

Medical Evidence of Post-Election Violence
in Zimbabwe (1 August - 5 September 2018)

ZIMBABWE: A NEW ERA / **ERROR?**



A Report by:

ZIMBABWE ASSOCIATION OF DOCTORS FOR HUMAN RIGHTS



**ZIMBABWE:
A NEW ERA / ERROR?**

**Medical Evidence of Post-Election Violence
in Zimbabwe (1 August - 5 September 2018)**

**A Report by:
ZIMBABWE ASSOCIATION OF DOCTORS FOR HUMAN RIGHTS**



October 2018

Compiled by::

Dr Norman Matara (MBChB, MPH)

Dr Fortune N Nyamande (MBChB)

Cover Photo Credit: www.ncronline.org

About Lead Authors

Dr. Norman Matara is a graduate of the University of Zimbabwe (MBChB) and University of Leeds (MPH-International). He has over ten years' experience in human rights work, having joined the ZADHR as a medical student in 2007. Over the years, he has worked with victims of organized violence and torture as well as disadvantaged and minority groups such as the LGBTQI community, young girls and prisoners. He has received training in medico-legal documentation, examination and treatment of victims of torture and ill-treatment. Norman has held several key leadership positions in his medical career. He was elected the National Secretary General (2011-2013) for the Zimbabwe Hospital Doctors Association and currently sits on the board of ZADHR where he serves as Board Treasurer. In 2015 he was offered the Chevening Scholarship for future leaders by the Foreign and Commonwealth Office to study for a Masters in Public Health at University of Leeds and in 2017 he received the Mandela Washington Fellowship for Young African Leaders which saw him spending 6 weeks enhancing his leadership skills at Drake University in the United States of America. He was also awarded the John Griffiths Award for distinctive work by the university of Leeds.

Dr. Fortune Nyasha Nyamande graduated from the University of Zimbabwe with a Bachelors Degree in Medicine and Surgery (MBChB) and worked for the Ministry of Health and Child Care as a medical officer for four years. He was awarded the Humphrey Fellowship which target mid-career professionals for academic and professional development in the United States, sponsored by the United States Department of State. He did a Fellowship in Public Health Policy and Management at Emory University where he received academic training in Health Economics, Research Methods, Interdisciplinary Perspectives on Human Rights, Complex Humanitarian Emergencies and M&E of Development programmes. He also took training programs in Social Justice and Development (Emory University) and Project Development and Entrepreneurship (Conkrite Global and Arizona State University). During that time, he also worked with the Human Rights Watch in New York in the Health and Human Rights Division and worked with the Population Reference Bureau in Washington DC. He was elected National President (2014-2016) of the Zimbabwe Hospital Doctors Association, seconded to the Health Services Board Bipartite Negotiating Panel and the Health Workers Apex Council and sat in the Education Liaison Committee of the Medical and Dental Practitioners Council of Zimbabwe. he previously worked as the Director of Youth Agenda Trust. Currently he is studying for a Master of Public Health at Umea University in Sweden. He also sits on the boards of Youth Agenda Trust and ZADHR where he serves as National Spokesperson.



Foreword

The strengthening of a democracy demands full and unfettered participation by all within the confines of the law. In cases where there are restrictions to accessing medical care for human rights defenders and victims of organized violence and torture there is need to cushion those frontline defenders by providing medical care in times of emergencies. As an association of health professionals, informed by the history of violent elections, ZADHR established response and referral network of practitioners to provide care to victims of political violence. To this end, this report is a compilation of cases ZADHR member practitioners attended to.

On behalf of the ZADHR Board and membership I would like to extend my utmost appreciation to all who made our work possible professionally and financially. Special mention goes to Dr Norman Matara and Dr Fortune Nyamande for compiling this report and to the Director, Calvin Fambirai and ZADHR staff for making the initiative a success.

Thank you



Dr. Brighton Chizhande
ZADHR Chairperson

Table of Contents

Content	Page
List of Acronyms	1
Zimbabwe Association of Doctors for Human Rights	2
Campaign Against Organized Violence and Torture	2
Executive Summary	3
Background and Context	5
Legal and Constitutional Obligations Analysis	9
Methods	11
Nature of Services	11
Identification of Cases	12
Victims' Protection	12
Medical Findings / Evidence of Violations	13
Gunshot Cases	13
Assault / Beatings Cases	16
Stampede Cases	20
Intimidation And/or Displacement Cases	21
Arson Cases	29
Rape Case	30
Stoning Case	30
Summary of Cases	31
Effects of Violence and Ill-treatment on Victims	37
Recommendations and Conclusion	39
Government of Zimbabwe	39
Medical Profession and Civic Society	40
Organizations	41
Citizens and Victims	41
References	42



List of Acronyms

CSO	Civic Society Organisations
ICCPR	International Covenant On Civil And Political Rights
MDC-A	Movement For Democratic Change- Alliance
OVT	Organized Violence And Torture
POSA	Public Order Security Act
PTSD	Post-traumatic Stress Disorder
RAU	Research and Advocacy Unity
UDHR	Universal Declaration Of Human Rights
ZADHR	Zimbabwe Association Of Doctors for Human Rights
ZANU-PF	Zimbabwe African National Union - Patriotic Front
ZEC	Zimbabwe Electoral Commission
ZNA	Zimbabwe National Army
ZUM	Zimbabwe Unity Movement



Zimbabwe Association of Doctors for Human Rights

The vision of the Zimbabwe Association of Doctors for Human Rights (ZADHR) is the enjoyment of the highest attainable standard of health by all Zimbabweans through a health service and health service providers that promote the right to health. ZADHR exists recognizing the position of health professionals as frontline witnesses to health rights violations and we initiate, support and encourage medical practitioners to offer their professional services towards the promotion and protection of human rights, especially the right to health. ZADHR has a track record of more than fifteen years documenting human rights violations in Zimbabwe, including the 2005 Operation Murambatsvina and the 2008 post-election violence that characterized the 2008 presidential election runoff, amongst other health and human rights violations. ZADHR's exceptional work was recognized in 2009 when the organisation won "arguably the most important prize in health and human rights," the Jonathan Mann Award for Global Health and Human Rights (JHSPH, 2009).

Campaign Against Organized Violence and Torture

The Campaign Against Organized Violence and Torture Program is central to the work of ZADHR. ZADHR was formed in 2002 as a response to increase of cases of State sponsored violence and torture on civilians and political players and activists in Zimbabwe and the failure by other medical associations in Zimbabwe to come up with an appropriate response. Since then, ZADHR has successfully mobilized and trained hundreds of medical professionals in speaking against organized violence and torture, documenting evidence of OVT, properly manage victims of OVT, and demand justice for the victims from the responsible authorities.



Executive Summary

Elections in Zimbabwe have been characterised by violence which usually occur during the pre, peri and post-election period. Since 1980, when Zimbabwe attained political independence, various degrees of violence has been witnessed and documented.

The 2008 post-election period is a dark period in the history of Zimbabwe. After the then president Robert Mugabe lost the first round of elections to Morgan Tsvangirai in the March 2008 election, a wave of violence against alleged opposition supporters was witnessed in the country, which resulted in over one hundred people losing their lives and over six hundred people being displaced from their homes. However, in November 2017, after a military intervention Robert Mugabe resigned from the presidency and Emmerson Mnangagwa was sworn in as his successor.

The new president promised a new style of government and sought re-engagement with Western countries. Indeed, the new president preached peace and promised a violent free election. Western countries saw the upcoming 2018 election as a key measure of the government's will to uphold human rights and put a free, fair, credible and violent free election as the ticket to re-engagement. Thus, the 2018 Zimbabwean harmonized election on 30 July attracted a lot of attention, locally, regionally and internationally.

The pre-election period and election day were relatively free of violence. However, after the casting of votes, and before election results were announced, opposition party supporters in Harare took to the streets to protest the alleged rigging by the Zimbabwe Electoral Commission on 1 August 2018. After the anti-riot police realized they 'could not contain the protesters', the army was called in to assist, but there was disproportionate and indiscriminate use of force, resulting in the death of at least 6 civilians and a lot more were injured. In the following days the army carried out a crackdown in Harare's high-density suburbs that included beatings and harassment of people. In



other areas such as Muzarabani, Mutoko and Maramba-Pfungwe, opposition supporters and party polling agents were displaced from their homes after being threatened with torture or death, or both.

ZADHR provided emergency medical and surgical treatment to victims, conducted rigorous in-depth interviews with survivors and offered psychological counseling services. The medical and surgical evidence, gathered from experienced clinicians who have all received training in treating and documenting cases of OVT, strongly corroborates the clients' allegations of violence and psychological trauma from current and previous political violence.

During the period 1 August 2018 - 5 September 2018, ZADHR attended to 72 cases of politically motivated violence, involving 102 victims. The report gives a summary of the physical and mental findings after the victims were interviewed and examined by trained health professionals. The report concludes by giving recommendations to the government of Zimbabwe and Civic Society Organizations on the way forward to prevent further cases of politically motivated election violence.



Background and Context

Zimbabwe has a history of political violence which usually escalates during the pre, peri and post-election period. Makumbe, cited in Mapuva and Muyengwa-Mapuva (2014), argues that at the attainment of political independence in 1980, "... ZANU (PF) took on a commandist and regimentalist character rather than a democratic character in its operations." Violence has been part of virtually every election since 1980, with anyone who dares to oppose the establishment labelled a traitor whose ambition is to reverse the gains of independence (Masunungure, 2009). In 1990, Edgar Tekere received unprecedented support for his opposition of the then president Robert Mugabe. Members of his party, ZUM, were targets of violent attacks which left at least five people killed. Former Gweru mayor, the late Patrick Kombayi survived an assassination attempt after he was shot in the abdomen, and the perpetrators were pardoned immediately afterwards (NewsDay, 2013).

More violence was witnessed in the 2002 Presidential election, with more people openly supporting the opposition party, violence, intimidation and coercion was systematically employed as a strategy to diminish support for the opposition. Although the opposition was also involved in violence, their responsibility in such activities was reported to be far less than the ruling party, which committed the bulk of the crimes (Melbar, 2002). More and even severe violence was to be witnessed in the 2008 presidential runoff election. "ZANU-PF quickly responded to the loss of its parliamentary majority for the first time since independence and its leader finishing second in the presidential vote by unleashing a systematic and brutal campaign of violence against the



opposition" (Human Rights Watch, 2008). More than one hundred people were murdered and over six hundred people were displaced from their homes (Human Rights Forum, 2008). RAU, reports that Zimbabwe is the most politically violent country in Southern Africa since the civil wars ended in Angola and Mozambique and after Namibia and South Africa gained independence. "The country was born out of a particularly violent struggle against white settler domination, entered a new internecine conflict in the 1980s, and, since 2000, has been the subject of violent elections, mass displacements, and continuous repression." (RAU, 2018).

In November 2017, Robert Mugabe was forced to resign from the presidency after a military intervention coined "Operation Restore Legacy". Although citizens took to the streets to celebrate the end of Mugabe's rule, human rights organisations such as the Research and Advocacy Unit (RAU) were concerned about the military's involvement in the civil affairs of the nation and questioned the military's role going into an election in 2018. RAU described this new era in Zimbabwe as "new and potentially dangerous" (RAU, 2018).

Emmerson Mnangagwa who took over the presidency from Mugabe, was Mugabe's henchman and has been accused by some sections of the media as being the mastermind of most of the atrocities that happened under the Mugabe regime (VOA, 2017, Newsday, 2017). After being sworn in as president however, Emmerson Mnangagwa called all Zimbabweans to embrace a new era, let bygones be bygones and forget the past, and he declared Zimbabwe 'Open for Business'. After decades of being in isolation, Zimbabwe sought re-engagement with the West. Indeed, western observers were called in to observe the



2018 Zimbabwe harmonized elections. The president promised a free and fair, credible and violent free election.

It is against this background that the 2018 election in Zimbabwe attracted a lot of media attention locally, regionally and internationally. The first election in almost 20 years without the fierce rivals Robert Mugabe and Morgan Tsvangirai on the ballot paper. The pre-election period was relatively violent free, with few cases of voter intimidation and intra-party violence from both the opposition and the ruling party recorded. The opposition held several demonstrations against the Zimbabwe Electoral Commission, again, these were violent free, with the police maintaining peace during the demonstrations and not violently dispersing demonstrators as what happened during the Mugabe era.

On voting day, voting proceeded peacefully, no cases of violence were reported to ZADHR. However, on 1 August 2018, opposition supporters expressed growing impatience over the slow release of the historic presidential election results, and they took to the streets, alleging that their vote was being "stolen". What started as a peaceful protest quickly turned violent, with opposition supporters allegedly burning cars and buses belonging to Zanu PF.

The army was called in to assist in dispersing the protestors. What followed shocked the whole world. Within a few minutes of the army's deployment, Harare's CBD resembled a warzone, with army vehicles and helicopters patrolling the city, and soldiers opening live ammunition to the fleeing protestors. People died, more were injured, and the streets was filled with broken glasses and blood. There were inconsistencies



from different arms of government in owning up to who exactly ordered the army shootings.

The president later assembled a Commission of Inquiry to investigate what really happened, and by time of writing this report the commission had not yet published their findings. Following this fatal day, soldiers were alleged to have been deployed in Harare's high-density suburbs where cases of organized violence and torture were reported. In rural Zanu PF stronghold areas like Muzarabani and Maramba-Pfungwe areas, opposition supporters and leaders were threatened with violence and fled their respective homesteads.



Legal and Constitutional Obligations Analysis

Zimbabwe's regional and international obligations on the freedom of assembly and protests are captured by Chengeta T (2016) in an opinion paper titled, "Policing protests and Zimbabwe's international obligations" where he posits that the Government of Zimbabwe has a legal obligation to facilitate peaceful protests and that security forces present during protests have a mandate to maintain peace and order, and arrest those who break the law during protests. Protesters also have an obligation to make sure they protest in a peaceful manner and resort to violence and destruction of property.

Zimbabwe is legally bound by its domestic laws and by all the international and regional treaties and covenants that it signed and ratified. How Zimbabwe adheres to its international obligations is of utmost importance as it plays a pivotal role in how other states relate to us. The new government has pledged to re-engage the international community, hence adhering to obligations set out in domestic and international laws will go a long way in measuring how serious the new government is with its re-engagement stance.

The Universal Declaration of Human Rights (UDHR) and the International Covenant on Civil and Political Rights (ICCPR) provides for the freedom of assembly. Zimbabwe acceded to the ICCPR in 1991, thereby accepting all the obligations set there forth in the covenant. More importantly, Zimbabwe signed and ratified the African Charter on Human and Peoples Rights in 1986. Article 11 of the charter states that "every individual shall have the right to assemble freely with others." It is therefore important that this right to assembly is protected, and more so, there is need for government to protect citizens from other human rights violations during protests as certain rights are at stake during protests.



The right to life, physical integrity and human dignity of protesters should be preserved.

The African Charter on Human and People's Rights (ACHPR), the ICCPR and the UDHR all states that states have an obligation to prevent arbitrary killings by their own security forces. The deprivation of life by state authorities is a matter of utmost gravity (Chengeta, 2016). The shooting and subsequent deaths of civilians by the army is in direct violation of the provisions set in these international treaties.

In 1990, the UN Congress adopted the Basic Principles on the Use of Force and Firearms. Under this document, firearms may not be used against persons (protestors) except in situations where police officers must act in self-defense and where extreme means are unavoidable. Basic principles state that lethal force may only be used where a police officer needs to protect his/her life or the life of another person. From images and videos of the August 1 post-election violence, army officers were not acting in self-defense when they shot at civilians, as protestors were fleeing and not retaliating thus posed no immediate danger to army officers and the general public.

Further, both domestic and international law prohibit the use of torture. The Convention Against Torture (CAT) and the Zimbabwe Constitution prohibit torture under any circumstances "No person may be subjected to physical and psychological torture or to cruel, inhuman and degrading treatment or punishment" (Section 23). The huge disparity between the absolute prohibition of torture and its prevalence in the country demonstrate the need for the State and other relevant stakeholders to identify and implement long lasting solutions to protect vulnerable individuals and communities from organized violence and torture.



Methods

This report was written by ZADHR doctors who attended to and documented cases of post-election violence between the period 1 August to 5 September 2018. The report comprises of an analysis of medical records of 72 cases involving 102 victims of OVT that were attended to by ZADHR doctors during this period.

The report does not include all cases of OVT but includes the cases which were only attended to by ZADHR doctors. Some cases might have been missed as not all the victims reported to ZADHR and some cases were attended to by other organisations who were conducting similar work. ZADHR doctors did not get the chance to interview the alleged perpetrators to corroborate the cases, but every effort was put to compare the clinical history to the physical and mental examination findings to see if the allegations were consistent with physical findings.

Nature of Services

ZADHR facilitated emergency and non-emergency consultations by a team of highly specialized medical professionals, comprising of specialist orthopedic surgeons, anesthetists, forensic pathologist, psychiatrists and over 15 general medical practitioners. Sources of information for this report were documented patient's clinical history, physical examination, psychological examinations and clinical investigations done on the victims. The medical and surgical evidence, gathered from experienced clinicians who have all received training in treating and documenting cases of OVT, strongly corroborates the clients' allegations of violence and psychological trauma from current and previous political violence.



ZADHR was also able to objectively back the sequelae of torture (physical or mental) through forensic expertise, highly useful for relevant human rights and legal bodies funders as well as useful locally in pursuance of judicial proceedings with consequent compensation for damages as well as compensation for partial or permanent disabilities.

Identification of Cases

Cases of OVT were identified through a variety of sources which included setting up a ZADHR emergency preparedness response network, from support organisations and from direct contact with victims or their relatives through a hotline. The criteria for inclusion were cases of OVT occurring between the period 01 August -5 September 2018, ability for ZADHR to offer medical services at an institution appropriate for the victims' nature of injuries, where the safety of victims could be assured, and lastly willingness of the victim to be treated by a ZADHR medical professional.

Victims' Protection

ZADHR made efforts to ensure victims protection and confidentiality and to protect from potential further violence that could arise from their contact with ZADHR. Code names and not real names are used in this report. Medical consultations were conducted in a culturally acceptable and private setting. Apart from receiving medical care, victims did not receive any financial benefits for them to be seen by ZADHR doctors.



Medical Findings / Evidence of Violations

Gunshot Cases

1. MALE PATIENT (41) patient who is a street vendor in Harare's CBD. He was selling his goods along Nelson Mandela Avenue when he encountered a group of soldiers who told him to go leave town. As he was walking towards Angwa street he met a second group of soldiers who told him to turn back and head towards the direction he was coming from. He refused to do so as he saw that where they were telling him to go people were being beaten by soldiers. He tried to run away and was shot and sustained a laceration on his left foot. Had an entry bullet wound on the posterior aspect of the left ankle. Entry wound showed that this victim was shot from the back. He had extensive soft tissue injuries to the left foot but no fracture.

2. MALE PATIENT (31). Victim is a cellphone vendor in Harare. He alleges that he was crossing the road near former Ximex mall to meet a potential buyer when he saw a group of people running away from uniformed soldiers. Before he could figure out what was happening, he felt what was like an "electric shock" in his right forearm. Seconds later he saw blood all over his right upper limb. The victim had been hit by a bullet. He sustained a comminuted compound fracture of the right ulna.

3. FEMALE PATIENT (28). She was coming from work near 4th street in Harare when she was hit by a bullet on the forearm. The bullet pierced through her forearm and went on to kill a bystander. She sustained a deep laceration on the forearm but had no fracture.

4. FEMALE PATIENT (45). Victim was shot in the chest, fortunately the bullet missed major vessels and vital organs. She had extensive soft tissue injuries and had difficulties in mobilizing the right shoulder. She had multiple sessions of physiotherapy. This victim survived on part time manual labour jobs and after this assault she couldn't carry out her usual jobs. Her source of living was heavily affected, and her daughter ended up dropping out of school for some period. This affected her psychological well-being in addition to the physical trauma she endured.



5. MALE PATIENT (34). Sustained extensive soft tissue injuries after he was hit by a bullet on the right distal forearm on 1 August 2018. He was attending to his personal business in Harare CBD when the soldiers shot at him. X-rays revealed that he had no fractures. His wound had multiple foreign bodies and needed debridement and daily dressings.

6. MALE PATIENT (26) who is employed as a Disc Jockey (DJ) at a local club. He narrated that he had just purchased a new laptop in town, when the shop owner accommodated a group of people who had come running for cover. The shop owner advised them to remain in doors until it was relatively calm. A few minutes later, the shop owner started worrying about the possibility of having his shop burnt down for accommodating people who were being chased by the army. He then advised everyone in the shop to get out and look for another place to hide. He remembers that one of the persons in that shop had told him that he had left his 'kombi' (commuter omnibus) outside the shop and they would use it for cover and transport. The kombi driver then ran towards the kombi, but he could not make it to the kombi as he was shot in the chest and fell powerlessly. When he was trying to help him, he felt a piercing sting on his right thigh and he dropped the kombi driver and ran away. He wasn't aware of the fate of the kombi driver. He presented later to a ZADHR doctor with a necrotic wound that needed debridement.

7. FEMALE PATIENT. (21) Was shot on the posterior aspect of the left calf and sustained extensive soft tissue injuries. She is a college student who was having her routine business in Harare CBD when she was shot by the soldiers. She missed several weeks of school as a result of this injury.

8. MALE PATIENT (41) who was shot in the chest by soldiers and died on the spot. He was certified dead by a ZADHR doctor at Parirenyatwa Hospital. However, when the doctor tried to examine the body to ascertain the full nature of the injuries, he was stopped by a suspected State agent and the body was whisked away. Postmortem results could not be obtained.

9. MALE PATIENT (26). Was walking in Harare CBD on 1 August when he was shot on the right thigh. He sustained a degloving injury to the right thigh. He presented late to the hospital due to lack of funds. His wound



became necrotic and needed debridement in theatre.

10. MALE PATIENT (Age unknown) who sustained a gunshot wound to the pelvis on the 1st of August. The victim was shot by soldiers in Harare CBD whilst fleeing from them. Bullet was lodged in the pelvis but missed visceral organs. X-rays revealed no fractures. He was taken to theatre and the bullet was removed by the surgeons.

11. FEMALE PATIENT (Age unknown) who had a penetrating gunshot wound on the left buttock after she was shot by soldiers on 1 August in Harare's CBD. She narrates that she was walking in the CBD when she suddenly saw a mob running away from soldiers. She started running too but unfortunately, she was shot, and the bullet lodged in the left buttock. X-rays revealed that she had no fractures. Bullet was removed in theatre by the surgeons.



Assault/Beatings Cases

1. MALE PATIENT (22). He had accompanied his uncle to Gulf Complex in Harare on 1 August 2018 when he was assaulted with a bottle by a uniformed soldier and sustained a deep laceration on the left palm.

2. MALE PATIENT (28). He is a vendor who alleges he was assaulted near Harare Gardens by soldiers on 1 August 2018. He described the objects used during the assault as "something which looked like a machete" and sjamboks. Sustained soft tissue injuries and had a deep laceration approximately 4cm on the left upper eyelid.

3. MALE PATIENT (33). He told ZADHR he was attacked by soldiers near Netone Building in Harare CBD on 1 August. Victim was assaulted with a baton stick. He lost one upper incisor tooth and had a deep laceration on the lower lip which was later repaired by a maxillofacial specialist.

4. MALE PATIENT (30). He told ZADHR that he was going to work in his usual work uniform around 5pm on 1 August. He saw people being assaulted by soldiers around Copa Cabana area and he started running. At corner Julius Nyerere and Jason Moyo, he met four uniformed soldiers who stopped him. He tried to run away but the soldiers fired two shots into the air and he stopped running. They then assaulted him with multiple blunt objects despite the fact he was in work uniform and was likely not part of the demonstrators. He sustained a fracture of the clavicle plus soft tissue injuries.

5. MALE PATIENT (33) who told ZADHR that he was assaulted with baton sticks on the back and lower limbs by uniformed soldiers on 1 August 2018. He sustained extensive soft tissue injuries and up to date complains of intermittent backache. About 3 weeks after the assault he was admitted at Chegutu district hospital after he presented with severe acute backache.

6. MALE PATIENT (44). He told ZADHR he was attacked by uniformed soldiers on 1 August 2018, along Beatrice road when he had come to



pay school fees for his child. He remembered that he was dragged out of a moving vehicle and assaulted for about five minutes with several blunt objects. He sustained moderate soft tissue injuries to the head and back.

7. MALE PATIENT (43). Sustained moderate soft tissue injuries to both lower and upper limbs after being assaulted by soldiers with baton sticks in Harare CBD on 1 August 2018. He narrated that soldiers were beating anyone they met on the streets regardless of whether you were participating in the demonstrations or not.

8. MALE PATIENT (29). He narrates that he was instructed to get into a military truck where three armed men took turns assaulting him for close to two hours. He was later forced into a white Ford truck, where he was blindfolded, beaten and he felt being injected something and was then dumped along Arcturus road together with some people who were also beaten. The victim had extensive soft tissue injuries.

9. FEMALE PATIENT (45). She was walking along Nelson Mandela Avenue when she was assaulted by soldiers with open palms and booted feet. Sustained soft tissue injuries.

10. MALE PATIENT (30) who had minor soft tissue injuries after being assaulted by soldiers with blunt objects in Harare CBD. He was being accused of being a MDC-A supporter and wanting to cause “noise” and violence by the soldiers.

11. MALE PATIENT (30). Was allegedly assaulted by soldiers in Chitungwiza on 5 August 2018. He was beaten with baton sticks and open fists whilst he was with friends at a shopping center. The soldiers were beating everyone and telling people that they should be inhouse and not roam around the streets. He had a fracture of the left radius and ulna which was later fixed with implants.

12. MALE PATIENT (36) who was assaulted by soldiers in Chitungwiza on 5 August 2018 whilst walking in the streets. Patient was assaulted with the butt of a gun on the head and face and he sustained moderate injuries to the upper jaw and had a loose tooth.



13. MALE PATIENT (32). History of mild blunt trauma to the chest after being assaulted by soldiers in Chitungwiza whilst walking in the street. The soldiers had put in place a curfew and were beating anyone they found in the streets.

14. FEMALE PATIENT (38). Sustained moderate blunt trauma to the shoulders and buttocks secondary to assault by soldiers in Chitungwiza. She narrated that she was coming from a meeting together with a girl she only identified as XX when they were attacked by a group of soldiers. She was afraid of visiting any medical institution as she thought she may be picked up and be beaten again

15. MALE PATIENT (39). Sustained mild blunt trauma to the face, trunk and a swollen cheek after assault by soldiers with open fists and baton sticks in Chitungwiza.

16. FEMALE PATIENT (26). Sustained soft tissue injuries after being assaulted by soldiers with blunt objects in Chitungwiza. Patient also inhaled teargas

17. MALE PATIENT (41). Sustained severe soft tissue injuries to the left hand after being assaulted with button sticks by soldiers. He narrates that he was walking from Huruyadzo shops in Chitungwiza when he met a group of uniformed soldiers (about 6) who then asked him what he was doing at night whilst he "should" be in doors. Before he establish a meaningful conversation the soldiers started beating him with baton sticks. They accused him of being an opposition supporter who wanted to disturb the peaceful environment in the country. He had a swollen inflamed left hand on examination. X-rays of the left hand revealed no fracture.

18. FEMALE PATIENT (31). Sustained multiple lacerations and moderate soft tissue injuries to the upper limbs and scalp after being attacked by soldiers in Harare on 1 August 2018.

19. MALE PATIENT (19) who was beaten with spiked button sticks by soldiers in Harare CBD. He had multiple lacerations including a septic laceration on the right ring finger.



20. YOUNG MALE PATIENT WHO was beaten with open fists by soldiers on the 5th of August 2018 in Kuwadzana. Sustained minor soft tissue injuries.

21. MALE PATIENT (33). Was assaulted on the 30th of August 2018 in Chipinge Central ward 7 close to Winetrade Business Centre by ZANU PF activists. Was part of the campaign team for MDC alliance losing candidate. The ZANU PF youths accused him of bringing “an MDC mentality” in the area and campaigning for the MDC. Client was assaulted by about 20 ZANU PF activists with logs and machetes sustaining extensive soft tissue injuries all over the body notably in the head, back, legs and on the left hand and had bilateral subconjunctival hemorrhage. He was admitted in hospital for 4 days.

22. KNOWN MDC-A activist (38) who was assaulted with an iron bar by unknown assailants in Chitungwiza a couple of days after election day. He was also on the wanted list by the police accused of inciting violence on 1 August 2018. After he was assaulted, he handed himself to police. He sustained a fracture of the right ankle which was fixed after he was granted bail.



Stampede Cases

1. MALE PATIENT (22). Sustained a deep de-gloving wound on the left hand on 1 August 2018 after he was allegedly pushed by a mob which was running away from soldiers near Karigamombe Building and fell down landing with an open palm on a sharp metallic object. X-rays revealed no fracture.

2. MALE PATIENT (32). Had minor soft tissue injuries after he fell from a moving vehicle. He claims he had been abducted by what he thought were state agents.

3. FEMALE PATIENT (33). Sustained a de-gloving wound to the left foot after she was run over by a vehicle whilst fleeing from soldiers.

4. MALE PATIENT (41). Sustained a sprained ankle on 1 August 2018. He was at work, selling his wares at corner Jason Moyo and Chinhoyi Street when he was attacked by a group of soldiers in uniform. He managed to escape with minor soft tissue injuries, but he sprained his ankle after missing a step in the process of trying to run away.

5. MALE PATIENT (27). Sprained his right foot when he fell whilst fleeing from attacking soldiers in Harare on 1 August 2018.



Intimidation And/or Displacement Cases

1. MALE PATIENT (43), plus his wife and seven children. Fled home with his wife and children. The Survivor was the Council candidate for MDC-A. He narrates that on the election day, he had a heated argument with ZANU PF polling agent (name supplied) at Chitemamuswe polling station after he discovered that he was writing down names of all people who were on the queue to cast their votes and threatening them. After election results were announced, the Chief announced during a meeting that he wanted to eliminate all the persons who had voted for him. The Chief said that the number of MDC supporters was increasing and hence he wanted to ensure that such persons are dealt with before the next election. At a meeting at Charmwood, the Chief then told the people that they needed to raid him and his colleague to get names of all the people who supports MDC Alliance in the ward. He then went into hiding together with his family. Victim had symptoms of depression and insomnia.

2. MALE PATIENT (39), plus his wife and three children. He was the Chief Election Agent for MDC Alliance. He alleges that on polling day (30 July 2018), he voiced against the Village Head who was deployed as an agent for ZANU-PF, until the ZEC District Official indicated that Village Heads can be deployed as party agents. He also remembers voicing against ZANU PF activists who were loitering around the polling station writing names of people who were coming to cast their votes. At around 11pm, he staged a protested over unaccompanied ballot boxes that were brought to Maramba District Command Centre. At that moment, a ZANU-PF agent, (name supplied) openly stated that MDC Alliance supporters were no longer supposed to return to their respective places of residence. He also stated that he was going to make sure they pay dearly for trying to stall ZANU-PF's victory. He left his place to seek refuge in Harare. His wife followed to Harare the following morning after a group of ZANU-PF activists came singing at their house stating that she had reported ZANU-PF activists to the courts. She left their place together with their three children. He reported that he was also a victim of 2008 post-election violence when he had a fractured arm and his house was burnt. He presented with classical signs and symptoms of Post-Traumatic Stress Disorder (PTSD), major depression and had an



elevated blood pressure.

3. MALE PATIENT (29). He served as a polling agent for MDC-A. He alleges that before the polling day, he was approached by someone (name supplied) who was threatening to burn down his house if he continued campaigning for MDC Alliance in the ward. After the presidential results were announced, unidentified people came looking for him at night purporting to have brought his payment for serving as a polling agent. The following day, as he was coming from the local shops, he found a group of people whom he could not recognize lurking behind him in the dark. He started running and the squad chased him, but he managed to escape. He however lost his wallet, ID and phone as he was running away. He then decided to join other MDC Alliance agents who were also in the hiding. He spent a couple of nights sleeping in the bush and had a chest infection when we saw him.

4. MALE PATIENT (39). The victim was a polling agent for MDC Alliance. He alleges that he started being intimidated a few days before the election when he was moving around the ward pasting MDC Alliance posters. One of the people who were threatening him was XX (name supplied), who from time to time would threaten to kill him. In 2008, XX led a group of ZANU PF youths who torched his house and assaulted him, leaving him with fractured lower limbs. At a meeting on the 4th of August XX stated that the victim was supposed to be killed since he was the one who mobilized young people from Ward 20 to volunteer as polling agents for MDC Alliance. On the 6th of the same month, his wife informed him that two suspicious men came looking for him. He felt insecure and went into hiding leaving behind his wife and their 7 days old baby.

5. MALE PATIENT (28), plus his wife and one child. He served as a polling agent for MDC Alliance. After polling, he alleges that he met community members who told him he was on a wanted list for recruiting people to MDC Alliance. That same night, a group of people led by XX (name supplied) surrounded his house demanding to see him, and the other colleagues. On 3 August, around 11pm, a group of ZANU PF activists stoned his house threatening to kill his family. On the 5th of August, he decided to leave his place to join other activists who were in



hiding, together with his wife and one of their two children. He presented with persistent headaches and lack of sleep.

6. MALE PATIENT (39). He was a local council candidate for MDC Alliance. He narrated that after the election, he could hear footsteps of people walking around his house. Prior to that, he had landed two contracts to manufacture wardrobes since he is a carpenter by profession. After purchasing all the required wood, the two customers came separately requesting their money back stating that the Chief had instructed villagers to beat up all MDC Alliance supporters and hence they thought he was no longer able to produce their wardrobes. This happened on 3 August and he decided to run away together with his wife and 2 children, fearing for their lives. He presented with signs and symptoms of depression

7. MALE PATIENT (46). His wife was a polling agent for MDC-A. He alleges that he came back home and found out that his wife had gone into hiding. He was told by local Village Heads and XX (name supplied) that they wanted to kill her for serving as a polling agent. On the 6th of August 2018, during the night, unidentified people surrounded his house demanding to see his wife and they said he was supposed to be beaten for staying with an MDC Alliance supporter. The following day, he left his place to seek refuge in the nearby bushes together with his 6-year-old child. He left three others at home together with their paternal grandparents. He had an elevated blood pressure on examination, plus insomnia and persistent headaches.

8. MALE PATIENT (47). He left his home after he felt that he was seriously in danger after a group of youths surrounded their area singing "Chamisa uchaurayisa vana" (Chamisa, people will die because of you). He was the Chief election agent for MDC Alliance. He has a chronic medical condition and fled his homestead without his medication.

9. MALE PATIENT (24). He was a polling agent for MDC Alliance. He alleges that ZANU PF activists flocked his house soon after the election results were announced stating that he cannot live in Maramba Pungwe anymore, instead he should go and stay with Chamisa. He had to leave after his mother felt their lives were at risk, but he left his mother at home.



He presented with initial insomnia plus headaches.

10. MALE PATIENT (42) plus his wife. He was a polling agent. He alleges that on the 4th of August the Chief called a meeting demanding to see all persons who had served as opposition polling agents and threatened them with death. This meeting was conducted at Jingamvura and Chiwashira. The victim decided to leave his homestead together with his wife. They sent their children to their relatives somewhere else. He has history of being beaten up in 2008. Has history of headache and lower limb pains.

11. MALE PATIENT (71). He was a roving agent for MDC Alliance. On polling day, he had complained against the high number of assisted voters who included his child who is currently in secondary school (form IV). He narrated that every polling station had a ZANU PF activist assisting all persons suspected to be MDC Alliance supporters, resulting in one person assisting at least 10 people at every polling station. He fled his home post-election fearing victimisation.

12. MALE PATIENT (32). He was the Council candidate for MDC Alliance. He alleges that 2 weeks before the polling day, he was ejected from a tuck shop he was renting after the Chief (name supplied) had influenced the shop owner to eject him citing that he was fronting opposition business. This forced him to dispose his stocks at a lower price. He also attracted a great amount of intimidation especially from other residents of 50th Chapter after he joined the campaign team for house of assembly candidate. Much of the people threatened to evict him from the farm unless he stopped campaigning for opposition parties. After the election, he felt so insecure following threats coming from the Chief and other locals. He sought refuge in the bushes with other opposition supporters in his area. Presented with insomnia, headaches and was also treated for a urinary tract infection.

13. MALE PATIENT (34), plus his wife and 2 children. He was the Council candidate MDC Alliance. He narrates that decided to go into hiding after the Chief (name supplied) addressed a meeting on the 2nd of August 2018 stating that all opposition candidates should be killed, and their supporters exterminated from his area. In his address, the



Chief had specifically mentioned his name and his fellow stating that they will be able to identify other opposition supporters in the area. Since that address, he received unidentified visitors at his homestead and in most cases, these would come at night. He left his homestead to join other activists who were in hiding together with his wife and 2 children. He presented with a chronic history of backache which he claims resulted from beatings he received in 2008 post-election violence. He was never treated after the assault. He also had signs and symptoms of depression.

14. MALE PATIENT (49). He was the District Security Officer for MDC Alliance. He narrated that on the 1st of August, he went to a local bar together with his uncle. As they were in the bar, XX (ZANU PF supporter from ward 21, name supplied) was speaking on top of his voice applauding the ZNA for shooting protesters in Harare. Other known ZANU PF supporters YY and ZZ (names supplied) pointed at him and stated that he is one of the supporters who should also be killed by the soldiers. They also openly told him that in 2008 they failed to kill him, but this time around it will be easier for them since they will be assisted by the army. He also remembered seeing, a group of unidentified people surrounding his house the night when presidential results were announced. He pulled his weapon to face them, but the group ran for cover in the darkness, shouting that they will come again one day. He then decided to join others who were in hiding in ward 21, as he felt insecure. He sent his wife and children to a local relative. He presented with signs and symptoms of depression and was also treated for a chest infection, most likely acquired from spending nights in the bush.

15. MALE PATIENT (42), plus his wife and child. He was a polling agent for MDC Alliance. He left his residence on 30 July after a group led by XX and YY (names supplied) came to his homestead stating that they wanted to burn it down since he had chosen to serve as an MDC Alliance polling agent. On 31 July, the same group came again to his house looking for him and informed his wife that since ZANU-PF had won the election, they were going to burn their house more easily. The same group of people assaulted him in 2008 for supporting MDC T and left him nursing injuries. He decided to flee into the bushes to seek refuge together with his wife and their 2-year-old child. They left two other



children at home together with their paternal grandmother. He presented with depressive symptoms and had multiple wounds on his sexual organs.

16. MALE PATIENT (23) and his wife. He was a polling agent for MDC-A. He alleges that he was intimidated by a group of people who knocked on his door at night demanding to see him the night after presidential results were announced. The following day he heard local community members stating that Chief X (name supplied) had instructed people to beat up all MDC Alliance supporters. One of his friends who had attended the Chief's meeting in Jingamvura village also tipped him that the Chief had specifically mentioned that all MDC Alliance polling agents should be heavily beaten. He then decided to seek refuge at his friend's house (since he was the District Chairperson). He spent 4 days with his friend in the woods and on the run. He then left his house together with his wife. The two left their child with her paternal grandparents. His parents later informed him that on the 8th of August, Chief X called for a meeting, and said that all families who allowed their members to serve as polling agents for MDC Alliance were going to be evicted from his area. He presented with a three-day history of lack of sleep headache.

17. MALE PATIENT (21). He was a polling agent for MDC Alliance. On 30 July 2018, he was told by his biological parents not to return home after polling, citing that he had failed them by serving as an opposition agent. Initially he thought his parents were going to reverse their position, only to find his door locked with a new padlock. He had to sleep temporarily at his friend's house. He suspects that his parents were influenced by ZANU PF activists. He left home and had not returned home by the time we attended to him. He presented with a history of insomnia and headache.

18. MALE PATIENT (30). He was a polling agent for MDC Alliance. On polling day, a locally known ZANU PF supporter XX (name supplied) visited his parents and informed them that they were going to be beaten for tolerating their son serving as a polling agent for MDC Alliance. XX further added that he was going to confiscate their garden since the family supports MDC Alliance and gardens are only meant for those that support ZANU PF. His father then cautioned him for bringing such



disrepute upon his family. On the night when presidential election results were announced, a group of people knocked on his door demanding to see him, but he didn't respond. The following morning, he decided to flee home fearing for his life. He had insomnia on presentation.

19. FEMALE PATIENT (27) and her child. Her husband served as a polling agent for MDC-A. After her husband left their residence, she was harassed by her husband's parents who were insinuating that she was the one who influenced him to serve as a polling agent for the MDC Alliance. Her husband's father also informed her that XX (name supplied) had indicated that ZANU PF will come to kill them because of their son, and yet they also suspected that she influenced him to take such a decision. They were also indicating that she should leave their place and find her husband so that they take full responsibility of what they had started. She left with her two-year-old child. Presented with a short history of headache and depressive symptoms.

20. FEMALE PATIENT (29). She was displaced from Muzarabani South after intimidation over being a polling agent for the opposition. She presented with headache, dizziness and back-ache.

21. FEMALE PATIENT (48). She was displaced from Mutoko South following intimidation for being a polling agent and after she had heard reports of houses being burnt. She had insomnia on presentation

22. FEMALE PATIENT (30). She was displaced from Muzarabani South after intimidation for being a polling agent for the opposition. She presented with lower limb pains, lower abdominal pains, and back-ache.

23. FEMALE PATIENT (33) AND her child. Patient displaced for posing as a polling agent for the opposition. Their headmen threatened them with death. She presented with right upper limb pain, palpitations and headache.

24. FEMALE PATIENT (28). She was a polling agent. On 29 July, she saw a ZANU PF activist identified as XX (name supplied) compiling names of all MDC Alliance polling agents, and after the election on 1 August, her house was surrounded by ZANU PF activists wielding weapons, singing war songs. The group demanded to see three



members of their family who had served as polling agents. Together with her brothers, she left their home to join other opposition activists who were already in hiding. Patient presented with chest pain, palpitations and abdominal pain as well as symptoms of depression.

25. FEMALE PATIENT (32). Displaced from home after being threatened with death for displaying an opposition poster at their homestead. Presented with signs and symptoms of depression and was also treated for a urinary tract infection

26. FEMALE PATIENT (20). Displaced from home after she was a polling agent for the opposition. She fled home fearing possible assault. She was in satisfactory physical and mental health on representation. She was resupplied with contraceptives.

27. MALE PATIENT (51). He served as a polling agent for MDC Alliance. He left his residence after hearing of the meeting held by FRELIMO local leaders at Mapiyanda instructing local party followers to raid him and handover them to ZANU PF activists in Kairezi. Presented with signs and symptoms of depression and PTSD.

28. MALE PATIENT (23). He was the Chief election agent for MDC-A. He fled his residence after being told by his colleague that ZANU PF activists including XX and YY were mobilizing other party members to assault them for being MDC Alliance supporters. He suffered from lack of sleep and had headaches as a result of the insomnia.

29. MALE PATIENT (78) and his wife. The two fled their home on 16 August after three people came looking for them at night with flash lights, threatening to kill them. The two ran away and hid in the nearby graveyard. They spent 7 days living in hiding. Before going into hiding, XX (client's first born and a war veteran), YY (Youth Secretary for ZANU PF) and ZZ (names supplied) had addressed a meeting stating that him and wife were supposed to be beaten for pasting Chamisa's posters in the ward. The trio also threatened to kill the couple. On presentation he had depressive symptoms and difficulties in initiating sleep.



Arson Cases

1. MALE PATIENT (51), plus his wife and child. He was the Organizing Secretary for MDC Alliance. He alleges that his houses were burnt down leaving them with only a few clothes, which they had clad going for a church service. This happened on the 6th of August and his family was forced to look for accommodation from the local area. He was staying with his wife and four children. After their houses were burnt, every night ZANU PF youths would swarm around their burnt homestead singing war songs. He was forced to leave his home area, together with his wife and child, after local people who were taking care of them felt they were now putting themselves in danger for taking care of his family. Presented with history of lack of sleep, headache and cough.

2. MALE PATIENT (22) who fled his home in Muzarabani after his hut was burnt down by unknown assailants. He had depressive symptoms of presentation.

3. MALE PATIENT (40) his wife and two children. He was a polling agent for MDC Alliance. He lives in Mozambique, but he is originally from Kairezi–Muzarabani. His wife informed him that ZANU PF activists from Kairezi had come demanding to see him on 30 July at night. He felt less threatened since he lives in Mozambique. A few days after the election, his local Village Head (in Mozambique) informed him that FRELIMO District Chairpersons, XX and YY (names supplied) were coming on Sunday the 5th to see him over his service as a polling agent for MDC Alliance, in Zimbabwe. His Village Head also informed him that a Zimbabwean delegation allegedly led by Village Head of Kairezi area (Zimbabwe) had indicated that all Zimbabweans be repatriated back home so that they can be beaten for serving as agents for MDC Alliance. Soon after that, he sought refuge at his Chairperson's homestead. He sought shelter in Harare on 10 August 2018. On 14 August, one of his houses was set on fire. His family later joined him in Harare.



Rape Case

1. FEMALE PATIENT(19) alleges that on 11 August, three ZANU PF activists including XX and YY (names supplied) assaulted her 23 year old husband demanding to know who he had voted for. These three used an iron rod to assault him resulting in the dislocation of some of his fingers. This took place at around 8pm and as she decided to run out crying for help with her 9-month old baby on her back. XX then followed her into the darkness, allegedly raped her and assaulted her. She suspects in the process, XX assaulted her baby and from that moment she never stopped crying. The baby bled from her mouth and her nose and passed away on 12 August, cause of death not ascertained by time of report writing. She was then referred for specialist care.

Stoning Case

1. MALE PATIENT (23). He narrates that on 1 August 2018 he was at Market Square bus terminus, in a combi when the protestors stormed their combi. He was hit with a stone by an unidentified protestor and sustained a deep laceration on his forehead.



Summary of Cases

A total of 72 cases (involving 102 victims) were seen by ZADHR during period 1 August 2018 to 5 September 2018. Most of the cases involving physical assault of victims were seen in Harare whilst cases involving arson and displacements were seen in Muzarabani, Mutoko and Maramba-Pfungwe. The table below shows the number of victims seen per area.

AREA	Number of Victims
Harare CBD	29
Chitungwiza	8
Banket	1
Mutoko	7
Muzarabani	46
Maramba-Pfungwe	9
Chipinge	1
Kuwadzana	1

Table 1. Number of victims seen by ZADHR per area

For the 102 victims seen, nature of violations included gunshots, beatings, displacement from home, arson, stampede, intimidation and rape. Some people fell victim to multiple violations. The number of violations is depicted in the chart on the next page.

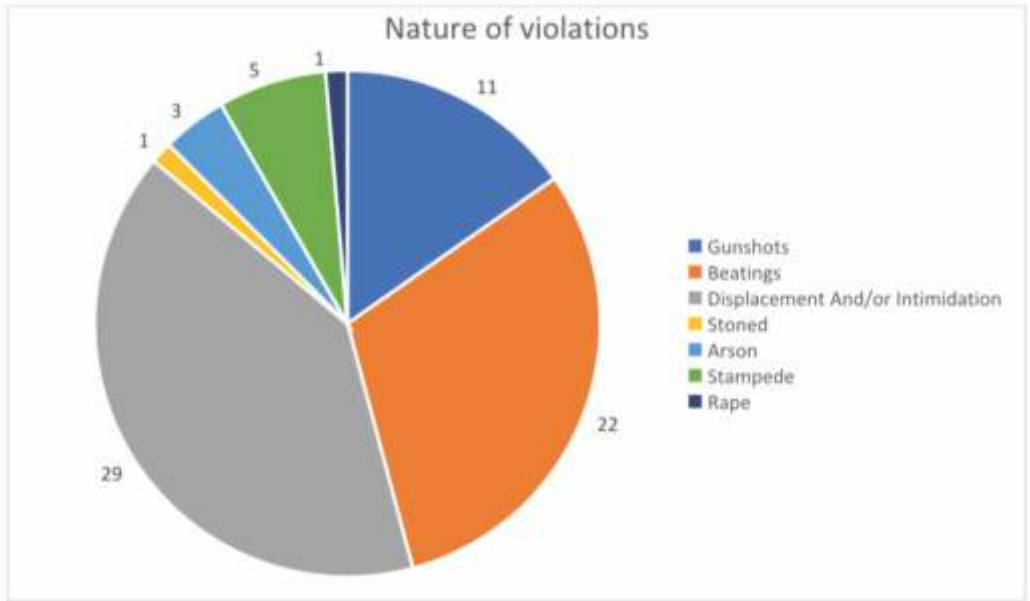


Fig. 1. Type of violations and absolute number of cases seen per each violation.

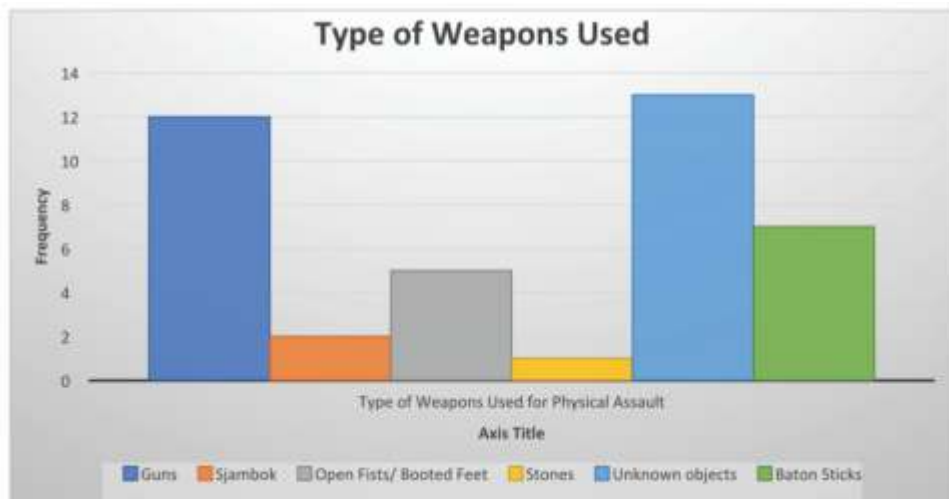
Out of the 102 victims seen, 65 were males and 37 were females. This is shown on the pie chart below.



Fig 2. Gender distribution of the victims



For the victims that encountered physical assault, various weapons were used. These included guns, baton sticks, sjamboks among other things.



Alleged Perpetrator	Number of cases
Soldiers	31
ZANU PF Supporters/Activists/ Youths	20
Chief / Village Head	8
Relatives of Victims	3
Protestors	2
Unknown Assailants	19

Table 2. Alleged perpetrators and number of cases reported for each

Severity of physical and or psychological injury. All the cases were graded into mild, moderate or severe by examining medical officers and a psychiatrist when needed. This is shown below.

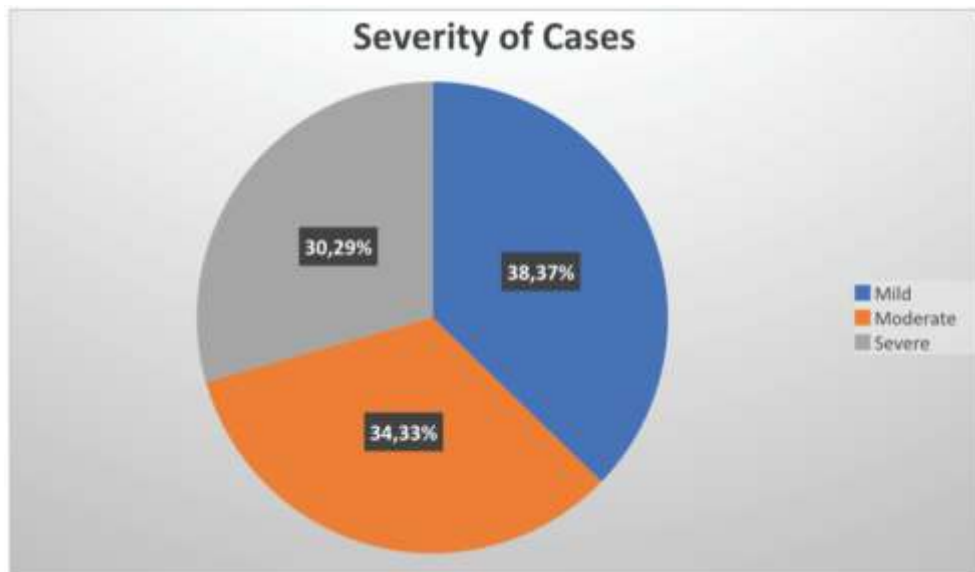


Fig 4. Severity of Cases

AGE GROUP (YEARS)	FREQUENCY
0-9	14
10-19	7
20-29	26
30-44	36
45-59	10
60+	2
Age Unknown	7

Table 3. Age distribution of Victims



Victim who was shot on the right thigh by soldiers. Presented late with a necrotic wound (top left). Wound showing bullet entrance and exit wounds (top right). Wound in the process of healing (bottom left) after debridement and antibiotic therapy.



X-rays of a victim who was hit with an iron bar in Chitungwiza. Victim sustained an ankle fracture





Victim who was beaten with baton sticks by soldiers. Sustained a fracture of the left radius as shown on the X-ray (top right). ZADHR doctor applying a Plaster of Paris on the victim (left). The fracture was later fixed by a ZADHR orthopedic surgeon using implants.



This victim had a comminuted compound fracture of the right proximal ulna after being hit by a bullet in Harare CBD on 1 August 2018.

Effects of Violence and Ill-treatment on Victims

Victims of post-election violence seen by ZADHR doctors exhibited signs and symptoms consistent with physical and emotional trauma. The victims experienced acute and severe physical pain emanating from gunshot wounds, falling whilst running away from perpetrators, assault with weapons such as sjamboks, button sticks, butt of a gun, empty bottles, wooden sticks, open fists and booted feet. The injuries seen on victims were consistent with documented effects of physical trauma. During follow up examination, 18 victims complained of headaches ranging from severe to mild headaches. This physical finding correlates with a history of head trauma, continued psychological and emotional trauma and lack of sleep, which the victims experienced. These individuals are at a risk of getting chronic musculoskeletal pain and mental disorders in the future, hence there is need for continuous follow-up and monitoring of these individuals.

Fifty-seven victims were referred for psychological evaluation, counseling and treatment by a specialist psychiatrist. This is after their physical examination and history revealed the presence of an on-going mental disorder that could be explained by the violence they experienced during the post-election period in 2018, and or in previous election-related political violence. Other victims (especially victims of gunshot wounds) were referred to a psychiatrist because their experience was likely going to result in chronic mental disturbances. Victims expressed lack of sleep, feeling lonely, suicidal thoughts and feeling of hopelessness, all known symptoms of depression. Although 6 victims had symptoms and signs of post-traumatic stress disorder



(PTSD), these symptoms seemed to stem from violence experienced in previous elections and not necessarily due to the 2018 election. This is particular for victims who presented from Muzarabani and other outlying areas.

One city vendor who was shot on the right forearm whilst he was walking to meet a potential client narrated how he felt during the moment he was shot and how he feels now.

"I felt an electric shock on my right hand, and suddenly I felt numb all over, I wanted to run but my legs were too weak. I lost all my goods worth about \$800. When I think of what happened I start crying, even when I hear loud noises or see people running, I start to replay images from that day, and my heart starts to beat faster such that I can hear it pumping..."

Victims also feared for repeat assault when they return home as the alleged perpetrators are still there and no arrests had been made for these alleged assault cases. Due to the trauma sustained, most victims wished for temporary and/or permanent relocation to other areas. In addition to separation of families displaced victims were also separated from their usual source of health care services for chronic illness such as HIV, Diabetes and Hypertension.



Recommendations and Conclusion

Government of Zimbabwe

The Government of Zimbabwe must urgently investigate, arrest and prosecute the alleged perpetrators of human rights violations mentioned in this report. This report confirms beyond any doubt that indeed there was use of excessive, unwarranted and unnecessary force and fire power on unarmed civilians who were carrying out personal business in the Harare CBD. Moreover, there is overwhelming evidence captured on video footage of soldiers firing live ammunition on fleeing protestors.

Reports by medical personnel indicated that most of the entry gunshot wounds and exit wounds of victims were consistent with those of individuals shot whilst fleeing. The prompt investigations of such human rights violations and the impartial prosecution of such cases is imperative in restoring the confidence of citizens in the state security apparatus and the judiciary.

By the time of writing this report, the Government had taken the first steps after the president set up a Commission of Enquiry to investigate the human rights abuses surrounding the 1 August 2018 disturbances.. It is our hope and faith that the commission will perform its duties without fear or favour and so that justice is served.

The government must also strengthen both the National Peace and Reconciliation Commission (NPRC) and the Zimbabwe Human Rights Commission (ZHRC) through increased funding. hThais will allow the commissions to discharge their constitutional duties efficiently and effectively.



Medical Profession and Civic Society Organizations

The medical sector was largely caught less prepared to deal with such catastrophic levels of state orchestrated violence on unarmed civilians. There is therefore urgent need to implement training programs targeting medical graduates on the medical management, documentation and referral pathways available to victims of OVT. There is a documented incident of a specialist doctor who turned away a patient who had presented seeking urgent medical services as she feared the political labelling that comes along with attending to victims of political violence.

Doctors were also faced with the issue of dual loyalties, where the interest of the State conflicted with the interest of the patient. One case of death due to gunshot wounds was reported as a stab wound case. The victims family engaged ZADHR and after consulting the relevant doctors the correct cause of death was revised. There is thus need for designing continuing medical education programs that empower medical professionals on their ethical responsibilities in times of political conflict.

The documentation of such rights violations and the ability to refer all patients to the full range of available legal, counselling and social services must be a basic skill which all medical actors, both in private and state institutions must be endowed with. Specific training programs on management and documentation of sexual abuse, women and children's health in times of conflict, the Istanbul protocol, forensic documentation, psycho-social management of trauma patients and basic trauma must be offered as continuing medical education programs



to all health professionals if a sustainable medical response mechanism is to be established.

Victims need continuous psycho-social support and trauma healing as evidenced by cases of victims who were still being affected by events that occurred in previous elections. Most of these individuals received counselling and trauma healing sessions on one or two occasions and this was not enough to complete the healing process.

Most of the support for victims were tailored for adults and there was a gap in addressing children specific needs such as disruption from school after fleeing home with parents. CSOs need to be equipped to meet children's needs as well.

CSOs must continuously engage the relevant arms of government such as the Zimbabwe Human Rights Commission, the National Peace and Reconciliation Commission and the Zimbabwe Republic Police to ensure that victims to these injustices get access to recourse and justice.

Citizens and Victims

Citizens must be made aware of the existence of such support- medical, legal and social services to OVTs. There were cases of patients who delayed two to three weeks for treatment due to lack of knowledge of the existing platforms where they could get assistance. This led to complications such as sepsis, malunion and psychological trauma to some of these patients. There is also need to decentralize the provision of support services as some of the citizens who needed them most could not access help due to political and socioeconomic barriers. This can be done through creation and strengthening of community based support



References

- Chengeta, T. 2016. C: Policing protests and Zimbabwe's international obligations Human Rights Watch. 2009. "Bullets for Each of You"" State-Sponsored Violence since Zimbabwe's March 29 Elections.
<https://www.hrw.org/report/2008/06/09/bullets-each-you/state-sponsored-violence-zimbabwes-march-29-elections>
- Mapuva, J and Mapuva-Munengwa, L. 2014. The Troubled Electoral Contestation in Zimbabwe.
<https://www.academicresearchjournals.org/IJPSD/Full%20Text/2014/February/Mapuva%20and%20%20Muyengwa-Mapuva.htm>
- Melbar, H. 2002. Zimbabwe's Presidential Elections 2002: Evidence, Lessons and Implications
- Newsday. 2013. A history of Zimbabwean Elections.
<https://www.newsday.co.zw/2013/07/multimeida-a-history-of-zimbabwean-elections/>
- Newsday. 2017. Fired Mnangagwa was Mugabe's hatchet man.
<https://www.newsday.co.zw/2017/11/fired-mnangagwa-mugabes-hatchet-man/>
- OHCHR. 2004. Istanbul Protocol. Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. <https://www.ohchr.org/Documents/Publications/training8Rev1en.pdf>
- Research and Advocacy Unit. 2018. Zimbabwe – Political Violence and Elections. http://kubatana.net/wp-content/uploads/2018/04/rau_zimbabwe_political_violence_elections_180404.pdf
- VOA. 2017. Who is Zimbabwe's New President Emmerson Mnangagwa?
<https://www.voazimbabwe.com/a/ememrson-mnangagwa/4132825.html>
- Zimbabwe Human Rights NGO Forum. 2008. Political Violence Report.
<http://www.hrforumzim.org/wp-content/uploads/2010/06/200812MPVR.pdf>



Zimbabwe Association of Doctors for Human Rights
120 Chiremba Road,
Cranborne, Harare
P.O Box CY 2415, Causeway,
Harare Zimbabwe
+263 (0242) 703528/ 703430/086771833
Fax: +263 (0242) 705641
info@zadhr.org

