



ZIMBABWE LOCKDOWN EXTENSION

“THEIR VOICES MATTER”

COMMUNITY RESPONSES TO COVID 19 MEASURES

Week 5 Report



W/O 3/93
Campaigners for Human Rights



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Their Voices Matter: Community Response to COVID 19 Measures in Zimbabwe
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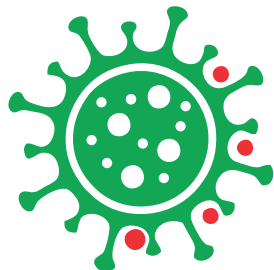
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ZIMRIGHTS COVID-19 RESPONSE

THE FIGHT AGAINST COVID-19 IS A HUMAN RIGHTS FIGHT

Human rights are not an attachment in the fight. They are the core of the fight.

The virus is a threat to the right to life. So is loss of livelihoods.

Everyone must enjoy the right to basic health care, regardless of social status or where they live.

Everyone, including persons living with disabilities, has the right to access accurate information.

Everyone has the right not to be treated in an unfairly discriminatory manner.

National security services must undertake their duties with utmost respect for the fundamental rights and freedoms.

Everyone must enjoy the right to security. No one has to be tortured for us to win the fight.

Health care workers, security and enforcement officers have the right to adequate protection during their service.

“We must win the fight against COVID-19 with great compassion, having left no one behind, and provided protection for the vulnerable.”



ZIMRIGHTS
COVID-19
RESPONSE



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1.0 INTRODUCTION

Zimbabwe entered into the fifth week of the lockdown, amid uncertainty over what would become of the country's economy and other sectors that had already endured five weeks of no operations.

The major human rights issue emerging during this period was the growing fear that government was failing to deal with the emerging need for social support to the millions of Zimbabweans who had been directly and indirectly affected by the COVID-19 crisis.

Far more worrying was the state of COVID-19 quarantine centres set up across the country to accommodate Zimbabweans inbound from neighbouring countries.

In order to continue adding the community voices to all these emerging issues,, ZimRights, through its countrywide membership, once again focused on key thematic issues emerging during the fifth week of the lockdown.

Through members contributions, this week's report focuses on the government disbursements of funds, the lack of adequate information and response to malaria and Covid19 in the southern parts of the country and the poor state of quarantine centres set up across the country.



2.0 GOVERNMENT'S PIE IN THE SKY...

Tracking the discord (and insincerity) of government on social grants

In his policy brief on COVID-19 and Human Rights, UN Secretary General António Guterres' first key human rights message is that in fighting COVID-19, protecting people's lives is the priority and protecting livelihoods helps us do it. Government measures in Zimbabwe have had a devastating effect on livelihoods as many Zimbabweans live from hand to mouth. This situation has been made worse by the security forces who have been going around the country destroying livelihoods.

In Norton, ZimRights reported the case of security forces raided a tuckshop belonging to an 80-year old woman and left with cash and goods.

A Norton Resident Speaks on the loss of property.



ZimRights Audible
Speak Out



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ZimRights has also reported on the demolition of market stalls by the municipalities which only stopped following a High Court ruling that deemed the demolitions unlawful.

The actions of the government have been an absolute opposite of the call to protect livelihoods. Section 77 of the Constitution of Zimbabwe guarantees the right to food and water.

In the first week of the lockdown, documented by ZimRights in the Week One report, the Finance ministry made an announcement that government would channel an unbudgeted ZWL600 million to about one million vulnerable households.

While the amount sounded like so much money, in reality, it translated to just about ZWL200, equivalent to USD 5.00 per family, and this was supposed to be for a whole month.

In his announcement, the Finance minister, who did not disclose the source of the money, said the government's Department of Social Welfare was going to handle the distribution of the funds.

"We were told to do vulnerability assessments and we did so using our usual community volunteers, who helped us draw lists for intended beneficiaries, but as far as I am concerned the money is yet to come..."

A social welfare officer in Mashonaland West Province told a ZimRights member who had inquired about the disbursements

To confirm the discord, Finance Minister Mthuli Ncube announced that instead of the initially announced process, he had used some 'sophisticated algorithm system' to determine who was due to receive the funds via mobile money transfers.

But his statements came on the heels of an earlier announcement by the Social Welfare deputy minister Lovemore Matuke, who had confirmed that disbursements were to be processed by his ministry.

There were some social media rumours that some had received amounts of up to ZWL180.00 via mobile money transfers, but these have remained shrouded in controversy and have confirmed how opaque and unverifiable the process has been.

There was no doubt that with such discord in pronouncements, someone was not being transparent and straightforward and once again, ZimRights, through its members, being the lived realities, which paint a totally different image of the fancy announcements by government.

It appeared those in government had forgotten or chose to deliberately ignore the fact that The Constitution of Zimbabwe is clear that the State must take all practical measures, within the limits of the resources available to it, to provide social security and social care to those who are in need.¹

The constitution further provides for amongst other things, the provision of social protection to selected population groups.

In its founding values the constitution espouses the respect of the elderly, children and people with disabilities.

1. The Constitution of Zimbabwe Chapter 2. National Objectives

In its national objectives the constitution touches on issues of empowerment, employment creation, food security and compels the state to adopt policies and measures that relate to children.²

In light of the developments, ZimRights members across the country spoke of their experiences with the promised social grants.

A resident of Zvishavane says they had their names registered for the government aid, but they have not received anything yet. He says they are now dying of hunger, and that it has taken too long for them to receive anything.



ZimRights Audible
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Another citizen says a political party official wrote down their names and promised they would receive support from government, but to date nothing has come their way. He bemoans the rising prices.



ZimRights Audible
Speak Out



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2. http://www.saspen.org/conferences/informal2013/Paper_Chikova_FES-SASPEN-16SEP2013-INT-CONF-SP4IE.pdf

A Beitbridge vendor says they were promised aid, but they have not received anything as yet.



ZimRights Audible
Speak Out



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A Victoria Falls member event from one office to another inquiring about the disbursements, but came with no information.



ZimRights Audible
Speak Out



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The constitution further provides for amongst other things, the provision of social protection to selected population groups.

Recommendations

There is no doubt that government has reneged on its mandate to provide social security and social care to its citizens. The situation is made worse by the fact that government has not done well in providing adequate information on the nitty-gritties of its interventions, leaving citizens guessing and relying on social media platforms

In light of this, ZimRights makes the following recommendations:

- In line with its constitutional mandate, government should ensure that it avails adequate social protection to all the Zimbabweans affected by the current lockdown.
- Government should prioritise special rights groups like people living with disabilities and the children. This is also in line with the Constitution's founding values.
- Information on any disbursements should be made public as citizens have the right to such information. This is because social media has information and some evidence that some people have received money, while government continues to lack clarity on how many people have received and on what basis.
- Measures designed for the protection of livelihoods must match the lived realities of affected communities. Giving families ZWL200 at a time when the Total Consumption Poverty Line stands at ZWL4, 188.42 per month for a family of 5, is indeed simply a matter of ticking boxes.
- Persons whose sources of income have been destroyed due to actions of law enforcements must receive adequate compensation.
- Criminal acts by police officers that affects livelihoods like a robbery in Norton, must be investigated and perpetrators must be prosecuted.



3.0 MALARIA AND COVID-19

Information Gaps and Emerging Risks in Healthcare

Zimbabwe's health care system has always been overwhelmed due to a plethora of problems. The advent of COVID-19 has made this situation worse as all other ailments are being abandoned as the nation focuses on COVID-19 cases. A ZimRights member in Manicaland reported that a certain health facility was turning people away saying they were preparing for COVID-19. At the background of the COVID-19 fight, is a slow unreported tragedy of many lives being lost due to other diseases.

Mid April, it was reported that about 131 people had died of malaria and more than 135,000 were infected in an outbreak that had affected Manicaland, Masvingo and Mashonaland East.³

While this was not a new trend considering Zimbabwe's long-standing health sector problems. For decades, the country's health sector was heavily underfunded, resulting in its collapse.

3. <https://www.aa.com.tr/en/africa/zimbabwe-131-die-from-malaria-amid-covid-19-pandemic/1810170>

Zimbabwe had made strides between 2003 and 2013 and managed to reduce malaria cases from 155 per 1,000 people to 22 per 1,000,⁴ but as the country continued to face serious economic challenges, as well as deterioration of health delivery systems, malaria outbreaks have steadily increased.

The issue of malaria therefore came under spotlight, especially in the southern parts of the country, where the outbreaks appeared to have happened unreported, and the communities there in Gwanda, continue to live in fear of both malaria and COVID-19. The situation is exacerbated by the lack of adequate information on the symptoms of the two diseases. Fears are that the so-called Malaria cases may actually be COVID-19 cases.

In an online article titled Malaria and Covid-19,⁵ the WHO explores the necessary information on the two diseases.

WHO states that efforts must be sustained to prevent, detect and treat malaria cases while preventing the spread of COVID-19 and ensuring the safety of those who deliver the services.

According to the ministry of Health, the cumulative figures of malaria stood at

135,585

and

131 deaths

4. <https://www.aa.com.tr/en/africa/zimbabwe-131-die-from-malaria-amid-covid-19-pandemic/1810170>

5. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/malaria-and-the-covid-19-pandemic>

Countries that are nearing malaria elimination must protect their important gains and avoid malaria resurgences. Countries that have eliminated malaria must remain vigilant for any imported cases of malaria that may be occurring to prevent reintroduction of the disease.

The WHO guidance remains the same. Countries should not scale back efforts to detect and treat malaria; doing so would seriously undermine the health and well-being of millions of people infected with a potentially life-threatening disease.

As signs and symptoms of malaria and COVID-19 can overlap (such as a fever), public health messages will need to be adapted in malaria-endemic settings so that people who have a fever are encouraged to seek immediate treatment rather than stay at home; without prompt treatment, a mild case of malaria can rapidly progress to severe illness and death.

Experience from previous disease outbreaks has shown the disruptive effect on health service delivery and the consequences for diseases such as malaria.

The 2014-2016 Ebola outbreak in Guinea, Liberia and Sierra Leone, for example, undermined malaria control efforts and led to a massive increase in malaria-related illness and death in the 3 countries.

A new modelling analysis from WHO and partners, published on 23 April, found that the number of malaria deaths in sub-Saharan Africa could double this year alone if there are severe disruptions in access to insecticide-treated nets and antimalarial medicines due to COVID-19.

These projections reinforce the critical importance of sustaining efforts to prevent, detect and treat malaria during the pandemic. In all regions, protective measures should be utilised to minimise

the risk of COVID-19 transmission between patients, communities and health providers. WHO and partners have developed guidance on how to safely maintain prevention and treatment services in COVID-19 settings.

In the context of the inter-relationship between the two disease, it is clear that government should, in line with the Constitution, provide adequate information and the necessary healthcare measures as per its mandate to deal with the two diseases.

Here, ZimRights members in Gwanda, Murehwa and other parts of the country speak about their fears and experiences, living in a world of malaria and Covid-19.

A Villager Health Worker in Murehwa says they normally test for malaria and, according to her, some of the symptoms of malaria are the same as those of COVID-19. She says about 13 people have died of Malaria. She says they have not received any training on COVID-19, and yet they are asked to educate people on COVID-19. She says they do not have PPEs.



ZimRights Audible
Speak Out



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Another Village Health Worker in Murehwa shares the same sentiments



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Speak Out



A resident of Gwanda South says they suspect that it is not malaria, but it could be COVID-19. He says there is little information on both Covid-19 and malaria in the region.

He also speaks about people who jump the borders to and from South Africa and how this is leaving the entire region under threat of Covid-19. He also expresses fear over the health institutions' lack of capacity to test for malaria and Covid-19.



ZimRights Audible
Speak Out



Another Gwanda resident shares the same sentiments and challenges government to come in and do something to test people and separate malaria from COVID-19.



ZimRights Audible
Speak Out



Recommendations

In line with the Constitution, government must not renege on its mandate to provide expanded healthcare services to all areas where there is the danger of malaria or other outbreaks. This is in line with its obligation to provide the right to healthcare to all, and it also in line with WHO recommendations.

In summary, WHO recommends the following:

- Countries that are nearing malaria elimination must protect their important gains and avoid malaria resurgences. Countries that have eliminated malaria must remain vigilant for any imported cases of malaria that may be occurring to prevent reintroduction of the disease.
- Countries should not scale back efforts to detect and treat malaria; doing so would seriously undermine the health and well-being of millions of people infected with a potentially life-threatening disease.



The government must not forget to address the underlying issues with Zimbabwe's health sector which include addressing the needs of healthcare workers that remain outstanding.



4.0 INSIDE ZIMBABWE'S QUARANTINE CENTRES

On 24 April 2020, the ministry of information announced it had set up a number of quarantine centres for Zimbabweans returning from neighbouring countries.⁶

Information Ministry Permanent Secretary Nick Mangwana said centres had been identified in Chiredzi District and Mashonaland West to cater for a number of returnees and mentioned Malipati High School, Vuti High School.

In Bulawayo, quarantine centres were set up at the United College of Education (UCE) and Plumtree High School, and in Harare Belvedere Teachers' College and Zipam in Mt Hampden.

On the back of this announcement, various issues emerged, chief among them, the suitability of the quarantine centres to provide habitable spaces for returnees and government's capacity to conduct testing and provide the necessary amenities during quarantine periods.

There have been reports that some of the quarantine centres, especially those set up in Plumtree and Vhuti, are classroom blocks where people share a whole block,

6. <https://dailynews.co.zw/more-quarantine-centres-identified/>

with no mechanisms for social distancing or adequate sanitisation methods.

The Constitution of Zimbabwe provides that the State must take all practical measures to ensure the provision of basic, accessible and adequate health services throughout Zimbabwe.

It further states that the State must take appropriate, fair and reasonable measures to ensure that no person is refused emergency medical treatment at any health institution and that every citizen and permanent resident of Zimbabwe has the right to have access to basic health-care services, including reproductive health-care services.⁷

In its key considerations for repatriation and quarantine of travelers in relation to the outbreak of COVID-19, WHO states that while there is no

7. The Constitution of Zimbabwe 2013

universal guidance regarding the infrastructure for a quarantine facility, space should be respected not to further enhance potential transmission and the living placement of those quarantined should be recorded for potential follow up in case of illness.

The WHO further states that travelers should be provided with adequate food and water, appropriate accommodation including sleeping arrangements and clothing, protection for baggage and other possessions, appropriate medical treatment, means of necessary communication if possible, in a language that they can understand and other appropriate assistance.

The WHO further states that appropriate communication channels to avoid panic and to provide appropriate health messaging so those quarantined can timely seek appropriate care when developing symptoms.

Finally, the WHO recommends that travelers should be treated, with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures, including by treating all travelers with courtesy and respect; taking into consideration the gender, sociocultural, ethnic or religious concerns of travelers.

A nurse in Gokwe South says they do not have adequate PPEs and they are living in fear of COVID-19. She further says there has been lack of transparency in the distribution of PPEs. These are the frontline workers who would handle COVID-19 cases referred from quarantine centres.



ZimRights Audible
Speak Out



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A social worker in Mashonaland West said this about quarantine centres

"I have been stationed here (quarantine centre named) and I have noticed that government has reduced some of the people's quarantine days from the mandated 21 down to seven days because of lack of resources to take care of the people. These people are being asked to go and self-quarantine at home for the rest of the 14 remaining days, which is bizarre."

A ZimRights member in Mashonaland West reported that the establishment of a quarantine centre without consultation with villagers had sparked a conflict with the local community.

What has become clear across the country is that the establishment of quarantine centres has not been well planned and the quarantine centres have remained poorly resourced endangering both staff and the persons under quarantine.

Recommendations

In light of the following, government should provide, as in the Constitution, the right to emergency healthcare to the people in quarantine centres. Additionally, those quarantined must enjoy the dignity they deserve as outlined in the founding values of the constitution.

More importantly, government should avail adequate equipment to healthcare and social welfare workers working with quarantined people.

Measures should be put in place to provide for the mandatory 21 day quarantine and this should be done in a way that provides dignity and protection to all in quarantine.

Where quarantine centres are established, there is need for adequate information for the persons and communities that maybe affected by such a quarantine centre to avoid conflict with the local communities.

5.0 CONCLUSION

As the COVID-19 crisis continues to unfold, the government of Zimbabwe has continued to be found wanting in many areas of human rights, dignity and welfare. In many ways, the response to COVID 19 has caused more harm than the disease itself with many people reporting that they are suffering more from the interventions.

ZimRights proffers the following recommendations in general:

- Government should improve in transparency and accountability when it comes to disbursement of social grants meant to support the vulnerable communities.
- Measures must be put in place to ensure that the fight against COVID 19 does not leave Zimbabwe's health care vulnerable to other diseases.
- In setting up quarantine centres, due attention must be paid to the preservation of human dignity as well as providing adequate information to communities most likely to be affected by the quarantine centre.
- In enforcing lock-down measures, the government must ensure that security agents do not become a threat to livelihoods by destroying private property or stealing from the poor.

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