

ZIMBABWE PEACE PROJECT

The Impact of COVID 19 on Socio-Economic Rights in Zimbabwe



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**ZIMBABWE
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Picture 1: Anadolu Agency

Picture 2: Dailymaverick

Picture 3: Human Rights Watch

Picture 4: New York Times

Picture 5: Good Governance Africa

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ABOUT ZPP

Zimbabwe Peace Project was established in 2000 by a group of non-governmental and church organisations.

The initial members of ZPP were Catholic commission of Justice and Peace in Zimbabwe (CCJPZ) Evangelical Fellowship of Zimbabwe (EFZ), Zimbabwe Council of Churches, Zimbabwe Human Rights Association (ZimRights) Civic Education Network Trust (CIVNET), Zimbabwe Election Support Network (ZESN), Zimbabwe Liberators Platform (ZLP), Zimbabwe Civic Education Trust, Counselling Services Unit (CSU) and Nonviolent Action and Strategies for Social Change (NOVASC).

Over the years, the ZPP member partners portfolio has altered as new organisations have come on board while others have ceased to exist, and yet others taken on new and different focus, among other reasons. Current member organisations are Catholic Commission of Justice and Peace in Zimbabwe (CCJPZ), Evangelical Fellowship of Zimbabwe (EFZ), Zimbabwe Council of Churches (ZCC), Zimbabwe Human Rights Association (ZimRights), Civic Education Network Trust (CIVNET), Counselling Services Unit (CSU), Women and Law in Southern Africa (WLSA), National Association of Societies for the Care of the Handicapped (NASCOH) and Women's Coalition of Zimbabwe (WCoZ).

Since inception ZPP has produced timely national monthly monitoring reports on violence and human rights violations which have been circulated to over 2000 stakeholders. The demand for ZPP reports has grown with the reports being packaged to meet the requirements of the different audiences and users

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
COVID-19	Coronavirus Disease 2019
CSO	Civil Society Organization
CZI	Confederation of Zimbabwe Industries
EMCOZ	Employers' Confederation of Zimbabwe
GBV	Gender Based Violence
HIV	Human Immune Virus
HSB	Health Services Board
NDF	National Disaster Fund
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
PICES	Poverty, Income, Consumption and Expenditure Surveys
PPE	Personal Protective Equipment
SADC	Southern African Development Community
UNDP	United Nations Development Programme
USD	United States Dollar
WALPE	Women's Academy for Leadership and Political Excellence
WFP	World Food Programme
WHO	World Health Organisation
ZANU PF	Zimbabwe African National Union – Patriotic Front
ZPP	Zimbabwe Peace Project
ZIMSTAT	Zimbabwe National Statistics Agency
ZIMVAC	Zimbabwe Vulnerability Assessment Committee
ZINWA	Zimbabwe National Water Authority
ZWL	Zimbabwean Dollar

Executive Summary

The COVID-19 pandemic has had far reaching impact on the socio-economic livelihoods and well-being of a large section of the population in Zimbabwe. The Zimbabwe Peace Project commissioned a research study to establish the manner and extent to which socio-economic rights were impacted on by the COVID-19 pandemic. The government announced a raft of measures to contain the spread of the virus, to cushion businesses, and to provide social protection to vulnerable groups affected socially and economically. This study report shows that the measures, which have not been fully implemented except for lockdowns, have not successfully mitigated the impact of COVID-19 on socio-economic livelihoods and well-being of many people. The report covers the right to education, the right to health, the right to decent work (formal and informal), the right to food, child rights and women's rights.

The COVID-19 pandemic has had far-reaching effects on the right to education and social well-being of children. According to a ZIMSTATS PICES report (2020), a majority of children as of July 2020 were not able to engage in online or distance learning and the worst affected were those in rural areas where only one quarter of children engaged in distance learning. This has the risk of widening the emerging and growing inequalities in education. Closure of schools during lockdown took away the protective sanctuary for children offered by schools, leaving them exposed to sexual exploitation and abuse, including drug abuse, and there was reportedly an increase in child marriages during the lockdown.

The impact of COVID-19 on the health delivery system, which was already underfunded and dilapidated, undermined the right to health for many people. Public health facilities faced several challenges which affected their capacity to provide basic and emergency healthcare during the pandemic, for example, the lack of equipment, limited intensive care unit beds and ventilators, lack of PPE, staff shortages, poor remuneration and working conditions for frontline health workers, among many other challenges. Some health facilities were closed after COVID-19 infections were reported, such that several people failed to access critical health services such as maternity services for pregnant women, access to life-saving support in case of emergencies, and access to medication to chronic patients suffering from HIV/AIDS or Tuberculosis.

COVID-19 affected millions of people dependent on the informal economy and contract and casual workers in the formal sectors, with women being the worst affected. Closure of informal economy businesses, marketplaces and vending sites deprived them of their sources of livelihoods and incomes. Vendors and small-scale food producers reported disruptions in the supply chains, low sales, high rates of produce leftovers and spoilages (for those selling perishable goods) which threatened profits, and a decline in number of customers visiting vending sites or informal markets. There were high job losses in the retail and other service sectors, as well as reduction or disappearance of wages for most contract and casual workers.

COVID-19 also affected food consumption and food and nutrition security as households lost incomes, while food prices went up due to the inflationary shocks induced by the pandemic. Thus, the right to food and food security was severely undermined. More than half of urban households and two thirds of rural respondents surveyed by ZIMSTAT between March and July 2020 reported that they had to skip meals because of lack of resources to obtain food.

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1. http://www.zimstat.co.zw/wp-content/uploads/publications/Income/Finance/Final_Rapid_PICES_Report_Round_1.pdf
 2. https://www.undp.org/content/dam/rba/docs/COVID-19-CO-Response/UNDP_ZW_Brief_Socioeconomic_impact_of_COVID-19.pdf

COVID-19 disproportionately affected women, as cases of gender-based violence were reported to have increased exponentially from the onset of the lockdown. Women's access to sexual and reproductive health services, access to pre and post-natal care, neonatal care, among other healthcare services unique to their needs, was significantly disrupted. Some women failed to access family planning services, leading to unplanned pregnancies. Unpaid domestic and care work increased exponentially during the lockdown, as women and girls were confined at home and were expected to take up more responsibilities of maintaining the home and providing care to the rest of the family.

The Zimbabwe Peace Project recommends a number of bold and urgent actions to be taken by the Government, development agencies and Civil Society Organizations to ensure that socio-economic rights are restored, and service delivery and social protection systems are built back better and equitably in the aftermath of the COVID-19 pandemic. These include urgently releasing funds earmarked for social protection; strengthening systems and mechanisms for detecting and preventing Gender Based Violence and child abuse; disbursing financial rescue packages to the informal economy; implementing an education rescue plan; expanding food assistance programmes so that they can reach excluded groups; organizing vulnerable and marginalized groups so that they can claim their socio-economic rights by engaging authorities and in some cases through public interest litigation; and monitoring and reporting violations of socio-economic rights during the period of lockdowns and thereafter.



1.0 Introduction

The Zimbabwe Peace Project (ZPP), a human rights monitoring organization, commissioned a research on the impact of COVID-19 on socio-economic rights in Zimbabwe. The broad aim of the research was to provide a detailed assessment of the manner and extent to which socio-economic rights were impacted on by the COVID-19 pandemic. The research report provides insights on the following:

- a.** An overview of the status of socio-economic rights in Zimbabwe before the outbreak of COVID-19, including the policy, legal and institutional framework for the advancement of socio-economic rights;
- b.** An assessment of how the actions (and or inactions) of non-state actors (e.g. NGOs, CSOs, private sector, donors, etc.) impacted (positively or negatively) on the realization of socio-economic rights since the pandemic started;
- c.** Demonstration of how specific groups were differently affected by COVID-19 and some of the containment/response measures put in place by the government, development agencies, private sector, among others;
- d.** Practical suggestions on some of the policy, legal and institutional measures needed to secure the socio-economic rights of the most vulnerable groups during COVID-19 pandemic and recovery period; and,
- e.** Provides suggestions on how CSOs can work together with marginalized and vulnerable groups to lobby and advocate for the restoration and realization of their socio-economic rights which would have been undermined by the COVID-19 pandemic.

The first COVID-19 case in Zimbabwe was reported on 21 March 2020 in the resort town of Victoria Falls. By 31 March, 7 more people had tested positive, with 1 reported death. Thereafter, there was a steady increase in the number of cases and deaths, with surges in cases in August and November 2020. The COVID-19 pandemic brought to the fore the deep socio-economic and structural challenges bedeviling the country, and it exposed how critical social service delivery systems and structures had been dysfunctional over the past decades. Several years of institutional decay and erosion of social dialogue also exacerbated the effects of COVID 19 on socio-economic rights and the capacity of government to adequately respond to the pandemic. The government announced a raft of measures to contain the spread of the virus, to cushion businesses, and to provide social protection to vulnerable groups affected socially and economically. Central to these measures was a stringent lockdown, relaxed over time, which had far reaching impact on the livelihoods of the population and enjoyment of their socio-economic rights.

Some of the specific government measures included a stimulus package of ZWL500 million (approx. USD 20,000,000) to help fight the pandemic; expenditure restructuring away from capital projects to health-related expenditures; ring-fencing of the 2 percent money transfer tax for social protection and other pandemic related expenditures; availed USD2 million for urgent and immediate importation of health-related supplies; approved immediate hiring of over 4000 health personnel; availed ZWL 200 million (USD 8 million) per month for a period of three months as cash transfers to an estimated one million vulnerable households; established a National Disaster Fund to which individual and corporate entities may make contributions; among other interventions. These measures were mostly on paper and most of them were not implemented, and when they were implemented they were either delayed or inadequate as shown throughout the report.

This report provides an assessment of the reality on the ground, with recommendations for an equitable recovery plan which restores the socio-economic rights of all people. The report is organized as follows: the first section provides an overview of the state of socio-economic rights in Zimbabwe. The second section provides an overview of the legal, policy and institutional frameworks on socio-economic rights. The third section unpacks the impact on education, child rights and welfare, while the fourth section unpacks the impact on health care services. The fifth sections discuss the impact on informal economy and contract and casual workers in the formal sector, while the sixth section discusses the impact on food consumption and food and nutrition security. The seventh section discusses the impact on women and girls, specifically on unpaid care and domestic work and gender-based violence. The final section is the conclusion and recommendations.

2.0 Overview of the state of socio-economic rights in Zimbabwe

There has been a general decline in the standard of living in Zimbabwe due to decades of economic decline, a protracted political and governance crisis spanning decades, weak, inconsistent and ineffective government policies, rampant corruption and recurrent droughts and erratic rains which have plunged millions into chronic hunger and poverty. All these factors have impacted on the enjoyment of socio-economic rights of a wide section of the population, with women and children being the worst affected.

The World Food Program (WFP), Southern African Development Community (SADC) and the Zimbabwe Vulnerable Assessment Committee (ZIMVAC) all confirmed that over 8 million Zimbabweans faced hunger, starvation, and food insecurity, and this was estimated to be 60 percent of the total population. The right to food and food security has been seriously compromised even though several measures have been taken by the Government, international development agencies and local NGOs to mitigate the effects of recurrent droughts and erratic rains over the past years, which have been compounded by poor management of the agriculture sector and food production. Production of the staple food maize was projected to drop by 57% due to poor rainfall and worsening economic challenges in the 2020 season, meaning that the hunger and food insecurity crises was expected to persist into 2021. In respect of the right to healthcare, the public health delivery system is in shambles due to perennial underfunding, crippling strikes by frontline health workers, mismanagement of health funds and corruption, and inadequacy of medical supplies. The 2019 Labour Force and Child Labour indicated that only about seven percent of the population in Zimbabwe were members of a medical aid scheme. This situation has been made worse by the COVID-19 pandemic which has further plunged the already ailing health sector into further crisis, leaving millions of people at risk of failing to access urgent medical care.

It is estimated that 60 percent of the Zimbabwean economy is informal, and over 90 percent of working age people work in the informal economy, with most living hand to mouth. The 2019 Labour Force and Child Labour Survey revealed that 76 percent of jobs were informal. The informal economy does not receive meaningful support from the Government. There are no social safety nets and safeguards in the informal economy as millions of people dependent on the informal economy do not have medical insurance, they do not have pension schemes and their incomes are precarious due to the volatile and survivalist nature of the informal economy. There are also challenges relating to decent work and labour rights, loss of jobs due to massive deindustrialisation, economic decay as well as job insecurity especially after a supreme court ruling in which companies were allowed to terminate workers contracts on 3 months' notice.

An inquiry by the Justice Smith Commission in 2017 revealed the tremendous loss of value in the pensions and insurance sector from 2006 to 2009, pensioners lost USD 5,5 billion dollars due to hyperinflation and the government's mismanagement of the economy during the meltdown years from 1999 to 2005, weak regulation of the sector and greedy insurance actors who paid themselves hefty packages and hedged in buildings at the expense of contributors. In addition, workers suffered a second phase of erosion of incomes including pensions in 2018 following the implementation of the economic austerity measures under the Transitional Stabilisation Programme (TSP).

The education sector is also bedevilled by perennial challenges, compromising the right to education which is central to the wellbeing and future of children. The Government has failed to properly remunerate teachers over successive years, and it has failed to improve their working conditions, in addition to failing to resource public schools so that they can deliver quality education. Perennial teacher strikes have affected learning at schools, while lack of infrastructure investments at rural schools has widened the inequality gap in the education sector.

Despite the challenges noted above, Zimbabwe has an expanded Constitutional Bill of Rights which guarantees various socio-economic rights including the right to health care, the right to adequate food and water, the right to work, the right to adequate housing and sanitation and the right to education, as discussed below.

3.0 Legal, policy and institutional frameworks on socio-economic rights

The Constitution of Zimbabwe (2013) guarantees various socio-economic rights as part of the expanded bill of rights, and it lays the foundation for the legal, policy and institutional frameworks that support the progressive delivery and realization of the rights. Broadly, these include the right to food and water, the right to health care, the right to housing and sanitation, the right to education and the right to work. These rights are supposed to ensure that the poor and vulnerable groups of the population have access to minimum essential goods and services that are central to their livelihoods, survival and wellbeing.

Section 11 of the Constitution obliges the State to take positive steps towards the protection of rights,

"The State must take all practical measures to protect rights provided in the Declaration of Rights"

Section 31(c) obliges the State to respect the fundamental human rights and freedoms which are part of the founding values of the Constitution. Below is a synopsis of the key socio-economic rights being assessed under this research.

The Right to Health Care

Section 76 of the Constitution provides for the right to health care:

- 1. Every citizen and permanent resident of Zimbabwe has the right to have access to basic health-care services, including reproductive health-care services.*
- 2. Every person living with a chronic illness has the right to have access to basic healthcare services for the illness.*
- 3. No person may be refused emergency medical treatment in any health-care institution.*
- 4. The State must take reasonable legislative and other measures, within the limits of the resources available to it, to achieve the progressive realization of the rights set out in this section.*

Section 29 of the Constitution obliges the state guarantee access to health services:

- 1. The State must take all practical measures to ensure the provision of basic, accessible and adequate health services throughout Zimbabwe.*
- 2. The State must take appropriate, fair and reasonable measures to ensure that no person is refused emergency medical treatment at any health institution.*
- 3. The State must take all preventive measures within the limits of the resources available to it, including education and public awareness programmes, against the spread of disease.*

Section 19(b) obliges the state to adopt reasonable policies and measures, within the limits of the resources available to it, to ensure that children have access to healthcare.

Constitutional provisions guaranteeing the right to health care are administered through the Ministry of Health and Child Care. Under the current COVID-19 pandemic, the Government has set up a Task Force whose Coordinator is the Permanent Secretary of the Ministry of Health and Child Care. The public health delivery system is comprised of the following: Primary care institutions (1,331 rural health centres and clinics), Secondary care institutions (179 district and missionary hospitals), Tertiary care institutions (7 provincial hospitals), and Quaternary care institutions (14 central hospitals) as per data provided by Japan International Cooperation Agency in 2016.

The Right to Education

Section 75 of the Constitution provides for the right to education:

- 1. Every citizen and permanent resident of Zimbabwe has a right to--*
 - a. a basic State-funded education, including adult basic education; and*
 - b. further education, which the State, through reasonable legislative and other measures, must make progressively available and accessible.*
- 2. Every person has the right to establish and maintain, at their own expense, independent educational institutions of reasonable standards, provided they do not discriminate on any ground prohibited by this Constitution.*

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3. <http://newsofthesouth.com/86m-zimbabweans-facing-food-insecurity/>; "Synthesis report on the state of food and nutrition security and vulnerability in Southern Africa", Southern Africa Development Committee (SADC) - Regional Vulnerability Assessment and Analysis (RVAA) Programme; <https://reliefweb.int/report/zimbabwe/zimbabwe-2019-2020-humanitarian-appeal-revision-february-2019-april-2020>

4. <https://reliefweb.int/report/zimbabwe/zimbabwe-2019-2020-humanitarian-appeal-revision-february-2019-april-2020>

3. *A law may provide for the registration of educational institutions referred to in subsection (2) and for the closing of any such institutions that do not meet reasonable standards prescribed for registration.*
4. *The State must take reasonable legislative and other measures, within the limits of the resources available to it, to achieve the progressive realization of the right set out in subsection (1).*

Section 27 of the constitution obliges the state to ensure that education is accessible to all without discrimination:

1. *The State must take all practical measures to promote--*
 - a. *free and compulsory basic education for children; and*
 - b. *higher and tertiary education.*
2. *The State must take measures to ensure that girls are afforded the same opportunities as boys to obtain education at all levels.*

The Ministry of Primary and Secondary Education is responsible for education in primary, secondary and high schools while the Ministry of Higher and Tertiary Education is responsible for lecturers in polytechnic colleges as well as state universities. Both Ministries are also responsible for regulating standards including overseeing the process of examinations and certification of qualifications.

The right to food and water

Section 77 of the Constitution provides for the right to food and water:

- Every person has the right to--*
- a. *safe, clean and potable water; and*
 - b. *sufficient food;*
- and the State must take reasonable legislative and other measures, within the limits of the resources available to it, to achieve the progressive realisation of this right.*

Section 15 of the Constitution also obliges the state to ensure food production, build food reserves, encourage nutrition including mass education; sections 19(2) (b) and 81(1) of the Constitution provides for basic nutrition for children; section 239 of the Zimbabwe Constitution directs rationalisation of land ownership to ensure food availability.

The Ministry of Agriculture, Lands and Rural Settlements is responsible for ensuring food security through policy guidance, management and support to the agriculture sector. It has research and extension workers who offer support to farmers. The Ministry of Health and Child Care on the other hand, deals with issues of nutrition with more bias on children and pregnant women. The Ministry of Public Service, Labour and Social Welfare also plays a role in food relief and social protection interventions. The Ministry of Local Government, Public Works and National Housing, and the Ministry of Environment, Climate, Tourism and Hospitality Industry both play a role in the provision and management of water. The Water Act provides for the establishment of the Zimbabwe National Water Authority an agency mandated to manage water resources together with Water Catchment Councils.

Regional and international protocols

Socio-economic rights are provided in regional and international instruments which are binding on Zimbabwe. Section 326 of the Constitution obliges the state to recognise international customary law:

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5. <https://www.dailymaverick.co.za/article/2019-10-22-zimbabwean-healthcare-system-a-silent-genocide/>
 6. <https://www.techzim.co.zw/2018/01/zimbabwes-informal-sector-largest-africa-second-world/>

Customary international law is part of Zimbabwean law, the courts in their interpretation should consider it part of the law unless if inconsistent with the Constitution. When interpreting legislation, every court and tribunal must adopt any reasonable interpretation of the legislation that is consistent with customary international law applicable in Zimbabwe, in preference to an alternative interpretation inconsistent with that law.

The Universal Declaration of Human Rights recognizes socio-economic rights as being central to an adequate standard of living (article. 25):

(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

The International Covenant on Economic, Social and Cultural Rights, to which Zimbabwe is signatory, provides global citizens with an entitlement to a decent standard of living and guarantees the right to self-determination through the freedom to pursue political, economic, social and cultural developments. The preamble of the covenant states that

the ideal of free human beings enjoying freedom from fear and want can only be achieved if conditions are created whereby everyone may enjoy his economic, social and cultural rights, as well as his civil and political rights.

Socio-economic rights are also recognized in regional instruments, such as the African Charter on the Rights and Welfare of the Child (1990) and the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (2003), which respectively guarantee the right to life, the right to health, and the right to economic, social and cultural development. Socio-economic rights are also guaranteed in other international conventions protecting specific groups, such as the Convention on the Elimination of All Forms of Discrimination against Women (1979), the Convention on the Rights of the Child (1989) and the Convention on the Rights of Persons with Disabilities (2006).

The courts in Zimbabwe are obliged by the Constitution to take into account regional and international instruments when interpreting laws, and this includes instruments relating to socio-economic rights.

4.0 Impact on education, child rights and welfare

The COVID-19 pandemic has had far-reaching effects on the education, child rights and social well-being of children. The worst affected are children with disabilities, children staying in informal settlements, children infected and affected by HIV/AIDS, child headed families, and "children on the move", amongst other vulnerable groups of children.

The closure of schools from March 2020, only to be reopened in October, affected the education calendar of 2020. This disrupted children's continuous access to learning, and reduced opportunities for growth and development through playtime and sports activities. Access to education, and the quality of education, was heavily compromised due to the shift to alternative education delivery methods. Some private schools were able to shift to online learning, but this was a small minority.

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7. <https://www.ids.ac.uk/opinions/the-impact-of-the-COVID-19-lockdown-on-zimbabwes-informal-economy/>
 8. *Zuva Petroleum (Pvt) Ltd v Don Nyamande and Another* SC 43/ 15

The majority of children were not able to engage in online or distance learning and the worst affected were those in rural areas. The ZIMSTAT Rapid Poverty, Income, Consumption and Expenditure Surveys (PICES), Telephone Monitoring Survey report (2020) notes that “in rural areas, only one quarter of children engaged in distance learning, while in urban areas this proportion was 70 percent.” For urban-based children, learning was mostly delivered through mobile applications and parental assignments, but this also meant that children from poor urban families with no access to smart phones with learning applications, or those who could not afford mobile data to access the applications, were left out in accessing educational materials. E-learning platforms that were established by schools were not accessible due to connectivity challenges or too expensive for the urban poor and those in rural areas, and a report by the Women’s Academy for Leadership and Political Excellence (WALPE, 2020) claimed that only 15 percent of surveyed school going people could access e-learning platforms. Generally, there are connectivity challenges in rural areas with some areas not having any form of mobile network connectivity as shown in the 2020 Afro Barometer report which highlights connectivity challenges as a major constraint to remote education.



Children with disabilities were also among those worst affected by disruptions to the education sector. A UNESCO Rapid Assessment report (November, 2020) on the effects of COVID-19 on persons with disabilities, highlighted that access to inclusive education during the lockdown period was a challenge that disenfranchised children with disabilities.

The report stated that the absence of alternative learning methods when schools closed had significant impact on most disabled children. Alternative delivery of learning only came in June 2020 when radio lessons were introduced for primary school children, but this could not be accessed by children with hearing impairments.

There were also gendered burdens of home schooling on parents, especially women, who mostly provide care for families and children (WALPE Report, 2020). Children in female headed families were thus affected because their mothers or female guardians had to spend more time engaging in informal activities to continue accessing income and support the livelihoods of their families without having time to provide home-schooling for their children. Girls were also affected because they contribute to care work in most households due to the patriarchal nature of care work in which women are expected to provide care support for families – this includes cleaning the house, cooking, fetching water, among other responsibilities.

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9. <http://www.veritaszim.net/node/2403>

10. <http://kubatana.net/2020/10/12/zimbabwean-education-crisis-a-violation-of-childrens-rights/> ; <http://www.afrol.com/articles/31294>

11. <https://www.herald.co.zw/president-orders-schools-colleges-to-close-next-week/>

The closure of schools meant that girls had to spend more time providing care support to families and less time engaging in home-based learning. This shows the 'gendered inequality' impact of COVID 19 on the right to education.

The extended closure of schools during the intense phases of lockdown took away the protective sanctuary for children offered by schools, leaving them exposed to different forms of abuse and exploitation. There was likely an increase in cases of sexual exploitation and child marriages during the period of lockdown, as girls were married off by their parents who wanted to reduce the number of dependents they had to support or to access financial resources in the form of lobola. There is a sad story of Nancy, a 14-year-old girl who lived at a farm in Mhondoro-Ngezi in Mashonaland West province reported by the *Newsday* in June 2020. Nancy was from a poor family which survived from scavenging firewood and selling it at a nearby town, Chegutu, but this was no longer possible due to the COVID-19 lockdown restrictions. Nancy's family married her off to a 65-year old local businessman so that they could get a financial bailout through the lobola that was paid out.

They ignorantly thought that Nancy was going to have a "guaranteed decent life" as one of the local businessman's wives, but for Nancy her future dreams, future economic empowerment opportunities were lost, and well-being was shattered.

Nancy is one of many young innocent girls whose rights were severely impacted on by the COVID-19 pandemic and the lockdown measures, as they were preyed on by older males in their communities or they were selfishly let down by their families who desperately needed financial bailouts. The headmaster at Chapanduka Secondary School, a United Methodist Church school in Marange District, reported that "six girls between the ages of 14 and 17 have married since schools shut down on March 24... some were forced to elope while others got married after becoming pregnant." In Chiredzi, Chilonga area (ward 7), ZPP community ambassadors reported cases of child marriages that occurred during the lock down, including that of a 14 year old girl who eloped with an older man to Hippo Valley and the community ambassadors even went on a mission to try and rescue her. Unfortunately when they got to the man's homestead they did not find the girl as she had been taken to Chipinge.

The man denied having eloped with the girl and instead said that she was a house help. The man could not be arrested for lack of evidence, particularly in the absence if the voice of the girl. The community ambassadors then engaged the Chiredzi Department of Social Welfare to liaise with their Chipinge counterparts to rescue the girl and they promised to take up the issue.

Children are now also being exposed to violence and abuse taking place within families as Gender Based Violence (GBV) incidences have exponentially increased since the lockdown started in March 2020. Musasa Project, women's rights organization that monitors gender-based violence in Zimbabwe, reported a spike in domestic violence cases during the first lockdown phase, recording 764 cases from March to April which was a rise from around 500-600 cases in a single month in previous periods. This has a lasting negative impact on children's psychological wellbeing as well as on their growth and development.

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12. Nathan Moyo (2020) *COVID-19 and the future of practicum in teacher education in Zimbabwe: rethinking the 'new normal' in quality assurance for teacher certification*, *Journal of Education for Teaching*, DOI: 10.1080/02607476.2020.1802702

13. http://www.zimstat.co.zw/wp-content/uploads/publications/Income/Finance/Final_Rapid_PICES_Report_Round_1.pdf

The Government put in place measures to support learners' safe return to school and to catch up from lost learning time during the lockdown. It introduced a phased school opening schedule, phased exam writing schedules, and supported schools to put in place COVID-19 standard operating procedures to guide how schools could contain and prevent the spread of the virus when learners returned to school. This once again had mixed results. Private schools and some urban based middle-income schools were better placed to have COVID-19 containment measures because they usually have the required financial resources to do so compared to urban-poor and rural schools. The Governments' efforts to re-open schools were hampered by teacher's strikes, as teachers demanded increased salaries, COVID-19 allowances and better working conditions. Government introduced COVID-19 allowances for teachers, but this was rejected by teachers' unions as not being enough. Schools were re-opened but there were no teachers in Government schools and children failed to have classes, and hence their access to education continued to be severely affected, especially for exam classes. Some teachers' unions also argued that conditions were still going to put learners and teachers in danger of contracting the disease, thus calling for the closure of schools until the Government provided teachers with PPE as well as giving them COVID 19 allowances.

After schools were re-opened, there were several cases of COVID-19 reported with some schools prematurely closing as a result. The prolonged closure of schools also disrupted school feeding programmes, and most children from poor families depend on programmes to access food and other nutritional requirements. This burden shifted back to poor households, especially women as they are generally primary care givers for most families. The wider socio-economic impacts on households' access to their usual livelihoods, such as vending and other informal sector activities, also meant that parents and guardians could not provide their children's nutritional and educational needs.

When schools reopened in October and November 2020 fees had been increased and some schools demanded payments in forex (United States dollars) citing inflationary pressures and the volatility of the local currency during the lockdown period, yet most parents had lost their incomes due to the pandemic. The risks of some poor children dropping out of school increased. The extent of school dropouts cannot be ascertained at the moment, but the risks are extremely high and there is need for urgent and bold actions and strategies to protect children's right to education.

5.0 Impact on health care services

The COVID-19 pandemic impacted heavily on the health delivery system in Zimbabwe that was already dysfunctional due to decades of neglect and underfunding from the Government, especially under economic austerity measures implemented under the Transitional Stabilization Programme (TSP) which commenced in 2018. The Zimbabwe Service Availability and Readiness Assessment Report of 2015 showed that the country's health delivery system was inadequate in terms of "human resources, medical products, vaccines, technology, infrastructure, health financing, health information, service delivery, leadership and governance."

The health sector was seriously understaffed before COVID-19. As of 2010, there were 1.6 physicians and 7.2 nurses for every 10,000 people, against World Health Organization (WHO) recommendations of 4.45 doctors, nurses and midwives (health workers) per 1000 population.

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14. <https://en.unesco.org/news/assessment-shows-persons-disabilities-zimbabwe-experience-severe-impact-covid-19>

15. <https://en.unesco.org/news/assessment-shows-persons-disabilities-zimbabwe-experience-severe-impact-covid-19>

The Government put in place measures to respond to the COVID-19 pandemic by expanding testing services, establishing isolation and treatment centers in every district, and setting up quarantine facilities for returning residents. But in reality these measures fell short of requirements, and they were not adequate to guarantee the right to health for millions of people.

The limited testing capacity, lack of substantial decentralization of testing and poor contact-tracing systems severely undermined the response mechanisms. The main COVID-19 hotspots like Harare and Bulawayo provinces have a high density of testing sites, but the testing capacity of these provinces in relation to their population density is rather low. This means that a large proportion of the populations in the two provinces will not access testing services as and when they need them later on other provinces. The number of tests outside Harare and Bulawayo is close to zero.

Government testing centers are also not fully equipped or staffed to meet a surge in testing needs given the spread of the pandemic. The Health Services Board reported that 64 percent of medical laboratory scientist positions in public laboratories were vacant as of December 2019. The absence of an effective and wide-reaching COVID-19 testing system, which is accessible to poor, vulnerable and marginalized groups means that millions of people will not be able to access testing services which are critical to containing the spread of the virus, and thus their health requirements during the pandemic are greatly compromised.



Public health facilities, i.e. community/district clinics, provincial hospitals, infectious diseases hospitals, and tertiary/referral hospitals such as Parirenyatwa and Mpilo, among others, face several challenges, including lack of equipment to handle severe cases (limited intensive care unit beds and ventilators), lack of PPE, staff shortage and human resources challenges, and this has limited their capacity to provide basic healthcare during the COVID-19 pandemic. Some clinics outside the main urban centers were closed after COVID-19 infections were reported, and this was largely because these peripheral community health centers are not equipped to handle and treat severe cases of the virus. For example, Chikonohono Clinic in Chinhoyi, Chikangwe in Karoi, Mhondoro-Ngezi clinic and Madzorera clinic in Zvimba, were temporarily closed when COVID-19 cases were recorded. This has a wider impact on access to health to communities that are dependent on the satellite health facilities which are their first referral health facilities.

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16. <https://walpe.org.zw/state-of-womens-rights-and-well-being-in-the-era-of-COVID-19-in-zimbabwe/>
17. <https://www.theindependent.co.zw/2020/10/23/child-marriages-risk-high/>
18. <https://genderlinks.org.za/news/girls-future-at-stake-as-COVID-19-drought-drive-child-marriages/>
19. *pseudo name*

People fail to access critical health services such as maternity services for pregnant women, access to life-saving support in case of emergencies and access to medication to chronic patients suffering from HIV/AIDS, tuberculosis, diabetes, cancer, among others. There are high risks that non-COVID-19 patients die of manageable diseases and conditions due to failure to access basic medical services from the closed health facilities. In worst cases, some patients were turned back from public health institutions due to the facilities being overwhelmed or unable to handle both COVID-19 cases and other health emergency cases.

Persons with disabilities were also among the worst affected by the disruptions to the health system which was already constrained by several challenges. The Government's COVID-19 response strategy was critiqued by disability rights activists as not being 'disability inclusive' and for its failure to adequately cover access to essential health services for disabled persons in line with the International Disability Alliance (IDA). The IDA has recommendations for a holistic and integrated disability inclusive Covid-19 response that meet the needs of people with disabilities across the entire Covid-19 prevention, treatment, mitigation, care and support spectrum. The UNESCO Rapid Assessment report (November 2020) on the effects of COVID-19 on persons with disabilities highlighted that, during the lockdown period, free medical care for persons with disabilities became even harder to access due to travel restrictions, which resulted in drugs running out of stock at designated places.

It was also difficult for women with disabilities to access sexual and reproductive health services and support. The report also states that the majority of persons with disabilities have no medical aid, yet they ought to be treated regularly for special conditions including skin cancer, fibroids, asthma, diabetics, schizophrenia, brain tumor, heart problems, discharging ear and breast cancer. This became even more difficult due to the lockdown.

Some people also failed to access health care facilities due to transport challenges emanating from the restrictions on the transport system during the lockdown period. For women, another distressing problem affecting them was the unavailability of contraceptive pills at local health facilities. There were reports that contraceptive tablets were corruptly removed from clinics where women can get them at a reasonable fee being available on the streets (parallel market) at a premium in USD.

Thousands of people have failed to access critical health support from public health facilities during the COVID-19 pandemic due to crippling industrial action by both nurses and medical doctors, who are demanding salary increases, COVID-19 allowances, provision of PPE, equipping of hospitals and clinics, and a general improvement in working conditions. The strikes by frontline health workers has severely impacted on people's access to basic and critical healthcare at a time when they need it the most. Failure by Government to improve the working conditions of frontline workers has compromised the right to health for the majority of the population who cannot access private healthcare which is expensive and out of their reach. The impact of Government's underfunding in better working conditions for frontline health workers has been devastating. In July 2020, seven babies were stillborn in one night at Harare Hospital because their mothers did not get adequate medical care due to the strike by nurses and doctors. Where tertiary hospitals have been supported to increase their capacity to handle emergency

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20. <https://www.newsday.co.zw/2020/06/COVID-19-lockdown-spawns-child-marriages/>

21. <https://www.umnews.org/en/news/pandemic-leads-more-girls-to-early-marriages>

22. *Men and women selected by community members to spearhead peace building initiatives due to their commitment to the promotion of human rights.*

23. <https://www.newzimbabwe.com/teachers-to-boycott-work-over-pay-demand-COVID-19-allowance/>

24. <https://thezimbabwedaily.com/news/517820-civil-servants-start-getting-bonuses.html>

cases, there is still not enough staff to support the increased capacity, despite the government re-engaging around 4000 nurses who had been previously to be in excess of needs.

For example, it was reported that Parirenyatwa Hospital was refurbished with 300 beds and piped oxygen, but only 30 beds are being used because there are not enough staff available – patients were turned away but “even in the case where patients [were] not turned away, the treatment delays [were] so long that a lot of people [were] either dying or being disabled because they got attention late.” Even when the government put efforts to hire a reported 4000 nurses to deal with the crisis, those efforts were diluted by squabbles between government and the nurses who in November 2020 were granted a High Court order to work flexible hours proportionate to their wages.

In November the government did not only appeal this decision but proceeded to strike off a reported 1200 nurses from the pay roll for failure to comply with an order to work normal hours. The quality of healthcare in most public facilities has been compromised because hospitals and clinics are manned by student nurses and junior doctors who are still under training, but without much support from senior and experienced specialists.

Quarantine centers that were established to handle returnees were poorly managed and did not receive meaningful support from the Government compromising the health of returning residents as well as the communities that were going to host them after quarantine. There was a general lack of guidance on the operating procedures of the facilities, roles and responsibilities were not clearly defined, safety measures to avoid or limit transmission within the facilities were not strictly enforced, PPEs were in short supply, and infection prevention and control measures were not always adhered to or enforced.

There were complaints of poor conditions at the facilities including inadequate water and sanitation facilities, while precautions like social distancing were not fully enforced and in some cases there were food challenges. This resulted in some quarantined returnees escaping and the government sometimes releasing people before the scheduled times.

Failure to address corruption in COVID-19 supply tenders and in the health sector in general has exacerbated the impact of the pandemic on the people’s right to access health. There were widespread reports of corruption in the award of tenders, overpricing of essential PPE kits, and failure to supply tenders that were already paid. The Minister of Health was fired in July because of allegations of corruption and there was no substantive minister for about a month, despite the country being at the height of the COVID 19 pandemic.

6.0 Impact on informal economy and workers in formal economy

COVID-19 had tremendous impact on millions of people dependent on the informal economy and workers in the formal economy especially contract and casual workers, their sources of livelihoods and incomes were disrupted in significant ways. It is estimated that 60 percent of the Zimbabwean economy is informal, and over 90 per cent of working age people work in the informal economy, with most living hand to mouth.

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25. See <https://www.aa.com.tr/en/africa/zimbabwe-2-schools-closed-due-to-virus-outbreak/2064813>; <https://www.aljazeera.com/news/2020/12/2/zimbabwe-tightens-gathering-limits-covid-19-cases-rise>; <https://www.zbcnews.co.zw/covid-19-chinhoyi-high-school-closes-as-57-test-positive/>

26. <https://www.thezimbabwemail.com/education/schools-demand-us-dollar-fees/>

27. https://www.undp.org/content/dam/rba/docs/COVID-19-CO-Response/UNDP_ZW_Brief_Socioeconomic_impact_of_COVID-19.pdf

The 2019 Labour Force and Child Labour Survey revealed that 76 percent of workers in Zimbabwe hold down informal jobs. The numbers of women dependent on the informal sector and contract jobs in the formal sector is even worse, making them more vulnerable to the shocks caused by the COVID-19 pandemic. As of 2017, around 67% of the informal sector was comprised of women, while only 20% of those employed in Zimbabwe's manufacturing sector are women, of which only 39% are employed full-time while the rest were employed as contract/nonpermanent workers.



COVID-19 lockdown regulations led to closure of informal economy businesses and marketplaces, in some cities and towns market stalls or vending sites deemed illegal and or unsafe were demolished by the local authorities, and trading on street side pavements was banned. This meant a loss of livelihood sources for households dependent on the informal economy for their daily survival incomes.

Government imposed lockdown regulations that required that people who travelled within cities and towns to have exemption letters stamped by their employers, and this only applied to essential workers who included health workers, security forces, NGO workers, among others providing critical and essential services. The informal economy was not recognized as essential service providers and they could not have the letters of employment because they are not formally employed. Even when the stringent lockdown conditions were relaxed, vendors reported low sales, high rates of produce leftovers and spoilages for those selling perishable goods (reported to be greater than 35 percent), and a decline in number of customers visiting vending sites or informal economy markets.

The government, local councils and development agencies committed resources to renovate markets and vending stalls, making them safer for both traders and customers. However, the renovated markets have fewer vending stalls than before the lockdown. For example, the Institute for Development Studies reported that “while the renovation of markets should result in 8500 spaces, there are many more vendors in Harare. The demolitions of the so-called illegal vending structures will make large numbers of vendors acutely vulnerable and exacerbate their levels of poverty.” Cross border traders, who are mostly women were affected by the closure of borders and the ban on inter-urban and cross border passenger transportation. The traders lost their livelihoods sources and they may fail to recover even after COVID-19 is long gone.

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28. https://www.undp.org/content/dam/rba/docs/COVID-19-CO-Response/UNDP_ZW_Brief_Socioeconomic_impact_of_COVID-19.pdf
 29. <https://www.bmj.com/content/370/bmj.m3267>
 30. <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1301/5899551>
 31. <https://www.zimbabwesituation.com/news/clinics-close-as-COVID-19-takes-toll/>
 32. <https://allafrica.com/stories/202007080182.html>
 33. <https://en.unesco.org/news/assessment-shows-persons-disabilities-zimbabwe-experience-severe-impact-covid-19>

Contract and casual workers in the formal economy were also affected by the COVID-19 pandemic in dramatic ways. The ZIMSTAT's Rapid Poverty, Income, Consumption and Expenditure Surveys (PICES), Telephone Monitoring Survey established that "employment levels dropped [during the lockdown], as one fifth of the respondents working before the COVID-19 lockdown restrictions lost their jobs. This affected both urban and rural areas and job losses were particularly severe in the retail and other service sectors."

A Confederation of Zimbabwe Industries COVID-19 rapid survey (July 2020) reported that companies implemented staff rationalization measures which included "reducing labour costs by the non-renewal of fixed-term employment contracts, retrenching permanent and temporary employees, sending staff on (forced) leave and implementing salary cuts, among others." The Employers' Confederation of Zimbabwe also reported in June 2020 that "over one million people have been thrown out of formal employment this year, adding to about five million more who earn a living through menial jobs." Most of those affected are contract workers who were laid off or had their working hours and salaries reduced, thus leaving them vulnerable and failing to fend for their families at a time when the cost of living was on the rise. About 44 percent of wage workers interviewed for the ZIMSTAT's Rapid Poverty, Income, Consumption and Expenditure Surveys (PICES) reported a reduction or disappearance of wages.

There were also challenges at workplaces which exposed workers to COVID 19 – these included inadequacy of PPE at most workplaces, workers facing challenges to find transport to and from work no social distancing in private vehicles exposing more workers to infection, irregular covid-19 testing for workers, lack of standard procedures to deal with COVID-19 cases at workplaces, delayed Occupational Safety, Health and Environment (OSHE) inspections by the Ministry of Labour, delayed sectoral collective bargaining processes (poverty wages), psychosocial impact on workers, women workers greatly affected by limited transport yet expected to play care role for family at home.

Persons with disabilities were also adversely affected by the impact of COVID-19 on the informal sector. The UNESCO Rapid Assessment report (November 2020) on the effects of COVID-19 on persons with disabilities asserted that a majority of people with disabilities survive on informal sector activities such as vending and begging in the streets. The report notes that lockdown restrictions, which saw incomes shrink by 50% from "ZW 2160.00 (US\$43) per month pre-COVID-19 to ZW1080.00 (US\$13) per month, against a poverty datum line of ZW 17957.00 (US\$219) per month for a family of five", significantly impacted on people with disabilities. People with disabilities faced difficulties to access support from the government, NGOs and private individuals due to travel restrictions imposed by the government during the lockdown period. This was confirmed in various media reports. For example, an article published by Spotlight Initiative in December 2020 quotes Mary Mushayi, a 58-year-old woman with a disability, who highlighted that "when the borders closed, our relatives could not send us groceries [and] we could not move around even to collect our parcels due to limited transportation."

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34. <https://www.bloomberg.com/news/articles/2020-06-18/zimbabwe-doctors-nurses-to-strike-over-demand-for-higher-pay>

35. <https://www.bbc.com/news/world-africa-53580559>

36. See <https://www.newzimbabwe.com/govt-employs-500-nurses-47-doctors-amid-second-covid-19-wave/>;
<https://www.youtube.com/watch?v=-FQX7qwWDvg>

37. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31751-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31751-7/fulltext)

38. <https://news2.onlinenigeria.com/world/africa/862551-nurses-to-work-flexible-hours.html>

7.0 Impact on food consumption and food and nutrition security

COVID-19 has had drastic impact on food consumption and nutrition security as households lost incomes, while food prices went up due to the inflationary shocks of the pandemic. For instance, according to ZIMSTAT, at the start of the lockdown, the Food Poverty Line (FPL) for March 2020 was pegged at ZWL2,365 before rising to ZWL3,398 by April 2020, ZWL6,643 by July 2020, ZWL7,608 by October 2020 and further to ZWL15,360 by November 2020. Meanwhile, the Government's gazetted minimum wage has remained stagnant at ZWL\$2,500, lagging far behind the rising cost of living, thus, relegating the workers of Zimbabwe totally poor. The Government failed to disburse adequate COVID-19 social protection to the most disadvantaged and vulnerable households. For instance, the Government set aside ZWL600 million as financial support over three months meaning ZWL200 million a month for small businesses and vulnerable people affected by the lockdown. This translated to one million social support beneficiaries receiving ZWL\$200 per month. The ZWL\$200 which was further reviewed upwards to ZWL300 per households was clearly far too below the FPL.

Rapid assessment studies on household access to food during the lockdown shows that large sections of the population were faced with hunger and high risks of malnutrition and food insecurity. By December 2019, the World Food Programme indicated that 7.7 million Zimbabweans (almost half of the population) were in need of food assistance. As indicated above, food insecurity disproportionately affects more women than men due to the women's gendered social roles.

A study by a research team from the University of Zimbabwe on the effects of the COVID-19-induced lockdown on nutrition, health and lifestyle patterns among adults in Zimbabwe revealed that 94.8 percent of their study participants reported food price increases in their communities, 64 percent reported a decrease in availability of diverse and nutritious foods, while 43.9 percent mentioned that the quality of foods sold in their areas had decreased.

On nutrition, the report revealed that "96.6% of study participants reported that their diet and consumption patterns have changed during the COVID-19-induced lockdown – 57.8% of the participants stated that there was a decrease in consumption of 'other vitamin A-rich fruits and vegetables'... There was also a decrease in the intake of 'other vegetables' (48.5%), 'other fruits' (64.9%), 'nuts and seeds' (45.0%), 'cereals breads and tubers' (41.1%) and 'dairy products' (44.9%)."

The UNESCO Rapid Assessment report (November 2020) on the effects of COVID-19 on persons with disabilities states that people with disabilities were severely impacted in respect of food access, and they were forced to change their diets:

"the number of meals for persons with disabilities nationally have been reduced from three (3) pre-COVID-19, to one (1) or two (2) during COVID-19. The pre-COVID-19 meals' nutrient composition was richer, comprising of tea with bread and eggs for breakfast, rice for lunch and sadza with meat & vegetables for supper. During COVID-19, most persons with disabilities can no longer afford to buy meat and most of the time they have a single meal of sadza and vegetables."

39. <https://www.zimdaily.com/1-200-defiant-nurses-struck-off-payroll/v>

40. <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1301/5899551>

41. <https://www.theindependent.co.zw/2020/05/29/returnees-complain-of-shambolic-quarantine-centres/amp/>

The report further noted that government mitigation programs were not enough to cover the food requirements of people with disabilities. By September 2020, the Ministry of Social Welfare had distributed rice to only 31 500 persons with disabilities representing only 1,4% of the total number of persons with disabilities estimated at 2,250,000. People with disabilities were thus forced to beg for food at people’s houses, and this further impaired their dignity and worsened their stigmatization in communities.

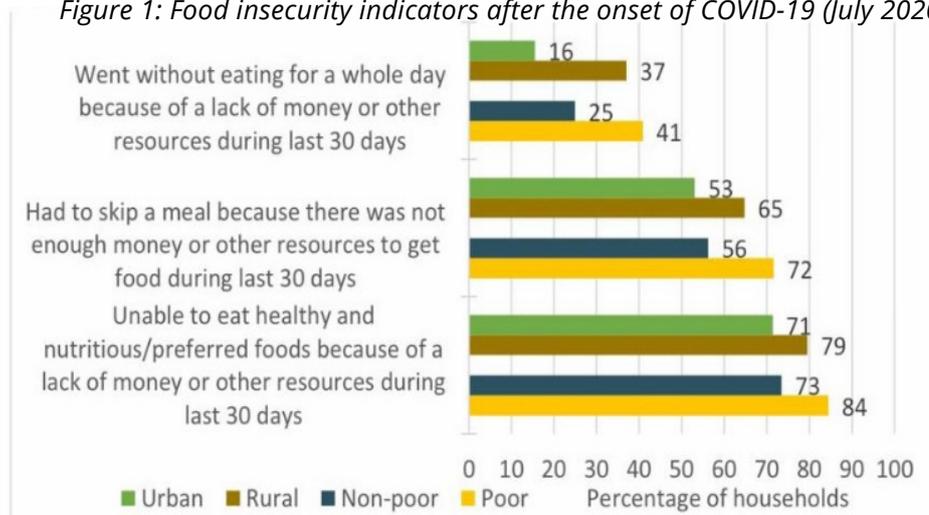
The ZIMSTAT Rapid Poverty, Income, Consumption and Expenditure Surveys (PICES), Telephone Monitoring Survey also revealed disturbing statistics on the impact of COVID-19 on food security and access to food which showed that:

“food security had worsened in both urban and rural areas in July 2020. The proportion of rural households having to skip a meal at least once in the past 30 days was almost 4 times higher in July 2020 compared to the April-May 2019 period. In urban areas, this proportion rose three-fold to about 16 percent. Four out of five rural respondents indicated they were unable to eat healthy or nutritious meals or their preferred food at least once during the 30 days before the interview. Although the urban proportion that gave this answer was slightly lower (71 percent), between April-May 2019 and July 2020 it increased proportionally more than in rural areas. The food security situation was reported for July 2020 just after completion of the harvest, which means that this trend is likely to worsen in subsequent months of 2020.”

The poorest and most vulnerable sections of the population were the worst affected by the impact of COVID-19 on food security. The proportion of people surveyed by ZIMSTAT who were not able to get maize meal and cooking oil (basic food) was larger in rural areas than in urban areas. The main reasons they cited were increases in the price of the basic necessities or they simply could not afford to buy them.

The ZIMSTAT report also shows that food consumption significantly declined among the poor and vulnerable from the onset of the lockdown, a situation made worse by the effects of the droughts over the past two years: “More than one-third of survey respondents in rural areas reported that in the 30 days before the July 2020 interview they had gone without a meal for a full day, at least once. This proportion was one-sixth among urban respondents. More than half of urban households and two thirds of rural respondents had to skip meals because of lack of resources to obtain food. The extreme poor are more affected than the non-poor.”

Figure 1: Food insecurity indicators after the onset of COVID-19 (July 2020)



Source: ZIMSTAT Rapid Poverty, Income, Consumption and Expenditure Surveys (PICES), Telephone Monitoring Survey (2020)

42. <https://www.theafricareport.com/30676/zimbabwe-COVID-19-drugs-scandal-lays-bare-the-rot-in-the-system/>

43. <https://www.techzim.co.zw/2018/01/zimbabwes-informal-sector-largest-africa-second-world/>



The Government and some development agencies delivered social assistance programmes to cushion poor and vulnerable groups against the impact of COVID-19 on food consumption and food and nutrition security. This was mostly through emergency food relief provided through the Social Welfare Department (for Government sponsored aid), Government subsidized mealie meal vouchers, cash transfers (both Government and NGOs), and some NGOs adjusted their food aid programmes to meet the urgent food needs of communities they work in. Overall, the coverage of Government food aid was low (15% of households interviewed by ZIMSTAT) and most beneficiaries were in rural areas.¹ This is despite the fact that urban poverty in Zimbabwe has been on the increase and in 2019 the World Food Programme reported that 2 million people in urban areas were in urgent need of food assistance. These are largely people who are dependent on informal economic activities to access incomes which they can use to meet and secure their food consumption needs. They are therefore the worst affected by COVID-19 as the informal sector came to a halt during the intense periods of the lockdown, and their food consumption patterns were grossly affected as indicated above.

The politicization of Government sponsored food aid and Government subsidized mealie meal vouchers by ruling party officials and some Government officials also impacted on people who were perceived to be supporters of the opposition even when they desperately needed food assistance. A report by Amnesty International showed that ruling party officials, some traditional leaders and Government officials were distributing food aid in a partisan manner and they were discriminating against perceived opposition supporters.² The report quotes a member of the opposition based in the rural district of Murehwa:

"It's really tough here. Local leaders here are from Zanu-PF and say anyone who belongs to any other party does not get food aid. They say we must get it from the parties we support. Even if our names are on the list of deserving people, we are skipped."³

In other cases, local ruling party leaders purchased all the subsidized mealie meal and then went on to sell it to Zanu PF members only, thus depriving thousands of people desperately needing the staple food but did not have Zanu PF membership cards. The partisan distribution of Government food aid is a recurring problem in most rural areas which has been extensively reported on by various civil society organizations.⁴ It has left thousands of people food insecure when they desperately need food assistance during the difficult times of COVID-19.

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44. <https://www.ids.ac.uk/opinions/the-impact-of-the-COVID-19-lockdown-on-zimbabwes-informal-economy/>
45. <https://www.newsday.co.zw/2015/04/women-drive-zimbabwes-informal-sectors/>

8.0 Impact on women and girls: Unpaid Care and Domestic Work (UCDW) and Gender-Based Violence (GBV)

The COVID-19 pandemic has disproportionately affected women, as cases of gender-based violence reportedly increased from the onset of the lockdown, informal economy and socio-economic activities were disrupted, unpaid care and domestic work for women reportedly increased, access to healthcare has been disrupted.

Livelihoods and incomes for women were hit hardest by COVID-19 given that they form the majority of people working in the informal economy and they are also a significant proportion of contract and casual workers. These are the two groups that have been worst affected by COVID-19 lockdown regulations, as discussed above. The lockdown measures, which included temporary closure of markets, destruction of undesignated vending stalls, travel restrictions, affected women traders and vendors who rely on the movement of goods that they sell for their daily survival.

Reduction in demand and markets for the sale of agricultural products has also affected rural women who depend on selling perishable fresh farm produce to urban markets. Rates of leftovers and spoilages of perishable farm produce were greater than 35 percent during the period of lockdown, and this was lost income for most market gardening women farmers.⁵ Women also dominate cross-border trade and they were drastically affected by the closure of borders as they could not travel to neighboring countries to buy goods for resale in the country.

Disruptions to public transport services, restrictions to movements, and increased demand for services and lack of PPEs at public clinics and hospitals affected women's access to sexual and reproductive health services, access to pre and post-natal care, neonatal care, among other healthcare services unique to their needs. A report by Amnesty International on the devastating effects of COVID-19 on maternal health in Zimbabwe pointed out that pregnant women and girls faced challenges in accessing health facilities to give birth – some of them could not afford the transport as their family incomes were disrupted, others faced difficulties in getting transport due to the travel restrictions imposed by the government, while others feared police brutality if they travelled to clinics without exemption letters as per government regulations.⁶ A WALPE report revealed that they recorded cases where they were turned away at health facilities in Gwanda, Mutasa, Harare, Muzarabani and Gokwe, when they wanted to access pre and post-natal services.⁷ Women in such cases are left with no option but to deliver at home with “unskilled birth attendants” putting them and their newly born babies at risk due to the unhygienic delivery conditions, including risk of mother to child transmission of HIV. The report also points that there was a “reduction in the numbers of women who are going to maternity waiting homes, clinics or hospitals for skilled delivery [during the intense period of lockdown].”⁸ Travel restrictions and social distancing requirements also meant that women giving birth for the first time failed to get postpartum support from women relatives.

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46. <http://kubatana.net/wp-content/uploads/2020/04/ZimRights-Their-Voices-Matter-Week-3-Report-200423.pdf>

47. https://www.researchgate.net/profile/Cosmas_Parwada/publication/343265691_COVID-19_outbreak_lockdown_and_its_impacts_on_marketing_of_horticultural_produces_in_Zimbabwe/links/5f23bbbc458515b729f5e695/COVID-19-outbreak-lockdown-and-its-impacts-on-marketing-of-horticultural-produces-in-Zimbabwe.pdf

48. <https://www.ids.ac.uk/opinions/the-impact-of-the-COVID-19-lockdown-on-zimbabwes-informal-economy/>

49. <https://www.herald.co.zw/city-fathers-urged-to-fast-track-markets-rehab/>

Unpaid care and domestic work (UCDW) increased exponentially during the lockdown, as women and girls were confined at home and were expected to take up more responsibilities of maintaining the home providing care to the rest of the family. In most households, women tend to be the ones providing learning guidance to children who were doing distance learning and home schooling when schools were closed down during the lockdown. This is usually in addition to their traditional household chores, thus an added burden of UCDW. The burden of UCDW takes away time from women and they fail to adequately participate in other economic activities which could help them to gain additional or meaningful incomes.

Women and girls also provide care support for sick family members in the context of deteriorating health institutions and high cost of health services during the COVID-19 pandemic, and this forms an additional burden on women and girls. Women also form the majority of frontline health workers (i.e. nurses, aides and community health/social workers), and this exposes them to greater risks of contracting COVID-19 since the public health sector does not have adequate provisions of PPE kits. Women are also overrepresented in sectors regarded as essential services during COVID-19 and lockdown such as retail and agriculture hence, their level of exposure and risk to infection was high.

The exponential increase of unpaid care and domestic work impacted on the general welfare of persons with disabilities who are usually cared for by the same women whose burden was increased. The UNESCO report (2020) on COVID-19 and disabilities mentioned above suggests that female caregivers of people with disabilities carried the extra burden of looking after the rest of the family affecting the well-being of not only the person with disability but that of the caregiver as well.⁹

Cases of GBV spiked during the period of lockdown as women were confined in homes and some spent more time under the same roof with their abusers making them more vulnerable. Homes are the sites for a majority of GBV cases. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA – Zimbabwe) cluster report for protection (GBV) reported in December 2020 that:

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50. http://www.zimstat.co.zw/wp-content/uploads/publications/Income/Finance/Final_Rapid_PICES_Report_Round_1.pdf

51. <https://gga.org/c-19-in-zimbabwe-work-and-jobs/>

52. <https://www.dailymaverick.co.za/article/2020-06-19-the-implications-of-COVID-19-on-workers-rights-a-regional-overview/>

53. http://www.zimstat.co.zw/wp-content/uploads/publications/Income/Finance/Final_Rapid_PICES_Report_Round_1.pdf

54. Information provided by the Labour and Economic Development Research Institute of Zimbabwe (LEDRI) (2020)

55. <https://en.unesco.org/news/assessment-shows-persons-disabilities-zimbabwe-experience-severe-impact-covid-19>

56. <https://spotlightinitiative.org/news/zimbabwe-women-and-girls-disabilities-are-raising-their-voices>

“the national GBV Hotline (Musasa) has recorded a total of 6,200 GBV calls from the beginning of the lockdown on 30 March until 27 November (1,312 in April, 915 in May 2020, 776 in June, 753 in July, 766 in August, 629 in September, 546 in October, and 503 from 1 to 27 November), with an overall average increase of over 60 per cent compared to the pre-lockdown trends. About 94 percent of the calls are from women. Psychological violence remains the most frequent form (55 percent of total cases) followed by physical violence (22 percent of total cases), economic violence (15 percent) and sexual violence (8 percent). About 90 per cent of cases are intimate partner violence.”¹⁰

The Adult Rape Clinic also highlighted in September 2020 that:

“reports of emotional violence over the same period were up by 80 percent... ‘possibly due to heightened household tensions resulting from confined living conditions and increased financial stress’.”¹¹

Some women struggled to report GBV incidences as they could not access referral and support systems because of the lockdown travel restrictions.

The UNESCO COVID-19 and disability assessment (November 2020) states that GBV and sexual assault targeted at disabled persons increased during the lockdown period. The assessment report makes reference to statistics published on the 4th of September 2020 by the national police service on persons which showed that forty-four (44) rape cases, one (1) aggravated indecent assault and one (1) case of domestic violence targeted at persons with disabilities had been officially dealt with by the police since the inception of the lockdown in March of 2020.¹² Some women struggled to report GBV incidences as they could not access referral and support systems because of the lockdown travel restrictions.

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57. *World Food Programme expands emergency operation in Zimbabwe as drought and economic hardship plunge millions into hunger | World Food Programme (wfp.org)*
 58. <https://nutrition.bmj.com/content/early/2020/09/12/bmjnph-2020-000124>
 59. *Ibid*
 60. <https://en.unesco.org/news/assessment-shows-persons-disabilities-zimbabwe-experience-severe-impact-covid-19>
 61. *Ibid*
 62. http://www.zimstat.co.zw/wp-content/uploads/publications/Income/Finance/Final_Rapid_PICES_Report_Round_1.pdf
 63. http://www.zimstat.co.zw/wp-content/uploads/publications/Income/Finance/Final_Rapid_PICES_Report_Round_1.pdf
 64. <https://www.voanews.com/COVID-19-pandemic/amnesty-zimbabwe-playing-politics-food-aid-distribution>

9.0 Conclusion and Recommendations

The study has demonstrated the full extent to which socio-economic rights of the majority of citizens have been impacted by the COVID-19 pandemic, despite the Government making some interventions to cushion vulnerable and marginalized groups. The study has shown that the broken and dysfunctional social service delivery system in the country cannot withstand the impacts of the pandemic due to several years of underfunding and neglect by the Government. Nonetheless, there is an opportunity to redress the ongoing crisis by ensuring that socio-economic rights are placed at the center of the COVID-19 response and recovery plans. Bold and urgent actions supported by financial resources will be needed to build back better and equitably in the aftermath of the COVID-19 pandemic.

Recommendations

The following recommendations are made:

Government and development agencies

- a. The Government should urgently release funds earmarked for social protection and it should be disbursed to the most vulnerable and marginalized people. Funds should also be released to critical social service delivery institutions so that they can carry out their mandate of protecting citizens worst affected by the pandemic and reduce the burden of UCDW among women and girls.
- b. The Government should collaborate with various stakeholders in ensuring that systems and mechanisms for detecting and preventing GBV and exploitation of children are functional, well-resourced and accessible to victims. The systems and mechanisms should be decentralized at community level.
- c. The Government and development partners should engage frontline health workers and collaboratively work towards resuscitating the health delivery system and provide the right to decent work in a transparent and accountable manner.
- d. The Government, central bank and development agencies should timeously disburse financial rescue packages to the informal economy including prioritizing social dialogue with the informal economy associations so that micro and small enterprises, including informal traders, can immediately resuscitate their businesses. Women owned business and traders should be the top priority.

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65. *Ibid*

66. See for example: <https://www.hrw.org/legacy/background/africa/zimbabwe/2004/zimbabwe0804.pdf>; <https://www.accord.org.za/conflict-trends/food-aid-village-politics-and-conflict-in-rural-zimbabwe/>; <https://core.ac.uk/download/pdf/58913021.pdf>; <https://www.thenewhumanitarian.org/news/2018/07/24/zimbabwe-ruling-party-accused-using-food-aid-buy-votes-0>

67. https://www.researchgate.net/publication/343265691_COVID-19_outbreak_lockdown_and_its_impacts_on_marketing_of_horticultural_produces_in_Zimbabwe

68. <https://www.amnesty.org/en/latest/campaigns/2020/04/the-devastating-effects-of-covid19-on-maternal-health-in-zimbabwe/>

69. <https://walpe.org.zw/state-of-womens-rights-and-well-being-in-the-era-of-COVID-19-in-zimbabwe/>

- e. The government should ring-fence resources to finance social protection and socio-economic rights.
- f. The Government and development agencies should urgently set up and implement an education rescue plan which should ensure that learning institutions resume their functions in a safe manner and the right to decent work for teachers is prioritized.
- g. The Government and development agencies should urgently expand food assistance programmes so that they can reach the currently excluded, which include the urban poor as urban poverty is fast rising.
- h. The Government, as well as the Zimbabwe Anti-Corruption Commission, law enforcement agencies, and judicial institutions should timeously address cases of corruption affecting the COVID 19 response.
- i. The private sector should also collaborate with Government and development agencies in providing critical social services in their respective areas of interest, in addition to providing PPE and safe working conditions for their employees.
- j. The Government should develop a holistic and integrated disability inclusive Covid-19 response that meet the needs of people with disabilities across the entire Covid-19 prevention, treatment, mitigation, care and support spectrum.
- k. The Government should provide proactive testing and more strict preventive measures for groups of people with disabilities who are more susceptible to infection due to the respiratory or other health complications caused by their impairment.

Civil Society Organizations (CSOs)

CSOs- POINT C

- a. CSOs should work closely with Government and other development agencies to strengthen transparency and accountability in the delivery of social protection programmes;
- b. CSOs should continue to document and flag instances where groups of people are either discriminated or left out from receiving social protection support;
- c. CSOs should continue to strengthen capacities for communities and organize them to provide oversight over social protection interventions that are being provided by both Government (including devolution funds) and development agencies, flagging out any injustices which should be advocated against.
- d. CSOs should organize communities to continue to demand their socio-economic rights, and where necessary and appropriate facilitate public interest litigation;
- e. CSOs working on socio-economic rights should collaborate with other development & humanitarian organizations to ensure advocate for far reaching reforms of state institutions responsible for providing essential social service. This includes advocating to better governance of the health sector.

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70. *Ibid*

71. <https://en.unesco.org/news/assessment-shows-persons-disabilities-zimbabwe-experience-severe-impact-covid-19>

72. <https://reports.unocha.org/en/country/zimbabwe/card/2XxB9GOV93/>

73. <https://www.rfi.fr/en/africa/20200929-study-shows-zimbabwe-lockdown-triggered-sharp-rise-in-violence-against-women>

74. <https://en.unesco.org/news/assessment-shows-persons-disabilities-zimbabwe-experience-severe-impact-covid-19>

10.0 Annex 1 – Research Plan

Impact of COVID-19 on Socio Economic Rights in Zimbabwe

The research is supposed to assess the socio-economic effects of Covid-19 and the resultant impact on the enjoyment and fulfilment of socio-economic rights in Zimbabwe. The proposed research has three broad purposes as follows:

A. *To have an understanding of the extent to which COVID-19 has impacted socio-economic rights*

The proposed research is supposed to provide a detailed assessment of the manner and extent to which socio-economic rights were impacted on by the COVID-19 pandemic. This specifically includes:

- An overview of the status of socio-economic rights in Zimbabwe before the outbreak of the Corona Virus, including the policy, legal and institutional framework for the advancement of socio-economic rights
- An in-depth analysis of some of the measures (or lack thereof) put in place by the government and local authorities to contain the spread of the virus and how they directly or indirectly, and positively or negatively, impacted on socio-economic rights
- An in-depth analysis of how the actions (and or inactions) of non-state actors (e.g. NGOs, CSOs, private sector, donors, etc.) impacted (positively or negatively) on the realization of socio-economic rights since the pandemic started

B. *To have an insight on the sector of the population whose socio-economic rights have been most affected by COVID-19.*

The proposed study is supposed to provide a nuanced description and assessment of the groups/sectors of the population that have been worst affected by the COVID-19 Pandemic. This specifically includes:

- Demonstrate how various sections of the population were differently affected by COVID-19 and some of the containment/response measures put in place by the government, development measures, private sector etc.
- Demonstrating which groups were affected by COVID-19, and revealing how they were affected and showing the medium to long term impact on their enjoyment of socio-economic rights
- Unpacking the underlying factors (social, economic, political, demographic, class, gender, ethnicity, etc.) which made some groups more vulnerable to the impact of COVID-19 on socio-economic rights.
- Provide a detailed account and assessment of some of the measures that were put in place to protect or cushion the most vulnerable groups of populations, showing whether these worked or not.

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C. To draw recommendations to relevant stakeholders to allow informed interventions.

The study is supposed to provide an overview of some of the remedies available to mitigate the impact of COVID-19 on the socio-economic rights of the most vulnerable groups. This specifically includes:

- Providing practical suggestions on some of the policy, legal and institutional measures needed to secure the socio-economic rights of the most vulnerable groups during and immediately after the COVID-19 pandemic
- Providing practical suggestions on the possible social protection interventions which can be supported by government and development agencies to protect the livelihoods and social welfare of groups of people worst affected by the COVID-19 pandemic
- Provide suggestions on the legal remedies available for marginalized and vulnerable groups to claim and protect their socio-economic rights during the COVID-19 pandemic
- Provide suggestions on how CSOs can work together with marginalized and vulnerable groups to lobby and advocate for the realization of their socio-economic rights which would have been undermined by the COVID-19 pandemic

Data collection and analysis plan

The process of rolling out the assignment is as follows.

a. Document Search and Literature Review

A comprehensive review of existing literature – i.e. studies, CSO reports, media articles, and policy documents on socio-economic rights & social protection will be conducted. United Nations Agencies documents on COVID-19 and social protection in Zimbabwe will be reviewed, and this will include source documents developed by various local and international development agencies. Official Ministry of Labour, Public Services and Social Welfare records and statements on the governments' social protection response, as well as relevant government records and reports, will be reviewed.

Reports, records and other source documents generated by local and international humanitarian NGOs involved in social protection interventions will also be reviewed. Domestic, regional and international legal instruments and protocols on socio-economic rights will also be reviewed. The 'search and review' will be done using a Document Review Matrix which we will use to compile and organize data mined from the sources mentioned above. Preliminary findings from the documentary review will be used to guide the interviews.

b. Key Informant Interviews (KII)

A key informant interview guide will be developed to collect information from selected respondents with knowledge on socio-economic rights and social protection in Zimbabwe. The key informants will include government officials, local governments, residents' associations, International and local humanitarian organisations, CBOs and CSOs that work on social protection. Selection of interviewees will be done in consultation with the client. These will be selected through a combination of purposive and snowball sampling. Purposive sampling will allow selection of respondents already known to have information useful to the study.

Snowball sampling will ensure additional key informants are identified through consultations with purposively sampled key informants.

The interviews will either be held on online platforms or through phone calls. Physical interviews will be determined by safety measures that are currently being enforced by government as part of the COVID 19 response. All interviewees will be asked to consent to participation without duress or undue pressure. The purpose of the interview will be explained to all interviewees and their rights to further explanations or opting out of the interview process will be respected.

c. Data cleaning, evaluation and analysis

A qualitative data analysis will be carried out as an ongoing and iterative process, which will continuously inform all data collection processes. The following tasks will be undertaken to analyse qualitative data: data capturing and cleaning; organizing data into thematic areas using NVivo software; triangulation of data collected through KII against data captured from document review (i.e. reports), following up on gaps and clarifications identified from NVivo analysis. We will also use ‘narrative analysis’ to interpret data collected from interviews and documentary review – we will search for emerging patterns in order to draw conclusions on the key themes under study. Narrative analysis will be used as a continuous and iterative process throughout the study, i.e. during data collection, data analysis and the writing phase.

d. Ethical considerations

The consultant will ensure confidentiality is assured to all study participants. Participants will be informed about the nature and purpose of the study. Verbal consent will be sought from each interviewee with a right to discontinue the interview at any stage due to discomfort or any other circumstances. Respondents will be encouraged to express themselves in languages of their choice. These will be translated to English for analysis. The information gathered will be strictly used only for purposes only and it will not be shared with third parties. Considering the Covid 19 pandemic, the consultant will adhere to national and personal safety measures which include maintaining social distancing, using hand sanitizers and wearing face masks when conducting physical interviews.

Timelines

The following are the proposed timelines:

Activity	Output	Timeline
Develop and Submit Research Plan	Research plan	9 – 11 November 2020
Documentary Review – i.e. NGO/CSOs reports, Legal Frameworks, policy documents, etc.	Summary of findings	12 – 18 November 2020
Conduct Key Informant Interviews	Interview notes and summary of findings	19 – 25 November 2020
Data Analysis and production of Initial draft	Draft Report	26 November – 2 December 2020
Incorporate input from ZPP on draft report	Final study incorporating feedback	5 December 2020

