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COVID-19 in Zimbabwe
Exposing government flaws and testing people's resilience

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Foreword

When the COVID-19 pandemic spread over the world, it became apparent that it exacerbated existing crises and magnified vulnerabilities. In April 2020, we therefore set out with a group of students to follow what happened in 7 countries: The Democratic Republic of Congo (DRC), Haiti, Zimbabwe, Philippines, India, Brazil and Chile.

In all these countries, COVID-19 became part of intersecting and compounded crises. The ongoing research programme at the International Institute of Social Studies (ISS) of [When Disaster meets Conflict](#) is about dealing with intersecting crises, and became the steppingstone for the analysis of the responses to COVID-19. When Disaster meets Conflict – and hence these case studies – has been supported by the Netherlands Organisation for Scientific Research (NWO) (Grant number: 453-14-013); Nederlandse Organisatie voor Wetenschappelijk Onderzoek.

The case-studies have been implemented by students of the countries residing at the ISS on the basis of remote interviews and secondary sources. COVID-19 widely triggered top-down and centralised emergency measures. The research set out to uncover what happens when COVID-19 hits fragile, authoritarian and/ or conflict-affected settings? It focuses on how affected communities perceive of and deal with COVID-19 restrictions, and what initiatives emerge in providing local safety nets.

This working paper reports on the research done in Zimbabwe. The authors found that COVID-19 was not the main problem bothering ordinary Zimbabweans but the economy, political oppression, and other diseases such as malaria and HIV/AIDS.

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Abstract

The first official case of COVID-19 was reported in Zimbabwe on 20 March 2020. As a result, a total lockdown was declared by the government throughout the country. While the restrictions were initially supported by the masses, the length of the lockdown and the application of the lockdown rules became unbearable among the citizens. This is because most Zimbabweans are employed in the informal sector which means that majority do not have savings to keep food on their tables while not going out on the streets to sell their items. The coronavirus restrictions were also instrumentalized by the government to target the opposition supporters.

As we examined the impact of the coronavirus on Zimbabwe, role played by the state to counter or exacerbate the effects of the pandemic, consequences of these top-down measures from the government, strategies adopted by the citizens to atone to the restrictions imposed by the government, a qualitative methodology was adopted for our study. A total of 5 key informants were interviewed via Zoom platform. Systematic review of secondary data sources on the subject under study in the country was also done.

After analysing the data, our findings indicated that COVID-19 was not the main problem bothering ordinary Zimbabweans but the economy, political oppression, and other diseases such as malaria and HIV/AIDS. On the same note, there were local initiatives that tried to find solutions to the threat of the coronavirus but were only limited to a few localities in the country.

Keywords

Zimbabwe, COVID-19, pandemic, government, economy, political climate, non-state initiatives.

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1 Introduction

The onset of the coronavirus caught most countries off guard; Zimbabwe was not an exception. Although the first case in the country was reported on 20 March 2020, the Zimbabwean government was already monitoring the spread of COVID-19 around the world and contemplated which national measures to adopt. Even before any official COVID-19 case was reported in the country, the government announced a 'state of disaster' in anticipation, on 17 March 2020 (News24 2020).

For the people of Zimbabwe, troubling and uncertain times are no new phenomenon. The COVID-19 pandemic and the way it was handled by the Zimbabwean state rather added stresses to an already fragile society.

After gaining independence from Britain in 1980, Zimbabwe experienced significant economic growth for many years, predominately thanks to a highly successful agricultural industry. However, the nation that was once considered the "breadbasket of Africa" has since seen the emergence of a struggling economy, high unemployment rate and a slow or negative economic growth rate (Gandure et al. 2010: 513). More recently, Zimbabwe has often made

Figure 1
Map of Zimbabwe showing its regions



Source: © Mangwanani, Wikipedia

headlines, and mostly for the wrong reasons. Coverage focused on, for instance land-grabbing, manhandling of opposition politicians and supporters, hyperinflation, and slow and inadequate response to recurring droughts and cyclone Idai in 2019. The World Bank (2020a) reported that in 2019, 80 percent of the Zimbabwe population lived under the poverty line, with 34 percent defined as extremely poor. A weak exchange rate, food shortages caused by a persistent drought, and international economic sanctions have facilitated Zimbabwe's annual inflation rate to soar to about 800 percent (BBC 2020a). The arrival of the COVID-19 pandemic has had a compounding effect on the country's fragile economic and political architecture (ibid).

In this report, we look at (i) the impact of the coronavirus in Zimbabwe, (ii) the role played by the state to counter or exacerbate the effects of the pandemic, (iii) the consequences of these top-down measures from the government, as well as (iv) strategies adopted by the citizens and non-state actors to atone to the restrictions imposed by the government, and the virus.

2 Methodology

A qualitative methodology and analysis of secondary and primary data, derived from in-depth semi-structured interviews with few key informants (O’Leary 2017: viii), were chosen because they deemed to meet the objectives and circumstances of this study. The current epidemic did not allow the researchers to be in Zimbabwe to conduct face-to-face interviews, research participants were interviewed online – chiefly via the Zoom platform. The study was carried out between June and August 2020. Given the limited timeframe and research participant sample of the research, it goes without saying that this study does not claim to be representative of the views of Zimbabweans.

2.1 Secondary data sources

The researchers studied local and global news reports and articles, social media accounts and reports of government officials and non-government organisations, and parliamentary documents. Local news sources included both government-backed and more government-critical ones, ranging from *The Herald* to the *Zimbabwe Broadcasting Corporation*. The use of online articles was important, as it allowed the researchers to gain an initial understanding as to what the government of Zimbabwe had done to respond to the crisis, what impact these measures have had, so far, on the local communities, and how the ordinary Zimbabweans reacted to these measures and the impact of the pandemic. Each article provided insightful information, which was explored further through interviews.

2.2 Key informants

Upon initiation of the research, the researchers reached out to contacts and acquaintances to help facilitate conversations with various stakeholders on the topic of interest. From the positive replies, after emails asking for individuals to take part in the research, a total of five positive responses were received. In this study, pseudo names have been given to the interviewees because of the sensitivity of the information provided. *Table 1* below provides summarised details of the participants. The researchers constructed an interview guide with semi-structured questions, the researchers were flexible to go with the flow of each discussion in line with the topic of the research. Probing questions were asked to further understand the points that were made by the participants, allowing for a deepened understanding.

Not only did our key informants provide insightful information about the issues under discussion during the interviews, they also sent us important reports and other information that was of interest. Some of these resources are quoted in the analysis section of this report, enriching the information obtained from the interviews. TRACE and E-SAG documents formed the backbone of this cluster of data sources:

- TRACE report is a bi-weekly publication authored by over 34 NGOs operating in Zimbabwe. They cover a range of issues, but we selected mainly those dealing with the COVID-19 pandemic. These reports are in soft copy and were provided to us by one of the research participants.
- Emergency Strategic Advisory Group (E-SAG) is a body that comprises of relevant NGOs and government representatives that meets weekly to discuss and propose action points for emergency situations such as COVID-19.

Table 1
Research participants' information.

Name	Function	Location
Jane	Consultant and Volunteer	Zimbabwe
Lovemore	Monitoring and Evaluation Manager	Zimbabwe
Peter	Monitoring and Evaluation Coordinator	Zimbabwe
Adrian	Coordinator for Civil Society Organisation	The Netherlands
Lucy	CEO of a Youth Organization	Zimbabwe

In this report, the researchers tried as much as they could to not provide a one-sided picture of the situation and reflect the views of the government, despite all the respondents being in one way or the other members of the private sector or civil society. It is possible that the views of these participants may appear biased against the government. Selecting predominantly those not working for government was not by design, but a result of circumstances. Interviewing government officials requires approvals, but given the timeframe of the research, this would not come to fruition. Initial attempts to get the views of the government through interviews were futile.

3 Findings

3.1 Government's top-down measures to control the spread and lessen impact of COVID-19

Less than a couple of weeks after the country's declaration of state of disaster, a 21-day lockdown was announced on 30 March 2020 (VOA 2020b). Gatherings of over a hundred people were henceforth banned. Church services and funerals were also prohibited while local and international travels were restricted (VOA 2020a). Peter, one of our research participants, narrated: "Initially the government and city councils went on radio and social media leading up to the lockdown to say: 'we are ready for COVID and lockdown', etc.,". All public institutions and businesses closed, except for essential services. Citizens were advised to stay at home and only to go out on essential travels. Life momentarily came to a standstill, especially in the urban centres. Violation of the lockdown measures was punishable by arrest or a fine, sometimes both.

Despite these measures being implemented, the virus spread steadily. According to statistics from John Hopkins University (2020), by 4 August 2020 the country had 4075 confirmed cases with 80 deaths from COVID-19. These same figures also appeared on the government's national mouthpiece (ZBC 2020). In the monitoring of COVID-19 cases, based on the government accounts, the death rates have been notably low. One could make reservations about the sincerity of the official figures from the government with regards to underreporting in order to portray that their actions have had a positive impact. Some Zimbabweans, like Peter, seem to trust these figures:

Although we feel that the strain we have is not as potent as once thought, it is not killing many people. We seem to have benefited from not having an increase in deaths, but we do not have a very good picture of how many people are positive with COVID.

The response of the Zimbabwe government was swift, especially with the lockdown measures. It appears to have slowed the spread of the coronavirus and minimized related deaths. But, as will be shown below, these same actions have resulted in infringements on political freedoms, blossoming corrupt practices, accelerated downward slide of the economy and neglect of other deadly diseases, such as malaria and HIV/AIDS. The latter two diseases have continued to take more lives in comparison to COVID-19 (Guardian 2020). A surveillance report by Zimbabwe Ministry of Health and Child Care (2020) shows malaria cases increasing three-fold compared to the usual thresholds.

However, some of the lockdown measures have since been relaxed. For example, by August 2020, churches and informal businesses have re-opened and travel within the country has also been allowed (CGTN Africa 2020). This has reduced some of the hardships faced during the total lockdown's three-week period, but the real effects of this situation are yet to be understood.

3.2 Lives pushed to the brink: Consequences of COVID-19 prevention and control measures on ordinary Zimbabweans

The restrictions imposed were supposedly implemented to save lives by controlling infections, which to some extent have been realized. But these measures also have had far-reaching repercussions on the daily living conditions of most Zimbabweans, in many ways. The impact has been significant, compounded by health and sanitation problems, poor economic performance, corruption, and the political climate in the country. We now discuss these four aspects.

Health and sanitation

Water shortage in Zimbabwe has become severe and prevalent as a result of drought that has existed for many years (Aljazeera 2020a). While one of the ways of controlling the spread of coronavirus is regular handwashing with soap, challenges related to water access, sanitation and hygiene (WASH) issues have come to the fore. With inadequate boreholes, breakdowns of already dug boreholes and competition with animals for water, access issues to water has become acute. In the (semi-)arid province of Matabeleland South for instance, it is estimated that a 20-litre bucket of water costs as much as 2 US dollars (E-SAG 2020). In poorer neighbourhoods where many people live on less than 1 US dollar a day, livelihoods have been momentarily put on hold due to COVID-19. People have had to forego regular handwashing advice, highlighting further challenges with WASH in lockdown.

Economic performance and the informal sector

Estimates put Zimbabwe's unemployment or underemployment rate at over 90 percent (BBC 2020a). Years of economic mismanagement from successive regimes have left the country with chronic shortage of basic items (Aljazeera 2020a). TRACE's (2020a, 2020b, 2020c, 2020d) weekly reports from May to July have documented shortage of *mealie meal* (maize meal), fuel scarcity, and the inflation rate having grown by 50% since January 2020. The recent weakening of the country's currency is attributed to the RBZ's (Reserve Bank of Zimbabwe) introduction of new bond notes (ibid). As a result, hunger and malnutrition, especially amongst children, has spiked; many cannot provide enough food for themselves and their families. Zimbabweans have had to circumvent the rules to provide for their families. "To make ends meet and offset some of these challenges, people are selling and buying on the black market," Lovemore reveals.

The informal sector, precisely, is the backbone of Zimbabwe's economy (Gukurume and Oosterom 2020). Most Zimbabweans work in the informal sector, but many lost their sources of livelihood with the announcement of the lockdown measures. When the coronavirus hit the country, informal businesses or self-employment was paralyzed. First, all informal trade was

forbidden. In a second step, the government announced that restrictions would be eased, but that the informal traders could only go back to work if they registered their business, and paid a ‘presumptive tax’, i.e. a form of income tax payable by low-income earners (Parliament of Zimbabwe’s Bill Watch 38 2020). With the informal sector constituting such a large proportion of the economy, the government’s requirement for the workers to register was perceived as a way to contain the industry and control its operations. This meant that everything was not ‘business as usual’. The lockdown also meant that taxes derived from the daily operations of formal small businesses have been lost, with further repercussions on the entire economy. Simply put, people’s lives remained on the edge.

Corrupt practices

Overall, the COVID-19 prevention and control measures announced and enforced by the Zimbabwean government have further contributed to an environment of corruption and kickbacks by state officials. These allegations have however been vehemently denied by the government (Namibian 2020). An editorial from The Herald (2020), a government mouthpiece, warned people protesting against corruption in the country that their actions would not solve the problem.

Zimbabwe was ranked 158th out of 180 countries in Transparency International’s corruption perception index (CPI) report in 2019 (TI 2019). This ranking highlights a pre-COVID-19 history of endemic corruption in Zimbabwe. But further cases have been documented by the media, during and directly linked to the health crisis (BBC 2020b). Reports of dubious government procurements, supply and distribution of coronavirus medical and non-medical materials have come to light at both the national and local levels. Our research participants, Lovemore and Lucy, have indicated that bribes by informal sector traders to the police and soldiers are common. Since most street vendors were banned during the strict lockdown days, the only way they could operate was to grease the hands of the security agents to avoid apprehension. In order to receive government stimulus, the informal traders had to register themselves and their businesses with the government. But reports have surfaced stating that the government, has used the situation to give advantage to informal traders who categorise themselves as ZANU-PF supporters (Zimbabwe Human Rights Association (ZimRights) 2020).

Corrupt tendencies have also impacted the agricultural sector. A sizeable number of Zimbabweans are active as farm workers and owners, and as Jane observes, farmers have been disadvantaged for the good of few individuals:

The government is taking advantage of the vulnerability of local producers by controlling prices of the local produce, poor families have no other choices but to sell them at capped prices. [The government] then sells [the produce] onwards at higher prices.

Political climate: a state exercising power and control

The authority to declare, relax or tighten the lockdown rules belongs to the Zimbabwean government. Most of our interviewees have pointed out that the lockdown was hastily enforced, without proper planning. It mimicked what was done in South Africa, its richer southern neighbour. This view is reflected in Peter's assertion:

It was not well thought out. This resemblance [of lockdown measures] with South Africa is quite key. And it is quite a dominant narrative [within Zimbabwe] because we went into a lockdown not fully prepared as to what to expect.

Initially popular, the lockdown was more suspiciously eyed by ordinary citizens, many observed or heard how the ruling party ZANU-PF instrumentalized the lockdown to settle scores with opposition supporters and politicians. For example, a BBC (2020a) article documented chilling stories of three female opposition activists arrested and tortured by the security operatives as part of the state's wider crackdown on political opponents. The government itself alleged that the said protesting women had simply been arrested for violating lockdown measures in the city centre. Information Secretary Nick Mangwana, as quoted by the BBC, claimed:

The three women were part of a group of MDC (Movement for Democratic Change – Zimbabwe's main opposition party) youths that defied the lockdown laws in the country and took part in an illegal demonstration.

Within Zimbabwe, the torture and arrest of these activists has been perceived as a classic case of police brutality. In addition to such cases documented by reports and the media, most of our interviewees cited widespread police heavy-handedness across the country during the lockdown period. It appears that the COVID-19 prevention and control measures have not only negatively impacted ordinary Zimbabweans' livelihoods, but also limited their political freedoms. "For me, the lockdown was a convenient political state of emergency, not necessarily a public health statement," lamented Peter.

So far and since March 2020, over 105,000 people have been arrested on the grounds of lockdown infringements (BBC 2020c). In these instances, individuals were purportedly arrested for not observing the COVID-19 prevention and control measures. Peter expressed his frustration in that citizens who were being arrested were also being placed in crowded cells where social distancing was not possible.

3.3 Non-state initiatives to weather the impact of COVID-19 and associated measures

As the lead actor in the country, the Zimbabwe government tried to put forward initiatives to alleviate the impact of the virus and of the lockdown; from supplying medical and non-medical items, setting up isolation and quarantine centres, to provision of food and cash handouts to poor

households. However, some promises, such as financial support for informal traders, were not met, and the government interventions fell way below the scale of needs of many Zimbabweans. As a result, multilateral organizations, NGOs, local communities, the diaspora and private businesses tried their best to bridge the gap. Some initiatives were done in isolation while others were carried out collaboratively. Also, some initiatives aimed to support the government efforts, while others were carried out independently, or even in reaction to and in defiance of the government measures.

First, Zimbabwean civil society collectives have challenged the government over the draconian lockdown laws and enforcement by state security officials, arguing that they are unconstitutional, and did not derive from democratic deliberation. In April 2020, lawyers filed a High Court case against the government, arguing that human rights have been abused in the name of COVID-19 restriction violations (VOA 2020c). However, the government has utilised the low cases and death rates as support for its strict lockdown guidelines, at the expense of people's rights. Although we acknowledge that human rights are human rights *as part of society* (therefore some infringements can be justified in order to protect the more vulnerable), the health crisis has allowed the government to systematically ramp up its suppression of many human rights and further cement Zimbabwe's status as a police state.

Second, multilateral organizations have shown willingness to provide cash to the Zimbabwean government to help it fight the virus. Importantly, the aid was tied to conditions, such as upholding human rights, fighting corruption, and payment of debts owed to some of these same lending institutions (World Bank 2020b). Adrian highlighted, in his discussion with us, that big donors are now requiring governments to complement the funding they are receiving, so that they do not reap the benefits of donors' work. This is because the response is generally government-led. These requirements have been met with some resistance by government and delayed their actions during these times.

Third, and rather than wait for government's negotiations, private and other non-state entities contributed money and in-kind donations to public health services, in order to shore up their response capacity. At the community and district level, local non-state entities provided funds for water and sanitation issues, in particular the drilling of new boreholes and repairing of old ones, setting up handwashing stations, and promoting other hygiene practices. Residents played a primordial role in these processes; locals directly dug shallow wells, such as in the wetlands near Mabvuku, a Harare suburb (E-SAG 2020). In Bulilima District of Matabeleland South, residents formed groups and solicited funds from relatives in the diaspora. This led to collaborative endeavours, involving local government officials also. By working together, diaspora, local communities, local government officials and NGOs procured items and drilled and installed boreholes. Some locals were trained to manage, repair and sustain the boreholes (some solar-powered). What started as a scheme of five groups now counts 11 initiatives in the pipeline (ibid).

Non-state support did not only come in material or financial form. As Jane notes, "Civil society organizations are doing a lot of awareness campaigns

through various media outlets.” The aim is to increase people’s awareness and adherence to hygiene practices and other pertinent information related to prevention, control and treatment of COVID-19.

Fourth and finally, at the individual level, some people came up with ways to keep their heads afloat from the impact of the pandemic and the subsequent restrictions imposed by the government. The drastic and impactful restrictions were largely respected as people came to grips with the pandemic. People initially were obedient to the directives for fear of catching the virus, given what they saw or read in the news from countries where it had started infecting and killing people in large numbers. But with time, life became almost untenable for most Zimbabweans.

People tried to circumvent the lockdown restrictions in a bid to make ends meet without falling prey to the laws. Some shifted their livelihood activities to night-time, when enforcement was somewhat less stringent. As told by our research participants, most already socio-economically marginalised Zimbabweans felt they had no choice, or rather only a choice between a certain death from hunger or play Russian roulette with the coronavirus. Joseph noted that vendors selling at night would take off whenever they saw policemen or soldiers approaching. Jane further confirmed this point: “They [vendors, customers and travellers] started circumventing the rules by traveling at night between midnight and 4:00am. Shopping and vending is done around this time too.”

Needless to say, dealing with these stressful situations has impacted the psyche of many, and individuals have come together to help each other by other means, such as the grandmothers from the town of Gweru providing free therapy to people suffering from mental health issues as a result of COVID-19 (Aljazeera 2020b)

4 Analysis

Based on our findings, we argue that the Zimbabwean government, announcing and enforcing the lockdown measures, coordinating activities of non-state entities responding to COVID-19, primarily played a ‘ceremonial’ role in meeting the actual needs of its citizens. State measures led to informal traders of low socio-economic status to put their lives at risk through possible infection in order to make a living (ZimRights 2020). The government’s promises to give money to the informal sector workers, in their bid to help alleviate their loss of livelihoods, has not been met, heightening their vulnerability.

Based on the statements of our research participants and the analysed secondary sources, we found that the increase in police presence on the streets, to enforce the prevention and control measures, was accompanied with abuse of power and brutality. Government’s targeting of opposition supporters and activists highlights the ‘securitisation’ of the management of the epidemic (McLavery-Robinson 2020). In her speech on policing states and emergency powers, Fionuala Ni Aolain (2020) emphasized how, over the years, states have resorted to using these powers in ‘emergencies’, but rarely give them back after the emergencies have ended. Emergencies highly correlate with human rights abuses, as was allegedly already the case in Zimbabwe in the aftermath of Cyclone Idai (Human Rights Watch 2019).

McLavery-Robinson (2020) also observed police being used respond to disease outbreaks, such as the coronavirus, from a security perspective. In his research into the militarisation of states, Arun Kundai (2020) highlighted how during these times, the agenda of some governments is to empty public spaces through the disguise of the health emergency. Countries like The Philippines, India and Hungary have utilised this situation to reinforce their dictatorial powers (Gerson 2020). From former President Mugabe to Manangagwa, the President in power since 2018, it would seem that the tactics to intimidate critics during difficult times have not changed.

Local coping mechanisms to deal with these difficult times have come in all forms, from donations, to managing certain health aspects, to local initiatives making operational water points from scratch. These initiatives were a reaction to the onset of the virus and their success and impact cannot be fully assessed yet, as they were done to fill the void that the government should have bridged if it were not for its ailing economy and, sometimes, lack of goodwill.

Existing corruption and a weak economy have further deteriorated during the pandemic. This in turn has made the lives of the ordinary Zimbabwean unbearable. Risking their lives in both infection and/or arrest was seen as necessary to keep from starving to death.

5 Conclusion

Based on our research, it seems that local Zimbabwean responses to the COVID-19 outbreak and government restrictions are few and far between. This could be because our research was not robust enough and all our participants were based in urban settings. It could also be because at the time of writing this report, in August 2020, the pandemic is just months old in the country. As time goes by, more initiatives to counter its impact are likely to come to the surface. People resisting infringements on their rights by security agents as a result of or in the pretext of enforcing lockdown measures may have been termed as political activists. This could be the case of the arrested female opposition trio (BBC 2020a).

As this research has shown, COVID-19 prompted the Zimbabwe government to declare lockdown measures to prevent and control the spread of the virus. At the start, citizens were obedient. Yet they grew wary with time. Although the government's intervention has without doubt slowed COVID-19 infections and deaths, citizens' freedoms have been encroached upon as opposition supporters have been targeted in the name of enforcing the lockdown measures. Given the country's weak economic status, it was ill-prepared in its response to multiple crises at a time. Although interesting collaborations between residents, civil society collectives, and local government have come to the fore, it seems that support from the NGOs, donors and other private entities is like a drop in the ocean.

The coming months will still be anxious and interesting times for the citizens as they watch 'outside the windows' of Zimbabwe to see if help will come, in the form of a vaccine or economic support, while they keep fending for their livelihoods in any way possible.

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