welt hunger hilfe

For a world without hunger

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WELTHUNGERHILFE COVID-19 APPEAL

Combatting the immediate and longer term impact – our strategy

Life-saving emergency and recovery support for five million most vulnerable in 36 countries

"The virus might not reach us, but hunger will kill us for sure." Mohammed Kanneh, a tea shop owner in Kenema District, Sierra Leone

"Better to die from Covid-19 than hunger." Street vendors and mechanics interviewed by Welthungerhilfe in Glenview, Harare, Zimbabwe

This is the harsh choice that the Covid-19 pandemic is forcing upon the poorest citizens of the world: **risk dying of Covid-19 by going out to work; or risk dying of hunger by staying at home.**

Welthungerhilfe (WHH) is asking partners and supporters to contribute to its Global Covid-19 Response Programme, **to support five million people in 36 countries** so that they don't have to make that choice.

We plan to raise **100 million euros:** this would finance **life-saving emergency response activities to contain the spread of Covid-19**, and to reduce illness, mortality and malnutrition. It would fund activities to **prevent the loss of livelihoods and assets** linked to the prolonged movement restrictions across countries.

It would also support **recovery, resilience-building and development work** to address the needs of the most vulnerable populations **for up to two years**, while the world struggles to find a vaccine for Covid-19.

This is a global pandemic and a crisis on an enormous scale; but the local implications will be different in every country. We are a leading international NGO, member of the Alliance2015 – a strategic network of 8 European NGOs which works globally across more than 90 countries in humanitarian, development and advocacy initiatives, at the heart of global aid technical debates, progress and standard-setting; we have responded to dozens of major humanitarian crises in the last 50 years. But we also rely on the knowledge of our local partners and the staff in our country offices, who come from the provinces, districts and even villages that we serve.

In the words of Mathias Mogge, CEO and Secretary-General of WHH, "Our staff members' and partners' ideas, their courage, and their experiences of responding to previous crises are the foundation of our work; they have been our greatest strength in the past and they will be again for this response."

Why Support Our Work

Reach and presence on the ground. WHH assists an average of 10 million people annually across 36 countries. WHH is working in six of the eight countries ranked most vulnerable to Covid-19 by the United Nations/European Commission INFORM Index.[1] We are already assisting hundreds of thousands of people through dozens of Covid-19 specific projects.

From crisis to recovery to 'resilience'. We work with communities affected by natural disasters or conflict not only in the initial weeks of the crisis, but for months and even years afterwards, so they are stronger than ever before, and better prepared to face future emergencies.

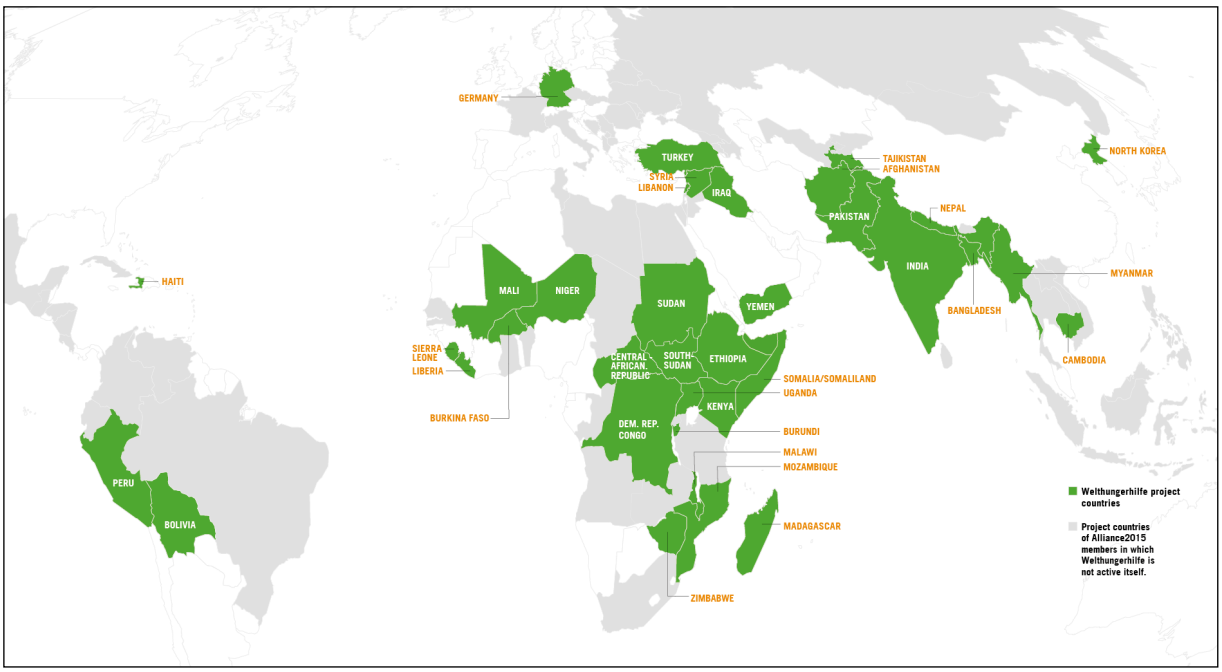
Partnering with local civil society means better quality. WHH works with over 200 local NGO partners across the globe; their knowledge and passion add to our own.

Our balance of expertise. Half of our work worldwide is in humanitarian assistance and in providing water, sanitation and hygiene (WASH) – essential for preventing the transmission of the disease. The other half of our work is in livelihoods, food and nutrition security, economic and skills development, and agriculture – essential to the most in-need communities as they weather the economic and food security crisis caused by Covid-19.

In Arua, Uganda, WHH supports the District Covid-19 task force with essential non-food items including sanitizers.

[1]See: https://data.humdata.org/dataset/inform-Covid-19-risk-index-version-0-1-2. The six 'High Risk' countries where WHH works are the Central African Republic, South Sudan, Afghanistan, the Democratic Republic of Congo, Haiti and Burundi. The other 'High Risk' countries are Somalia and Chad.

The Impacts of Covid-19 in the Countries where we work



Welthungerhilfe project countries

In Africa and some other parts of the global south, the health impacts of the pandemic have not yet been as severe as in the world's leading economies. There is agreement that **the swift containment measures taken by governments have helped**; there is discussion about factors such as demographics, transportation infrastructure and habits, and even levels of air pollution; but most significantly there is consensus on two fundamental points: that **these countries remain at high risk to health impacts**, and that they are already **suffering from the socio-economic effects of the Covid-19 crisis**.

With regard to the health impacts of the pandemic, there is no room for complacency. Most of the countries where WHH works have **severely under-resourced health systems**, particularly with regards to critical needs such as ventilators, oxygen, intensive care beds, and staff. Many also have large population groups with **underlying conditions such as HIV, tuberculosis, chronic parasite infestation, and malnutrition**. Even low numbers of Covid-19 cases could be sufficient to overwhelm their health system capacities, and lead to increased deaths from both Covid-19 and non-Covid-19 diseases.

With regard to the pandemic's 'secondary impacts', the measures to contain the virus are having **devastating consequences on people's livelihoods**. This is especially so in poverty-stricken and conflict-affected contexts, where Covid-19 exacerbates pre-**existing crises such as displacement, malnutrition, drought, locusts, conflict and economic collapse**. The "Global Report on Food Crisis 2020" of the World Food Programme and other international organisations estimates **that the crisis could almost double the number of people living "on the brink of starvation" to 265 million**.

WHH will pay particular attention to those defined by the Global Protection Cluster as being 'most vulnerable' to the impacts of the Covid-19 pandemic: people with underlying medical conditions, the elderly, women, children, refugees and internally displaced persons (IDP), daily and migrant workers as well as marginalised and indigenous populations. WHH will ensure **those groups are represented and participate in the planning of our interventions**, and will support them to access services, information and humanitarian assistance.

WHH's Covid-19 Global Programme Strategy

WHH's Covid-19 programme strategy has four components: humanitarian response; recovery and resilience-building; advocacy; and community engagement.

The duration of our **humanitarian response** will vary from country to country. Some countries may be affected by a 'second wave' of infections; others may overcome their health emergency, but struggle with the food security, nutrition or economic crises. WHH possesses the internal capacities to be flexible and agile.

Our life-saving humanitarian response will work to reduce deaths and disease transmission, as well as immediate threats to food and nutrition security, protection and livelihoods. We will work closely with government departments and ministries, community leaders, other humanitarian actors and our local civil society partners, while maintaining a focus on the most vulnerable members of the communities we serve.

As an organization with a dual humanitarian/development mandate, we are accustomed to planning for **recovery and resilience-building,** even from the first days of a crisis. We used this approach during the Ebola epidemic in West Africa and later in DR Congo, where WHH successfully supported longer-term recovery even during the acute phase of the crisis. In our Covid-19 programme we will invest heavily in agriculture, value chains and local market functionality, water infrastructure, and economic development. We will also work alongside our government and non-governmental partners to invest in preparedness for further waves of Covid-19 infection, or for the next pandemic.

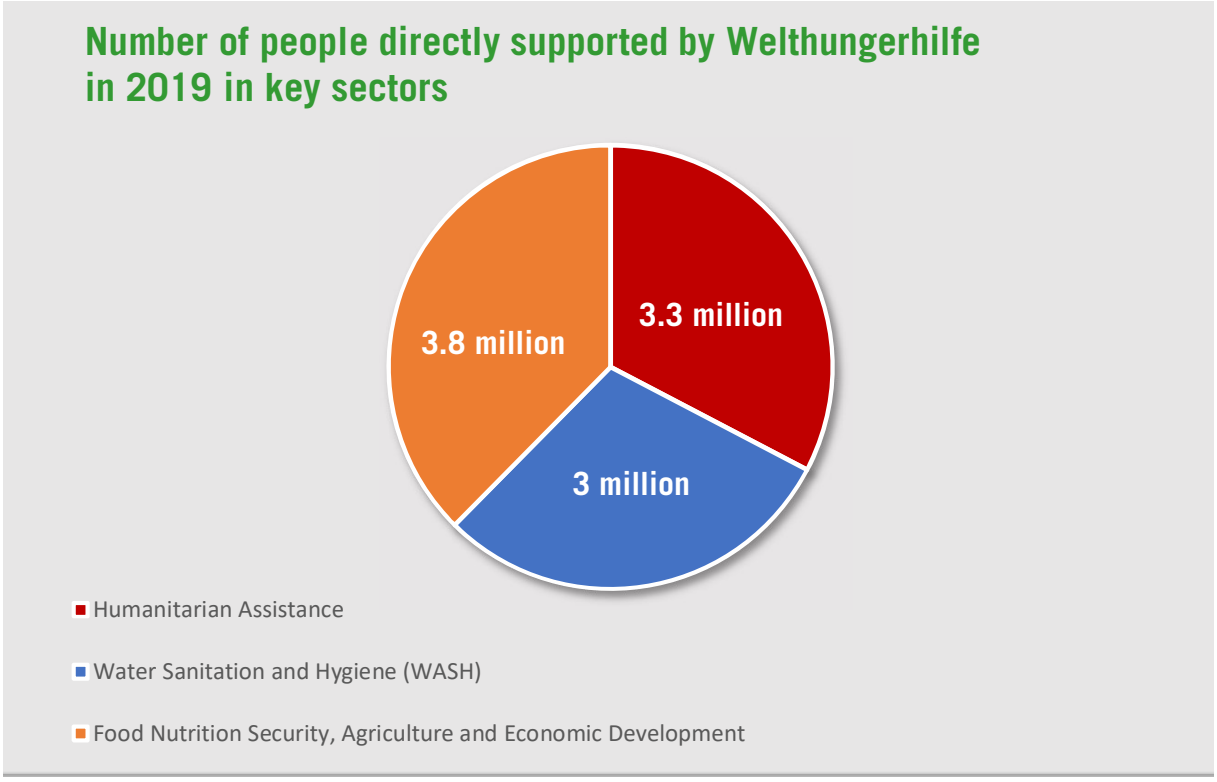
The third component of our strategy is **advocacy.** In the countries where we work, we will press for the expansion of government social protection programmes. In Europe, we will advocate for honouring and increasing aid commitments both with the German government (such as the Corona Emergency Programme) and with the European Union - while insisting that new humanitarian commitments should not come at the expense of long-term and structure-building development measures.

The fourth component is **community engagement,** as there has never been a humanitarian emergency where individual behaviour is so central to the chances of societies to recover. Risk communication will be continuous wherever we work to minimise the possibilities of further waves of infection. The fight against misinformation is also crucial: WHH and our partners will use our status as trusted stakeholders to share up to date information and expose falsehoods, to reduce the stress and uncertainty communities feel at this time. This stress could otherwise lead to stigmatization of minority groups and people accused of carrying the virus, mental health issues, and a breakdown in social cohesion. We will listen to communities - without making assumptions - to understand exactly how the crisis is affecting them; and encourage community-led initiatives to manage the challenges.

Across these four components of our integrated response, WHH will work in a **principled** and **accountable** way. We will align our work with the Covid-19 responses of the Ministry of Health in the countries where we work, **coordinate** closely with other health and humanitarian and development actors, and follow international standards from organizations such as the

WHO and SPHERE, including the Core Humanitarian Standard. Activities proposed under this appeal will be linked to the United Nations Global Humanitarian Response Plan for Covid-19. **Do no harm** remains at the forefront of our minds: reducing unnecessary risks, using appropriate protection, and maintaining physical distancing throughout our interventions.

Finally, WHH knows that **women and girls** will pay a high price in this crisis - being more exposed to the virus and seeing an increase in their workload. According to traditional gender roles, women and girls are typically in charge of tending the sick, taking care of children when schools are closed, and managing the household during confinement. They are also more likely to suffer from violence and abuse at times of stress within the family. WHH will include gender and protection messages in all Covid-19 awareness raising campaigns and design Covid-19 responses with a gender lens.



HOW WE WILL WORK TO MITIGATE THE EFFECTS OF THE COVID-19 PANDEMIC

Risk Communication and Preventing Covid-19 transmission

Risk communication and community engagement are essential components of our response. Knowledge of the Covid-19 virus and how it is transmitted, and understanding appropriate preventive measures enable individuals and communities to adopt good practices which require, in many cases, important adaptations to existing behaviour. It also reduces stigmatization based on ignorance and fear and prevents people from using ineffective or harmful practices they wrongly believe could help them and their families.

Positive hygiene practices are key to prevent the spread of the virus. The simple act of handwashing with soap remains one of the best defences against the coronavirus, other infectious pathogens and common global killers such as diarrhoeal diseases and respiratory infections. However, rates of handwashing with soap at critical times (such as after using the toilet or before eating) are less than 20% globally.

The risk communication and hygiene activities will be coupled with tangible resources to help families protect themselves. Cash and voucher programming is a key strength of WHH, and highly relevant for the Covid-19 crisis, as it gives vulnerable populations choices about how best to meet their priority needs; in addition it supports local markets which in many cases have been weakened by the Covid-19-related restrictions on movement.

In addition, WHH will ensure that vulnerable populations in overcrowded places such as slums and displacement camps, which are at high risk of the transmission and large-scale spread of the virus because physical distancing is almost impossible, will have access to appropriate shelter and essential Non-Food Items (NFIs).

In displacement camps such as the Bajed Kandala camp in Iraq, overcrowded and with poor sanitation, it is hard for residents to adopt good hygiene practices and maintain physical distancing.

Community members in Bonthe District, Sierra Leone, receive information on behavior that will help slow down transmission of the virus

WHH will:

- Train staff and community facilitators on Covid-19 and use of Personal Protective Equipment (PPE) such as masks
- Disinfect and provide PPE, cleaning agents and disinfection equipment to health centres and schools in vulnerable communities
- Carry out Risk Awareness Communication, Hand-Hygiene Promotion, and Preventive Measures Communication through radio broadcasting, megaphones-speaker systems, SMS, posters, banners etc; - including as part of WHH's more than 400 ongoing projects worldwide
- Implement community engagement and peer to peer education through community leaders while adhering to physical distancing measures
- Support local authorities to strengthen their awareness raising effort and referral mechanisms
- Support vulnerable people to access health care, for example by organizing medical camps
- Support Ministries of Health/Governments with active tracing and referral of confirmed and suspected cases
- Map and identify vulnerable settlements to support improving their hygiene conditions and to give access to essential services
- Reduce or mitigate conditions in overcrowded shelters by supporting vulnerable families with multipurpose cash transfers and/or other means of Cash & Voucher Assistance to cover their expenses, including payment for rent
- Distribute needs-based, context appropriate NFI assistance in order to cover basic family needs
- Work alongside our partners to invest in preparedness for further waves of Covid-19 infection, or for the next pandemic

As part of our risk communication work, Welthungerhilfe has created the “No Chance for Corona” comic which is aimed at children and shows how they can help slow the spread of the virus. The comic has been translated into over 20 languages, for use by our country teams.

The ‘no chance for corona’ comic is used to teach children the correct steps of hand-washing in Deoghar District, India

Tity Simbo Kamara, a project manager at one of our partner organizations in south-eastern Sierra Leone, demonstrates correct practices to prevent the spread of the virus. In all our projects in Sierra Leone, we support vulnerable communities through risk communication in cooperation with local partners, the local authorities and the government.

Insights from the Countries:
LEARNING FROM EBOLA IN SIERRA LEONE

"Please don't write that Sierra Leone is a catastrophic case. The government has taken a lot of steps that are meaningful. But socioeconomic conditions are harsh."

Ursula Langkamp, WHH's co-Country Director in Sierra Leone since 2016, has seen how the people of Sierra Leone have drawn on their experiences of the Ebola crisis of 2014-16 in response to the threat of Covid-19. The government was quick and decisive to impose a quarantine for travellers; to close the international borders; to limit inter-district traveling; to shut schools so as not to expose children; to encourage people to wear face masks. Citizens understand the importance of hand hygiene because of the Ebola epidemic.

However, enforcing policies is a challenge. Physical distancing is hard to respect, when 25% of houses are overcrowded, and public transport, a scarce commodity, is packed. 60% of the urban labour force are in the informal sector – if they don't do their petty trade, they don't have an income. When the government instituted a 3-day lockdown, the poorest didn't have enough to survive. Since the government cannot afford to provide food to the most vulnerable groups, it has refrained from further full lockdowns to contain the pandemic. While now

there is only a partial lockdown from 9 pm to 6 am, the Sierra Leonean population is conscientiously restricting its movements, and this is having an impact on the economy, as well as on health and education, as schools have closed, and many people no longer seek the health treatment they need.

The challenges reach rural areas as well: Mohammed Kanneh, the owner of the ataya tea house in Baoma village in Kenema District, told WHH staff: "I have a family of seven including my old mother and we get our daily bread from this business, which is not running currently…. The virus might not reach us, but hunger will for sure kill us if this trend continues in this country."

Fatmata Luawa, a mother of three in Mapuma village, explained the impact of Covid-19 on agriculture: "We are now in a civilised prison with limited and restricted movement. We hope the little areas we are cultivating will yield well as that is the only free movement area we have now, our farms. The size of our farms is reduced as we have eaten most of the seeds kept for this planting season."

Correct hygiene practices are essential for survival - especially now. Our partner organization SEND conducts a WASH and risk awareness training for community members in Kenema district, Sierra Leone.

In urban areas, WHH is funding the deployment of government Covid-19 tracers and mobilisers. Tracers will track people who have been potentially contaminated by confirmed Covid-19 cases, and mobilisers sensitize those people, their families and their neighborhoods to avoid further spreading of the disease. Keeping cases low in Sierra Leone is essential, as the health system is relatively under-resourced, with only 3 doctors and 10 nurses for every 100,000 Sierra Leoneans, a national total of about 600 beds in treatment centers, 22 ventilators (though an additional 50 have been ordered) and testing capacity of around 380 tests per day. To contain the pandemic, WHH is supplying hygiene and COVID-19 sensitization materials, especially at border points as Guinea has a comparatively high COVID-19 caseload.

In the longer term, WHH will focus on water, sanitation and hygiene, but also on agriculture, as the food security situation in Sierra Leone is alarming, with 4.6% of the population being severely food insecure and 43.1% moderately food insecure. The situation could become worse: 53% of staple foods such as rice are imported, so any disruption to imports would have a huge impact. Plus, as the Covid-19 caseload slowly increases in the coming months, families that have to self-isolate if a family member displays symptoms of Covid-19 will have their livelihoods affected. Such quarantines will disrupt the agriculture season; according to Mori Banister from Koya Chiefdom, "During a farming season like this, they always ask us to seat at home… without working. What are we going to eat after corona, if we happen to survive?"

‘Water, Sanitation and Hygiene (WASH)’

The simple existence of WASH infrastructure significantly increases the probability that people will adhere to preventive measures in the long term. However, as per WHO and UNICEF statistics, 1.4 billion people do not have any facilities for washing their hands, and another 1.6 billion people lack water or soap for effective hand washing.

WHH is implementing over a hundred projects worldwide either focussed on WASH or in which WASH is a key component. In 2019 our WASH interventions reached around three million people, primarily located in rural areas of sub-Saharan Africa and South and South-East Asia. The Covid-19 pandemic requires an adaptation and expansion of WASH activities in all project countries of WHH. All WASH subsectors are affected: i) the provision of safe water ii) access to sanitation including environmental health and waste management, iii) hygiene promotion (with a focus on risk behavior adaptation) and iv) WASH coordination.

Children in Nepal practice correct WASH practices at school, to prevent getting infected and spreading the virus

WHH will:

- Support national and local structures in the design, procurement and use of information materials related to Covid-19 in pictorial form and in local languages
- Increase water supply and install latrines and hand washing facilities in public places such as markets, health facilities, places of worship, and schools
- Provide Cash & Voucher Assistance for access to soap, disinfectant/chlorine, water containers and other hygiene items, or distribute hygiene kits
- Support the provision and maintenance of adequate WASH facilities to health and quarantine structures
- Advocate with the governments in the countries where we work to increase community budgets and education budgets to provide basic good quality WASH services in schools in a sustainable manner

© Mr. Teerath Kumar, staff member of Thardeep Rural Development Programme (TRDP

A woman from the Thar desert in Sindh consults with a doctor at a mobile medical camp. These are organized by WHH and its partner, the Thardeep Rural Development Programme (TRDP), to ensure that the Covid-19 crisis does not prevent people in Thar from accessing medical care

Insights from the Countries:
PAKISTAN'S FOUR-PRONGED CRISIS

A discussion with Aisha Jamshed, WHH's Country Director for Pakistan.

Is this a humanitarian crisis in Pakistan or something more?

Aisha: "It's a four-pronged crisis. In the cities, it is more of a health crisis now [at the time of the interview, Pakistan's number of official cases placed it in the top 20 countries worldwide]. But it is fast becoming a socio-economic crisis in cities. Many people who were living above the poverty line are now slipping below it. And country-wide, the Covid-19 pandemic will exacerbate Pakistan's existing nutrition crisis. Food security is also being badly affected by the locusts -extensive damage to crops has already been done. Lastly, there is a possibility this could have a personal security impact as well - so many people have lost their jobs, that crimes rates could rise.

What has been your experience of the COVID-19 pandemic in Pakistan?

We were one of the first organizations to respond, even when the number of cases was not so high. We adjusted our hygiene behaviour adaptation messaging, and we prioritised water, sanitation and hygiene schemes. Our donors [the European Union and the German and UK governments] have been very flexible. We also responded quickly with our own funds. In the Thar desert in Sindh, whose population suffer from some of the worst malnutrition rates in Pakistan, we ran mobile medical camps, which are still ongoing.

We distributed to 2000 families in Khyber Pakhtunkhwa province, who had been quarantined and had absolutely no access to food. It was the need of the hour, as the quarantine had been imposed without warning.

We also did a food distribution to 2000 families of daily workers in Hyderabad city, in Sindh, as they had lost their livelihoods due to the lockdown. Currently in Pakistan, rural areas are not as affected in terms of health, it is more socio-economic. The main issue is joblessness, as so many Pakistanis work as day labourers in the informal sector. We have adapted our projects so that people can do vocational training, so they can start making their own income and even employing people - as otherwise we don't see much hiring happening anytime soon.

How much of your ongoing project work has been suspended?

For most of April and all of May, only our WASH activities, seasonal agricultural activities and humanitarian activities were allowed by the government. 'Non-essential' work was not permitted, so as not to spread the disease.

Now, the government is encouraging other developmental work to resume, to address the non-health impacts of the pandemic. And now we have to learn to live with the disease, as COVID won't be going away. That is the task now: to adapt everything we do.

How has the collaboration been with the government?

We have collaborated with Rescue 1122, the Punjab government's first responder to emergencies, to train village community groups on self-isolation, physical distancing, and other risk communication messages, as per the WHO guidelines.

We are working with the Agriculture and Health departments, so that communities understand the precautions they need to take to go outside. This is harvesting season: people need to go to the fields - they cannot stay at home. Lastly, our local partners in Sindh, Punjab and KP provinces have worked hard to register thousands of eligible families for government social protection programmes.

How have your staff adapted?

Initially, I was worried as the home office culture is not widespread in Pakistan. But I am very proud of our team, because they immediately shifted into a home office mindset - we haven't lost a day. People have worked long hours - this is one of those times where we have been able to see the best of everyone.

We re-opened our offices from the first of June: the government gave permission for offices to open in May, but we wanted to wait, as during Ramadan people's immune systems are weaker. The safety of our staff is a big issue going forward: we don't want to go into a PPE kit model and take PPE kits away from health responders. But we will if it makes staff feel safe to do their jobs.

What have been the hardest moments?

The hardest moments are always when people are expecting more from you. You always have to be clear about what you can and can't do.

What have been other challenges?

Getting data has been an issue because of the restrictions on movement, which make us reliant on the government. However, having local staff with good relationships within the community always helps. We have engaged religious and community leaders – when they highlight an issue, we triangulate and verify their information with the government departments, police and other sources – and vice versa.

Another challenge – for us and for our local partners - is how to manage costs. The number of staff you need goes up, as instead of having a single meeting with 30 women, as in the days before the virus, now we either need to go door to door to talk with each woman separately, or we need to meet 4-5 women maximum at one time. The costs of travelling also increase, as we cannot put more than two people in a car.

During a Covid-19 risk communication session in Pakistan, our partner organization, TRDP, demonstrates physical distancing

Food Nutrition Security, Agriculture, and Economic Development

The Covid-19 pandemic hits poorest people the hardest and threatens to massively aggravate the global hunger situation. In the countries where we work, most people living in urban areas earn money in the informal sector: missing work for more than a couple of days due to movement restrictions may mean they cannot buy food, medicine or other essentials. In rural areas, smallholder farmers will not produce as much – either because they cannot access their fields, because they cannot access markets to buy seeds and other agricultural inputs; or because they choose to grow less as they have lost confidence in being able to sell their produce in future. These effects are often compounded by regional disasters such as desert locust outbreaks and floods.

With less food produced and sold locally, and disruptions to the import and/or transport of food from elsewhere in the country, there are food shortages and price increases. The poorest can no longer afford to eat a sufficient quantity and quality of food, and their nutritional status deteriorates. School closures cause learners to miss out on school meals and families face the additional burden of providing these meals to their children.

WHH operates in countries where the prevalence of chronic and acute malnutrition is high; combined with the widespread reduced access and use of health care services, malnourished women and children and other vulnerable family members are now at even greater risk should they become infected by Covid-19.

WHH will assist recovery and resilience building by providing support to rebuilding the agriculture sector all along the food value chain and increasing the availability and consumption of nutrient-dense, micronutrient-rich foods at household level.

WHH will:

- Distribute food to persons in quarantine
- Provide complementary food assistance for vulnerable groups pushed further into food insecurity
- Run blanket supplementary feeding projects specifically for children aged 6-23 months and pregnant and lactating women
- Provide complementary Cash & Vouchers Assistance (CVA) to protect livelihoods
- Provide Cash/Voucher or in-kind assistance to protect subsistence farmers, petty traders and others depending on daily income/production
- Organize Cash for Work or Food for Work instruments so people can obtain or buy food directly; this could also support projects such as afforestration (since planting trees would be possible with physical distancing)
- Provide seeds, equipment and other inputs so that farmers have the means to invest in the next harvest, despite market disruptions

- Strengthen local seed bank systems
- Organize school feeding programs once schools reopen to improve children's nutrition status
- Increase home gardening and homestead food production
- Establish maternal, infant and young child feeding 'IYCF corners' for counselling and awareness raising at distribution points and health facilities
- Conduct social and behaviour change (SBC) interventions related to optimal maternal, infant and young child feeding (MIYCF) in the context of Covid-19 with appropriate teaching aids
- Modify existing and implement new farmer and nutrition training sessions (e.g. farmer field schools, nutrition camps) with smaller group sizes to respect social distancing
- Consider the presence in a household of a child suffering from Moderate Acute Malnutrition (MAM) or Severe Acute Malnutrition (SAM) and of pregnant or lactating women as a key selection criteria (in addition to Covid-19 risk groups) during household targeting for other community-level activities (agriculture, WASH, livelihoods, etc.)
- Support local production, provision and distribution of face masks by, for example, training and providing initial material for tailors
- Ensure that people can protect their livelihoods assets, and households are not forced to employ irreversible or riskier coping strategies (such as sale of livestock, sale of land, migration or child marriage)

Distribution and discussion in Shurugwi by Community Health Workers, Zimbabwe

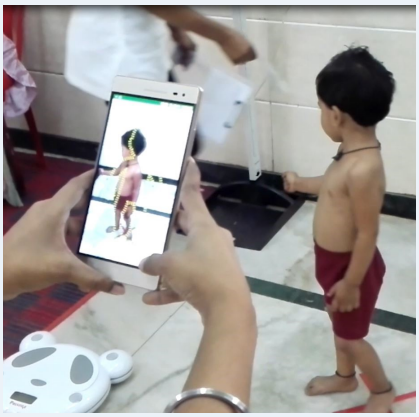
Technological Innovation

The Covid-19 crisis demands inventive humanitarian solutions which allow physical distancing while continuing to accelerate the fight against hunger. Below are two examples from WHH's work:

The Child Growth Monitor

WHH has been developing the Child Growth Monitor (CGM) app since 2018; based on Artificial Intelligence and virtual reality it will turn mobile devices into digital child measuring tools, enabling anyone with a smartphone to become an expert for anthropometric measurement. This will lead to a massive improvement in the detection of malnutrition and undernutrition, as the current physical measurement methods are complicated, costly and often deliver unreliable results.

With the onset of Covid-19 pandemic, the CGM becomes even more valuable, as the physical measurement of children has almost ground to a halt globally. To put the non-touch CGM tool into the hands of front-line health workers as fast as possible, WHH is accelerating the development of the App in order to release a Beta-version before the end of 2020.



Photos: Pages, Welthungerhilfe

Agricultural Digital Apps

WHH is using agricultural digital apps and social media to communicate Covid-19 information to rural communities. For example, using a bulk SMS distribution platform called Infobip, text messages explaining how the coronavirus is spread and how to minimize the risks of transmission have been sent to 35,000 farming households in Zimbabwe.

The physical distancing measures necessary to stop the spread of the virus mean that access to market is difficult for farmers, and many agricultural extension workers can no longer provide technical assistance to farmers. WHH has designed digital apps such as Agrishare (easily available on GooglePlay) and Zaulimi that small holder farmers in Zimbabwe and Malawi are using as a self-help tool to access production, market and weather information services, and minimize the disruptions of physical distancing. These apps allow farmers to sell their produce online, rent out or hire farm equipment, and access vast quantities of information that can help them with their own production, for example technical guidance about value chains for over 30 items including maize, soya beans, tomatoes, rabbits and fish.

Trained volunteers and community health club facilitators spread Covid-19 information through loudspeakers to residents in Glenview, a suburb of Harare, Zimbabwe

Insights from the Countries: IN ZIMBABWE, COVID-19 COMES ON TOP OF DROUGHT, FOOD SHORTAGES AND HYPERINFLATION

Few countries are feeling the so-called 'secondary' (i.e. non-health) impacts of the Covid-19 crisis more than Zimbabwe.

Even in December 2019, when few people were talking about Covid-19, Zimbabwe was, in the words of the World Food Programme's country director, "marching towards unprecedented food insecurity levels."[2] The country had had its lowest amount of rain in forty years, which meant 2019's cereal harvest was only half of 2018's and many people were forced to sell assets such as livestock.

This food crisis was part of a more general economic crisis as GDP shrank by 8% in 2019, alongside high food prices and hyperinflation; and a governance crisis that saw basic services such as health services, running water, and electricity only intermittently available.

Zimbabwe has had relatively few cases of Covid-19 (so far), but the impact of a government lockdown which began on March 30th has been severe in a country where 90% of the labour force work in the 'informal' sector, and do not earn if they cannot go to work.

[2] Source (The New Humanitarian: https://www.thenewhumanitarian.org/analysis/2019/12/18/Zimbabwe-drought-food-crisis-economy-cholera-climate-change)

Health Center, Chitungwiza

Waterpoint technical assessment, Shurugwi

Residents of Glenview in Harare, approached by WHH staff, were clear about the dilemma they now face: “If you say ‘stay at home’, we and our children will die of hunger.” The street vendors and mechanics were blunt: ““Better to die from Covid-19 than hunger.”

WHH’s Zimbabwe team has been active in its response: as the Country Director, Regina Feindt, explains: “We are now focusing on the containment of Covid-19, informing people in hygiene training courses about the necessary precautions and encouraging them to carry this information into their families and communities. We are also repairing wells particularly quickly so that as many people as possible can have access to water again as soon as possible.” These activities will assist an estimated 75,000 people, both in urban and rural areas.

Additionally, WHH will try to mobilise funding of further food and agricultural assistance for some of the 4.4 million Zimbabweans in rural areas (not including a further 2.2 million Zimbabweans in urban areas) who are severely food insecure, according to the United Nations, due to the two-year drought, food shortages and price increases.

Despite the hardships, WHH’s team draw optimism from their interactions with people in the communities where we work; according to Regina Feindt, “While the population in Zimbabwe has been shaken by the long economic crisis and recurring drought, this only makes the many small self-help initiatives that have now emerged in the Covid-19 crisis all the more impressive.”

Bonn, June 2020

Member of:

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