



POPULATION MOBILITY MAPPING
ZIMBABWE | BEITBRIDGE



One of the cross-sectional groups identifying mobility patterns and key points of interest during the Participatory mapping exercise in Beitbridge. 13 October 2020. ©IOM 2020

Activities supported by:





EXECUTIVE SUMMARY

In support of the Government of Zimbabwe's National Preparedness and Response plan for COVID-19, the International Organization for Migration (IOM) as the co-lead of the COVID-19 Port of Entry pillar in Zimbabwe facilitated a Population Mobility Mapping (PMM) in Beitbridge Border Districts from 13 to 15 October 2020. The PMM was jointly executed by IOM with Government of Zimbabwe. The participants included representatives from government entities that were consulted during the previous national level engagements, local leaders who were knowledgeable about population mobility, public health, and the area of assessment in Beitbridge, which included: Ministry of Health and Childcare, World Health Organization (WHO), Zimbabwe National Statistics Agency (ZIMSTAT), National Migration Coordination Directorate (NMCD), Ministry of Local Government, Public Works, and National Housing, Ministry of Public Service, Labour and Social Welfare, Beitbridge Municipality, Rural District Council, Department of Immigration and Zimbabwe Republic Police (ZRP).

PMM aimed to provide the Government, communities, and humanitarian partners with information on population mobility and cross-border movements. More broadly, it aimed to enhance prevention, detection, and response to the spread of infectious diseases through an improved understanding of prevailing human mobility patterns in Zimbabwe, specifically through Beitbridge border, connecting Zimbabwe with South Africa and beyond. The specific objectives of this exercise were to identify the strategic key points of entry and congregation areas within Beitbridge urban and rural districts and at its borders with neighboring countries, provide a list of specific points of entry and points of congregation that are prioritized for public health interventions in times of public health emergencies and assess the feasibility of implementing Flow Monitoring and recommend locations of Flow Monitoring Points (FMP) for the purposes of disease surveillance, interventions for strengthening health system along mobility corridors and provide information on cross border mobility trends to support Government's evidence-based migration policy development

The findings of PMM proved that both Beitbridge rural and urban districts are high mobility districts with Beitbridge Border Post as the main and official point of entry into Zimbabwe from South Africa and more than 22 unofficial points of entry, indicative of high irregular migration¹. Numerous congregation points, places where travellers could interact with other travellers and/or the local community (such as markets, bus stations, health facilities, etc.) were also identified. As a result of the several site assessments which were conducted in Beitbridge border districts, Beitbridge Border post, seven informal points of entry and six points of congregation were prioritized for additional public health measures in anticipation of any future acute infectious disease outbreaks with risk of further spread associated with high volume of

¹ Irregular migration refers to movement of persons that takes place outside the laws, regulations, or international agreement governing the entry into or exit from the state of origin, transit, or destination (IOM, 2019).



mobile populations transiting through those points and the nature of their connections with the communities. Six health facilities including Beitbridge District Hospital were also prioritized as part of disease preparedness and response, based on of their proximity to points of entry, capacity, and possible service reach to mobile populations and the communities they interact with.

Some of the key health measures and interventions which were recommended for the prioritized points of entry, congregation areas and nearby health facilities include:

- **Infection Prevention and Control/Water, Sanitation and Hygiene (IPC/WASH):** Deploy handwashing stations, temperature screening mechanisms, safe drinking water sources and sufficient ablution facilities.
- **Risk communication and community engagement (RCCE):** Develop inclusive risk communication and community engagement plans that sensitise the communities and travellers about COVID-19, safe and healthy migration, and hygiene promotion in consultation with local leadership for more targeted and culturally appropriate communications.
- **Sexual and Reproductive Health and Rights (SRHR):** Consider the expansion of Sexual and Reproductive Health and Rights (SRHR) services including HIV prevention at points of congregation specifically, given the observed emerging trends in mobility and commercial sex work, among other high-risk behaviours.

The FMPs were recommended to be installed at strategic congregation areas linking to high mobility points of entry.



1 BACKGROUND AND CONTEXT

The novel coronavirus was first reported as a cluster of pneumonia of unknown cause in Wuhan City, Hubei Province of the People's Republic of China on 31 December 2019. Since then, Coronavirus Disease 2019 (COVID-19) has spread exponentially across the globe including Zimbabwe. Due to the fast spread of the disease, the geographical reach and the massive number of casualties, the World Health Organization (WHO) declared COVID-19 outbreak as a public health emergency of international concern on 30 January 2020 and thereafter a pandemic on 11 March 2020. Globally, as of 12 November 2020, there have been over 50 million confirmed cases and over 1.2 million deaths.

In Zimbabwe, 8,667 COVID-19 cases have been recorded with 255 deaths as of 12 November 2020². As of 12 November 2020, the COVID-19 cumulative cases curve is flattening, and the case fatality rate stood at 2.9 per cent. At the time of this PMM exercise, all 18 points of entry in Zimbabwe were partially operational. Zimbabwe has 4 airports and 14 land border crossings³. While the nature of the epidemic in Zimbabwe is categorised as spreading through community transmission, the country borders with South Africa which continues to report the highest number of COVID-19 cases by week in the the Southern African region, accounting for 72 per cent of all cases reported in the region since the start of the pandemic.

To enhance preparedness and response to COVID-19, the Government of Zimbabwe through the Ministry of Health and Child Care developed the National Preparedness and Response Plan for COVID-19⁴, which seeks to minimize morbidity and mortality resulting from COVID-19 and associated adverse socio-economic impacts in Zimbabwe. The plan has eight pillars, which are aligned to WHO's global 2019 Novel Coronavirus (2019-nCoV) Strategic Preparedness and Response Plan (Feb 2020)⁵, which include: coordination, planning and monitoring, risk communication and community engagement, surveillance, rapid response teams and case investigation, points of entry, national laboratories, infection prevention and control, case management, and operational support and logistics.

In support of the Government of Zimbabwe's National Preparedness and Response plan for COVID-19, the International Organization for Migration (IOM) facilitated a Population Mobility Mapping (PMM) in Beitbridge from 13 to 15 October 2020 and in close coordination with Zimbabwe's Port of Entry pillar. This local level, engagement was built upon previous national level consultations held in October 2019 to assess feasibility and seek initial feedback from relevant stakeholders in implementing Flow Monitoring activities in Beitbridge.

² <https://covid19.who.int>

³ <https://migration.iom.int/>

⁴ http://kubatana.net/wp-content/uploads/2020/03/Zim-CoVID-19-Preparedness-Plan_LaunchedCopy.pdf

⁵ <https://www.who.int/docs/default-source/coronaviruse/srp-04022020.pdf>



The Beitbridge location holds particular significance for a greater understanding of mobility trends and migration practices, due to its strategic position of being the main point of access by road to the Africa's second most industrialized economy ⁶, South Africa. Moreover, South Africa continues to report the highest number of COVID-19 cases in the region, placing particular importance on localized efforts to prevent, detect and response to imported cases at and around this major border crossing district. For these reasons, Beitbridge as the port of entry of South Africa, was prioritized for PMM and eventual Flow Monitoring activities. Strengthening of public health measures along these mobility corridors that links Beitbridge as well as developing a better understanding of the local mobility dynamics around Beitbridge districts and their influence on regional patterns were the priorities for the first roll-out of PMM.

This report presents the findings and results of the Participatory Mobility Mapping of Zimbabwe's Beitbridge location, which included a participatory mapping exercise (PME) conducted on 13 October 2020, followed by site assessments conducted on 14 and 15 October 2020.

1.1 Aim and Objectives

The aim of the Population Mobility Mapping in Beitbridge was to complement the Government of Zimbabwe's National Preparedness and Response plan for COVID-19 by providing the Government, communities, and humanitarian partners with information on population mobility and cross-border movements. More broadly, it aimed to enhance prevention, detection, and response to the spread of infectious diseases through an improved understanding of prevailing human mobility patterns in Zimbabwe and Beitbridge Border districts.

The specific objectives of this exercise were to:

- Identify the points of entry and congregation areas within Beitbridge and at its borders with neighboring countries.
- Based on estimations on volume of flows and other criteria, provide a list of specific points of entry and congregation areas that can be prioritized for public health interventions in times of public health emergency.
- Recommend immediate public health interventions for the identified prioritized congregation areas and ports of entry.
- Assess the feasibility of implementing Flow Monitoring and recommend locations of Flow Monitoring Points for the purpose of disease surveillance, interventions strengthening health system along mobility corridors and provide information on cross border mobility trends to support Government's evidence-based migration policy development.

⁶ <https://www.statista.com/statistics/1120999/gdp-of-african-countries-by-country/>



2 METHODOLOGY

The current methodology for Participatory Mapping Exercises draws from IOM's experience in participatory mobility mapping, specifically for preparedness and response efforts in the context of epidemics in West Africa, Democratic Republic of Congo and its neighboring countries, and is the result of a collaboration between IOM and the World Health Organization (WHO). Population Mobility Mapping was conducted in three stages, listed in the following sub sections:

2.1 Participatory Mapping Exercise (PME)

The participatory mapping exercise workshop was held on the first day of a three-day workshop on 13 October 2020 and it involved collection of information from workshop participants through focus group discussions. The participants included representatives from government entities that were consulted during the national level engagements previously, local leaders who were knowledgeable about population mobility, public health, and the area of assessment in Beitbridge, which are: Ministry of Health and Childcare, World Health Organization (WHO), Zimbabwe National Statistics Agency (ZIMSTAT), National Migration Coordination Directorate (NMCD) Ministry of Local Government. Public Works, and National Housing, Ministry of Public Service, Labour and Social Welfare, Beitbridge Municipality, Rural District Council, Department of Immigration and Zimbabwe Republic Police (ZRP).

The exercise began with a joint presentation by the Ministry of Health and Childcare and World Health Organization (WHO) on the epidemiological state of COVID-19 in Zimbabwe, actions taken, and the risks of spread through population mobility. By the objectives of the exercise, key informants were then asked to identify and locate points of entry (official and unofficial), major mobility routes and population congregation areas on the map, which are places where travellers could interact with other travellers and/or the local community (such as markets, bus stations, health facilities, etc.). Population mobility patterns and dynamics at these points were then characterized (main locations of departure and destination, modes of transport, etc.).

2.2 Site Assessments

The Participatory Mapping Exercise (PME) was followed by an assessment of identified sites in the field, which were conducted between 14 and 15 October 2020 by the same participants with the following objectives:

- i) Collect the Global Position System (GPS) coordinates of the sites identified during the exercise to develop the final map.
- ii) Verify the information collected during the exercise with key informants and direct observations on sites.
- iii) Collect additional information regarding accessibility for the implementation of Flow Monitoring activities.



Following successful site assessments, the participants convened in an afternoon workshop session on 15 October 2020 to:

- i) Consolidate observations and findings from the site assessments.
- ii) Select priority sites for the implementation of public health measures based on volume of travellers, connections to other areas and connections with other major localities in the country.
- iii) Discuss the implementation strategy and methodology of Flow Monitoring.



Site assessment on the path that leads to Maroyi point of entry ©IOM 2020



Site assessment at Nottingham Clinic. ©IOM 2020.



3 FINDINGS

3.1 Regional Mobility Routes

The rich and diverse contributions from the participatory mapping exercise (PME) shows that the mixed migration flows between Zimbabwe and South Africa within and around Beitbridge reflects the general mixed migration flows that exists within the broader Southern Africa region. The PME identified both regular and irregular cross border movements between Zimbabwe and South Africa for employment, trade, and commerce, seeking health services, family reunion or for illicit activities, which include trafficking in persons, smuggling of goods and other illicit activities Furthermore asylum seekers mainly transit through Zimbabwe or stay to make their asylum application. The major routes for migrants through Beitbridge include of the migrants from Democratic Republic of the Congo who transit through Zambia or Mozambique then Zimbabwe with destination intention of South Africa and followed by migrants moving from the Horn of Africa, including Ethiopia, Somalia, and Tanzania, moving from Zambia or Malawi onwards to South Africa.

Two main mobility routes traversing through Beitbridge were identified during the Participatory Mapping Exercise:

A6: The main route that connects South Africa to Zimbabwe through the Beitbridge official Border post. The route traffic includes commercial vehicles, buses and pedestrians travelling to and from South Africa. The immediate town on the South African side on this route is Musina. On the Zimbabwean site, the route proceeds to Bulawayo and provides a connection between Beitbridge and Matabeleland provinces. It was estimated that 30 to 40 per cent of the travellers coming from South Africa, traverse through this route. Hence estimated nearly 6,000 travellers use this route on a peak day when the Beitbridge border post is fully operational

A4: The busiest route that connects the Beitbridge to the Masvingo province, Mashonaland provinces and connects to Zimbabwe's capital city, Harare. This route is dominantly used by commercial trucks, buses, and passengers' vehicles. It was posited that between 60 to 70 per cent of travelers use this route, translating to about 9,000 travellers on a peak day when Beitbridge border post is fully operational.

3.2 Population Mobility within Beitbridge context

The participation of diverse stakeholders based in the Beitbridge, coupled with previous desk reviews on the population mobility brought critical issues at fore. The participants recognized the Beitbridge Official Border post as main point of entry for mobile population. Notwithstanding that, the participants highlighted that the 200-kilometer border line between South Africa and Zimbabwe, which is along the Limpopo river was porous. The participants and the key informants from the communities chronicled the hive of activities that occur at the unofficial points of entry which are dotted along Limpopo river.



According to participants, a lot of the informal and illicit activities characterize the daily events at the unofficial points of entry and nearby congregation areas. The illicit activities include rampant smuggling of contraband such as cigarettes and alcohol to South Africa and the importation of groceries, building materials and many other supplies into Zimbabwe, whilst evading customs and immigration obligations. The smuggled goods are moved inland using commercial trucks that are currently exempted from the COVID-19 related movement restrictions. In some instances, the smuggled goods are transported from the unofficial ports of entry to Beitbridge town in donkey-drawn carts and small vehicles.

It was reported that the irregular migrants and traders crossing through the unofficial points of entry, usually cross by foot during seasons when Limpopo river is dry or using the boats when the river is flooded. The transportation services through the boats are provided by some traders who operate in the unofficial points of entry and nearby congregation areas.

3.3 Identified Strategic Points of Entry

The participants of the participatory mapping exercise (PME), which was conducted on 13 October 2020 identified Beitbridge Border Post as the only official point of entry between Zimbabwe and South Africa. Furthermore, the participants identified about 22 informal points of entry, which are dotted along the 200-kilometer border line between the two countries. During the site assessments, which were conducted in two days after the PME, only three unofficial points of entry were physically assessed. Due to security restrictions, the team was only able to access the Gate 2, ZZ2 and Maroyi. The other six unofficial points of entry were assessed from a distance, the team had to gather information about these points of entry through key informant interviews from communities that were in the proximity. Hence, in total, 9 unofficial points of entry out of the 22 identified points of entry through the PME were assessed. Table 1 in Appendix provides an inexhaustive list of identified points of entry in Beitbridge.

3.4 Identified Points of Congregation

The PME exercise found out that unofficial points of entry in Beitbridge are providing informal business opportunities to local traders that provide services that include transportation, accommodation, food services and other services. The site assessments also found that these services are also now dispersed and sprawling into settlements. Sophisticated networks and relationships between the service providers and irregular migrants/travellers have been established such that some of the services are now provided at the homestead or residence of the service providers. For example, at Lutumba Shops, the key informants advised that the traffic of irregular migrants congregating at the area has fallen, as the irregular migrants now simply go direct to their service providers who reside in the recently developed settlement adjacent to Lutumba. Another example is of a well-known household in Mfelandawonye Suburb, Dulabadzimu township, Beitbridge Urban district which provides accommodation and restaurant services to third country nationals who usually travel through the unofficial points of entry. During site



assessments, the team managed to visit the household and six third country nationals were hosted in the five-roomed house. It was reported that a visiting health practitioner, whose credentials could not be confirmed by the assessment team, attends to health needs of the clients who temporarily stay at this house in Mfelandawonye.

3.4.1 Emerging Social Issues from the Unofficial Points of Entry

According to various submissions and site observations, the unofficial points of entry have been in existence for decades and have created an informal economy for some of the locals in Beitbridge. This informal economy consists of smugglers, service providers providing food, accommodation, and transport, facilitating the passage of smuggled goods, contraband, and irregular migrants.

The activities around the unofficial points of entry and nearby congregation areas has brought several societal challenges among communities. Some of the communities' members live in insecurity, as some of the gangs that operate through the unofficial points of entry are dangerous and armed. The convoys of smugglers and contraband handlers move in high speed in communities thereby endangering the lives of many. During the PME, one case whereby a high-speed moving truck with 20 passengers from



Transporters at Sentinel Shops in ward 14 ready to provide services to irregular migrants. ©IOM 2020.

informal points of entry were involved in an accident and 8 passengers were killed in 2019 was mentioned. The representatives from local communities narrated how these illicit and informal activities have broken the social and moral fiber within certain communities, as young children and adults are now abandoning school attracted by lucrative opportunities being generated from the unofficial points of entry. The presence of commercial sex workers was also reported and observed in various congregation areas, within or close to unofficial points of entry. The PME assessment team was informed that some of the commercial sex workers at congregation areas include some who would have migrated from the Beitbridge urban and some from other districts. Médecins Sans Frontières (MSF) is providing mobile clinic services which include provision of condoms, contraceptives, and safe-sex education in some of unofficial points of entry and congregation areas. However, there is still a gap for sexual and reproductive health services, as in some areas access to condoms, contraceptives and information was not readily available.

An increase of teenage pregnancies and early marriages in the time of COVID-19 in the communities closer to informal points of entry were also reported. This was attributed to schools' closure and lack of sexual



reproductive health services in the communities such as access to condoms, contraceptives, and information. For example, Shashe Clinic in Ward 8 reported 38 teen pregnancies in the current yearly quarter starting in October 2020, compared to the previous quarter (June to Sept 2020) in which 22 teen pregnancies were reported.

3.4.2 Health Hazards Emerging from Unofficial Points of Entry

There are high chances that the activities at the informal ports of entry and nearby congregation areas may increase the cross-border COVID-19 infections between Zimbabwe and South Africa. The factors that contribute to increased COVID-19 transmission within unofficial points of entry include lack of COVID-19 screening mechanisms, no sanitation, lack of water sources and lack of personal protection equipment (PPE) including masks. The presence of irregular migrants also means that COVID-19 and other health services may not be available for such populations, including the presence of COVID-19 screening and referral mechanisms in place for those who cross irregularly. Moreover, the PME assessment team was informed that some of the migrants clandestinely use the unofficial points of entry to repatriate the human remains of their late relatives. This poses a serious risk to the communities, as there are no guarantees on whether the death was a result of COVID-19 case and whether the burial and body handling will be conducted according to WHO's standards on suspected COVID-19 cases, in case of COVID-19 related deaths.

The site assessment team had a first-hand observation of rampant vending activity at one of the unofficial points of entry visited. The unofficial points of entry were not part of the local authority development plans and lack basic public health facilities which include safe water sources, ablution facilities and waste disposal facilities. Despite the absence of these basic amenities, makeshift kitchens and restaurants exist and this poses a serious health risk for COVID-19 transmission as well as other diseases with epidemic potential including cholera, typhoid, etc.

3.4.3 Environmental Hazards Emerging from Unofficial Points of Entry

Due to the non-availability of the disposal bins, the areas surrounding the points of entry were littered with non-biodegradable waste which include plastics. Some of the non-biodegradable waste is also littering the mainstream rivers, and some are in the grazing lands, posing a health threat to the communities' livestock and wildlife. The observed haphazard waste management in unofficial points of entry heightens the risk of malaria, as the littered plastics and other waste are creating stagnant water pools, which are conducive for mosquito breeding.

The deforestation activities were also observed within the localities of the unofficial points of entry. The food vendors who cook for their clients on a daily basis have resorted to cutting down the existing trees to use as firewood thereby causing depletion of the scarce natural resources.



4 CONCLUSION AND RECOMMENDATIONS

The results of the Population Mobility Mapping (PMM) have provided a better understanding of the dynamics and characteristics of population mobility between Zimbabwe and South Africa, facilitated the prioritization of points of entry and points of congregation in and around Beitbridge districts and assisted in identification of high mobility areas for Flow Monitoring implementation. The following are the key conclusions and recommendations based on the results of the participatory mapping exercise:

4.1 Prioritized Points of Entry

Based on the volume of mobile populations transiting through the point and strategic positioning, the following points of entry were prioritized for public health measures:

4.1.1 Official Beitbridge Point of entry

The daily flow transiting through Beitbridge Official border post is expected to peak at 15,000 when the Beitbridge Border post resumes its full operations in near future. Considering this expected voluminous human traffic and that the border post is a gateway to many Southern and Eastern Africa countries which include Zimbabwe, Malawi, Mozambique, Democratic Republic of Congo, Zambia, and Tanzania, it was necessary to strengthen the public health measure at the Beitbridge Official border post. Some of the public health measures to be considered for official Beitbridge Border post include:

- Deploying a wheel bath and foot bath by port health entry screening area.
- Deploying of automated sanitising booths with thermal scanners by the entry screening point.
- Deploying of COVID-19 Polymerase Chain Reaction (PCR) testing machines at the border post
- Regular disinfection of the border post using the spraying trucks.
- Mounting of screen shields at all service points within the border to protect clients and front-line officials.
- Setting up of social distancing markers and barricades at all areas where travellers are served within the border post.

4.1.2 Unofficial Points of Entry

The unofficial points of entry which were prioritized for additional public health measures due to the high volume of mobile populations transiting through those points and their connections to the communities include **Shashe, Maroyi, Gate 2, ZZ2, Nottingham, Sentinel** and **Lamidzi**. The specific public health measures recommended for these points of entry include:

Infection Prevention and Control/Water, Sanitation and Hygiene (IPC/WASH): The participatory mapping exercise found that there were no COVID-19 screening mechanisms, no handwashing stations, limited drinking water sources and limited ablution facilities. It is against this background that there is



need to deploy handwashing stations, temperature screening mechanisms, safe drinking water sources and ablution facilities at the prioritized points of entry.

Risk communication and community engagement (RCCE): Develop inclusive risk communication and community engagement plans that sensitise the communities about COVID-19, safe migration, and hygiene promotion in consultation with local leadership for more targeted and culturally appropriate communications.

4.2 Prioritized Points of Congregation

The list of prioritized congregation areas consists most of the congregation areas which are connected to the priority points of entry. The list of prioritized congregation areas includes **Shashe, Sentinel, Nottingham, Tshikwarakwara, Dulibadzimu Bus Station** and **NSSA Complex – Quarantine Center**.

Similar to informal points of entry, **Infection Prevention and Control/Water, Sanitation and Hygiene (IPC/WASH)** and **Risk communication and community engagement (RCCE)** measures are recommended.

Due to increased teen pregnancies and early marriages since the beginning of the COVID-19 epidemic in communities near the informal points of entry and as well observations in increased commercial sex activities in some of the congregation areas, **programs that promote Sexual and Reproductive Health and Rights (SRHR)** including HIV prevention are recommended in localities surrounding the prioritized congregation areas. The provision of SRHR services will ensure that comprehensive sexuality education is accessible for all children, adolescents, and young people in communities, to gain knowledge and develop the necessary skills to make conscious, healthy, and respectful choices about relationships and sexuality, during and possibly beyond the current COVID-19 epidemic.

4.3 Prioritized Health Facilities associated with Main Migration Routes

Beitbridge district hospital: Beitbridge District Hospital is a 140-bed health facility, which is a referral centre for nearly 120 000 ⁷people from the district and a further daily peak transit traffic of 15,000. The hospital has three COVID-19 PCR testing machines and trained staff to do the testing for COVID-19 PCR. There is need to stockpile consumables and testing kits for the COVID-19. Considering the stated district population figures and the potentially massive numbers of mobile population transiting Beitbridge, there is need **to upgrade the current capacity of the district hospital and its infrastructure** in anticipation of any future disease outbreaks.

Dulibadzimu Clinic: Strategically located in the Beitbridge urban district, this primary health facility is a referral clinic to Beitbridge district hospital, catering for both local and the mobile populations. The clinic has no capacity to test and handle suspected COVID-19 cases. There is limited space at the clinic to cater

⁷<http://www.zimstat.co.zw/wp-content/uploads/publications/Population/population/Mat-South.pdf>



for isolation facilities. The clinic has one GeneXpert machine which is configured for Tuberculosis testing only. There is need to stockpile Rapid COVID-19 antigen testing kits for the clinic, in line with government guidelines for COVID-19 testing.

Nottingham Clinic: Strategically located at Nottingham Farm in high mobility ward 14 in Beitbridge rural district providing health services to Nottingham Farm labourers, nearby communities, and migrants. The Clinic was prioritized on the basis of its centrality to many points of entry in ward 6 and 14, which include Maroyi, Nottingham, Sentinel, Border ridge, Homba and Zalawi. Furthermore, the clinic is located on the route that leads to other high mobility areas namely Sentinel and Shashe. There is need to extend the current



Nottingham Clinic was identified as a strategic and central health facility in ward 14 and recommended for infrastructure upscaling ©IOM 2020

infrastructure capacity and space of the clinic to widen the reach of the health services provided by the facility. Currently, the clinic is operating from a small 5-roomed house. The isolation tent needs to be remounted onsite, after it was affected by strong winds. The clinic has no testing equipment for COVID-19 and stockpiling of COVID-19 antigen testing kits are recommended, in line in line with government guidelines for COVID-19 testing.

Shashe Clinic: Strategically located at Shashe shops to provide health services to Shashe community. The clinic provides health services to mobile populations transiting through ward 8. The clinic has no testing equipment and isolation facilities to respond to COVID-19. Stockpiling of Rapid COVID-19 antigen testing kits for the clinic is recommended, in line with government guidelines for COVID-19 testing.



Key informant interview and mobile data collection at Shashe Clinic ©IOM 2020

Diite Clinic: The prioritization of this health facility in ward 2 was premised on its



connectedness to numerous points of entry, which perforates the border line between Zimbabwe and South Africa in ward 2. The ward 2 has more than 10 unofficial points of entry and it would be rational to strengthen the existing health facilities in this ward and possibly complement mobile clinic services, currently being provided by other partners such as MSF at points of entry. The clinic has no testing equipment and isolation facilities to respond to COVID-19. Stockpiling of Rapid COVID-19 antigen testing kits for the clinic is recommended, in line with government guidelines for COVID-19 testing.

Tshikwarakwara: A convenient clinic to provide health services to communities in ward 1 and mobile population transiting through the ward 1. The clinic has no testing equipment and isolation facilities to respond to COVID-19. Stockpiling of Rapid COVID-19 antigen testing kits for the clinic is recommended, in line with government guidelines for COVID-19 testing.

4.4 Localization of Flow Monitoring Points

The flow monitoring points (FMPs) will be established in high mobility locations identified during the PMM. Due to security restrictions on the informal points of entry, the FMPs shall be installed on prioritized congregation areas linking to prioritized informal points of entry. A detailed methodological plan for the Flow monitoring activities will be provided in a separate document.



APPENDIX

Table 1: Points of Entry in Beitbridge

| Name | Category | Ward | Security Status | Major traffic | Current daily traffic | Pre-COVID-19 Daily traffic | Nearest Health facility |
|--|------------|-----------|----------------------|--|-----------------------|----------------------------|--------------------------------------|
| Beitbridge official port of entry | Official | 1 (Urban) | Accessible to public | Regular migrants, cross border traders and commercial trucks | 800 | 15,000 | Beitbridge District Hospital (5 kms) |
| Spillway | Unofficial | 1 (Urban) | Security-restricted | Irregular migrants and informal traders ⁸ | 200 | 200 | Beitbridge District Hospital (5 kms) |
| Tshikwarakwara | Unofficial | 1 | Security-restricted | Irregular migrants and informal traders | 100 | 100 | Tshikwarakwara Rural Clinic (5 Km) |
| Chituripasi | Unofficial | 1 | Security-restricted | Irregular migrants and informal traders | 50 | 50 | Chituripasi Clinic (10 km) |
| Lamidzi | Unofficial | 1 | Security-restricted | Irregular migrants and informal traders | 100 | 100 | Chituripasi Clinic (20 km) |
| Pountain | Unofficial | 2 | Security-restricted | Irregular migrants and informal traders | 100 | 100 | Dite Rural Clinic (30 Km) |
| ZZ2* | Unofficial | 2 | Security-restricted | Irregular migrants and informal traders | 100 | 100 | Dite Rural Clinic (30 Km) |

⁸ Informal traders refer to non-registered, non-accounting and non-tax paying individuals or group of household members whose business practices are based on street or hawking but not limited to selling or providing small quantities of goods and services to an undefined market to earn a living ([IGI Global, 2020](#)).



| | | | | | | | |
|-----------------------|------------|----|---------------------|---|-----|-----|---------------------------|
| Gates 1 to 10* | Unofficial | 2 | Security-restricted | Irregular migrants and informal traders | 100 | 100 | Dite Rural Clinic (30 Km) |
| Maroyi* | Unofficial | 6 | Security-restricted | Irregular migrants and informal traders | 100 | 100 | Makakabule Clinic (10 km) |
| Shashe* | Unofficial | 8 | Security-restricted | Irregular migrants and informal traders | 100 | 100 | Shashe Clinic (5 km) |
| Nottingham* | Unofficial | 14 | Security-restricted | Farm labourers, Irregular migrants and informal traders | 50 | 80 | Nottingham Clinic (5 km) |
| Sentinel* | Unofficial | 14 | Security-restricted | Irregular migrants and informal traders | 80 | 100 | Nottingham Clinic (20 km) |
| Border ridge* | Unofficial | 14 | Security-restricted | Irregular migrants and informal traders | 50 | 50 | Nottingham Clinic (20 km) |
| Zalawi* | Unofficial | 14 | Security-restricted | Irregular migrants and informal traders | 50 | 50 | Nottingham Clinic (20 km) |
| Homba* | Unofficial | 14 | Security-restricted | Irregular migrants and informal traders | 50 | 50 | Nottingham Clinic (20 km) |

Table 2: Points of congregation -Markets and Bus stations

| Name | Type | Ward | Daily mobile population traffic | Nearest Health facility | Details |
|-------------------------------|----------------------------------|-----------|---------------------------------|------------------------------|---|
| Engen Service Station* | Informal Bus Station Marketplace | 4 (Urban) | 250 (5 buses) | Beitbridge District Hospital | A fuel service station and convenient shops area located within 5km along the main highway from main border area. A busy congregation area of travellers, foreign currency traders, vendors, and bus touts. |



| | | | | | |
|---|---------------------------------|-----------|-----|---|---|
| | | | | | Challenges on the area include limited water sources, limited toilet facilities, no COVID-19 screening, limited handwashing facilities, lack of social distance onsite and in buses, no evidence of disinfection of buses, and partially wearing of masks among congregants. |
| Baobab Shopping Complex* | Market place | 4 (Urban) | 200 | Beitbridge District Hospital | A local marketplace in in Beitbridge urban with facilities for general shopping, and entertainment for both local communities and mobile population. Limited toilet facilities, no COVID-19 screening, limited handwashing facilities, and partially wearing of masks among congregants. |
| Beitbridge NSSA Hotel (Quarantine center)* | Reception and Quarantine Center | 3 (Urban) | 100 | Beitbridge District Hospital | A NSSA Hotel with occupancy capacity of 280 beds, which is designated as a COVID-19 quarantine center for mobile population from South Africa since April 2020. Thousands of migrants and returnees have passed through this center in this time of COVID-19. |
| Dulibadzimu bus station* | Formal Bus station | 4 (Urban) | 300 | Dulibadzimu Clinic Beitbridge District Hospital | Challenges on the area include limited water sources, limited toilet facilities, no COVID-19 screening, limited Handwashing facilities, social distancing is not being observed onsite and in buses, and no evidence of disinfection of buses, and partially wearing of masks among congregants. |
| Mbedzi* | Marketplace | 6 (Urban) | 100 | Beitbridge District Hospital | A local marketplace in in Beitbridge urban with facilities for general shopping, and entertainment for both local communities and mobile population. Limited toilet facilities, no COVID-19 screening, limited handwashing facilities for the area, and partially wearing of masks among congregants. |
| Mashakada* | Marketplace | 5 (Urban) | 200 | Beitbridge District Hospital | A local marketplace with facilities for general shopping, and entertainment for both local communities and mobile population in Beitbridge urban. Limited toilet facilities, no COVID-19 screening |



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| | | | | | and limited handwashing facilities for the area, and partially wearing of masks among congregants. |
| Mfelandawonye* | Settlement | 4 (Urban) | 100 | Beitbridge District Hospital | High density settlement in Dulibadzimu township, Beitbridge urban. The community is famed for hosting third country nationals in transit. Several households in this community provide accommodation and other services to the third country nationals in transit from countries such as Malawi, Tanzania, and as well from Horn of Africa. |
| Tshikwarakwara | Market place | 1 | 1 | Tshikwarakwara | The marketplace located along the path to the informal Tshikwarakwara PoE. There is no COVID-19 screening onsite. |
| Lutumba* | Marketplace | 5 | 15 | MSF Mobile Clinic Shashe Clinic | An informal bus station, mainly used by irregular migrants as they travel to and from the informal points of entry in Beitbridge Wards 1 and 2, mainly Gate 2. MSF routinely provides Risk Communication services onsite. |
| Zhou Bus Station* | Informal bus station | 5 | 60 | MSF Mobile Clinic Shashe Clinic | An informal bus station for irregular migrants, as they travel to and from the informal points of entry in Beitbridge Wards 1 and 2, mainly Gate 2. MSF routinely provides Risk Communication services onsite. |
| Nottingham Shops* | Marketplace | 14 | 50 | Nottingham Clinic | The marketplace located along the path to the informal Nottingham PoE. There is no COVID-19 screening onsite. |
| Sentinel Shops* | Marketplace | 8 | 80 | Nottingham Clinic Shashe Clinic | A busy congregation area for irregular migrants, traders, transporters, and commercial sex workers. At the time of assessment, more than 20 pick-up trucks and vans were strategically parked at the location, ready to provide transportation services to irregular migrants with their goods coming from South Africa. Challenges on the area include limited water sources, |



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| | | | | | limited toilet facilities, no COVID-19 screening and limited handwashing facilities for the area, and partially wearing of masks among congregants. |
| Shashe Shops* | Marketplace | 8 | 60 | Shashe Clinic | A busy congregation area for irregular migrants, traders, transporters, and commercial sex workers, which is near the confluence of Zimbabwe, South Africa, and Botswana. Challenges on the area include limited water sources, limited toilet facilities, no COVID-19 screening and limited handwashing facilities for the area, and partially wearing of masks among congregants. |
| Bangale Truck Stop | Market place | 5 | 80 | Makakabule Clinic | An established stop-over location with convenient shops and entertainment facilities for commercial truck vehicles drivers. Challenges on the area include limited water sources, limited toilet facilities, no COVID-19 screening and limited handwashing facilities for the area, and partially wearing of masks among congregants. |

* shows the congregation areas which were assessed.



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