Challenges and opportunities for Zimbabwe’s responses to COVID-19
Darlington Mutanda

Abstract: The outbreak of the coronavirus in 2019 sparked an international crisis. The pandemic inevitably generated panic among various stakeholders. If there is anything to be learnt from COVID-19 on the African continent, it is the urgency of investing in human security. Using qualitative interviews and documentary evidence, this article analyses the social, economic and political reasons that made the Zimbabwean government’s responses to the coronavirus largely ineffective. These reasons offer government and other stakeholders with huge opportunities for future improvement. This can go a long way in enhancing human security.

Subjects: Development Studies; Population & Development; Sustainable Development

Keywords: Zimbabwe; Coronavirus; Lockdowns; Context-specific solutions; Human security; Good governance

ABOUT THE AUTHOR

Darlington Mutanda is a Research Associate at the University of Johannesburg, Faculty of Humanities, Department of Politics and IR. He is also a temporary full-time lecturer at the University of Zimbabwe, Department of Peace Security and Society. He has been involved in researching, publishing, teaching, supervising and mentoring undergraduate and postgraduate students since 2012. His research interests include strategic studies and peacebuilding as it relates to: justice and reconciliation, media and conflict, gender and peacebuilding, African security, human security and conflict transformation, among others. He has published in peer-reviewed journals that include African Security Review, Journal of Peacebuilding & Development, Jadavpur Journal of International Relations, African Identities, Journal of Asian and African Studies and the Journal of Aggression, Conflict and Peace Research. Darlington is currently engaged in transformative research that incorporates heritage-based, innovative and home-grown initiatives in developing and implementing models for resolving conflict and violence from communal to international level.

PUBLIC INTEREST STATEMENT

The adverse effects of the coronavirus pandemic motivated this article to focus on the lessons that African leaders in particular can draw in order to enhance the security of its citizens. Apart from political and social reasons, the effects of the pandemic in Zimbabwe were compounded by an underperforming economy characterised by low levels of production, high levels of unemployment, inflation (thereby leading to poor service delivery and a demoralised workforce) and corruption, to name but a few. The outbreak of the coronavirus reinforced the need to invest in service delivery and industrialisation in order to ameliorate human security. The citizens could not practice safety protocols encouraged by international and local health authorities because of inherently inhibiting factors such as hunger, shortages of transport, water, basic commodities and lack of government relief efforts, among other essentials. This motivated this article to do an investigation of the challenges and opportunities for national responses against the Covid-19 pandemic in Zimbabwe. The overall aim is to enhance the effectiveness of the country to disaster preparedness, mitigation and management for the benefit of the citizens.
1. Introduction

In December 2019, there was an outbreak of the coronavirus (COVID-19) pandemic. China’s province of Wuhan was the first to report about this disease. Within days, it had quickly spread to many parts of the globe, including Africa. In sub-Saharan Africa, Nigeria reported the first case of COVID-19. The interconnectedness of the globe made it inevitable for Africa to escape the scourge of the coronavirus. The African Union used Africa Day celebrations of 2020 to commemorate the impact (and opportunities) of COVID-19 on the continent as captured in its theme, “Silencing The Guns: Creating Conducive Conditions for Africa’s Development and Intensifying the Fight against the COVID-19 Pandemic.”

Zimbabwe, like many other African countries, was mainly guided by the World Health Organisation (WHO) regulations in its responses to the pandemic. These included regularly and thoroughly cleaning hands with an alcohol-based hand rub or washing them with soap and water, maintaining at least one metre (3 feet) distance between yourself and others, avoiding going to crowded places, avoiding touching eyes, nose and mouth, following good respiratory hygiene (this meant covering your mouth and nose with your bent elbow or tissue when you cough or sneeze), staying home and self-isolating, seeking medical attention when you have a fever, cough and difficulty breathing and keeping up to date on the latest information from trusted sources (WHO, 2020b).

WHO’s guidelines were scientifically the most appropriate in terms of curbing the spread of COVID-19. The benefits of social distancing were clearly apparent. Hygiene was important under any circumstance. But lockdowns were supposed to be methodical in light of the uniqueness of Africa’s state of affairs and way of doing things socially, economically and politically. The continent’s, and in particular Zimbabwe’s socio-economic and political environment, made any effective lockdown attempt futile.

Zimbabwe reported its first case on 20 March 2020. The Government of Zimbabwe (GoZ) announced a nationwide lockdown for 21 days effective 30 March 2020 as a measure to contain the COVID-19 crisis, which it declared a “national disaster” on 19 March 2020. This made it possible to scale up efforts to further contain the spread of the virus in view of its notable threats to the health security of the citizens. The lockdown was followed by the indefinite extension of the Level 2 national lockdown and other relaxation measures on May 16 (Government of Zimbabwe, 2020a). On 21 July 2020, the GoZ imposed an indefinite dusk to dawn curfew and other travel restrictions. The measures were allegedly meant to contain rising cases of COVID-19. Nonetheless, rights groups and critics argued that the curfew and other restrictions were aimed at suppressing anti-government protests planned for 31 July 2020 (Mavhunga, 2020). The citizens defied most of the restrictions as they went about their business in many parts of the country (Mavhunga, 2020). Many other lockdown restrictions were declared thereafter in an attempt to contain the virus.

Lockdowns were necessary in order to save lives. Movement was supposed to be restricted and minimised. This was particularly significant in view of not only the fragility of Zimbabwe’s health sector but also the fast-spreading nature of the disease. However, Zimbabwe’s lockdown, like in many African countries, was a lockdown that never was in the true sense of the word or in the manner it was implemented by other virus-stricken countries. During the first phase of the lockdown, Zimbabwe only succeeded in implementing a partial lockdown that mainly helped to restrict movement such as getting into cities, towns and growth points and inter-city travel. But this is not what the government wanted. The government tried very hard to implement a full-scale lockdown. This was seen in the mounting of several roadblocks in towns and on highways in order to limit and/or curb movement. Patrols in residential areas and business areas were also frequent. This indeed demonstrated government commitment. But there were inhibiting factors, which point to the need to prioritise investing in human security in Africa at large and Zimbabwe in particular.
The article consists of six sections. The initial one dwells on the justification of the methodology used. This is followed by the economic, social and political reasons for the ineffectiveness of the coronavirus-inspired lockdown in Zimbabwe. The article ends by concluding that COVID-19 should inspire Zimbabwe to enhance its efforts aimed at improving human welfare, which has been endangered by corruption, poor service delivery, the imposition of sanctions by the West and the USA since 2002, economic mismanagement, and lack of policy clarity, among others.

1.1. Statement of the problem
African countries are arguably not adequately investing in human security. This has left the citizens vulnerable to an array of insecurities such as disease, unemployment, violence, and loss of livelihoods, among other vulnerabilities. The outbreak of COVID-19 did remind us of the need to prioritise investing in human security in order to enhance and sustain human development.

1.2. Research questions
This article seeks to answer three research questions:

(1) In what ways did Zimbabwe’s economic, social and political conditions hamper the effectiveness of its responses to COVID-19?

(2) What were the ramifications of these conditions on human security?

(3) In what ways can some of these conditions be bettered in order to ameliorate human security?

1.4. Conceptual framework
This article uses the concept of human security in its framing of what needs to be done to address the needs of the general populace in Zimbabwe. Human security is now widely acknowledged as a full-blown alternative to state security (Munck, 2009, p. 37). The concept of human security was brought to life in the United Nations Development Programme’s (UNDP) landmark 1994 Human Development Report, entitled, “New Dimensions of Human Security”. The report introduced a new concept of human security, which equates security with people rather than territories, with development rather than arms. The concept revolves around the importance of affording people “freedom from fear” and “freedom from want” (Steiner, 2019).

In 1995, the Commission on Global Governance published its influential report, “Our Common Neighbourhood” where it called for the broadening of the concept of global security from the traditional focus on state security to include the security of the people and the security of the planet (Munck, 2009, p. 37). The human security discourse places the security of people ahead of other security concerns (Ogata, 2005, p. 11). It has been argued that human security does not seek to replace but rather to compliment and build upon measures established to assure state security. State security tends to concentrate on protecting borders, institutions and people from external aggression or adversarial designs. Human security focuses on ensuring the safety of individuals and communities against a wider range of threats, including deadly infectious diseases, human rights violations, financial crises, violent conflict, famine or water shortage, among others (Ogata, 2005, p. 12).

The concept of human security became common in academic and public policy debates in the 1990s. Human security is anchored on seven pillars of individual security: personal, health, environmental, food, community, political and economic. The all-encompassing concept is believed to offer opportunities for human development, sustainable environment, food security, and healthy societies by eliminating sources of conflict, in order to improve human security (Hasan, 2015, p. 17).

Using the concept of human security, this work is much of an appreciation of the reasons that reduced the effectiveness of Zimbabwe’s responses to the COVID-19 pandemic, and the lessons that can be drawn. This focus enhances our understanding of the challenges of not only adopting
universal solutions to universal problems without taking into consideration the specific political and socio-economic environment within which these prescriptions exist. COVID-19 offers opportunities for Zimbabwe to come up with and encourage the use of heritage-based and home-grown sustainable strategies to address human security concerns such as water and sanitation, health, transportation, social welfare, corruption and employment creation. These and other challenges were raised several times by various stakeholders in the past but government did little to address them. COVID-19 should be a constant reminder to government that it is imperative to prioritise investing in human security for the benefit of both the citizens and the government. It is not very useful to react when the damage has already been done. Investing in human security is one of the most sustainable ways of enhancing resilience so that people can thrive under the most difficult circumstances.

1.5. Method
This qualitative research attempts to answer questions on the effectiveness of Zimbabwe’s responses to COVID-19, and the lessons that can be drawn from it. Zimbabwe was chosen as a case study in an attempt to contribute towards improved and nuanced understanding of how COVID-19 was managed and is being managed within low-income countries. This was imperative in view of the observation by the International Monetary Fund (2020) that the pandemic exacerbated existing debt vulnerabilities in many countries, particularly low-income countries. Semi-structured interviews adhering to the legal age of majority of 18 were used in order to understand the challenges inherent in the country’s lockdown implementation that commenced on 30 March 2020. Sixteen interviews were randomly carried out with both rural and urban dwellers. This was imperative in comprehending the experiences of people in these settings in relation to COVID-19. Observation was also used in an attempt to observe if people adhered to COVID-19 advice. Simple random sampling was used to identify informants. An analysis of primary and secondary documents further enhanced understanding of why Zimbabwe’s responses to the coronavirus were not very effective. Primary documents such as government publications, and parliamentary debates unravelled the government’s responses to the coronavirus. Secondary documents such as books, journal articles, newspapers, newsletters and internet sources were significant in providing a background to Zimbabwe’s economic decline, and how this affected the general populace. These insights were important in our appreciation of why the country’s responses to COVID-19 were weak.

2. Results and analysis

2.1. Economic reasons for ineffective responses to COVID-19
This section focuses on the economic reasons that reduced the effectiveness of Zimbabwe’s responses to COVID-19, and the need to learn from them in order to enhance human security. These included poor service delivery by local councils and government, shortage of commodities, lack of government relief measures, informal-dominated economy and corruption.

2.2. Poor service delivery by local and national government
Persistent challenges in service delivery made the lockdown difficult to implement in Zimbabwe. The authorities struggled to offer some basic services such as water, housing, road repair and construction, refuse collection, education facilities and health services, to name a few. Civil society, foreign governments and religious groups, among other stakeholders assisted in providing some of these services (Centre for Conflict Management and Transformation, 2014, p. 7). Challenges to service delivery included internal governance systems in local authorities; relations with other key stakeholders such as citizens, civil society and the private sector; and the political and economic environment (We Pay You Deliver Consortium, 2017, p. 6). These have had an impact on human security, especially economic, political, health and personal security.

Lack of water was one of the major factors that forced people, especially in urban areas not to oblige to lockdown restrictions. Fash (18 May 2020) revealed how failure by the Harare City Council
to regularly supply water forced residents to queue up at public boreholes, “We are now in the third week without water. We spent most of the time queuing up for water at the borehole. The lockdown cannot be effective under such circumstances.”

Zimbabwe’s health sector, for example, has suffered from many years of neglect. There was an outbreak of cholera in 2008, which killed close to 5,000 lives (Legal Monitor, 2013, p. 2). The death of thousands of people because of the cholera outbreak was mainly attributed to the Zimbabwe African National Union Patriotic Front’s (ZANU PF) mismanagement of the economy, which led to a catastrophe (Kwaramba, 2012, p. 1). The political, economic and humanitarian crisis that gripped the country after 2000 affected the health sector so badly that hospitals ceased to be places of recovery. They, in fact, became death traps to be avoided at all costs. Many operated with a few skeletal staff attending to patients, while relying on a meagre supply of drugs. Referring to the situation in 2008, then United Nations International Children’s Emergency Fund (UNICEF) representative in Zimbabwe, Reza Hossaini said,

Zimbabwe’s health sector was haemorrhaging, doctors and nurses were leaving the country in their hundreds and the few that remained were overworked and morale was very low. (Mbanje, 2015, p. 18)

As noted by Choruma (2020), “Covid-19 also taught us to invest more resources in our healthcare delivery system in terms of human resources, infrastructure, ambulance and emergency response, PPEs, disease testing equipment and laboratories, water and sanitation, and other measures such as housing to uplift the well-being of our people across Zimbabwe.” There were reported deaths in clinics and hospitals before and during the COVID-19 pandemic because doctors and nurses were on strike citing incapacitation. In July 2020, seven babies were stillborn at Harare Central Hospital after urgent treatment was delayed because of staffing issue (Harding, 2020). There was also critical shortage of medicinal supplies and hospital equipment. Patients spent many hours seeking medical attention. Consequently, the government, in collaboration with local councils and other stakeholders, should prioritise service delivery in order to enhance the health security of the citizens. This particularly includes water and sanitation and the welfare of health workers and supplies of medical equipment and medication. This will help in addressing the health insecurities rampant in Zimbabwe.

2.3. Shortage of commodities

The shortage of commodities essential for daily operations made the implementation of lockdowns difficult in Zimbabwe. Due to minimum movement, there was adequate Zimbabwean dollar fuel during the first phase of the lockdown, but when people were allowed to go back to work during phase two, long queues resurfaced. Most of these queues were characterised by chaos caused by fuel attendants and managers who ignored queues in favour of those who offered to pay bribes in order to get the commodity. The ensuing chaos resulted in the social distancing rule being ignored.

In addition, the shortage of basic commodities such as maize meal in particular forced people to queue up for these things. Lockdown restrictions and social distancing rules ended up being disregarded and difficult to enforce because what was at stake was access to food. Some people in urban areas travelled to nearby farms where basic needs such as maize grain could be found (Richo, 26 May 2020). The dire economic situation worked against the government’s efforts to reduce movement.

2.4. Lack of government relief efforts

Covid-19 demonstrated that the human right to social security and protection is not yet a practical reality for most people. The pandemic brought into sharp focus the importance of social protections in times of crisis (United Nations High Commissioner for Human Rights, 2021).
The Government of Zimbabwe failed to provide economic relief to its citizens, with the exception of a few business entities and emergency food relief to some rural communities. On the contrary, other African countries provided temporary relief to their businesses and citizens. South Africa instituted a broad range of measures to mitigate the effects of the pandemic on businesses, communities and individuals. These measures included tax relief, the release of disaster relief funds, emergency procurement, wage support through the Unemployment Insurance Fund (UIF) and funding to small businesses. A temporary six—month coronavirus grant was given to the most vulnerable families in the country. A special COVID-19 Social Relief of Distress grant of R350 a month was announced and meant to benefit individuals who were unemployed and did not receive any other form of social grant or UIF payment (South African Government, 2020). Lack of assistance from the Government of Zimbabwe forced the citizens to step up efforts to sustain themselves despite the lockdown restrictions. These efforts came against the backdrop of rampant economic insecurities among the citizens.

2.5. Informal-dominated economy

Lockdown measures resulted in the loss of livelihoods for many people, particularly in the informal sector where an estimated 85.5 percent of African workers are found (Dafuleya, 2020). As highlighted by WHO director general Tedros Adhanom Ghebreyesus, “The human cost of COVID-19 has been devastating, and the so-called lockdown measures have turned lives upside down (WHO, 2020a)”. Chagonda (2020) argued that lockdowns were never going to be effective in Zimbabwe in view of the fact that the informal sector made up a much higher percentage of the overall economy. Zimbabwe’s informal economy was considered to be the largest in Africa, and second only to Bolivia in the world. This was because it accounted for at least 60 percent of all of Zimbabwe’s economic activity (Chagonda, 2020). In the absence of government aid, the citizens made sure that their livelihoods were not severely disrupted. Makombe (2021) thus pointed out how Covid-19 threatened already vulnerable people, thereby putting lives and livelihoods at risk.

Despite informal businesses being demolished in many areas of Harare during the lockdown period, many still gathered for trade. Examples included business areas in Harare’s residential area of Hatcliffe such as Alpha, Muzinda and Dust where people still sold their products despite their structures being demolished. Others used their vehicles as “tuck shops.” These places were overcrowded. People wore no masks. There was no hand washing. Traders only made sure that they were not caught by police (Mai Zva, 22 May 2020). These people were mainly involved in the selling of items such as vegetables, groceries, beverages, meat and money changing. African economies were already struggling when COVID-19 hit. Thus, Lone and Ahmad (2020, p. 1301) argued that a unique COVID-19 response needed to be developed for Africa.

The dominance of the informal economy led people to inadvertently violate lockdown restrictions. During the initial phases of the lockdown, the selling of second hand clothes “mabhero” in the high-density residential area of Mbare happened during the night. Farmers and vegetable vendors transacting in Harare and Chitungwiza markets also resorted to night business. Lockdown rules stipulated that farmers’ markets could operate only between 5 a.m. and 11.30 a.m. daily. Vegetable vendors were allowed to sell up until the afternoon (Nemukuyu, 2020). Vegetable vendors organised non-Zimbabwe United Passengers Company (ZUPCO) transporters to get them to the markets in the middle of the night where they slip in for a modest bribe of between ZWL$10 to $20, buy their vegetables and use their hired transport to get back to their places. The night breach of lockdown transport regulations was possible because most police roadblocks were withdrawn at night and the few remaining were easy to avoid. The market place was busy between 10 p.m. and 4 a.m. because transport would be available for vendors and other non-car owners wanting to do business (Nemukuyu, 2020). Not only that transport was available during the night, but it was easier to do business in the absence of security agents.
2.6. Corruption
Corruption emerged as one of the socio-economic problems that worked against the enforcement of lockdown regulations in Zimbabwe. As noted by the United Nations Zimbabwe (2020, p. 57), the pandemic created wide-ranging opportunities for corruption to thrive in many countries. People could conveniently travel without proper documentation as per requirement. In Harare’s high-density suburb of Mbare, there was an incident where the police and soldiers forced undocumented people into a lorry. They were then driven to a secluded place where they were told that they should buy their freedom with any amount they had. After paying, they were then dropped in another high-density area called Highfields (Tengaz, 24 May 2020). In another incident, Mayo (21 April 2020) carried an undocumented passenger on his way from Masvingo to Harare. It was only when he had bribed security agents that he was allowed to proceed. The affidavit was then altered which helped him in the following security blocks.

As argued by Mutanda (2014, pp. 7–8), one of the most strategic security departments affected by corruption in Zimbabwe is the police force. Appearing before the Health and Child Care Parliamentary Portfolio Committee in June 2020, Police Commissioner-General Godwin Matanga admitted that the lack of allowances for food left the police force morally compromised (The Herald, 2020c). Police officers could therefore accept bribes at quarantine centres from “detainees” who wanted to escape as narrated by Matanga, “It is very difficult to deploy hungry men and women. They are very determined to work but at times, they do dubious things which are against our code of conduct. It’s true, corruption at quarantine centres is happening. It is a catch-22 situation” (Chibamu, 2020).

Some members of the Zimbabwe Republic Police (ZRP) confessed how they financially benefited during the lockdown period. Mushikashikas (unlicensed private vehicle operators and/or licenced public transporters loading passengers at undesignated places) gave police and soldiers operating roadblocks, especially on highways a minimum of US$2 or local currency equivalent at each security block in order to gain passage. These vehicles were overloaded against social distancing stipulations and travel restrictions (Chingaz, 5 June 2020). Operations to ban mushikashika in urban areas were not very effective because once caught, these operators would bribe police officers. Besides, security forces themselves were also involved in mushikashika business. As narrated by a former police officer who plied the Hatcliffe-Harare Central Business District route, “I was caught by police officers while fetching passengers but I was allowed to go after I had produced my previous work identification card” (Giant, 27 July 2020). In the same week, Giant was again caught by the police for taking part in mushikashika activities. He was taken to Harare Central Police Station. Instead of paying fine, he was released because the people responsible for issuing fines knew him from previous government assignments (Giant, 27 July 2020). This was how corruption reduced the effectiveness of Zimbabwe’s lockdown restrictions.

It was also alleged that some health officials made mourners to pay money if they wanted to bury people who succumbed to the pandemic outside COVID-19 regulations. This would allow the mourners to conduct rituals such as body viewing and to exceed the figure required during burials, among other requirements. The corruption led to the perception that some of the people were simply declared COVID-19 victims so that the officials would demand bribes (Gogo Innos, 11 August 2021).

But it can also be argued that the government contributed to corrupt activities during and even before the lockdown. Remuneration was bad in many government sectors. Talking to a police officer during the lockdown period, these sentiments came out, “During the period of the Government of National Unity (2009–2013), we used to get about US$500 but now we are getting less than half of that if converted from local currency. This has made life difficult for us. We are only going to work because we want to secure our jobs in anticipation that one day things will be fine” (Fourth, 22 May 2020). But this should not be interpreted to mean that there was no corruption in the police force, and government at large, during the unity government and before. Corruption was rampant but the economic decline post-unity government worsened the situation. Corruption by State security agents made travel restrictions during Zimbabwe’s lockdown period less effective.
3. Social reasons that weakened responses to COVID-19

There were social reasons which contributed to the ineffectiveness of Zimbabwe's lockdown regulations. These included the inaccessibility of some parts of the country, culture, ignorance and the myth that Africans were resilient to COVID-19.

3.1. Inaccessibility of some areas

Due to the incapacitation of the State and the nature of settlement patterns, law enforcements agents could not easily access, especially rural areas and peri-urban areas. Besides, many rural households were haphazardly arranged which made it difficult to police these areas. People gathered for traditional beer (*ndari*) as in non-COVID-19 days. What only differed was that *ngome* (beer announcement chant) was suspended. Imbibers were secretly told if the beer was ready (Makons, 20 April 2020). In situations where traditional leaders picked up that people were gathered for *ndari*, brewers sometimes transferred it to another place and sell only to familiar faces, or simply bribing village police officers (Grey, 23 April 2020). The brewing of *ndari* did not stop, as it constituted a key rural livelihood strategy.

Rural shops also opened while people gathered without restrictions. Lockdowns were only partially effective in those areas close to police stations. This means many business operators opened and closed shops at their own discretion.

People in rural areas were largely unaffected by lockdowns. Their situation was largely bettered by the sparse homesteads which naturally made physical distancing easier. People mostly met when conducting community projects such as gardening and construction, fetching water and when accessing essentials such as foodstuffs (Mbuya M, 17 April 2020).

3.2. Culture

Culture refers to values, beliefs, texts about the beliefs and ideas, multiple daily practices, aesthetic forms, systems of communications (such as languages), institutions of society, a variety of experiences that capture Africans’ way of life, a metaphor to express political ideas, and the basis of an ideology to bring about both political and economic changes, to name about a few. Culture and society can be fluid, reflecting an ongoing adaptation (Falola, 2003, p. 1). In his work, Falola (2003, p. 1) highlighted that even in the modern era, African culture is still relevant and cannot be ignored.

In their discussion of the impact of female genital mutilation on Shangani women in Zimbabwe, Mutanda et al. (2016, p. 55) observed that female circumcision among the Shangani community is mainly carried out to preserve culture. In a similar context, cultural reasons reduced the effectiveness of lockdown restrictions in Zimbabwe. In both urban and rural areas, people attended funerals. In African communities, death is a unifier. People gathered to give each other support. People attending funerals shared meals and drinks and provided labour to show solidarity with the grieving family.

Conscious of the importance of people’s culture, the government did not bar mourners from attending funerals but only limited numbers initially to 50 and further increased to 100 people, and at some time decreased to 30. Mourners went out in large numbers to give a send-off to their dearly departed, and in most instances failed to exercise social distancing and the wearing of masks (Habakkuk Trust, 2020). The handling of the deaths that happened during the COVID-19 period was not very different from the ones that had happened prior to this period. People made sure that they attended funerals because it was dignified to be seen mourning with others (Dread, 19 May 2020). Short (19 May 2020) expressed how difficult it was for people, especially neighbours and/or relatives not to attend a funeral ceremony. At such gatherings, people attempted to stick to hygiene practices such as putting soap water at the entrances. Although people were sometimes careful not to shake hands, social distancing did not exist. Mourners gathered around the fireplace consoled the bereaved family with all sorts of activities such as
jokes and singing where droplets could easily spread. This derailed the initial efforts to wash hands with soap.

In addition, a typical African community believes in sharing. While people largely avoided shaking hands, it was easy to share a cup of water, drink or beer. This increased the chances of spreading the disease. Imbibers could only be careful when they were still sober, but once drunk it was a different story altogether. Henceforth, the threat of the coronavirus could no longer be taken seriously.

3.3. Resilience theory, plus ignorance and/or negligence
The “myth” of resilience to the coronavirus, and to an extent ignorance and/or negligence can equally be cited as some of the social reasons that made lockdown restrictions less effective in Zimbabwe. Africa, which is home to 17% of the world’s population, as of early May 2020 accounted for only 1.1% of the cases and 0.7% of the deaths. More than 12,000 patients had recovered. In this regarded, Africa appeared to be more resistant to the coronavirus than the other continents (Marbot, 2020). Cases rose from 2.8% in early June to 5% of all cases reported globally by mid-July. South Africa had the highest recorded number of total cases and reported deaths, and accounted for more than half of all the cases in Africa (Mwai & Giles, 2020). Still at this rate, Africa accounted for only a small proportion of total global cases (Mwai & Giles, 2020). As of mid-December 2020, South Africa accounted for more than 60% of daily new cases detected in sub-Saharan Africa. All the same, the reported death rate per capita on the continent was low compared to other parts of the world, despite the weak health infrastructure in many African countries (Mwai, 2020).

Africa’s climate (characterised by heat and dry conditions), its relatively young population (more than 60% are under the age of 25), lower population density in many countries (with the exception of South Africa, Egypt, Morocco and Algeria, and certain large metropolitan areas), cross-immunity from other coronaviruses, less travel, and experience with epidemics such as Ebola were cited as some of the reasons for the slow infection rate on the continent (Marbot, 2020; Mwai, 2020).

Taz (19 May 2020) confidently asserted that, “MaZimbabweans agoro mahard (Zimbabweans are naturally resilient people)”. This kind of thinking was rooted in the belief that Africans had “unmatched” physical strength in light of how they have survived under the most difficult economic, social and political conditions, and perhaps how they survived slave trade, colonialism and other forms of direct violence perpetrated by post-colonial governments. But over-optimism had dire consequences as warned by Michael Ryan, leader of WHO emergencies programme in July 2020, “I am very concerned right now that we are beginning to see an acceleration of [the] disease in Africa” (Mwai & Giles, 2020). Perceptions of immunity or reduced risk played a role in encouraging noncompliance with prevention measures in communities (Mackworth-Young et al., 2020, p. 5).

Besides, ignorance played its part in influencing how people responded to the coronavirus pandemic. Some citizens wore face masks as “passes” at security roadblocks (Glow, 20 May 2020). People particularly wore masks when getting into town or when visiting distant places. This observation prompted Zimbabwe’s National Association for Non-Governmental Organisations to lobby government to seriously consider citizen education in its attempts to curb the spread of COVID-19,

The work of NGOs should therefore be listed under essential services. There is a lot of misinformation and distortion of information about COVID-19 in rural areas and peri-urban areas. There is need for government to take a systematic approach to tackling the coronavirus crisis rather than focusing solely on urban areas. This can be unrolled effectively if CBOs, FBOs and NGOs are permitted to compliment government efforts of awareness raising (Jakes, 2020).
Ignorance was also evident in people’s responses to the vaccination programme that began in 2021. There was rampant pessimism that the introduction of the COVID-19 vaccine was an attempt to “wipe out” Africans. It was believed by some that the Chinese wanted Africa’s vast resources and that could only be made possible by either reducing or pacifying its people using the vaccine. Some said that they were pessimistic about the vaccine because of lack of adequate information about the vaccine. The spread of many unverified rumours about the vaccine ended up having a negative effect on the uptake of the vaccine.

Apart from ignorance, negligence had its fair share in reducing the effectiveness of Zimbabwe’s lockdown restrictions and advice. One day at a fuel queue, which the researcher had also joined, one customer wanted to speak to management at the service station. He had to borrow a face mask worn by one of the customers who appeared to be a friend. This action can best be described as pure negligence.

### 3.4. Religious convictions

Religious reasons such as the view by some that the outbreak of COVID-19 represented the fulfilling of biblical prophecy worked against efforts aimed at curbing the spread of the pandemic in Zimbabwe. Some African political and religious leaders and citizens viewed coronavirus as a disease that only needed God’s intervention. Ghana’s religious leaders, after consulting Ghanaian President Nana Akufo-Addo, declared three days of national prayer and fasting (April 24–26 2020) to seek God’s intervention and direction in the fight against COVID-19 (Avevor, 2020). On 11 June 2020, Zimbabwean President Emmerson Mnangagwa declared June 15 a Presidential Day of Prayer and Fasting to seek divine intervention from the coronavirus crisis (The Herald, 2020). In a speech at a church in the capital city of Dodoma, the late Tanzanian President John Magufuli attributed the ‘positive’ COVID-19 outcome to citizens’ prayers, local health officials and the efforts of front line health care workers. He also celebrated churchgoers during the service for not wearing masks, claiming that was a sign the country had overcome coronavirus and people were no longer afraid.

Prior to that, Magufuli had dismissed the seriousness of the coronavirus in Tanzania, urging his citizens to “pray coronavirus away,” claiming that the “satanic virus can’t live in the body of Jesus Christ.” He blamed the growing number of positive cases on faulty test kits (Feleke, 2020). The President of Malawi, Lazarus Chakwera, urged his fellow citizens to join him in fasting and prayer against the spread of coronavirus in the country (Agenzia Fides, 2020). Outside Africa, then United States President Donald Trump declared the 15th day of March the National Day of Prayer, in order to bring the country soulfully together in a battle against the coronavirus (Green, 2020).

Because of their strong religious convictions, some people ended up ignoring the imposed gathering restrictions. People clandestinely and deliberately met for the purposes of religious activities. The outbreak of COVID-19 was interpreted by some members of the Zimbabwean Christian community as a sign of the last days. Luke 21:11 (Holy Bible New Living Translation) says, “There will be great earthquakes, and there will be famines and epidemics in many lands, and there will be terrifying things and great miraculous signs in the heavens.” The outbreak of the coronavirus, among other diseases, represented the “fulfilling of prophecy”. As seen by Christians, the act of banning Christian gatherings itself was another bold sign that the end was nigh. Consequently, people met for prayer sessions. In the beginning, this mainly happened during the “odd” hours of the day or in isolated places.

For the reason that the congregants believed in what their spiritual leaders said, there were plenty of risk behaviours during worship. At one of the services by an apostolic sect in Harare attended by the researcher, the congregants drank different forms of “healing concoctions”/Travirio from the same clay pot. This had the potential of infecting people with COVID-19, or any other disease for that matter.

Some, if not many, members of the Zimbabwean Christian and non-Christian community believe in witchcraft. This means that people who believed that some illness, death or bad luck in the
family was caused by witchcraft consulted n’anga’s (traditional healers) and/or prophets for healing or cleansing purposes. Some of these institutions paid, if ever, little regard to the principles of good hygiene such as physical distancing and the washing of hands.

4. Political reasons for weak responses to COVID-19
This section discusses how lack of policy clarity, porous borders and lack of government preparedness inhibited the execution of effective responses to the coronavirus crisis.

4.1. Lack of policy clarity
The announcement of phase 2 of the lockdown in May 2020 was followed by chaos in the transport sector. The major highlight of this level was the opening up of industry and commerce. People were now allowed to go back to work. Paradoxically, commuter omnibuses, popularly known as kombis, remained banned. State-owned ZUPCO buses and those contracted by it (including kombis) were the only ones allowed to ply on roads. This left commuters stranded as ZUPCO struggled to provide adequate buses (The Herald, 2020a). Mushikashikas filled in the gaps mainly for economic security. People were packed against social distancing stipulations. The operators at most avoided roads with roadblocks. Those that operated intercity routes bribed security personnel in order to gain passage. Social distancing was ignored by both commuters and vehicle owners because what was at stake was transport and money, respectively. People risked contracting the disease through contact.

While other kombis decided to join the ZUPCO network in order to operate, others resorted to unorthodox operating strategies. These included removing number plates, inserting yellow plates or operating early in the morning, particularly between 3 a.m. and 7 a.m. and in the evening between around 5 p.m. and 8 p.m.

If kombis had been allowed to operate within a regulated framework, it could have eased transport challenges, especially in urban areas. Commuters spent hours at bus stations and this worked against the government’s efforts to reduce overcrowding in public spaces. Even the curfew imposed at one of the stages of the lockdown was not effective because by the time people were expected to be in their homes, they would still be queuing up for transport in towns. The government should have considered the fact that even when both ZUPCO-contracted buses and private operators were operational, transport was still a nightmare in urban areas.

4.2. Porous borders
The issue of porous borders reduced the effectiveness of travel regulations during the coronavirus period. Travellers from Zimbabwe into South Africa vice versa used illicit points such as Mai Maria, Panda Mine, Dite, Tshikwalakwala, Mawale, River Ranch (Beitbridge East) and Sentinel, Tshivhara and Shashe (Beitbridge West). Some of these border jumpers tested positive for COVID-19 (Muleya, 2020a). By mid-July 2020, about 377 people had been arrested for border jumping and smuggling (Muleya, 2020b). These people avoided isolation centres and risked spreading the disease. Only people returning home using formal channels could be tested and monitored.

4.3. Lack of government preparedness
The economic challenges in the country had the effect of hampering the country’s preparedness to the coronavirus disaster. Due to these and other reasons, there was lack of government preparedness in tackling the coronavirus pandemic. To ensure “adequate response” to the pandemic, in March 2020 President Mnangagwa launched Zimbabwe’s US$26 million Preparedness and Response Plan for coronavirus aimed at building an integrated and coordinated strategy on preventing the spread of the COVID-19 virus and mitigating its effects (Government of Zimbabwe, 2020). The budget was meant to cover eight areas identified by the Ministry of Health and Child Care (MOHCC) with technical support from other partners based on eight pillars set by the World Health Organisation: planning, monitoring, coordination; risk communication and community engagement; surveillance, rapid response and case investigation; points of entry;
national laboratory system; infection prevention and control; case management and logistics, procurement and supply management (Government of Zimbabwe, 2020). However, this proved overambitious as little was done to meet these needs and requirements.

Commissioner-General Matanga underlined that police operating roadblocks and securing quarantine centres lacked adequate protective equipment, transport and allowances for food. About 18,000 officers were deployed to enforce lockdown regulations, checking on the movement and sale of subsidised maize and keeping order in mining areas. These needed adequate personal protective equipment (PPE), transportation and access to meals and other needs (The Herald, 2020c). Matanga indicated that there were challenges in patrolling quarantine centres. Low fences and lack of floodlights made escaping easier. There were also no torches and cameras to monitor movement (The Herald, 2020c). As of 18 June 2020, about 171 had escaped and only 30 accounted for. These people would mingle with other people in communities and if they were positive, there was higher risk of them infecting others (Chitumba, 2020). This proved true when two of the 17 people who had escaped from isolation at the National Social Security Authority (NSSA) hotel in Beitbridge in July 2020 infected at least eight of their relatives with Covid-19 in Madaulo area, 90 km east of Beitbridge town (Muleya, 2020b).

The Ministry of Health and Child Care acting permanent secretary Dr Gibson Mhlanga noted that the ministry was experiencing challenges in procuring adequate test kits (The Herald, 2020c). In addition, samples from other provinces were sent to either Harare or Bulawayo, and it took time before they could be processed. Some people would start to escape if they thought they had overstayed in isolation centres (Chitumba, 2020). As of June 2020, the country’s 10 provinces had 64 isolation centres (Zimfact, 2020). Though affected by escapees, isolation centres provided a short to long-term solution to rising infections. The government knew that COVID-19 was coming, but could not do the needful well on time. This reinforces the argument that it is important to put more resources in the human security sector so that all the citizens can reach their full potential in all facets of life. Like the other disasters that have struck the country before, COVID-19 demonstrated that disaster management works better using proactive approaches than reactive ones.

4.4. Conclusion and recommendations

This article concludes that COVID-19 should not just be seen as an epidemic of our time. Lessons should be drawn from it because its consequences were far-reaching and devastating, and otherwise important. In this regard, COVID-19 was more than a disease. It was a reminder of the utmost need to put human security at the fore of the efforts aimed at promoting negative and positive peace in the country. It demonstrates why authorities should prioritise human security, which was further jeopardised by the advent of COVID-19. In the case of Zimbabwe, the coronavirus disaster laid bare the challenges inherent in the Zimbabwean economy such as corruption, unemployment, lack of policy clarity, inadequate social welfare programmes, and lack of government commitment to service delivery. COVID-19 also showed that people’s religion and culture do matter in the successful implementation of policies. This means that when policies are being hatched, the socio-economic, religious and political environment needs to be considered. Policies can be successful if people are encouraged to be vigilant within their socio-economic and political settings. These recommendations are therefore made:

(a) Investing in human security is important for cordial relationships between individuals and the State. Opposition and/or reluctance to abide by State-imposed restrictions prevailed because the citizens felt that there were no significant efforts to improve their socio-economic conditions. The state of Zimbabwe’s economy needs serious rethinking as many people have been reduced to paupers. The gap between the rich and the poor is ever widening to an extent that the middle class has been arguably wiped out. Unemployment is rife and poverty rampant.
(b) It is important to consider the socio-economic and political contexts of the measures being put in place to address certain challenges. Zimbabwe tried to impose a total lockdown but it lacked significant social safety nets and services to meet the needs of the people. This made life difficult because many people depended on the informal economy to survive. People thus inadvertently ignored the restrictions because there were very little sources of livelihoods left.

(c) The use of heritage-based medical plants should be promoted in Africa, and that heritage should be preserved. The health benefits of zimbanji umsuzwane (Lippia javanica), for example, were not known to many in Zimbabwe and many other parts of Africa until COVID-19 struck.

(d) Harare should take earnest reforms in order to revamp its health care system. What are only left are buildings and demotivated staff. Health institutions have suffered from years of neglect. It is now a struggle to get a simple scan or basic drugs at a government hospital or clinic. This is tantamount to structural violence as people have suffered or died from curable diseases. Although COVID-19 created new partnerships between private and public institutions that had the effect of benefiting public hospitals and clinics in the long-term, it exposed the fragility of Zimbabwe’s health sector. Something needs to be seriously done as has been said by many others in the past.

Funding
The author received no direct funding for this research.

Author details
Darlington Mutanda
E-mail: mutanda.darlinton@yahoo.com
1 Department of Politics and International Relations, Faculty of Humanities, University of Johannesburg, South Africa.

Citation information
Cite this article as: Challenges and opportunities for Zimbabwe’s responses to COVID-19. Dorlington Mutanda, Cogent Social Sciences (2022), 8: 2084890.

Note
1. As of 10 July 2020, 209 people had escaped from quarantine centres.

Disclosure statement
No potential conflict of interest was reported by the author(s).

References
Interview with Chingaz, 35 years, 5 June 2020.
Interview with Dread, 38 years, 19 May 2020.
Interview with Fash, 49 years, 18 May 2020.
Interview with Fourth, 47 years, 22 May 2020.
Interview with Giant, 58 years, 27 July 2020.
Interview with Glow, 45 years, 20 May 2020.
Interview with Grey, 65 years, 23 April 2020.
Interview with Mai Zvi, 40 years, 22 May 2020.
Interview with Makons, 42 years, 20 April 2020.
Interview with Mbuya M, 62 years, 17 April 2020.
Interview with Moyo, 36 years, 21 April 2020.
Interview with Richo, 28 years, 26 May 2020.
Interview with Short, 53 years, 19 May 2020.
Interview with Taz, 39 years, 19 May 2020.
Interview with Tengaz, 43 years, 24 May 2020.
Interview with Gogo Innos, 11 August 2021.

Agenzia Fides. (2020, July 16). President asks citizens to join him in prayer and fasting to ask for God’s help to defeat Covid-19. http://www.fides.org/en/news/68369-AFRICAMALAWI_President_asks_citizens_to_join_him_in_prayer_and_fasting_to_ask_for_God_s_help_to_defeat_Covid_19

Avevor, D. (2020). Crux. https://cruxnow.com/church-in-africa/2020/04/ghanas-religious-leaders-declare-three-days-of-prayer-fasting/

Centre for Conflict Management and Transformation. (2014). Challenges to social service delivery in Zimbabwe’s resettlement areas.

Chagonda, T. (2020). The Conversation. https://theconversation.com/zimbabwes-shattered-economy-poses-a-serious-challenge-to-fighting-covid-19-135066

Chibamu, A. (2020). New Zimbabwe. https://www.newzimbabwe.com/hungry-overworked-covid-19-exposed-cops-collapsing-on-duty-police-chief/

Chitumba, P. (2020). The Herald. Zimpapers. https://www.herald.co.zw/more-returnees-coming-home/

Choruma, A. (2020). The Sunday Mail. Zimpapers. https://www.sundaymail.co.zw/covid-19-more-than-a-health-issue?

Dafuleya, G. (2020). The Conversation. https://theconversation.com/explainer-why-covid-19-provides-a-lesson-for-africa-to-rebuild-social-assistance-137175

Falola, T. (2003). The power of African cultures. University of Rochester Press.

Feleke, B. (2020). CNN. Turner Broadcasting System. https://edition.cnn.com/2020/06/09/africa/tanzania-president-covid-claims/index.html

Government of Zimbabwe. (2020a). Lockdown measures gazetted. http://www.zim.gov.zw/index.php/en/news-room/latest-news/504-lockdown-measures-gazetted

Government of Zimbabwe. (2020b). Covid-19 preparedness plan launched. http://www.zim.gov.zw/index.php/en/news-room/latest-news/covid-19-updates/497-covid-19-preparedness-plan-launched

Green, L. (2020). Fox News Media. https://www.foxnews.com/opinion/lauran-green-the-power-of-a-national-day-of-prayer

Habakkuk Trust. (2020, May 20). Rural communities struggle to adhere to lockdown funeral limits. http://kubatana.net/2020/05/20/rural-communities-struggle-to-adhere-to-lockdown-funeral-limits/

Harding, A. (2020). BBC. BBC Global News Limited. https://www.bbc.com/news/world-africa-53580559

Hasan, S. (2015). Muslim majority countries, philanthropy and human security: Concepts and contexts. In S. Hasan (Ed.), Human security and philanthropy: Islamic perspectives and Muslim majority country practices. Springer. 3–29.

The Herald. (2020a, May 26). Kombis, taxis continue to defy restrictions. https://www.herald.co.zw/kombis-taxis-continue-to-defy-restrictions/
The Herald. (2020b, June 11). President calls for prayer. https://www.herald.co.zw/just-in-president-calls-for-prayer/

The Herald. (2020c, June 17). Top cop outlines operational challenges. https://www.herald.co.zw/top-cop-outlines-operational-challenges/

Holy Bible new living translation. Tyndale House. 1996.

International Monetary Fund. (2020). Low income countries. https://www.imf.org/en/Topics/low-income-countries

Jokes, S. (2020). Bulawayo24. https://bulawayo24.com/index-id-news-sc-national-byo-185740.html

Kwaramba, F. (2012). Daily News. Associated Newspapers of Zimbabwe.

Legal Monitor. (2013). Government buries head in sand as hunger bites. 176.

Lone, S. A., & Ahmad, A. (2020). COVID-19 pandemic – An African perspective. Emerging Microbes and Infections, 9(1), 1300–1308. https://doi.org/10.1080/22221751.2020.1775132

Mackworth-Young, C. R. S., Chingono, R., Movadza, C., McHugh, G., Tembo, M., Chikwari, C. D., Weiss, H. A., Rusakaniko, S., Ruzaniriro, S., Bernays, S. (2020). Community perspectives on the COVID-19 response, Zimbabwe. Bulletin of the World Health Organization. Article ID: BLT.20.260224.

Makombe, E. T. (2021). “Between a rock and a hard place”: The coronavirus, livelihoods, and socio-economic upheaval in Harare’s high-density areas of Zimbabwe. Journal of Developing Societies, 37(3), 275–301. https://doi.org/10.1177/0169796X211030062

Marbot, O. (2020). Theafricareport. Jeune Afrique Media Group. https://www.theafricareport.com/27470/coronavirus-unpacking-the-theories-behind-africas-low-infection-rate/

Mavhunga, C. (2020). Voice of America. U.S. Agency for Global Media. https://www.voanews.com/africa/zimbabwes-new-12-hour-curfew-hotly-debated

Mbanje, P. (2015, June 14–20). Health transition fund: What now when donor fatigue sets in? The Standard.

Muleya, T. (2020a). . The Herald. Zimpapers. https://www.herald.co.zw/limpopo-river-breeding-ground-for-covid-19-trafficking/

Muleya, T. (2020b). . The Herald. Zimpapers. https://www.herald.co.zw/breaking-two-escapees-infect-eight-minors/

Munké, R. (2009). Globalisation and the limits of current security paradigms. In D. Grenfell & P. James (Eds.), Rethinking insecurity, war and violence: Beyond savage globalization? Routledge.

Mutanda, D. (2014). The impact of the Zimbabwean crisis on parastatals. International Journal of Politics and Good Governance, 5(5.2), Quarter II: 1–14.

Mutanda, D., & Rukondo, H. (2016). The impact of FGM on Shangani women in Zimbabwe. International Journal of Human Rights in Healthcare, 9(1), 52–61. https://doi.org/10.1108/IJHRH-05-2015-0013

Mwai, P., & Giles, C. (2020). BBC Global News Ltd. https://www.bbc.com/news/world-africa-53181555

Mwai, P. (2020). BBC Global News Ltd. https://www.bbc.com/news/world-africa-53181555

Nemukuyu, D. (2020). The Herald. Zimpapers. https://www.herald.co.zw/farmers-vendors-resort-to-night-trading/

Ogata, S. (2005). Human security: Theory and practice. St Antony’s International Review, 1(2), 11–23.

South African Government. (2020). President Cyril Ramaphosa: Additional Coronavirus COVID-19 economic and social relief measures. https://www.gov.za/speeches/president-cyril-ramaphosa-additional-coronavirus-covid-19-economic-and-social-relief

Steiner, A. (2019). United Nations Development Programme. https://www.undp.org/content/undp/en/speeches/president-cyril-ramaphosa-additional-coronavirus-covid-19-economic-and-social-relief

United Nations High Commissioner for Human Rights. (2021). Impact of the coronavirus disease (COVID-19) pandemic on the enjoyment of human rights around the world, including good practices and areas of concern, Human Rights Council Forty-sixth session. Agenda Item 2, Annual report of the United Nations High Commissioner for Human Rights and reports of the Office of the High Commissioner and the Secretary-General, https://www.ohchr.org/EN/HRBodies/HRCouncil/Archives/HRC46/Pages/HR-COVID-19-impact-enjoyment-human-rights.aspx

United Nations Zimbabwe. (2020). Immediate socio-economic response to Covid-19 in Zimbabwe: A framework for integrated policy analysis and support. United Nations in Zimbabwe.

We Pay You Deliver Consortium. (2017). State of service delivery report: Cities at the crossroads (Vol. 1). ‘We Pay You Deliver’ Consortium.

WHO. (2020a). WHO director-general’s opening remarks at the media briefing on COVID-19. Retrieved May 27, 2020, from https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19—27-may-2020

WHO. (2020b). Coronavirus disease (COVID-19) advice for the public. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public

Zimfact. (2020, May 6). FACTSHEET: Zimbabwe COVID-19 isolation and quarantine facilities. https://zimfact.org/factsheet-zimbabwe-covid-19-isolation-and-quarantine-facilities
