

COVID-19 REALITIES



NANGO newsletter documenting COVID-19 outbreak in Zimbabwe.

Lifesaving nutrition intervention for 243,000 children

GOAL Zimbabwe, through funding from ECHO and in partnership with the Ministry of Health and Child Care, has launched a lifesaving nutrition programme which will reach almost a quarter of a million children under the age of five years over the next 12 months.

The Nutrition Emergency Response for Early Detection and Treatment project, which will roll out in Masvingo rural, Bikita, Gutu, Buhera, Mutare rural and Chipinge Districts, will support 243, 000 children diagnosed with severe acute malnutrition and moderate acute malnutrition with nutrition interventions.

The project will also provide food assistance to households with confirmed cases of malnourished children. In addition, GOAL will strengthen the technical skills of health workers at health facilities, while improving the physical resources to

allow for the diagnosis, treatment and monitoring of acute malnutrition cases.

The project will implement the family mid-upper arm circumference approach that is centred on empowering the whole family to take measurements and keep track of their children's nutritional status. This approach is even more relevant during the COVID-19 pandemic to encourage families to conduct measurements at household level.

The Echo-funded project comes in light of a worsening humanitarian situation in Zimbabwe due to hyperinflation, drought, crop failure, Cyclone Idai and the COVID-19 outbreak.

According to the Humanitarian Needs Overview (2019), at least 5.1 million Zimbabweans are in need of food assistance, while 1.6 million people are

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In some parts of the country children are not regularly screened for malnutrition. When a child is suffering from malnutrition, mothers must often travel long distances to the nearest health center for diagnosis and treatment. By the time a child arrives at a health center, they are often in the advanced stages of the disease and may require hospitalization. There have been robust trainings on how mothers can use MUAC tape to screen their own children for malnutrition. This way malnutrition will be diagnosed at an early stage, facilitating treatment and reducing hospitalizations.

facing life threatening needs. The ZIMVAC report of June 2019 revealed that global acute malnutrition prevalence was 3.6% nationally. As such, most vulnerable households have become more food insecure and the situation could further escalate leaving more families, especially children under the age of five, malnourished increasing chances of stunting. With acute malnutrition as one of the leading causes of under-five mortality, prevention and early case identification are essential measures when food insecurity increases.

Gabriella Prandini, GOAL Zimbabwe Country Director, highlighted that the project will make a contribution towards ensuring that vulnerable households with children below the age of five will be supported with screening, treated for malnutrition while providing food rations to enable them to have minimum acceptable diets.

“We are working towards integrating nutrition and food security for children under the age of five in this current era of COVID-19. We will support the

Ministry of Health and Child Care in strengthening early case identification of acute malnutrition and administer life-saving treatment for children.

“The rates of malnutrition are worsening as most vulnerable households do not have access to adequate food following three consecutive drought years, impacting negatively on children who may face risks of being malnourished. As such, the project will compliment efforts of families make to provide for food for children by providing super cereal plus for malnourished children. Early identification will ensure children who are moderately malnourished do not deteriorate to become severely malnourished,” she said.

GOAL has been implementing nutrition emergency interventions and supported the integration of CMAM with the Ministry of Health and Child Care services from since 2009. In 2019 through the Civil Protection Unit, GOAL provided active screening for malnutrition to Cyclone Idai affected communities in Chipinge and Mutare.



COVID-19

REALITIES: MOST PERSONS WITH DISABILITIES RELY ON ASSISTANCE AND ASSISTIVE DEVICES

Therefore, it is important to ensure respiratory hygiene as directed by World Health Organisation, constant cleaning of hands with water and soap or sanitisers and to disinfect handles, surfaces, rails and assistive devices. Persons with disabilities are encouraged to use hand sanitisers that have at least 60% alcohol.



Risks faced by persons with disabilities in the COVID-19 outbreak

Persons with disabilities are known to be at increased risk in the COVID-19 pandemic due to the need for close contact with personal assistants/caregivers, as well as an increased risk of infection and complications due to underlying health conditions and socioeconomic inequalities, including poor access to health care.

These risks are compounded by numerous barriers to family crisis preparedness due to displacement and drastic changes in living conditions, a lack of access or obstructed access to public health and protection messaging, risks of increased stigma on the basis of disability, inaccessibility of WASH infrastructure, potentially discriminatory attitudes and procedures of the health workforce and systems, and potentially disrupted protection and social support mechanisms.

In situations of severe pressure on health systems, persons with disabilities, including children with disabilities are at risk of being deprioritised or denied access to treatment for COVID-19 based on the assumption that their chances of survival are less compared to those without disabilities. This would be considered a violation of basic human rights.

Physical distancing and/or separation from care givers and support networks could result in disruption of medical, social and rehabilitation care. This could lead to adults and children with disabilities not receiving adequate assistance for health-related concerns, which may result in life-threatening situations.

Potentially increased food insecurity, loss of support mechanisms and protection concerns negatively affect physical and psychological wellbeing (distress, anxiety, negative thoughts etc). The risks and additional restrictions faced by persons

with disabilities in times of community isolation may further impede health, safety, independence and autonomy of individuals.

Protection risks for specific groups of persons with disabilities during the COVID-19 outbreak

Women and girls with and without disabilities are more likely to face increased risk of GBV, including sexual exploitation and abuse (particularly domestic violence), due to confinement and/or a shift in roles and responsibilities.

Protection risks for women and girls with disabilities are further increased due to disruption of pre-existing protection mechanisms and crucial services (family planning, child and maternal health and sexual and reproductive health care services, legal assistance and counselling services).

Children with and without disabilities may need to adapt to closure of schools and other structures. School closure impacts continuity of learning and leads to an absence of protective environments and reduced fulfilment of basic needs (e.g. feeding programs, social support, personal assistance, access to assistive devices and rehabilitation). This may lead to negative impacts on physical and psychological wellbeing, as well as increased child protection risks including abuse, neglect, exploitation and violence. Children sharing treatment spaces with adults are at risk of increased anxiety, fear and of their needs not being identified and/or met.

Older persons are at an increased risk of multiple rights violations pandemic, such as discrimination based on age, and must be supported to access services on an equal basis with others.

Upholding the rights of persons with disabilities in relation to the COVID-19 response

Needs and risk assessment and analysis activities should be disaggregated by gender, age and diversity, including disability, and should consider the specific risk of exclusion and violation of rights for adults and children with disabilities. All preparedness and response plans must be inclusive of and accessible to all persons with disabilities, including women and girls with disabilities. This means ensuring that all workers have sufficient training on disability, providing individualised support and have the skills and knowledge to provide mental health and psycho-social support to adults and children with disabilities. Restrictions in provision of humanitarian services must consider persons with disabilities on an equal basis with others. In the event of a quarantine, support services as well as physical and communication accessibility must be ensured.

When in quarantine, personal assistants /caregivers, support persons /family, and/or interpreters should accompany persons with disabilities as required, upon agreement by all parties and subject to adoption of all hygiene/protective measures. Personal assistants and interpreters should be, when possible, proactively tested for COVID-19 to minimize the risk of spreading the virus to persons with disabilities.

Remote services (such as phone-based counselling) should be accessible to persons with disabilities on an equal basis with others, and therefore service providers should consider delivery in various accessible modalities.

When infected with COVID-19, persons with disabilities may face increased barriers in seeking and receiving health care. In situations of increased pressure on the healthcare system, a risk may emerge where persons with disabilities experience discrimination and negligence by health care personnel. However, in line with basic rights, persons with disabilities and older persons in need

of health services due to COVID-19 should not be deprioritized or denied treatment on the basis of disability and/or age.

Informed consent to health care and other services should always be obtained from all persons with disabilities regardless of the type of impairment. Various communication methods should be utilised to enable this, such as written, verbal and sign language. Children and adults with disabilities should be enabled to exercise maximum participation in decision making and their treatment and when required they should be supported to communicate their needs while under treatment.

Recommendations: Inclusion in the COVID-19 response

- Ensure gender, age and diversity, including disability, inclusion through all stages of the response. Which at a minimum this should include gender balanced teams, training on gender, age and disability sensitive care, referral to appropriate services and equal access to mental health and psycho-social support services.
- Ensure persons with disabilities, their care givers and older persons are prioritised within the response including at assessment stages. Adults and children with disabilities who may need more targeted support and information need to be identified from the outset.
- Ensure children with and without disabilities are supported by a care giver while under treatment and where possible children should be treated separated from adults under treatment.
- Ensure persons with disabilities receive information about infection mitigating tips, public restriction plans, and the services offered in a diversity of accessible formats, including: easy-read format; high contrast print and, where possible, Braille; and use of available technologies such as subtitles.
- Ensure access for persons with disabilities to essential services and protection on an equal

basis with others by considering specific needs such as:

- * Diverse communication methods;
 - * Personal assistance/care provided by another person;
 - * Need for physical personal contact to support daily activities and independence and therefore additional hygiene considerations and supplies;
 - * Physical accessibility to structures (particularly WASH and health) and transportation support;
 - * Equal access to distributions through diversity and relevance of items and adapted distribution techniques;
 - * Equal access to financial support and adapted and safe methods of delivery.
- Ensure staff involved in the dissemination of health messaging is trained on inclusive communication.
 - Ensure staff involved in the development of materials for health and other service-related messaging is trained in accessible Information, Education and Communication materials to enable adoption.
 - Where feasible ensure that additional protective measures for people with significant difficulties in moving around are available, including for self-care, as they may be more exposed to the virus due to dependence on physical proximity to others and therefore have less control over measures to prevent exposure, while they are also more likely to have underlying health conditions.
 - Identify individual social support systems, which may be family members and/or friends, and include them into service delivery methods where indicated. For example, employing the patient- and family-centred approach to service provision for children with and without disabilities.
 - Ensure support during and accessibility for critical counselling and during quarantine/ hospitalization (e.g. sign language interpreters, personal assistants/care givers).
 - Whenever possible, have transparent masks available to interact with persons who are hard of hearing (lip-reading).
 - Ensure protection of personal assistants/care givers in an equal manner with other health care workers dealing with COVID-19.
 - Provide reasonable accommodation and modified modalities (additional amounts of protective gear, water and soap; assistance for social support; transportation costs; home-based interventions to ensure continuity of care, individualised support and accessible design of sanitation and washing facilities).
 - Ensure that awareness raising on support to persons with disabilities is included in public messaging campaigns.

5 steps to prevent harm to people with intellectual disabilities and their families in Coronavirus emergency.

1. **Inform clearly**
2. **Deliver the information**
3. **Help to deal with emergency**
4. **Help to overcome isolation**
5. **Protect disability rights**

Journalists charged under COVID-19 regulations granted bail

Journalists Frank Chikowore and Samuel Takawira were on 26 May 2020 granted bail when they appeared in court and remanded out of custody to 15 June 2020 on charges of breaching Section 11 (b) of Statutory Instrument 83 of 2020 in terms of the COVID-19 regulations.

They were each granted \$500 bail.

Chikowore and Takawira were arrested around 8 am at Parktown Clinic in Harare's Waterfalls suburb on 22 May 2020, where three female MDC Alliance officials, that include Member of Parliament for Harare West Joanna Mamombe, are being treated following their alleged abduction and torture after staging a demonstration in Warren Park, Harare.

The journalists, who spent a night in police cells following their arrest, first appeared in court on 23 May 2020, during which they were remanded in custody to 26 May 2020 for ruling on their application for bail.

Chikowore and Takawira had reportedly gone to the clinic to interview the three MDC Alliance officials resulting in their arrest.



COVID-19 Word Search

StayAtHome

SaveLives

Rainbow

Pandemic

HomeLearning

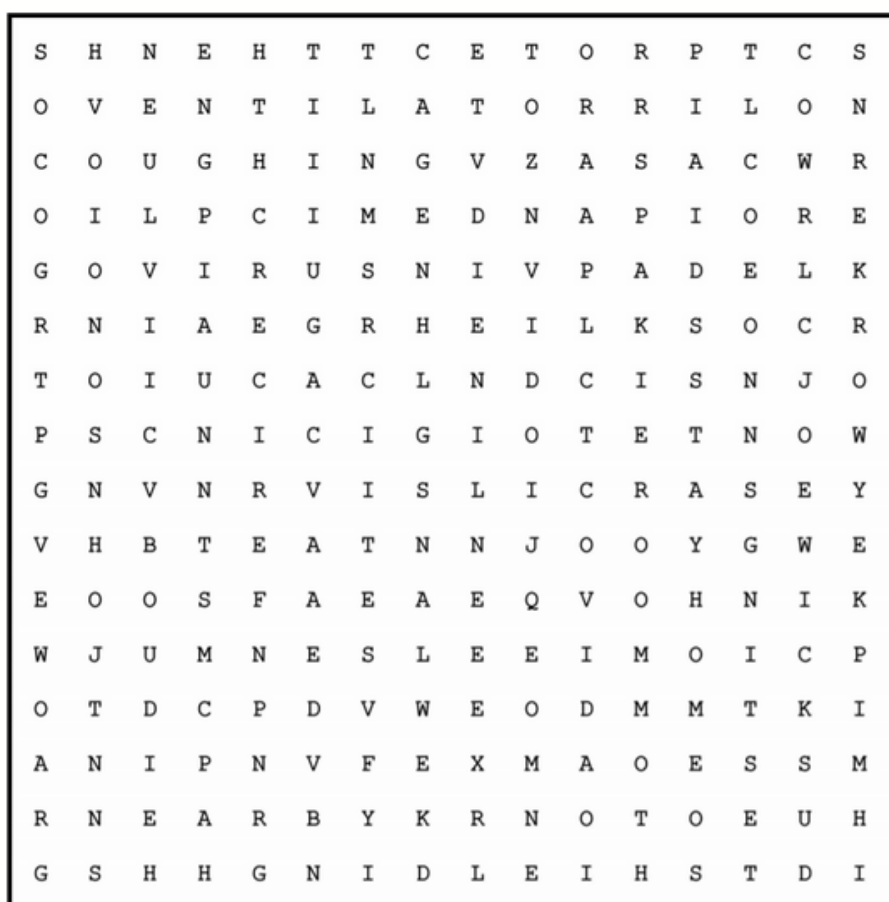
Covid

China

Lockdown

Ventilator

Testing



Shielding

SocialDistancing

PPE

Virus

Vaccine

HandSanitiser

Coughing

Fever

Clapping

Keyworker

COVID-19 task forces should be underpinned by co-production

Coronavirus has ravaged the entire world. Efforts to fight off this pandemic should be collective and inclusive. However, in the process of trying to manage this pandemic information is critical. All people should have correct information regarding Coronavirus. Information increases knowledge levels of citizens regarding the pandemic. While knowledge is of importance, it is valueless if it is in the hands of people who have no ability to interpret it. The approach that has been taken in our country to fight off COVID-19 shows that those people who make up the national COVID-19 task force have knowledge about the pandemic, but their knowledge has not been beneficial to the general populace. The constitution of a national taskforce should be underpinned by co-production and the human rights-based approach. It is the intent of this paper to highlight the lacunas of the present national COVID-19 task force.

The concept of co-production

Co-production is a concept that is cognizant of the fact that power lies in the collective. The concept puts a premium on people with different expertise working with one another to complete one another's efforts towards achieving shared success goals. By way of brevity, co-production is an inclusive working practice between experts by experience, for example, people with disabilities, families of children with disabilities, service providers, public authorities and other stakeholders, depending on the issue that is being tackled. A tooth pick analysis of the composition of the national force on COVID-19 shows that it is not representative of people with disabilities. The idea of co-production is therefore critical in development management in that it recognizes and at the same time embraces a need for designing, programming, implementing,

monitoring and evaluating an evaluation with all concerned stakeholders. In the context of this paper, the national task force on COVID-19 in Zimbabwe is not representative of people with disabilities. It will be fatuous and folly for anyone to argue or suggest that the Ministry of Public Service, Labour and Social Welfare fully represents people with disability in the national task force.

A social worker or a development worker is not in a better position to articulate the needs of people with disabilities as compared to a person with a disability. Therefore, development workers should work alongside people with disabilities so that the entire story about disability and COVID-19 is told. For instance, where persons with developmental disabilities like those found in ZIMCARE Trust, are concerned either a parent of a child with this particular disability, a specialist teacher, a head of a special school or a resident community psychologist would be far better placed to ventilate the extra needs of the said category of persons with disabilities. The national taskforce should serve the needs of all people in Zimbabwe.

Given the above polemic, the national taskforce on COVID-19 should have at least one person with hearing impairment, a sign language interpreter, a +visually impaired person and representatives from umbrella disability bodies in Zimbabwe like ZIMCARE Trust, NASCOH, Jairos Jiri, Deaf Zimbabwe Trust and Tose, among others.

This paper speaks to the matter of disability in terms of representation and participation. Participation of people with disabilities in matters that affect them reduces cases of marginalization and uses the human rights-based approach in dealing with the COVID-19.

The human rights based approach in managing COVID-19

The human rights-based approach to programming within the context of disability implies that people with disabilities are not objects of charity, but subject of rights. When the national taskforce sets out to do its work it sees people with disabilities as operating at a consumptive level, because all that we hear is that donors should come through with food items. While I agree that food security is the foundation for democracy, people with disabilities have other needs that are critically important and also best understood by them. For example, people with disabilities would need information about the pandemic, visually impaired people need COVID-19 information in Braille while those that are hard of hearing would need COVID-19 information signed or videos with subtitles. When the national taskforce on COVID-19 has no representation from the disability sector rarely will issues of this nature be put on the table for consideration.

The human rights-based approach to programming should guide national efforts in curbing the spread of COVID-19. People with disabilities should be consulted and participate in the process of making decisions that affect their lives. At an operational level, the key principles from a human rights-based approach have been identified as equality and non-discrimination (all human beings are entitled to their human rights without any discrimination), participation and inclusion (particular attention must be paid to the empowerment of vulnerable groups so that they can claim their rights), accountability and the rule of law. People with disabilities have varying needs that are dependent on the degree of their impairments, gender, age, social class and level of education, among other things. The voice of people with disabilities in the national taskforce is therefore as necessary as water is to fish.

When it comes to learners with developmental disabilities who happen to form the constituency of ZIMCARE Trust, there is a critical need for citizen advocacy. This group of learners has intellectual disabilities that also co-exist with other disabilities like speech, epilepsy, heart problems or asthma. These learners with intellectual disabilities also have tendencies that make up for the loss of other functional capacities like speech and therefore have a tendency to show affection through hugs, which operate at a tangent with COVID-19. They are indeed a category with special needs that are diverse and the national taskforce should have in its constituent membership people with working knowledge on how to cater for the information and communication needs of people with disability.

Conclusion

This writer strongly believes that we can all work for the best interest of people with disabilities if we adopt approaches that are sensitive to co-production and also to the human rights-based approach to programming. Silence on disability in terms of planning at a national level would essentially be an attack on human diversity. The national taskforce on COVID-19 should do an introspection of its constitution with the idea of being both collective and inclusive. The earlier it examines itself with a window perspective, the better for all.

The author, Aribino Nicholas is the Country Director ZIMCARE Trust.



COVID-19

COVID 19 REALITIES: YOUTH DYNAMICS AMID THE FIGHT AGAINST COVID 19

It's difficult for some of the youth to balance between feeding for the family and social distancing during the lockdown. The government is implored to ensure social protection of the youth in order for the youth to adhere to prevention measures promoted by the Ministry of Health and Child Care.



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Manica Youth Assembly (MAYA) held a public lecture to discuss the future of the youth post the COVID-19. Youths have been heavily affected by the novel Coronavirus since majority of them are unemployed. Drug abuse, unplanned pregnancies and criminal activities among other ills have become the order of the day in most parts of Manicaland. MAYA discouraged the youth from engaging in activities that will put their lives at risk and have negative effects on their future.



As part of a humanitarian response to COVID-19 and complementing government efforts, Shanduko Yeupenyu Child Care has taken a step further in assisting the girls not only with school fees but with food hampers, sanitizers and sanitary wear to 40 families. COVID-19 has affected a large populace in the informal sector and unemployed who constitute majority of the Epworth population.

Shanduko Yeupenyu Child Care, a community based organization based in Epworth, is committed to promoting access to basic needs and empowering disadvantaged children, especially girls, in poor communities. The organisation is currently implementing Girls Education Program Support with support from Global Vision International Trust. The girls' scholarship program is assisting girls through payment of school fees, provision of educational needs and psychosocial support services.



Youth Alive Zimbabwe donated 200 litres of hydrogen peroxide disinfectant, 250 face masks, hand washing liquid and gloves to the Mutate District COVID-19 Taskforce. The donation was initially meant for Rows Training Centre but after realising the need in all the province's six quarantine centres, the material was equally distributed among all the quarantine centres while more resources are being sourced by the organization and its partners.



Need help during the lockdown? Here are suggestions of who you can contact

COVID-19 related information: Toll Free 2019

To know your human rights: Zimbabwe Lawyers for Human Rights
24 hour National Hotline +263 772 257 247
Matabeleland/ Midlands +263 773 855 635
Manicaland/ Masvingo +263 773 855 718

To report gender based violence: 24 hour toll free lines
Musasa Project - 08080074
Zimbabwe Women Lawyers Association - 08080131
Adult Rape Clinic - 0775 672 770
Shamwari Yemwanasikana Hotline 0772 607 384

To get legal advice: 24 hour toll free legal service helplines
Legal Resources Foundation - 08080402
Women and Law in Southern Africa - 0777 366 952
Zimbabwe Women Lawyers Association - 08080131
Zimbabwe Lawyers for Human Rights - 0772 257 247

For psycho social support: 24 hour toll free line for children in distress and COVID-19 information
Childline Zimbabwe - 116
Shanduko Yeupenyu Child Care
1049 Chiremba Road, Roman Catholic Church, Domboramwari, Epworth.
+263734806082 / +263772657424 \ Whatsapp:+263 734 498 816

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