

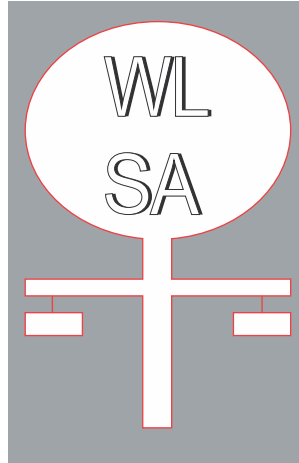
SYNTHESIS OF THE WOMEN'S COALITION OF ZIMBABWE COVID-19 SITUATION REPORTS

2020



WOMEN AND LAW
IN SOUTHERN AFRICA
(WLSA)





Compiled by WLSA
on behalf of Women Coalition Of Zimbabwe



about WLSA

Women and Law in Southern Africa Research and Education Trust (WLSA) Zimbabwe is the local chapter of the sub-regional network that was formed in 1989. Member countries comprise of Botswana, Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe. WLSA seeks to contribute to the sustained well-being of women and girls in Southern Africa through action-oriented research in the socio-legal field and advocating for women's rights. Here action-oriented research is intended to influence actions being taken to improve the socio-legal situations of women and girls. WLSA's work incorporates action into research by questioning and challenging the law, instigating campaigns for changes in law and policies, educating women about their rights providing legal advice and sensitising communities and their leadership on issues of gender.

vision

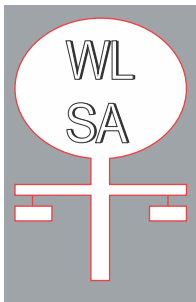
To have a society where justice is equitably accessed, claimed and enjoyed by women and girls in all spheres of life.

mission

To organize, coordinate and support evidence-based interventions that promote and protect women and girls rights through legal and policy reforms and changes to discriminatory socio-cultural and economic practices.

goal

To contribute to gender equality and the fulfilment of women and girls rights.



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Contents

1.0 Introduction and Background	3
2.0 Methodology	3
3. Key Issues emerging from the reports	3
3.1 Access to health / the health crisis	3
3.1.1 Key Issues	3
3.1.2 Advocacy Messages	4
3.2 COVID-19 Testing, Isolation and Quarantine Centres	4
3.2.1 Mandatory quarantine	5
3.2.2 Tracing teams	5
3.2.3 Advocacy Messages	5
3.3 Capacity to respond to the COVID-19 pandemic	6
3.3.1 Procurement and disbursement of funds and equipment	6
3.3.2 The Police and Army	6
3.3.3 Protection of the prison populations	6
3.3.4 Independent Complaints Mechanisms	7
3.3.5 Journalists	7
3.3.6 Advocacy Messages	7
3.4 Policy and legal instruments issued under COVID-19	8
3.4.1 The National Lockdown	8
3.4.2 Amendments to the Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) (Consolidation and Amendment) Order	9
3.4.3 Subjective interpretation of the enforcement of Statutory Instruments	9
3.4.4 Travel permits	10
3.4.5 Ambiguity: Is the lockdown over or not	10
3.5 The rise in cases of Gender Based Violence and the response to this rise	10
3.6 The transport crisis	11
3.7 Access to water	11
3.8 The informal sector-Gender implications	12
3.9 Communication and Infodemics	12
3.10 Social Protection and support for vulnerable families	13
4. Conclusions	14
5. Recommendations	15

1.0 **Introduction and Background**

The report highlights the key issues emerging from the Situational Daily Reports (Sitreps) issued by the Women's Coalition of Zimbabwe since March 2020 focusing on Gender and the national COVID-19 response. This consolidated report is part of the monitoring and accountability tools that will be used by gender activists to hold the government accountable in the implementation of key gender outcomes on economic recovery, governance and social protection, service delivery and community cohesion of the TSP. The consolidated report brings to the fore issues of importance to the communities, particularly women.

The Women's Coalition of Zimbabwe (WCOZ) is a national network of women's rights organisations and activists representing non-partisan women's rights organizations and activists operating in Zimbabwe's 10 provinces. The Women's Coalition of Zimbabwe is gravely concerned by the adverse and unplanned effects which the lockdown response has on the ordinary citizen and on the availability and accessibility of redress measures against the backdrop of the deepening of antecedent inequalities in social, political and economic systems. These have, recursively, made the impacts of the COVID 19 pandemic more pronounced. It is desired that the key themes highlighted in this consolidated report will be used by the Government of Zimbabwe and other relevant duty bearers as a credible basis for evidence-based response to future pandemics in Zimbabwe to prevent recurrence of challenges and obstacles that have been identified in the current pandemic.

2.0 **Methodology**

The Sitreps were a collaborative effort produced by the Women's Coalition of Zimbabwe via its constituents through the country's ten provinces. These are reports were based on first reports, reported information which was verified and analysed with the overarching objective of highlighting key issues for evidence-based reporting, advocacy and dialogue with duty bearers and concerned entities. The consolidation of the Sitreps was done through several steps which included a thorough reading of the reports before they were imported into and analysed using Thematic Content Analysis in NVIVO. This entailed grouping related themes across the reports and breaking down the grouped themes into specific items that could accurately highlight the vital emerging concerns.

3.0 **Key Issues emerging from the reports**

3.1 Access to health / the health crisis

3.1.1 Key Issues

A key challenge has been the failure to roll out mass provision of soap, water and sanitisers for hand washing. Public places such as bus termini and commuter omnibus ranks that have been operational since the lockdown are the main areas in need of the soap, sanitizer and bulk water supply for hand washing to prevent the spread of COVID-19 among the commuting public. With respect to access to health care services, much of the early responses to the outbreak of COVID-19 was led by the efforts of private non-State based actors who donated ventilators and Personal Protective Equipment (PPE) for use by frontline health workers. There were long delays in availing of PPE to healthcare workers by the government primarily because of challenges in appreciating the gravity of the COVID-19 pandemic and this was reflected in the bureaucratic proceduralism and red tape in the procurement of the supplies needed in the national response. An overwhelming number of reports pointed women in multiple locations failing to access services for maternal health, chronic illnesses, Antiretroviral Therapy, family planning as well as sexual and reproductive health products and services. The reports also indicate the very substantial rise in costs of medication for chronic illnesses such as Diabetes and Hypertension under the lockdown.

Women have been turned away from clinics, hospitals and mothers' shelters citing fear of COVID-19 and Service Provider unpreparedness to deal with COVID-19 and to serve the mothers at the same time. Consequently, the health care system under the lockdown has turned back the hands of time and women are once again facing the risks of policy-induced vulnerability, giving birth unattended outside healthcare centres and having to negotiate maternal health complications on their own. The lack of decisive action in articulating a clear policy position and supporting that policy with the requisite action has meant that pregnant women do not have access to alternative maternal services centres and are not supported by the government in their non-negotiable need for pre and post-natal care services. This exposes the mothers to the very real risks of both maternal and infant mortality. This is further compounded by the malaria outbreak which, on its own, is a formidable challenge for health delivery systems in developing countries already struggling to meet other pressing concerns.

3.1.2 Advocacy Messages

- We call on Government to provide the necessary support measures to stop loss of more lives to Malaria and other health threats currently happening. It is imperative for the government to invest financial resources in the public health system.
- Social service workers including must be designated as providing essential services. This enables community inspections and responses driven by the trained and existing network of social workers.
- Urgent efforts to be made to ensure that the provision of medication and support to patients of Anti-Retroviral Treatment and those suffering from other chronic diseases continues and is not unduly disrupted.
- Rapid escalation of the preparedness of non-metropolitan and rural hospitals and capacity to respond to COVID-19 to ensure that healthcare provision is not affected by movement restrictions under lockdown, and by other regulations made as COVID-19 responses. The government must continue to provide non-COVID-19 related health services during the lockdown.
- Anti-malaria spraying programs and provision of treated mosquito nets be escalated.

3.2 **COVID-19 Testing, Isolation and Quarantine**

For much of the early period in the immediate period after the announcement of the lockdown the government struggled to articulate a clear plan on COVID-19 testing, isolation and quarantine processes. As the pandemic was unfolding, these uncertainties could be expected. However, this meant that the public had no idea about how and where people were getting tested. The public were reliant on informal and unreliable sources of information on the processes involved in forced and self-isolation, the location of public isolation and quarantine centres were vague at best. There has been no mass public testing program and this has been exacerbated by global procurement challenges regarding testing kits. The Health sector's ability to effectively respond to the COVID-19 pandemic, particularly on early detection and testing of potentially positive cases.

3.2.1 Mandatory quarantine

The adoption of mandatory quarantining of returning residents, supported by extensive testing, is applauded. The quarantined returnees were instructed to enter self-isolation for a further 14 days after being released from the mandatory quarantine. However, the government later announced that the mandatory quarantine had been reduced from 14 days to 7 days because this was placing a heavy strain on public sector funds. There were alarming cases of reports of returnees escaping from quarantine centres where food and other living conditions were reportedly deplorable. Reports also indicated sharp shortages of COVID-19 test kits for testing not just returnees, but also those in the country at the start of the lockdown.

3.2.2 Tracing teams

Reports also indicate that tracing teams were bedevilled by the same challenges affecting other frontline response institutions including lack of PPE, late disbursement of funds. Their deployment was late and in future pandemic responses, this needs to be accelerated and done with the direct engagement of the Social Welfare Officers. This strengthens the ability of tracing and monitoring individuals who have travelled from high risk countries or have been in contact with persons coming from high risk countries. Central to effective tracing will be deployment of large numbers of trained tracing teams in every district and ward.

Advocacy Messages

- Clearly articulated policies and procedures for testing of the public need to be communicated early. The later development of the free hotline (2019) and use of national radio to communicate about testing and ways through which the public can prevent infection is noted. However, this was late and preventable infections could have already taken place
- Procurement processes for the testing equipment and products as well as COVID-19 tracing and treating equipment need to be done timeously with the government on the front foot rather than in a reactionary manner as has been the case in this outbreak. The procurement and bureaucratic delays and challenges with NatPharm and are a key case-in-point for learning for the future.
- Prioritisation of actual actions in response to the outbreak of the pandemic, rather than time consuming ministerial task forces, is imperative. Such a taskforce needs to be instituted, staffed and trained early and must be on standby for pandemics as was seen in other countries notably the Centres for Disease Control (CDC) in the United States
- We draw the attention of the Government to the work in South Korea and Senegal, which countries have developed rapid testing kits which are easy to use and easily accessible.

3.3 **Capacity to respond to the COVID-19 pandemic**

3.3.1 Procurement and disbursement of funds and equipment

Procurement and Disbursement of Funds to COVID-19 Responding Institutions Provincial and District COVID-19 Taskforce teams' abilities to implement the preparedness and response plans were hampered by the late disbursement of funds and delivery of supplies. Expedited disbursements to frontline institutions and expedited procurement of the equipment and products required for testing tracing and treating COVID-19 is of utmost importance. The public confidence in the national response can be boosted by articulation on public media of the status of procurement of equipment and full accounting of resources received from the private sector and development partner and their distribution including how the airtime tax, health levy and the National Health Budget allocation are being utilised

3.3.2 The Police and Army

The police shouldered the responsibility of maintaining law and order in the context the health pandemic. However, while fully appreciating efforts by the police to ensure observance of the law and the need to enforce the law on the containment of COVID-19, the Sitreps note the use of unwarranted force by the police, mass arrests of members of the public, beatings of members of the public for violating lockdown regulations such as seeking to enter the restricted Central Business Districts in towns and cities, point to an inability to respond to the pandemic in a human way. This is compounded by the fact that the police and army did all this whilst not having PPE themselves, thereby exposing those they were interacting with, to the possibility of COVID-19 infection.

3.3.3 Protection of the prison populations

The Sitreps indicate increasing reports of news entrants to the prison population during the pandemic, in addition to those already convicted and serving their terms and those on remand. These are among the most vulnerable to infection with the COVID-19 virus. The intermingling of these categories of people within the prison system including the uninfected, infected but asymptomatic was made worse by the reported absence of social distancing rules and guidelines due to incapacitation of the prisons' system from overwhelming numbers of prisoners' population. The Sitreps highlight the plight of vulnerable detainees such as juveniles, pregnant women, persons with disabilities and those with underlying health conditions and notes that in their policing, the police are not observing social distancing and COVID-19 public health guidelines and protocols.

3.3.4 Independent Complaints Mechanisms

It is fact that the entire nation was “learning-on-the-go” in terms of the response to the pandemic and thus, a lot of actions were more reactive rather than pro-active. The Sitreps highlight numerous incidences of the police and army using excessive force against members of the public in enforcing the lockdown regulations through the country. Members of the public who fell victim to the army and the police' law enforcement methods which included beatings, being forced to sing and or jog, had very little in terms of practical options for redress of their complaints against the law enforcement agencies. The reports point out a critical deficit in Independent Complaints Mechanisms particularly, the National Peace and Reconciliation Commission, the Zimbabwe Human Rights Commission and the Zimbabwe Gender Commission as provided by section 210 of the Constitution. The reports indicate that such independent mechanism would increase the confidence of aggrieved members of public to come forward and officially lodge complaints anticipating fair redress.

3.3.5 Journalists

After the initial blanket lockdown in March, journalists and those in broadcasting services were later included in the definition of the inclusion of essential services. This definition was not clearly and in practice, only allowed journalists from the mainstream public media. The Sitreps called for a widening of this definition to allow equitable access and support of journalists in the private sector. The rights of private journalists were not upheld as some were arrested and brutalised while carrying out their journalistic duties.

3.3.6 Advocacy Messages

- We also call for the disbursement of Funds from Treasury to Ministry of Health and to Local Authorities to strengthen at their abilities to practically respond to COVID-19 in line with the developed response plan.
- Members of Parliament and the applicable Chapter 12 Institutions to remain vigilant in safeguarding the public's rights and enforce protection in the face of police and army onslaught against those rights and entitlements.
- Law enforcement agents need to be alive to the real and grave threat of COVID-19, and be more cautious when carrying out arrests, by desisting from actions that endanger both their lives and those of offenders.
- End of police and army brutality against the citizens and journalists
- Equitable support to journalists by the government in accessing areas which they need to cover in their operations.
- Training of law enforcement on their Protective mandate including clarification of the scope within which the deployed members of the Zimbabwe Defence Forces will operate, the level of force to be employed by enforcement officers, authorisation to use arms and the parameters of deployment. This will ensure that the security services sector operates in accordance with the highest standard of respect for human rights, and standards of professionalism.
- Separation of convicted prisoners and new entrants into the prison systems particularly those on remand.
- Articulation of clear steps for the protection of vulnerable groups within the prison system across these two broad groups of already convicted prisoners and those on remands. These vulnerable groups include pregnant women, people living with disabilities and chronic ailments.

3.4 Policy and legal instruments issued under COVID-19

3.4.1 The National Lockdown

The Government announced the lockdown through the Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) (Consolidation and Amendment) Order, 2020 and introduced a raft of measures such as the prohibition of gatherings, closed airports, imposed restrictions on aerial transportation, closed the borders for the initial 21-day lockdown period. The order also prohibited to the use of commuter omnibuses which were the main form of local public transportation, introduced the curfew and effectively cut the working day from 8AM to 3PM. The order also prescribed essential services to include hospital services, electricity distribution and generation, water supply, banks, bureaux de change and money transfer services, manufacture and distribution of medical supplies to combat the spread COVID-19 and other medical emergencies.

3.4.2 Amendments to the Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) (Consolidation and Amendment) Order

The Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) (No. 2) Order of 2020 was then amended by Statutory Instrument 208/2020, Statutory Instrument 216/2020, Statutory Instrument 217/2020 Statutory Instrument 223/2020 and Statutory Instrument 239A/2020. Among the amendments was the phased relaxation of the national lockdown regulations to allow for certain sectors to operate within specified times of the day as indicated in Box 1 below

Box 1: Part V - level 2 Phased relaxation of national lockdown under the COVID-19 Prevention, Containment and Treatment (National Lockdown) (Consolidation and Amendment) Order, 2020

Application of Part V

15. This Part applies to businesses in the formal commercial and industrial sector that are not essential services or are not businesses of a type governed by Part IV, and to the engagement in low-risk sports in any public place or place to which members of the public have access.

Interpretation in Part V

16. In this Part—

“associated sport staff” means any coach, official or other person required to enable athletes to compete in low-risk sports;

“business in the formal commercial and industrial sector” means any business, industry, trade or occupation (other than a industry, business, trade or occupation operating as an essential service) dealing (whether on a wholesale, retail or other basis) in goods or services for the generation of income or the making of profits, the formalisation of which is evidenced in any one or more of the following ways—

(a) the holding of a shop or other licence from a local authority enabling it to operate the business in question from a specified premises; or

(b) being the lessee of premises governed by the Commercial Premises (Lease Control) Act [Chapter 14:04]; or

(c) being a registered operator for the purposes of the Value Added Tax Act; or

(d) being a registered as an employer for the purpose of paying employees' tax under the Income Tax Act, or otherwise making a regular return of income for the purposes of that Act; or

(e) being a party to a collective bargaining agreement negotiated through an Employment Council governing the business in question;

(f) the business of a metered taxicab operator or operator of a driving school;

3.4.3 Subjective interpretation of the enforcement of Statutory Instruments

The policy framework, through the multiple Statutory Instruments facilitates the administrative and operation processes to implement the Plan of Action that was approved by Cabinet. This is applauded as it is the bedrock against which the national response to COVID19 is rooted. However, the legal and policy framework is only explicit on the penalties for violations by citizens but is mute on the right of recourse for citizens. It does not mention of how citizens are protected from violence by errant law enforcement officers and on the parameters which citizens can use to assess if those officers are errant or actually acting in fulfilment of their given instructions. As was reported in multiple towns across the country such as Hopley, Chitungwiza, Bulawayo and Harare, citizens have been left incredibly vulnerable to abuse from law enforcement personnel. This has also been due to the absence of unclear national guidelines on how the officers should enforce the lockdown regulations. Consequently, the enforcement of the multiple Statutory Instruments was subject to interpretation by officers as they actually went about their policing duties.

Travel permits

The Sitreps are replete with reports of citizens being barred from travelling from one area to another even for legitimate reasons that are allowed under the national lockdown and containment regulations. In order to secure the travel permits citizens have to contend with bureaucratic administrative procedures that seem aimed at ensuring that citizens do not get those permits. There is a multitude of reports of instances where citizens are told at the joint army and police manned containment roadblocks that the senior officers who “can read letters are not here”. These and other hurdles leave desperate citizens without options except to pay bribes to the concerned authorities for example, at roadblocks to e0secure travel permits and ensure smooth passage to their destinations.

Ambiguity: Is the lockdown over or not

While the government in, September, issued a public announcement highlighting the phased lifting of lockdown restrictions, reports indicate that the commuting public is still being subjected to police and army roadblocks, being asked for travel passes, being forcibly ejected from CBD bound ZUPCO buses and being turned back home in several towns. In the same vein, schools have opened under this phased approach yet in many places the public is being subjected to the harsh enforcement measures that characterised the early days of the lockdown. Consequently, it is not clear today, at which stage of the national lockdown the country is at, whether the lockdown has been lifted or the curfew is still in effect. The lack of adequate communication on issues such as the parameters of deployment of the police and army in the main roads and shopping centres, coupled with their unexplained withdrawal from the same is symptomatic of the reactive issuance of Statutory Instruments, often having the net effect of constricting the rights of the citizenry, more than achieving objectively clear and progressive goals. This also impacts on the State’s ability respond to the COVID-19 pandemic.

3.5 **The rise in cases of Gender Based Violence and the response to this rise**

The government has not taken its position as having the primary onus to provide social protection services including Gender Based Violence services. This is in spite of knowing fully well that GBV responsiveness is critical within the COVID 19 pandemic. This responsibility has been shouldered by civil society which have set up response and redress systems on their own. The Sitreps note and applaud the creation of the COVID-19 “2019” hotline and highlights that:

- Disasters such as this one, place women and girls at a higher risk of exploitation and sexual violence;
- Countries that have undergone the first wave of the COVID-19 have reported a three (3) fold increase in Gender Based Violence during mass quarantine periods;
- As of 13th April 2020-11 days into the initial 21 day lockdown- the country had an increase in GBV cases with had 764 reported cases;
- Occurrence of GBV at communal water points including reports that women have being beaten and barred by law enforcement agents, from accessing water at some communal boreholes in the country;
- The lockdown had confined women to homes-the site for the majority of GBV cases especially IPV

A key call is that the State scales up its own GBV response mechanisms to reduce the burden on NGO-led GBV response which is hamstrung by the lockdown, from reaching more women in need of the services and support

3.6 **The transport crisis**

The national lockdown regulations under the Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) (Consolidation and Amendment) Order, 2020 stipulated that intra and inter-city transport services for the carriage of passengers to be provided by:

- (a) the parastatal company known as the Zimbabwe United Passenger Company (ZUPCO);
- (b) omnibuses and other passenger service vehicles operated by or on behalf of the Public Service Association, the Police Service, the Defence Forces and the civil protection authorities; and
- (c) commuter omnibuses and other passenger service vehicles operated or chartered by local authorities for the carriage of staff for essential services, the carriage of sick persons to hospitals and other health care providers, and the transport of water, food, fuel, basic goods, medical supplies needed to combat COVID-19 and other medical supplies.

This effectively crippled the public passenger transport systems as the ZUPCO buses and commuter omnibuses struggled to meet the demand which was previously met privately run commuter omnibuses. This pressure was compounded by the curfew time which demanded that everyone was supposed to in their homes by 6pm. This was also partially made worse by the shortage of fuel sold in both USD and RTGS in the early days of the lockdown. Furthermore, there were widespread reports of citizens being barred from travelling from one area to another and some were ejected from ZUPCO buses despite having the required permits. These inconsistencies undermined the articulation of policy at national levels and this has continued even under the phased relaxation of the lockdown and raises questions on whether and how the administrative and operational measures under this “phased relaxation of the lockdown” have been fully considered and implemented.

3.7 **Access to water**

Women and communities across the ten provinces of Zimbabwe continue to fail to access clean safe water. The ability of communities to cooperate with the lockdown and to maintain the standards of hygiene and personal care required by the lockdown call for conscious and purposive interventions by the central government to support the provision of bulk clean safe water to communities facing lack of water and sanitation services. Many Sitreps indicate challenges faced by women at water sites and communal boreholes including violence from rival suitors of the scarce water and law enforcement officers. This is especially pronounced in the high density residential areas in urban areas which are grossly under-serviced. Several reports also indicated that isolation centres had no water as far as 13 days into the lockdown. Reports indicate that adequate practical steps to provide bulk water supplies to communities have not been taken, are erratically implemented and have not been clearly communicated to the communities. Women in high density residential areas bear the brunt of the water crisis. They are the ones who along with minor children, queue at communal boreholes and are reportedly attacked by law enforcement officers when found at the communal boreholes past the curfew time.

3.8 **The informal sector-Gender implications**

The informal sector holds over 60% of Zimbabwe's economy and is also the major employer of women who run their small enterprises or are employed by small business owners. The blanket lockdown was imposed without consideration of its impacts on the households whose livelihoods and wellbeing is reliant on the informal sector. Informal traders were adversely affected by the absence of clear parameters and procedural steps processes through which they could secure sector permits. The policy vagueness over whether or not sector permits are being issued at various times during the lockdown has been widely highlighted in the Sitreps. The lack of clear articulation of a position regarding the sector permits has left informal traders vulnerable to the harsh economic times which have been exacerbated by the lockdown. Sitreps from the early period of the lockdown indicate that farmers were losing both their crop produce and livestock they could not access markets, abattoirs and veterinary services. This has implications in the farmers' ability to stay operational during and post the national lockdown and in turn, this has ramifications in households' food security and families' health and wellbeing. Agriculture based livelihoods, informal manufacturing and other informal sectors were blighted by the imposition of the blanket lockdown. However, the phased lifting of the lockdown restrictions and inclusion of different sectors as "essential services" via amendments to the National Lockdown order, brought welcome relief. The transport challenges, the 3:00PM time imposed for business closure together with the 6PM curfew imposed by the government through the Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) (Consolidation and Amendment) Order, 2020 hurt the informal sector. A consultative approach to setting up "essential sectors" and clarity of procedures in issuance of sector permits would have given the informal sector more confidence in the Covid-19 response.

3.9 **Communication and Infodemics**

3.9.1 Lack of information of causes, drivers and modes of transmission of Covid-19

The period just before and just after the imposition of the lockdown was characterised by public fear of Covid-19. This fear was rooted in lack of adequate and reliable information on what Covid-19 was, how it is transmitted and how people could protect themselves. This stemmed from an inertia by the government to make this information publicly available. Consequently, social media took over this mandate and was awash with unsubstantiated messages that answered these questions in great detail and many of them contained perilous misinformation and myths which crystallised and formed much of the uniformed public's perception and understanding of Covid-19. Tied to this misinformation was the stigma attached to confirmed or suspected cases of people infected with Covid-19

After realising this gap unreliable and accurate information on COVID-19 as well as the lack of information on the mortality rate of persons infected with COVID-19, the Ministry of Health and Child-Care began posting visual updates that carried a suggestive phrasing and framing of the death of COVID-19 patients which drove the stigma and fear death especially among the elderly. The message seems to suggest that those who are elderly are facing death once they are infected. There was no clear infodemic strategy from the Ministry of Health and this was reflected in the inadequate information and statistics on numbers of tested cases. There was no clear communication regarding the handling of incoming international travellers and returning residents or "returnees" as they became known. These were not fully addressed as there continued to reports of incoming travellers coming from high risk countries managing to pass through into and out of the country. A case in point was that of the Italian national who held a South African passport was reported to have flown from Zimbabwe into South Africa where he was forced back to Zimbabwe.

When the Ministry of Information and Publicity and the Ministry of Health later began to issue daily updates, that improved the alarmingly low levels of public awareness and understanding of the COVID 19 virus pandemic but the communication done via bulk SMS platforms has remained predominantly in English, thereby weakening absorption of the messages by non-English speakers especially in rural areas. This requires a multi-tier infodemic communication that makes use of religious platforms and the multiple languages Communities and households in various platforms have raised fears that their elderly will ages spoken in Zimbabwe, augmented by audio-visual messages such as public billboards, radio.

3.10 **Social Protection and support for vulnerable families**

3.10.1 Price hikes

The blanket lockdown, closure of businesses and transport challenges provided ample opportunity for rampant price hikes and profiteering by retailers of basic household commodities. The price hikes forced most foodstuffs out of the reach of many households who were already struggling prior to the announcement of the initial 21-day lockdown order. The government failed to effectively monitor the profiteering and to ensure availability of the much needed basic commodities. The Sitreps called for the government to intervene and announce recourse and remedies available to citizens, indicating, especially where to report such profiteering. The national lockdown meant increased vulnerability of households to market distortions especially to artificial distortions created by profiteers and speculators.

3.10.2 Access to Food Distribution Systems and to the Government's Covid-19 relief fund for households

Food distribution systems that were already operational and supporting vulnerable communities were halted by the lockdown order. Where they were not halted, they were altered due to challenges with transport and mobility of the teams. In addition, the government announced a fund to relieve vulnerable households and communities. However, the criteria for selection and identification of these households was opaque and added to the uncertainties being faced by deserving households. Furthermore, there were reports of unscrupulous groups and individuals, moving around communities demanding \$2 from each household as registration fee for the social protection programs. Particularly reports in Budiro, Chitungwiza and Kariba indicate that several vulnerable households fell victim to these groups. The government was non-committal when taken to task to clearly spell out the criteria for identification and targeting of vulnerable households that were to benefit under this relief fund. This opened the doors for maladministration, corruption and abuse of citizens. In some areas, the program had political influences where there are reports of politicization of the registration of households seeking to be included in the government's food aid program.

4 **Conclusions**

The imposition of the blanket lockdown in March was a double-edged sword in terms of the country's capacity to respond to the pandemic. It meant that most basic daily life-supporting socio-economic systems had to grind to a sudden halt but the lives which they support had to go on without access to the resources and support structures which they are built on. The imposition of Statutory Instruments rather than development of co-owned Statutory Instruments emerging from broad based consultations meant that the citizen voice was absent in the regulations governing citizens. Effectively, this saw the legal framework that was so clear on the penalties for violation of prescribed behaviours but which did not offer anything to the citizen as recourse for the violation of human rights by law enforcement officers, and for citizens to report other issues such as profiteering by businesses during the lockdown.

The national response to COVID-19 was hampered by lack of timeous and accurate communication by the government, informing citizens on what COVID-19 is, the numbers of people being tested, the obligations of the state and its various arms. Restrictions on movement without the availing of alternative sources of services and goods being sought by the citizens is a recipe for resistance of those restrictions. This was made worse by the clearly opaque steps for securing permits/passes for inter and intra-city movement. Inevitably, reports of the public bribing law enforcement became rife and sucked out public confidence in the national COVID-19 response.

The blanket ban on food markets and food producers, the arrests of citizens in food queues, arrests of citizens attempting to get into the CBDs to access scarce commodities including mealie-meal and cooking oil showed the problems with the complete lockdown as called for on March 23. Every citizen has the right to life, personal security, and dignity. These rights are not negotiable and cannot be tampered with. The enforcement of the lockdown regulations through the wanton beatings of people by the police and army, forcing them to sing songs, jog and dance are not acceptable forms of punishment under any law. The absence of such beatings in some areas where citizens were reported to be moving around their residential areas without being brutalised by the police and army indicates that the enforcement of lockdown regulations was not standardized but rather, subject to interpretations across the cities, districts and towns.

The lockdown meant blocked access to important services such as water, food and transport. It also meant loss of incomes for some, especially participants in the informal sector. As such, the public needed the government's guiding oversight to prevent infections while simultaneously allowing citizens not to slide into the mire of penury through lack of access to water, food and unabated price hikes from profiteers. The national COVID-19 response failed to strike the right balance allowing people to provide for their families while simultaneously and treating people with dignity recognising their rights as enshrined in the constitution.

The lack of a clear and adequate communication policy meant that the public had to guess and rely on unreliable social media for clarification of issues such as the parameters of deployment of the police and army in the main roads and shopping centres which in itself, wiped away public confidence in the government's ability to respond to the COVID-19 pandemic. The rights of women were trampled upon on a daily basis where they were prevented to travel to access pre-natal care, GBV services and suffered GBV in the homes where they were confined to by the lockdown order, and at communal boreholes where they were abused the army and police.

5 **Recommendations**

- All GBV shelters to be designated as essential services, to be manned and provide services during this period whilst respecting rules of sanitisation, self-isolation and social distancing.
- The COVID-19 Inter-Ministerial Taskforce to urgently and equitably announce the practical steps that Government is taking to provide bulk clean safe water to communities facing extraordinary lack of water and sanitation services
- The Government at all levels to actively and practically take step to inform citizens on the practical measures to provide bulk safe water
- A clear road map on COVID19 is needed for the informal sector continue to operate and to better plan and navigate the devastating impacts of the lockdown.
- The government must develop and articulate a concrete Infodemic communication plan to enable the public to have timeous access to information on COVID-19, its drivers, communal and household preventive measures in local languages
- Sector permits application procedures and to be spelt out clearly to protect the public from being taken advantage by corrupt public officials
- All health services and community health workers be deemed to essential services and exempted categories for ease of public access to health
- The definition of vulnerable households and criteria for inclusion of households as beneficiaries of government COVID-19 relief, and procedures for registration be made clear in local languages and on multiple platforms including radios, public spaces such as bus termini and shops.

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