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

SANYATI DISTRICT

Response Strategy

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 April-June 2020	3rd Q 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.

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