Debate on Disaster Response Feasibility: Poverty and Inequality as Sources of Community Fragility during Covid 19 Lockdown in Zimbabwe

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Abstract

Infectious disease outbreaks are not a new phenomenon in the world today, with the Spanish flu of 1918, the Asian flu, Ebola and Zika virus outbreaks affecting most regions of the world. Covid-19 with its similar characteristics to its predecessors is not an exceptional. The study seeks to examine how urban communities responded to the Covid-19 outbreak in the Zimbabwean urban spaces. Deploying an ethnographic survey within the qualitative research design and guided by Godden's theory of structuration and agency, the paper argues that due to the existing level of fragility characterised by high poverty levels, the lockdown measures exposed feeble ways of handling disasters by local and central governments. The lockdown brought residents to scenarios in which they scrambled for resources at communal points daily exposing themselves to infections and conflict with law enforcement agents. The paper argues that with the dominance of the informal economy, lockdown measures brought to the fore the complexities of trying to irk some livelihoods in difficulty circumstances. Thus the conclusion of the study is that extreme Covid 19 lockdown measures for the Zimbabwean urban communities were unbearable as they worsened the level of fragility hence it became a 'disaster within a disaster'.

Keywords: Coronavirus 19, Fragility, Feasibility, Disaster, Pandemic, Lockdown

1. Introduction

The history of influenza pandemics which stretches from the 1889 flu outbreak, the Spanish flu of 1918-1919 Gasparini, Amicizia, Lai and Panatto (2012), the Asia flu of 1957, the Hong Kong flue of 1968, to the most recent H1N1 and Zika viruses, has shown that epidemiologically, the world has been an unsafe place. Unlike the previous epidemics, the coronavirus of 2019, known as Covid-19, despite its similar characteristics with its predecessors, has managed to bring the world economies to a halt through lockdowns. This paper is part of a broad and critical examination of how communities and economies were affected by the pandemic, especially the poor urban communities which already had alarming levels of social, political, and economic fragility. It utilised an ethnographic survey, within the qualitative research design and was guided by Giddens' (1984) theory of structuration and agency. The initial part of the article discusses the political environment and how the Zimbabwean government used lockdown measures for management of a viral infection disaster but eventually used it as a scapegoat to pursue politically motivated interests. The paper goes on to review the subsequent food crisis and the political economy of the informal livelihoods as they intersected with the already existent poor housing as well as the water and sanitation delivery systems.

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2. Rationalising the Covid-19 Study

An overabundance of studies which include Kavanagh (2020), Rubin and Wesseley (2020), Webster (2020) had their gaze on the virology, epidemiology, and clinical aspects of Covid-19. Many international pandemics have historically attracted scholarly attention from the time of the 1918 Spanish flue to more recently the Ebola outbreaks in Central and West Africa and Zika virus in South America (Thorson, A. Aslanyan, G. Brizuela, V. Perez, F et al 2020). However, there is a dearth of social science literature that focuses on Zimbabwe's responsiveness to infectious disease outbreaks. This article does not only provide a new perspective on a novel epidemic but also sets out and provides field-based evidence on the implications of Covid-19 on urban communities already in fragility. The study reflects on how Covid-19 altered social, political, and economic aspects of human existence in an African city. In a broad sense, the study of the Covid-19 epidemic as a socio-medical, political and economic phenomena, opened a window to reflect on the politics of health within a context of lockdowns. Thus the paper gave an opportunity for scholarly questions to be raised in relation to balancing the morality of enforcing lockdowns vis- a- vis observance of human rights and dignity of the citizenry by the state. The Covid-19 outbreak brought aboard the whole community of nations under a common form of quarantine and confinement in which economies were brought to a grinding halt by a unique biological phenomenon, hence, there was need to utilise a multiplicity of research lenses to unpack the social, political and economic dynamics.

3. Contextualising Harare City

An array of scholarship on urbanization and urbanism (Musemwa 2012, Yoshikuni 2007, Potts 2012, Madaka 1995) acknowledge that the growth of Salisbury, later named Harare, developed a hierarchy of urban sites reflected in present urban planning settings. In its present form, Harare has the low-density suburbs on the general northeast side where residential locations such as Borrowdale, Mt Pleasant, Greendale and Marlborough are located and on the south western end are the high-density suburbs referred to by Yoshikuni (2007) as the former 'native locations' created by a colonial government to contain and manage African people. This study's interest was the former 'native locations', characterised not only by overcrowding, but also poor social service systems.

Musemwa (2012) describes population growth in the high density locations as 'galloping urbanism' and that little was done particularly to upgrade Mbare flats, Mbare Joburg Lines section, parts of Mufakose, Mabvuku and Chitungwiza's St Mary's residential high density suburbs. The 1930s-1940s type of accommodation remain standing up to the present day. The massive rural to urban migration led to the creation of informal structures around the high-density suburbs, which again attracted new evictions and restrictions by the post-independence government. Musemwa (2012) has summed this up as the former 'Sunshine City' turned into 'a landscape of disaster' with reference to water, accommodation and other social services. Similar developments happened in Nairobi, Lagos, Cairo, Mumbai, and Cape Town to mention a few cities (Potts 2012). With reference to the outbreak of Ebola in West Africa, Anderson and Beresford's (2016) highlight and argue that there is the embeddedness of disease in fragile political and economic systems. Thus, the fragile Zimbabwean political and economic systems were a recipe for disaster as Covid-19 pandemic went viral. However, literature on world epidemics does not relate to the Zimbabwean situations even during the colonial period. The known Spanish flue of 1918-1919 had nothing written about on Zimbabwe, hence, this study brings the Zimbabwean experiences of being affected by a pandemic into the international research obit.

4. Methodological and Theoretical Geographies

Located within the qualitative research design and grounded in the social constructivist paradigm, The study does not only provide descriptive data but provide people's lived experiences as it engaged principles of inductive reasoning within the epistemological philosophical realm. This meant that the study was following Crotty (1998) qualitative research framework that are grounded in constructivist-interpretivist paradigm. In that regard, the data generation processes involved carrying out in-depth interviews and recording brief life biographies that focused on the period under Covid-19 pandemic. Much of the data collection involved recording of research participants' experiences on a notepad and

audio recorder that facilitated the capturing of 'deep insights' (Moustakas 1994). Due to the Covid-19 lockdown measures, the field visits were limited that only twenty research participants including four key informants were interviewed in observances of the social distance requirements in Mbare, Mufakose, Highfields, and Kambuzuma. Research participants expressed their fears and limited knowledge of Covid-19 epidemic and this field based evidence was complimented by perusal of archival and other secondary data sources from the Harare City Council and National Archives when the lockdown measures were relaxed. This helped in historicising and exploring the research problem and brought out how communities were not only affected but how they also responded to the Covid-19 lockdown measures. The field work was thus approached using Creswell's (2003) concept of multiple ontologies as an appreciation of the fact that research participants' realities differed individual to individual and household to household in the circumstances of Covid-19 lockdown measures. There was the acknowledgement that Covid-19 lockdown affected not only the movements of people but the psycho-social support systems of people, their wellbeing, ubuntu and economics. Thus field work was prosecuted with due diligence and regard for individual rights, personal security and the national regulations. The selection of research participants followed both traditional convenience sampling principles and partly some unorthodox rules that brought some convenience to both the researcher and research participants.

The study was guided by the structuration and agency theory located in Giddens (1984) sociological ideas of how relationships of individuals and social systems are intertwined. It is premised on the view that that relationships influences the individual behavior patterns such that one may behave in line with community norms and values or in defiance of the rules as a way of survival. The article adopts Chipenda's (2012) conceptualisation of agency as the ability of an individual to work independently and make own choices, thus in this study, structuration and agency as a theoretical framework, made it feasible to appreciate and understand how residents in of Harare's high density suburbs responded to Covid-19 lockdowns. Individuals and groups deployed acceptable and non-acceptable strategies, mechanisms, and behaviors to survive in an unfriendly environment characterised by shortage of food and limited spaces to manipulate and get livelihoods. Thus as 'agency' residence utilised their capacities to survive, deploying innovations and used available social structures to access food through social networks. In many instances research participants reported of breaching the lockdown regulations in defiance of the same national social systems.

5. Covid-19 Epidemic in Politically Fragile Systems

This part of this paper holds the thesis that around the world, compromised states struggle to balance the Covid-19 lockdown measures with draconian controls and curfews. It adopts the (Mcloughlin 2012) definition of political fragility as a form of statehood in which there is not only low levels of government performance in providing human security, but sometimes lack institutional capacity to provide basic services to the population. Therefore, these circumstances at a higher level may leave a big political vacuum which result in a failed state. We acknowledge and argue that in the Zimbabwean case, pockets of political fragility existed, and it became difficult to hold on rigid definition of fragile state. However due to the amount of violence and human rights abuse committed against perceived political opponents by the state as it took advantage of the Covid-19 lockdown measures, the term 'fragile state' in this context revealed different patterns of fragility and vulnerability on both the state and the community.

During the peak period of the international Covid-19 lockdown, early to mid-2020, international news channels including the CNN reported that the Brazilian President Bolsonaro was widely criticised for using the Covid-19 induced lockdown to fire senior police officers and members of the judiciary who were leading a state capture and corruption investigation on his family. On the other side, the Chinese government also used the Covid-19 lockdown to end the 'One country two systems' Weng (2007) policy on Hong Kong through continued crackdown on pro-democracy movements and protestors. In Africa, the Egyptian president Fattah El Sisi used the Covid-19 outbreak to amend emergency powers further entrenching and strengthening the military's grip on power (Al-Monitor News). In all these cases, a common denominator was the clampdown on human rights, with the rights to protest, assembly, and freedom of speech all under attack. In our study, where the scales had already tipped towards authoritarianism before the emergence of COVID-19, the paper argues in a subtle way

Covid-19 Lockdown measures provided cover for the further consolidation of power and abuse of human rights by the ruling elite. Covid-19 epidemic became a legitimate cause stretching out public health lockdowns however as disguise to justify state-led crackdown on those who shared different ideas.

The government of Zimbabwe's campaign to persecute political opponents was heightened during the Covid-19 lockdown measures. Journalists, members of the opposition and human rights activists were arbitrarily arrested on trumped up allegations instituted under the guise of enforcing Covid-19 lockdown. The News Day Newspaper of 14 May 2020 reported the arrest of three members of the main opposition MDC Alliance party, Joana Mamombe, Cecilia Chimbiri, and Netsai Marova at a joint military and police checkpoint ostensibly for violating lockdown orders. While all the three women reported that they were abducted, tortured, and sexually assaulted, the government official publicly denied the allegations and argued that it was work of the 'third force' (Raftopoulos 2012). The same also happened to a whistle blowing journalist, Hopewell Chin'ono who had led a successful media campaign against corruption through which he exposed government officials who abused Covid-19 resources. The whistle blowing had led to the arrest and dismissal of the then Minister of Health, however, the journalist cum political activist Hopewell Chin'ono and opposition political party activist Jacob Ngaribvume were arrested on allegations of 'incitement to participate in public violence' (Guardian Newspaper 30 July 2020). On the other side, The Zimbabwe branch of the Media Institute of Southern Africa (MISA) documented several cases of torture and harassment of journalists and media personnel critical of government operations during the Covid-19 lockdowns. Field based evidence form Harare's high density suburbs revealed and pointed to the issue of orchestrated persecution of those with opposing views. In relation to the above, a twenty year old man stated categorically why he would not question government positions and participate in politics. He said,

Ini zve politics handidi, unofa urimudiki, regai vakuru vadziite. Isu tichirikudawo upenyu. (Politics is dirty, you die young. Let the old people engage in it, at least they have experienced life more than us

These common comments expressed fear of state security agency not only by the youth but by the general populace. Political sociologist use it to explain voter apathy in elections. With regards to the aforesaid, Raftopoulos (2012) posits that in Zimbabwe, the devastating effects of brutalising the populace by security agents is compounded by a form of 'state capture' by the ruling political party that eventually enjoys subtle control even over the judiciary such that court decisions on political cases are subjective. Thus, the onset of Lockdown in Zimbabwe presented the country's authoritarianist system with lesser scrutiny and public watch in which transparency and accountability were compromised. It therefore was evident that the Zimbabwean government deployed Covid-19 Lockdown doubly to consolidate imperial power and hide behind following Covid-19 international health guidelines. The pictures below, Fig. 1 and Fig. 2 represents the dilemma of 'locking' overcrowded residents in their rooms and the deployment by the state of police officers who also had to observe Covid-19 management rules. When all evidence pointed to the state ignoring basic principle and guidelines for the management of the pandemic in the form of police officer moving around in overcrowded vehicles, it brought to the fore the real questions of political fragility.

Fig. 1 Communities Response to lockdown measures ; Fig 1. Policing Covid 19 in Harare
Source: Field 3.7.20

Even Chan's (2020) commentary on Zimbabwe under lockdown highlighted the issue of unjustified brutality over those with divergent views especially members of the opposition, independent media, and civil sector. In his view, the heavy handedness of the state in Zimbabwe cannot help the country manage the global Covid-19 pandemic, neither could it fix the flawed economic situation characterised by hyper-inflation and elite corruption. The paper therefore presents the argument that Covid-19 in Zimbabwe unlike in other parts of the world where it was only a health crisis, it was a livelihoods crisis, food insecurity, sanitation crisis, unemployment and more so known for looting of Covid-19 resources by the elite and an opportunity to exhibition and entrench authoritarianism by the state.

6. The Immorality of insecurity in Covid-19 Lockdown Measures

The onset of the Covid-19 pandemic triggered a food crisis for many in the world but worsened in countries like Zimbabwe which already had food security fragilities. According to the World Food Programme (WFP 2020) report, the Covid-19 pandemic doubled the number of people exposed to food insecurity and severe or acute hunger from 175 million to almost 265 million globally. While Covid-19 originated as a health emergency, its impact on food security provided fertile ground to further marginalise the vulnerable groups. Whilst the latest response from government, in terms of administration of lockdowns partially addresses the spread of the virus through limiting interactions of humans, it turned its back on already existing crisis of poverty and food security. Lockdowns and restricted movements posed a huge impact on the households' ability to earn money for the purchase of food particularly in urban areas and limited access to adequate nutritious food especially for the poor.

The absence of humanitarian aid and government agencies that provide food to the urban poor has always been worrisome. In the period preceding the onset of the Covid-19 lockdown, the 'face' of the food crisis was characterised by acute shortages of the staple maize meal and other basic commodities such as cooking oil, bread and sugar for both urban and rural communities. The closure of major industries together with the shutdown of all major ports of entry through which food was imported into the country, worsened the scarcity of basic commodities and resulted in a spike in prices. Nevertheless, the glaring catastrophe under Covid-19 was worsened by the shutting down of 'green markets' and the popular Mbare Market where farmers from all regions supplied the urbanites with farm produce. This was part of the Harare food security systems. Farmers' failure to provide the most needed commodities resulted in a food crisis for residents in lockdowns. As has been discussed above, majority of residents in high-density suburbs for example Mbare, earn their livelihoods from street vending or street trade. They buy and sell any commodity on demand, hence, such residential areas evolved into 'trade centers'. Thus, many people from other sections of the city visit these areas to replenish their food reserves was also stopped.

The field visits that were done when the lockdowns were slightly relaxed showed that women headed households and those with many orphans and the disabled where the most affected. Those with physical challenges who had previously become 'street traders in the corners of the Harare suburbs retreated into their homes. Food insecurity became a lived reality and a daily experience such that one grandmother mbuya Sixpence retorted the following:

What we eat with my grandchildren here comes from what we get from our 'business' activities individually and as a family. I sell vegetables and tomatoes at the corner of the street there. My older grandchildren hassle around and at the end bring something home. The other one is a tout at the bus terminal, which is not functional. Therefore, lockdown means no food for us so that we wait for starvation to death

The research has established that humanitarian aid from international agencies was targeting rural communities before the Covid-19 outbreak and by the time of the our field visit, there was nothing spared for the urban poor in the former 'native locations' hence they were pushed to what Rutherford (2017) regarded as the 'margins of the margins'. Neither the government nor the humanitarian agencies were able to provide basics to the vulnerable groups in Harare.

The interviews established that individuals and households went out of the way devising strategies and methods of circumventing detection by law enforcement agents so as to scavenge for food

resonating with Giddens (1984) theory of agency. Such maneuvers exposed many residents in high-density suburbs to infections as they transversed the local spaces looking for food and exposed themselves to harassment by law enforcement agents. The Covid-19 lockdown measures equally 'locked out' farmers in their rural spaces such that they could not bring agricultural products to the urban markets. Mbare green market serves the greater Harare with perishable agricultural produce but during this period such activities could not take place. Lockdown measures immobilised the accessing of fresh food including the staple cereals and vegetables. The paper therefore presents that argument that the militarised enforcements of lockdown in Harare did not only expose residence to infections but to eating foods unsuitable for human consumption as well as abuse by law enforcement agencies, while many were exposed to harassment by law enforcement agents.

7. 'The Ever Ticking Time Bomb': Water and Sanitation Services

In Zimbabwe, a modernised water and sanitation as well as the health delivery system which focused on curative care have always had an urban bias Gumbo (1995). Over the years, Harare the capital of Zimbabwe remained unchanged as it continued to have the colonial legacies hang around it with only two central government hospitals servicing the whole city and two local council hospitals too. From the time of ESAP in the early 1990s to the 2000s when Zimbabwe's international relations plummeted due to a chaotic land reform that targeted white owned farms,(Moyo 2010), the health delivery system deteriorated to low levels with the lowest just before and during the Covid 19 outbreak when medical staff stopped offering their labour. Visit to the hospitals and interviews of the few medical personnel, revealed that it was not only the problem of remuneration that affected the hospitals but non-availability of equipment meant for Covid-19 management. Thus, the Covid-19 epidemic came on the back of a health delivery system that was already affected by a poor political economy of health.

Evidence concurs with Elhawary et al (2010) which posits that the state of the health delivery systems and sanitation in most African countries are reflective of the political and economic fragility in conflict and post conflict situations. While Zimbabwe might not have been in an open conflict involving armed bandits, state security agents have always been deployed to harshly deal with dissenting voices. With a lack of investment, lack of resources and lack of capacity of hospitals in Harare, the Covid-19 outbreak became a disaster within an existing health disaster, similar to the Ebola outbreak in the DRC. McPake et al (2015) argue that Ebola outbreaks exacerbated the situations in the DRC, as compared to the same outbreak in peaceful West African region. The paper concur with McPake et al (ibid) who argue that that politicians who make political decisions concerning upgrading health infrastructure commit themselves towards maintenance of their authority and political power at the expense of the public good. In addition, during such periods, Newbrander (2007:7) said, '…the system of health service delivery deteriorate, leaving health professionals little to work with and eventually migrate to countries with supportive environments'. In the Zimbabwean case, field evidence showed that Harare residents during the lockdown period had no option to use available and traditional medical care systems that they had abandoned since the introduction of western medicine. A Harare woman resident in Mbare suburb became the focal and referral point for women who were in need of midwifery services. She could not remember how many clients she helped to give birth. She had the following to say:

I charge them a nominal fee so that I can be able not only take care of my family but buy protective and other sundries for assisting in giving birth. I can't remember the number of women I helped. I am only helping members of the community who cannot access hospital services.

Giddens' (1984) theory of structuration and agency point to situations when individuals and groups either in compliance or defiance of community norms and rules of survival adopt certain practices. In this case, reverting to the traditional midwifery practices became a pragmatic approach to a problem. In these conditions of medical centers being partly closed with no basic medication and health staff, the only alternative was seek traditional medical services. In the socio-economic circumstances, street traders played hide and seek with law enforcement agents as they sold home-based remedies, including lemon fruits, oranges, pieces of garlic and ginger, and a whole lot of other forms of tea leaves believed to have medicinal properties. Our research team had the opportunity to purchase some of the medicines for home consumption in response to the Covid-19 situation. Our behaviour equally fed into Giddens' (1984) theory of 'agency'. Photo by Moses Matenga

Fig. 2 Matapi Flats in Mbare Harare
Source: Online News Day Newspaper 7 January 2021

The water and sanitation situation was made worse by the Covid-19 requirements as residents' movements were restricted. Most of the water reticulation infrastructure was old and broken down which contributed to the outbreak of cholera and typhoid in Harare's high-density suburbs (Mahiya 2018). This was compounded by the uncollected garbage which characterised Mbare area before and during the Covid-19 lockdown. The picture above Fig.2 show children playing at the backside of the residential flats to avoid attention of the law enforcement officer, however, the site was littered with uncollected garbage and raw sewage flow.

A lot of philanthropic work had been done by humanitarian organizations and private corporations which included drilling of boreholes for the provision of safe and clean drinking water, but the few water points became the meeting points all residents as they queued for the 'precious' liquid. This further exposed them to infections. During the course of data collection, observations were made in which residents engaged in fist fights at communal water points in high-density suburbs. The paper argue that Covid-19 lockdown measures worsened an already collapsed social services system in high density suburbs including compromised political and economic infrastructures. Thus the argument held is that Covid-19 lockdown was a disaster which befell another disaster consequently pushing many ordinary people to the peripheries.

8. The 'Curse' of Overcrowded Accommodation in Covid-19 Lockdown

The paper share Chigudu's (2020) view that epidemics are many things at the same time. They are medical problems that do not only require biological and pharmaceutical solutions. In the Harare study, the Covid-19 outbreak represented a medical problem with socio-cultural, political and economic implications. The 2020 Covid-19 outbreak was a representation of the aftermath of the Native (Urban Areas) Accommodation and Registration Act Number 6 of 1946. The Act had led to the setting up of 'native urban locations' Madaka (1995). The project included the construction of dormitory type flats as a form accommodation for blacks and these were called hostels. Only registered members of a particular hostel and dormitory would reside in such a place. Municipal police would 'flash out' anyone who was not registered, private companies equally built such types of accommodation in the western high-density suburbs. Observations and interactions with the interlocutors within the observance of lockdown measures reveal that the same dormitory and single

rooms for 'bachelors and single' persons still existed as they were in the 1960s in Mbare, Highfields, Mufakose and Kambuzuma high density suburbs. With varying sizes of rooms, the accommodation originally meant for 'bachelors' now accommodate families. The study established that the bigger dormitories were now divided by some varying cheap materials to accommodate more families and households resulting in a single dormitory room taking up to an average of 20 people.

The Total lockdown within the context of Covid-19 for Zimbabwe's urban spaces meant that residents had to confine themselves in such small spaces and restrictive accommodation. For the single quarters, it meant many people spend hours, days, weeks, and months in a single room only accessing the outside environment when they visited communal public facilities like toilets and bath spaces. The moment residents stepped outside the door of their rooms, they would be regarded by the lockdown regulations as having contravened a section of the Covid-19 lockdown curfew rules. The colonial legacies on accommodation and water sanitation facilities required that one had to come outside either in a communal passage or totally outside the hostel to access toilets and other facilities. With a collapsed water system, especially in Mbare suburb, the City Council in collaboration with Non-Governmental organisations and International Funders facilitated the drilling of communal boreholes. However, these would not be enough for everyone, hence, many residents dug deep wells near their places of residents. Based on observations, the paper argue that that lockdown measures partly reduced the movements of people during the pick period but did not 'lockdown' completely. A big population in Harare's high density suburbs continued to roam around the open spaces of their 'locations' in search of water at public water points, visit public ablution facilities, fetching for food and one interviewee whom we pseudonymed Blaz Mehlo said:

We are searching for fresh air here under the pretext of fetching water and visiting the toilets. These rooms cannot afford to accommodate us in our numbers. If Covid-19 is a reality here, we therefore are going to infect each other in our rooms and all of us die.

An analysis of these issues shown that upstream factors, such as the political and economic circumstances, the political will to make meaningful changes to the accommodation of the residents and the economic and political meltdown all resulted in downstream poor service provision by both local and central government. Covid-19 outbreak found fertile ground to manifest its dark side where residents could not easily observe precautionary regulations such as social distancing and self-quarantine. Mark the Hasler had the following to say:

Total lockdown in these circumstances is equivalent to imprisonment. What crime did we commit? Solitary confinement in prisons is done to hard and dangerous criminals

Until governments approach the issue of urban accommodation as a human rights issue, future infectious disease outbreaks may find the communities more fragile and vulnerable. Sis Bessie who shared one room with six children including two adults argued that total lockdown in our circumstances in a five-meter room meant death due to hunger, death due to charcoal fumes, and death due to sanitation problems. Thus, the Covid-19 lockdown measures were equated to being thrown into the Bindura town's Chawagona Hapana Prison and faithfully stay there for a life sentence. One loses it on all fronts.

9. The 'Kusi Kufa Ndekupi' (there is no way out of death) Idiom for Informal Enterprises

The 'informality' of the economy was really felt during the Harare Covid-19 lockdowns. While the informal sector is a broad area that cannot all be covered in this article, it has aspects that were directly compromised by Covid-19 lockdown particularly people's livelihoods. A highlight of the dominance of the informal sector in Zimbabwe by Crush et al (2015) is informative and further states that in 2011, 84% of the Zimbabwean population was into that sector for survival and livelihoods. That percentage could have grown as the formal economy continued to falter. Kamete (2001) argues that this comes at the backdrop of the failure by government and other stakeholders to acknowledge the sector as central to the economy in the prevailing circumstances. Another outstanding research work by Chirau and Chamuka (2013) highlights how the informal traders particularly the youth become major players, potentially becoming politically 'land mined' by forming youth vigilante militias that did not only control certain trading areas but invaded CBD spaces too, (Njaya 2014). These included car wash centers in certain open spaces including car repairs, local and foreign currency trading, touting, and

illicit beer and drug sale. It is against this background that the study reflected on how the informal economy was affected and how individuals and groups responded to it.

Field based evidence showed the failures of the informal economy in the 'old locations' to meet the requirements for partial opening of business. They did not have the required documentation that was a pre-requisite for opening of business. The most dominant activities included street trading which did not have the capacity to have such requirements. We concur with Njaya (ibid) that street trading does not require special skills rather it is the quality of the commodities and the pricing that determine whether goods would be purchased or not. However, with the Covid-19 lockdown, street traders were barred from doing their business. The most known market in Mbare where all hardware materials are sold is called Siya-So where thousands of people manufacture through ingenious innovations and creativity goods and equipment used in various businesses including mining, motor vehicle maintenance, agriculture, roofing and many other aspects of the economy. All these were closed, hence, our argument that the Covid-19 lockdown measures worsened an already bad state for Harare's urban poor.

10. Conclusion

The article took much of its sustenance from a broader research on Covid-19 and its implications on urban settings that fed into other work streams. In this regard conclusions were extended from that original research however highlighting on particular insights relevant to our research site, Mbare, Mufakose, Kambuzuma and Highfields. Firstly, the paper propel the discourse that the government of Zimbabwe grappled with the balancing act of maintaining a Covid-19 lockdown measures in line with the international best practices and 'locking down' communities in a fashion that entrenched authoritarianism. Evidence has it that the later sufficed and prevailed over the medically oriented lockdown. The Covid-19 epidemic rode on an already politically fragile environment that resulted in the state unleashing security agents to deal with those who did not share their views. Secondly, the argument has been that Covid-19 outbreak found an already existent state of disaster in the health delivery as well water and sanitation systems particularly in Harare. The referral hospitals were under funded, the medical staff was not at work due to pay disputes and the medical equipment was obsolete due to under-capitalisation. The water and sewage reticulation system, which were under local and central government, which had been neglected for so long, had caused the outbreak of cholera and typhoid in Harare earlier such that by the time of the Covid-19 outbreak, little had been done to ameliorate the situation. On top of all these, the Covid-19 lockdown measures were very harsh to the majority of residents in the high-density suburbs whose livelihoods were pivoted on the informal economy. Lockdown measures meant closure of informal and street trading spaces consequently pushing the vulnerable groups into the extreme margins of poverty. The overcrowded type of accommodation designed and meant for 'singles' during the colonial period worsened the lives of the people and exposed them to infections and abuse by security agents. Thus, the Covid-19 epidemic was for Harare residents a 'disaster within a disaster'.

11. Acknowledgement

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