



IMPACT OF COVID-19 ON VULNERABLE COMMUNITIES

POLICY BRIEF

Zimbabwe | October 2020



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Background to this Policy Brief

Following the outbreak of the COVID-19 (Coronavirus of 2019) around the world which started in December 2019 in China, a number of measures have been put in place by different governments. In Zimbabwe President Emmerson Mnangagwa declared the COVID-19 crisis a “national disaster” on Friday, March 27, 2020 and proclaimed a national lockdown which started on 30 March 2020 as a measure to counter the spread of the COVID-19 pandemic. This lockdown had been adjusted several times and has spanned beyond the 200 days by the time this report was compiled. What started off as a public health crisis soon spawned a governance and human rights crisis. The Citizens’ Manifesto took time to reflect on the crisis with marginalised communities to understand the impact of the COVID-19 on their communities. This report analyses the legal and policy framework that followed the outbreak of COVID-19, the impact on marginalised communities as well as making key policy recommendations necessary for Zimbabwe to emerge stronger from the crisis.

Concern for the Vulnerable and Marginalised Communities

On 29 January 2020 Dr Mike Ryan, head of the World Health Organisation (WHO)’s Health Emergencies Programme, noted that, “The whole world needs to be on alert now. The whole world needs to take action and be ready for any cases that come from the epicenter or other epicenter that becomes established.”¹ Input from other UN bodies showed growing concern, and at the end of January 2020, UNICEF Executive Director, Henrietta Fore noted that the coronavirus was spreading at a breakneck speed and that it was crucial to put all necessary resources into halting it.

Declaring the coronavirus a global pandemic on 30 January 2020, Dr Tedros said,

“

We don't know what sort of damage this virus could do if it were to spread in a country with a weaker health system. We must act now to help countries prepare for that possibility. For all of these reasons, I am declaring a public health emergency of international concern over the global outbreak of novel coronavirus. The main reason for this declaration is not because of what is happening in China, but because of what is happening in other countries. Our greatest concern is the potential for the virus to spread to countries with weaker health systems, and which are ill-prepared to deal with it. WHO has been assessing this outbreak around the clock and we're deeply concerned both by the alarming levels of spread and severity and the alarming levels of inaction. We have therefore made the assessment that COVID-19 can be characterized by 'pandemic', and all countries can still change the course of this pandemic.²

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When the pandemic was declared a public health emergency, the novel coronavirus had infected more than 120,000 people in more than 100 countries. While Dr. Tedros mentioned that the worry was what would happen to countries with weaker health systems, the real issue as this paper found, is indeed marginalized groups that have no access to health facilities as well as communities that were to be hit hard by policy measures adopted by the government.

1 United Nations (2020) Coronavirus: First case confirmed in Gulf region, more than 6,000 worldwide. UN News. [Online] Available at: <https://news.un.org/en/story/2020/01/1056222> [Accessed: 18 May 2020].

2 Vox News (2020) The WHO just declared the coronavirus a pandemic. Here's what that means. "All countries can still change the course of this pandemic." [Online] Available at: <https://www.vox.com/future-perfect/2020/3/11/21175061/who-declares-coronavirus-COVID-19-pandemic>. [Accessed: 18 May 2020].

Overview of the Legal Framework and Policy Measures Targeting COVID-19

On 17 March 2020, President Emmerson Mnangagwa declared a state of disaster in response to the COVID-19 pandemic. This was in terms of section 27 of the Civil Protection Act [Chapter 10:06]. A declaration of state of disaster allows the government to make emergency disaster response regulations and allocate resources to respond to the pandemic.

Between 17 March 2020 and 30 September 2020, more than 40 Statutory Instruments were passed by President Emmerson Mnangagwa all relating to COVID-19.

Figure 1 below shows some the pieces of legislation passed on COVID-19 between 23 March 2020 and 30 September 2020. These laws form the body of laws that governed how government managed or is trying to manage the COVID-19 pandemic. Below Figure 1, we highlight the main elements of the framework as it related to vulnerable groups.

Figure 1

Legislation	Date	Purpose
SI 2020-077 Public Health (COVID-19 Prevention, Containment and Treatment) (Amendment) Regulations, 2020 (No. 1)	23 March	Declaring COVID-19 as a Formidable Epidemic Disease (FED) and extending the COVID-19 Prevention Measures by a month. Prohibition of public gatherings
SI 2020-082 Public Health (COVID-19 Prevention, Containment and Treatment) (Amendment) Regulations, 2020 (No. 1)	28 March	Defining military officers as 'enforcement officer' for purposes of enforcing COVID-19 prevention and containment measures.
SI 2020-083 Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) Order, 2020	28 March	Decreed a 21 day national lockdown
SI 2020-084 Public Health (COVID-19 Prevention, Containment and Treatment) (Amendment) Regulations, 2020 (No. 1)	29 March	Inclusion of the courts as essential services
SI 2020-085 Exchange Control (Exclusive Use of Zimbabwe Dollar for Domestic Transactions) (Amendment) Regulations, 2020 (No. 2)	29 March	Allows the usage of foreign currency free funds in paying for goods and services.
SI 2020-086- Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) (Amendment) Order, 2020 (No. 2)	03 April	Designated the operations of Ethiopian Air, agricultural sector, medical supplies and funeral services as essential services.
SI 2020-087 Customs and Excise (Tariff) (Amendment) Notice, 2020 (No. 15))	04 April	Changes to the excise duty of fuel
SI 2020-088 of 2020 Customs and Excise (General) (Amendment) Regulations, 2020 (No. 101)	14 April	List goods that qualify for rebate, essential good used to fight COVID-19
SI 2020-089 Customs and Excise (General) (Amendment) Regulations, 2020	14 April	Extends rebate towards Air Zimbabwe for spares and parts.
SI 2020-090 Control of Goods (Open General Import and Export Licence) (Amendment) Notice, 2020 (No. 7)	17 April	Added 38 items to the list of items under export restriction. Mainly medical supplies.
SI 2020-092 Public Health (Standards for Personal Protective Apparel, Materials and Equipment) Regulations, 2020	19 April	Prescribes the standards for PPE and disinfectants
SI 2020-093 Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) (Amendment) Order, 2020 (No. 3)	19 April	Extends lockdown to 3 May. Add media practitioners and services as essential workers

Legislation	Date	Purpose
SI 2020-094 Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) (Amendment) Order, 2020 (No. 4)	21 April	Provides for phased relaxation of national lock down, spelling out the conditions under which manufacturers, miners and tobacco auction floors are to reopen.
SI 2020-096 Presidential Powers (Temporary Measures) (Deferral of Rent and Mortgage Payments During National Lockdown) Regulations, 2020	29 April	Deferring rentals and mortgages
SI 2020-098 Public Health (COVID-19 Prevention, Containment and Treatment) (Amendment) Regulations, 2020 (No. 2)	02 May	Extend the declaration of COVID-19 as a FED to January 2021.
SI 2020-099 Public Health (COVID-19 Prevention, Containment and Treatment) (Amendment) Regulations, 2020 (No. 2)	02 May	Extends lockdown to 17 May, and relaxing a number of measures.
SI 2020-101 Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) (Amendment) Order, 2020 (No. 6)	5 May	Includes Sheriff of the High Court under essential services. Regulates wearing of masks and social distancing
SI 2020-102 Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) (Amendment) Order, 2020 (No. 7)	6 May	Provided 14 day relief for open businesses to test their staff
SI 2020-103 Public Health (COVID-19 Prevention, Containment and Treatment) (Amendment) Regulations, 2020 (No. 3)	6 May	Further regulation of testing for businesses opening.
SI 2020-110 Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) (Amendment) Order, 2020 (No. 8)	17 May	Lock down regulations extended indefinitely with fortnightly reviews.
SI 2020-225A Public Health (COVID-19 Prevention, Containment and Treatment) (Amendment) Regulations, 2020 (No. 4)	30 September 2020	Suspension of elections by the Minister of Health

Analysis of COVID-19 Policy and Legal Framework

A clear analysis of the 21 COVID-19 related laws above shows that basically there are 5 major elements of the government's COVID-19 Policy. These are:

- a. Regulation of the national lockdown
- b. Healthcare services
- c. Relief for vulnerable communities
- d. Maintenance of law and order
- e. Information management

Regulation of the national lockdown

On 27 March 2020, President Emmerson Mnangagwa announced that the country would go into lockdown starting on 30 March 2020. The first regulations were only to be published the following day giving effect to the President's speech. This was SI 2020-077 Public Health (COVID-19 Prevention, Containment and Treatment) (Amendment) Regulations, 2020 (No. 1) which declared COVID-19 a formidable epidemic disease, giving the government power to implement draconian measures to contain COVID-19. This became the first in a series of laws that negatively affected many vulnerable communities.

The following 5 bullets summarise the key aspects of the lockdown.

- Essential services and movement of goods were exempted from the lockdown.
- Only a maximum of 50 people was allowed at funerals.
- Only food stalls and retailers were to remain open at specific times.
- Motorists seeking to refuel were barred from leaving their cars at service stations.
- Commuter omnibuses were halted and only Zimbabwe United Passenger Company (ZUPCO) buses and Public Service Commission (PSC) vehicles were allowed to operate.
- Informal markets were closed
- At a later stage, no entry into public spaces was allowed without wearing a face mask
- All houses of worship were closed.

The greatest casualties of the national lockdown are informal traders, 60% of whom are women. Informal markets were closed down and initially were not designated as essential services. This meant a loss of income in over 60% of the households. The monopoly of ZUPCO affected mainly the poor who use public transport as ZUPCO was unable to carry everyone on time. Citizens found themselves walking long distances to look for transport while at the same time facing the danger of violent crime and harassment by state security enforcing the lockdown.

Health care Services

In April 2020, the WHO estimated that there were around five intensive care beds available for every 1 million people in most African countries, compared with around 4,000 beds for every 1 million people in Europe. In Zimbabwe, the COVID-19 pandemic found the health care system in an intensive care state because of the government's failure to implement the *National Health Strategy for Zimbabwe 2016-2020* with the vacancy rate for specialists at all hospitals at 65%³. The government's failure to conclude the Universal Health Coverage Plan drafted in 2009, which was meant to subsist until 2013 worsened the country's unpreparedness to deal with COVID-19. The plan emphasized that equity and quality in health was a human right. If fully implemented the plan was supposed to strengthen the health system as it aimed to improve the overall availability of drugs, medical supplies and other consumables to 90%; to increase the availability of functional equipment to ensure delivery of effective curative and preventative services and increase access to safe water and sanitation. Failure of these foundational plans meant the government's COVID-19 Preparedness Plan, no matter how well written it could be, was to suffer a still birth.⁴ COVID-19 found health workers poorly paid and in a dispute with the government which led to a crippling industrial action. Lack of Personal Protective Equipment (PPE) left many professionals at risk of the disease.

A snap survey of the accessibility of health facilities for an ordinary Zimbabwean showed that only Harare had decent facilities when compared with other cities. Even in Harare, initially, only 1 facility was 'functioning' and it too failed to take care of 1 person (the first Zimbabwean casualty) when it was faced with a COVID-19 case. The rural population remained outside the margins of health care.

Relief for Vulnerable Communities

COVID-19 measures outlined above were implemented without a plan. While it was clear that a national lockdown would collapse at least 60% of the informal markets, the government did not come up with an alternative plan to cushion the affected. No law was passed to make provision for support to vulnerable communities. Instead, the

3 Ministry of Health and Child Care (2016) *National Health Strategy for Zimbabwe (2016-2020)*. Zimbabwe. Equity and Quality in Health: Leaving No One Behind. [Online] Available at: <https://malariaelimination8.org/wpcontent/uploads/2017/02/National%20Health%20Strategy%20for%20Zimbabwe%202016-2020.pdf> [Accessed 28 September 2020].

4 The National Health Strategy for Zimbabwe (2009-2013) A Summary - Equity and Quality in Health: A People's Right. [Online] Available at: https://www.who.int/workforcealliance/countries/zwe_healthStrategy.pdf?ua=1 [Accessed 28 September 2020].

Minister of Finance Prof. Mthuli issued a press statement in which he said the following;

“

Vulnerable groups in our society are the most exposed under this COVID-19 crisis. Accordingly, Treasury has set aside resources to cover one million vulnerable households under a Cash Transfer programme and payment will commence immediately. The Social Welfare Department will use its usual mechanisms to identify the beneficiaries.⁵

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However, two weeks after the alleged disbursement of funds to the unemployed, groups targeted for this relief complained that they had not received the funds. Professor Mthuli Ncube said that his Ministry had used a ‘complicated algorithm’ to identify beneficiaries. The relevant legal framework for assisting vulnerable groups would be the Social Welfare Assistance Act whose main purpose is granting social welfare assistance to persons in need and their dependants. After going back and forth, the Minister said they had managed to pay ZWL200 to each of the many individuals in need of support.

Maintenance of law and order

The COVID-19 situation presented a challenge of policing for Zimbabwe whose security services have a legacy of violence. The measures updated by SI 2020-082 Public Health (COVID-19 Prevention, Containment and Treatment) (Amendment) Regulations, 2020 (No. 1) redefined enforcement officer to include military officers. This had the effect of unleashing the soldiers into the streets. Throughout the lockdown, over 800 people claimed to have been assaulted by the security forces. Over 2000 people were arrested and detained for minor offences like failure to wear a mask. Human rights groups documented police bundling people into trucks with no attempt to observe social distancing. Other reports noted that the police and soldiers in enforcing lockdown rules failed to observe COVID-19 regulations. The police and municipality officers went on to destroy informal markets during the lock down. This affected badly people who depended on informal trading.

Information Management

During a crisis, information can save lives. As the nation entered into lockdown, the government failed to put into place a clear information management strategy. It was unable to provide accurate information about COVID-19 in a manner that was accessible to all people, especially marginalised communities like the visually handicapped, the hard of hearing and minority language groups. The Ministry of Information was only able to provide mainly social media updates. Most communities outside urban areas did not get information about the disease leading to risky behaviour in these communities.

Summary of the Views from Affected Groups

The 5 factors above are not the only factors. These stand out from the measures under scrutiny. Citizens’ Manifesto convened five virtual dialogues to hear from the affected communities. Below is a summary of the views from the affected communities.

⁵ See full statement issued by the Minister here <https://www.techzim.co.zw/2020/03/full-statement-mthuli-ncubes-measures-to-fight-covid-19/>

Lack of Social Safety Nets for Vulnerable Groups

This theme cuts across all 5 of the virtual dialogue sessions – Citizens’ Solidarity Forum - convened by Citizens’ Manifesto. During the first Solidarity Forum on the topic *Human rights – state responsibility and citizen security*, participants noted that the government was not focusing on human security but rather securitising COVID-19 containment and putting people at risk. By securitising COVID-19-related measures, the government abdicated an important role of providing safety nets for vulnerable communities facing mass starvation. Food aid became a tool for politicking while those in genuine need were denied access.



It is a scandal in this country that out of 1 million households who were supposed to receive social protection only 1 in 5 received. Most of the people who received are those who were already in the list prior the COVID-19



*Robson Chere,
Solidarity Forum on Human Rights, State Responsibility and Citizen Security*

Exclusion of Young People from Decision Making

During Solidarity Forum 3: *Young People Taking the Lead in Zimbabwe - COVID-19 & BEYOND*, young people noted that the effects of exclusion of young people from making decisions would haunt the country, generations after COVID-19. The impact of COVID-19 on employment as business and the way the education sector suffered would weigh heavily on young people.

Women and Children worst affected by COVID-19

The fourth solidarity forum looked at *Women’s rights and gender sensitive public service delivery*. It noted that women, who constitute the majority of the informal sector that was shut down by COVID-19 measures, also found themselves being at the centre of family care and unpaid care work at home as well as health care in the poorly equipped hospitals and clinics. These women found themselves victims of COVID-19 from all sides. As the situation of the lockdown took a toll on families, incidences of gender-based violence increased with women seeking refuge in safe houses.

Within the abusive circumstances created by COVID-19 as well as the measures meant to contain it, children were also badly affected. With increasing family disintegration, children were at the receiving end. Beyond Zimbabwe, this has become a global challenge. The UN has reported that, since the onset of the COVID-19 pandemic, Lebanon and Malaysia, for example, have seen the number of calls to helplines double, compared with the same month last year; in China, they have tripled; and in Australia, search engines such as Google have seen the highest magnitude of searches for domestic violence help in the past five years. The spike in GBV cases during the same period, has also been witnessed in Kenya and South Africa. In Zimbabwe, Msasa Project and the Legal Resources Foundation (LRF) have had to increase assistance to victims of gender based violence.

Attacks on human rights defenders

The COVID-19 pandemic in Zimbabwe mutated from a public health crisis to a human rights crisis and more. With the increasing human rights violations and the biting economic conditions, many activists started calling for accountability. It became very clear that donations meant to benefit vulnerable communities were being looted as well as funds meant to procure PPE. The government's response to these calls was to attack the activists calling for accountability. This saw the arrest of investigative journalist Hopewell Chin'ono and opposition leaders Godfrey Kurauone, Job Sikhala and Jacob Ngarivhume as a public protest against corruption loomed on July 31, 2020, as well as student leader Takudzwa Ngadziore who called for investigation into Impala Car Rental for their role in the kidnapping of Tawanda Muchehiwa, also related to the 31 July protests. These developments have seen human rights defenders coming under siege because of their work. Ahead of the July 31 protests, hate speech against civil society increased with ZANU-PF spokesperson Patrick Chinamasa calling Zimbabwe Congress of Trade Unions (ZCTU) a terrorist organisation. This is contrary to the message of the United Nations' (UN) approach to fighting COVID-19. According to Mr. Clément Voule, the United Nations Special Rapporteur on the rights to freedom of peaceful assembly and of association, in the fight against COVID, civil society are strategic partners for states fighting COVID-19.



"No country or government can solve the crisis alone; civil society organizations should be seen as strategic partners in the fight against the pandemic. I am thus concerned due to the information I have received from online consultations with civil society around the world, suggesting several worrying trends and limitations, including on civil society's ability to support an effective response."



Said Mr. Voule who had visited Zimbabwe before the COVID-19 outbreak.

COVID-19 and Rural Economies

Away from the scourge of bulldozers in the cities, COVID-19 took a toll on rural economies. This was mainly because of the deteriorating economic conditions which was worsened by the controls imposed by the SI 2020-094 Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) (Amendment) Order, 2020 (No. 4) which was gazetted on 21 April 2020. The decree requiring tobacco farmers to sell their produce in their provinces, killed the profitability of the tobacco auction, as the market suddenly shrunk to a small province where traditionally farmers would have access to the national market. Rent seeking came in as connected buyers travelled to rural markets and ended up buying high quality tobacco for a song. Rural farmers depend mainly on rains hence they only harvest once a year. Because of COVID-19 measures, most farmers have lost all their investment for 2020 making it difficult to meet the needs of the season. In a nation that was already facing high levels of food insecurity, the erosion of income for rural farmers means that more people are now in need of not only food aid but also agricultural support in order to rescue the next farming season.

The Plight of Persons in Detention

Zimbabwe's prison system has always been due for reform. Before COVID-19, the prison population total stood at 19,020 prisoners. The total number of male inmates was at 18,534, while the total number of female inmates stands at 486. Of significance is the total number of convicted inmates, which stood at a total of 16,327. While the total

⁶ See statement by Mr. Clement Voule issued on 14 April 2020. Statement available here <https://www.ohchr.org/SP/NewsEvents/Pages/DisplayNews.aspx?NewsID=25788&LangID=E>

number of suspects awaiting trial was 2,693 in total. These calculated as at 26 April 2019⁷. Following introduction of COVID-19 measures, the Zimbabwe Republic Police (ZRP) reported that they had arrested over 2,000 people for various lockdown related offences. Most of these were detained for long periods. Activists who were detained for over 40 days without trial have reported that the conditions in prisons are horrific. The detention centres are overcrowded in contravention of the COVID-19 regulations that impose social distancing and hygiene standards. There is poor sanitation and most of the time no running water. This situation is in violation of the country's constitution which guarantees freedom from inhuman treatment according to section 50. The right to an adequate standard of living requires, at a minimum, that everyone shall enjoy the necessary subsistence rights: adequate food and nutrition, clothing, housing and the necessary conditions of care when required⁸. International law protects these rights and it must be expected that the health of prisoners must be top priority even and especially during COVID-19. The enjoyment of the highest attainable standard of physical and mental health is a human right. The Mandela Rules emphasize that the provision of health care for prisoners is a State responsibility, and add significant detail to the overall principles, scope and composition of health-care services in prisons.

Policy Recommendations

On 23 April 2020, the United Nations Secretary General António Guterres released a Policy Brief titled, 'COVID-19 and Human Rights: We are all in this together.'⁹ In this policy brief, the Secretary General confronts a very important question: Why are human rights so important to the COVID-19 response? In answering this question, the Secretary General offers six key messages which must underline responses to COVID-19. In his first message, he speaks of vulnerable groups and says;

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“The focus is rightly on saving lives, for which universal access to health care is imperative. But the health crisis has triggered an economic and social crisis that is hitting individuals, families, and communities hard. This impact comes from the disease itself but also from the measures necessary to combat it coming up against underlying factors like inequalities and weak protection systems. It falls disproportionately on some people, often those least able to protect themselves. Effective action to mitigate the worst impacts, on jobs, livelihoods, access to basic services and family life, protect people's lives, enable people to comply with public health measures, and ease recovery once these measures can be lifted.”

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THIS SET OF RECOMMENDATIONS BUILD ON THAT MESSAGE.

7 Zimbabwe Human Rights NGO Forum, (2017) Rights Behind Bars.

8 <http://www.humanrights.is/en/human-rights-education-project/human-rights-concepts-ideas-and-fora/substantive-human-rights/the-right-to-an-adequate-standard-of-living> Accessed on 17 July 2020

9 See the full Policy Brief here <https://www.un.org/en/un-coronavirus-communications-team/we-are-all-together-human-rights-and-covid-19-response-and>

The Law as a Tool of Compassion and not Repression

Zimbabwe is a signatory to the International Covenant on Civil and Political Rights (ICCPR). Article 4 of the ICCPR states that in time of public emergency which threatens the life of the nation, States Parties may take measures derogating from their obligations under the ICCPR to the extent strictly required by the exigencies of the situation, provided that such measures are not inconsistent with their other obligations under international law and do not involve discrimination solely on the ground of race, colour, sex, language, religion or social origin.

In times of crisis, especially natural disasters, the law must be used to build and not to destroy. To support and not alienate the people. Governments play a caring role to help communities overcome the crisis. This message is very consistent in the United Nations Secretary General António Guterres' Policy Brief titled, '*COVID-19 and Human Rights: We are all in this together.*'

Zimbabwe's policy framework for combating COVID-19 did not meet this standard. Participants in the first Solidarity Forum stated that they felt Zimbabwe was securitising COVID-19. It was like Zimbabwe, apart from the COVID-19 pandemic, further suffered another tsunami of the law being used to take away fundamental freedoms, contrary to the ICCPR. Where it was clear measures would cause untold suffering, the government made little effort to design the laws in a manner that mitigated the harsh effects of the measures. In other instances, the police went on to destroy people's houses during COVID-19 lockdown.

While the laws themselves may have nothing wrong with them at times, the manner in which they are applied leaves a lot to be desired. However, international law obligations demand that measures taken during a public emergency must be proportional, non-discriminatory, temporary and limited in geographic and substantive scope. An analysis of the COVID-19 measures show that a lot of them are disproportionate, like SI 2020-110 Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) (Amendment) Order, 2020 (No. 8) which extended the lockdown measures indefinitely. Over seven months have passed and there has been no effort to present the regulations to Parliament. When Parliament was called to sit in the middle of the pandemic, putting a check or ratifying the measures was not made a priority. Rather it concentrated on Parliamentary recalls, a further assault on democratic principles.

It is recommended that the existing COVID-19 measures be subjected to Parliamentary oversight and that the excesses that infringe fundamental rights be addressed.

Provision of Safety Nets for Vulnerable Groups

Before national lockdown, the UN Special Rapporteur on Food reported that 7 million of the population was food insecure. With COVID-19, these figures will skyrocket. COVID-19 has wiped out the income of the informal sector and closed the borders while the country is not producing and emerging from a disastrous Cyclone Idai. These factors have profound implications on food security and the ability of marginalised groups to generate income and bounce back. Whilst the formally employed may have the capacity to work remotely, this is impossible for the millions who work in Zimbabwe's informal sector. This situation disproportionately affects women as well as child headed families. It is imperative that government introduces social grants to cushion vulnerable populations from the effect of the lockdown and kick start the sectors that have been impoverished. These include people living with disabilities, the elderly, the homeless and those employed in the informal sector.

There are a number of measures that can be put in place for these groups. These include relaxation of taxes, duties and financial obligations for affected communities. For communities like the homeless, first the government must

stop destroying the informal settlements and first work towards building alternative shelter. The same must apply to informal markets that are a source of livelihoods. Government must be assisting people in accessing more shelter rather than increasing homelessness and posing a further threat to people's lives and livelihoods. Funding from these programmes can be obtained through recovering proceeds of crime in grand corruption cases that have bankrupted the national coffers. The government must cut back seriously on non-essential expenditure like luxury vehicles and focus on social protection.

Reform of the Prison System

One of the most vulnerable groups addressed in this paper are persons in detention. There is need for a thorough reform of the entire prison system starting with the promotion of rights-based law enforcement. While the prison system remains important to reduce crime, it must be reserved for real criminals not petty offences like failure to put on a mask or singing a protest song. Sending non-criminal offenders to prisons contributes to over-crowding. Detention must be used as a measure of last resort. The entire system itself must be transformed to promote reform and rehabilitation and not mere punishment. After all, men, women and children who are in prison are still human beings. Their humanity extends far beyond the fact that they are prisoners. Equally, prison staff are human beings. The extent to which these two groups recognise and observe their common humanity is the most important measurement of a decent and humane prison. Where such recognition is lacking there will be a real danger that human rights will be abused¹⁰. The Zimbabwe Prison Service Commission must urgently attend to the issues raised by inmates regarding health, access to water, food and sanitation. Poor prison conditions dehumanise both inmates and prison staff.

Women, the Elderly and Persons Living with Disabilities

Government must consider the unique needs of women and other vulnerable groups. Access to sanitary wear and contraception must be catered for whilst protection from domestic violence should be prioritized. A national hotline should be popularized for people to call when in need of emergency responses from the police. Further, institutions supporting democracy including the Zimbabwe Gender Commission (ZGC) and Zimbabwe Human Rights Commission (ZHRC) must also diversify ways in which they can be reached remotely. Government must also ensure that all credible information on the prevention, early diagnosis and treatment of COVID-19 is available to all. Information must be delivered in all accessible formats including plain text, braille, audio and in all official languages. Institutions that serve the needs of these groups must be well resourced with skilled human resources and adequate financial resources to enable them to offer support without leaving such important work to non-state actors only. While the contribution of non-state actors is welcome, public institutions have a responsibility to play their part.

The Government must also make provision for persons with disabilities to receive appropriate care and services at home. Availability of caregivers must not be hindered by the lockdown and government must ensure that substitute caregivers are also available in cases where the primary caregiver is unavailable.

Strategic Collaboration with Human Rights Defenders

In times of crisis, it is important for the state to improve and not destroy relationships with civil society involved in human rights and humanitarian work.

¹⁰ Andrew Coyle, A Human Rights Approach to Prison Management, 2nd edition, Kings College London International Centre for Prison Studies. Accessed at https://www.prisonstudies.org/sites/default/files/resources/downloads/handbook_2nd_ed_eng_8.pdf on 12 July 2020

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“Where human rights are the compass, we will be better placed to overcome this pandemic and build resilience for the future” said Clément Voule, the United Nations Special Rapporteur on the rights to freedom of peaceful assembly and of association¹¹.

He went on to say,

“No country or government can solve the crisis alone; civil society organizations should be seen as strategic partners in the fight against the pandemic. I am thus concerned due to the information I have received from online consultations with civil society around the world, suggesting several worrying trends and limitations, including on civil society’s ability to support an effective response.”

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Instead of arresting journalists who push for accountability, the state must collaborate with activists to recover stolen assets to fund recovery programmes. Civic actors also provide a platform for disseminating information to communities across the country and providing independent oversight of established social funds.

Conclusion

Citizens’ Manifesto believes that the world maybe close to beating COVID-19, but for Zimbabwe it is still a long way to go. This is because the government’s response to COVID-19 has created many more crises that the country has to deal with and has exposed many fault lines that require grafting and healing. COVID-19 has increased the rift between the state and civil society, government and its citizens. It has further marginalised the vulnerable groups and exposed the porousness of our disaster response strategies. The country is emerging from the pandemic weaker and more divided than it entered. These issues are another disaster in waiting. Mitigating the impact of COVID-19 on vulnerable groups is not possible without a radical reform agenda aimed at restoring the trust between state and civil society, government and citizens. The law in times of crisis must be a tool for compassion and dialogue and not repression, while upholding human rights must be at the centre of the fight against COVID-19. The recommendations made in this brief seek to do that and build a more inclusive society that pulls together in times of crisis.

In his sixth message, the UN Secretary General summarised these issues accurately:

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“In what world do we want to live when this is all over? The way in which we respond now can help to shape that future – for better or for worse. We must ensure that we do not do harm while we focus on the immediate crisis. It is critical to consider the long term whilst planning our short-term responses. The crisis is revealing weaknesses in the way public services are delivered and inequalities that impede access to them. Human rights help us to respond to the immediate priorities and develop prevention strategies for the future, including our responsibilities to future generations.”

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11 Mr. Clément Voule, the United Nations Special Rapporteur on the rights to freedom of peaceful assembly and of association, Statement available on the link <https://www.ohchr.org/SP/NewsEvents/Pages/DisplayNews.aspx?NewsID=25788&LangID=E> Last accessed on 3 October 2020

