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

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ABSTRACT

Influenza pandemics of Covid-19 in nature are not a new phenomenon in the world today. Amongst many that affected many parts of the world, the Spanish flue of 1918-1919 was more devastating and is argued to have similar characteristics with Covid -19 outbreak in 2020. The study sought to critically examine how urban communities which already had levels of fragility were affected and responded to the Covid -19. Deploying an ethnographic approach in the high density suburbs of Harare, guided by Giddens theory of structuration and agency, we argue that due to the already existing level of fragility characterised by high poverty levels, overcrowded accommodation and other fragile systems, Covid-19 lockdown measures worsened the state of communities. Whilst residence of the low density suburbs responded differently to the lockdown, the high density suburbs were characterised by scrambling for water at communal water points, daily queuing for basic food thereby exposing themselves to infections and conflict with law enforcement agents. The paper argues that with the dominance of the informal economy as a source of livelihoods, the lockdown measures compromised not only people's livelihoods but the generic socio-political and economic frameworks. Thus the study concluded that Covid-19 lockdown measures were unbearable and unsustainable such that they forced people to deploy various strategies of survival as 'agency', hence, the lockdown pushed the urban poor into the margins.

Key Words: *Coronavirus, Fra*gility, Health Politics, Margins, Epidemic, Social Distance.

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Introduction

The history of influenza pandemics which stretches to beyond the 1889 flu outbreak, the Spanish flu of 1918 to 1919, the Asia flu of 1957, the Hong Kong flue of 1968 to the most recent H1N1 and Zika viruses have shown that the world has been unsafe place epidemiologically. Coronavirus which is now known as Covid-19 (Kavanagh 2020) despite similar characteristics with many of its predecessors, managed to bring the world economies to a halt more than any other. This paper is part of the broad range of researches that examine how communities and economies were affected by the pandemic, more so, focusing on poor urban communities which already had levels of social, political and economic fragility. To unearth the trends and developments in these spaces, the study deployed an ethnographic approach, guided by Giddens theory of structuration and agency to reflect at the various levels of fragilities within the context of Covid-19 lockdown measures.

The paper proceeds with the first part of the data presentation and analysis that analyses the political environment existent in the high density suburbs of Harare and the implications of lockdown measure as the government took advantage and pursued its own politically motivated measures. The paper goes on to review the food crisis and the informality and political economy of the informal livelihoods and how that was connected to the poor housing conditions and poor health delivery systems. Thus the study concluded that Covid-19 lockdown measures pushed the poor individuals and communities to deploy multifarious strategies for survival greatly showing their 'agency'.

Justification of the Covid-19 Study

Since the outbreak of the Covid -19 epidemic, a plethora of studies (Kavanagh 2020, Rubin and Wesseley 2020, Webster 2020) were commissioned focusing on the virology, epidemiology, and clinical aspects of the virus. Many other studies from a socio-medical perspective were already existence since the advent of

medical anthropology and sociology. Thus the outbreak of Covid-19 was not the first time such a pandemic occurred, for there were many others including the 1918 Spanish flue, the Ebola outbreaks in Central and West Africa and many others of varying magnitudes including the cholera and typhoid outbreaks in Zimbabwe the deadly outbreaks during the height of the Zimbabwe crisis (Chigudu, 2019). However, there is a dearth of social science literature on these major influenzas outbreaks. The 1918 Spanish flue only got social commentaries instead of in-depth investigations. This article does not only provide a new perspective on a new epidemic but sets out to provide field-based evidence on the implications of Covid-19 on the poor Zimbabwean urbanites. In this study we critically reflect on how Covid -19 altered most aspects of human life in Harare's high-density suburbs thus their social, political, and economic wellbeing by unraveling the Covid-19 interface with ordinary residents. In a more broadly sense, the study of the Covid-19 epidemic as a socio-medical, political and economic phenomena opened a window for a reflection on the politics of health, wellness and diseases within a novel context of lockdowns and quarantines. Lockdowns and quarantines allow scholars to raise questions of human rights and dignity on the state as a provider of such. Covid-19 outbreak brought aboard the whole community of nations under a common form of quarantine and confinement as the economies were brought to a grinding halt by a unique biological phenomenon with socio-political and economic implications that deserve multifarious research lenses.

Contextualisation

A multiplicity of scholarship on urbanization and urban health systems (Musemwa 2012, Chiumbu and Musemwa 2012, Yoshikuni 2007, Potts 2012, Dube and Chirisa, Tevera and Chikanda 2000, Madaka 1995) acknowledge that the growth of Salisbury which eventually was named Harare as having developed into a hierarchy of urban sites reflected in present urban

planning settings. On one side, there is the low density suburbs, which are on the general north east side where residential for example Borrowdale, Mt Pleasant, Greendale Marlborough are located. On the south western end are the high density suburbs, Yoshikuni (2007) called them former 'native locations' created by a colonial government to contain and manage African population. The health systems of the two sides of the city are in sharp contrast. Our study focus on the high density localities and their interface with the Covid-19 lockdown.

As a way of controlling inflows of black population into the urban spaces, the colonial governments introduced restrictions and 'passes' as forms of identification of residents (Yoshikuni 2007). Non-pass holder were not allowed in the residential areas. Chigudu (2020) acknowledges that the introduction of these social control systems was an attempt to introduce 'orderliness' but on the other side reflected on the heavy handedness of the white colonial governments. This was the characteristic of colonial administration of urban spaces. Therefore, there was an assumption that upon attaining of political independence, a lot of changes were to take place in terms of upgrading the standard of life in high density suburbs of Mbare, Mufakose, Mabvuku, Highfields, Kambuzuma and Chitungwiza (Musemwa 2012). The 1930s-1940s type of accommodation remained and despite the galloping population growth, social amenities and sanitation services remained static due to the massive rural to urban migration. Harare was turned into a 'big mess' in which the former 'Sunshine City' turned into 'a landscape of disaster' (Musemwa ibid). Potts (2016) draw comparisons with Nairobi, Mumbai, Cape Town, Cairo and Lagos and concluded that that big cities in developing countries were saddled with similar problems that are tied to colonial history. With reference to the outbreak of Ebola in West Africa, Anderson and Beresford's (2016) highlights and argue that there is the embeddedness of disease in fragile political and economic systems. Based on the above literature and evidence

from our fieldwork, the study holds the thesis that political and economic fragility in Zimbabwean's urban spaces were a recipe for a disaster as Covid 19 pandemic went viral.

Methodological and Theoretical Geographies

Located with the qualitative research design with a social constructivist dimension, the study captured research participants' social realities through the engagement of inductive reasoning as an epistemological philosophy. This was done by deploying the in-depth interviews and recording of life histories using both the note books and audio recorders. This was triangulated by observations done during transact walks across high density suburbs in Harare. A small number of research participants totally twenty, five from each suburb was selected plus five key informants. The interviews were carried out in the suburbs of Mbare, Highfields, Mufakose, Mabvuku and St Mary's and that was aided by perusal of archival and other secondary data sources from the Harare City Council Archives and National Achieves. Thus the article historicises and explore the research problem and brings out how communities not only affected but responded to Covid-19 lockdown measures. Methodologically, we therefore approached the data generation processes and used the concept of multiple ontologies as we appreciated that interlocutors' realities differed from household to another and from suburb to suburb and individuals. There was the acknowledgement that lockdowns particularly quarantines affected not only the movements of people but the mind, the psycho-social support systems of people, their wellbeing, their ubuntuism and economic wellness, hence, their realities were reviewed differently. As such we purposively targeted the research participants of Mbare the oldest residential area in Harare and others around the wider Harare geography. Describing the old hostels in the suburbs, Tevera and Chikanda (2000: 37) said, 'the hostels are single roomed, and occupants use communal toilets situated in the middle of the block' and these are

still run by the Harare City Council Housing Department. Thus the interviews were carried out at the hostels or and inside the rooms. Research participants would narrate their brief background and experiences of living in a lockdown setting in the context of the type of accommodation, livelihoods and access to WASH services.

The study was guided by the structuration and agency theory located in Giddens (1984) sociological ideas of how the relationships of individuals and social forces. It is premised on the view that that relationship influences the individual behavior patterns. In this article we utilised Chipenda's (2012) and Barker (2005) conceptulisation of agency as the ability of an individual to work independently and make own choices. Thus, we argue that structuration and agency as a theoretical framework made it feasible to appreciate and understand how residents in the said suburbs of Harare responded to Covid-19 lockdowns within the general context of the globe. Individuals and groups deployed acceptable and non-acceptable strategies and mechanisms and behaviours to survive in an unfriendly environment characterised by shortage of food and limited spaces to manipulate livelihoods. Thus as 'agency' residence utilised their capacities to survive, innovative using the available social structures and breaching the lockdown regulations in defiance of the same social systems

Covid 19 Epidemic and Political Fragility

This part of this paper holds the thesis that around the world, compromised states struggle to balance sometimes Covid-19 lockdown measures with draconian controls and curfews. We reflect and regard it as the Covid-19 lockdown question. In this paper, we adopt 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 does not have the institutional capacity to provide

those basic services to the population. Thus 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 which made it difficult to keep solid the fragile state terminology however due to the amount of violence and human rights abuse emitted against perceived political opponents by the state taking advantage of the Covid 19 lockdown measures, it 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 used the Covid-19 lockdown to end the 'One country two systems' 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. In all these cases, a common denominator is the clampdown on human rights, with the rights to protest, assembly and freedom of speech all under attack.

In our study area, where the scales had already tipped towards authoritarianism before the emergence of COVID-19, we argue that the onset of Covid 19 lockdown provided cover for the further consolidation of power and abuse of human rights. We argue that a legitimate cause for the protection of public health is being used to mask and justify a state-led crackdown on opposition dissent. The government of Zimbabwe's shocking campaign to persecute political opponents, ramped up once again during the Covid-19 lockdown measures. Journalists, members of the opposition and

human rights activists were arbitrary 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. All three women reported subsequently being abducted, tortured, and sexually assaulted despite government officials publicly mooting wild theories claiming that the allegations were fabricated, and are a manifestation of a mysterious 'third force'. The same also happened to a whistle blowing journalist Hopewell Chin'ono who had lead a successful media campaign against corruption through which he exposed government and 'first family 'corruption involving Covid- 19. Despite the dismissal of the Minister of Health due to this whistle blowing, he and another Jacob Ngaribvume were arrested on unfounded and trumped up allegations of 'incitement to participate in public violence' (Guardian Newspaper 30 July 2020). The Zimbabwe branch of the Media Institute of Southern Africa (MISA) has also 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, one 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 were common comments made in our research site by the youth which may be used to explain voter apathy in future elections, behaviours which is linked to brutality of security

agents. With regards to the aforesaid, Raftopoulos (2012) posits that in Zimbabwe, the devastating effects of brutalizing 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 even court decisions on political cases would be 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 clearly evident that the Zimbabwean government deployed Covid Lockdown doubly to consolidate imperial power and hide behind following Covid-19 international health guideline. The college of pictures figure 1, shows paradoxically security agents in an overcrowded lorry on a patrol and enforcing lockdown measures whilst not observing the lockdown social distancing principle.

Fig 1. Policing Covid 19 in Harare

Source: Field Visit 21. 5. 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, civil sector and at times critical clerics. 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 flawed economic situation characterised by hyper-inflation and elite corruption. Thus we argue that the legacy of Covid-19 in Zimbabwe will be like in other parts of the world a health crisis, livelihoods crisis, food crisis and unemployment but more so it will also be remembered for looting of Covid-19 resources by the elite and exhibition and entrenchment of authoritarianism.

'What do we eat'? Worsening Food Crisis in Urban Spaces under Covid -19 Lockdown Measures

The Covid-19 pandemic since its outbreak triggered a food crisis for many in the world but worsened 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 is also providing fertile ground pushing the vulnerable group into the margins. Whilst the latest response from government in terms of administration of lockdowns partially addresses the spread of the virus through trying to limit interactions of humans, it gave its back to already existing crisis around poverty and food security. Lockdowns and restricted movements pose a huge impact on the households' ability to earn money for the purchase of food particularly in urban areas. The absence of humanitarian aid agency and government drive that provide food to the urban hungry has always be worrisome.

In the period preceding the onset of 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 worsening economic situation made access to basic goods a daunting task. The closure of major industries together with the shutdown of all major points of entry into the country worsened the scarcity of basic commodities and resulted in a spike in prices. But the glaring catastrophe originated in the shutting down of 'green markets' and the popular Mbare Market where farmers from all regions supply their farm produce which eventually becomes the source of food security. 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 developed into 'trade centers'. Thus many people from other sections of the city visit these areas to replenish their food reserves. Our field visits 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 have become 'street traders in the corners of the Harare suburbs and lockdown retreated them into their homes. Food insecurity became a lived reality such that one grandmother, mbuya Sixpence (nor real name) reported 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 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'. We believe that the Covid 19 induced lockdowns hit hardest the poorest urban areas than elsewhere. Neither the government was able to provide basics to the vulnerable groups nor the humanitarian agencies.

Our interviews established that individuals and households went out of the way devising strategies and methods of avoiding 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 from the rural areas such that they could not bring their produce to the urban markets. Mbare green market serves the rest of Harare with perishable agricultural produce but such could not get to the big market. Lockdown measures immobilised the accessing of fresh food includes the staple cereals and vegetables. We therefore argue that the militarized form of enforcing the lockdown in Harare did not only exposed them to infections but to eating foods unsuitable for human consumption as well as abuse by the law enforcement agencies. We witnessed harassment of desperate people by law enforcement agents under the guise of enforcing the law and this was reported by the local newspapers and personal testimonies.

'Hydrology of Despair' Health, Water and Sanitation
In Zimbabwe, a modernized health delivery system, water and sanitation systems have always had an urban bias Gumbo (1995) but the health system emphasised on curative care. 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 the low levels with the lowest just before and during the Covid-19 outbreak when medical staff stopped offering their labour lamenting the effects of inflation and lack of PPE. Visiting the hospitals and interview few medical personnel revealed that it was not only the problem of remuneration that affected the hospitals but non availability of equipment meant to Covid-19 epidemic. Thus Covid-19 epidemic came on the scene when the health delivery system was already affected by the poor political economic of health. Our evidence concurs with Elhawary et al (2010) paper entitled, 'Development, Security and Transitions in Fragile States' a paper which posits that the state of the health delivery systems and sanitation in most African countries are reflective of the political and economic fragility especially 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 lack of investment, lack of resources and lack of capacity of hospitals in Harare, Covid-19 outbreak became a disaster within an already existent health disaster bearing similarities with the Ebola outbreak in DRC. McPake et al (2015) argued that Ebola outbreaks exacerbated the situations as the infrastructure was destroyed by rebels in DRC as compared to the same outbreak in peaceful West African region. We share their argument that politicians who make political decisions with regards to upgrading health infrastructure commit themselves towards maintenance of their authority and political power at the expense of the public good. And 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 other than use available and traditional medical care systems that they had abandoned for long periods since the introduction of western medicine. A Harare woman resident of Mbare became the focal and referral point for women who were about to give birth as she assisted many of them. 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 of people either in compliance or defiance of community norms and rules of survival adopt certain practices. In this case, reverting to the traditional midwifery became a pragmatic approach to a problem. As medical centers were partly closed, with no basic medication and health staff, the only alternative was seek traditional medical services. At the public domain, street traders made 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 and medicines thought to be useful in dealing Covid 19 . Our research team had the opportunity to purchase some for consumption at home in response to the Covid-19 situation as a form of 'agency'.

The water and sanitation equally was made worse by the Covid-19 requirements as residents' movements were restricted. Most of the water infrastructure was old and broken down which contributed to the outbreak of cholera and typhoid in Harare's high-density suburbs (Mahiya 2018). Humanitarian organizations and church-based institutions as well as private corporates contributed by

drilling boreholes so that communities could access safe and clean drinking water. But these few water points became the meeting points for residents as they queued for the 'precious' liquid exposing themselves to infections. They were several reported cases of people who engaged in fist fights at communal water points in Mufakose, Mbare and other high density suburbs. They were identifiable rare cases of the deployment of sewage water for irrigating vegetable beds along the low lying areas where the sewage would be flowing. These cases and many others represented a collapsed social, political and economic infrastructure that needed urgent repair, hence, we argue in this study that Covid-19 was a disaster which fell on another disaster pushing many ordinary people onto the peripheries.

Housing and Accommodation

We share Chigudu's (2020) position 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, Covid-19 outbreak represented a medical problem with social cultural implications, political and economic implications. Covid-19 outbreak therefore helped to bring to the fore the aftermath of the Native (Urban Areas) Accommodation and Registration Act Number 6 of 1946. The statute led to the setting up aside of 'native urban locations' Madaka (1995) including construction of flats or dormitory type of accommodation for blacks called hostels. Only registered members of a particular hostel and dormitory would reside in such a place. Anyone who was not registered would be flashed out by Municipal police. Private Companies equally built such types of accommodation in the western high density suburbs. Our observations and interactions with the interlocutors within the observance of lockdown measures reveal that the same dormitory and single rooms meant for bachelors and single persons still existed in Mbare, Highfields, Rugare, Tafara, Mabvuku Mufakose and Kambuzuma. With varying sizes of rooms, the

accommodation still managed by Harare City Council and some by private companies now accommodate families. The bigger dormitories are divided by some make-shift materials to accommodate more families and households resulting in one dormitory taking up an average of 20 people. The picture below show the outside and part of the inside of a flat in Mbare and 'single quarters' in Mufakose.

Fig 2 Matapi Flats in Mbare Harare

Source: Field Visit 23.6.2020

Total lockdown within the context of Covid-19 for Zimbabwe's urban spaces meant that residents had to within the confines of their accommodation and for the single quarters it meant many people spending many hours, days, weeks and months in a single room accessing minimal communal public facilities like toilets and bath spaces. The moment one stepped outside the door of their room they would be regarded by the lockdown regulations as having contravened a section especially during the onset of Covid lockdown curfew. The colonial legacies on accommodation and water sanitation facilities required that one had to come outside their room and visit a public toilet some distance from their place or find it in a passage. With a collapsed water system especially in Mabvuku Tafara suburbs, the City Council in collaboration with

Non-Governmental Organisations and International Funders facilitated the drilling of boreholes which supply communal water. However, these would not cover everyone, hence, many residents dug deep well near their places of residents. We observed and therefore state that lockdown measures partly reduced the movements of people during the pick period but did not 'lockdown' completely. A big population of 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 and searching   for food. One interviewee Blaz Mehlo said:

> We are searching for fresh air here under the pretext of fetching water and visiting the toilets. These rooms can't 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. Can't you see this former dormitory is too small for us.

Our analysis have shown that upstream factors such as the political and economic circumstances, the political will to make meaningful changes to the accommodation of the residents, the economic meltdown, the political meltdown all resulted in the downstream poor service provision by both local and central government. Covid-19 outbreak found fertile ground to manifest its dark side where residents cannot easily observe social distancing and self-quarantine. Mark the Hassler 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, dangerous and troublesome criminals

Until governments approach the issue of urban accommodation as a human right, future biological 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 her circumstances in a five meter room mean 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 ill-famed Chawagona Hapana Prison and faithfully stay there for a life sentences. One loses it, in all fronts.

The Informality of livelihoods and the 'Kusi Kufa Ndekupi' Idiom

The 'informality' of the informal 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 the centrality of 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 and stretching to becoming a politically 'land mined' by forming youth vigilante militias that did not only control certain trading areas but invading 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 the business. The most dominant activities included street trading. We concur with (Njaya, 2014) that street trading does not require special skills rather it is the quality of the commodities and the pricing that determine whether they 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 business 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.

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 that regard conclusions were extended from that original research however highlighting on particular insights relevant to our research site, Mbare, Mabvuku, St Marys' and Mufakose. Firstly we 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 entrenching authoritarianism. Evidence has it that the later sufficed and prevailed over the medically oriented lockdown. Covid-19 epidemic rode on an already politically fragile environment that resulted in the state unlashing security agents to deal with those who did not share their views. Secondly, Covid-19 outbreak found an already existent state of disaster in the health delivery system and water and sanitation particularly in Harare. The referral hospital were under funded, the medical staff were not at work due

to pay disputes and the medical equipment were obsolete due to under-capitalisation. The water and sewage reticulation system which were under local and central government neglect for so long had caused the outbreak of cholera and typhoid in Harare earlier such that by the time of Covid-19 outbreak, little had been done to ameliorate the situation. On top of all these, 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 hence this resulted in pushing the vulnerable groups into the extreme margins. The overcrowded type of accommodation designed and meant for 'singles' during the colonial period worsened the lives of the people and exposed them to abuse by security agents and infections. Thus the Covid-19 epidemic was for Harare residents a 'disaster within a disaster'.

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