



IOM Responds to the Outbreak of Cholera in Zimbabwe

In November 2008, cholera outbreaks in Zimbabwe started to move across the country at an alarming rate leaving thousands of deaths. As of 8 March 2009, a total of 89,018 suspected cholera cases and 4,011 deaths have been reported in Zimbabwe. These figures now surpass original estimates set by UNOCHA and WHO that were capped at 60,000 affected.

IOM's response to affected communities of mobile and vulnerable populations as well as border areas include health and hygiene education, aqua tabs distribution to Cholera Treatment Centres (CTCs), medical supplies including oral rehydration salt sachets and education materials for the affected communities, support to more than 62 CTCs in 21 districts, transport and fuel assistance, non food items, tents for CTCs, incentives to health care staff, and sending assessment teams to the field.

IOM continues to monitor the border areas and remains on standby to assist in the event any new outbreaks occur. Assessments are ongoing and cholera prevention messages are also being mainstreamed in all programme areas.

Access to clean water, sanitation, transportation to CTCs and seasonal malaria and rain further complicate the ability of local health officials to respond to cholera.

IOM response efforts are further supported by a partnership with Tetra Pak, Dewfresh and Clover, to distribute water labeled with cholera prevention messages in Beitbridge and Plumtree Reception and Support Centres. To date, more than 33,139 litres have been distributed to returned Zimbabweans in Plumtree and Beitbridge.

Clean water and proper sanitation is of paramount importance to stop the further spread of cholera and cholera related deaths. Communities need to be educated on how to prepare their water points for safe drinking as well as to address the need for the rehabilitation and

CHOLERA ALERT

Cholera has been occurring in various parts of the country. People who visit these affected areas and do not take preventive measures against the disease are likely to suffer from cholera and spread the disease to other areas where there is no cholera. This is to remind you of the need to practice personal and environmental hygiene at all times.

Cholera

Cholera is caused by bacteria called vibrio cholerae.

People contract cholera through drinking water or eating food that is contaminated with vibrio cholerae. Flies can contribute to the spread of cholera. In outbreak situations cholera occurs in people above the age of 2 years old.

Common signs and symptoms of Cholera

Common signs and symptoms of cholera are severe watery diarrhoea, sometimes with vomiting, that leads to loss of large amounts of body fluids that, in turn, causes severe dehydration, body weakness and death.

Preventing Cholera

- Drink water from safe sources i.e. boreholes, protected wells, chlorinated or boiled water.
- Wash hands with soap or ash under running water after taking care of the patient, after visiting the toilet and before handling food.
- Cook food thoroughly and eat it whilst hot.
- Fruits and vegetables should be washed with clean water from safe sources using the run to waste method.
- Dispose of refuse in a properly constructed refuse pit.
- Always use a recommended toilet and keep it clean.
- Avoid shaking hands at public gatherings, particularly funerals, during a cholera outbreak.

What to do when Cholera occurs

- If you suspect cholera immediately advise health workers at your nearest clinic or health facility.
- Give the patient sugar and salt solution to replace the lost fluids. Continue giving the solution until the health worker takes over.
- Talk to your local health worker about how to deal with patient's discharges and soiled clothes because they are a potential source of infection and further spread of the disease.

Let's work together in preventing Cholera!



Ministry of Health and Child Welfare, Health Promotion Unit in collaboration with UNICEF and World Health Organization (WHO)

installation of boreholes.

The Swiss Government seconded a water and sanitation expert through the WASH Cluster to IOM. He traveled to cholera affected areas to assess the situation and provide community trainings on water and sanitation techniques to avoid cholera.

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Between 20 December 2008 and 10 January 2009, IOM launched a cholera prevention campaign that reached more than 159,574 individuals at transportation hubs in Harare, Bulawayo and Mutare. Photo: IOM 2008

MODERN DAY SLAVERY IS REAL DON'T BECOME A VICTIM!

CALL TOLL FREE

0800-32 22222

MODERN DAY SLAVERY = HUMAN TRAFFICKING


Oasis IOM International Organization for Migration

Counter-Trafficking in Zimbabwe

today and has become an increasing global business generating huge profits for traffickers and organized crime syndicates. Individuals are lured by the empty promises of traffickers – promises of a better life, of an escape route from poverty. Victims of human trafficking are exposed to physical and psychological torture, as well as exploitation in the form of domestic servitude, sexual exploitation, forced labour and removal of organs and body parts.

MODERN DAY SLAVERY IS REAL DON'T BECOME A VICTIM!

WARNING



HAVE YOU BEEN OFFERED A JOB IN ANOTHER PLACE? MAKE SURE THE OFFER IS REAL!

CALL TOLL FREE 0800-32 800 800

Modern Day Slavery = Human Trafficking

Human trafficking is when people are taken from their homes and then brought into other countries and forced to work in dangerous conditions. They find themselves exploited and enslaved in situations where they can't escape and where the traffickers are aware, shame and make it worse against their safety. Find their help, in order to fully assist them.

IOM • OIM

IOM in partnership with OASIS Zimbabwe launched a National Toll-Free Counter-Trafficking Hotline on 2 December 2008. The National Toll-Free Counter-Trafficking Hotline number is: 0800-32 22222 and will have operators from 07:00 until 19:00, with a 24 hour answering service to provide information about human trafficking and provide assistance to victims of trafficking and their families. The hotline can also be used for people to report cases or suspicion of human trafficking, as well as verifying the legitimacy of different job and study opportunities.

This hotline is a project under the Zimbabwean branch of IOM's regional Southern African Counter-Trafficking Assistance Programme (SACTAP) that is built around four main areas: victim assistance, research and data collection, information and awareness raising, institutional capacity building of key stakeholders such as government and civil society to address human trafficking and provide assistance to victims of this crime.

IOM anticipates a greater ability to act on information made to the helpline working closely with the law enforcement and social services providers, which may increase the number of referrals of trafficked persons to SACTAP's victim support structure. Through networking with various stakeholders, IOM will provide the following services: information on human trafficking, psycho-social support to victims, legal advice, medical attention, shelter, food and other basic necessities, reintegration assistance, transport assistance, as well as assisted voluntary return. Additionally, radio ads will be flighted on all 4 radio stations (Power FM, SFM, Radio Zimbabwe and National FM) in five different languages (English, Shona, Ndebele, Kalanga and Venda) to make people aware of the dangers of trafficking and also to announce the hotline.

Human trafficking is one of the gravest violations of human rights in the world

workshops focused on: defining of human trafficking and other related concepts, challenges in identifying victims of trafficking and how to respond to their needs, current pieces of legislation that can be used to prosecute traffickers and protect victims of trafficking, international legal instruments, as well as how to investigate cases of human trafficking.

Additionally, two workshops for law enforcement were conducted jointly by IOM, UNHCR and the Government of Zimbabwe at Chirundu and Nyamapanda border posts targeting immigration officials and Zimbabwe Republic Police investigators/detectives. The workshops focused on: definition of a refugee and refugee status determination, international protection and rights of refugees, how to identify and understand the main elements of human trafficking, procedures to follow when identifying victims of trafficking and how to respond to their needs.

Shelter assistance

IOM identified and built the capacity of three existing children's homes, two in Harare (St. Josephs Hostel for Boys and Harare Children's Home) and one in Chiredzi (Chingele Children's Home) in order to build their capacity to assist child victims of trafficking and to meet minimum standards required to shelter victims of trafficking.



*New mattresses were delivered to a home for boys.
Photo: IOM 2008 Nyararai Kwenda*

In Zimbabwe men, women and children are being approached and recruited both by people they know and strangers before being taken to an unfamiliar place either within the country or across the border where they are then exploited.

Since 2005, IOM has been working to fight and mitigate human trafficking in Zimbabwe through direct assistance to victims of trafficking, capacity building of key stakeholders, research and data collection and through a nationwide information awareness raising campaign. The new National Counter-Trafficking Hotline in Zimbabwe is made possible with support from the Norwegian Government.

Law enforcement trainings

Two workshops for law enforcement were conducted in Beitbridge and Plumtree border targeting immigration officials, public prosecutors, police victim friendly officers and detectives/investigators working at the two border towns. The

'Play It Safe' Sporting Tournament

IOM launched a nationwide sporting tournament in Zimbabwe on 31 October 2008 to promote Safe Migration. Youths aged 15 to 24 gathered in Beitbridge, Bulawayo, Chiredzi and Mutare to participate in a one day tournament in an effort to raise awareness on the risks and realities of irregular migration and HIV and AIDS. The sporting tournament traveled to Harare on 8 November to reach youth in the capital of Zimbabwe. With support from local authorities, schools and communities, an estimated 1500 youths participated in this nationwide safe migration tournament.

This tournament is part of IOM's Safe Journey Information Campaign that started in 2005 whose aim is to help Zimbabwean youth make informed migration choices and raise awareness on HIV and AIDS through multi-media advocacy, information pamphlets, youth centres 'Safe Zones' which offer safe migration edutainment activities and community outreach, an annual national youth dialogue on migration and the offering of livelihood skills building activities.

Individuals who live or work abroad without the appropriate documents are 'irregular migrants' and are vulnerable to exploitation and mistreatment as well as likely deportation and increased risk to exposure of HIV. It is therefore critical that we inform youth about the risks and realities of migration, and encourage safe migration and safe health practices to prevent HIV and AIDS and exposure to human trafficking and gender based violence.

Through activities such as this sporting tournament we can further educate youth who are vulnerable to irregular migration and HIV and AIDS.



Above in Beitbridge and below in Chiredzi the tournament unfolds. Photo: IOM 2008



Youths learn information about safe migration. Photo: IOM 2008 Erin Foster



Michigan to Zimbabwe: A Return Story

She smiled and welcomed me in her office. You would never guess that this woman had gone through various life experiences and had been around the world. Judith M. was a voluntary returnee under the IOM USA "Qualified returning resident" program. She is married and a mother of three children.

Judith and her family left for the USA in 1991 when her husband was pursuing his pastoral studies. While there she took the opportunity to study towards a B.A and later a Masters in International Relations at Andrews University. The determined lady continued to thirst for more knowledge and she attained a second Masters in Public Health at Lomalinda University in California.

Judith says that when both herself and husband had finished their studies they decided to come back to Zimbabwe. It was however, at that time that her hus-

band was posted to Kenya on church business. IOM sponsored Judith's family to travel and settle in Kenya. She says the package included air travel and monthly allowances for two years. Judith said that the assistance she got from IOM helped her pull through her first months in Kenya. She later got employed at the University of Eastern Africa- Baraton as Development Officer through IOM assistance.

In 2004 Judith and her family returned to Zimbabwe, "Here I worked as a Regional HIV/AIDS project Manager for ADRA-Afro and covered Zimbabwe and South Africa" said Judith

In 2007, she worked briefly with Plan International as HIV/AIDS Advisor for Zimbabwe but later left as she became founder and director of Christian Development Agency.

The organization works to build the capacity of churches and church related institutions to respond to social issues. Her organization is currently running a program on Parent Child Communication and this has been a transformation experience for parents and youths to finally talk on issues on sexuality and subjects like HIV/AIDS.

Judith's parting note is a cry for all Zimbabweans in the diaspora to realize that Zimbabwe is in desperate need for skills. **She encourages people to come back home and make meaningful contributions to their societies rather than waste their qualifications and experiences whilst doing menial jobs.** She also says to other returnees that there is a lot to be done in terms of developing the country and advises that they be creative.

Farmers Reap Benefit of Small Grains in Mt. Darwin

In the 2007/8 agricultural season, IOM in partnership with FAO distributed agricultural inputs to 8,616 households.

The beneficiaries were former farm workers moved out of their farms during the implementation of the Fast Track Land Reform Programme, the households affected by Operation Restore Order (ORO) and households affected by severe flooding.

The high cost of agricultural inputs, as well as the unavailability of important inputs on the market make it difficult for the Mobile and Vulnerable Population (MVP) farmers to access inputs. Thus, MVP farmers are more vulnerable to food insecurity. As a result, IOM and its partners seek to distribute inputs to increase the medium to long term food security of MVPs.

Depending on the natural region, each farmer was able to receive either maize, basal, and top dressing fertilizer or



Mr. Pasimupindu in his field. Photo: IOM 2008

sorghum and top dressing fertilizer. Farmers were organized into groups through a group self selection process where they would meet on a weekly basis and discuss agreed upon technical program issues.

Mt. Darwin is in region four of Zimbabwe's five designated agricultural regions, and receives very little rainfall. In Pfunyanguwo, Mt Darwin, soils are mostly loamy in a sloppy terrain.

"I am happy to be the best farmer. Ever since we came here after the land reform we had wanted to grow small grains that have a higher success rate in this area. Seeds were the biggest problem. Now we have the seeds. We are now in groups to learn from each other to enable us grow sorghum successfully" said Mr. Pasimupindu.

Mr. Pasimupindu, one of the MVP farmer beneficiaries selected in Mt. Darwin was able to get a bumper harvest at the end of the 2007/08 agricultural season. Through his constant attendance to group meetings, Mr. Pasimupindu was able to gain the necessary knowledge and skills to care for and manage his farm. Recently the MVP community selected Mr. Pasimupindu as the best farmer. As a price for being selected the best farmer for the season, he received a wheelbarrow, two hoes, a shovel and two bags of basal dressing fertilizer.

Oyster Mushrooms Raise Hopes in Hopely

IOM, in partnership with Zimbabwe Community Development Trust, started implementing a mushroom project in February 2008. Fifty beneficiaries were trained in mushroom production, which included the construction of the mushroom house, planting mushrooms and managing the production cycle, hygiene and pest and disease identification control. The 50 beneficiaries were organized to work as a group with a special emphasis to strengthen the marketing aspect.

The project is low labor and low capital intensive. Apart from the crop residues, beneficiaries can use cut dried grass that they get from the road sides.

Wadzanai M. is a beneficiary of mushroom project. She is 38 years old, married with eight children. She expects to get at least 15kg of oyster mushroom for a period of six weeks of harvesting.

In the past two production cycles, Wadzanai was able to harvest a monthly average of 45kg. She used 15kg for household consumption and 30kg for

sales in the local market.

Wadzanayi says that she chose the mushroom project because it is cheaper to start, it is quick to give returns and she has mushroom for consumption. She said, 'I am thankful to the project in that I have ready relish at home everyday'. She has also bought some household utensils including two pots and two cups, and paid for her children's school fees. In addition, she started a free-range chicken project using income from the mushroom project.

Bvumai T., aged 38, is one of the beneficiaries of the project. He is married with six children.

Mr Bvumai has been harvesting an average of 60kg of mushroom per month. He also managed to pay school fees for his children. Due to the success of the mushroom production, and sales generated he started a tomato project using



Oyster mushrooms ready to be harvested. Photo: IOM 2008 Erin Foster

the income generated from the sales of the mushroom.

Currently the beneficiaries are selling loose mushrooms. The prices are based on a kilogram of fresh weight. To date the beneficiaries have together purchased three weighing scales. Nearly 36 beneficiaries are producing an average of 45kg of mushroom per month.

Reintegration Through Goat Distribution in Chiredzi

Reintegration assistance to returned Zimbabwean migrants is now being supported by a project in partnership with IOM, HelpAge and the Government of Zimbabwe. December 4, 2008 was the official launch with the presentation of 250 goats to 54 returned Zimbabweans in Chiredzi district.

The overall objective is to reduce irregular migration through the reintegration of returned Zimbabwean migrants from South Africa back into their communities.

Each of the individuals participating in this project was trained in goat husbandry and management and was presented with certificates.

This is a community managed revolving livestock pass-on scheme, involving goats through which individuals will realize improved nutrition and financial security. The scheme will enable the poor to acquire breeding goats without the burden of generating substantial cash income for the repayment of loans. An insurance fund, equivalent to 20% of the value of the donated animals, was established to cover for livestock losses,

with contributions from both IOM and participating individuals.

In areas where livestock husbandry is the main activity, livestock waste (droppings) are harvested to feed biodigesters. Biomass energy technology (IBT) involves the sustainable harvesting of livestock waste in a bio digester, for conversion into biogas (60% methane) that is tapped and used for cooking and lighting purposes.

The project constructed a total of ten bio-digesters to serve as demonstration units which were installed at primary schools, clinic/orphanage, secondary school and the homes of project participants. Benefits accruing from using IBTs for cooking and lighting, include alleviating the burden on women and the girl child in fuel collection, freeing up more time for engaging in income-generating projects and education.

One hundred returnees from South Africa and 100 households from the



Goats are distributed in Chiredzi to boost reintegration. Photo: IOM 2008 Priscilla Dembetembe

communities to which the migrants return, were selected in this pilot project, assisting a total of 1000 individuals.

In addition to reintegration, there was a commemoration of the National Tree Planting Day to promote reforestation activities.

Unless the factors that compel people to emigrate by irregular means are addressed, the cycle of irregular migration is likely to continue.

IOM Plumtree Assists Women and Children

An increasing number of new born babies aged between one and five days, nursing mothers and women in advanced pregnancy, are deported everyday through the Plumtree Reception and Support Centre (PRSC) in Zimbabwe. To date about 2% of the returned Zimbabwean migrants are children under five years and of these quite a significant number are babies delivered within the first week of life, a group which is still very vulnerable to neonatal infections.

This calls for more attention to be focused on this group of returned migrants because they face psycho-social and economic challenges when they attempt to re-integrate into their communities. Some of women eventually opt to go back to Botswana for the following reasons:

1. The pregnancy or baby originated in Botswana and the person responsible

is from Botswana and the woman would want to go back to elicit economic support from the Tswana partner.

2. The person responsible for the pregnancy and baby is a Zimbabwean who has been left behind in Botswana and therefore the woman would like to go back to reunite with her husband.

3. Single mothers who head households in Zimbabwe who would like to go back and work to support the family left in Zimbabwe.

4. Fear of rejection by family in Zimbabwe because of the woman's prevailing situation.

The Migration Health Unit at the Plumtree Reception and Support Centre in Zimbabwe, receives, organizes



A returnee whose travel was delayed because she was 42 weeks pregnant. She delivered a day later at the local referral centre for IOM and was later transported back to her home by the PRSC project. Photo: IOM 2008

and escorts an average of three pregnant women weekly to destinations of their choice around Zimbabwe's ten provinces.

Community Outreach in Beitbridge

The IOM Beitbridge Reception and Support Centre (BBRSC) took an initiative to support the local community in many aspects including in sports and educational activities.

Beitbridge is located in the extreme south of Zimbabwe, sharing borders with the Republic of South Africa. There are 67 schools in the district. The schools are divided into thirteen clusters with each cluster made up of an average of 4-6 schools. The schools have a total enrollment of 22,357 primary pupils and 4,966 secondary pupils and a staff complement of 652 teachers.

The Need for Outreach Campaigns

Some of the pupils – especially those from villages situated along the Limpopo river, irregularly cross into neighboring South Africa to try and make ends meet by either carrying luggage for illegal immigrants or working at neighbouring farms. Some also help illegal migrants to cross through these undesignated entry points making use of their knowledge of the surroundings. These young children, among them girls also become victims of sexual and gender based violence when criminals sexually abuse them exposing them to the risks of contracting HIV and other STIs at their tender age.

Returned migrants have reported numerous cases of abuses that are perpe-

trated by notorious gangs of criminals popularly known as gumagumas. The gumagumas operate along the Limpopo river at all the illegal crossing points, targeting migrants. Women are raped in full view of their husbands, relatives, children and in-laws. Men are forced to have sexual intercourse with women who would have first been gang raped by the gumagumas. It is in respect of these factors that the Beitbridge Reception and Support Centre decided to undertake an outreach programme to disseminate safe migration information amongst youth in school within the district.

The following was the focus of the community outreach:

- awareness on the dangers of irregular migration
- awareness on Sexual and Gender Based Violence (SGBV)
- awareness on Human Trafficking and its perpetrators
- awareness on the need to have identification with emphasis on the acquisition of birth certificates
- awareness on the values of safe



An irregular migration advisor disseminating safe migration information to youth at a school visit. Photo: IOM 2008

migration- dissemination of information on how to apply for passports and visas.

- distribution of Information Education and Communication (IEC) materials

IOM Beitbridge Emergency Health

Mr. D. was deported to the centre already having acute lower abdominal pain. He was quickly referred to the local district hospital where he was diagnosed with a strangulated inguinal hernia. IOM provided a vehicle and nurse to escort the patient to Bulawayo but on arrival discovered that public service medical staff were on industrial action and would not perform the life saving operation. IOM quickly stepped in and sub-contracted a private practitioner to undertake the operation. The beneficiary recovered quickly and was discharged.

Promoting Health for Mobile and Vulnerable Populations (MVPs)

Health care and treatment and emergency health interventions are provided by IOM to targeted communities to reduce the spread of communicable disease related to poor environmental and living conditions.

The IOM mobile clinic continues to provide health services without disruption in peri-urban Harare communities as well as supporting Dzivarasekwa and Hopley Static Clinics after the elections periods.

Behaviour Change Communication and Information Education and Communication (IEC) materials for mobile populations were developed and 40,000 copies printed, 33,854 male condoms and



An IOM nurse treats a patient at the mobile clinic. Photo: IOM 2008 Erin Foster

4,996 female condoms were distributed, as well as 7,662 HIV and GBV prevention and care IEC pamphlets.

Numerous trainings were held on HIV and AIDS and GBV including 83 community-based peer-educators. IOM health staff and field officers and implementing partners were trained on condom promotion activities.

Peer-education has been used in many areas of public health as a behaviour change and communication tool and stands out as one of the most effective methods within international public health literature. Because of the popularity, global efforts to further understand and improve the process and impact of peer-education in the area of HIV and AIDS prevention, care, and support have also increased.



Mainstreaming HIV and AIDS and GBV

One of IOM's health programme overall objective is to reduce the vulnerability of mobile populations to HIV, AIDS and GBV and to facilitate access to necessary care, mitigation and support services to affected populations

During the past year, the programme has continued to disseminate information on HIV and GBV prevention in IOM programmes through community based workshops, theatre and drama, and distribution of IEC materials. This year, innovative approaches such as conducting awareness raising sessions, alongside the provision of primary health care services, was implemented. A new Behaviour Change pamphlet highlighting the vulnerability of mobile populations has been developed.

In preparation for the advent of the rainy season and drawing on lessons from the 2007-2008 season, IOM was instrumen-

tal in the Emergency Preparedness and response initiatives in partnership with OCHA and UNAIDS and the Civil Protection Unit (CPU). In total, five training workshops for stakeholders were held in flood prone areas across the country. In addition, IOM partnered with CPU and OCHA in conducting community awareness campaigns in Tsholotsho and Chicualacuala.

With the ultimate objective of contributing to the development of a national action plan to facilitate increased access to HIV and AIDS services by mobile and migrant populations, IOM conducted a nationwide study on access to services. The study is expected to highlight the practical obstacles to mobile populations' access to essential public sector HIV and AIDS services and suggest best practices to improve the access.

As 2008 came to a close, IOM joined the



A community awareness campaign underway. Photo: IOM 2008

rest of the humanitarian and service community in commemorating 16 Days of Activism against Gender Based Violence and World AIDS Day. In this regard, IOM supported the national and community level commemorations, as well as participated in the inaugural "One man 24 hour radio broadcast session," this featured various programmes on HIV and AIDS and safe migration.

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Since December of 2008, 11 districts throughout Zimbabwe in need of assistance have been supported through the AmeriCares donation of humanitarian relief supplies that are used by IOM mobile clinics to service mobile and vulnerable populations.

Artists for Health

A group of local musicians, operating under the name *Artists for Health*, joined the national response to the cholera epidemic by launching a musical track entitled "Cholera Chenjerawo" last month. Artists for Health went a step further in efforts to sensitize the general public about how to prevent cholera by hosting an allnight musical concert at Gwanzura Stadium on Saturday, 14 February 2009. Under the directorship of Tanga Wekwa Sando, Artists for Health comprises Oliver Mtukudzi, Dudu Manhenga, Albert Nyathi, Sam Mtukudzi, Prudence Katomeni-Mbofana, Pastor G and Willis Wataffi. The concert was supported by UNICEF, PSI and MSF, among others.

In partnership with Tetra Pak South Africa, IOM contributed towards making the musical concert cholera-free by distributing 1,200 litres of drinking water to

performing musicians and revelers.

IOM is an active member of the UN Health and Water, Sanitation and Hygiene (WASH) Clusters that are coordinated by WHO and UNICEF, respectively. IOM has been designated as the lead agency for cholera re-



sponse in border areas, Manicaland, Mashonaland West and Matabeleland North and is working closely with NGO partners in the field.

Cholera response activities conducted by IOM are made possible with support from Swedish Sida, Australia AusAid, United States OFDA, AmeriCares, and Tetra Pak.



Above: IOM nurse checks on a cholera patient in Makoni.

Left: Poor water and sanitation conditions put many communities at risk for cholera.

Below: IOM trains community health volunteers on health and hygiene promotion.

Photos: IOM 2009



New Kiosk Assists Returning Zimbabweans

IOM recently established an information kiosk as part of its Voluntary Assisted Return and Reintegration Programme (VARRP). The kiosk is intended to increase Zimbabweans likelihood of a sustainable return by providing accurate information at the touch of a button.

This kiosk is a computer terminal that has custom kiosk software which allows users to easily navigate through a range of information without accessing system functions.

This interactive machine is easy to use with input devices such as a touch screen, track ball, and a computer keyboard.

Information shared through the kiosk, includes:

- Options on a variety of businesses which returnees may be interested in establishing, with links to detailed information about each business;
- Step-by-step procedures necessary for setting up a business in Zimbabwe;
- Information on how to obtain a business license;
- Information on the types of education available, including courses and programmes on offer;
- Success stories of other returnees who have set up small businesses in Zimbabwe
- Vocational training and on-the-job training available within Zimbabwe.

The VARRP team continually updates the information as the situation changes in Zimbabwe. Future information will include:

- Access to additional business fi-



*VARRP information Kiosk is easy to use with a touch screen.
Photo: IOM 2009*

through the kiosk, since it is currently operating on line.

The kiosk supports the already existing tools that IOM has created to provide its beneficiaries important information in order to make informed and sustainable choices about their individual reintegration plans. The choices returning Zimbabweans make about which business line to follow or which type of vocational training to engage in is vital to their success and ultimately their sustainable return.

nancing outside VARRP grants;

- Short-term accommodation options available;
- Social service providers within major cities of return;
- Advice on how to operate small businesses within the current hyper inflationary environment, etc.

In addition to accessing information related to the VARRP, returnees to Zimbabwe are now able to access internet

Since 1999, IOM has assisted nearly 800 people to return to Zimbabwe, The global IOM VARRP assists with the voluntary return and reintegration of nationals back to their countries of origin. The programme in Zimbabwe assists returnees to establish small businesses and engage in educational or vocational training upon their return.



*VARRP Programme Assistant shows the use of the new kiosk.
Photo: IOM 2009*

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