, 2019). Fewer than 5 per cent of the original workforce of almost 300,000 former commercial farm workers acquired land under the FTLRP, in part, because the majority of farm workers were international migrants (Nyanguru, 2007). While regarding the commercial farms as their places of residence and retirement, over the years, they had lost contact with their former relatives in their countries of origin. Under the FTLRP, however, the issue of citizenship was brought into sharp relief, discriminating against international migrant farm workers regarded as foreigners, despite some having documentation indicating that they were now Zimbabwean citizens (Sachikonye, 2003).

Drive out the rubbish

Elsewhere, urban interventions further increased inequality for older persons, particularly in the capital city of Harare through the 2005 'Operation Murambatsvina' (OM) (with 'murambatsvina' meaning 'drive out the rubbish' or 'restore order'). OM started in the capital of Harare and quickly developed into a nationwide campaign of destroying what the government termed illegal vending sites, structures, other informal business premises and homes. It had a major economic, social, political and institutional impact on Zimbabwean society. Older people were one of the main categories of vulnerable victims who lost their homes and livelihoods, entrenching them in informal spaces of urban poverty and uncertainty (Ncube, 2022). Evidence

from people who experienced OM suggests that front-line operatives required those affected by the evictions to produce formal identification that traced back to their rural roots for accommodation (Ncube and Nhapi, 2022). In disparaging remarks responding to OM, then President Robert Mugabe labelled some victims with no rural residences to fall back on for accommodation as 'totemless' (Ncube and Nhapi, 2022), with Zimbabwean culture being grounded on a totem or clan system, offering a distinct regional identity and sense of cultural belonging (Daimon, 2014). The report of the Fact-Finding Mission to Zimbabwe to Assess the Scope and Impact of Operation Murambatsvina (UN-Habitat 2005) recommended that the government of Zimbabwe grant full citizenship to those former migrant workers and their descendants – a recommendation yet to take full effect. Consequently, older migrants are increasingly ageing in spaces of informality in Zimbabwe's urban areas, with little to no security and resources.

Policy failures

Zimbabwe has now been struggling under the impact of multidimensional crises for close to three decades. Since 1990, HIV/AIDS has deepened poverty and increased inequalities at every level – household, community, regional and sectoral (Mupedziswa, 1997; Barnett and Whiteside, 2002; National Research Council, 2006) – while recurring droughts, floods, cholera outbreaks, international isolation and high levels of poverty and unemployment have characterised the country Before 2008, and at the height of the hyperinflationary challenges, there was no law or policy that guided the provision of care for older people. In the last decade, some recognition of this lacuna has emerged, including the Older Persons Act 2012, the 2013 New Constitution and the 2017 Healthy Ageing Strategy. These policy instruments, influenced by global agendas, demonstrate a desire to shift towards active caring for older persons empowered by rights-based perspectives. There is no clarity, however, on the responsibility or infrastructures for the care of older persons in this legislation, or in the definition of an older person. Furthermore, responsibility for care explicitly passes from the state to the community and family by the 2016 National Social Protection Policy Framework for Zimbabwe, which states:

‘traditionally, the extended family system is responsible for social support and care provision to its members’ (Government of Zimbabwe, 2016).

A 2017 situation analysis conducted as part of the National Healthy Ageing Strategy by the Ministry of Health and Child Care, in partnership with the World Health Organization and HelpAge International, found a weakened community and family-based care system, with the state constrained by a lack of adequate resources to provide meaningful social support and care (Government of Zimbabwe, 2017). In contradiction, the National Healthy Ageing Strategic Plan 2017–20 asserts that the ‘Ubuntu’ (often known to mean ‘community support’) spirit that spurred the care of the less privileged in the community, including older persons, has collapsed due to deteriorating socio-economic conditions. Against this landscape, we turn to examine the lived experiences of older migrants in informal settlements in Harare in order to gain an understanding of how the political, institutional, economic and cultural contexts set out earlier shape and determine conditions of care and caring.

Lived experiences of older migrants in urban informality

Methodology

This research took place in two informal settlements, Gunhill and Dzivarasekwa Extension (DZ-Ext), identified as representative of informal urban environments and development in the capital city, Harare (Ncube, 2022; for a broader discussion of the housing context of informal settlements, see Matamanda, 2020; Chavunduka and Chaonwa-Gaza, 2021). The project sought to understand the abilities of older people living in informality to absorb, contribute, provide services, establish networks and extend the margins of the urban system to new levels of robustness. For the study, older people were defined as aged over 50. This was because official definitions and policy instruments that use such stages as 60, 65 or 70, usually deriving from formal ages for pension or state welfare entitlements, are a poor indicator of being old in Africa, where, for most part, the concept of ‘retirement’

does not exist and people continue to work in the informal economy for as long as they are able (Aboderin, 2007; see also Freeman, this issue; Vera-Sanso and Hlabana, this issue). Privileged people may remain free of health concerns into their 70s, but others who endure a lifetime of poverty, malnutrition and heavy labour may be 'functionally' old at 50 and much less likely to survive into their 60s, 70s and beyond (WHO, 2007). Older people between 50 and 65 living in deprivation and poverty often experience age-related losses in hearing, sight and mobility, and live with non-communicable disease, including diabetes, heart disease, stroke, chronic respiratory disorders, cancer and dementia (WHO, 2015). As will be detailed later, this was clearly evident in the study population, the substantial majority of whom were living with poor health and disability in all age groups. Moreover, older people often become carers of adult children needing support and/or grandchildren from as early as age 50 or younger, particularly in the context of HIV/AIDS (Aboderin, 2007).

Community researchers in the organisation Dialogue on Shelter facilitated approaching older people in informal settlements for interviews. Dialogue on Shelter is a registered non-governmental organisation and partner to the Zimbabwe Homeless People's Federation (ZHPF), supporting capacity building and facilitating discussion between communities and the government, private sector and academic institutions on issues of housing and poverty. As far as practical, older people were purposefully selected for interview to include a balance according to gender, living arrangements and whether living with disabilities. Most persons approached were willing to create time to be interviewed and were open when discussing their experiences. Recruitment favoured older women because, in practical terms, they were more likely to be at home during the day, with older men often out looking for work.

Our data derive from 69 semi-structured interviews, participant observations and informal group conversations with older residents in Gunhill (n = 19) and DZ-Ext (n = 50). The fieldwork took place during 2015 and 2016. New residents arrive daily, and there is no accurate account of the population, but older people

are substantially over-represented in the settlements. In both settlements, about three quarters of the interviewees were women and about 80 per cent were aged 50–59, 10 per cent between 60 and 69, and 10 per cent over 70. Two thirds had achieved primary education. About 60 per cent of those interviewed were in paid work, mostly informal, including domestic work as maids and gardeners, informal vendors, and community support workers. In both areas, most participants were married and living with their partner, with a smaller number single and widowed. More women than men reported a disability or long-term health condition. Most respondents had experienced evictions and forced displacement. Overall, in the sample, about two thirds of participants were living with chronic ill-health and disability: 60 per cent of those aged 50–59; 67 per cent of those aged 60–69; and 80 per cent of those aged over 70. Of these, in each age group, the majority were living with substantial disabilities, including disabilities following stroke, severe mobility and vision impairments, eating problems, joint problems, and other chronic poor health problems that made life a daily challenge.

As it turned out, none of the participants were born in Harare, and all had migrated, mostly from rural areas around Zimbabwe. Ten participants (two men and six women in DZ-Ext, and one man and one woman in Gunhill) had migrated from other countries, mostly from Malawi, Zambia and Mozambique. All the older international migrants lived full or part of the time with family (for example, during school holidays when grandchildren came). Reflecting the wider sample, seven of the ten engaged in some type of informal paid work.

On average, there were four household members in both settlements. This was typically two older adults living with children or grandchildren, though the reported household structure is fluid, with constant changes of additional adult children or grandchildren living in the house.

Gunhill and DZ-Ext

The Gunhill settlement is controversially situated close to the city centre within the

leafy and low-density residential suburban area of Gunhill. In 2014, there were said to be 52 households (DS and ZHPF, 2014), with families from the Mashonaland Central and East provinces in Zimbabwe, and immigrants from Malawi, Zambia and Mozambique. The settlement started in 1973 as a coping strategy by the urban homeless (DS and ZHPF, 2014) and became home for people who could not afford high rents or who lost their homes during OM in 2005 (Ncube, 2022), with older people a part of the Gunhill community from the early days. On average, a family of four share a single room, which doubles as a bedroom, kitchen and living room (DS and ZHPF, 2014). The settlement lacks adequate basic infrastructure, such as water, electricity and sanitation. It consists almost entirely of self-constructed housing. The land the settlers are occupying is reserved for commercial housing and the development of a freeway, leading to a long-standing battle between the police, local authority and residents, with numerous evictions experienced by Gunhill residents. Recently, land negotiations with Harare City Council and the ZHPF led to the allocation of land in Mabvuku, a high-density residential area at the city periphery, for the relocation of the Gunhill settlers.

The DZ-Ext settlement was established by the Zimbabwean government in 1993 at the western periphery of the city. Until 2004, when the government relocated some families to Hatcliffe Extension, more than 2,000 families resided in DZ-Ext. The 2005 OM mass eviction led approximately 150 families to return to DZ-Ext (DS and ZHPF, 2014); today, it is home to an estimated 450 families. The site is serviced by two boreholes and wells, as well as decentralised sanitation systems, such as EcoSan toilets and pit latrines. The area neighbours a wetland, adding complications during the rainy season. Residents do not have access to electricity and rely on solar generators, firewood or paraffin. DZ-Ext has community services, such as a clinic, a government-administered primary school and a privately run secondary school, with a variety of formal and informal shops and a fuel station. DZ-Ext was developed to be an extension to the main high-density community of Dzivarasekwa (DZ), established in the 1950s as a residential area for black Zimbabweans working as domestic workers, but there is little infrastructural connection to the central area of DZ, with its wider

array of shops, banks and other amenities. DZ-Ext is located on state-owned land. In 2010, the ZHPF, Dialogue on Shelter and the City of Harare signed a memorandum of understanding to prevent the rolling cycle of informal settlement creation and destruction, wherein it was agreed to use DZ-Ext as a pilot project to demonstrate that increased densities are viable and can deliver affordable, adequate and aesthetically pleasing physical spaces for communities.

Conceptualising the care of older people in conditions of informality

All persons living in informality form a part of the city's urban poor, with little to no security and resources, and the study revealed a complex network of care for older people living in these spaces. Like those who were born in Zimbabwe, the older international migrants had suffered displacement and insecurity; however, in contrast, they lacked rural homes and citizenship rights, had lost connections with their countries of origin, and lacked wider kinship networks. Nevertheless, they had settled in Zimbabwe with little intention or ability to return home to their country of origin, and were married or partnered with children and grandchildren, with whom they were engaged in complex reciprocal networks of care. The care within households of older international migrants thus often reflected care within households of Zimbabwe-born older persons.

Many participants in all age groups were manifestly in need of care support. Nevertheless, the dominant narrative of care shared from the older participants was located in the care duties performed by older people within the home and communities, even, as evidenced in the following, when their own needs for care and support might have been thought of as substantial. All older people talked about their care needs by not talking about this but instead bringing visibility to how they care. Among both older international migrants and those born in Zimbabwe, this type of care was identified as multilevel, including the provision of care and support for children and grandchildren in the family, financial contributions towards the care maintenance of the home and household, and the care of community infrastructure. The home is a central part of the life of older men and women in this study, and

almost all the old people (89 per cent in Gunhill and 78 per cent in DZ-Ext) had sole responsibility for caring for the home. This active role of care in the household resisted the singular discursive narrative of older people in state discourse as 'vulnerable' and always in need of care (Makore and Al-Maiyah, 2021).

Older people in both settlements describe in great detail the struggles with living on a day-to-day basis, often referred to as 'kukiya-kiya' (a 'constant hustle'), a commonly used term in Zimbabwe (Ncube and Nhapi, 2022). It is the situated and interrelational nature (absence) of care relations that was emphasised by older international migrants, however. For them, the physical and socio-economic environment they are living in revealed precarious conditions of care and an absence of formalised structures of care, particularly with respect to financial support and access to adequate housing.

Housing as care

Caring for the immediate and often extended family played a significant part in how people lived. An older man known in the Gunhill community as 'sekuru' (meaning 'grandfather' or 'elder') (SV, 72 years) migrated to Harare in 1987 from Malawi to find a "better life and future". SV has occasional informal work and has long-term health conditions needing daily medication. Harare represented a life of urbanity and employment opportunities. SV recalls his travel to Harare with his parents and his brother to work as domestic employees. His parents have since died, and his brother has moved to Bulawayo. Upon arrival in Harare, he found employment working with horses at the racecourse in Borrowdale. He describes this gainful employment as one of the steadiest periods of his life. However, the employers did not provide accommodation and his low income could not afford him any housing in the area, resulting in his residence at Gunhill in a grass-thatched shack. He had hopes of saving enough money to build a home, but the socio-economic crisis in Zimbabwe, combined with the migration of his employers to England, meant that SV has been unable to do this. He normally lives in a household with his wife and four adult children; however, in the interview, he explained how he invited his five grandchildren to live with him during the school holidays. Despite the limitations of space in his

two-bedroomed wooden shack, lack of financial stability, and personal healthcare needs, SV foregrounds his need to constantly look for work so he can build a house for his family with sufficient rooms for his children and grandchildren:

> 'I cannot work because of my leg; it was cut off due to continuous rotting. This happened as a result of my injuries, and now I cannot find any work…. I am very worried for my family and always thinking about ideas how to help them. At the moment, it is very difficult for me. There are no jobs for my children and they are struggling as well. I want to stop bin hunting. I started renting out one room and managing the tenants, then we all stay in the other room and get some extra income.' (SV, 72 years, Gunhill)

The connection with the provision and building of housing infrastructure with the very notion of care was visible in the narratives of most of the older people from both settlements, though the emphasis and pressure to build a house was more profound among the older international migrants in the context of migrating for a better future for the family. An older man from Malawi (JM, 74 years, male, wheelchair user) living in DZ-Ext with his three adult children has profound care needs and describes the care he receives from his children. He has abandoned ever returning to Malawi and describes not only the scarcity of resources but also the decision made by his adult children to settle in Zimbabwe and his provision of a home for them. This need to 'build care' for family through the provision of housing is also shown in the narrative of CT (53 years), living in DZ-Ext. CT lives with her two school-going children and has no paid work. She moved from Zambia to work on a farm in 2002 until she was evicted during OM. She comments on her living older parents in rural Zambia but, due to insufficient funds, cannot return or survive there with her children. CT has a long-term health condition, is HIV positive and needs to take daily medication and access healthcare. Her primary concerns are less about her care needs than her ability to care for her family and how this impacts her status, particularly to her family in Zambia:

> 'I feel insufficient and like a failure … even in my old age, there is nothing to show for my life because I do not have a house for my family…. I want to finally have my own land and build a house for my family, and then

> maybe I can visit home [Zambia] and tell them what I have achieved.' (CT, 53 years, DZ-Ext)

We see in CT's interview that she feels "insufficient and like a failure" because "there is nothing to show for her life". Without land and a house, she cannot go home to Zambia. Remaining in urban areas despite the challenges continues to be an avenue for these older migrants to aspire to own their own land in the urban space.

Comments made by VC – a 69-year-old widow whose husband died on their way into Zimbabwe in 1970 from Mozambique – further evidence this gained sense of belonging through landownership, as well as security for her own later life. VC arrived with her children and sisters in a high-density housing estate in Harare called Kuwadzana. She struggled with rent to support her family, eventually moving to DZ-Ext in 2004 with the aim of "building a life". Her interview demonstrates her joy in acquiring land in DZ-Ext to build a house, so she can finally age in place:

> 'Having a house here has helped me feel like I am finally home. I am very happy with my stand, as it is for a five-bedroomed house with a kitchen, dining, spare room, bath and a toilet. I can live here for the rest of my life. Once I have finally built this house, I will be extremely happy.' (VC, 69 years, DZ-Ext)

Care as relational

The conceptualisation of care by the older people in the study is thus not only relational but also complex in shape and nature. The foregrounding of the narrative of care by older people for their families is situated in unspoken reciprocal practices. In both Gunhill and DZ-Ext, almost half of respondents reported primary responsibility for caring for their grandchildren due to the migration of adult children to surrounding countries for employment. In this context, the 'absent' adult children provide income for the care of the household and for the care of the older person; in exchange (though not explicitly mentioned), the older persons raise their grandchildren. None of the older men and women in this study have access to pensions, so all rely on informal livelihoods and, to some extent, on their families

for income support, often resulting in a strenuous relationship, exacerbated by the resource-strained context. This state of care was no different for older international migrants. Most mentioned the provision of financial or other support for their personal care by their adult children living with them in the home or living away from the home, as well as some level of caregiving for their adult children by the older person even when they lived with debilitating disabilities themselves. While there was no clear difference in the rhetoric of this reciprocal exchange between international migrants and Zimbabwe-born older people, with less extended family living in Zimbabwe, it is likely that the adult children of international migrants have a higher dependency on their older parents for caregiving when needed, and vice versa. This may also bring tensions, anxiety and pressure within the nature of the reciprocal care exchange.

The experiences of EM in DZ-Ext point to these complexities. EM is a 63-yearold widow originally from Mozambique. She migrated to Harare with her parents,
who have since died, and she has no siblings or extended family in Zimbabwe. EM has long-term health conditions, including asthma, severe backaches and high blood pressure. She comments on both the care received from her adult daughter and her caring responsibility for her daughter's two children, while also mentioning the struggles in fulfilling her care duties in the home:

> 'I live with my last girl child and boy. The girl is divorced with two children who also live there. The boy is unmarried and unemployed…. I sell vegetables and work as a vendor. I used to be a domestic worker, but because of my health problems, I struggle to work harder on chores in the house and look after my grandchildren.' (EM, 63 years, DZ-Ext)

What is not clear from EM's experience is the impact on the care she receives from her daughter when she is unable to provide care by looking after her daughter's children. Furthermore, despite EM's children and grandchildren, she describes herself and family as alone and "having no one left to go to" since her parents died. SV from
Gunhill echoes this sense of isolation, despite living within a large multigenerational home with his wife, four children and grandchildren:

> ‘Because I come from Malawi, I have no other family to rely on. It is just us, and it continues to be just us. We migrated here, but I also have a brother who lives in this country, but he lives far away, and sometimes he visits us, but it is difficult for him too. But I have no other family.’ (SV, 72 years, Gunhill)

The older international migrants in this study continue to feel ‘isolation’ due to the absence of an established family network, despite the family care structures they have created. This shows a different and contrasting internalised discourse and norm concerning existing care networks to that of the older Zimbabwe-born persons in the study, who frequently mentioned connections and care networks in their originating rural areas and other areas in Zimbabwe.

The smaller care networks available to older international migrants in this study, often only their adult children, lead to a reliance on care beyond the family, particularly state, voluntary sector or community support, which is difficult to access or lacking. In Gunhill, respondents indicated that the nearby community and social facilities cater to middle-class Zimbabweans and older poor are therefore treated as the ‘other’, with no prospects for engagement with community services. In DZ-Ext, civil society organisations like the Homeless Federation offered more ways for older persons to engage and access community and health services, which was especially important for the older international migrants. This is illustrated by AG (73 years), a widow originally from Malawi living in DZ-Ext with her adult child and three grandchildren. AG has hearing and mobility difficulties. She describes her struggles to go to the shops or visit a clinic because she does not have any family living close by to assist her. Her adult child needs to go and find work, so she must often ask her neighbours to help her; however, she feels like “an inconvenience and a burden”. CS, a 62-year-old female in Gunhill originally from Zambia, describes this challenge in accessing care. CS lives with her adult child and two grandchildren. She must walk long distances to access crucial healthcare, and she relies solely on her child to support her, without any extended family:

> ‘I am HIV positive, and I have to walk long distances to the nearest clinic.

> Sometimes, we experience extreme hunger, where we are eating once a day, and I have no money to feed my family. I am fortunate to have a son who sometimes works with making bricks, and he often supports us when he can. He tries his best to help me, as it is only us in this place.' (CS, 62 years, Gunhill)

These comments are supported by VC in DZ-Ext, who lives alone but migrated to Zimbabwe from Malawi with her two sisters, who also live in the DZ-Ext community. She comments on the importance of wider kin: "There is some support from the community, but really, it is my sisters who help me. I would not be able to go to the hospital if I did not have my sisters to take me" (VC, 69 years, DZ-Ext).

Claiming and co-producing care

Care for older persons is also situated in practices of co-production and community. The fieldwork took place during the Harare Slum Upgrading Programme (HSUP), which started in 2014. HSUP received US$3.8 million, with Harare being one of five African cities in the Bill and Melinda Gates Foundation Global Project on Inclusive Municipal Governance (World-Habitat, 2019), which aims to conduct community-led profiling to inform slum-upgrading programmes for the urban poor. Out of this, the Harare Slum Upgrading Finance Facility (HSUFF) was developed to provide financial sustainability and extend the initiative to other settlements. HSUFF started in 2014 with an initial fund of US$200,000 – US$120,000 from the City of Harare, US$50,000 from Dialogue on Shelter/Slum Dwellers International, and US$30,000 from the ZHPF (World-Habitat, 2019). As at 2019, 355 loans had been issued to 110 groups for 550 households to fund income-generation projects, water and sanitation improvements, and housing and land acquisition for the communities in informal settlements (World-Habitat, 2019). The construction of houses in DZ-Ext as part of this scheme arose from co-production with the community, with technical expertise provided by Harare City Council (DS and ZHPF, 2014). Local community residents were enabled to assist each other in the construction of houses, roads and buildings (Chitekwe-Biti et al, 2012). By 2015, the community had successfully constructed many houses, a (solar-powered)

community hall and 200 EcoSan toilets.

The funding and community-led projects were mentioned by all the older persons as 'critical care infrastructures' in the settlements, particularly the ability to gain funds to acquire land and build housing. JM (74 years, male, DZ-Ext) could not access formal support from the government but had been able to gain assistance with an application for a loan for a wheelchair-accessible, two-bedroomed demo house from the HSUP Gungano local fund under the 'most vulnerable persons' funding option.

GR and VC further evidence collective forms of care and support through the community:

> 'I accessed loans from the Homeless Federation, which allowed a group of about 50 people in the community to build my house. I am very grateful because without this support, I would not have a place to look after my family.' (GR, 52 years, DZ-Ext, originally from Mozambique)

> 'We, as a community, do try to help each other. In our cooperative, we support each other when we can with food and other things. I am able to save money through the community saving scheme…. I am just trying to survive here, and I sell stuff to help me survive. I feel happier in this community than I have ever before. For the first time in a long time, since I came to this country, I am able to laugh a lot.' (VC, 69 years, female, widow, DZ-Ext)

The HSUP project ended in 2019, however, and the fund has been temporarily suspended, with a lack of political will within the City of Harare, policy inconsistency and Zimbabwe's cash crisis impacting the issuing and repayment of loans (WorldHabitat, 2019).

Discussion

The number of people living in informal settlements in Zimbabwe is not known. Chavunduka and Chaonwa-Gaza (2021: 288) report that in 2002, it was estimated to

be 10 per cent of the population of Harare but that Zimbabwe has since experienced a rapid growth in informal settlements, with the preponderance of migrants within the settlements resulting from the political economy driving failure to address housing security in the country. Official statistics estimate just 1 per cent of Zimbabwe's population to be international migrants (Hungwe, 2022), but the accuracy is uncertain and the age distribution is not known, though likely to be heavily skewed towards older ages given the out-migration of younger Zimbabweans in more recent decades (Potts, 2015). In particular, very little is known about age and migrant distributions in informal settlements, and it is perhaps interesting that in our sample, which did not select for migration histories, about 15 per cent of older respondents were born in neighbouring countries. Notably, when prosperity is absent or confined to some groups, the city becomes an arena where the right for a shared prosperity is fought for, often leaving marginalised minoritised groups like those in our study in conditions of uncertainty and insecurity.

In Zimbabwe, there are effectively no formal structures for social care, and healthcare is hard to access. State discourse over the last decade reflects ambivalence towards care infrastructures, painting a dire picture of older persons as dependent and vulnerable, and 'blaming' families and the communities for economic and political failures in caring for older persons (Makore and Al-Maiyah, 2021). This fails to acknowledge the nuances and intersections of the lives of older people and their strategies for coping within families and through building community infrastructure. These tactics are themselves fragile but, as these findings demonstrate, not without agency.

The narratives of care provided by respondents in this study provide a perspective of care, even for people in manifest need themselves, as provision of care to adult children and grandchildren. Care receipt is viewed, at best, as tangential and incidental to this primary provision. The notion of housing and home as care is central to this conceptualisation and to the notion of a successful life. The interconnectedness of care relations within and across generations takes primacy and shows that the very notion of care is far removed from the dominant idea in the Global North of instrumental

help with specific tasks, nor is there some sort of transition in later life from providing care to needing care. Rather, simultaneous and complex networks of care persist well beyond older people living with disabilities and health problems. These care relations derive from histories of migration, community, kinship, aspiration, displacement and disenfranchisement, with the provision of security within insecure systems core to the very idea of care. Contrary to the popular view of the urban poor living in informal settlements characterised by social disorganisation, the findings reveal that older persons were culturally optimistic, with aspirations for their children's and grandchildren's quality of life and housing.

Data from both Zimbabwe-born migrants and international migrants reveal commonalities for migrants growing older in the settlements: they were displaced people, many forcibly, who had endured hardships; they provided homes for children and grandchildren; they sought to earn a living to provide for their families; they privileged care for their families over care that they received (however profound their needs); and they were sometimes reliant on wider kin for support, especially in accessing healthcare. However, without wider kin, and having migrated for a better life, international migrants had a profound desire for land and homeownership, bound up with their notion of care. Housing is central to the care landscape of older international migrants, and access to housing, while poor, is both a major challenge and a primary aspiration.

Furthermore, the analysis reveals that even without state infrastructures for care, facilitated and funded community projects based on approaches of co-production offer alternative ways of providing older people with the opportunity to contribute to the appropriation and transformation of their communities. This form of co-production can be used as a political strategy for migrant groups 'to secure effective relations with state institutions that address both immediate basic needs and enable them to negotiate for greater benefits' (Mitlin, 2008). In the long sweep of historical, institutional and economic events that have determined the care infrastructures for older migrants in Zimbabwe, an opportunity arose with the HSUFF, albeit subject to the vagaries of

donor institutions and government responses. While now at an end, it demonstrated that by investing in communities and focusing on housing infrastructure, which is so central to people's notions of care between and across the generations, care needs within families can be supported.

A limitation of this study is that it is both context specific and small in scale. Although the sites were chosen for their differences to generate variety in our sample, each informal settlement has its own history, structure and culture. Our sample was large enough to encompass diversity within our target group, and our method elicited rich narrative accounts; however, we do not claim that these are representative of all experiences of migrants over 50 living in similar Zimbabwean settlements. Nevertheless, our respondents tell stories consistent with, and adding to, other studies of older migrants in Zimbabwe, including in enclaves or rural areas, such as those by Daimon (2014), Bhanye (2022) and Chadambuka and Helliker (2022). The importance of housing in securing a future for older people in the Zimbabwean context has been noted in Parazda's (2009) study of homeowners, and the significance of wider kin and civil society networks for reciprocal exchange and emergency relief has been documented by Dafuleya (2021). The study could helpfully be extended to consider older people living in a variety of conditions in Zimbabwe and to international comparisons across the region where labour migrants now age in place.

Socio-economic politics, the complex history of Zimbabwe's urban and rural spaces, and the recent urban interventions of evictions, housing destruction and donor programmes obscure the concept of 'care' in layers of waiting, immobility and a culture of fear and uncertainty for older migrants. The invisibility of attention to older migrants within the urban fabric and national policies exacerbates their vulnerabilities. Further action is needed at all levels to foreground how older migrants are living on Zimbabwean society's margins and to facilitate their daily practices of care.

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Conflict of interest

The authors declare that there is no conflict of interest.

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