

IMPACT OF COVID-19 ON DIFFERENT SECTORS IN ZIMBABWE

BACKGROUND

With the advent of COVID-19 in the Southern African region and more specifically in Zimbabwe in March 2020, mechanisms had to be put in place to contain the spread of the virus. These mechanisms impacted different sectors in several ways. This brief unpacks some of the key developments that were noted from the different sectors following the national lockdown and the implementation of the regulations that were enacted around that time. Some of the challenges were also a result of the low levels of preparedness by the government and the sectors as well.

HEALTH

The health sector in Zimbabwe particularly the public health facilities faced several challenges which included the following:

- the limited testing capacity and poor contact-tracing systems
- lack of equipment to manage cases with severe diseases in isolation and treatment centres (limited intensive care unit beds and ventilators)
- lack of PPE, staff shortage and human resources challenges
- poor management of returnees in quarantine centres, weak and porous borders
- corruption in COVID-19 supply tenders

EDUCATION AND CHILDREN'S RIGHTS

Due to the closure of schools, children relied mostly on online classes and this also posed challenges to their welfare, exercise of rights and also exposed them to several challenges including the following:

- Closure of schools during lockdown took away the protective sanctuary for children offered by schools, leaving them exposed to sexual exploitation and abuse, including drug abuse
- there was reportedly an increase in child marriages during the lockdown
- Children in rural and marginalised communities could not partake in online classes due to restrictions on internet access and affordability
- With schools closed and impoverished families desperate for income, girls were at a higher risk of being married off or subject to sexual violence¹.
- ChildLine Zimbabwe reported a spike in distress calls from minors
- Under lockdown, children were also trapped in this vicious cycle of gender based violence as witnesses and/or victims.

¹ See 'ZIMBABWE 2020 HUMAN RIGHTS REPORT' <https://www.state.gov/wp->

<content/uploads/2021/03/ZIMBABWE-2020-HUMAN-RIGHTS-REPORT.pdf> [Accessed 23 April 2021]

MEDIA

The media played an important role in providing access to COVID 19 information to the rest of the citizens and also in holding the government to account especially in the mobilisation and utilisation of resources for instance the unearthing of irregularities in the procurement of COVID 19 materials.

- Under Section 14 of Statutory Instrument 83 of the Public Health (Covid-19 Prevention, Containment and Treatment) (National Lockdown) Order, 2020, the Zimbabwe government stipulated that publication or communication of "false or fake news" during the national lockdown period could attract the excessive punishment, heavy fine, or both.
- The year 2020 saw a massive escalation of media freedom violations, with 52 journalists either arrested, detained, harassed or assaulted by officers enforcing the lockdown.
- Access to COVID-19 related information was difficult to obtain, for instance the government of Zimbabwe initially muzzled the city councils from sharing important information on COVID-19,

instructing the Mayor of Harare not to disclose information on COVID-19.

GENDER

Several gender issues were also prevalent during the COVID-19 pandemic in Zimbabwe, more so during the national lockdown. Women were disproportionately affected by COVID 19 and this included the following:

- Women's access to sexual and reproductive health services, access to pre and post-natal care, neonatal care, among other healthcare services unique to their needs, was significantly disrupted.
- Unpaid domestic and care work increased exponentially during the lockdown, as women and girls were confined at home and were expected to take up more responsibilities of maintaining the home and providing care to the rest of the family.
- Since schools closed in late March 2020, the number of reported cases of Gender Based Violence (GBV) against girls has more than doubled and only a third of survivors are receiving appropriate health and psychosocial services.