

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.*

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FNC is housed at SIRDC: 1574 Alpes Road, Hatcliffe, Harare

Tel: +263-242-862586/ +263-242-862025. Website: www.fnc.org.zw. Email: info@fnc.org.zw.

Twitter: @FNCZimbabwe. Instagram: [fnc_zim](https://www.instagram.com/fnc_zim). Facebook: @FNCZimbabwe

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 April-June 2020	3rd Q July –September 2020	October 2020
Agritex Cropping	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 (3570 farming HH)	40 wards (11560 farming HH)	40 wards (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
Veterinary Services	Livestock Dipping services			
Social Protection	Food assistance	14370 HH	5995 HH	3500 HH
MOHCC	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

MOHCC	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
Ministry of Environment	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)
Women and Gender & Small and Medium Enterprises	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
Local Govt	Coordination of COVID Awareness Meetings	3	3	2
RDC(incl. WASH services, Markets)	Regulation of marketing timeframes of the local market			
DDF(e.g. transport, road network, ploughing services)	Bridge construction	0	1	0
	Borehole rehabilitation	4	4	2
Economic Planning and markets				
Partners: World Vision	Facilitating Food For Asset (FFA)	Wards 5 and 37	Wards 5 and 37	Wards 5 and 37

ENTERPRIZE	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
WHH	Sinking boreholes	4	10	2
	Rehabilitation of boreholes	10	3	0
	Pump Minders Training	10	3	0
NAC	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 workers 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.*

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