

# DEVELOPMENT WATCH

*Civil Society's  
National Indicative Program  
Monitoring  
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Advocacy*

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## Govt must tackle drug abuse crisis



**A**MID a growing drug problem that has been described as a silent epidemic sweeping across Zimbabwe's townships, organisations helping youths have called upon the government to invest in rehabilitation centres to stem substance abuse.

With 10 youths reportedly dying in Harare's Mbare suburb from the use of crystal meth, popularly known as mutoriro in street lingo, the country risks losing a generation to drug abuse.



Zimbabwe does not have public rehabilitation centres where drug users can be treated and reintegrated into society, while the available private

institutions are beyond the reach of many poor families.

The abuse of crystal meth and other deadly substances has become so rampant among youths across the country, driving mental illness, violence, and premature deaths, among other problems.

Mubataripamwe, a local organisation assisting youths in Chitungwiza who are addicted to mutoriro said the drug problem required a collective effort from the government and private organisations.

Inundated by dozens of daily requests for help from desperate families, the organisation says more players should join the fight against drug abuse in the townships.

“We receive more than 20 calls per day. We have not yet grown to the extent of helping everyone, but we try to talk to and help everyone. We offer counselling,

we tell them they need to go to the hospital and to be honest about their addiction. We advise that,” Christine Madamombe of Mubataripamwe told *The NewsHawks*.

“As a small organisation that is starting up, we cannot do it on our own. So, the government comes in handy because it has facilities that are ready to help, although they are not enough.”

She added: “The sad part is that while most of these children are at rehabilitation stage, it is difficult to access such facilities as the private institutions are expensive. If only the government can develop these institutions, then we have somewhere to help these youths.”

Madamombe, who has been spearheading the fight against drug abuse in Chitungwiza, said many families in the townships are affected by drug use.

The absence of proper rehabilitation mechanisms had created a vicious cycle of drug abuse as users often relapse, Madamombe added.

“After detox, they need rehabilitation, but there are no rehabilitation facilities to help these children. Most of them are going back into the community without completing the process and it is a vicious cycle, they get hooked onto drugs again,” she said.

Organisations like Mubatirapamwe Trust identify victims, provide counselling and rehabilitation.

Madamombe said the organisation also engages families of the affected youths to provide wholesome counselling, create a support system, post-detoxification and rehabilitation.

“We normally talk to the parents and offer to continue helping the children. One of the children we are helping is ready to go back to school. He has been out of hospital for a week now,” she said

When you reach out to one child who is affected by these drugs, more come also needing help. The whole community requires help, most of the families in the townships need help because they are affected by this drug, one way or another.”

Mubatirapamwe called upon the government to take the drug abuse crisis seriously and invest in support clinics. “We need specialised clinics for crystal meth to detox the drug and offer extensive medical help to these children.”

Rehabilitation centres are also needed to help these children,” Madamombe added.

The girl child has not been spared rampant drug and sexual abuse at the hands of drug peddlers, who demand sexual favours for a fix.

“It is sadder for the girl child because most of these girls are being raped and have unwanted babies, which they fail to

take care of.”



Madamombe is however happy about the progress of Tamar (pictured), a 20-year-old former drug user who is in rehabilitation. After four years of substance abuse, Tamar sees a way out of her addiction.

“For Tamar, I am grateful to God Almighty, she has improved amazingly from when we started with her. She has kept her spirits high; she is a powerhouse and I very happy about her progress. In the future, she can make other children change. This is where my focus is, to have someone who has gone through what she has and is showing great progress,” she said.

According to the Ministry of Health, six out of 10 patients admitted to Zimbabwe's mental health institutions have drug-related problems.

According to the latest Zimbabwe National Drug Master Plan, the government has adopted both an integrated and comprehensive approach that will address a range of drug-related issues.

These include illicit and licit drugs. Critics however doubt that most targets will be achieved.

“Currently, approximately 60% of patients admitted in mental health institutions suffer due to drug-related problems,” reads the report in part.

Source:

<https://thenewshawks.com/govt-must-tackle-drug-abuse-crisis/>



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## Hurungwe will miss Sister McCarty



**A**fter serving for 40 years at Chidamoyo Mission Hospital in Hurungwe district in Mashonaland West, Sister Kathy McCarty breathed her last on May 26 in the United States. She was 66.

Her memorial service was held in the United States on Friday and there are plans to repatriate her body to Zimbabwe to fulfil her wish to be buried near Chidamoyo Mission Hospital.

McCarty is said to have identified a place (anthill) near the hospital where she wanted her remains to be interred under local burial rites.

Although she had a home in Batanai village in Hurungwe's ward 13, McCarty chose to be buried near the hospital where she served for four decades.

Hurungwe community lost a dedicated woman who helped locals to access medication during trying times. Her death came as a shock to many people, including people whom she helped during her time while serving at Chidamoyo Mission Hospital, one of a handful of rural health facilities that had stocks of medication and was well-equipped.

The hospital had a large catchment area, reaching all corners of the country. McCarty was part of Hurungwe community

leaders championing access to health for women with a developmental approach to HIV and Aids. Her commitment was for social justice and women health empowerment.

Her love to assist local communities was a call that has been elusive for many, who no longer “work for peanuts” as they are always on strike over poor salaries.

Sometime in 2012, I visited Chidamoyo Mission Hospital where expecting mothers brought cow dung as payment for hospital fees.

She said it was improper for them to pay.

“We allow these women and any other patient to bring cow dung as payment as it will be used as manure for the garden so that patients get vegetables. Some of these women are from afar and we want them to be closer to the health facility.

“We don't want to lose women dying while giving birth,” she said then. McCarty had a dream of a mother's shelter.

It has become a national reality where mother's shelters have seen mostly expecting women staying near health facilities to reduce maternal deaths.

McCarty first came to Zimbabwe as a secretary to the missionary doctor, who was at Chidamoyo Christian Mission in 1972.

It was then when she got a call to work for the most remote community under Chief Dandawa after falling in love with the people of Hurungwe.

She went back to the US and in 1977, McCarty graduated from nursing school in California where she briefly worked as a nurse.

After graduating with a Master's Degree in Midwifery, she returned to Zimbabwe in 1981 to reopen Chidamoyo Mission Hospital as it had been closed during the liberation war.

In 1981, McCarty established an immunisation Programme that was tailored for mostly rural children that had not been vaccinated during the war.

She worked for several years without a stationed doctor at the hospital and had to rely on visiting medical practitioners.

McCarty never gave up as she remained the eyes, ears and voice of community needs through sourcing of medication from abroad.

It worked well for the communities here.

In 1991, Chidamoyo Mission Hospital became the first health facility in Hurungwe district offering home-based care to people living with HIV. Her initiative came as the country was battling HIV and Aids, especially in rural areas.

In 2003, antiretroviral therapy (ART) treatment became available at Chidamoyo Mission Hospital.

Three years later, McCarty started outreach clinics for ART within Hurungwe that saw coverage going as far as Mudzimu, Deve, Batanai, St Boniface and Mzilawempi villages, among others.

With her supporting churches in the US, McCarty made the hospital fully functional by providing resources that sustained it. McCarty also offered prayers to patients.

She has three siblings, who are living in the US.

Her unwavering support for access to health among rural communities has been part of an achievement that she will be remembered for.

“The home-based care programmes and support systems that McCarty started in 1991 were necessary as hospitals could not cope with the HIV and Aids pandemic by then. She became

a support pillar for families taking care of their loved ones in rural communities and it needed someone that people had trust in,” said Catherine Murombedzi, steering committee chairperson of the Pan African Positive Women's Coalition-Zimbabwe.

“She was the ideal person as people believed that she was doing it for their own good and it helped.”

“Hurungwe remains indebted to McCarty who had patients travelling as far as Harare seeking treatment from Chidamoyo. Gone but never forgotten.” Sithembiso Madiro said: “Hurungwe is now poorer without McCarty. She was a torchbearer for women on health.”

Dandawa Primary School teacher Shadreck Mapepa said the late McCarty was more of a mother to everyone, including teachers at both Dandawa primary and secondary schools.

“This is a sad loss for us all including the education sector as she was there for us,” Mapepa said.

“She motivated us all and many of those that she assisted, who are now abroad were assisting the hospital.

“Chidamoyo Hospital and Hurungwe in general will never be the same without McCarty.”

Go well Sister McCarty. You did well for Hurungwe and Zimbabwe at large in the health sector.



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## COVID-19 destroys livelihoods along Zimbabwe's busiest highway



By Sydney Kawadza and Nhau Mangirazi

For many years, Karoi, a small agricultural town, was just but a small business centre along the busy Beitbridge-Harare-Chirundu Highway. It was a quiet, unassuming service centre serving farmers in Hurungwe District of Zimbabwe's Mashonaland West province.



The business centre also provided amenities for haulage truck drivers and travellers en-route to either, South Africa or Zambia, Mozambique, the DRC and beyond. But two things – a tobacco boom and then the COVID-19 pandemic – happened in quick succession and the town has been transformed, albeit in negative circumstances.

Farmers from the district, for years contributed a significant chunk of Zimbabwe's maize yields especially before the controversial land reform programme at the start of the millennium. The farmers discovered the financial benefits of tobacco farming.

Suddenly, the poor farmers started racking in United States dollars in hard currency each tobacco selling season. And suddenly, the quiet and serene Karoi burst into a business hub attracting tens of thousands from across Zimbabwe and

beyond.

Firstly, Karoi attracted tobacco-linked businesses lured by the hard currency farmers earned at the tobacco auction floors each year.

Secondly, the hard US dollars attracted thousands of traders and crowds that the town could barely sustain especially the social amenities.

Thirdly, government, in trying to decongest tobacco auction floors in Harare, Zimbabwe's capital city, decentralized the facilities to small towns including Karoi.

Karoi, the town which is about 200 kilometres from Harare, and about 180 kilometres from Chirundu Border Post, has been declared as COVID-19 hotspots due to increasing confirmed cases of the virus. What was being celebrated as a boom for business has suddenly become a menace for the residents and fortune seekers who thronged the town for the illusive United States dollar.

The tobacco auction floors, 14 in total, targeted farmers in the district including Tengwe, Kazangarare, communities around Karoi, Nyama resettlement, Nyamakate and Magunje. However, the auction floors have attracted thousands from across Zimbabwe including farmers from as far as Gokwe in the Midlands province. The growing numbers have also lured residents into business after they realized the potential to support their livelihoods.

The unemployed in the town also discovered a source of living selling various goods to the “loaded” tobacco farmers.

### Source of livelihoods

For years, the district was a major maize producing area but the crop did not yield the windfall associated with the lucrative tobacco.

Tobacco is Zimbabwe's fourth largest foreign currency earner after PGM, diaspora remittances and gold. Receipts, mainly from China, some European countries and South Africa, reached a record US\$750 million in 2019.

In Karoi, the spin offs from the tobacco auction systems attracted unemployed women and youths into business. They started selling food and wares to the growing numbers including fruits, soft drinks, cellphones and accessories, cigarettes, alcohol and others.

The youths and women, in various interviews recently, acknowledged that the tobacco auction floors brought with them the necessary opportunities for residents to sustain their lives, send their children to school and cover other family related expenses.

According to 32-year-old Naume Mudekwa, vending fruits in the small Karoi town has been a source of livelihood since she lost her husband in 2017. "I sell fruits such as bananas, oranges and apples. This has helped me to look after my children aged 7, 9 and 13 years. All my children are also going to school," she said.

Her colleague, Chenai Mapanga (36) – who sells soft drinks, buns and airtime – said the auction floors had improved her fortunes especially during the tobacco selling season. "The numbers of customers have been growing and quite encouraging. I am even planning to grow and diversify my venture. My plan was to save enough to improve on the business," she said.

The tobacco auction floors are, however, usually congested during the marketing period, which normally runs between March and September. Therefore, the environment during the tobacco selling season also poses high risks of the spread of infections. The infections include the virulent coronavirus currently ravaging Zimbabwe and the rest of the world.

### **COVID-19 outbreak and lockdowns**

Thousands of people from Zimbabwe and, naturally some from neighbouring Zambia, have thronged Karoi targeting the market brought by the cash crop. It was just but a matter of time before the town was hit by the COVID-19 pandemic.

The rising confirmed cases have seen the Zimbabwean government declaring Hurungwe District, of which Karoi is the major centre, a COVID-19 epi-centre. And being a COVID-19 hotspot, Karoi has been placed under a localized lockdown

with strict restrictions. These include a 6 pm to 6 am curfew while shops and auction floors are operating from 8 am to 3 pm.

The government has also banned face-to-face meetings, public gatherings, loitering in the public with only 30 people allowed to attend funerals. In addition, there has also been a decongestion of offices to 25 percent while authorities have launched a joint security blitz to enforce the promulgated COVID-19 prevention and control measures.

President Emmerson Mnangagwa said the government was wary of the serious COVID-19 outbreak in Zambia which made Karoi an epicenter that could spread the virus in Zimbabwe.

The localized COVID-19 lockdown and associated restrictions have had devastating effects on spin businesses trading via the thriving tobacco auction season.

### **COVID-19 myths and beliefs**

In Karoi, according to observations, the coronavirus is met with fear, skepticism, and doubts although a sense of awareness is preceded by the need to earn a living. This is also highlighted by the fact that before the lockdown, all measures put in place to curb the spread of the virus were virtually ignored in Karoi.

People did not bother to wear face masks, social distancing was virtually non-existent and large crowds thronged markets during the day. At night, bars and nightclubs were jam-packed until the wee hours of the morning.

Mudekwa confirmed her awareness of the COVID-19 virus, its effects, and how several health workers at the Karoi District Hospital were infected. "I know local nurses who contracted it early this year but they have since recovered and are back at work. These nurses were among 26 who tested positive early this year at Karoi Hospital."

"They are both females and males. Two of them are my close relatives and I am talking from personal experience," she said.

However, Herbert Gosa (27), who sells electrical and mobile phone gadgets around Karoi's CBD, expressed total ignorance about the virus. He also showed serious skepticism.

"I don't know anything about it and can't understand it besides what I have heard from government officials through the Ministry of Health and Child Care." He added "In fact, COVID-19 is a man-made issue and I am still yet to see anyone infected

Eneratha Mugata (30), airtime vendor, showed that she was ill-informed about the pandemic. "I understand that COVID-19 is a virus that affects anyone with underlying health problems like BP (hypertension), Asthma, HIV, and AIDS among other ailments."

"These people, once they contract the virus, are prone to die earlier especially the elderly due to old age. True, COVID-19 exists as a global pandemic but here in Karoi, we are a small community in a small country and we can never be affected that much," she said.

Mugata, however, revealed that she was aware of people who had succumbed to the virus. "Yes, I know of a local businessman who passed on due to it and another Bulawayo-based medical practitioner, Dr. Cherifa Sururu, who grew up here in Karoi in the early 1980s."

"He was my father's classmate and I knew him as he had helped the needy communities around Karoi as a member of Muslim society. His death touched and affected me as an individual and this proved that COVID-19 is a reality."

She said the death of a local businessman from the virus also attracted her attention. "I have witnessed some locally known people including a former Delta worker dying and his father also died from the virus within a week. Both were buried in Kandororo village in Hurungwe under strict WHO guidelines."

Despite the mixed reactions, all those interviewed agreed that the pandemic was hurting their businesses.

### Lost lives and livelihoods

When Mudekwa's husband died, the widow was forced to venture into fruit vending. But the COVID-19 virus happened and her business is in disarray.

"As a fruit vendor and single mother are battling to make ends meet under the COVID-19 restrictions imposed on us since last year." She went on to say "The latest lockdown, which is far stricter than in other parts of the country, is proving to be a nightmare for all of us in this business."

For Mugata, the reduced working hours have brought her business to a standstill. "Working hours have been reduced due to the COVID-19 lockdown and life is becoming tough because the informal sector is volatile," she said.

Mapanga now sells her wares from a satchel to avoid losing her stock to law enforcement details. "Whenever restrictions are enforced, the flow of business is affected. We have not been spared from this pandemic at all and we are hurting," she said.

With the advent of the COVID-19 pandemic, the future looks bleak for the mother of two Ratidzai Chisepo (28) who sells sweets along the Beitbridge-Harare-Chirundu Highway just after Karoi Town. "We are no longer certain about our future as the business is virtually down. We have been forced to shift base regularly to avoid arrest. We are living from hand to mouth. The situation is tough for us," she said.

### COVID-19 pandemic in Zimbabwe

As of 23 June 2021, Zimbabwe's cumulative COVID-19 cases stood at 43 480, with 37 477 recoveries and 1 692 deaths.

The recovery rate stood at 86 percent, with 95.6 percent of COVID-19 positive cases attributable to local transmission. The number of active cases was at 2 923. This represents a 127 percent increase with the majority of cases being recorded in Hurungwe (364); Kariba (217); Chiredzi (185); and Makonde (51).

In Hurungwe District, nine cases had been recorded as of June 7, 2021, but in the area which includes Karoi, a cumulative total of 634 confirmed cases and 10 deaths had been recorded after a fortnight.

### Way forward

In the advent of a possible virulent Third Wave of coronavirus having hit Zimbabwe, authorities are prioritizing vaccination of the population.

Information, Publicity and Broadcasting Services Minister Monica Mutsvangwa told journalists in a post-Cabinet briefing that the government was prioritizing vaccination at current hotspots, tobacco auction floors, and people's markets.

She said there were arrangements to procure two million doses of the Sinovac vaccines from China and were expected in Zimbabwe by end of June. Another 500 000 doses of the vaccines were expected this weekend.

At the time of writing at 715 056 had received the first dose while 451 793 had already received the second jab across Zimbabwe.

*This project was funded by the National Geographic Society*

Success Story: Tony Waite Organisation



Tony Waite Organization had numerous ladies thumping on its doors searching for funding to proceed with projects after the Covid 19 pandemic obliterated the casual area because of lockdown in a bid to contain the spread



Tony Waite's organisation played a crucial role in linking the women to the Zimbabwe Women's Microfinance Bank through good stakeholder relationships with women's affairs, small, medium scale entrepreneurship, and community development.

The organisation joined forces with the Zimbabwe Women Microfinance bank who then, at that point did evaluations to gatherings of ladies who applied for advances. The bank paid for chicken feeds and gear like feeders, consumers, etc.

Five groups of ladies with 30 individuals have so far profited in poultry projects with others conveying various activities still to be surveyed. This improvement will see ladies being financially enabled and benefits families including orphans and vulnerable children.



Of note is a group of women with chronic conditions who have shown eagerness in internal saving and landing, and looking forward to venturing into poultry projects but could not raise money for a fowl run they have benefited from the 16 champion's 2020 grant through the construction of a chicken run with the bank providing loans for the project input.



**Disclaimer:** The writers in this publication were trained by NANGO with support from the European Union to monitor the National Indicative Program.

The contents of articles from independent writers do not necessarily reflect the position and resolve of NANGO, European Union and United Nations Development Programme. This newsletter also promotes stories written by NANGO members and the broader civil society.

NANGO is supported to provide platforms that promote national dialogue on topical and contemporary issues that affect Zimbabwean

**Publisher: National Association of Non Governmental Organisations (NANGO)**

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