

MIDLANDS STATE UNIVERSITY



FACULTY OF ARTS DEPARTMENT OF DEVELOPMENT STUDIES

THE STATE OF PREPAREDNESS OF THE AVENUES COMMUNITY AGAINST THE CORONAVIRUS DISEASE

BY

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*THIS DISSERTATION IS SUBMITTED TO THE MIDLANDS STATE UNIVERSITY IN
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Declaration Form

I Tapiwanashe Nyamukapa of registration number R163641J declare that, this research project is a result of my work and all other sources are duly acknowledged. It has not been submitted anywhere before for any degree purposes or examinations in any other university. It is submitted in partial fulfilment of the requirements for the Honours Degree in Development Studies in the faculty of Arts at Midlands State University.



Approval form

The undersigned certify that they have supervised the student Tapiwanashe Nyamukapa
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Over and above all, I would like to thank God, Almighty for His Faithfulness, Power and Love. I am who I am today because of his Grace, and to complete this degree, all Glory to God.

Dedication

Being the only daughter, privileged to get an opportunity for tertiary education, I dedicate this dissertation to my family. It's a dream come true for me and I owe it to them.

Abstract

The focus of this thesis was on the state of preparedness of the Avenues community against the Coronavirus disease. The study was aimed at exploring how the Avenues community was prepared in the face of the Coronavirus disease. The main objectives of the study were: (i) to explore the socio-economic conditions characterising the Avenues community in the face of COVID-19, (ii) to identify the measures being adopted in the Avenues community in the fight against the spread of the COVID-19 pandemic, (iii) to examine the limitations associated with the measures being adopted in the fight against Coronavirus in Avenues and (iv) to proffer recommendations towards effective COVID-19 preparedness within the Avenues community. Throughout the process of collecting data relevant to this study, the researcher employed a qualitative research approach and a case study research design. Data was collected from a sample of 25 respondents, convenience sampling and purposive sampling techniques were used to obtain these respondents. Data collection methods entailed in-depth interviews, personal observation and document analysis. The major findings of the research were mainly on how the socio-economic conditions in the community and the adopted measures in the Avenues community have impacted the community in their preparation against the diseases. Lastly, the study made several recommendations pertaining to measures that can be put in place to enhance the effectiveness of preparedness measures in the Avenues community in the face of the Coronavirus disease.

Abbreviations

ANAMEM	National Academy of Medicine of Madagascar
AU	Africa Union
CBD	Central Business District
CSOS	Civil Society Organisations
EU	European Union
GOZ	Government of Zimbabwe
IHR	International Health Regulations
NCDC	Nigerian Centre for Disease Control
NGOS	Non-Governmental Organisation
SARS	Severe Acute Respiratory Syndrome
UN	United Nations
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Program
WHO	World Health Organisation
ZADHR	Zimbabwe Association of Doctors for Human Rights
ZANU PF	Zimbabwe African National Union Patriotic Front
ZNPRP	Zimbabwe National Preparedness Response Plan

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CHAPTER 1

THE PROBLEM AND ITS SETTING

1.1 Introduction

The global Coronavirus disease impacts people's lives in multiple and varied forms, it is today's main public health crisis and an urgent threat facing humanity. According to Hopkins (2020), the virus has spread to every continent since its appearance in Asia in late 2019. The COVID-19 epidemic was first detected in December 2019 in Wuhan, China, and it has been rapidly evolving. On 30 January 2020, the Director-General of the WHO announced that the current outbreak was a public health emergency of international significance and on 12 March 2020 the outbreak of COVID-19 was announced a pandemic. Cases are rising steadily in Africa, America and Europe and countries are rushing to slow disease spread by monitoring and treating patients, tracking connections, restricting travel, quarantining people and cancelling major gatherings such as sporting events, concerts and schools, (Barker, 2020).

The COVID-19 pandemic was reported to be spreading to Africa on 14 February 2020 and there has been a growing worry in respect to the COVID-19 spread in the African continent due to the inadequacy of the continent's healthcare systems, (UNCTAD 2020). The African health care systems are characterised with problems such as lack of equipment, lack of funding, inadequate training of healthcare workers and inefficient data transfer. In the Zimbabwean context, considering the magnitude of the disease as transmissible aerosol against the current socio-economic situation, it remains to be seen whether Zimbabwe is adequately prepared to deal with

this monster head-on and save lives. Thus, this work sought to examine the state of preparedness of the Avenues community against the outbreak of such a disease.

1.2 Background of the study

The existence and seriousness of the COVID-19 pandemic has drawn global attention, cemented by the fact that, on 30 January 2020, the WHO's International Health Regulations Emergency Committees declared the epidemic to be a "public health emergency of international concern," according to the International Health Regulations (IHR, 2005). Globally, governments, civil society organisations and individuals are working to slow down and eventually prevent the spread of COVID-19, a pandemic that has taken thousands of lives and sickened tens of thousands more.

While no two epidemics are exactly alike, the current pandemic (COVID-19) differs fundamentally from past episodes. The rapid global spread of Covid-19, aided by closer international integration and the possibility of transmission through carriers without symptoms, has led to much faster transmission than past episodes such as SARS, (Global surveillance for human infection with coronavirus disease (COVID-19) Interim guidance 2020). According to WHO, (2020), this has prompted a large-scale containment policy, put in place globally in an almost synchronised way, in turn leading to a global sudden stop in economic activity. Recent studies on the economic impact of COVID-19 face the inevitable challenge of dealing with rapidly changing circumstances.

On the African continent, the virus has spread to dozens of countries within weeks. Governments and health authorities across the continent are working to reduce widespread infections. Since the epidemic started, WHO has assisted African governments with the early identification of COVID-19 cases by supplying countries with thousands of COVID-19 test kits, educating hundreds of

health workers and improving community surveillance. There has been a collaboration across disciplines and sectors to understand the pandemic's long-term impact on global development, and the transformations needed to support recovery and rebuild more equitable and sustainable societies and economies when COVID-19 is eventually contained.

The African continent was quick to implement public health measures to curb the spread of this deadly pandemic. According to Barker (2020), national and regional lockdowns as a health measure have been effective in curbing the spread of the disease. Since the end of March 2020, African countries have started to ease lockdowns, while at the same time maintaining strong surveillance and testing among other control measures to contain the pandemic. According to BBC News (2020) as of May 2020, Africa has reported more than 36 000 confirmed COVID-19 cases and more than 1500 deaths to date. The COVID-19 pandemic has overwhelmed advanced health care networks around the world, however prompt action to enforce lockdowns and physical distancing on the continent alongside successful steps to monitor, track and treat public health have slowed the spread of the virus.

Although Zimbabwe as a country has not been severely impacted so far in respect to the statistics of the COVID-19 cases (confirmed COVID-19 cases and deaths), compared to other countries world-wide, there is a growing concern of the state of preparedness due to the political and social economic challenges that characterise the Southern African country. They have been critical steps taken to curb COVID-19 spread, but an outbreak in congestion-stricken areas, lack of access to clean water, and weakened health systems poses vulnerability to a new humanitarian crisis. Many Zimbabweans are living in overcrowded neighbourhoods and most of them depend on informal economic activities for survival day-to-day making them vulnerable to COVID-19.

It is against this background, that the study sought to examine the state of community preparedness against the Coronavirus disease, paying special attention to the Avenues community which is very close to Wilkins Hospital the first Zimbabwean quarantine facility. The Avenues community is also characterised by an unprecedented increase in the number of women involved in commercial sex work. Sex work has become rampant in the community, possibly because of economic and social factors.

1.3 Statement of the problem

The 2019 coronavirus disease (COVID-19) pandemic has caused an ongoing global health, humanitarian, socioeconomic and human rights crisis since it was identified as a global threat by the WHO during the end of the year 2019. Since 2019, Zimbabwe has undergone several environmental and economic shocks that have affected people's lives in both rural and urban areas. COVID-19 has also worsened the situation and has negatively impacted Zimbabweans' well-being and livelihoods, by being the most recent shock impacting Zimbabweans' well-being and livelihoods. According to Carny (2020), the COVID-19 pandemic has hit the health sector of Zimbabwe particularly hard while it is still trying to recover from decades of significant challenges including inadequate financing, shortages of qualified staff, poor infrastructure and obsolete equipment amongst a host of other factors.

Zimbabwe has been considered as one of the African countries facing a serious shortage of required medical equipment to combat the pandemic. It is against this background that the study sought to examine the community's state of preparedness against the outbreak of such a disease paying special attention to the Avenues community. The study sought to fill the research gap in respect to the level of preparedness of Zimbabwean communities by focusing on the Avenues

community. The study will look at the measures that have been initiated to curb the spread of the pandemic and examine how they have enhanced preparedness within the community against the pandemic.

1.4 Research Objectives

- To explore the socio-economic conditions characterising the Avenues community in the face of COVID-19.
- To identify the measures being adopted in the Avenues community in the fight against the spread of the COVID-19 pandemic.
- To examine the limitations associated with the measures being adopted in the fight against Coronavirus in Avenues.
- To proffer recommendations towards effective COVID-19 preparedness within the Avenues community.

1.5 Research Questions

- What are the socio-economic conditions characterising the Avenues community in the face of COVID-19?
- What are the measures being adopted in the Avenues community in the fight against the spread of the COVID-19 pandemic?
- What are the limitations associated with the measures being adopted in the fight against Coronavirus in Avenues?
- What recommendations can be proffered towards effective COVID-19 preparedness within the Avenues community?

1.6 Significance of the study

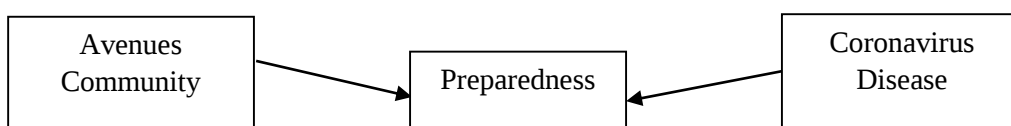
The study is very critical in that it seeks to pave way in an untrodden area, in as far as the state of preparedness against coronavirus is concerned. The study could be of importance to the Ministry of Health and Child Care through providing information on the gaps that still exist in preparedness standards against viral infections particularly COVID-19. The aims to proffer suggestions that will be of help to both the government and other stakeholders in the fight against the COVID-19 pandemic.

The study is also significant to the community in that, it will act as a sensitization tool, conscientizing people in the Avenues community about COVID-19 pandemic. The study will also work as a monitoring and evaluation of the work being done in the community and reflecting on the gaps which still need attention.

To the Midlands State University scholars, the findings of the study will add to the knowledge and literature on the COVID-19 pandemic, findings will also act as a point of reference for students who are going to be interested in pursuing the same area of study. The study also serves to raise the profiles as a toolkit in raising the flag of the institution considering COVID-19 is a global concern.

1.7 Conceptual framework

The study's conceptual framework focuses on three concepts which are the community, preparedness and Coronavirus. These concepts will help in the examination of the state of preparedness of the Avenues community against the Coronavirus disease.



1.7.1 Community

Chinake (2005) defined a community as a functionally connected group of people who live at a specific time in a specific geographical area, exhibit a shared culture, being organized in a social system, exhibit knowledge of their individuality and separate identity as a group. The group is conceptualized for this research as the local inhabitants of the Avenues community.

1.7.2 Preparedness

According to Moyo (2009), preparedness is the state of readiness, a very specific series of steps focused on analysis that are taken as precautionary measures in the face of imminent disaster(s). Such activities may involve both physical planning, such as depots for emergency supplies, buildings designed for survival, and emergency training. Preparation is an important attribute for achieving goals and for preventing and reducing adverse outcomes.

Glow (2010), argues that there are different types of preparedness, such as preparedness for public health, and local emergency preparedness as well as the most developed type of "disaster preparedness," defined by the UN as involving "predicting and taking precautionary measures before an imminent threat when advance warnings are possible". This includes not only natural disasters but all sorts of serious damage that can be caused within a relatively short period of time.

1.7.3 Coronavirus Disease

The Coronavirus pandemic (COVID-19) is an infectious disease caused by a new corona virus that was first previously unknown to humans. COVID-19 is a pandemic meaning it is an epidemic or occurrence of a disease worldwide over a vast area or continents. The disease is transmitted from person to person mainly through droplets formed when a person who is infected talks, coughs or sneezes (Henly, 2020). These droplets may land in nearby people's mouths or noses. These droplets

are too large to fly in the air (transmission of aerosols), they fly just about a meter and settle easily on surfaces. According to WHO (2019), symptoms may include pneumonia-related fever, cough, and shortness of breath; which may occur two to fourteen days after exposure.

1.8 Study limitations

The sensitivity of this matter of COVID-19 preparedness was a limitation to the researcher since some of the informants were hesitant to criticize community leaders concerning the state of preparedness of the community in the face of the deadly pandemic. Another major limitation of this study was access to the respondents, particularly the target community due to the lockdown measure that was initiated by the government to reduce the spread of the virus.

It was hard to engage in dialogue and interviews over cell phone, respondents prefer to participate in face-to-face interviews during which they can develop rapport and trust with the interviewer, rather than on a phone with a stranger. The researcher had to gather information, through mobile interviews, on which specific respondents are capable and available for data collection. The researcher also waited for the second phase of the lockdown when she could go and meet some respondents and gather data to address the research questions.

The other restriction was access to commercial sex workers during the day, as in the late hours they would be resting and preparing for work. To counter these challenges, the researcher contacted organizations dealing with prevention of commercial sex workers and support training programs in this field, as they have a database and most of these women's contacts. The researcher also faced financial draw backs due to travel from her residential place to Avenues and to purchase airtime for mobile interviews. The researcher however resorted to asking for help from family and friend hence being able to conduct and finish the research.

1.9 Delimitations of the study

The thrust of this research was on the state of preparedness of the Avenues community against the Coronavirus disease and the researcher concentrated on the Avenues community looking for relevant information to answer the research questions leading the study. The duration of this study was pugged at three months.

1.10 Organization of the study

The study is divided into 5 chapters

Chapter 1

This chapter is concerned with the setting up of the research problem and its setting. The chapter gave a general understanding of the purpose of the research. The chapter also describes the research goal upon which the entire work is to be centred. Furthermore, the study delimitations, limitations as well as its significance and the conceptual framework were also elaborated in this chapter. Finally, the chapter outlined the organisation of the whole study. **Chapter 2** reviews literature that is relevant to the study. In this chapter the Coronavirus disease was conceptualised, Coronavirus disease was also discussed in the global, regional and local context. Finally, the chapter explored the theory guiding the study. **Chapter 3** is research methodology. It notes the sampling techniques and research instruments for collecting data that were implemented in the study. The chapter also provides a justification for the adopted research methodologies. Issues concerning data analyses and ethical considerations were also explored in this chapter.

Chapter 4 includes a description, review and interpretation of the results. The information was connected to the research's objectives in presenting the data. **Chapter 5** is summary and the conclusion of the study. The chapter summarizes the results of the research discussed in chapter 4.

The results were related to the study's objectives. The researcher attempted to finalize the findings for each study objective.

1.11 Summary

The chapter presented the problem and the settings thereof, explored the background of the study, statement of the problem, study objectives and questions, limitations and delimitations, study significance and interpretation of key words as to be used in the analysis. All the work was focused on the research objectives. The aims are to determine the state of preparedness of the Avenues community against the Coronavirus disease. Following is Chapter 2 which presents the reviewed literature in respect to the research study.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This chapter's focus is on reviewing literature that shows empirical findings related to the research study. The chapter seeks to unearth important and relevant literature to the assessment of the state of preparedness of the Avenues community against the Coronavirus disease. Reviewed is the literature which explored the Coronavirus disease, the global perspective of COVID-19, Coronavirus pandemic in the Africa context, and Coronavirus in Zimbabwe. Finally, the researcher explored the theoretical framework guiding the study.

2.2 Conceptualization of COVID-19

The Coronavirus belongs to the virus family that causes viral pneumonia including fever, trouble breathing and infection with the lungs, (Global surveillance for human infection with coronavirus disease (COVID-19) Interim guidance, 2020). These viruses are common worldwide in animals but very few cases are known to affect humans. The term COVID-19 was used by WHO to refer to the disease caused by the coronavirus SARS-CoV-2 which was diagnosed on 29 December 2019 from the lower respiratory tract of patients with pneumonia in Wuhan, China, (WHO, 2020).

According to the WHO Director General's opening remarks at a media briefing (2020), the human infection of the virus is believed to have originated in the local Huanan South China Seafood Market in Wuhan, Hubei Province, China. The WHO, (2019) reported that coronavirus outbreak was related to the marketplace, but no clear animal association was identified research is ongoing, but preliminary data suggests it may have initially originated in bats. The first genome of COVID-19 was made public on the January 10th, 2020. Within a month this virus spread rapidly across

China and globally throughout the Chinese New Year when Chinese people have a high degree of mobility as they travel to celebrate with their loved ones. The WHO situation report (2020), argues that, early trends have shown a similar trend with coronavirus Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS), showing correlations with age, biological sex and other health conditions, (Global surveillance for human infection with coronavirus disease (COVID-19) Interim guidance, 2020), while predicting the susceptible population is still early on.

WHO (2019) declared COVID-19 a public-health emergency of international concern after considering that the disease is rapid, widespread and it has serious effect on human health, the Global surveillance for human infection with coronavirus disease (COVID-19) Interim guidance, (2020) views Coronaviruses as a wide family of viruses present in humans and animals alike. Many people have contracted the viruses and are considered to cause diseases ranging from common cold to more serious diseases, such as severe acute respiratory syndrome (SARS) and respiratory syndrome in the Middle East (MERS).

2.2.1 Signs and symptoms of COVID-19

The major clinical signs and symptoms recorded in people amidst the outbreak so far include fever, coughing, breathing problems, and chest x-rays showing bilateral lung infiltrates, (WHO, 2020). The disease may be transmitted from human to human through droplet spread, mainly (as in other respiratory viruses). Henly (2020) recorded that about 80 % of cases manifest as a mild disease (i.e., non-pneumonia or mild pneumonia), about 20% progress to a more serious condition, with 6% needing specialist medical treatment, including mechanical ventilation. According to Chiwetu (2019), other frequent symptoms of COVID-19 include nausea, fatigue and dry cough. Some

patients may suffer from aches and pains, inflammation of the nose, runny nose, sore throat or diarrhoea.

Typically, these symptoms are mild, and they start slowly, some individuals get sick but have no symptoms, and don't feel unwell and approximately 80 per cent of the tested positive cases have recovered from the disease without special care, (Chiwetu, 2019). It is also argued that about one in every five people infected with COVID-19 get seriously ill and develop breathing difficulties. Kwame, (2020), argues that, older people, particularly those with chronic medical conditions including high blood pressure, heart attacks or diabetes, are more likely to experience severe illness.

Less common symptoms include headache, vomiting, haemoptysis (coughing up blood), runny nose, and cough that causes phlegm. Patients with mild symptoms typically recovered after 1 week while extreme cases can experience progressive respiratory failure due to alveolar damage from the virus, which can lead to death (WHO, 2019). Among middle-aged and older patients, pre-existing diseases (tumour surgery, cirrhosis, hypertension, coronary heart disease, diabetes, and Parkinson's disease) were the primary causes of death.

Transmission of COVID-19

The WHO website always provides the situation updates on the outbreak, 20 Most estimates of the COVID-19 incubation period vary from 1 to 14 days, with a median of 5–6 days. This implies that if a person stays well 14 days after exposure (i.e. contact with an infected person), he or she might not have been contaminated. Respiratory secretions, formed as droplets and produced when an infected person coughs, sneezes or talks, contain the virus and are the main means of transmission.

According to Chinese health authorities' latest guidelines (2019), Coronavirus has three major routes of transmission:

1) Direct transmission,

2) Aerosol transmission,

3) Contact transmission.

Direct transmission is characterised with the ingestion and inhalation of the swallowed respiratory droplets by an infected person (while coughing or sneezing) by nearby individuals (within 6 feet).

Aerosol transmission is involved when respiratory droplets mix in the air to form aerosols which then cause infection when inhaled into the lungs; and contact transmission occurs when an individual contact the surface or object that is contaminated with the coronavirus. Daniels (2020), adds that people can as well contact the virus could when they subsequently touch their mouth, nose, or, possibly, eyes. In addition to these three routes, one study also revealed that the human digestive system is also a potential transmission route for the Coronavirus infection.

2.3 The global perspective of COVID-19

The global community is working to slow down and potentially avoid the spread of COVID-19, a pandemic that has taken thousands of lives and sickened tens of thousands more. According to WHO situation report (2020), as the coronavirus disease 2019 (COVID-19) pandemic escalates and countries struggle to contain the virus, health-care systems are under increasing pressure. Emergency departments and intensive care units are nearing breaking point, and medical resources are being diverted to tackle the crisis. International conferences are being cancelled, and research trials are grinding to a halt. (WHO, 2020) is of the view that the Coronavirus is not only the most serious global health crisis since the 1918 Great Influenza (Spanish flu), but is set to become one of the most economically costly pandemics in recent history.

According to Carbet et al (2020), countries have taken multiple and varied measures to mitigate against the spread of the pandemic virus, including prohibition of large gathering, social distancing and complete country lockdowns. Important economic and social events and activities have been cancelled or postponed indefinitely with significant job and revenue losses. On the sporting front, the Tokyo 2020 Olympics, the French Open as well as popular football leagues such as the English Premier league, the Spanish La Liga, the Bundesliga and Italy's Serie were cancelled. Critical international conferences that include the 46th G7 Summit, which was scheduled for June 2020, in the United States, will now be held via video conference while the 36th ASEAN Summit which was due to take place in April 2020 has been postponed indefinitely.

WHO situation report (2020) recorded that as of 05 April 2020, there were 1,174,652 confirmed cases of COVID-19 globally including 64,400 deaths. Despite the early myth among many in Africa that the continent was going to be spared, the virus has already invaded the continent and its level of preparedness is still to be tested as the number of infections and deaths increase.

COVID-19 is one of the greatest challenges the world has faced since the second world war and America has lost more people to COVID-19 than it has lost in all of its military conflicts since the beginning of the Vietnam war, (Carbet et-al, 2020). The outbreak has claimed hundreds of thousands of lives around the world, and the crisis has just begun. As the death toll rises and the path out of the pandemic remains uncertain, the economic catastrophe will be enormous.

According to the BVI News (2020), the COVID-19 pandemic was confirmed to have reached North America in January 2020. As of 25 March 2020, all North American countries (including Central America and the Caribbean) have reported at least one case of COVID-19. (BVI News, 2020), reported that first case of the COVID-19 in Canada was confirmed on January

25, 2020, when a man returned to Toronto after travelling from in Wuhan, China, and two days later, tested positive for coronavirus disease 2019, caused by SARS-CoV-2. As of March 13, 2020, there have been 198 cases of coronavirus reported in Canada. On March 11, 2020, the Public Health Agency of Canada has evaluated the public health risk of the pandemic as being "low for the general population", but of a higher risk for those over the age of 65, or with underlying conditions (Kayla, 2020) On March 13, 2020, the Government of Canada issued a formal travel advisory against any non-essential travel outside of the country until further notice (Kayla, 2020). According to BVI News (2020), as of 10 May 2020, the World Health Organization (WHO) found Europe to be the active hub of the COVID-19 pandemic. Country-by - country cases in Europe had doubled over 3 to 4 days, with certain countries (mostly those at earlier detection stages) doubling every 2 days. By 17 March, all countries in Europe had a confirmed COVID-19 outbreak, with Montenegro being identified as the last country in the region to record a COVID-19 case.

In Germany, the first COVID-19 case was registered in the state of Bavaria on 27 January 2020. Although since April 8, the number of cases each day started to decline, there are more than 145,742 cases registered so far with more than 4,642 deaths. These statistics makes Germany the fourth worst-hit nation in the world and the third worst-hit country in Europe in terms of overall cases. However, the mortality rate for coronavirus is stated to be comparatively lower at 1.3%, ranking 8th in the world and 5th overall in Europe, (Henly, 2020).

Compared to Italy and Spain, the low preliminary fatality rate in Germany resulted in a discussion and explanation citing, among others, the higher number of tests performed by the country, the absence of COVID-19 analyses in autopsies and a higher proportion of positive cases among younger people. According to BBC News (2020), on 28 March 2020 Hessian Minister of State finance Thomas Schäfer committed suicide. News reports on the causes of his decision to end his

life cited tension and fears about the condition of the economic situation of the world as a result of COVID-19 and the handling of the emerging pandemic.

According to Reuters (2020), in Italy, the first 2 cases of Coronavirus were confirmed in Rome on 31 January. This was attributed to two Chinese tourists who arrived in Milan on 23 January via Milan Malpensa Airport and traveling on a tourist bus to Rome. The two tested positive and were hospitalized at Lazzaro Spallanzani National Institute for Infectious Diseases and on 6 February, one of the Italians repatriated from Wuhan, China, tested positively, bringing the total number of cases in Italy to three, (Adedokun, 2020). On 22 February, another Italian repatriated from Wuhan, China, tested positively. WHO (2020), adds that on 21 February, several cases were reported in Italy (Lombardy) with 60 more cases on 22 February and the first deaths in Italy were recorded the same day. As of Late February, the COVID-19 outbreak in Italy had hit harder than anywhere else in the EU.

In the Asian continent, The COVID-19 pandemic began in Wuhan, Hubei, China, and spread widely through the continent, (Barker, 2020). As of 2 May 2020, at least one case of COVID-19 had been reported in every country in Asia except North Korea and Turkmenistan. Countries with the highest numbers of confirmed coronavirus cases are Turkey, Iran, China, India, and Saudi Arabia. Among the earliest countries to report COVID-19 cases after the outbreak in China were South Korea and Taiwan, but these countries have successfully controlled the pandemic. Barker, 2020), reported that, the highest numbers of deaths are recorded in Iran, China, Turkey, India, and Indonesia, with more than 17,000 deaths combined. The death tolls in several countries, however, are believed to be significantly higher than those given in official figures.

Several Southeast Asian countries experienced a significant rise in cases following a Tablighi Jamaat event from 27 February to 1 March at a mosque in Kuala Lumpur, where many people are believed to have been infected, (Tolo News, 2020). Similarly, events in India and Pakistan have also caused a surge in the number of cases in those countries. China's social isolation policies appear to have contained the coronavirus at home, allowing work and travel to resume. But major economic damage may be yet to come, (Reuters, 2020). With infections climbing exponentially in the United States, Europe and the other markets China exports to, and with supply chains in disarray, China is getting neither the imported components it needs nor demand for its products.

Coronavirus disease (COVID-19) arrived late in South America. On February 25, 2020, Brazil was the first nation in the region to report the disease, (WHO, 2020). Reports show that within weeks, countries across the continent had closed their borders and enforced lockdowns.

According to WHO situation report (2020), by April 14, Latin America had registered more than 65 000 cases of COVID-19. Ecuador, in particular, has been badly affected, with reports of corpses left abandoned on the streets. Pandemic preparedness varies across the region and several countries are particularly vulnerable to a destructive outbreak. For example, Guatemala and Haiti have little more than 100 ventilators between them. Mexico has high rates of hypertension, obesity, and diabetes, all of which are risk factors for severe disease after infection with the severe acute respiratory syndrome coronavirus, (Reuters, 2020).

2.4 COVID-19 in the African context

On 14 February 2020, the COVID-19 pandemic was reported to be spreading to Africa. The first documented case was in Egypt and the first confirmed case in sub-Saharan Africa was in Nigeria,

(Hopkins, 2020). Many of the recorded cases were said to be imported from Europe and the United States rather than China. Most of the reported cases come from four countries: South Africa, Morocco, Egypt and Algeria, although it is suspected that there is significant under-reporting in other African countries (WHO, 2020)

There has been a growing worry in respect to the COVID-19 spread in the African continent due to the inadequacy of the continent's healthcare systems. Reynolds, (2020) adds that, the African health care systems are characterised with problems such as lack of equipment, lack of funding, inadequate training of healthcare workers and inefficient data transfer. Therefore, there is fear that the pandemic would be difficult to keep under control in Africa, and could cause tremendous economic problems if it spread widely. According to WHO situation report in Africa (2020), as of April 18, 2020, the availability of ventilators in much of Africa was still very low: 41 countries have only 2,000 ventilators between them, and 10 countries have no ventilators. In parts of the continent, even the basic supplies such as soap and water are subject to shortages. Most African nations, apart from of South Africa, Botswana and a few others, have not substantially strengthened their healthcare systems over the years, (Burker, 2020).

The World Health Organization has assisted many African countries through the setting up of COVID-19 research laboratories. Kwame (2020), recorded that there was a huge need for checking, tracking, isolating and treating in respect to the spread of the virus in the African context. Many preventive measures have been introduced in various African countries, including travel bans, flight cancelations, event cancellations, school closures and border closures to curb the spread of the pandemic.

According to WHO, (2020), as of 8 May 2020, Lesotho was the only African sovereign state that has not yet registered a case of COVID-19 and no cases have been reported in the British Indian Ocean Region, the French Southern Territories and Saint Helena. According to Mustapha, Adedokun (2020), oil-producing countries like Angola, Ghana, Gabon and Nigeria have seen their dollar-denominated debt drop sharply, with yields of some issues shooting above 20%, indicating soaring borrowing costs. Many countries on the continent lack the financial firepower or foreign currency reserves needed to combat the coronavirus and prop up their economies, with healthcare systems already under strain.

African Union officials have also reported that the continent is assisted by the rich countries in the global race through the provision of testing kits and other equipment needed to contain coronavirus spread. The World Health Organization (WHO) has also supported early detection of cases by African governments by providing countries with thousands of COVID-19 test kits, training dozens of health workers and strengthening community surveillance. 44 countries in the WHO African region can now test for COVID-19. At the start of the outbreak only two could do so.

African countries have implemented the WHO issued guidelines which are regularly updated to take into account the evolving situation. The implemented measures include quarantine, repatriations of citizens and preparedness at workplaces, (WHO, 2020). WHO is offering remote assistance to impacted countries using electronic data resources, so national health authorities can better understand the epidemic in their countries. Preparedness and response to previous epidemics is providing a solid basis for many African countries to tackle the spread of COVID-19.

Nigeria registered the first case of the virus on 27 February 2020, it had only five laboratories in four states able to check for COVID-19. As infection has spread to more states, the ability of the

Nigeria Centre for Disease Control (NCDC) has begun to increase (BBC News, 12 March 2020). As of May 2020, there were now 17 laboratories and plans to establish more in each of the 36 states were underway. Widespread testing sits at the heart of the COVID-19 battle in Nigeria.

According to Ndlovu (2020) in South Africa, the first case was confirmed on 5 March and the victim was a returnee from Italy. On the 15th of March 2020, President Ramaphosa declared a state of National Disaster and on the 23rd of March a national lockdown was announced. On 14 April the lockdown was as well extended for another two weeks ending on the 4th of May, (SABC News, 15 April, 2020). Although the residence order has already been enforced, the WHO is still convinced that South Africa still faces high risk of Covid-19 spread if containment measure such as contact tracing are not being prioritised, (Ndlovu, 2020). From 1 May, a gradual phased easing of the lockdown restrictions started, lowering the National Alert level to 4.

In Zambia, the first two cases of COVID-19 were reported on the 18th March 2020, (Chiwutu, 2020). The couple of the COVID-19 patient in Zambia had travelled to France for holiday. Mwanza (2020), adds that on 22 March, a third case in Zambia was registered, thus a man who had travelled to Pakistan. President Lungu, however on the 25th of March confirmed during a live national address that the total number of confirmed cases had reached 12. During the same live national address, a lot of measures were announced by the Zambian President. International Airports and the rerouting of all international flights to Kenneth Kaunda International Airport for the facilitation of the screening process of incoming passengers and compulsory quarantine where necessary. The measures also included the closure of all bars, night clubs, casinos, cinemas and gymnastics centres, and the restriction on foreign travel.

In 20 March, the first three cases were confirmed in Antananarivo, the capital of Madagascar and all three cases were women. According to Elsevier (2020), By 22 April, Madagascar had reported 121 cases but no deaths and on 5 May, Madagascar reported a total of 149 cases but no deaths. The Government of Madagascar (2020) added that lockdowns were implemented in at least two cities and on 17 March all international and regional flights were suspended for 30 days starting 20 March.

According to Reynolds (2020), On 21 April 2020, Madagascar President Andry Rajoelina officially launched a coronavirus "cure" dubbed "Covid-Organic". Developed by the Madagascar Institute of Applied Research (MIAR), the herbal tea was made using artemisia and other locally-sourced herbs. Soldiers were dispatched to hand out batches of "Covid-Organic", with Colonel Willy Ratovondrainy announcing on state television that the tea would "strengthen immunity", (Reuters, 2020). However, the National Academy of Medicine of Madagascar (ANAMEM) voiced its scepticism, while the World Health Organization (WHO) cautioned that there was no proof for any coronavirus cure at the time of Covid-Organic's launch. The African Union has entered into discussions with the Malagasy government to test the drug's safety and efficiency.

2.5 Covid 19 in Zimbabwe

According to Chirisa (2020), Zimbabwe recorded its first case of Corona virus on the 21st of March 2020, - a Victoria Falls male resident who had returned from United Kingdom on 15 March via South Africa. The victim however embarked on self-quarantine at home, and henceforth recovered from this deadly pandemic. The two cases that followed were all from Harare and they were both confirmed on 21 March. On the 23rd of March, it was confirmed that a Zimbabwean journalist by

the name of Zororo Makamba the son of a popular businessman and politician in Zimbabwe was the first person who succumbed to the pandemic (Daniels, 2020).

Two more people died after Zororo's death bringing the number of deaths to 3. Chingono and Bugari (2020) noted that the Zimbabwean doctors filled a complaint against the government because of the lack of protective medical equipment in the face of the deadly virus that had started claiming lives in the Southern African country. The lawsuit was to ensure that doctors are properly protected in the case of the infected patients (The Ministry of Health and Child Care, 2020). By Monday 13 April 2020, the total number of cases in Zimbabwe had risen to 17. By 13 May, Zimbabwe had, 37 confirmed Coronavirus confirmed cases, 12 recovered and 4 deaths, according to the Ministry of Health and Child Care.

Zimbabwe is facing its worst economic crisis in more than a decade. WHO (2020) argues that there is nothing that points to relief in the short term. International medical researchers are racing to find a vaccine to the coronavirus, and poorly resourced African countries such as Zimbabwe can only pray that a breakthrough comes soon.

According to Chirisa (2020), the Zimbabwe Association of Doctors for Human Rights raised an alarm about the lack of government preparation and the absence of testing for coronavirus on April 7. In countries with more efficient health-delivery systems, a quick turnaround of COVID-19 tests has been credited with saving lives. However, in a country of 14.5 million people, Zimbabwe had only one testing centre, located in the capital, Harare, until one was established in Bulawayo, the nation's second largest city, on April 12. That means blood samples of suspected COVID-19 cases from across the country were being sent to the capital across the country's inadequate road system.

2.5.1 Prevention measures and effects

According to Chingono and Bugari (2020), the Zimbabwean President Emmerson Mnangagwa before the confirmation of any COVID-19 case in Zimbabwe, had confirmed a national emergency enforcing travel restrictions and banning large scale gatherings such as church conventions, entertainment gatherings, funerals and parties. The country's Minister of Defence, Orpah Muchinguri Kashiri, sparked public outrage by claiming that the coronavirus maybe a divine intervention aimed at punishing Western nations for placing sanctions on Zimbabwe.

President Mnangagwa also announced additional measures on the 23rd of March 2020:

- Closure of Zimbabwe's borders to all non-essential travel, except for returning residents and cargo.
- Closure of bars, nightclubs, movie houses, swimming pools, and sporting activities.
- Restriction of all public gatherings to fewer than 50 people.
- Restriction of hospital visits to no more than one per day.

The government also declared on 27 March, that the country would go into a national lock-down for 21 days from 30 March. The Victoria Falls viewing sites were also closed as part of Zimbabwe and Zambia's lock-down measures, however as of May 2020, some of the 21-day lock-down restrictions were being reversed.

The government declared a state of national disaster as part of measures to curb the spread of the coronavirus and banned all public gatherings of more than 50 people for 60 days. According to the Ministry of Health and Child Care (2020), some of the prohibited meetings include church services, weddings and all international sports facilities. The government of President Emmerson

Mnangagwa has ordered school closures and named three hospitals as COVID-19 quarantine facilities. Harare authorities also built hand-washing basins in the central business district of the capital, and started sterilizing public spaces using both hand-held fumigation tanks and water tankers.

The lockdown that was initiated in Zimbabwe on 30 March, limited movement to visits to supermarkets and pharmacies within a five-kilometre radius of people's homes and closed cheaper public markets – crucial for both traders and most consumers alike, (Chikumbu, 2020). President Emmerson Mnangagwa however as of 12 May 2020 began allowing markets to reopen, relieving some of the misery felt by small traders and farmers alike. The step followed an uproar on social media after videos of police officers stealing and destroying vegetables circulated. Chikumbu (2020), added that, the Zimbabwean government also declared that the previously closed money transfer companies would be permitted to open three days a week-a late acknowledgment of the crucial role remittances play in keeping families afloat especially in this trying time.

2.6 Theoretical Framework

This study was guided by the Sendai Disaster Risk Management Framework, an international document that was adopted and endorsed by UN member states in June 2015. According to Mercer (2018), the present framework applies to the risk of small-scale and large-scale, frequent and infrequent, sudden and slow-onset disasters, caused by natural or manmade hazards as well as related environmental, technological and biological hazards and risks. It aims to guide the multi-hazard management of disaster risk in development at all levels as well as within and across all sectors, henceforth its adoption in this study of the state of preparedness of the Avenues community against the Coronavirus.

According to framework, the substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries is of paramount importance during times of disasters hence its applicability in the face of the COVID-19 which has caused a lot of negative effects to the world. The framework is used to prevent new and reduce existing disaster risk through the implementation of integrated and inclusive economic, structural, legal, social, health, cultural, educational, environmental, technological, political and institutional measures that prevent and reduce hazard exposure and vulnerability to disaster, increase preparedness for response and recovery, and thus strengthen resilience, (UN Special Representative of the Secretary-General for Disaster Risk Reduction, 2015) The framework emphasizes the need for focused action within and across sectors by States at local, national, regional and global levels in the following four priority areas.

The study also justifies the applicability of this framework in this study due to the fact that the mechanisms and strategies for disaster resilience, as outlined in the SFDRR, can enhance responses to epidemics or global pandemics such as COVID-19. In this regard, there are several general and DRR-specific recommendations that are highlighted in the framework that have been used by nation states in the face of this pandemic.

Priority 1: Understanding disaster risk

Disaster risk management needs to be based on an understanding of disaster risk in all its dimensions of vulnerability, capacity, exposure of persons and assets, hazard characteristics and the environment

Priority 2: Strengthening disaster risk governance to manage disaster risk

Disaster risk governance at the national, regional and global levels is vital to the management of disaster risk reduction in all sectors and ensuring the coherence of national and local frameworks of laws, regulations and public policies that, by defining roles and responsibilities, guide, encourage and incentivize the public and private sectors to take action and address disaster risk

Priority 3: Investing in disaster risk reduction for resilience

Public and private investment in disaster risk prevention and reduction through structural and non-structural measures are essential to enhance the economic, social, health and cultural resilience of persons, communities, countries and their assets, as well as the environment. These can be drivers of innovation, growth and job creation. Such measures are cost-effective and instrumental to save lives, prevent and reduce losses and ensure effective recovery and rehabilitation

Priority 4 Enhancing disaster preparedness for effective response, and to «Build Back Better» in recovery, rehabilitation and reconstruction

Experience indicates that disaster preparedness needs to be strengthened for more effective response and ensure capacities are in place for effective recovery. Disasters have also demonstrated that the recovery, rehabilitation and reconstruction phase, which needs to be prepared ahead of the disaster, is an opportunity to «Build Back Better» through integrating disaster risk reduction measures. Women and persons with disabilities should publicly lead and promote gender-equitable and universally accessible approaches during the response and reconstruction phases.

These recommendations are very critical in the current global situation as they are concerned with the knowledge and science provision in understanding disaster and health-related emergency risks, the extension of disaster risk governance to manage both disaster risks and potential health-emergencies such as COVID-19, particularly for humanitarian coordination aspects; and the strengthening of community-level preparedness and response hence the applicability of the framework as a guide in the study of the state of preparedness of the Avenues community against the Coronavirus disease.

The above literature indicates that countries and communities around the world were caught unaware by this disaster, even developed countries who are better equipped in face of a disaster were left shaken. The harsh impacts COVID-19 had on the lives of people around the globe is enough evidence that preparedness issues are crucial for sustainable development. Therefore, preparedness strategies require urgent attention, prior to successfully curbing the novel coronavirus, as well as achieving a sustainable life after a disaster.

2.7 Summary

This chapter was focused on reviewing literature by other scholars and writers relevant to the study of the state of preparedness of the Avenues community against the Coronavirus disease. Various examples from the scholarly work of individuals, governments, non-governmental organizations and institutions reports were also drawn in the conceptualisation of Coronavirus, Coronavirus at a global, African and local scale. The researcher outlined the theory leading the study in the name of the Sendai Disaster Risk Reduction framework. The next chapter will be a description and justification of the research methodology that was adopted by the researcher.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

This chapter is concerned with the research method that was adopted for this study of examining the state of preparedness of Avenues community against the Coronavirus disease. This chapter designates the guidelines and approaches that are required in collecting and inspecting data. The study adopted an exploratory strategy (qualitative research) due to the nature of data that was required to address the research questions leading the study. The researcher also employed purposive and convenience sampling techniques as well as in-depth, document analysis and personal observation as research instruments in this study. The study is also concerned with a justification of why a certain method of data collection was employed and data analysis techniques.

3.2 Research approach

3.2.1 Qualitative Research

The researcher adopted the qualitative research approach. Qualitative research is a systematic form of social science research that gathers and works with non-numerical data and attempts to derive significance from those data that helps people to understand social life through the analysis of specific communities or locations (Patton, 2002). It is also described as a direct opposite of quantitative research because it does not rely on statistical objective data analysis using field work statistics. Actually, qualitative research focuses primarily on the micro-level social interaction that makes up everyday life. According to Newman (2006), qualitative research deals with emotions, thoughts and subjective understanding of lived observations or observed phenomena obtained

through in-depth processes. Qualitative research is designed to reveal the meaning that informs action or results.

Qualitative research simply attempts to describe the perspective of a specific subject group by narrating in detail. Qualitative researchers use a method in which the researcher gathers data first on the ground and then extracts conclusions from the collected data. Henceforth, qualitative work aims to be more exploratory, and attempts to provide insight into how people, organisations and communities perceive facets of the environments in which they reside. This form of research provides concise data that is primarily to be interpreted by the researcher using systematic methods of recording, transcribing and generally analysing patterns and themes, a process that may also include content/discourse analysis, (Churchill, 2009).

The research made use of the qualitative research approach due to the fact that the topic under study needed in-depth information from people's opinions and explanations. The researcher also adopts the most common research techniques that are used in qualitative research design, thus in-depth interviews and document analysis. The study also employed the convenience and purposive sampling methods that are widely used in qualitative researches.

3.3 Research Design

Marshall and Rossman (1989), defined a research design as a general strategy that is adopted by the researcher in the gathering of data relevant to a subject matter. This is a blue print or a master plan that acts as a guide to the researcher in order to obtain intended research goals. The study employed a case study research study. Vogt (1999), described a case study as a thorough analysis and explanation of activities that are carried out in the area under study. A case study research design was used by the researcher as it institutes binding and credible evidence for the research

technique as well as presenting results that resulted from the analysis. Leedy (1997) views a case study as a research design that provides a thorough cross examination of one particular individual, group, time period or occurrence as illuminated by the concept. Henceforth its adoption in this context of examining the state of preparedness of the Avenues community against the Coronavirus.

3.4 Target Population

Population generally implies all-inclusive categories or components with common characteristics. Newman (2006), views the research target population as the aggregate or totality of all the objects, subjects or numbers that conform to a set of specifications. Leedy (1997) defined target population as a defined or constructed set of elements identified for a study. The study targeted Health Staff at Westend and Avenues clinic, Avenues commercial sex workers, officers from the Zimbabwe Republic Police and Military Police, the Ministry of Health and Child care and the general Avenues community residents.

3.5 Sample and sampling procedure

Sampling is usually the process by which a particular fraction or subgroup of a population is chosen to be tested by the researcher for the sake of generalising the results to the overall research population. Cohen et al (2011) defines sampling as an act, method or technique of selecting an appropriate representation from the population for the purpose of determining the characteristic parameters of the population as a whole. Mugenda and Mugenda (2003) also defined it as the population observed by the researcher and whose results are used to generalize the population as a whole. For the sake of this research, the searcher used a sample of 7 respondents, thus 1 staff members at Westend Clinic, 1 staff members at the Avenues clinic, 1 general Avenues residents, 1 commercial sex workers, 1 ZRP officers, 1 officials from the Ministry of Health and Child Care

and 1 Military police officers. The researcher employed the purposive and convenience sampling techniques.

3.5.1 Purposive sampling

Purpose sampling is also referred to as judgment sampling and it is involved with the researcher's conscious choice basing on the attributes that the research participant possesses. Cohen et al (2015) defined this sampling technique as a non-probability sampling process, whereby the researcher employs a certain criterion in the selection of the research sample. The researcher also assume that using a sound judgment they will achieve a representative sample, which will save time and money.

For the study purposive sampling is beneficial as the researcher selected participants based on their knowledge of the Coronavirus diseases as well as the preparedness of the Avenues community in respect to the fight against the disease. This is in line with the definition of Newman (2006) who defined purposive sampling as a method of selection where the purpose of the analysis and the knowledge of the population of the researcher direct the process. Thus, the data gathered was more accurate as the participants replied expertly as they were well aware of the subject under study.

3.5.2 Convenience sampling

Convenience sampling is also known as haphazard or accidental sampling technique which depends on the conveniently available respondents from the target population. According to Etikan et al (2015), this is a form of non-probability or non-random sampling whereby respondents from sample population who are found accessible, geographical close to the researcher and also willing to participate are selected in a research process for the sake of representing the whole target population.

Adding on, in convenience sampling, the researcher selects subjects due to their proximity and convenient accessibility. The main objective of convenience sampling is to collect information from participants who are easily accessible to the researcher, in this context, the researcher met commercial sex workers and some health officials during data collection and interviewed them due to their convenient availability.

3.6 Research Instruments

Creswell (2009) defined research instruments as research measurement tools designed to obtain relevant data from the research respondents with the aim of addressing the research questions. The study of the state of preparedness of the Avenues community against the Coronavirus diseases made use of in depth-interviews, personal observation and document analysis as research instruments.

3.6.1 In-depth interviews

In-depth interviews fall under qualitative techniques, they are concerned with the performance of comprehensive individual dialogs with a trifling number of participants to explore their understanding of a specific idea, system, or situation (Baily, 2013). In depth interviews are among the most trivial of case study material fountains (Yin, 2009). Interviews are face to face situations where information is collected by asking questions as well as observing reactions. For the purposes of this research, in-depth face-to-face interviews were conducted on purposively and conveniently sampled respondents. Due to the outbreak of the disease and for the sake of observing the lockdown guidelines, the researcher conducted mobile interviews.

According to Cohen (2011), interviews enable participants, be they interviewers or interviewees, to discuss their interpretations of the world in which they live, and to express how they regard situations from their own point of view. Therefore, to get accurate data of a qualitative nature the

researcher used specifically in-depth interviews as they assisted in collecting data from individuals who have first-hand information in respect to the preparedness of the Avenues community against the Coronavirus. In-depth interviews were very useful especially in this context as they allowed the researcher to gather adequate information through interviews, there is a guarantee of a thorough exploration of concepts. In-depth interviews also ensured a high response rate during data collection thus a better cross-sectional sample. During an interview the researcher also exhibited some flexibility and could repeat or rephrase questions so that the respondent understands what is meant by a particular question.

3.6.2 Document analysis

According to Babbie (1999), document analysis is a qualitative research method whereby the researcher interprets documents in order to add a voice and context around the subject of the assessment. Documents provided background information and broad data coverage, thereby helping the researcher to contextualize one's work within the Coronavirus research. The researcher analysed reports by both governments and civil society groups on statistics of the pandemic spread, confirmed cases, deaths as well as cases of recoveries. The researcher also analysed articles and publications that also expanded the researcher's knowledge base in respect to the pandemic. Document analysis is therefore a very suitable technique for collecting data, particularly about the tendering process where that is the research's focus.

As stated by Cohen (2017), document analysis is less costly than other research methods and it is also the tool of choice when gathering new data is not feasible. The fact that the researcher was allowed to impose her own meanings during data interpretation in this study also presents another motivation behind its adoption of document analysis in this study. The researcher made use of

document analysis as primary data collection to support or verify the data that was also collected during in depth analysis hence the two research techniques employed in this study complimenting each other towards the success of the study.

3.6.3 Personal observation

This research instrument involves the researcher getting on the ground, observing and recording events that are relevant to the study. The researcher observed and recorded the situation in the Avenues community that added value to the research. The researcher observed how the community was responding to the measures that were put in place to curb the spread of the pandemic. The researcher settled for this research instrument since it provides the true picture of events and situations on the ground, making the researcher to feel the feeling of being part of the group, thus getting into the shoes of the target area as well as providing an opportunity to discover new unexpected outcomes positive or negative.

3.7 Data analysis

Babbie and Mouton (2007) defined data analysis as a process of systematic application and/or logical techniques for defining and illustrating, condensing and reaping, and evaluating data. Data analyses is described as using qualitative and quantitative analysis methods to deduce useful and relevant information (Babbie, 1999). In this context, the researcher applied the thematic analysis and content analysis.

3.7.1 Thematic analysis

According to Vogt (1999), the thematic analysis of research findings is a form of pattern recognition within data with emerging themes being the categories for analysis. It is a method which is used to identify, analyse and report patterns (themes) within data research data and the

process involves the careful re-reading and analysing of data carefully. Thematic analysis involves the capturing of data in relation to the research problem, and a reflection of some form of patterned responses or context inside the data collection. According to Criswell (2013), thematic presentation is the identification by the researcher of the recurrent and stand out themes in the data provided by the participants which the researcher would then package into salient headings and arrange them as different themes. Thematic presentation helps the researcher to pull out what the respondents concluded on each particular sub-topic of the main study topic in response to research questions.

3.7.2 Content analysis

Criswell (2013) defined content analysis as a research findings analysis that uses a series of procedures to make relevant text inferences. Content analysis is a method of systematically, critically, and observing and evaluating communication for the purpose of determining the relationship between the research variables.

The purpose of content analysis is to turn documented "real" phenomena into data that can be interpreted effectively so as to build up a body of knowledge. The study therefore used content analysis because it is appropriate for both qualitative and quantitative methods of research. According to Kumar (2005), content analysis is whereby data gathered is categorized in themes and sub-themes, so as to be able to be comparable, for implications on the research topic to be determined, for educative inferences to be made and for the researcher to decide what the sample would be generally saying in response to the research questions and overall topic

The researcher analysed written papers, reports and publications relevant to the subject matter, the Coronavirus pandemic. Kumar (2005) connotes that content analysis starts with clear declaration of the objectives or study questions that are to be examined. He also pointed out that the researcher must locate a communication source relevant to the research questions that can be solved through content analysis.

3.8 Ethical considerations

The highest ethical standards have been maintained and incorporated in all research tools and for the sake of this study interviews, analysis of focus groups and personal observation have been used. Cohen et al (2007) considers data collection as an intrusion into the private lives of the respondents hence the need to maintain a high ethical standard. According to Rich (2013), ethics are a systematic approach of understanding, analysing and distinguishing matters of right and wrong, good or bad, admirable and deplorable as they relate to the well-being of and the relationship among sentient beings. For the sake of this study, the researcher considered the following during data collection.

3.8.1 Informed consent and voluntary participation

According to Cohen (2005), informed consent is the mechanism through which the research respondents agrees to participate willingly in a research study. The researcher told all the participants of their right to participate freely in the study. The researcher ensured that all the participants were told about what the study was all about, the research techniques through which data was going to be obtained and assured that no costs or threats will be involved. The researcher facilitated discussions with the participants giving them a platform to ask any questions in as far as the research is concerned before their participation.

3.8.2 Right to withdrawal

The researcher also made sure that the respondents recognized their right to refuse to take part or withdraw at any time they felt appropriate. The researcher did this through informing the respondents that they can withdraw from participating in the study at any point in time when they feel like no longer interested in taking part in the research.

3.8.3 Confidentiality

The researcher made confidentiality safeguarding a priority throughout the research study. The participants' responses were kept privately and confidentially. In using the research tools, the researcher ensured that respondents' names or any details that may trace the exact participant's particular response were not attached. The researcher also assured the respondents that the information they provided was only going to be used for academic purposes and no information was going to be attributed back to them.

3.8.4 Anonymity

The researcher ensured that the identities of the research participants remained anonymous so that there will be no reprisals or harm brought on them as a consequence of their participation in the research. This implies the concealment of the identity of the respondents as the researcher vows to hide and conceal their identity through the use of pseudo names.

3.8.5 Privacy

The researcher respected the individual rights to be free from intrusion or interference by others during data collection. The researcher also respected the private interests of respondents in relation to their bodies, information expressed thoughts and opinions.

3.9 Summary

This chapter focused on the exploration of the research methodology that was adopted by the researcher in carrying out this study. The research design of the study was a case study which was employed under the qualitative research approach. Described as well is the sampling techniques as well as the data collection instruments adopted for this study. The data analysis methods as well as the ethical considerations were also described in this chapter. The next chapter is concerned with the presentation and analysis of data research findings.

CHAPTER 4

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter mainly focus on the analyses and presentation of data that was obtained from the research area by the researcher using research tools which include in-depth interviews, personal observation and document analyses. The information was analysed in relation to the specific research objectives of the study to understand the state of preparedness of the Avenues community against the Coronavirus disease. This chapter presents the research findings in line with the research objectives.

4.2 Socio-economic conditions characterizing the Avenues community

The Avenues is a mixed purpose suburb in Harare, Zimbabwe. It consists of blocks of apartments, businesses and diplomatic missions. The suburb is laid out in the form of a rectangular grid, about 1 km to the north of the central business district on the other side of the Harare Gardens. The area is traversed by all the major thoroughfares to the northern suburbs. Neighbouring suburbs include Milton Park and Belgravia, Alexandra Park to the north, Belvedere to the west, Eastlea and Newlands to the East and the CBD to the south.

The Avenues is mostly occupied by Black-Africans, but there are people of all races living there. The suburb has many facilities: Shopping Centres e.g. Montague, Fife Ave; Schools e.g. Dominican Convent, David Livingstone Primary School and Colleges e.g. Species College, Trust College, Ilsa College, some of the nation's best private hospitals e.g. Avenues and Westend Clinics and not to mention proximity to sporting facilities like the Harare Sports Club (where international cricket test matches are played) and the Royal Golf Club.

Avenues is a prime choice of residence for many young professionals due to its proximity to the CBD, its facilities and good transport links. Most residential units are apartment blocks or flats ranging from bedsitters to family sized apartments, garden flats, town houses to luxury penthouses. Some single unit houses set on sizable gardens still exist, but most have been turned into commercial premises or restaurants. This gives the suburb a somewhat built-up feel. Also, the Avenues has a sprinkling of restaurants, guest houses, lodges as well as Hotels e.g. Bronte and Holiday Inn hence being a strategic and conducive place for commercial sex work.

The purchasing power of the residents and those doing business in the area has been affected by the economic challenges facing the country, the research gathered suggest that due to high inflation the community has not been spared from the lack of adequate food and other basic goods. The provision of healthcare, clean water and sanitation have been limited and the community is also facing difficulties in accessing essential services.

Diminishing supply of clean water, sanitation and hygiene has raised the risk of the community amidst the global COVID-19 pandemic. Over the past two decades, Harare has experienced a gradual decline in access to clean and safe water for domestic use. This was also cemented by the WHO (2017), that over 60% of the people in Harare do not have access to safe drinking water.

The Avenues community is also affected by the political and economic instability that has characterised Zimbabwe as a country for nearly two decades. This has ruptured basic services, particularly health care. Doctors have been going on strike over deteriorating working conditions and continue to leave the country for better opportunities. Hospitals lack basic equipment such as

ultrasound machines and ventilators, and decaying infrastructure means patients might not have a place to go if officials can even diagnose them.

Some doctors have been refusing to go to work until they receive suitable protective gear to combat the coronavirus. State neglect of the health service has been long-running, ever since the imposition of structural adjustment policies from 1991. In the past years it has worsened, and the public system has nearly collapsed. Private providers offer good services to the rich who can pay, but this is limited. And they are not geared up for a public health emergency.

4.3 The measures being adopted in the Avenues community in the fight against the spread of the COVID-19 pandemic

Following the reported first cases in Zimbabwe in March 2020 and the recent rise in transmission of COVID-19 in the country, the Zimbabwean government has embarked on accelerating preparedness and response to the COVID-19 outbreak. The research findings revealed that, soon after the COVID-19 's declaration as a national disaster by the government of Zimbabwe on 19 March 2020, the President of Zimbabwe President Emmerson Mnangagwa launched a Zimbabwe National Preparedness and Response Plan for COVID-19 with a total number of 8 pillars of coordination , the establishment of a national COVID-19 Response Task Force as well as Inter-Ministerial Committee was also inaugurated respectively.

Beginning on 30 March 2020, the Government of Zimbabwe again announced a 21-day national lockdown ensuring the continuity of vital service and the lockdown was also extended by two weeks on 19 April. The national lockdown involves the restriction of gatherings, closure of

schools, restriction of the movement of people exempting those who were providing the essential services.

The researcher also observed social distancing that was being practiced at both the Westend Clinic and Avenues Clinic. Patients, visitors and the staff were being obliged to observe the social distancing. At all entrance points people were being sanitized to protect against the spread of the disease. Respondent A, one of the security members at the Westend clinic remarked:

“we are being very strict to ensure that everyone entering this clinic is sanitized first and maintain social distance. This also applies when seated, thus between two people an empty chair should not be occupied.”

The respondent stressed his responsibility as a security officer which is to ensure that no one will enter the hospital premises without applying hand sanitizer. He also said that he has another responsibility of ensuring that no one is violating the social distancing rule and that there are no people seated close to each other. This is a strict measure to ensure the spread of this virus is prevented.

The researcher also observed the presence of both the Zimbabwe Republic Police officers and the Military Police officers at the corner Leopold Takawira and Josiah Tongogara street by the traffic lights adjacent to Parirenyatwa Hospital. They also revealed how they were stopping cars and ensuring that the movements of the car owners were justified. The justification of travelling during the lockdown is a letter confirming that the traveller is offering essential services. The Zimbabwe Republic Police and the Military Police officers also confirmed that they were doing night patrols enhancing the displacement of commercial sex worker as a way of enforcing the Lockdown regulations that commercial sex workers were violating. The lockdown regulations meant that

commercial sex workers had to be confined to their homes for the sake of their safety and the safety of the Avenues community at large.

The food outlets and the shopping areas which includes Montague and Fife Ave, restaurants, guest houses, lodges as well as Hotels such as Bronte and Holiday Inn were closely monitored making sure that there are no unnecessary movements taking place as well as ensuring the practising of social distance as guided by the World Health Organisation.

During data collection in the Avenues community, the researcher observed the Goal Zimbabwe organization taking part in spreading information. The organization used a specialized mobile truck in carrying out public health and hygiene awareness campaigns and the programme also reached Avenues. The researcher observed how the truck was also distributing COVID-19 literature at the corner Leopold Takawira and Chinamano street by The Salvation Army Territorial Headquarters.

Goal Zimbabwe partnered with Zimrights in the provision of specially equipped trucks and trained staff for the COVID-19 awareness campaign in the Avenues community that emphasised the preventative messages around handwashing with soap, social distancing and other important health and wellbeing issues related to COVID-19. Zimrights also distributed masks and free hand sanitizers to the commercial sex workers who were found roaming the street of the Avenues community.

The research gathered that the trucks were a particularly effective way of reaching out to the Avenues community safely, particularly during the lockdown, when other community engagement activities were not possible. The trucks move through communities spreading messages using

loudspeakers by engaging people (practicing all prevention measures) at food distribution points, at the Harare Sports Club and the Royal Golf Club

Zimbabwe's premier private healthcare organization, Medical Investments Limited, operating as The Avenues Clinic, also joined forces with the Zimbabwean government and the World Health Organisation in the fight against the Covid-19 pandemic with the.

The hospital built a program to assist in isolating, treating, and caring for Covid-19 patients, as the country continues to report a rise in positive cases. Respondent B, one of the officials from the Ministry of Health and Child Care remarked that:

“ this foundation which was named Montagu Covid-19 Relief Trust was set up on the basis of the government's call to private players to assist with facilities that can be temporarily built as Covid-19 relief centres to increase the nation's bed space, this foundation is a program that falls under the Avenues Clinic Corporate social responsibility program and they are anticipating nothing as a return from this kind gesture ”

The study also gathered that the foundation was set-up motivated by the need to assist the nation in ensuring the highest degree of preparedness in the face of the anticipated Covid 19 rise in cases. According to the spokesperson of the hospital, the initial response measures of The Avenues Clinic focused on protecting staff, patients, physicians and visitors who visits Avenues Clinic and now effort is now put on ensuring the availability of all the required facilities in fighting the virus such as ventilators and enough protective clothing for the health personnel.

4.4 The limitations associated with the measures being adopted in the fight against Coronavirus in Avenues.

The heavy-handed enforcement of the lockdown by the police and army in the Avenues community has raised a lot of questions among most of the research respondents on whether the government is fully aware of the adverse impacts of its Covid-19 response on food security. Violations of the lockdown have continued across the country as people leave their homes to look for food hence a poor state of preparedness in the fight against the Coronavirus disease.

The researcher employed the observational research and gathered that in Avenues the lockdown was mainly observed by the business sector in the community, the residents observed the lockdown during the first phase, however, due to the lack of food and other basic commodities the Avenues residents started to move around in search of food and other basic commodities. This was cemented by the comment made by Respondent C, one of the commercial sex workers during an interview which was facilitated by the researcher;

“With most of the residents in this community still unable to put food on the table, the COVID pandemic threats are much broader and deeper leading to poverty.”

The above was cemented by Chikuya (2020) who argued that the Zimbabwe authorities instituted a 21-day national lockdown on March 30 to reduce public transmission of the coronavirus, however the measure was always going to be difficult to enforce in a country where labour unions have said as much as 90 percent of the population do not have jobs in the formal economy.

The lack of adequate water supply to the residents of the Avenues community is further subjecting the residents to the great risk of contracting the disease. A resident in the Avenues community, respondent D, commented that;

"I doubt that we are prepared as a community to mitigate or respond to this deadly coronavirus, as a resident of the Avenues Bachelor Flats here our main concern is running water. This lack of water has several effects, especially on diet and hygiene''

Since the COVID-19 outbreak began in China at the end of last year the worldwide mantra has been to "wash your hands" thoroughly and often to avoid contracting or spreading the virus. But Zimbabwe is on its knees after two decades of economic misrule, basic infrastructures are failing to provide adequate water and sanitation to the Avenues community. The failure of the City of Harare to provide sufficient safe water would severely undermine the Zimbabwe government's efforts to fight the virus and protect people's lives, hence a poor state of preparedness in the face of the Coronavirus disease. Respondent E, another commercial sex worker who resides in Avenues commented had this to say:

"Honestly, I do not know how they expect us to survive, the shops and the markets are closed and there are no jobs. We are now forced to violate the lockdown regulations and go out at least to ensure that our children have something to eat. We are only trying to survive and I think we are not prepared to face this plight because we don't really know how it spreads, it's scary."

This indicated how hard it is for people to comply with government regulations and health guidelines when they are in dire need and hungry due to disruption of their everyday life. The

researcher gathered that before the lockdown some commercial sex workers could have five or six clients per day and raising over USD 50, but it dropped to one or none. Although some are still stuck to street corners waiting for clients, some have resorted to social media as a more reliable, more profitable and more secure channel of doing business. However, there is still a challenge of meeting up with the clients due to the lockdown. Some do not have televisions so they rely on hearsay for knowledge about the disease, at times trucks are using loud speakers but due to the distances at times people fail to hear anything.

According to the research findings the avenues community is characterised with insufficiency in respect to the health facilities required to fight the spread of the Coronavirus. For example, the Westend, Avenues and Westend clinic are not even well equipped to tackle the disease due to the lack of personal protective equipment. One of the respondents stressed out that even Wilkins Hospital, which is the first health care quarantine facility in the country, does not have sufficient facilities such as proper ICU beds, ventilators to assist breathing and even protective equipment for health workers themselves, they are actually put under a health threat, given that there are already recorded cases of death of health workers in better developed countries and well prepared than Zimbabwe. Junior doctors and nurses went on strike in the month of March when the country registered its first COVID-19 case in protest due to the shortage of protective equipment and did not return to work.

The research findings also revealed that while hospitals that can function as isolation centres have been established and are being upgraded with the aid of the Chinese government and the private sector in Zimbabwe, the country has limited testing capacity. Patients needing critical care are referred to the main health facilities in the Avenues community (Avenues Clinic, Avenues Clinic

and the Westend Clinic) have no adequate ICU facilities and ventilators needed in case of any Covid 19 case. Zimbabwe, like other African nations, has received 20,000 test kits, 100,000 face masks, and 1,000 Jack Ma Foundation protective suits.

An important item to be carefully considered in every Respiratory Infectious Disease Preparedness Plan such as COVID-19 is the availability of vital supplies like personal protective equipment (PPE) and hand hygiene and environmental products and the inadequate availability of these in the context of the Avenues community presents a case of the unpreparedness of the community in the fights against the Coronavirus disease. This is in line with the caution of the Zimbabwe-watcher Ian Scoones at the Institute of Development Studies that, these are all conditions for the rapid spread of COVID-19, certainly in urban centre townships and that the lack of adequate facilities in the face of Covid 19 is a recipe for a major catastrophe for pandemic preparedness planners. According to the Pandemic Preparedness Guide (2014), protecting healthcare workers on the front lines requires availability and appropriate use of a range of (PPE) including N95 respirators, face masks, gowns and gloves which are crucial to protecting patients, hospital staff and visitors. Thus, having these will boost confidence they need to perform at the highest levels of effectiveness and efficiency in doing their work.

The researcher gathered that there have been increasing reports of corruption and brutality perpetrated by members of the Zimbabwe Republic Police (ZRP) in the area as they endeavour to maintain law and order in the country. Members of the community were being forced to pay bribes in exchange for their freedom after being arrested or to operate their businesses outside the gazetted timelines. To coerce suspects to pay bribes, these police officers threaten that all those refusing to

comply will be held in custody for the 21 days lockdown. This has compromised the measures that have been adopted by the government such as lockdown and social distancing.

4.5 Summary of findings

The core motive of this research was to examine the state of preparedness of the Avenues community against the Coronavirus and the study sought to achieve this through addressing to the following research objectives:

- To trace the socio-economic conditions characterising the Avenues community in the face of Covid 19.
- To identify the measures being adopted in the Avenues community in the fight against the spread of the Covid 19 pandemic.
- To examine the limitations associated with the measures being adopted in the fight against Coronavirus in Avenues.
- To proffer recommendations towards effective Covid 19 preparedness within the Avenues community.

Avenues is a community found 1 km to the north of the Harare Central Business District on the other side of the Harare Gardens. It is a busy community due to its proximity to town. The community is characterised with shopping centres, businesses, high prevalence of sex workers and major health clinics which includes Westend Clinic, Baines clinic as well as Avenues Clinic. The community is also subjected to the economic hardships in the country, poor health facilities, most residents surviving from the informal sector. Poor service delivery by the City Fathers, water shortage as well as food insecurity and high rate of unemployed youths.

The avenues community has been following the guidelines of the Zimbabwean government in response to the pandemic. The Government declared the pandemic as a national disaster 19 March 2020 and embarked on social distancing, lockdown, sanitization of people in companies, health care clinics, the restriction of public movement with strict monitoring by the ZRP officers and the Military police. The civil society have also been supporting the government in the area through awareness campaigns, provision of health facilities to both individuals and health institutions in the community.

The researcher however gathered that all these measures have been limited by the inadequate food suppliers and water that have forced people to go out in search of them. Social distancing has also been compromised by the fact that most of residents rely on the informal hence going out to work for the attainment of basic commodities. The predicament, echoed in the health facilities highlights the sheer unpreparedness of the community's health care system as the new coronavirus spreads around the country. The corrupt security officers have also compromised the social distancing through receiving bribes from the people. All these limitations presented the Avenues community as less prepared against the Coronavirus hence the research proffered recommendations at individual, community and the government level to ensure that the community is prepared in the face of the deadly pandemic.

4.6 Conclusion

This chapter presented the findings obtained from the study that was carried out in Avenues community in Harare. There was a total of four objectives that the researcher was responding to in the presentation and analyses of data. Initially the researcher started looking at the socio-economic conditions characterising the Avenues community in the face of Covid 19. The second objective

was concerned with the measures being adopted in the Avenues community in the fight against the spread of the Covid 19 pandemic. Objective three focused on the limitations associated with the measures being adopted in the fight against Coronavirus in Avenues and finally the chapter presented the recommendations towards effective Covid 19 preparedness within the Avenues community. The study however has been successful in answering these questions leading the study to the next chapter which is research conclusion and recommendations.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter serves to present conclusions on the entire study of the state of preparedness of the Avenues community against the Coronavirus virus. The chapter also includes recommendations with possible solutions to the gaps within the state of preparedness of the Avenues community.

5.2 Conclusion

This dissertation's main scope was to examine the state of preparedness of the Avenues community against the Coronavirus diseases. The dissertation paved way for the intense understanding of the socio-economic conditions characterising the Avenues community and how it is being impacted by the measures being adopted at both community and national level in responding to the pandemic. The study gives the evidence of how the Avenues community is less prepared against the pandemic, if the virus spreads through the community, the consequences could prove disastrous due to conditions such as the lack of facilities, poverty, food insecurity, water scarcity and policy inconsistency that have made the community more vulnerable to the pandemic regardless of the measures being adopted to curb its spread.

5.3 The recommendations towards effective Covid 19 preparedness within the Avenues community

The study therefore recommends the following:

- Strengthen the Social Safety Net such as NSSA, Social Welfare, among others, which provide basic needs in times of crises. This will help people to comply with the given regulations and health guidelines as their primary welfare concerns will be catered for. This will go a long way in curbing the spread of the virus as movement will be reduced from people trying to work just to provide food for their families. This has to include everyone, especially the less privileged and the marginalised in community
- The research recommends establishing peer groups on social media such as WhatsApp for peer education regarding COVID-19. Peer groups facilitate the spread of information faster and peers can easily be each-others keeper in adhering to the information known and available to eliminate contact, to reduce transmission. This will enhance the knowledge base of the residents of the Avenues community in respect to the Coronavirus hence being committed in the fight against its spread.
- The study recommends that the Zimbabwean government and the Harare City Council should reach out to private organizations and stakeholders who are willing to provide alternative sources of safe drinking water, drilling safe boreholes and protected wells, and educate residents about simple low-cost safe water storage methods. This initiative needs urgent attention as safe and water is crucial to the prevention of the spread of COVID-19.
- The government and other stakeholders should ensure access to free or affordable screening, testing in the community checkout and check in points, or establishing of mobile clinic, individual homes and work places within the area should also have adequate

facilities to curb the spread of the disease.

- The government and the civil society organisations should provide wage subsidies to people and firms throughout the lockdown phases. Both cash and in-kind assistance should be offered, especially for vulnerable groups such as the poor and the sex workers in the Avenues community through their associations.
- Finally, the study suggests that instead of relying on the promulgation of statutory instruments, there is need for beefing up of the Civil Protection Act and formulation of a new omnibus law to deal with public health emergencies and natural disasters. The country needs an aggressive enabling policy framework so that future responses build on a strong policy infrastructure and legislative superstructure.

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APPENDIX

INTERVIEW GUIDE FOR THE AVENUES RESIDENTS



MIDLANDS STATE UNIVERSITY INTERVIEW GUIDE TO RESIDENTS

My name is Tapiwanashe Nyamukapa (R163641J) a student at Midlands State University doing Bachelor of Arts degree in Development Studies. As part of the fulfilment of my degree Programme, I am carrying out my dissertation research focusing on state of preparedness of the Avenues community against the Coronavirus disease.

Date

1. How long have you been staying in Avenues?
2. May you comment on the socio-economic conditions characterizing this community?
3. What is your understanding about the Coronavirus disease?
4. What government measure have affected the government and other stakeholders in the fight against the spread of the pandemic in your community.
5. What coping strategies have been adopted at community level towards the preparation against the disease?
6. What is the impact of these measures on your livelihood?
7. How prepared is the community after the adoption of these measures?

8. What strategies do you recommend towards effective Covid 19 preparedness within the Avenues community?

.....**Thank you for your time**.....