



# **Food and Nutrition Security in the Context of COVID-19 in Zimbabwe**

# Binga District

## Matabeleland North



### District Brief background

**Binga District** lies in the Northern part of Matabeleland North province in Zimbabwe and is one of the seven districts in the province. The Northern part of the district borders Zambia with the Zambezi River. Most parts of the district belong in agro ecological region four and five with a population which mainly relies on trading small livestock production and fish trading. It has population of 181 386 people settled in 25 wards. The district has a worrisome open defecation of 59.9% which is the highest in Mat North and has been consistently high. Majority of the households are surviving on Food Assistance from Government or Partners.

The COVID-19 lockdown greatly affected income generating activities of the majority of the population. Fish and kapenta trading was banned. Tourism came to a halt and employees were sent back home. Small livestock trading came to a standstill as no movement was allowed. Cross border trading was banned. Market stalls were closed. Families surviving on these activities were exposed to hunger and food insecurity.

During the COVID-19 lockdown, there was a decrease in food availability as there were no markets-vegetable vendors and no transport for small scale business owners to go and buy commodities in towns. Small scale fishermen were not allowed to fish nor sell fish to traders as government move to prevent the spread of COVID-19. Restricted movement affected small scale farmers and those who sell artefacts to travel around selling their produce and products. Food insecurity increased as some people rely on income they get from daily selling of firewood, vegetables and fish.

### Recommendations

- *There is need to increase food availability and access to food by vulnerable food insecure households to cushion them against hunger during the lockdown period.*
- *There is need to increase access to education post primary school so as to increase post education livelihood opportunities.*
- *There is need to promote small grain production which are resilient during these emergency periods characterised by drought.*
- *Promote the Pfumvudza Approach in agriculture to ensure improved harvests since these small plots are micromanaged including watering when necessary until harvest periods.*
- *Capacitate farmers in irrigation schemes so as to increase the quality and quantity of produce.*
- *Binga district's open defecation tops nationwide. There is urgent need to reduce the proportion of households that practice open defecation.*
- *The percentage of children receiving minimum acceptable diet and diversified diet remains very low. More nutrition specific and nutrition sensitive interventions are needed to raise awareness on the need for a diversified diet using locally available resources.*
- *There is need to upscale Covid response through adequately equipping the district civil protection unit.*

## Response strategies

- *Increase households targeted for support by government and partners.*
- *Scaling up of registration of COVID 19 allowances by Department of Social Welfare*
- *To expand school feeding programmes to all primary and secondary schools*
- *Need for community awareness programmes to educate parents on the importance of education as less than three quarters of children attend and finish secondary education.*
- *Promote production of drought tolerant and drought resistant varieties*
- *Intensify promotion of climate SMART agriculture*
- *Train farmers on crop diversification*
- *Identify better markets and ensure their accessibility*
- *Need to promote small livestock production*
- *Conduct trainings on livestock disease management and survival feeding,*
- *Promote value addition*
- *Promote demand-led sanitation*
- *Community engagement on the importance of good sanitation*
- *Intensify Participatory Health and Hygiene Education (PHHE)*
- *Infant and Young Child Feeding (IYCF) education and promotion of appropriate infant feeding practices needs to be prioritised. Food supplementation is needed targeting children under five years of age*
- *Promotion of home fortification and use of local ingredients including fruits*
- *Conducting trainings on healthy harvest, food preservation, construction of solar dryers, food diversification, and distribution of a wide variety of agriculture inputs. Promotion of youth projects to increase household income.*
- *People should continue wearing face masks properly and practice social distancing during food distributions. Due to the COVID-19 pandemic, there is need to establish proper market structures, support of small scale businesses, capacitating VHWS with trainings, conducting WASH and COVID-19 trainings*
- *Capacity building on resilience to climate change and emergency preparedness*

# Chimanimani District

## Manicaland



### Brief District Introduction

Chimanimani district lies in the South-Eastern part of Manicaland Province in Zimbabwe. It is characterized by a diverse terrain as well as extremely varied climatic conditions ranging from natural region one (1) to natural region five (5). The district is divided into two (2) constituencies, that is Chimanimani East and Chimanimani West and these are further divided into 23 wards. It is divided into three zones which has a direct influence on agriculture and land use. Zone 1 (Eastern Zone) covers the eastern half of the district (embracing Natural Region I) with high rainfall patterns. The eastern border mountains, for example, receive rainfall in excess of 2000 mm per annum. In sharp contrast the Western Zone (Zone 3) which includes Chakohwa, Chipise, Nyanyadzi and Changadzi wards record less than 300mm per annum and often experience prolonged periods of drought (typical of Natural Regions IV and V). Zone 3 is semi-arid, with low-lying areas which have good potential for irrigation. It has most of the district's irrigation schemes which depend on water from the Save Rivers, Odzi, Nyanyadzi and their tributaries. In between the east and west, is Zone 2 (Central Zone; Natural Regions II and III) which covers the Biriwiri, Mhakwe, Shinja, Mutambara and Cashel areas. Mainly the district is into livestock production, cropping, forestry farming and fruit and vegetable farming.

The district was the hardest hit by the Cyclone IDAI disaster which occurred in March 2019. The disaster claimed 173 lives, had 279 missing persons and injured 318 people. A total of 2252 households were directly affected by the disaster which left 4073 households homeless. The cyclone also destroyed a lot of infrastructure such as roads, bridges, school blocks, telephone lines and power lines among others. Since then a lot of work has been done towards reconstruction of the damaged infrastructure and assisting the affected households. However, the district still has 467 families that are in tents and are awaiting relocation to Bumba.

### IMPACT OF THE COVID-19

As of October 2020, the district had recorded 19 positive cases of the COVID-19 disease, of these 19 there were 3 deaths and 16 recoveries. The district was excessively affected by the effects of COVID-19 regulations, especially the lockdown period where 90% of shops and food markets were closed. This made it difficult for households to access daily food provisions. Fruit producers could not access markets for their product as it was difficult to travel from the district to other parts of the country. Thus fruit and vegetable producers lost a lot of potential income during the first phase of the lockdown period.

#### Negative effects of the COVID-19 Lockdown

##### Markets

- *Reduced village market sales resulted in low incomes*
- *Established customers were lost due to reduced market accessibility*
- *Prices escalated due to increased demand and reduced supplies necessitated by restricted intercity movements*
- *Movement of urban dwellers to rural areas resulted in a population boom and increase demand for scarce resources.*
- *Informal vendors usually found at bus termini were hit the hardest as they were not recognized by government support in the form of cushioning allowances as their access to customers had dwindled. This meant reduced profits and disposable income*

## **Child protection**

- *Child labour and exploitation was on the rise as some were now into full time vending.*
- *Child marriages rose exponentially.*
- *Sanitary hygiene was compromised by lack of disposable incomes to disadvantaged populations to buy supplies.*
- *Child abuse by parents and relatives was on the increase*

## **Disability**

- *There was utter neglect of people living with disabilities as they were not prioritised in accessing Personal Protective Equipment (PPE).*

## **Health and Gender issues**

- *Gender Based Violence (GBV) and divorce incidences increased.as well as divorces*
- *Access to medications not available locally was affected by limited movements due to lockdown restrictions Lack of access to contraception due restricted movements and lack of access therefore resulted in increase in incidences of unplanned pregnancies*
- *Reduced access to food, low disposable incomes, food insecurity resulted in poor dietary diversity.*
- *Depression, anxiety by breadwinners who were no longer capacitated.*

## **Livelihoods**

- *Rise in unemployment with maids'/house help workers'/ child minders severely affected.*
- *Other people who were surviving with vending or formal/informal trading failed to gain ground and return to business as their incomes were eroded by inflation and cost of living.*
- *Some farmers sold their livestock during the lockdown period driven by the need for urgent cash in January as it was the only source of income they had. This panic selling of livestock at low prices led to serious destocking and farmers are now struggling to get money to replace their livestock.*
- *Due to movement restrictions, a lot of farmers resorted to nutritional gardening. It helped in the household food and nutrition security status of many families.*
- *Farmers managed to save the little food they had as they were restricted to move around in search of food.*
- *Children who started full time vending during the long holidays and later found leverage dropped out of school as some started to record profits.*
- *Substance and drug abuse and crime rates by youths were on the rise.*

## **Interventions employed to address challenges brought about by the COVID 19 (mitigate effects of COVID-19)**

- *To address these effects the district established official fruits and vegetable markets as well as assist producers with travel letters to enable them to market their produce to other parts of the country.*
- *Initiatives such as Community treatment of acute malnutrition, family led MUAC and integration of malnutrition treatment with EPI outreach sessions were implemented.*
- *AGRITEX continued to carry out their day to day operations during lockdown. The department kept on advising farmers to obtain letters to permit them to take produce to the market.*
- *Farmers were also advised on post-harvest handling techniques and value addition so that they would keep their produce for long periods of time.*

## Recommendations and Lessons learnt

- *There is need to decentralize emergency preparedness funds so that they are readily available at the district level to facilitate emergency response.*
- *It is a good practice for individuals and communities to have multiple streams of income to shield them against impoverishment during emergencies.*
- *Digital technology proved to be a great asset and facilitator of communication (of health awareness messaging, situation report, socialising) and business even in lockdown situation*
- *Youth empowerment is critical and needs to be prioritized so as to increase the opportunities available to this age group and reduce crime and drug abuse.*
- *Conflict management and resolution was a social asset that was observed in this context.*
- *Subsidy on basic commodities was noted as very important in times of emergencies.*
- *There is an urgent need to strengthen child protection policies.*
- *Food security issues during the COVID 19 crises need to be prioritised equally so that sanitation and hygiene practices will not be the main interventions getting focus at the expense of other key response actions.*
- *The Pfumvudza concept, of plot pegging and holing out of planting stations were also done during the lockdown period so that farmers would obtain a good harvest from a small piece of land.*

# Mwenezi District

## Masvingo



### District Brief Introduction

**Mwenezi district** is one of the largest districts in Masvingo Province. The district comprises of 18 administrative wards (12 communal and 6 resettlements wards) and lies in agro-ecological regions 4 and 5.

According to NNS (2018) chronic malnutrition affects 25.8% of children under five years in Mwenezi.

### COVID 19 Disaster

The district suffered from the effects of the covid-19 pandemic which was declared in March 2020. Measures that were instituted by the government included reinforcement of lockdowns that restricted unnecessary movement of people. As a result, the food and nutrition security of communities was compromised including their means of livelihoods.

### Challenges Caused by the COVID 19

- *Limited access to markets for cash and food.*
- *Low remittances due to closure of borders.*
- *Hiking of prices of basic commodities.*
- *Learners out of school for long period affecting their schooling times and examinations.*
- *Increased child marriages and pregnancies because of loafing.*
- *High prevalence of domestic violence because of limited outdoor socio-economic activities.*
- *COVID-19 stigma and discrimination for returnees from quarantines and isolation centres.*
- *Shortage of public transport to access essential services.*
- *Downsized operations of other essential services.*
- *Loss of livestock due limited services e.g. inadequate dipping and vaccination programmes.*
- *Low rate of latrine construction at household level.*

## Strategies employed to address challenges brought about by the COVID- 19

- *Provision of food mitigation strategies by government, NGOs and retailers.*
- *Government- Drought relief programme, registration of small to medium enterprises affected by COVID-19 and Pfumvudza.*
- *NGOs- Implementation of nutrition sensitive food assistance programmes.*
- *Renovation of an isolation unit at Mwenezi District Hospital which is currently at 98% completion.*
- *Online learning for learners returning to school by end of third quarter.*
- *Continued health education on COVID-19 at all levels.*
- *Dissemination of IYCF messages at food distribution points every month.*
- *Awareness campaigns through WhatsApp groups for payment of dipping levy and supplies of scarcities to be supplied at animal health management centres.*
- *Nutrition screening and treatment of children with severe acute malnutrition in all wards.*
- *Rehabilitation and drilling of new boreholes.*
- *Installation of piped water schemes.*
- *Distribution of IEC material on COVID-19 at shops, clinics, households and community centres*

# UMP

## (UZUMBA, MARAMBA, PFUNGWE)

### Mashonaland East



## Brief background

The district covers an area of about 2660 square kilometres which consists entirely of communal areas. It has three communal areas, Uzumba in the south, Maramba in the central part and Pfungwe in the north. The district is further subdivided into 17 administrative wards. The administrative centre for the district, Mutawatawa Growth Point is centrally located 76km north of Murewa Centre. UMP district basically covers land lying between Mazowe River and its major tributary, Nyadire. Mazower River defines the district boundary with Rushinga district on the north and Shamva district on the west. To the east, the district is bound by the Nyadire River which forms its eastern boundary with Mudzi and Mutoko districts. The district is also bound on the south by a small stream, Muhume which defines its boundary with Murewa district. The district has a population of 112 000.

## Major Economic Activities

The majority of households are engaged in field crop production, horticulture, livestock production and gold panning along Mazoe river during the dry season. Major crops grown are maize, sorghum, millets and groundnuts. Popular horticultural crops include tomatoes, onions, butternuts and beans. Livestock reared include cattle, sheep, goats, pigs and poultry.

Successive droughts as a result of climate change have resulted in a decrease in overall yield of most field crops. Average maize yield was 0.3 t per hectare and 0.4t per hectare for sorghum. This has resulted in an acute grain deficit. The devastating drought during 2019/20 season has left many households insecure both in terms of food availability and nutritionally. This has been worsened by COVID-19 induced lockdown which disrupted socio-economic activities in the district. Most households now rely on food assistance from NGOs and the Department of Social welfare.

## Recommendations

**Education** - The proportion of children out of school because child is considered too young (39.8%) and schools are expensive (32.3%) remains high in the province. There is need to decentralise the ECD schools to within walking distances for easy access and enhancing the BEAM programs which promote universal access to education in the province.

**Social Protection** - There is need for more disbursements of safety nets to cover more vulnerable households. There is also need to reduce distance to the nearest police post to combat crime.

**Crop Input Support** - The government is supplying agricultural inputs through the Pfumvudza program for small scale farmers and command agriculture, there is need to look at ways to sustain that programme so that farmers are self-sufficient.

**Livestock production**- Tick borne diseases were responsible for many livestock deaths. There is need to improve cattle dipping in the district.

**Household and Individual Dietary Diversity (Child and Women's)** - There is need to increase both household and individual dietary diversity.

**Water, Sanitation and Hygiene**- the district continues to lag behind in terms of WASH activities, there is need to increase access to clean drinking water as well as reduce open defecation.

**Child Nutrition** - There is need to improve child nutrition in the district with a focus on reducing stunting and wasting as well as raising the rates of exclusive breastfeeding.

**Chronic Illnesses** - Drugs for chronic illnesses have gone beyond the reach of many and need to be subsidised by government

**COVID-19 IPC** - Training of health staff in Infection Prevention and Control (IPC), assist in provision of PPEs, sanitizers, brooms, buckets and so on.

**Food Insecurity** - Successive droughts have resulted in most households being food insecure, therefore there is need to adopt technologies which will enhance production.

## **COVID-19- Response Strategies.**

- *Primary health care medication as well as key treatment for the COVID-19 needs to be subsidised.*
- *Building capacity of local health institutions so that they can respond to emergency situations.*
- *Ensure availability of drugs at local clinics.*
- *Strengthen WHO guidelines on controlling spread of COVID-19.*
- *Improve monitoring and enforcement on adherence to regulations.*
- *Capacitate local health institutions to deal with COVID-19*
- *Establish a quarantine centre in the district*
- *Increase testing for COVID-19 in order to screen and get the true picture of infections in the district.*
- *Increase awareness for the disease.*
- *Support more farmers timeously with both basal and top dressing fertilizer.*
- *Increasing the overall Pfumvudza package*
- *Improve water infrastructure at plunge dip tanks.*
- *Improve provision of acaricides to reduce incidence of tick-borne disease.*
- *Establish livestock breeding centres in the wards*
- *Capacitate local veterinary to provide essential service to livestock farmers.*
- *Increase livestock interventions especially on production.*
- *Increase funding for small to medium enterprises.*
- *Promote employment creation through use of locally available resources.*
- *Council to support small businesses through charging affordable rates which promote businesses.*
- *Establish nutrition and backyard gardens*
- *Create awareness through training and holding cooking demonstrations.*

- *Increase support in the form of easy access to health extension services to expecting and lactating mothers.*
- *Local clinics were being encouraged to have nutrition gardens for fresh produce supply to feed expecting mothers.*
- *Set by-laws which ensure sustainable use of forest products.*
- *Mutawatawa service centre to get water from Saparanyambuya dam.*
- *In the long run to get water from Mazowe river.*
- *There is need to build a dam at the confluence of Nyadire river and Mazowe river.*
- *Government should expedite national policy on sanitation. This will empower local councils to set by-laws which will improve sanitation in the district.*
- *DDF, NGOs and private players to drill more boreholes in all wards*
- *Capacitating village health workers with PPE and knowledge about the COVID-19 to disseminate with caregivers and village focal points.*
- *Promote farmers to diversity crops they grow which will lead to consumption of diversified diets.*

# Matobo District

## Matabeleland South



### Brief background

Matobo District lies at the west of the country sharing border with Botswana. It is one of seven districts in Matabeleland South province with an estimated population of 94,000 settled over an area of approximately 7220km, half of which is uninhabited state land.

The district falls under agroecological region 4/5 with intermittent rainfall of 400-450mm on an average. Temperatures range from 26 to 38 degrees Celsius in these regions which makes it highly unfavourable to agriculture particularly maize crop production. Matobo National Park is the major tourist attraction in Matobo district providing the residents a seasonal income from tourism. Matobo districts has only one tarred road that links them with Bulawayo.

### Thematic overview

**Nutrition** - As a result of food insecurity there was an increase in the number of children suffering from global acute malnutrition (GAM) which was recorded as exceeding acceptable thresholds (5%) in the district (ZimVAC,2019). Several negative coping strategies have been observed in the district which include; reduced number of meals eaten per day, limited portion sizes, resorting to less preferred foods and reducing adult consumption so children have more food. Families are dependent on a limited range of foods which, whilst available, does not provide the diversity that households need for adequate nutrition.

**Health** - Generally, the district's access to basic services including health are limited. This has been coupled with natural disasters like drought and the emergent scourge, COVID-19 pandemic putting children in the districts at higher risk of illness.

**Water, Sanitation and Hygiene (WASH)** - The recurrent natural disasters have reduced safe water supply in the district. Water points have dried up, the water table is significantly lower than in previous years and only 30% of rural boreholes are functional. This means that communities, especially women and girls are forced to travel long distances in search of safe drinking water. Communities are collecting water from nearby rivers as the alternative safe water sources are more than 5km away.

**Child protection** - Children have become increasingly vulnerable as this complex emergency worsens. The pressure on households to provide food is already leading to negative coping strategies for livelihoods, which includes school drop-outs, early marriage, transactional sex, hazardous child labour, crime, migration and reports of child trafficking.

## Key Recommendations

**Impact of COVID-19 on Livelihoods** - Rural households have suffered reduction of income sources, reduction of food sources and failure to access basic commodities as a result of the pandemic. There is need for the development of a holistic and multi-sectoral response to the pandemic to ensure that policies being implemented to mitigate the spread of the disease, such as lockdowns do not inadvertently increase household vulnerability.

**Food Insecurity** - Extreme droughts and COVID-19 are among the key drivers behind the cereal insecurity. In light of the projected prevalence of cereal insecurity, there is need for urgent food distribution or cash based transfers to food insecure households in order to avoid a worsening situation.

**Enhanced Food Access** - There is need to continuously monitor market access and prices as the volatility presented by the evolving COVID-19 pandemic may impact negatively on food access.

**Shocks and Hazards** – While cash shortages and drought among others are recurring shocks, the COVID-19 pandemic is an emerging shock which has further compounded households' vulnerability. This calls for the development of holistic strategies to respond to both the existing and emerging shocks.

## COVID-19 Response Strategies

- *There is need to step up communication and advocacy initiatives on COVID-19 so as to reach the majority of the population.*
- *There is need for the National task force on COVID-19 to make wider consultation with stakeholders to strike a balance between improving overall access to essential services and products with curbing the spread of COVID-19.*
- *Capacitate community centred and outreach provision of essential health services such as Vitamin A supplementation, immunisation and ART counselling.*
- *Implementation of Telemedicine initiative to minimise referrals.*
- *Ensure markets are functional and accessible to communities to enable them to access adequate food and other household supplies.*
- *Ensure the transport industry is capacitated to deal with the pandemic and improve transport availability across the country.*
- *Support the training of Environmental Health staff, WASH Partners, community health volunteers in potential hotspot areas on case definitions and their contribution in the prevention of the spread of the disease.*
- *Capacitate Rapid Response Teams (RRT).*
- *Promote hygiene at point of entry with non-food items for handwashing and support in the setting up of handwashing points in institutions and marketplaces.*
- *Develop behavioural change communication towards community members for improved hygiene practices;*
- *Advocacy towards resourcing for preparedness and response for COVID-19,*
- *Support coordination mechanisms including coordinating the social mobilization arm to ensure consistency in the information/knowledge dissemination.*
- *Integrate COVID-19 prevention messages in existing WASH activities.*
- *Support the health delivery system to deliver appropriate care to all communities.*
- *Support mass media campaigns on COVID-19 prevention using various channels of communication (billboards, radio shows, radio jingles etc).*

- *Improving on food and nutrition security through initiatives and capacity building of extension staff on command agriculture, Intwasa concept, various strategies under climate smart agriculture and proper Irrigation cropping programme.*
- *Increase coverage for Command Livestock to restore losses due to poverty deaths.*
- *Hay cutting and bailing- Government to continue with cutting and bailing of hay. The hay is availed to the farmers on cost recovery basis, at subsidised prices.*
- *Climate smart agriculture initiatives to be strengthened.*
- *Irrigation establishment in areas with adequate water sources and the necessary infrastructure.*
- *Extension messages focusing on, Fattening and de-stocking, encouraging farmers to purchase survival feeds for supplementing livestock, Farmers encouraged to barter livestock for stock feed.*
- *Intensifying capacity building programs for both farmers and extension staff needed.*
- *Solarisation of boreholes and construction of water troughs at boreholes for improved water availability for livestock in selected districts.*
- *Identification and resettling of illegal settlers (particularly those settling in grazing lands) that is currently ongoing ensures that more grazing land is available for livestock.*

# Sanyati District

## Mashonaland West



### Introduction

Sanyati district is one of the two new districts established in 2007 from the larger Kadoma district. It lies in about 120km south west of the city province Chinhoyi and about 140km west of Harare. The district setup covers urban and rural council following the splitting of Kadoma district into Sanyati & Mhondoro Ngezi. The administrative office (DDC's Office), government ministries and departments are situated in Kadoma city. Sanyati is bordered by Makonde and Gokwe in the north, Kwekwe south, Mhondoro Ngezi and Chegutu in the east. The district comprises of the DDC's office, the urban & rural municipal council and has around 28 ministerial departments which are: Agritex, health, education, forestry, youth, women affairs, livestock, social welfare, SMEs, P.S. C, Housing, EMA, public works, justice, prisons, labour employment, lands, mines, transport, veterinary, mechanization, ZIMSTAT, E.M.A, labour and disputes, DDF, Cotton research, ZESA, Tel-one and Home affairs. In developing this profile, the consultants collaborated with the district staff in data collection from the various departments of the district and sectoral ministries. A participatory approach was used with a purpose of creating a relevant capacity among the district officials which can be applied to review or update the profile in the future. This profile provides a peep of the district for just 13 years since it was established.

### Population Information

The district covers approximately (rural and urban) geographical size with a population of about 205366 i.e. (112897 in rural Chakari and Sanyati while 92469 are in urban Kadoma) (2012 census computation). Sanyati partly falls within natural region 3 and 2b with a tropical climate and temperatures ranging between 27° and 33° Celsius. It also experiences an erratic rainfall pattern, with either middle to long rainy season lasting usually from October to March or April thereabout each year.

Interventions employed to address challenges brought about by the COVID 19 (mitigate effects of COVID 19)

| Lead Sector    | Actions/Interventions  | Impact (coverage, HH, wards, beneficiaries reached) |                               |              |
|----------------|--|---|-------------------------------|--------------|
|                |  | 2nd Q<br>April-June 2020                            | 3rd Q<br>July –September 2020 | October 2020 |
| Social Welfare | Food distribution and identification of vulnerable HH                    | 65000   | 5655                          | 5655         |
|                | Identification of beneficiaries of the informal sector stimulus package. | 150   | 150                           | 150          |

|                                   |   |  |   |   |
|-----------------------------------|---|--|---|---|
| MOHCC                             | Integrated EPI outreach programme with the introduction of a one stop clinic with Vit A supplementation, CSB to PLW and U5. Introduction of the mother led active screening for malnutrition with the MUAC tape | 11806 out of 48705 children were reached with mother led MUAC screening, 87% cure rate on Management of acute malnutrition | 12087 out of 48705 children were reached with mother led MUAC screening, 84 % cure rate on Management of Acute malnutrition | 15711 out of 48705 children were reached with mother led MUAC screening |
| Women and Gender                  | Awareness campaigns on GBV  |  |   |   |
| Local Govt                        | Coordinating the CPU and the COVID-19 response task force team  | 18 wards   | 18 wards  | 18 wards  |
| SRDC (inc WASH services, Markets) | Borehole rehabilitation around the district's wards   | 18 Wards   | 18 wards  | 18 wards  |
| Civil Society                     | Church organisations donated food staffs to vulnerable HH   | 25   | 25  | 25  |

## Negative impact of the COVID-19 restrictions , Spill over effects

- Generally, market accessibility and functionality was not affected but supply side was negatively affected as people in that sector were restricted in their work.
- Communities had to rely more on local shops which were expensive because mobility was impaired.
- Households' food and nutrition security was negatively impacted because movement was restricted.
- Access to income was negatively affected since livelihood sources were affected for the majority of the population who are largely involved in the informal sector.
- Small scale mining was not deemed to be an essential service under the COVID-19 restrictions and hence a large sector of the community which is involved in this form of livelihood were left with limited access to income.
- Some informal traders never recovered since they had to use capital to get food. Flea markets were destroyed and have since not yet been re-established.
- Patients had to default on essential medicines e.g. ARVs due to movement restrictions.
- Disruption to access to education.
- Sudden rise in teenage pregnancy.
- Child labour was also on the rise to address household food insecurity.
- There was need to come up with strategies on how the community was going to access essential services before the first lockdown was announced.

## Lesson learnt

- i. The Civil Protection Unit if adequately equipped to deal with disasters and emergencies can make a big difference. A well-resourced CPU is key in coordinating disaster /emergency preparedness and response
- ii. Bureaucracy when dealing with disasters at district level has not helped the situation, more agile and responsive mechanisms are needed including a very functional and responsive CPU properly furnished with adequate equipment and infrastructure to handle disasters.

## Recommendations

1. To have the CPU capacitated with resources to address challenges faced by communities (budget) e. Quarantine centers did not have enough food for those in isolation.
2. There is need to decentralise emergency resources for the CPU be able to access them and attend to disasters in an urgent manner.
3. Bureaucracy in emergencies should be avoided there is an urgent need to decentralize resources.
4. To improve on emergency preparedness, district should have permanent infrastructure for DRR e.g. warehouses and isolation centres.

# Gokwe South District

## Response Strategy

### Midlands



## Introduction

Gokwe South District lies north-west of Midlands Province in Zimbabwe and it is composed of 33 Wards, with a total population of 350341 (181126 females and 169215 males). It is sub divided into communal, resettlement and small scale commercial farming areas with the majority of the populace residing in the communal areas. It is bordered in the north by Gokwe north district, in the east by Kwekwe district, in the south by Nkayi and Lupane districts and in the west by Binga district. It is situated at about, 370km to the South-west of Harare. The Shangwe and Tonga are the local inhabitants but the majority of people come from all over Zimbabwe.

The district has two farming sectors which are Communal area (CA) and Small scale commercial farming area (SSCFA), 40% of the district falls under Agro-ecological region IV and 60% is in region III. It has an estimated population of 330 036. Ecological regions 3 and 4 characterized by low and erratic rainfall patterns predominantly cover the district. The climatic conditions are suitable for drought resistant crops such as cotton, which is the main economic activity in the area; maize is grown at a small scale during the rainy season. There is great potential of horticulture in some wards. Livelihoods are basically centered on growing cotton, cereal and mixed farming; many households depend on casual labour and trading small wares as a basic means of survival. Access to markets for trading is challenged by poor infrastructure.

Gokwe south district just like any other district in Zimbabwe experienced some challenges due to COVID-19 lockdown and restriction measures.

### Some of the negative impacts experienced include:

**Markets:** - Livelihoods of most families were greatly affected especially of fruits and vegetable farmers and those who relied on small livestock keeping such as broilers. During the first phase of the lockdown markets places were closed; while some farmers especially in the peri-urban areas of Gokwe usually sold their produces outside in other towns and cities e.g. Kwekwe they could no longer deliver due to intercity travel restrictions. In addition, some of the small livestock keepers relied on selling their chickens to cafeterias hence with closure they could no longer supply hence resulting in loss of distribution channels. Farmers ended up incurring losses and some, opting for barter trade of maize their maize grain reserve. Two market centres were identified and designated during the COVID-19 lockdown and they were opening twice a week; however, selling direct to consumers at a low market price and to a greater extent incurring loss.

In addition, the lockdown coincided with the season during which most farmers were supposed to deliver their grain at the GMB; hence due to travelling restrictions most farmers were now selling to middle men at a lower price. About 65% percent grain received by GMB in the 2019-2020 season was through middle men hence this could affect most farmers next season in terms of funds to procure inputs.

**Household food and nutrition security, livelihoods:** - Informal traders in urban wards, were mostly affected. This is because they rely of their daily sales to sustain basic necessities which include food and any other health amenities. Assistance was finally availed after the lock down measures had been relaxed. However, some cash transfer beneficiaries were failing to access their funds at the local banks due to travelling restrictions.

**Child protection:** - Cases of child abuse increased as well as early marriages, for example at Machakata secondary school, in a class with 24 girls, 8 of them got married during the lock down. Another example was at Gwanika primary school, where in a class of grade 7 students at the opening of schools eight girls did not return due to marriage. In Tongwe some young boys did not return to school because they got engaged in artisanal mining in Munyati river, some would spend the money with sex workers and alcohol hence risking their health.

**Education:** - Schools were closed and online and radio lessons were introduced. However, online lessons came at a cost as thereby limiting such services to the elite who easily benefited from the initiative as they have easy access to data and smartphones. These smart phones promoted negative behaviors in some children and it was noted that they require close monitoring from parents and guardians.

**Health:** - Outreach services were affected and there was poor access to health services by community members due to COVID-19 restrictions. In addition, health workers were skeptical of contracting the virus since there was shortage of PPE and hence they were afraid to provide services.

Interventions employed to address challenges brought about by the COVID 19

- *Opening of different market sites for vegetable and fruits to prevent congestion of farmers.*
- *Construction of solar driers for drying perishables so as to minimize losses.*
- *Production of backyard nutrition gardens and backyard butcheries.*
- *Presidential inputs distribution.*
- *Food distribution and cash transfers (400rtgs per month) equivalent to 5USD at the October Zimbabwe 2020 interbank exchange rate.*
- *Registration of intended beneficiaries for COVID-19 allowances.*
- *Formation of community groups: (Sensitisation of adolescent girl through sister-to-sister networks on positive health and life behaviours. For boys, Behaviour Change Communication groups with male champions or mentors, were utilized to support them.*
- *COVID-19 trainings to health workers.*
- *Dissemination of the behavior of the month to neighborhood women participating in the Care Groups model in the context of COVID 19.*
- *Integrated case management training to VHWs Covering COVID 19 awareness and Malnutrition screening and referrals, Malaria, EPI and Pneumonia.*
- *Health education to communities with confirmed COVID 19 cases to address issues of stigma.*
- *Strengthened on continuous offering of EPI services to communities at health facilities.*
- *VHWs and health facility staff mobilized caregivers per village for EPI services.*
- *Integrated outreach programme to increase EPI and active screening coverage.*
- *Health facility-based outreach.*
- *Vitamin A task sharing with VHWs.*
- *Nutrition and WASH training in the context of COVID 19 to VHWs and lead mothers.*
- *Integrated adolescents training Covering nutrition, Sexual and reproductive health, WASH and COVID-19 awareness.*
- *Rehabilitation of boreholes in rural health centres (Tongwe, Sai, Mateta 2, Mkoka, Nyaje).*
- *Rehabilitation of 17 school water points.*

- *Training of community leadership on GBV and COVID-19.*
- *COVID-19 and GBV roadshows*
- *Road rehabilitation in Masororo road 17km, road formation in Charama (work in progress 5km opened up)*
- *Women development funded two groups for self-help projects i.e. Vukuzenzele bakery and soap making, Tinevimbo poultry.*
- *Construction of Machakata warehouse with the help of UNDP for Mubvumbi garden group and small livestock keeping.*
- *Training of school health teachers on COVID-19.*
- *Training of invigilators for June examinations.*
- *Mop up induction exercises to those who were not trained and distribution of PPE to schools.*
- *Farmer training on Nutrition Sensitive Agriculture – Training through Pfumvudza, Agro ecology and Farmer Field Schools*
- *Distribution of tools of trade in support of the Care Groups.*
- *Distribution of Boschveld chickens in support of small livestock behavior adoption.*
- *EHT training on Water Quality Management.*
- *Distribution of seed packs under agroecology Pfumvudza concept.*
- *Distribution of food packs (Mealie meal 20kg, sugar 2kg, rice 4kg, sugar beans 2kg, soya mince 3kg and cooking oil 4 liters).*
- *Partial subsidy - latrine construction (2 bags cement, reinforcement wire, gauze wire and payment of builders).*
- *Supporting farmers who used all their funds during lock down (offering starter pack of seed plus fertilizers)*
- *Urban feeding cash distribution through western union through cash disbursement. 12 USD per beneficiary*

## **Spillover effects of the COVID 19 Lockdown Period**

- *Malnutrition cases actually reduced compared to 2019 same period. This could be as a result that most caregivers were spending most of their time at home due to movement restrictions and thus improving caring practices*
- *Number of informal traders still low as they are now required to register and stick to COVID-19 regulations. In addition, borders still closed where people relied on in terms of stocks of non-food items to sell. Moreover, some used up all their capital during lockdown hence lack of funds to revive their businesses.*
- *There has been an increase in social protection cases hence leading to social development department being overwhelmed with addressing the cases*
- *There has been a great reduction in production line due to the COVID-19 restrictions*

## Lessons learnt

- *Town by laws should be followed even before disasters. If people were following laws especial informal traders, less people would have been affected through loss of livelihoods.*
- *Preparedness is key in anticipation for disasters.*
- *Communities became more health cautious as a result of the pandemic as seen through the effort to create hand washing facilities in almost every rural household. Some community even report suspected cases in their communities*
- *Communities respond to life threatening conditions and usually adhere to regulations due to fear.*

## Recommendations

- *Information dissemination should be strengthened at all levels*
- *Disaster risk reduction trainings should be intensified at lower levels to capacitate committees at ward level for decision making during disasters.*
- *Disaster fund /reserves should be in place at district level all the time*
- *Households should diversify enterprises incase such disasters affect them in future.*

# Mt Darwin District

## Response Strategy

### Mashonaland Central



## Introduction

Mt Darwin is one of the eight districts in Mashonaland Central province. It borders Shamva district to the South, Mozambique to the North, Muzarabani to the West and Rushinga to the East. Population type in Mt Darwin includes communal, old resettlements, small scale farms, large scale, urban, A1 and A2 farms. The greater part of the district is communal settlements. The district is further divided into two parts; the upper Mt Darwin with natural region 2A, 2B, 3 and the lower Mt Darwin which is known as the Zambezi Valley basin and is in natural region 4 which is prone to erratic rainfall patterns and drought.

The district has not been spared from the effects of COVID-19. By April 2020, fruits and vegetables were no longer available, shops closed, farmers unable to access markets. Livelihoods (informal) were greatly affected as the majority of households relied on small scale businesses, these were aggravated by travel restrictions imposed to curb the spread of COVID 19. In general household income was greatly suppressed.

## Interventions employed to address challenges brought about by the COVID-19

| Lead Sector                | Actions/Interventions   | Impact (coverage, HH, wards, beneficiaries reached) |                               |                               |
|----------------------------|---|---|-------------------------------|-------------------------------|
|                            |   | 2nd Q<br>April-June 2020                            | 3rd Q<br>July –September 2020 | October 2020                  |
| <b>Agritex Cropping</b>    | Farmer training on crop healthy post-harvest management and marketing | 38 516 HH   | 29532HH                       | HH                            |
|                            | Wheat farmer training   | 2 wards (5 farmers)                                 | 2 wards (5 farmers)           | 2 wards (5 farmers)           |
|                            | Pfumvudza Training  | 18 wards<br>(3570 farming HH)                       | 40 wards (11560 farming HH)   | 40 wards<br>(5160 farming HH) |
|                            | Pre-Season Farmer Training and COVID awareness meetings               | 45 320 HH   | 41380 HH                      | 15041 HH                      |
|                            | Agricultural shows  | 0   | 0                             | 1 farming HH                  |
| <b>Veterinary Services</b> | Livestock Dipping services  |   |                               |                               |
| <b>Social Protection</b>   | Food assistance   | 14370 HH  | 5995 HH                       | 3500 HH                       |
| <b>MOHCC</b>               | Hand washing facilities (Tip-taps)                                    | 3198  | 6189                          | 1056                          |
|                            | Feeding waiting mothers   | 2 H/Facilities                                      | 2 H/Facilities                | 2 H/Facilities                |
|                            | Cooking Demonstrations  | 27  | 57                            | 0                             |
|                            | IYCF Counselling  | 14982   | 16220                         | 0                             |

|   |   |  |  |  |
|---|---|--|--|--|
| <b>MOHCC</b>  | Active Screening training (Mother Led MUAC)   | 40 wards                               | -                                      | -                                      |
|   | IMAM training   | 22 H/Facilities                        | -                                      | -                                      |
|   | IYCF training   | -                                      | 22 H/Facilities                        | -                                      |
|   | CIYCF training  | -                                      | 40 Wards                               | -                                      |
|   | Road shows on Covid 19 awareness  | -                                      | -                                      | 20 B/Centres                           |
|   | Community dialogues on Covid 19 and nutrition   | -                                      | 14 wards                               | -                                      |
|   | Distributed IEC material  | 22 Health Facilities                   | 40 wards                               | -                                      |
|   | COVID 19 Health and Hygiene Education sessions.   | 1267                                   | 1368                                   | 398                                    |
|   | Number of people reached  | 33125                                  | 3794                                   | 2744                                   |
| <b>Ministry of Environment</b>                                | Consolidated Garden Support (Communal nutrition garden with Fruit trees)                                | 11 households (ward 12)                | 11 households (ward 12)                | 11 households (ward 12)                |
|   | Bee-keeping project Support (41 bee-hives)  | 25 households (ward 21, 24, 38 and 40) | 25 households (ward 21, 24, 38 and 40) | 25 households (ward 21, 24, 38 and 40) |
| <b>Women and Gender &amp; Small and Medium Enterprises</b>    | Mobile one stop centre to assist survivors of gender based violence                                     | 37                                     | 42                                     | 37                                     |
|   | Awareness campaigns on COVID 19 and gender based violence with women and girls living with disabilities | 52                                     | 48                                     | 0                                      |
|   | Training on Baking  | 0                                      | 52                                     | 21                                     |
|   | Food Preservation and Processing training with women in ISALs   | 0                                      | 0                                      | 12                                     |
|   | Refresher training with ISAL groups leadership  | 0                                      | 37                                     | 12                                     |
|   | Entrepreneurship training with two groups funded under the community development fund                   | 0                                      | 6                                      | 7                                      |
|   | Funded 1 Poultry project in ward 17   | 0                                      | 0                                      | 7                                      |
| <b>Local Govt</b>   | Coordination of COVID Awareness Meetings  | 3                                      | 3                                      | 2                                      |
| <b>RDC(incl. WASH services, Markets)</b>                      | Regulation of marketing timeframes of the local market  |  |  |  |
| <b>DDF( e.g. transport, road network, ploughing services)</b> | Bridge construction   | 0                                      | 1                                      | 0                                      |
|   | Borehole rehabilitation   | 4                                      | 4                                      | 2                                      |
| <b>Economic Planning and markets</b>                          |   |  |  |  |
| <b>Partners: World Vision</b>                                 | Facilitating Food For Asset (FFA)   | Wards 5 and 37                         | Wards 5 and 37                         | Wards 5 and 37                         |

|                   |  |                 |                  |              |
|-------------------|--|-----------------|------------------|--------------|
| <b>ENTERPRIZE</b> | Pfumvudza and Agro-Ecology training                    | 4633 farming HH | 10535 farming HH | 0 farming HH |
|                   | Orange maize seed distribution                         | 0               | 0                | 5000 HH      |
|                   | Poultry smart Subsidies                                | 44 HH           | 66 HH            | 0 HH         |
|                   | Market development                                     | 150 HH          | 0                | 0            |
|                   | Rural Finance Crisis modifier Distributions            | 0               | 10 HH            | 0            |
| <b>WHH</b>        | Sinking boreholes                                      | 4               | 10               | 2            |
|                   | Rehabilitation of boreholes                            | 10              | 3                | 0            |
|                   | Pump Minders Training                                  | 10              | 3                | 0            |
| <b>NAC</b>        | Meetings with people living with HIV in support groups | 4               | 2                | 1            |
|                   | Distribution of HIV/ COVID 19 posters and pamphlets    | 350             | 282              | 18           |
|                   | Training of sex work peers Educators on HIV/ COVID 19  | 20              | 3                | 0            |
|                   | Assessment on impact of COVID 19 in vulnerable groups  |                 | 1                |              |

## Spillover effects of the COVID-19 lockdown period

- *Market price distortions for instance skewed prices due to high demand and low supply.*
- *Gender based violence increased.*
- *Food insecurity escalated (Number of cases requiring food assistance increased compared to same time last year)*
- *Teenage pregnancy increased.*
- *Early childhood marriage also increased as school going pupils eloped*
- *Theft cases increased as many people had limited livelihood options.*

## Lessons Learnt

- *Multi-sectoral approach is vital in terms of emergency response coordination.*
- *Lack of entertainment at household and community levels resulted in to social conflicts.*
- *The Mother-Led MUAC approach is more effective in active screening of under fives as evidenced by increased number of screened cases when the programme started.*
- *Virtual meetings and electronic marketing are vital as they discourage gathering of people and minimizes resource usage.*

## Recommendations For Future DFNSC Emergency Preparedness

- *There is need to have an emergency response plan in case of an emergency.*
- *It is recommended that the emergency response teams at district level have a Budget in place in case of emergency.*
- *There is need for regular planning and review meetings to allow for reflective programming and learning appreciating our strengths and weaknesses of the past.*

# COVID-19 AWARENESS

**Stay at Home**

**# Stay Safe**

**# Defeat COVID-19**

The Government of Zimbabwe has declared a lockdown over COVID-19 and everyone is required to stay at home. We simply need to adhere to the directives by our certified health authorities and the government as this will help slow down the spread of COVID-19. Staying at home is one of the most effective ways to stay safe.

## Staying at home means:

- *You only go outside for food and health reasons (as you can work from home)*
- *If you go out, stay at least a metre away from other people at all times*
- *Wash your hands as soon as you get home.*
- *Do not meet/ visit others, even friends or family.*

You can spread the virus even if you don't have symptoms.

## Guide on Social Distancing at Food Outlets in Zimbabwe

Queues are a common feature in Zimbabwe especially in supermarkets and other food outlets. It is therefore important to ensure that these outlets do not become sources of COVID-19 transmission. One of the best strategies to prevent transmission is to practice social distancing. Social distancing involves standing or sitting 1 metre away from the next person.

## Treatment of COVID-19

The Ministry of Health and Child Care advises the public that there is **no** specific medicine to prevent or treat coronavirus disease (COVID-19). The public will be advised through official channels when preventive medicines become available.

## Self-care

- *If you have mild symptoms, stay at home until you have recovered. You can relieve your symptoms through rest, sleep, keeping warm and drinking plenty of fluids.*
- *Please, if you develop a fever, cough, and have difficulty in breathing, promptly seek medical care. Call your health care provider in advance and tell them of any recent travel or recent contact with travellers.*
- *For prompt assistance, call the Ministry of Health and Child Care toll-free line 2019 or the Youth Advocates Forum toll-free line 393. The lines operate 24 hours a day.*

Zimbabwe is currently responding to the COVID-19 outbreak. The public is therefore being encouraged to adopt a number of behaviours that prevent contracting COVID-19.

## These preventive behaviours include:

- *Avoid close contact with anyone with a cold or flu-like symptoms*
- *When coughing and sneezing cover mouth and nose with tissue paper or flexed elbow- throw away the tissue immediately and wash hands*
- *Maintain a distance of at least a meter from the next person*
- *Wash hands thoroughly with soap and running water*

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