A TALE OF ARRESTS AND TESTS…

Waiting into the night for ZUPCO: Bulawayo, 2 June 2020

Where - and How -

Shall We Care For Ourselves?

COVID 19 UPDATE: 4 June 2020

Bulawayo and Rural Matabeleland

UKUTHULA TRUST

Summary of Main Findings

- Indefinite lockdown started on Level 2 on 4 May 2020, in a context in which Zimbabwe has not reached the WHO standards for lifting of lockdown.
- Regionally, there are increasing concerns about whether lockdown infringes citizens' rights including the right to earn a living.
- Zimbabwe initially locked down in good time to contain the virus, but may lose the advantage if health facilities are not quickly upgraded, and ways found to stem virus transmission without driving citizens into worse poverty and hunger.
- By 27 May, there had been more arrests than tests: this points to a greater concentration on punishment than on education of citizens - and also to the fact that vast numbers of citizens remain prepared to risk arrest and/or infection, as a lesser evil than starvation.
- *It is of great concern that by 4 June, just as the virus was taking hold nationally, with numbers trebling between 25 and 28 May, there was NOT ONE dedicated government institution offering effective isolation and ICU care for critically ill Covid 19 in Bulawayo – a city that is the referral point for five provinces – the three Matabeleland provinces, Masvingo and Midlands. More than two months into lockdown, this is hard to understand.*
- There have been several instances of state abuses of civilians under lockdown.
- Neither Thorngrove nor Ekusileni are ready for Covid 19 patients, and CEO of Mpilo has expressed concern about having cases there because of the possibility of cross infection.
- Formal returnees are entering the country in numbers, and appalling conditions in quarantine centres may be turning them into hot spots of cross infection.
- Many others are using up to 200 undesignated entry points to Zimbabwe, and smuggling of people and goods is widespread, posing a threat of Covid 19.
- Bulawayo has a terrible water crisis, which has led to massive, crowded queues for water in many suburbs. Social distancing is not respected.
- Queues for Zesa, Zupco, banks and remittance agencies also pose risks.
- People are generally informed about how to protect themselves, but many still believe the virus is not a real threat to them, and starvation and poverty are bigger threats.
- The OMalayitsha who have proper cross border delivery trucks are now bringing in groceries on behalf of some of those without, for onward distribution from Bulawayo. Others are collecting goods from unauthorised entry points on the Limpopo. There is still a deficit of goods compared to the past.
- **In rural Matabeleland**, people continue to ignore social distancing, and seldom wear masks correctly, if at all. Funerals are mostly crowded, with a few good exceptions. Health professionals are informed and doing their best, with minimal stocks of PPE in most cases.
- **Food security** remains a huge dilemma throughout rural Matabeleland, with most stores charging in SAR, with tough exchange rates to Z$, ranging from 2 to 1, to more than 3 to 1. Most people cannot afford these prices unless they have remittances, and now few do.
- Water supplies are dismal, and in Tsholotsho people are drinking green slime.
- In Matabeleland South, many have had to barter their Mopani worms (amacimbi) at sometimes extortionist rates, to get essential groceries: the worms ate all the leaves and now the cattle, that depend on these leaves, are likely to starve this winter.

Indefinite Renewal of lockdown

During the last month, Zimbabwe has entered a state of 'indefinite lockdown' in relation to preventing the spread of Coronavirus, to be 'reconsidered' every fortnight, in terms of 'S.I. 99 of 2020'. This commenced on 4 May 2020. The government stated that 'Level 2' restrictions were now in effect, which have allowed the reopening of formal commercial enterprises involved in goods, services or manufacture, being those that are registered for income tax, and/or VAT, or registered through a licence with a local authority. Churches, gyms, bottle stores, bars, beer halls, leisure and recreational facilities remain closed.[1] The informal sector remains officially locked down. It was initially mandated that employers had to test all employees prior to offices opening, but this requirement, clearly untenable, was informally dropped three days later.[2] It was replaced with daily temperature testing at work, in conjunction with sanitizing, masks and social distancing.

The new regulations [Section 4 (a)] maintain the maximum number of individuals allowed to gather in most circumstance at 2, and maintain the number allowed to attend a funeral at 50, with wearing of masks and social distancing enforced.

Masks and social distancing of 1 meter in public places are enforced as essential in all public spaces, and only ZUPCO buses are allowed to transport people, subject to safe numbers of passengers at all times. This means Toyota Hi-Ace and smaller taxis remain off the road. Road blocks and checks on who enter ZUPCO buses remain in force, particularly on roads into the city centre. Drivers of private vehicles require proof of need to travel when passing through roadblocks, such as city centre employment.

Those who fail to comply, face fines of up to Z$ 36,000, or a year in jail. Vehicles may also be impounded for violations.

On 3 May, when lockdown was renewed, Zimbabwe was - and remained by 3 June - far from having achieved the World Health Organisation (WHO) minimum standards for lifting of lockdown in any nation, meaning that maintaining some lockdown measures remains justifiable. **For lockdown to be lifted, it is considered wise for a nation to have met the following conditions**:

- Adequate testing should have been carried out so that the extent of the disease is clear.
- The health system should be well equipped to treat effectively and respond to a surge in cases.
- The government should have the capacity to detect, test, isolate and trace all the contacts for every positive case of Covid 19.
- Disease transmission should be under control.
- Potential 'hot spots' should be minimised and monitored, including quarantine centres, and homes for elderly.
- Schools and workplaces should have established preventive measures.

[1] https://www.sundaymail.co.zw/level-2-lockdown-explained for information in these paragraphs.

[2] Alois Vinga, "Zimbabwe: Govt Makes U-Turn, Exempts Workers From Compulsory COVID-19 Test", All Africa.com https://allafrica.com/stories/202005070256.html It is not clear that the regulation was amended, but tacitly it has been agreed that testing is no longer a prerequisite to working.

- Communities should be fully educated, engaged and able to live under a 'new normal'.[3]

There is little to be gained from a nation completely lifting lockdown until these conditions have all been met, as the likeliest outcome is that the health facilities risk being overwhelmed with critically ill cases. It is noted that so far, with slightly more than 200 cases identified, there have been very few cases in Zimbabwe that have required critical care. Covid 19 appears to be playing out somewhat differently in Africa compared to other continents. Continent-wide, most identified cases have so far been asymptomatic, or mild.[4] However, it is noted that testing has not been nearly widespread enough in Zimbabwe to adequately indicate the extent of the pandemic, and even so, cases more than trebled in a few days in the last week of May.[5] It is also noted that in South Africa, when lockdown commenced in March, they had a mere 500 Covid 19 positive cases and two months later, they had over 34,000 cases and over 700 deaths.[6] Many of their hospitals, particularly in the Western Cape, were reaching capacity, with thousands in critical care beds, and some models are suggesting 40,000 South African Coronavirus deaths by November 2020.[7] It is to be hoped that Zimbabwe is not following in this direction, with a time lag of a few weeks.

Right to earn a living…?

At the same time, throughout southern Africa, the straightjacket that lockdown has imposed on other civil rights is coming to the fore, and may impact the way forward. There are increasing concerns that lockdown is dramatically escalating poverty and hunger levels, and infringing basic rights to earn a living, in a context where governments are not able to provide for citizens being deprived of these rights. The judgement in South Africa that the lockdown regulations are unconstitutional, and defy basic rights of citizens is going to be of great significance in that nation. The comments of High Court Judge Davis resonate for Zimbabwe as well, as he points out serious inconsistencies as to how and whom lockdown affects:

> It was irrational to ban hairdressers when a single mother and sole provider, who would have been prepared to comply with all preventative measures, "must now watch her children go hungry while witnessing minicab taxis pass with passengers in closer proximity to each other than they would have been in her salon".
>
> "She is stripped of her rights of dignity, equality, to earn a living and to provide for the best interests of her children."
>
> Or the case of informal sector workers – from hairdressers, traders, construction workers, street vendors to waste-pickers – who interact less with people on a daily basis than, say attendees at a single funeral. "The blanket ban imposed on them as opposed to the imposition of limitations and precautions appears to be irrational."[8]

[3] https://www.voanews.com/covid-19-pandemic/zimbabwe-leader-extends-covid-19-lockdown; https://www.theindependent.co.zw/2020/05/22/covid-19-bombshell-zim-test-kits-run-out/.
[4] https://businesstech.co.za/news/trending/400955/world-health-body-says-covid-19-taking-different-path-in-africa/
[5] More on this later in this report, under testing, and returnees.
[6] https://www.sacoronavirus.co.za/
[7] https://mg.co.za/coronavirus-essentials/2020-05-20-south-africa-could-see-40-000-covid-19-deaths-by-november/
[8] https://www.dailymaverick.co.za/article/2020-06-03-court-gives-government-14-days-to-alter-unconstitutional-state-of-disaster-

While this is a South African ruling, authorities in Zimbabwe might consider if the same is not true here. Fears have been raised of growing malnutrition, and of its mortality impact: Dr Brian Mbanje, acknowledging the inability of most people to earn a living under lockdown, recently commented:

> We already have malnutrition cases in Mpilo Hospital in the paediatric ward…. Malnutrition has a mortality rate. Basically, our bodies need proteins to boost our immune system so if one doesn't have it they can be affected by COVID -19 since it targets the immune system. Our population is malnourished and our health systems are already in shambles, so imagine if COVID-19 is to hit hard. [9]

At the same time that families are suffering from malnutrition, the restrictions on movement of agricultural produce from rural areas to towns is having a disastrous impact on farmers.[10] In late May, it was reported that produce, including cabbages, tomatoes and melons, was rotting in fields for want of labour to harvest them. Markets had also either been closed as they were informal, or could not be reached because of Covid 19 travel regulations, or had dried up: hotels and school hostels have closed, big church and funeral gatherings are outlawed.

More arrests than tests…?

The intention and advantage of a lockdown in the case of a pandemic, is to give a nation time to speedily improve their capacity to deal with a dramatic increase in demand for intensive care beds (ICU), and in the meantime to prevent the wildfire spread of the virus. However, in no context can a lockdown last indefinitely, as at least some semblance of economic and social normality has to return in order to sustain livelihoods, education and good mental and social health. Zimbabwe has been in lockdown for more than two months. The most effective Covid 19 lockdowns globally, have been used to establish vigorous *'test, trace and isolate'* regimes, while simultaneously equipping hospitals and health staff to meet the pandemic.

It is noted that the Ministry of Health and Child Care (MoHCC) appears to be doing their utmost to prepare and is well aware of what is needed, but do not yet have the necessary resources, in the form of functioning institutions, Intensive Care Unit (ICU) beds and PPE for staff.

Zimbabwe appeared to implement lockdown in good time to manage the virus, with only a handful of known cases by the end of March, but does not appear to have been able to capitalise on the last two months to meet the targets of setting up widespread, intensive testing regimes and fully equipped health facilities, meaning that ***the early advantage may turn out to have been lost***.

It is of great concern that by 1 June, just as the virus was taking hold nationally, with numbers trebling between 25 and 28 May, there was NOT ONE dedicated government institution offering

---

laws/?utm_medium=email&utm_campaign=First%20Thing%20Wednesday%203%20June%202020%20Bateleur&utm_content=First%20Thing%20Wednesday%203%20June%202020%20Bateleur+CID_74971e77c19ff0e2382e008aff90eeb6&utm_source=TouchBasePro&utm_term=Court%20gives%20government%2014%20days%20to%20alter%20unconstitutional%20State%20of%20Disaster%20rules

[9] https://www.cite.org.zw/prolonged-lockdown-could-trigger-increase-in-malnutrition-cases-doctors/?fbclid=IwAR2UpewvA7B9aFJnYLVBmmhAw9wj7OEm3DRtGXi45Shv8X444j_4IYMs7ok

[10] https://www.chronicle.co.zw/covid-19-lockdown-in-zim-a-disaster-for-farmers/

effective isolation and ICU care for critically ill Covid 19 in Bulawayo – a city that is the referral point for five provinces – the three Matabeleland provinces, Masvingo and Midlands.

More than two months into lockdown, this is hard to understand.[11]

Law and order

In the meantime, the Zimbabwe Republic Police (ZRP) announced on 26 May that they had so far arrested **40,682 citizens** for Covid 19 lockdown violations.[12] Two days later, on 28 May, the Ministry of Health and Child Care (MoHCC) reported that it had carried out cumulatively **38,656 tests**.[13]

It is acknowledged that lockdown is a legitimate strategy for containing Covid 19, and also that many policemen are simply trying to enforce, under very difficult circumstances, control of movement of people in terms of these regulations.

It is nonetheless of concern to note that in Zimbabwe, since lockdown was instituted, by 27 May there had been more charges laid against citizens for non-compliance of Covid 19 regulations, than there have been tests for the virus. This points to a greater concentration on punishment than on education of citizens - and also to the fact that vast numbers of citizens remain prepared to risk arrest and/or infection, as a lesser evil than the immediate crisis of going hungry.

Among the punitive measures, has been the impounding of 2000 vehicles in Bulawayo alone, 120 impounded in a single day.[14] These allegedly include kombi taxis, illegally transporting passengers in a context where only ZUPCO is allowed to do so – and is failing to do so efficiently.

There is an unfortunate history in Zimbabwe of indefinite periods of a 'State of Emergency': those in Matabeleland recall that the Zimbabwe government used the Gukurahundi years to extend the Rhodesian State of Emergency for 8 years after Independence, until June 1988, giving themselves sweeping powers against civilians through all of these years.[15] The notion of 'indefinite' lockdown has therefore raised concerns, in the current context of the army being deployed in civilian areas, and coinciding with intermittent reports that police at road blocks or when dealing with queues, are meting out violence.[16]

Abductions and torture

During May, there were several high profile instances of excesses by state agents in the name of Coronavirus lockdown, including the alleged abduction, from Harare Central Police Station, of three

[11] There is more detail ahead on the instititutions. In an interview captured by CITE on 3 June, Minister July Moyo claimed delays were bureaucratic, but this is not explanation enough, in a context where there has been international aid and when some countries seem capable of building entire hospitals in a matter of days or weeks.

[12] https://www.herald.co.zw/police-arrest-40-000-for-violating-lockdown-restrictions/

[13] Ministry of Health and Child Care, COVID 19 Update, 27 May 2020. By the end of May, testing had reached beyond 40,000, and appeared to be approaching the target of 1,000 tests a day, but arrests still appear to be exceeding tests. Latest figures on arrests not available by 3 June.

[14] https://www.cite.org.zw/lockdown-byo-police-impound-2000-vehicles/?fbclid=IwAR0ttgyfieiCYpt2PX4gGHIZrLf0LcgOd-JQsn0xYR3c4WQ0NvJIZqJHAW0

[15] Catholic Commission for Justice and Peace and Legal Resources Foundation, *Breaking the Silence, Building True Peace: a Report on the Disturbances in Matabeleland and the Midlands 1980-1988,* Harare, 1998.

[16] https://www.irishtimes.com/news/world/africa/coronavirus-fears-of-rights-abuses-in-zimbabwe-s-indefinite-lockdown-1.4259476

female activists who had earlier that day taken part in a peaceful demonstration that was deemed illegal in terms of the lockdown.[17] They were subjected to two days of inhuman abuse, and the state continues to deny responsibility for these events, implying some 'third force' was responsible. Under immense pressure from the international community, they have agreed to an investigation.[18]

Bulawayo – women assaulted

In Bulawayo, there have been several instances of police beating women while they were queueing for groceries – with abuse of two sisters in Cowdray Park making headlines.[19] The targeting of two young women from a long queue of people, all similarly responsible for not maintaining social distancing, appeared a form of gender-specific targeting of those most easily abused. Instead of simply charging them, or warning all those in the queue and assisting them to create safe distancing - which surely should be the routine first approach of the police - these women were forced to walk for some distance on back paths, while being beaten and insulted, before being further beaten at the police station. These sisters were allegedly ridiculed for being 'Ndebele' by the Shona-speaking policemen who were beating them - an incident which stimulated multiple alarmed references on social media, as to how this behaviour was reminiscent of Gukurahundi soldiers.[20] People lamented that nearly 40 years later, the same inflammatory ethnic rhetoric was being used by abusive young policemen against women in Matabeleland.

Police shooting

On 23 May, police who were travelling in a civilian, unidentified vehicle belonging to neighbourhood watch civilians, shot a young man dead in Hillside, Bulawayo, after he failed to stop his vehicle late on a Saturday night. According to his fiancé, they thought they were being carjacked which is why they did not stop, as there was nothing to indicate that police were in the pursuing vehicle. At the very least, this incident points to trigger happy behaviour from an increasingly unaccountable police force: the victim suffered multiple gun shots to the upper torso and bled to death.[21]

What can be observed, and feared, is that the Zimbabwean reality is moving towards a situation of increasingly difficult attempts by ordinary citizens to keep socially distanced, to the extent that effective lockdown is almost non-existent in some parts of the city, together with the growing visibility of state oppression, under the justification of maintaining that lockdown.

[17] https://www.newsday.co.zw/2020/05/authorities-must-reveal-whereabouts-of-missing-activists/
[18] https://www.newsday.co.zw/2020/05/govt-cites-3rd-force-in-abductions/
[19] There is at least one other case, of a 63 year old woman, severely beaten at a road block, who more than a month later is still receiving outpatient health care at Mpilo. https://www.cite.org.zw/nprc-visits-victims-of-police-brutality/
[20] https://www.facebook.com/1758802921017821/videos/841620129692946
[21] https://www.cite.org.zw/high-speed-police-chase-family-vows-to-seek-justice/

Health care centres in Bulawayo

Where, and how, shall we care for our ill?

More than two months into the lockdown, Zimbabwe remains behind schedule in terms of expanding its capacity to deal with critically ill Covid 19 patients. In Bulawayo, at the end of May, it was reported that Thorngrove Infectious Diseases Hospital could theoretically offer 26 beds with oxygen, but no beds with ventilation, and factually, Thorngrove was not functional into the first week of June. While numerous donations have been made, both via the "I am for Bulawayo Covid 19" fundraising framework, and via international agencies, this has not resulted in either Thorngrove or Ekusileni Medical Centre being ready to receive intensively ill patients for care. Ekusileni Medical Centre is the fully developed, never used, health care centre in Hillside, Bulawayo, that has been identified as highly suitable to be turned into a treatment centre for Covid 19. Apparently some equipment for Ekusileni is in South Africa struggling to gain entry into Zimbabwe. Can officials not move to expedite this? Ekusileni is a completed structure, and has been donated a borehole, ventilators and other equipment. Yet, by 3 June it was not set up to accept **any** patients, and **had no functioning ICU capacity**. **As Bulawayo is the referral point for five provinces, this points to an absolute crisis, in the event of the virus beginning to become more impactful.**

Thorngrove Infectious Diseases Hospital, 22 May 2020: photo by CITE

Thorngrove, the long standing infectious diseases hospital in Bulawayo, was 'closed for renovations' on **22 April**. These renovations were supposed to take two weeks: however, the new isolation wing at Thorngrove remained incomplete by 1 June. The renovations will extend 'moderate care' patient capacity to 40 beds, but will still offer **no** ICU care, no ventilated beds. On **22 May**, it was announced that Z$ 46 million was needed to complete the work of plastering, brickwork, flooring, epoxying, ceiling and electrical works. This budget *excluded* work needed on the kitchen, laundry and administration blocks, according the the Bulawayo City Council.[22] On 28 May, 20 beds were

[22] https://www.cite.org.zw/funds-threaten-thorngrove-hospital-renovations/?fbclid=IwAR0_SxMGb7ER2OjPer6nVUT5WJsQmzRIhiUa80zoqRjt3sJK5sdFiqZj-hE

donated to Thorngrove, but this was still insufficient to make the hospital functional. Mpilo Hospital Clinical Director, Dr Solwayo Ngwenya, who attended the event, said there is a need to urgently open Thorngrove hospital to accommodate patients as they do not have anywhere to go at the moment. Dr Ngwenya said:

> The coronavirus is rapidly spreading as you can see, we are reckless trying to deal with it and I will urge the Mayor, your worship, may we open Thorngrove as of yesterday, the patients need somewhere to go, they don't have anywhere to go because currently Thorngrove is incapacitated to look after the patients.[23]

It was reported on 3 June that one positive patient had been quarantined at Thorngrove, but it was at the same time reported that s/he was likely to be removed from Thorngrove and placed at United College of Education shortly: it is strange that an educational institution is more ready for positive patients than the designated hospital.[24] It was also stated on 3 June that United Bulawayo Hospital has an ICU with a capacity to care for one or two critical Covid 19 patients,[25] but these beds are for all critical care, as opposed to having a dedicated Covid 19 institution, as planned.

On 27 May, Mpilo hospital, the region's major referral hospital for all medical conditions, confirmed its first four positive Covid 19 cases: two returnees, one resident of Pumula suburb in Bulawayo, and one nurse. The **nurse testing positive** is the first health care professional in Zimbabwe to test positive, and this caused alarm throughout the other health professionals at Mpilo, who initially abandoned their posts and refused to continue working. Contact tracing has since been done and the 'test, trace, isolate' protocol is being used to contain the situation, with contacts isolating at home pending results. This involves both contacts at the hospital and in the community. Dr Ngwenya commented:

> The challenge we have is since both our isolation centres Ekusileni and Thorngrove are under rehabilitation, we cannot separate the infected from members of the public. This means now we have to create a small section within the hospital [Mpilo] as the other hospitals are not ready to take any patients and this a recipe for disaster.[26]

Over the weekend of 29-31 May, Mpilo hospital was without water, owing to a burst water mains. While this was a temporary situation, and there is normally a regular water supply here, the crowded queues that formed around the City Council bowser in the grounds of Mpilo, of health care staff, patients and passers-by, all jostling to get one or two buckets of water, were of deep concern considering the presence of Covid 19 patients in the hospital and the fact that around the world, hospitals have become sites of cross infection.

The only ventilated, Covid 19-ready beds in the entire region, are at the Mater Dei hospital, which is a private hospital where patients have to meet their own costs, either through medical aid, or personal payments. While the Governor of Bulawayo reported that Mater Dei would take any

[23] https://www.cite.org.zw/thorngrove-hospital-receives-20-beds-500-face-masks/. Donations were by Ezra Sibanda and Friends

[24] https://www.chronicle.co.zw/covid-19-cases-in-zim-now-at-206/

[25] https://www.facebook.com/CITEZW/videos/298640021534859

[26] https://www.chronicle.co.zw/mpilo-nurse-three-patients-catch-covid-19/

severely ill patients until government facilities were ready,[27] it is apparent that discussions between Mater Dei and government remain unresolved at this point, as this is a small private institution that has to self-finance, cannot be expected to replace services on any scale that the state is duty bound to provide in this crisis.

Mpilo hospital, 31 May 2020: patients and health care staff jostle for buckets of water around a bowser, when a mains burst disconnected water to the hospital (CITE).[28]

The question really needs to be asked: why has no dedicated government or city council facility in Bulawayo, servicing multiple provinces, been given all of the necessary funds, practical assistance and expertise by government, to be in a state of readiness for at least some Covid 19 critically ill patients, more than two months after lockdown commenced?

Personal protective equipment (PPE)

Concerns have also been expressed nationwide over the lack of access to sufficient PPE for health professionals. This allegedly led to nurses demanding Covid 19 test results showing people were not infected before treating them when they arrived at health care facilities.[29] Such tests are unaffordable privately, and government is not coping with processing tests as it is (more ahead on this). It is clear that the fear of Covid 19 is already making health care in general less accessible for those with chronic, or acute, health issues, and this may cost unnecessary lives.[30] But the fear

[27] https://www.cite.org.zw/mater-dei-ready-to-admit-covid-19-patients-minister/?fbclid=IwAR3axgRFg4bgDaDb9QXYlg9aKcR6721pF0GboNzcv-4olMrDILCxKbSd1Jo

[28] https://www.facebook.com/photo?fbid=2674352672796170&set=pcb.2674352736129497

[29] https://www.cite.org.zw/byo-hospitals-scale-up-covid-19-response/?fbclid=IwAR3bx0UxcQFKvTjfsOj3uYn9BJtwR2ezpGZ6GcqPMQY32f_sviG7ysPsrZ8

[30] Zimbabwe is not alone in this: around the world, there are large numbers of 'excess deaths' – more people dying than statistically should during these months, either undiagnosed Covid 19, or heart attack/stroke/other patients who avoid healthcare until too late and die as a result.

expressed by the nurses is real, and there is a court order entitling them not to work without adequate personal protection.[31]

Rapid response teams

In Bulawayo, all health centres, whether public or private, are in the process of establishing Rapid Response Teams, to test everyone before they enter any health facility, including interviewing them for symptoms and recent travel, to assess the risk of infection.[32] Each team consists at least of a nurse, a technician to take swabs and an Environmental Health Technician to offer education and to disinfect the testing area regularly. Those who think they may have the infection are asked to stay home and phone the national call number: a health team will come to the person's home and conduct a test and assessment. The creation of these teams has apparently allayed some of the fears being expressed by health care professionals.

Testing for Covid 19

Testing and tracing is internationally recognised as the best practice to try and contain the spread of Coronavirus, meaning that if someone tests positive, all their contacts should be tested and isolated pending their own results. This also facilitates finding hotspots. It is not easy to achieve this on a massive scale, with many well-resourced countries failing to do so.[33]

Furthermore, it is acknowledged that around the world, Covid 19 testing is not 100% reliable. Rapid diagnostic tests (RDT) which rely on detecting antibodies, are less reliable than polymerase chain reaction (PCR) tests, with more than half of the tests in Zimbabwe being the former to date.[34]

The Ministry of Health faced serious testing constraints throughout May, as a result of a lack of access to reliable test kits and in particular reagents to process swabs. They had originally intended to carry out 40,000 tests by the end of April, but only reached that target by close to the end of May. Based on media reports, it is apparent:

- Testing of individuals with symptoms and then of their contacts is worldwide best practice – test, trace, isolate – and it is clear that the Ministry of Health is trying to follow this protocol, but is under resourced to do so effectively.

[31] https://www.newsday.co.zw/2020/04/doctors-plot-to-drag-govt-to-court-again/

[32] https://www.cite.org.zw/byo-hospitals-scale-up-covid-19-response/?fbclid=IwAR3bx0UxcQFKvTjfsOj3uYn9BJtwR2ezpGZ6GcqPMQY32f_sviG7ysPsrZ8

[33] The UK is still struggling to reach a point where 'test-trace-isolate' can be effectively implemented, months into what is currently the worst worldwide outbreak of Covid 19. However, their struggle is of a different order to Zimbabwe's: the UK is aiming at 200,000 tests a day, where Zimbabwe is still struggling to reach 1000 tests every day. https://www.theguardian.com/world/2020/may/28/government-target-of-200000-covid-19-tests-meaningless

[34] https://www.npr.org/sections/health-shots/2020/05/01/847368012/how-reliable-are-covid-19-tests-depends-which-one-you-mean PCR tests will identify active infections, and results will take a few days to process. Antibody tests, which give rapid results, are considered much less reliable and there are more than 100 versions available, very few of which have been tested and authorised as efficient internationally. Part of their inaccuracy relates to the fact that antibodies may not yet have developed in an infected person at the time of testing, leading to false negatives. It can take 4 to 14 days to develop antibodies after infection, and one can be shedding the virus throughout these 14 days.

- Testing in Zimbabwe was not initially helped by the donation of 20,000 tests from China, which turned out not to have the necessary reagents to process them.[35]
- Testing at ***Mpilo hospital*** in Bulawayo had to be temporarily halted during May, and while it was resumed a week later, it remains unclear whether the ***backlog of 1,000 tests*** has since been cleared.[36] It became apparent that the National University of Science and Technology had been providing materials in the absence of these coming from government directly to the hospital.
- ***In Harare, the backlog of unprocessed tests allegedly stood at 4,000 on 18 May.[37] Whether this backlog had been cleared, or worsened, by the end of May, is not clear.***
    - It is recommended that instead of simply announcing numbers of tests carried out each day, the Ministry of Health should announce, in a separate column, how many tests are awaiting results of the cumulative total carried out, *as citizens assume that these numbers are interchangeable when clearly they are not*.
        - It is also noted that the time lag between testing and having a result is an international phenomenon: on 28 May, it was announced that South Africa had performed 655,000 tests, but awaited results on possibly 80,000.[38]
    - Very long delays in results, stretching to weeks, may allow the virus to grow unfettered in hotspots among falsely complacent citizens, who are positive but not quarantining and spreading the infection.
    - Long delays in test results also leads to some in returnee quarantine centres losing patience and absconding, or in their being released into the broader community, even though they do not yet have test results, 21 days later.[39]
    - Delays of repeat test results for those recovering from Covid 19 can keep them in self isolation for much longer than necessary, which can be a problem if they are in crowded home conditions, or taking up a bed in an institution.

<u>Delays in counting and reporting?</u>

There have been repeated addition-anomalies in the numbers of tests done each day and cumulative totals, but this is possibly not that significant when the tests are negative. However, on 3 June, the official Covid 19 release reported 18 cases in Bulawayo: this statistic still did not include 4 cases reported by the CEO of Mpilo, including the infected nurse, a week earlier. Nor did it include 3 cases of infected medical students from the National University of Science and Technology (NUST) reported in *The Chronicle* newspaper on 3 June.[40] Furthermore, reports of 3 infections in each of the prisons in Plumtree and Beitbbridge, acknowledged on 1 June by a government spokesman, still remained out of the statistics two days later.[41]

While only the MoHCC is supposed to release official statistics, this time gap between what citizens are hearing from some government sources, such as state media and spokespersons, and what is

[35] https://www.theindependent.co.zw/2020/05/22/covid-19-bombshell-zim-test-kits-run-out/
[36] https://www.cite.org.zw/mpilo-lab-resumes-covid-19-testing/
[37] https://www.theindependent.co.zw/2020/05/22/covid-19-bombshell-zim-test-kits-run-out/
[38] https://citizen.co.za/news/covid-19/2293116/so-what-is-the-testing-backlog-figures-is-it-100k-80k-or-30k/
[39] More on the issue of quarantine and border crossings ahead in this report.
[40] https://www.chronicle.co.zw/nust-students-test-positive-for-covid-19/
[41] Nick Mangwana, official spokesperson, acknowledged the prison infections on Twitter, on I June, still officially not in the statistics on 3 June.

being reflected by the MoHCC, undermines the confidence of citizens that they are getting the most up-to-date information. There is need for more information, more quickly, as infections gain momentum.

Returnees – formal and 'informal'

Where, and how shall we care for them?

Formal returnees

Zimbabwe in general and Matabeleland in particular is increasingly dealing with the crisis of returnees, both formal and informal. The borders of Zimbabwe, Botswana and South Africa are all currently closed to private traffic in terms of the nations' lockdown regulations. Furthermore, any private individual crossing any of these border posts has to enter mandatory quarantine for between 14 and 21 days, depending on the country. In Zimbabwe, quarantine is for 21 days. Quarantine centres are to be found in several provinces, and there have been complaints, 'escapes', and most worryingly, mass positive testing in several of these centres.

There have been consistent reports and complaints about poor conditions and poor cooperation of authorities in the holding centres. Not enough blankets, no soap, no sanitary towels, no capacity for those in the centres to maintain proper social distancing, either during the day or at night, have become routine. Returnees are sometimes packed into dormitories, instead of into individual rooms: they share extremely inadequate ablutions, which are often barely functioning, and share tables during meal times.[42] These conditions are designed to ensure that holding centres in fact become the reverse of quarantining facilities, instead becoming 'hot spots' of infection.

On 1 June, the Zimbabwe Association of Doctors for Human Rights (ZADHR) petitioned the High Court in Harare over deplorable conditions in quarantine centres, claiming all the above-outlined short comings in facilities, as well as stating that those in quarantine are not having their health assessed every 7 days, to establish whether Covid 19 symptoms are developing.

> Inadequate measures at these quarantine and isolation centres are exposing returning residents and other persons detained in these facilities to the risk of contracting coronavirus with about 35 out of 96 female persons quarantined at Girls High School in Harare having to be transferred to Wilkins Hospital on 28 May upon allegedly testing positive for coronavirus following tests conducted on the group on 24 May.[43]

The petition requires that the MoHCC provides 'segregated, sanitary and hygienic conditions, with proper infection control and protection', including access to running water and functioning ablutions, proper social distancing at all times, as well as regular disinfecting of facilities. The risk being posed to health professionals working in these poorly managed centres is raised in the petition.

[42] https://www.theindependent.co.zw/2020/05/29/returnees-complain-of-shambolic-quarantine-centres/

[43] http://kubatana.net/2020/06/02/zim-doctors-haul-govt-to-court-over-deplorable-conditions-at-quarantine-and-isolation-centres/

Indeed, the majority of new, acknowledged infections are being found in quarantine centres, with a **strong possibility that at least some returnees acquire Covid 19 in the centres after arrival.**

> Dr X, I'm one person who is positive about what our government is doing concerning Covid. I'm a returnee and I arrived yesterday (1 June) and the process to go into quarantine it's cumbersome. I arrived at the health booth at 9am and I had to wait for a vehicle to transfer to the Quarantine centre for 3hrs. The vehicle never came and I was asked to make a plan for myself for that transfer. When I got there, just getting tested, the lab person refused to come because the number of people was too low, so people were roaming around without testing risking infecting others with the virus if one is positive. Unfortunately, one person who had been there before us tested positive and this person had been all over the place. After the tests, the process took 8 hrs for us to be released to go to the place of quarantine. When we arrived at the place of quarantine in my province the next day at 7am, there was no one to attend to me and I only got attended at 12 mid-day and it's 1245 I'm still being shuffled between centres without getting help. I think this is why people end up running away because of this treatment.[44]

On 31 May, it was reported that the three quarantine centres in Matabeleland North held 530 returnees, which had put a strain on providing adequate blankets and food to returnees. Each returnee had only one thin blanket, and the nights are now cold as winter approaches. There was not enough food for three meals a day.[45] The Provincial Minister for Matabeleland North, Richard Moyo, commenting on the fact that returnees have to wait for test results before leaving, said:

> PCR tests are one of the issues that are affecting our quarantine centres because some of the returnees have already exceeded the 21-day period that they're supposed to spend in quarantine. Some of them are now on their 23rd day and hence some of them are already being very impatient and at times volatile.[46]

Government has agreed to prioritise quarantine centres for testing, in the face of a current shortage of testing kits in the country, and the fact that the majority of positive cases are now being found in these centres.[47] In Bulawayo, returnees have complained that they do not have adequate channels for support, especially for sick children, and are not being tested on time, meaning delays in leaving centres.

Of further concern is the fact that it has been announced that educational facilities should be finding ways of reopening to students over the next few weeks and months. Throughout the country, schools, colleges and universities are often being used to house returnees – and this exercise has brought into the public domain the parlous state of these institutions. Government has stated that schools that have been used as quarantine centres will be extremely thoroughly disinfected prior to students returning to such premises.[48] There needs to be a clear plan on where returnees will be quarantined in future: currently public service training centres are being

[44] FaceBook comment on 'COVID-19 Information Center', 2 June 2020.
[45] https://www.cite.org.zw/mat-north-quarantine-centres-run-out-of-blankets-and-food/
[46] https://www.sundaynews.co.zw/illegal-returnees-haunt-matabeleland-north/
[47] https://www.cite.org.zw/covid-19-testing-govt-to-prioritise-quarantine-centres/?fbclid=IwAR0-P7c6yqwW1yCNv-X6EtwSu3Y0ADMYSUsU2_J2CaJ-DiM6TUeiIM77V38
[48] https://www.cite.org.zw/govt-to-scout-for-alternative-quarantine-centres-as-schools-set-to-open/

considered. It is to be hoped that they are in better shape than the accommodations now being used.[49]

‘Informal’ returnees

The fact that Zimbabweans are pouring across the border with South Africa, in both directions, is an open secret. This border has always been porous, with Zimbabweans able to move between countries without passports or formality, sometimes via the actual border post using bribery, and otherwise through the Limpopo River. Within a few weeks of lockdown, numerous new illegal crossing points had been established, with some reports placing their number as high as 200.[50]

Allegedly cigarettes illegally crossing to South Africa (left), and every other type of goods crossing from South Africa to Zimbabwe: May 2020, images taken from videos on social media.

As this same source points out, ‘It is a battle for survival … They will always find ways to beat the system.’ Some Zimbabweans return by bribing truckers to allow them to hide in their cabs or among the stock as the truck crosses. Others are hiring dinghies and small boats, or simply walking the river, which is shallow at this time of year, among unconfirmed allegations that police and/or army on both sides of the border are turning a blind eye in exchange for bribes. This is a risky process, involving exploitation, theft and bribery, and sometimes rape.

There has for many years been a reliance, especially in rural Matabeleland, on groceries coming from South Africa to rural villages, as a form of remittance from family working in South Africa. The

[49] https://www.chronicle.co.zw/strict-guidelines-for-reopening-schools/

[50] https://www.theguardian.com/world/2020/may/31/african-nations-fail-to-find-coronavirus-quarantine-escapees

closure of the border has severely inhibited this, but some goods are still finding a way across the border via these illegal crossings. Several short videos have circulated on social media during May 2020, with the state itself acknowledging the phenomenon.[51]

Border jumpers: 29 May 2020 [photo: The Chronicle 30 May]

South African lockdown measures have included the prohibition of tobacco sales. This has dramatically increased the desirability of smuggled Zimbabwean cigarettes, always in demand as they sell for a much lower price in Zimbabwe than South Africa. The alcohol ban in South Africa also made smuggling of beer, including opaque beer, from Zimbabwe into South Africa a viable option for the last two months, although alcohol sales resumed in South Africa on 1 June.

In addition to those making a living at the border crossings by transporting goods, there is reportedly a steady stream of Zimbabweans who do not want to go into the arduous, unpleasant and time-consuming process of quarantine, who are crossing back 'informally'. Others exited without passports and are now returning the same way. Considering the increasingly widespread presence of Covid 19 in South Africa, and the fact that many returnees in official quarantine come from very crowded living conditions in South Africa and are testing positive, this situation is indeed a ticking time bomb. These returnees are dispersing across the nation, including into rural villages in Matabeleland, where health facilities are scarce and under-resourced. There are also those alleged to be crossing almost daily from Beitbridge to Musina to shop, and returning the same day, so easy is it to make this trip currently. Contacts in Bulawayo have revealed that they have been invited to place 'shopping orders' via these 'services'.

The known scale of these unmonitored crossings has led to appeals by officials at national and district level for families not to take in relatives who return through unofficial border crossings, as they pose a risk of Covid 19 for others. On 29 May, the District Administrator of Lupane

[51] https://www.chronicle.co.zw/truckers-fuel-border-jumping/; https://www.chronicle.co.zw/the-time-bomb-is-ticking/

acknowledged 'the high numbers of people absconding from quarantine centres', and asked MPs, councillors, Chiefs and others to inform

> '…our communities of the impending danger of accepting and harbouring people who have not been cleared by the Health Ministry and police for Covid 19. These include border jumpers coming into the country through undesignated points.

Minister July Moyo reported on 3 June that some people currently in quarantine were forced by Bulawayo relatives to report for testing, after crossing unofficially. But our contacts in rural areas report that even while some rural residents are indeed concerned about this threat, they are also not going to report close relatives or neighbours to the authorities out of a sense of loyalty and also engrained suspicion of the state. This is an unfolding dilemma.

Bulilima East MP and Minister of Environment, Mangaliso Ndlovu addressed residents on 2 June in Plumtree and encouraged those who were in South Africa, had no documents and who now wished to return, to do so via the Zimbabwean embassy in Pretoria.[52] He stated that they would be welcomed back home as citizens. At Beitbridge, they will enter quarantine, and if their second test on Day 8 is negative, they can leave quarantine and return home. They should then self-isolate:

> Not mingling with other people, their family members as well as community members. Not going to shopping centers and other public spaces. While on self-isolation one only gets out of their room to bath and stretch themselves. This is important because if we do not do this one person can infect their entire family members and community at large, leading to deaths. I know, even where I come from, there are 2 or 3 people who illegally came back from RSA and Botswana and are there at home. They entered into Zim through illegal entry points. They were not tested. This is very dangerous. When this has happened we encourage community leaders to insist that they self-isolate, they should not be seen walking around in public. At home they should not mix and mingle with other family members for at least 2 weeks…. My emphasis here is that we should not be over excited by their coming back, or visit, start hugging them and spend time with them. Let us treat them with suspicion and isolate them…. Now we are facing challenges of some of those quarantined who absconded because they do not like being isolated for the initial 8 days.

The encouraging message being offered here, is that after the 8-day test, returnees can leave quarantine and isolate at home, including a rural home. This is certainly not what has been happening to date, with many being held over awaiting test results even beyond 21 days. It is to be hoped this information from Minister Ndlovu points to a more efficient way forward.

Stigmatization

Of concern is the tone in which returnees, whether formal or informal, are being referred to in the state media and elsewhere. Returnees are referred to as 'loafers' who might 'worsen unemployment' and turn to 'crime to make ends meet' by *The Chronicle,* for example.[53] *The Chronicle* further speculates in the same article, that:

[52] Translation of audio file taken by a colleague who attended and recorded the event, 2 June 2020.
[53] https://www.chronicle.co.zw/the-time-bomb-is-ticking/

> …enemies of the ANC government in South Africa and of Zimbabwe under Zanu-PF might exploit laxities along our borders and infiltrate agents armed with weapons of mass destruction to cause havoc in both countries.

It is indeed an increasing reality that there are armed Isis forces gaining momentum in Mozambique, and there is a need to remain vigilant to this. But there is also the simple truth that thousands of Zimbabweans who have been gainfully employed in South Africa have been thrown into dire poverty under lockdown, since the closure of the hospitality industry there, and the closure of their SMEs in the informal sector. They are having to choose between facing starvation and xenophobia in South Africa, or coming home to very inadequate quarantine conditions.[54] Some of these are the same individuals who have jointly supported thousands of their rural relatives for many years here in Zimbabwe. This is not to condone people returning through unsanctioned crossing places, but to acknowledge their hard choices, and to appeal for them not to be stigmatized.

Those who tested positive have also faced fear and rejection.[55] In fact, those who test positive, if well isolated during their infection, may become the least threatening members of the community, as the evidence currently points towards those who have recovered as having disease resistance, possibly for one year afterwards.[56] There is a need for greater education in the broader community about this, and support to those returning so that they are not treated as 'prisoners' or as a dangerous threat during quarantine and thereafter. But for this to happen, quarantine facilities have to contain returnees appropriately, for their own safety in the first instance, and for the safety of the nation at large.

The realities of social distancing, masks

Ordinary citizens are dealing with the worst of all possible worlds – in dire fear of an invisible, potentially killer virus, while also facing daily hunger and financial insecurity, and having to weigh these threats up against the risks of arrests if they defy lockdown. In the Bulawayo city centre, people are increasingly trying to adhere to the social distancing rules, but even here, this is often close to impossible.[57] **Bearing in mind the hazards of Covid 19 infection in crowded queues, instances where this continues to happen are documented below – they are many, sadly**. Indefinite lockdown is happening in a context of increasing desperation among the majority of citizens that have been left without a means of livelihood, with the informal sector still not permitted to function, in a context of 700% inflation and dramatic and growing food scarcity. In large swathes of Bulawayo's high density suburbs, citizens, driven by necessity, are increasingly unable to adhere to the lockdown in their search for water, food and livelihoods.

[54] https://www.chronicle.co.zw/1-000-zimbos-in-need-of-aid-in-joburg/. There are far more than 1000 needing aid.
[55] https://www.chronicle.co.zw/covid-19-suspects-family-subjected-to-violence-abuse/
[56] https://www.theguardian.com/world/2020/may/27/can-you-catch-coronavirus-twice-what-we-know-about-covid-19-so-far. At worst, those once infected return to being non-infectious, at best, they have at least some resistance in future.
[57] https://www.cite.org.zw/byo-residents-adhere-to-lockdown-regulations/

Water crisis intensifies in Bulawayo

Bulawayo now faces 144 hours of water load-shedding a week, in a desperate attempt to eke out the remaining dam reserves (now at less than 30%) until the next rains. There are multiple suburbs that do not get even this 24 hours a week of water in their taps, having to resort to day-long queues to access bowsers a few times a week.

Pumula, Bulawayo: 25 May 2020 - queuing for water, all day, into the evening…and the night

On 2 June, the Bulawayo City Council acknowledged:

> Water deliveries depend entirely on the availability of fuel. Unavailability of water to be confirmed prior to deliveries to areas including Pumula East, North, South, Nkulumane 12 etc.[58]

[58] https://www.cite.org.zw/council-bowsers-overwhelmed-deliveries-to-depend-on-availability-of-fuel/?fbclid=IwAR068evUkkHZAMtECsv-ldFmqUmfoAcjVZ_3Fr8lM0DcfDJylVakk-aYybc

Council noted that it is facing a shortage of water bowsers as just six are running while the desired number is fifteen. “On average 25 loads are delivered a day against a demand of 42,” council said.

This water crisis has led to unprecedented queues of people waiting to access water from local boreholes or from city council bowsers, with some using unprotected water sources such as ditches. There is no social distancing. People can no longer water their gardens, removing a possible source of supplementing their diets with chomolia or other vegetables. It has also meant that people opt to use the bush for toilet facilities so as to save the little water they have. ***There is also very little hand washing….***

Resorting to unsafe water sources, Pumula, Bulawayo 25 May 2020.

In Magwegwe ward 18, the residents have gone without running water for 3 months. People have to be up as early as 1 am to queue for a bowser which does not have a fixed time of arrival. Residents claimed that sometimes it can arrive between 2pm and 8 pm at night. Ukuthula spoke to a woman who said: “*kunzima njalo kuyesabisa, ngitshiya indlu ingakiywanga amasela angangena kanti lami ngisemuseni weNkosi ngangahlangani lamasela bengithathela amapheyili loba bengidlwengule*”. This translates as: “**It is difficult and scary, I leave my house unlocked and easily accessible to thieves, I am at the Lord’s mercy, I could meet thieves who could easily take away my buckets or worse rape me***”.* A single family requires at least 100 litres to meet their needs that including drinking, flushing and bathing each day.

A water queue in Magwegwe: 19 May 2020

Women collect water from a leak in a traffic intersection, Pelandaba, 25 May 2020.

Another crowd around a water leak, Nketa Drive, Sizinda, Bulawayo, 27 May 2020.

Uncovered well in Magwegwe, 21 May 2020: *Pumula South, bowser queue, 22 May 2020*

Ukuthula spoke to one woman who had just filled her container. She said she had arrived at the borehole at 5am and had only filled up after 8 pm. She said people are suffering as fetching water had become a fulltime job.

Children are often 'place keepers' in the water queue, and a child in a queue was hit by a car in Pumula during May, resulting in a broken arm.

Banks, remittance agencies and Zimbabwe Electricity Supply Authority (ZESA)

Queues for banks managed a temporary phase of being mostly orderly, if lengthy, with most citizens respecting the need for social distancing and mask-wearing. However, by the middle of May, this had once more degenerated into chaotic queues with no social distancing. Gaining access to any bank to conduct any business has become a process of queueing from the early hours of the morning if one is to access the bank at all. The length of queues to collect groceries in Bulawayo paid for in South Africa via an agency called 'Malaitsha', have been witnessed to be more than four sides of a city block long, with people sleeping in them to keep their places. There were also extremely lengthy queues for ZESA tokens in early June, as online purchasing services collapsed.

Bank queue, 21 May (left) *ZESA queue 2 June 2020*

Transport: Zupco

Massive queues still form daily among those waiting for ZUPCO buses, with would-be passengers often joining queues 3 or 4 hours before the first bus of the day is scheduled to arrive, in the hope of making it into town in good time to start work.[59] **Miserable, shivering crowds still wait long after nightfall, trying to get home, even though businesses close at 3 pm….**

One commuter *said "nxa ngifuna ukugada uZUPCO ngingaphuzi emsebenzini kumele ngiphume endlini ngo 5:00 kona ngingabamba u 8:00. Ngitshayisa ngo half past 3 kodwa ngifika ngekhaya kwesinye isikathi ngama 8 nxa ngiphangisile kwesinye isikathi ngama 9*." This translates as: "If I want to board a ZUPCO and not be late for work I leave the house at 5:00 then I can make 8:00. I knock off at 3.30pm but I get home around 8pm or 9pm" [see cover photo].

The Bulawayo City Council resolved on 3 June to **lobby government for commuter omnibuses to be allowed to resume transport services**, as the transport shortages are creating great hardship for citizens.[60] Government has decreed that only those commuter taxis willing to register under ZUPCO should be allowed to operate, which the commuter taxi associations are resisting: they have been independent of the state always, and wish to retain that independence. The fear is that government's intent is to be in charge of all vehicular movement in the country, in a context where its ability to keep anything functioning is highly questionable, and often politically motivated.[61] City Councillors felt that if taxis respect sanitizers and social distancing, there is no reason they should not resume services: Councillor Mabutho commented:

> The government should not force commuter omnibuses to work under ZUPCO, instead must empower them. Authorities must also allocate fuel for them so that when they resume business, they have a starting point.

[59] https://www.chronicle.co.zw/workers-walk-to-town-zupco-fleet-overwhelmed/
[60] https://www.cite.org.zw/byo-councillors-to-lobby-govt-on-private-transport-operators/
[61] https://www.cite.org.zw/ngos-condemn-hostile-takeover-of-kombis-by-zupco/?fbclid=IwAR2pUMv8HUaWjaAe_Wv04qx07_TF72X9BfnrgH0qvMvCQ7YqVsHNb-l-pfw.

Hundreds of people walk to town as ZUPCO fails to meet demand… (The Chronicle, 3 June 2020)

Road blocks: Bulawayo and Matabeleland

Since the announcement of the indefinite extension of the lockdown on 3 May, road blocks on major roads around Bulawayo have significantly reduced. The few that remained were during May hardly stopping traffic. The exception was a road block on Luveve Road close to town, which routinely turned cars back. However, who was allowed to proceed and who was not, seemed somewhat capricious, with those with documentation not being allowed to proceed at times, and those without being allowed further. First hand experiences of attempts to travel into the rural districts in early June also indicated vehicles were being waved through road blocks without question, or simply with a polite greeting.[62]

No maize queues – but no subsidized maize

During the months of March and April, queues for government-subsidized maize meal were overwhelming. During May, this has ceased to be a phenomenon, most obviously for the reason that there have been **no deliveries** of the coveted, Z$70 per 10 kg bags, since the end of April. Government has not restocked stores, nor undertaken the promised door-to-door sales in suburbs in Bulawayo. Instead, those wanting the staple maize meal have had to resort to sourcing super-refined meal at a cost of US$6 per 10 kg bag. In early June, it was reported that unsubsidized maize would be available in some of the stores for Z$270 for 10 kg – which is four times the subsidized rate.

Masks and sanitising

Following the presidential decree on mandatory mask wearing, the city centre in Bulawayo saw almost 100% adherence with only a few people observed without masks. However, as can be seen from almost every photo so far in this report, ***masks are most often worn in the 'under the chin'***

[62] This seemed in contrast to increasingly strict controls on who accessed Harare city centre in early June.

style, or over the mouth only, ready to be quickly retrieved over the nose and mouth before entering a shop or passing a policeman, but otherwise useless. Most people now are in possession of a mask, but it may be in a pocket rather than worn.

Only a handful of people in the high density suburbs were observed routinely wearing masks in public despite the fact that social and business activity was almost at full capacity. When asked about social distancing, one woman said that she would not stop hugging people as the chances of contracting the disease were slim because people were staying indoors. An old man at Bulawayo Centre said that there was nothing wrong with holding hands. He claimed that people have been holding hands since time immemorial and they never got sick. This was just an invention by governments to control people.

In accordance with regulations, most businesses had personnel at the door sanitizing customers' hands as well as taking temperatures before being allowed inside. Only a few businesses failed to offer sanitizers and temperature taking, with some, perhaps in a bid to save sanitizers, spraying just a little sanitizer which did not have much effect. A number of businesses attempted to enforce social distancing, though this proved difficult as most queues observed did not adhere to social distancing.

<u>Knowledge of Covid 19</u>

People in Bulawayo generally have knowledge of how the Covid 19 is transmitted, and how to prevent catching it, mainly from television, radio, newspapers and WhatsApp. A tour of the city indicated that there were ***very few posters*** on the pandemic. There is one billboard along the Harare road near Parklands. Interestingly, a number of people in the area said they had never noticed the billboard. Most people interviewed said that **Covid 19 was not a threat to ordinary citizens, in spite of what they knew**. They felt that they were strong enough to resist the infection. Some believed that since they were vaccinated against other diseases, they were immune: for example they believed that the BCG vaccine provided immunity against COVID 19. They then said that they were putting on masks just to comply with the police and army so that they could be allowed to get into the city centre.

Playing soccer in Mahatshula suburb, 14 May

Billboard along Harare Road

School children were witnessed playing soccer in Mahatshula, a medium density suburb, bashing into each other happily and without any fear.

Food security, Livelihoods in Bulawayo

Mealie meal in most suburbs could by the end of May be found mainly on the black-market, retailing at around South African Rand (SAR) 100 – 120 per 10 kg, which translated to around US$ 8, or Z$300 on the currency black market. This was beyond the reach of many. Prices of basic commodities at the shops sky-rocketed in May. An 80-year-old man from Gwabalanda said that the shops were killing him with the exorbitant prices they were charging for mealie meal since the disappearance of the subsidized brands. With tears rolling down his face, he said he had managed to get a 5kg bag for Z$130 and this would only last him one week.

A 66-year-old man from Mountainview in Magwegwe high density suburb, with a family of 7, said that he gets a monthly pension of Z$400 and 2 of his children are employed and together make half his pension. He said:

> "From my pension I have to buy electricity for Z$200, pay Z$150 for water, buy 10kg mealie meal for Z$220, 2litres cooking oil for Z$100, 2 kgs sugar for Z$80. All this amounts to $750. I haven't included relish or bread. Our relish is usually chomolia but now there is a water shortage. My wife was selling vegetables, crisps and the like to supplement my income but now this is not possible. Even if they ease restrictions on vending, we do not have the money to restock."

A family's last food in the house: a little maize meal, a few slices of bread. Nkulumane, 20 May 2020.

This is the plight of many people in Bulawayo. Most people in Mountainview, Magwegwe, belong to chat groups and they use these to sell commodities such as milk and relish. These platforms are cheaper than conventional shops. One woman said:

"I am left with 2 cups of rice, and mealie meal, not enough for a day's meal. I don't know what to do next. If there was a reward for those who remained indoors during the lock down, my family would be number one. But now there is no food and no money anymore. I don't know when I will get my next mealie-meal and I am afraid to go out in search of mealie-meal because of the lockdown.

Informal markets

Despite informal trading remaining banned, a number of people in high density suburbs that include Nketa 6 shopping centre, Sekusile and Emganwini shopping centres, were back on the streets selling vegetables. They were compelled to earn a living somehow, in spite of the lockdown. A number of people resorted to selling meat from their homes. They would slaughter a cow, then sell the meat for betweenUSD$2.50 and $3. A teacher at a local primary school said that she has joined the money changing business to supplement her little income. She also sells groceries that she buys from South Africa. A bottle of 2litres cooking oil goes for Z$220. She says she immediately changes the money to South African Rand so that she can replenish her stock.

Ukuthula visited the **Makokoba** market, popularly known as 'umkambo', near Renkini bus terminus. The terminus was deserted. **The market on the other hand was quietly operational**. While there were few goods on the stalls, the operators were sitting a distance away and would only approach if they saw a potential customer. When asked why they were operating this way, they said that the army was always patrolling in the area and they punished anyone they saw selling their goods or moving around without a face mask. The punishment was that one would be made to sit in one place under army guard, from whatever time they were caught to 4pm, in the full sun. Clearly, this way of operating has meant drastically reduced sales and impoverishment for stall holders.

Some traders and farmers are now selling their vegetables out of the back of open trucks, including increasingly in the low density suburbs, where they are less likely to be apprehended and where there are suburban customers. However, this is a seriously curtailed version of their previous sales and markets.

Town-based supermarket selling for forex in high density suburb, straight out of the truck : 22 May 2020.

Second hand clothing, banned under lockdown sold quietly in some high density areas: May, 2020.

Makokoba market looks deserted but still functions surreptitiously.

'OMalayitsha'[63]

While many people rely on omalayitsha to bring them groceries from South Africa, the lockdown banned the movement of small 4 x 4 vehicles across the border. Only those with proper delivery trucks were able to continue cross border trading but unfortunately, there were not that many. Ukuthula spoke to one malayitsha who said he had managed to buy three delivery trucks before the lockdown. He now had an arrangement with six other grounded omalayitsha. They contributed towards fuel and other expenses and he carried their goods to Zimbabwe. He said there were at least thirteen other omalayitsha who bought trucks, who were also helping out others by bringing in their orders. With a proper delivery truck, and if taking orders from established supermarkets, it is possible to get a line industry permit to cross the border legally. At the time of the interview, the omalayitsha were busy sorting goods for delivery across both Matabeleland provinces. The malayitsha interviewed claimed that he had had to pay duty to the tune of Z$160 000 and an additional Z$30 000 bribe to ZIMRA officials. He was going to demand the bribe back when he returned, but had not wanted to further delay on the way in. He brings in groceries ordered by locals at a mark-up of 30% of the total cost. He also carries cash from South African based Zimbabweans for relatives back home, at a premium of 10% of the total.

[63] IsiNdebele word, meaning 'those who carry', referring to cross border vehicles bringing in groceries.

There are also new ways of ordering goods in South Africa and having them purchased and handed over to family members who collect on the Zimbabwe side, including in rural business centres. While this was always possible, numbers using these services have increased now that the regular door-to-rural-door deliveries are severely curtailed. Prices are often exorbitant.

OMalayitsha sorting goods for delivery across Matabeleland: Bulawayo, 15 May 2020. One 'proper' truck now services multiple 4x4 owners, who collect to deliver rurally.

It is clear that some goods are making their way into rural business centres at this stage, but these are most often being sold onwards only for forex, meaning that they are almost unattainable by ordinary people. While the few omalayitsha benefiting from the 14 trucks mentioned above, are among those delivering to rural stores, it is also reported that some of the goods being sold in rural areas are coming in via dinghies, through the informal crossing points. This was reported in parts of Plumtree, for example. **It is clear that it would be in the interests of all, if government were prepared to allow more omalayitsha to register officially to bring in their goods**.[64] They have already been lobbying for this to happen. This would reduce the risk of drivers crossing or collecting goods at undesignated points, without any health monitoring in place.

There is more detail by district ahead, in terms of food security and processes of how goods come in to stores, and pricing.

[64] https://www.cite.org.zw/zim-community-in-sa-pushes-for-opening-of-border-for-omalayitsha/?fbclid=IwAR2eIzPQ9LPaAiK65Gh0JgRWFs32CResP9bp3sANFQjKmvPYHPHOP1jj4iw

Matabeleland North Province

These reports are compiled as a result of interviews with those who have had legitimate reasons to travel to the districts in question during May and early June, as well as via WhatsApp contact with key informants on the ground. They highlight knowledge of Covid 19, access to health care, food security and transport.

Lupane District

Public transport to Lupane district and around Lupane is scarce. Many have been unable to travel to and from Bulawayo. In ward 16, there are kombi drivers who have managed to ferry people as far as Lupane through back roads. No such routes have been established for trips to Bulawayo. In ward 21, travellers use donkey carts to get to St Luke's hospital on the main road, where they flag haulage trucks going to Bulawayo. The commuter taxis and ZUPCO are not travelling these routes.

Grinding Mills

In March, it was noted that some of grinding mills were non-functional as they had relied on diesel brought in by kombis that were now banned. Those grinding mills that had a surplus of diesel, raised their prices from Z$15 cash to Z$20, to grind a bucket. Kombis have since started travelling at night between Bulawayo and Lupane centre, in order to avoid the road blocks, and resupplies of diesel have resumed. Prices for grinding have since gone down to $15 per bucket once more. Most community members opt to pay with a 5 litre tin of maize in exchange for having bucket milled, instead of paying $15 due to cash challenges. However, some grinding mills are charging less, at a 5 litre tin of maize to mill 2 buckets of maize.

Lupane East

Knowledge of Covid 19, Health care:

Ukuthula visited community members and health workers in wards 16, 20, 21 and 28 in Lupane East. Four health workers were interviewed, three in **St. Paul's Rural Hospital** and one in **Lake Alice Clinic**. **Health professionals have information on Covid 19**. They know that it is a droplet infection, it is flu-like and that it is killing many people in the world. They know that it is controlled and prevented through hand washing, wearing face masks, avoiding public gatherings and overcrowded places. **However, the attitudes and practices of most villagers are not in line with this knowledge**. People still harbour mythological thoughts and attitudes about Covid 19.

There is little social distancing being practiced, with many still visiting each other, drinking together at bottle stores or playing soccer. However, there were some families taking measures to prevent infection by regular handwashing, using home-made tip-taps.

Health workers said that it was difficult to provide health education since gatherings were banned. **They only provide information during food distribution, at funerals and to patients visiting the clinic.** They also put up 'stop and study' posters around the communities. The posters were written in English, IsiNdebele and ChiShona.

Lupane: 'stop and study' poster at a clinic: 17 May *A tip-tap at a homestead.*

Initially, community members were observed pulling down the posters, saying this is a disease for people who fly around the world and that the posters were a bad omen that would bring the disease into the community.

The health workers engaged community leadership and were able to put a stop to this vandalism. Interestingly, Ukuthula encountered a number of villagers sitting very close together, under a tree, with a Covid 19 poster tied around the trunk. When asked if they had read the poster, all of them said they had **not** read it. Even after telling them what it was, none bothered to read it. They announced that this disease was not something that would ever affect anyone in their village.

"Stop and study" posters are reportedly often ignored, or even destroyed.

Practicing control and preventive measures for Covid 19 proved to be a challenge even for the health workers. A case in point was a health worker who was **observed giving instructions on social distancing to patients - and yet went on to attend to two patients at once, who were not related, and were sitting so close to each other inside the clinic, that their shoulders were touching.** When this was pointed out, the nurse sheepishly separated them, but this is an indication of how hard it is to remember and enforce new patterns of behaviour, even among health professionals.

Community members stated that they mainly got information on the disease through radios. The downside to this platform was that they could not ask questions. Those who report to the health facilities for other ailments would simultaneously be given information on Covid 19 from the nurses or Environmental Health Technicians (EHTs). However, both health workers and community members acknowledged this was not enough to cause meaningful behavioural change.

At St Paul's Hospital, health workers were screening patients by the gate and instructing them to put on their face masks. No one was allowed into the hospital without a mask. They were letting a small number of people into the hospital at a time. They instructed those that remained sitting outside under the trees to maintain social distancing. The patients would comply, but after a few minutes, the patients would then move close to each other, into the shade. They either did not understand the need for social distancing or did not believe that it was necessary.

Patients are allowed only two at a time into the clinic – but wait outside the fence without social distancing…..

<u>Funerals and beer drinking</u>

In Sohanke village, ward 21, people continue getting together to drink beer at the local bottle store. When asked about this, they said there was no Covid-19 in their village and so they were free to socialize as they pleased.

Ukuthula attended a **funeral in ward 28**. Throughout the night, the main topic of conversation at the wake was Covid 19, yet surprisingly, despite the wealth of knowledge they had, people were

unwilling to practice social distancing or avoid gatherings in large numbers. **The funeral was attended by over 500 people**. While the EHT for ward 16 claimed they monitored burials and ensured not more than 50 people attended, in ward 28, there were no EHTs, hence the huge number of attendees. **People shook hands and meals were cooked and shared by everyone**.

Villagers attending a funeral at Sohanke village in Lupane East: 15 May 2020

A very well-stocked shop at Ndwane, Lupane – selling in Rand only: beyond the reach of almost everyone: 17 May 2020.

Food security

Lupane East was hit by a serious drought this last farming season. Community members who planted the small grain millet, which is drought resistant, are now eating **millet isitshwala** (porridge)**,** as opposed to **maize isitshwala**. The millet has not yet completely dried, but because of hunger, **people are harvesting it prematurely** and drying it in the sun. This means it is less nutritious than if it was fully developed, and also means the **harvests will not last through winter**.

Stocking of shops in the area varies. Shops which are along the Bulawayo-Victoria Falls road have decent stocks of groceries as they are able to replenish. They use haulage trucks to travel to and from the city for new stock.

However, **most shops in more remote areas such as Ndwane, Lake Alice and St Paul's, have not been able to replenish their supply since the beginning of the lockdown**. It was only shop owners with cars who could drive to Lupane or Bulawayo to resupply. **Many shops have hiked their prices and most were selling in South African Rand**. A business man said that he had ordered most of his supply before the lockdown.

Some villagers were able to get groceries from the local shop, if family in South Africa paid for the goods in South Africa and sent proof of payment to their families in Lupane. For many locals though, the prices were too high for their pockets. The shop owner said that most people would just walk in and out, without buying anything, because they could not afford the prices and had no foreign exchange.

A 25kg bag of mealie meal goes for R275, which is approximately US$ 15 - which is way beyond the reach of everyone, unless a relative in South Africa can pay for it.

Lupane West

Knowledge of Covid 19, Health Care

Community knowledge on the pandemic is significant in Lupane West. The majority of people have heard about Covid 19, they know how it is spread and what preventive measures should be taken to avoid infection. However, **behaviour and attitudes towards the diseases are a whole different story. Adherence to social distancing and regular hand washing is poor**.

Health officials are actively promoting Covid 19 at funeral gatherings and food distribution meetings. They are enforcing social distancing and regular hand washing as well as limiting the number of people at funerals.

Funerals

Ukuthula attended a funeral in ward 3 Dandanda borehole 19. **Local police and health workers ensured that protocols to prevent spread of the virus were adhered to**. The deceased, who had died in Bulawayo, was transported to Lupane for burial. The local councillor contacted the family to ensure that they picked up the EHT to monitor the funeral and burial service. He demanded that the burial should take place immediately upon arrival to avoid large crowds gathering overnight.

The hearse arrived in Lupane in the evening, with the EHT in tow, but the grave had not been dug meaning the funeral could not take place immediately but had to be postponed to the next morning. The reason for this was that the eldest son, who was in South Africa had ordered the family not to dig the grave. He argued that it is untraditional for a man not to spend the night in his home before burial.

He said, 'no elderly person can be buried like a dog, it's uncultural. The deceased must spend the night at their homestead and be buried in a dignified way on the next day.' One of the sons broke into tears pleading for the burial to be done on the following day, 'It's late, we can't finish before nightfall, in any case my parent cannot be buried just like a dog.' The funeral had to be postponed to the next day as it was too late to dig the grave. Over 300 mourners had gathered for the burial.

On the day of the funeral the EHT insisted on limiting the number of people attending. He ensured that mourners were social distancing even though only a few had masks.

Food security

Most areas are receiving food assistance from ORAP though not all community members are benefitting. Unfortunately, **the ORAP programme is coming to an end in June**. One of the local councillors said: '*we are dumbfounded and frozen; ORAP says they have run out of funds. They were our main food providers, distributing mealie-meal, porridge, cooking oil and beans.'*

A community member in ward one complained, 'basic commodity prices have gone up since the lockdown, ***2 kg sugar is now Z$120, 500g salt costs Z$20*** and where do we get such cash from?'

Transport

Transport has been a major challenge in Lupane since the beginning of the lockdown. This has made life difficult as many relied on selling goods they purchased in Bulawayo.

Some commuter operators have begun plying the Bulawayo-Lupane route at an exorbitant price. They charge US$10, R 200, or Z$ 300 in notes, for a trip of between 240 and 300 km. Before lockdown, the same trip cost R 100 or the Z$ equivalent. When asked how they were able operate during the lockdown, one commuter operator said, ' We have families to feed, rentals to pay, so we just take risks and travel at night, leaving Bulawayo to Lupane, Mzola and Dandanda at 6 in the evening and arrive there in the morning and we do the same on return.'

One of the local leadership who was asked about transport challenges made the following remarks:

> "We do not have subsidised ZUPCO buses plying our routes, it is very bad and a great challenge as we rely on night riders who charge us $10 USD. When schools open, it is going to be worse, we need teachers maybe to a ratio of one teacher to 25 pupils, and we do not have such staffing and most available teachers might fail to travel to schools due to transport challenges".

A dejected transport operator in Bulawayo, trying to officially service this route, commented: 'I have tried to register my commuter bus with ZUPCO, but they told me that they only want diesel engines not petrol engines, thus I am doomed, I don't know how I will fend for my family!'

Tsholotsho District

Knowledge of Covid 19: adherence to masks and social distancing

Social distancing was not considered important, as people queued close to each other or sat next to each other without due care of the threat of Covid 19. **In all four wards - 9, 22, 1 and 7 – almost no person wore a mask properly, except when going to the clinic or hospital**. A group of men and women fixing a borehole in Sakhile, ward 1 went about their business without any one of them putting on a mask. There was variation regarding the knowledge of Covid19 as well as community response to the virus. Men and women responded better than youth when asked about the use of masks. Most youth did not use masks, professing ignorance: they said they had not come into contact with those disseminating Covid-19 information.

There was a hive of activity at the local market place where donkey carts that were used to ferry vegetables to the market were parked under trees. **To get into the vegetable market, hand sanitization was practised**. A young man stood by the entrance and made sure all customers were sanitized before getting into the enclosed market place.

Tsholotsho: masks – sort of – and donkey carts, now major form of transport, 2 June 2020

Tsholotsho High School is now a quarantine centre. This followed the influx of people from South Africa and Botswana during the lockdown.

Health centres: 2 June update

Dlamini clinic, Sodaka clinic, and Pumula mission hospital were all open and manned by nursing and environmental health staff. All the health institutions had tip taps at the main entrance. Further, the nursing staff at all the 3 institutions that were visited have methylated spirit for visitors getting to the health institutions. All health personnel are masked. ***Dlamini clinic*** has just identified a site which is ***yet to be constructed***, for isolation of suspected cases. **Pumula hospital has a structure put aside for this purpose despite being ill-equipped in terms of PPEs**.

No health institutions had have enough PPEs, but they had plastic aprons that have always been there, including prior to the advent of covid-19. Paracetamol was said to be available.

Drugs for chronic diseases were erratic. Those on HIV drugs and staying in SA now face a serious challenge as drugs can no longer reach them since the lockdown.

In Sodaka the health worker reported that relatives have been collecting the drugs for their South African based patients, but have not been able to send the drugs on to South Africa owing to transport challenges. **One patient was reported to have died in South Africa and the drugs had to be brought back to the clinic.** The clinic staff are not giving more supplies unless the earlier drugs have reached the patient.

In Pumula Hospital, the Sister in Charge had compiled names of patients in South Africa and a Malayitsha with proper documentation is expected to come soon, to collect drugs in Pumula to be handed to Zimbabwean patients in South Africa.

Donation of masks to Dlamini Clinic and Pumula Mission Hospital: 2 June 202

The nursing staff and Environmental Health Technician conduct 15 to 20 minutes lectures on covid-19 before they start attending to patients.

In Dlamini, there is screening of those who have coughs and other conditions that resemble chest problems so that they get first preference. This method however is not understood by other patients who end up complaining that they arrived earlier. The nurses resolve this by explaining the reason for doing so, which is to minimise chances of spreading of covid-19, should any of the cases be infected.

Communities in all the 4 wards reported that they are on high alert for border jumpers who come to their communities and they are ready to report presence of such people to the heath and

police. In Pumula, the communities reported the case of former quarantine case who came from Lupane and the EHT had regular visits to inform the community that he had tested negative before discharge, to prevent stigmatization.

Suspected cases are referred to Tsholotsho. **Nursing staff at the 3 health institutions have not had a day off since the start of the lockdown.**

Sipepa and Mathole clinics refrain from keeping patients overnight unless it is absolutely necessary. A team from Tsholotsho district hospital visits clinics around the district. Food is also a challenge at most clinics.

Food Security

At Tsholotsho centre, most shops were open with people traveling from as far as 20 km away for varying activities. Two woman reported that they had come in the morning on donkey carts, from Mambanjeni and Sontamba to collect money sent by their daughters from South Africa through Mukuru. They reported serious food challenges as they had not harvested anything during the season.

There was a hive of activity at the market place and grocery shops where **the currency used is South African Rand for most items including sugar.** Sugar was available at one shop but only sold in Rand. The shopkeeper said 'we don't have a price for sugar in Z$.' On the other hand, one could by bread using ecocash. Swipe was reportedly down.

Shop, all items priced in Rand: bread R12, or cash Z$30, Ecocash Z$40: 2 June 2020. Sugar – R45, no Z$ accepted

Pricing of vegetables that included tomatoes onions and carrots was in Z Bond and Rand. One woman at the market stated that no one was prepared to accept Bond as it was valueless. She also claimed that they were buying their stock in Rand from farmers.

Stock at most shops had dwindled as owners could not replenish as before. In Mazibisa, Zibungululu, and Mkhayeni, some of the shops were closed and community members stated that community members could not cope with the cost of goods and therefore were not able to buy. In Mkhayeni, one shop was closed for this reason. It was reported that all the three shop owners were based in South Africa and could no longer bring stuff as before. In Langeni ward 1, a shop owner reported that a group of people based in South Africa were collectively organising a truck to bring goods into Zimbabwe.

Some of the noted prizes of groceries were as follows: **50 kg mealie meal- R450, 2kg sugar from R45 to R60, 750ml cooking oil R25, green bar soap was R30.**

The food situation is bad at homestead level, as this community did not harvest this season. Most community members were at the moment getting food assistance from Lead Trust and a few aged community members from Social welfare. **Social welfare was giving out either a 50kg bag of maize or sorghum per family, while Lead was giving mealie meal, beans and cooking oil. Lead trust has however informed the community that they will end their program in June 2020.**

The food situation in Sipepa is dire. More and more families are reported to be facing hunger as the farming season was quite bad. Prices of basic commodities in local shops are exorbitant and many people cannot afford. With little harvest they cannot even barter trade which is often the case during good farming seasons.

- A 2kg packet of sugar goes for R55, 750lm cooking oil R40, 10kg mealie meal R80, head of cabbage R30 in most shops.
- A local business man was reported to be selling a 50 kg bag of maize for $500.

A community leader in Mathole ward 9 reported that people did not harvest anything during the season. **Lead Trust** has been giving food aid to a few community members. They, however, have said that the program will **end in June 2020**. This will see more people affected. The banning of omalayitsha has caused desperation as families are still not receiving groceries from South Africa.

Water security

While cattle and goats were still in reasonable condition, there was a serious challenge of water as most water bodies had dried up. Both people and animals face the water challenges.

Dirty water from the drying water pans is used for drinking by both people and animals. A water project to pump water from Langeni to Emkhonyeni, about 4 to 5 kilometres was halted after the donor said that they cannot complete the project at the moment: all that remains is an empty trench, dug for the pipes that have not been laid.

A bowl of green water – which people are drinking - from a dwindling water source in Vikinduku, ward 7 Tsholotsho: 2 June 2020

One of few water points for animals in Sakhile, Ward 1 Tsholotsho: 2 June 2020.

Lions, hyenas, leopards

In Vikinduku, a community member said that he was forced to drive his cattle for about 5km to the nearest water point. Cattle were also at risk from predators that included lions, hyena and leopards. Two community members in Pelandaba area lost 5 herd of cattle each to the lions at the outpost where the cattle have been driven to for slightly better pastures.

Traditionally, the community opens up their fields for domestic animals after harvesting at the beginning of June every year. This year, most people have kept and baled the few stalks of millet and grass for their own animals for later in the winter, as they know pastures will be gone soon.

Hay bales cut from the field for feeding cattle in the future

Grinding mill business was low. This was due to the fact that there was no harvest this season and most community members were currently getting mealie meal from Lead Trust. **In Mkhayeni ward 9, community members have to part with either R20 or a 5 litre tin of maize meal in order to have their 20kg bucket ground for them by millers.**

Transport

Transport is a huge problem at the moment for places farther away from Tsholotsho centre. The community in Zanqaweni, ward 1 reported that an unregistered Kombi comes on Sunday night and people use it to get to Tsholotsho and ultimately to Bulawayo. The fare is R200 from Manaleni to Bulawayo while the fare to Tsholotsho R100. The fare from Emkhayeni to Tsholotsho which is 22km away is R50. For those needing to get toTsholotsho, passengers are squashed in any available transport without due caution to the threat of covid 19 virus.

The other challenge that is faced by health workers, especially administrators, is transport from Bulawayo to work. There is no direct transport to areas like Pumula Mission Hospital since lockdown. It was costing R100 before lockdown but now one can pay up to R200 one-way. One said, "this is unbearable, even if you love your job, this is unsustainable."

Church meetings

Church services are conducted in smaller groups since the advent of coronavirus. The Pastors have devised what are called cell groups which have smaller groups of people. Women are observed to adhere to Covid 19 more than men, as they use head scarfs to protect themselves when they go to meetings. Other systems to avoid contact, is to pass information by writing on a piece of paper which then circulates among those intended to get the information.

Matabeleland South Province

The food situation in Matabeleland South is dire, with 142,000 families identified this week as being in need of food aid. At the moment, 68,380 families receive grain, but the number in need is more than double. The Department of Social Welfare is also providing food to seven quarantine centres in Matabeleland South at the moment. The Provincial Development Coordinator identified the loss of jobs in the South African diaspora as exacerbating poverty:

> The prevailing pandemic has caused a huge threat to food security in the province. There are people who are not under the drought relief programme whose welfare has been greatly affected. Some are people in the rural areas who have been relying on their children in the diaspora for support and with the borders closed they have been left desperate.[65]

Mopani harvest: now no leaves for the cattle

Another general observation to be made, is that the bumper Mopani worm – 'amacimbi' – harvest this year has come and gone. One of the negative sides of this, is that many of the mopani trees have been stripped bare of leaves by the worms. Cattle in this area have learnt to browse these

[65] https://www.chronicle.co.zw/142-000-households-in-matabeleland-south-province-in-need-of-food-aid/

leaves as a staple source of nutrition in an area where grass barely grows, and the knock on effect is that there is now little left to sustain cattle as winter progresses (more on this later).

Returnees, formal and informal

Matabeleland South is the province with the greatest number of undesignated crossing places between South Africa and Zimbabwe, with all the attendant risks already raised in this report in terms of Covid 19 infected individuals finding their way into these otherwise remote villages. There have so far been 32 confirmed cases of Covid 19, mostly returnees, although some are locals.

Gwanda District

Simbumbumbu

There are no reported cases of Covid 19 in the area. The main challenge at the local clinic is scarcity of drugs. Like most areas in Matabeleland, Simbumbumbu was hit by the drought, and harvested little. People rely on food aid provided by social welfare and Africare.

Africare is taking care of 389 households where each person receives: 750ml cooking oil, 1.5kg beans and 7kgs maize per month. That is not enough given the poor harvest. **Social Welfare provides 202 households** a 50kg bag of grain. Unfortunately, not all households benefit from food aid.

Many shop owners are capitalizing on the current shortages and are charging high prices. **Prices go up every week. 10kg mealie meal is Z$170 to Z$190, 2kg sugar Z$95-Z$100.**

Kombis are now operational in the area. a trip to Bulawayo costs Z$200 while a trip to Gwanda costs Z$120. Community members say that the problem is that there is no guarantee that you will get to your destination.

The community, including teachers and learners, are wondering what the lockdown means for education. They are wondering whether learners will be able to complete the school year and what the lockdown means for their careers.

Enyandeni

There are no reported cases of Covid 19.

Many are now facing starvation as they had a poor farming season.

Choppies supermarket in Gwanda brought a truckload of goods for sale in Enyandeni, to save people having to travel into Gwanda.

12.5kg mealie meal was selling for R100/ Z$120; green bar soap was Z$37, and bathing soap Z$27. This was a welcome initiative, and compared to prices in many rural areas, these were more affordable.

The Social Welfare distributed food on the 18th May. Social distancing was observed by locals during the distribution.

Harvesting of *amacimbi* is now over in this area, as in most of Matabeleland, and community members are happy with their good harvest. However, this comes with mixed feelings as some community members complain of the devastating state of vegetation caused by *amacimbi* particularly the mopani tree that is highly nutritious for cattle.

Public transport to Gwanda and Bulawayo is now readily available. One needs to wear a mask in order to board.

The majority of the people are saying schools must be opened and great care be taken to prevent the spread of the virus.

Mapane, Gqalaza, Makwe, Sibhula

Health

Community members are not social distancing. **People still attend funerals in large numbers despite health personnel speaking against it and promoting social distancing.** They argue that it is not proper to allow only 50 people in a burial as there are many chores involved in the process including fetching water, cooking, fetching firewood, digging the grave and so on.

As is the case in many areas in Gwanda, ward 8 did not have a good farming season. **Only water melons are plentiful, with little to no grain. Most community members are in serious need of food aid.** The usual food aid from social welfare has all but disappeared.

A number of shop owners at Makwe area are still able to access products, mainly food stuffs, especially sugar, from South Africa even during this lockdown via unsanctioned means.

Their grazing areas have been serious affected by *amacimbi* that consume mostly the mopani tree leaves which are also highly nutritious for cattle.

Water

Water sources are slowly drying up and people, particularly in Mapane village are now relying on a few boreholes as the local river *Mtsheleli* dried up. One needs to dig really deep to access water. Cattle now travel long distances in search of water and some community members have complained of cattle disappearing as a result.

Education

UKT team member spoke to the ward eight (8) councillor, who expressed her concerns over the education of children in the ward and the region at large. She argued that there is poor information dissemination particularly from education authorities to the communities on the ground, as most school children are not aware of the developments pertaining to learning.

Plumtree: Bulili and Mangwe Districts

There have been several cases of Covid 19 recorded in Plumtree. Two Zimbabweans returning via the Botswana border post tested positive around 26 May – both had allegedly crossed informally, not through the designated border post. Plumtree is going to remain particularly vulnerable to

returnees, considering its proximity to the borders of both Botswana and South Africa. Locals are being encouraged by government to report those who enter the country illegally though to date, as far as is known, no-one has been reported.

On 1 June, the Permanent Secretary for Information stated that there were prison officers and prisoners in both Beitbridge and Plumtree prisons that had tested positive for Covid 19. Informants in Plumtree confirmed that there was one guard and two prisoners in the Plumtree jail who had tested positive. The prisoners are now in isolation and the prison guard, who lives at the prison, likewise. However, it was observed on 2 June that there is close interaction between those in the prison and locals, as the latter buy vegetables from the prisoners through the jail fence. It is to be hoped that prisons do not become 'hot spots' as conditions in most prisons are overcrowded and under resourced.

The other challenge is that of the **movement of goods smuggled from South Africa**. Some local business people working with fellow Zimbabweans based in SA have since started utilizing the services of trucks to smuggle in goods that are later sold in local shops. Those transporting the goods are thus a potential Covid 19 transmission threat. It would be to the advantage of everyone if the omalayitsha were regularised and had health checks. When asked about the issue of children coming home at the moment, one resident had this to say:

> Our children in the diaspora do not know how they can come back home legally. As parents we wish to be informed how to go about this, so that we can share it with them. I think we and they have a right to know what to do in such a situation. They are outside the country because they were denied opportunities to make ends meet in their country, thus most of them are seeking economic refuge in neighboring countries. They are not there by choice. Life has become so difficult now. Prices of food and medication are now out of reach for most of us. I wish the authorities would allow omalayitsha to operate so that they bring a lot of food items from RSA thus flood the market. This will help lower food prizes. Food shortages are leaving us at the mercy of unscrupulous business people.

Plumtree locals buying vegetables through the prison fence, 2 June 2020

Health care

The old section of Plumtree District hospital has been identified as a Covid-19 isolation centre for both Bulilima and Mangwe districts and renovations are underway. PPE and other equipment are yet to be delivered at the isolation centre. The hospital got a few test kits and it is not yet clear when testing will start and what criteria will be used for testing.

Brunapeg hospital has been attending to fewer patients of late partly because of transport problems. This has confined villagers to their areas meaning that whatever they need should be found locally.

Accessing drugs for chronic conditions have always been a problem in rural health centres in Bulilima and Mangwe districts. Those who can afford rely on buying from private pharmacies located at Plumtree town. TB drugs and ARVs are however readily available. **A problem of sending ARVs to South Africa using malayitshas has however emerged following the lockdown** and closing of borders. At the moment locals in South Africa are just stuck, without a solution to this.

Funerals and gatherings

The majority of villagers walk around in the communities without face masks. Face masks are only used by villagers when they are in Plumtree town because that is where it is enforced. Community members in rural Bulilima and Mangwe go about their daily activities as usual with little social distancing.

In general, people **continue gathering in large numbers at funerals** and little is being done to limit the number of attendees. One local said that it is difficult to make people change their traditions around funerals. There is also a real desire to attend a funeral where there is going to be a meal and meat afterwards, as everyone is hungry.

> "You see, even if someone tells people not to go to funerals on the day of burying the deceased all villagers just attend arguing that they also know or are related to the deceased. The attitude is that I will just attend and if I am not counted in the required 50 let those in charge chase me away."

One former Zanu PF councillor for Ward 2 in Bulilima said, "local leaders are afraid to tell people to limit numbers of attending funerals. It's like taboo. One of these days I will take it upon myself and tell those gathered at a funeral that the tradition of coming in large numbers is not accepted WHO and our government and that should be respected".

However, **on 2 June**, **an excellent precedent was set at a funeral in Diba**, where social distancing was enforced and attendance was spaced to reduce contacts. The funeral was attended by more than 300 villagers. There was a marked improvement in efforts to prevent the spread of covid 19. Villagers were continuously reminded to keep recommended social distance, those without masks (few though) were told to leave the gathering, ushers showed all those who came, the tip tap for sanitizing hands. The church minister, traditional leaders, the councillor and the MC took turns to educate the gathering about Covid 19, particularly since Plumtree and surrounding communities

have become a hotspot due to illegal entries from neighboring countries and confirmed cases in Plumtree.

Once the coffin was lowered into the grave, all the women and half of the number of men present were asked to leave the cemetery, to eat, and then go to their homes. By the time the grave had been filled, most of the villagers had left.

Funeral in Diba, Bulilima, 2 June: masks and distancing enforced.

Transport

Transport from remote rural communities to Plumtree town and other service stations such as Brunapeg business centre are a challenge.

Education

School children have also been hard hit by the lockdown and closing of schools. Most rural children are stuck as they are not benefiting from eLearning because of inability to pay for data and poor network connectivity. With the talk of opening schools in the near future some local teachers are worried about access and affordability of mandatory face masks for the local school kids.

Food prices in Plumtree

In June in Plumtree town itself, one could not get sugar: in outlying rural shops, sugar was selling for between R70 and R90. (x 3 for Z$)
10kg maize meal for between R110 to R150; Bread is R11-33.

Matobo District

Similarly to Bulilima and Mangwe, Matobo shares a border with South Africa and Botswana and as such, is vulnerable to Covid 19 that might be brought back to rural communities by returnees coming through undesignated entries. There have already been several such returnees, who have not been reported to authorities. However, there has been agreement among local families that any family members returning have to be placed into self-isolation at their rural homesteads, as opposed to them being reported to the authorities. This is a way forward that it appears that government might be considering, judging by Min Ndlovu's comments quoted earlier – to get local village leadership in rural areas to enforce self-isolation instead of insisting on placing returnees in quarantine centres for prolonged periods, where they might actually become infected, under current conditions.

There are good attempts to spread information about Covid 19 in parts of Matobo. A Matobo ward 17 meeting was convened on 25 May at Dewe centre, by the Councillor and EHT for community leaders. Masks were worn and social distance observed. Flyers were issued to the leaders about Covid 19. Committees in this ward have been formed down to village level on Covid 19, tasking leaders to convey the message about the spread of the virus and also enforce the lockdown and to make sure that border jumpers go through self-quarantine before being integrated.

Food security

Social welfare has continued to distribute food, but with a reduced number of beneficiaries from 64 per village to 56, owing to their own supply problems. Normally a village has 100 homesteads but some have as many as 300, making it difficult to select only 56 homesteads.

Mealie meal still sells for R250 per 10kg, and the Z$70subsidized maize meal remains unavailable here. Because of the high prices of food, locals frequently request travel permits from the traditional leaders, to travel to Bulawayo.

Mopani worms – 'amacimbi'

People from Gwanda, Matobo, and other parts of Matabeleland South had a bumper harvest of 'amacimbi' during March and April. This has offset what has been a disastrous farming year for some families at least. In the Gwanda area, the drought was devastating with most people harvesting only melons. Prices for basic commodities have gone up and people have resorted to bartering. 50kgs of meal- meal costs RTGS$1060 or $940 bond whilst 12,5kg of meal-meal imported from South Africa costs R100.

Foreign exchange and bartering with 'amacimbi'

Locals from Gwanda and Kezi areas are struggling to access foreign currency as the remittances system has been hugely affected by the lockdown, yet most of the essentials are charged in foreign currency especially the Rand.

For those who had a good harvest of *amacimbi* a bucket goes for R500/R600 throughout these areas. People from urban areas, particularly Bulawayo, have frequented Gwanda and Kezi areas to trade for 'amacimbi'.

- 50 kg of mealie meal is worth one and a half buckets of 'amacimbi'
- 50 kg costs R500 or Z$960 cash or Ecocash Z$1100:
    - one and a half buckets is worth R700 – R800, so this barter arrangement means those with the amacimbi get less value from the deal, but it means they do not have to try and source the 50kg and transport it, which makes them vulnerable.

This rate seems to hold for Natisa, Mapane, Gqalaza, Simbumbumbu in ward 7

- 5 litre container (4 equals one bucket) of amacimbi, if sold for cash should raise R125-R150: this amount wa being bartered for:

    - 2kg sugar – worth R45, only one third of the cash value
    - 2kg washing powder worth R100, so close to cash value
    - 2 litres cooking oil – worth R65, so less than half the cash value

Again, these deals mean that rural villagers do not get the real equivalent value for their amacimbi. This bartering is exploitative and means that the country's poorest folk do not get full benefit of their harvest. However, there are few options as rural residents do not have the knowledge of the markets in town or the means of accessing them, to get a better deal.

Buyers come out from town and move from one area to another in trucks and small vehicles, searching for quality mopani worms in exchange for essentials listed above.

As much as locals have had some benefits - although not always at a fair rate - from their amacimbi harvest, a negative consequence is that the highly nutritious Mopani tree leaves have been completely eaten in large swathes of the bush.

Mopani trees that have had all their leaves eaten by 'amacimbi: 27 May 2020

Mopani worm on leafy tree: *Dried mopani worms /amacimbi*

Mopani trees grow on dry grey clay, where grass usually does not flourish, and cattle here are habituated to eating the leaves during the last months of the dry season. However, in many areas, all the leaves have been eaten by the worms, meaning that the cattle will lose condition and even starve under the current drought conditions. To make matters worse, social welfare and other feeding programmes disqualify families that have cattle, so the cattle become a complicated liability in these circumstances: likely to die, and likely to deprive the owner of food too.

This has left a potentially disastrous situation for local cattle, in the current drought conditions. As can be seen in the photo above, there is already almost no grazing – and now no leaves – in large parts of Matabeleland South. Local traditional leaders have raised concerns about grazing for cattle.

The farmers have been advised to sell their livestock since there will be no grazing this season, the other challenge being water for the herd. Cattle owners were advised in a recent ward meeting, that even selling a few cattle in order to raise money to buy stock feed for the others will not work this year, since stock feed will not be available for purchase, or not at affordable prices, owing to the maize shortages.