

RAPID SITUATION AND NEEDS ASSESSMENT OF INFORMAL CROSS-BORDER TRADERS

at the Chirundu, Mwami, Mchinji,
Beitbridge and Musina border posts
during the COVID-19 pandemic

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This publication was made possible through support provided by the Foreign, Commonwealth and Development Office (FCDO) of the United Kingdom. The opinions expressed herein are those of the author and do not necessarily reflect the views of IOM and FCDO.

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Required citation: International Organization for Migration (IOM), 2022. *Rapid Situation and Needs Assessment of Informal Cross-border Traders at the Chirundu, Mwami, Mchinji, Beitbridge and Musina Border Posts During the COVID-19 Pandemic*. Lusaka.

ISBN 978-92-9268-585-0 (PDF)

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Malawi



South Africa



Zambia



Zimbabwe



Acknowledgements

We acknowledge the work done by Rwatida Mafurutu, trade and migration expert and lead consultant, in the writing of this report.

Special thanks go to the following experts, research consultants and focal persons:

- Zimbabwe
Pathias P. Bongo, PhD – research assistant and disaster risk reduction, livelihoods and social analysis specialist;
Jackson Jack – data management and analysis specialist;
- Zambia
Nyembezi Mvunga – trade specialist;
- Malawi
Llyods Vincent Nkhoma – economics and trade expert;
Milward Tobias – economics expert;
Grace Takomana – gender expert;
- South Africa
Christopher Changwe Nshimbi, PhD – regional integration, migration, borders and informal economy expert;
- International Organization for Migration
Knowledge Mareyanadzo – Programme Officer, IOM Zambia;
Mwansa James Musonda – Programme Officer, IOM Zambia.



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Acronyms

| | |
|----------------|--|
| ASYCUDA | Automated System for Customs Data |
| BCP | border control post |
| CBTA | cross-border traders' association |
| CBTAZ | Cross-Border Traders' Association of Zambia |
| COMESA | Common Market for Eastern and Southern Africa |
| FAO | Food and Agriculture Organization |
| FCDO | Foreign, Commonwealth and Development Office (of the United Kingdom) |
| FGD | focus group discussion |
| GBV | gender-based violence |
| GDP | gross domestic product |
| ICBT | informal cross-border trader |
| IOM | International Organization for Migration |
| IPC | infection prevention and control |
| KII | key informant interview |
| OSBP | one-stop border post |
| PCR | polymerase chain reaction |
| PPE | personal protective equipment |
| SADC | Southern African Development Community |
| SOP | standard operating procedure |
| SSCBT | small-scale cross-border trader |
| STR | Simplified Trade Regime |
| TID | trade information desk |
| TIDO | trade information desk officer |
| WHO | World Health Organization |
| WICBT | women in informal cross-border trade |

ACRONYMS

| | |
|---------------|---|
| ZCBTA | Zimbabwe Cross-Border Traders Association |
| ZIMRA | Zimbabwe Revenue Authority |
| ZINARA | Zimbabwe National Road Administration |
| ZRA | Zambia Revenue Authority |

Executive summary

A rapid situation and needs assessment of border control posts (BCPs) in three border areas – Beitbridge–Musina (Zimbabwe and South Africa, respectively), Chirundu (two towns of the same name in Zambia and Zimbabwe) and Mwami–Mchinji (Zambia and Malawi, respectively) – was conducted from 1 December 2020 to 10 January 2021. The assessment was held concurrently by IOM, through its missions in Malawi, South Africa, Zambia and Zimbabwe (hereinafter, the “four countries”) under the project, “Supporting Informal Cross-border Traders in Southern Africa to Do Business Safely During the COVID-19 Pandemic”, funded by the Foreign, Commonwealth and Development Office (FCDO) of the United Kingdom. The assessment served to inform activities directed towards the three expected outcomes (corresponding to the three components) of the project. Such activities include national-level policy dialogue, as well as activities undertaken at the BCPs, with border officers and cross-border traders’ associations (CBTAs) as beneficiaries.

The overall objective of the project is to contribute towards enhanced protection of the health and economic rights of informal cross-border traders (ICBTs) through the facilitation of continued trade during the COVID-19 pandemic. The expected outcomes are as follows:

- (a) Consensus exists for policy direction to favourably consider informal cross-border trade and informal traders in national trade plans contextualized to the COVID-19 pandemic and, to the extent possible, prepare COVID-19 socioeconomic recovery plans and strategies aimed at formalizing the informal trade sector.
- (b) BCPs and, specifically, border officers have improved capacity to facilitate healthier and safer environments for ICBTs to operate.
- (c) Small-scale cross-border traders (SSCBTs) and ICBTs demonstrate increased ability to transact safely at BCPs during periods of restrictions implemented as a response to COVID-19.

The assessment included both national-level and border-specific analyses, as it intended to create a sex-disaggregated baseline.

The assessment was formative, employing synergistic qualitative and quantitative research methods. A total of 149 ICBTs, representing the targeted BCPs, were interviewed individually. Majority (71%, of $n=149$) of the respondents were female, while 52 key informant interviews (KIIs) were held with a wide range of targeted stakeholders, at both the national (i.e. government ministries) and BCP levels, in Malawi, Zambia and Zimbabwe. Respondents and interviewees were identified during a stakeholder mapping exercise undertaken in each country. Finally, a total of eight randomly selected markets located in relevant border towns were assessed

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using the Border Market Walk-through Observation Tool, a checklist consisting of semi-structured questions developed and pre-loaded on the online data collection tool, KoBoCollect. In addition, a total of five BCP walk-throughs were conducted – one each at the Beitbridge BCP (Zimbabwe), the Zimbabwean and Zambian sides of the Chirundu One-stop Border Post (OSBP), Mwami BCP (Zambia) and Mchinji BCP (Malawi).¹ The scheduled Beitbridge (Musina) BCP² walk-through, on the South African side, failed to materialize on account of prevailing COVID-19 restrictions and the border congestion that built up towards the Christmas holidays.

The youngest of the women in informal cross-border trade (WICBTs) interviewed at the Beitbridge–Musina BCPs, the Mwami–Mchinji BCPs and the Chirundu OSBP were 24, 25 and 26 years old, respectively; the oldest being 50, 62 and 60, respectively; and their mean ages, 40, 40 and 44 years, respectively. The ages of interviewed male ICBTs at the Beitbridge–Musina BCP ranged from 23–58 years, with an average of 38. On the other hand, male ICBTs interviewed at the Chirundu OSBP had an age range of 29–51 years and an average age of 41. Finally, male respondent ICBTs at the Mwami–Mchinji BCPs had ages ranging from 25–62 years, averaging 40. These demographics show that across all the BCPs, respondents as young as 23 and as old as 62 were involved in cross-border trade at the time of the field visits, amid the pandemic.

Slightly more than half (54%) of all interviewed ICBTs reported being members of CBTAs. The majority of the ICBTs that used the Beitbridge–Musina BCPs were not affiliated with CBTAs, with only 5 out of 42 (or 12%) reporting that they were members of such associations. A conspicuous finding at the Mwami–Mchinji BCPs was that most of the ICBTs (83%, of $n=76$) reported being affiliated with CBTAs. Further analysis of the data shows that a higher proportion of all interviewed WICBTs (57%, of $n=106$) than male ICBTs (44%, of $n=43$) were members of CBTAs. This finding may be attributed to women's greater tendency to seek assistance, being particularly vulnerable to most of the challenges faced by the informal trade sector. Despite Zambia's CBTA concept being more prominent and visible than in Malawi and Zimbabwe, survey results from that country revealed that before and during the COVID-19 pandemic, the organization had challenges of resources to fulfil all its responsibilities (e.g. carrying out a COVID-19 awareness campaign and providing personal protection equipment (PPEs)). The same challenge was considerably pronounced in Malawi and Zimbabwe as well. Survey responses also pointed to a lack of cooperation or transborder engagement among the three targeted CBTAs at the time of the assessment.

¹ Mwami and Mchinji had separate border control posts at the time of the study. The two were integrated into the Mwami/Mchinji One-Stop Border OSBP in December 2022.

² Both border posts on the two sides of the South Africa–Zimbabwe border use the name "Beitbridge". The parenthetical note "(Musina)" is used here for disambiguation. The name "Musina BCP" is used subsequently. (In addition, note that South Africa sometimes uses the term "port of entry" to refer to its border posts, thus the name "Beitbridge Port of Entry", which is used in the South Africa country report in this series.)

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At the time of the field visit, Malawi, Zambia and Zimbabwe shared the common challenge of having only one technical information desk officer (TIDO) at each of their BCPs, working round the clock (the BCPs were short-staffed). Feedback from the Mwami BCP revealed that its current TIDO was breastfeeding, taking multiple breaks throughout the day, justifiably, to attend to her child. The technical information desk (TID) at the Zambian side of the Chirundu OSBP was inconspicuous and not very accessible, as it was situated in one of the back offices. At Mwami, the TIDO and customs and immigration officers shared an open-office workspace and were within close proximity of each other. This was observed to be a non-conducive set-up considering the threats posed by the current pandemic.

Official statistics on confirmed or suspected COVID-19 cases emanating directly from each of the assessed BCPs could not be obtained or provided by border officers, including health officers, at the time of the field visits. None of the reported statistics from the four countries, at either the national level or the BCPs, were disaggregated by sex. Findings from Mwami revealed that only two cases, with no fatalities, had been reported in Zambia since the onset of the pandemic, while one case was reported at Mchinji. At Beitbridge, interviewees representing the Zimbabwe Revenue Authority (ZIMRA) revealed that eight customs officers tested positive for COVID-19 when Ministry of Health officials tested all border officers on 30 November 2020.

The COVID-19 outbreak caught BCP officers and their respective departments in all four countries unawares. Zambia's Ministry of Health conducted training and awareness campaigns for border agency personnel at both BCPs (Chirundu OSBP and the Mwami BCP), although not all were covered. In Zimbabwe, COVID-19 awareness of border agency personnel at the two BCPs (Chirundu and Musina) remained principally the responsibility of their respective departments or agencies. Challenges commonly reported by the majority of interviewed border agency personnel from across all targeted BCPs included non-availability or frequent shortage (at times extreme) of personal protective equipment (PPEs). In all the countries covered by the assessment, provision of PPEs to border agency personnel remained largely the responsibility of their respective agencies.

Notably, each of the BCPs under assessment was managed by multiple government agencies, characterized as having varying levels of access to and availability of resources for the management of COVID-19. The extent to which resources were used by individual agencies towards managing COVID-19 differed as well. Needless to say, no single department operating at any BCP was solely and fully responsible for COVID-19 management. During the walk-throughs conducted at the BCPs, it was observed that resources such as hand wash and hand wash dispensers, hand sanitizer and hand sanitizer dispensers, thermometers for temperature screening stations or checkpoints, face masks, "COVID-19 scanner booths"³ (see [Annex 3](#)) and waste management equipment were insufficient. All border personnel respondents generally attributed cross-cutting resource insufficiencies to their limited budgets.

³ A COVID-19 scanner booth is a walk-through machine that automatically takes people's body temperatures and sanitizes their hands through a remote-sensing dispenser. It releases a mist that disinfects the entire human figure as one walks through it, while at the same time allowing for foot-bathing upon entry into a building.

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Since the onset of the pandemic, several national strategies and action plans had been announced and implemented in each country. These strategies and plans were aimed at mitigating the dreaded effects of the COVID-19 pandemic, but mostly only in the formal sectors of the economy. Almost all interviewed ICBTs ($n=149$) and all border personnel respondents revealed that they were not aware of any specific national strategies or action plans targeted at assisting ICBTs and cushioning them against the impacts of COVID-19. In particular, customs and immigration officers, cited that no specific exemptions, concessions or rebates applicable to ICBTs had been put in place.

Very few (31%) of the ICBTs reported having resorted to alternative livelihood sources, such as selling of crops (32%), daily-wage labour (casual work) (30%) and other income-generating activities (25%) (Table 26). It is clear from the small percentages that the reported alternative livelihood sources were generally negligible, applicable to only a few ICBTs. This, therefore, meant that COVID-19 restrictions were badly affecting the livelihoods of ICBTs and explains why most of them reported that they continued with cross-border trade, specifically in the form of smuggling across illegal border crossing points (even after the announcement of travel and trade bans in all the four countries).

A lack of harmonized and coordinated announcement and implementation of COVID-19 policy measures, misaligned quarantine measures, heterogeneous (or divergent) COVID-19 compliance requirements (including the presentation of a negative COVID-19 test certificate when crossing borders) and lack of exchange of necessary information, among others, ranked highly as major causes of the disruption of informal cross-border trade. Lack of transborder standard operating procedures (SOPs) and processes, divergent COVID-19 compliance requirements at the BCPs, and the absence of designated COVID-19 testing centres near BCPs resulted in new, institutionalized, non-tariff barriers, with ICBTs incurring high trade costs.

These indicative challenges require immediate attention and an all-encompassing approach to managing them, given that most WICBTs are in trade mainly for survival (of themselves and their families).

Key recommendations

Below are recommendations to address key gaps identified during the rapid situation and needs assessment and are common to the four countries.

- (a) National policymakers from all four countries should design well-coordinated and harmonized ICBT-related national COVID-19 response measures for common implementation across the targeted BCPs.
- (b) Intra-, inter- and transborder BCP management and close cooperation among BCPs in the implementation of mutually agreed, COVID-19-specific SOPs is critical for the sustainability of this sector amid the pandemic – now and going into the future.

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- (c) Consensus in terms of the issuance of COVID-19 test certificates with common or standardized validity periods is critical. COVID-19 testing facilities should be decentralized to the BCPs or located very close to them for ease of access and convenience to ICBTs.
- (d) Malawi, South Africa, Zambia and Zimbabwe should rapidly and immediately start including ICBTs in their respective national COVID-19 management policies. Their national COVID-19 economic recovery plans, now and going into the future, should specifically provide for the revival of this informal sector and the resumption of their activities in safe, healthy and enabling BCP environments.
- (e) Notably, the issuance of import and export permits and licences for certain goods traded by ICBTs remain centralized in cities far away from the BCPs. These administrative facilities should be decentralized to the BCPs, particularly during the current pandemic.
- (f) The governments of the four countries, through their respective line ministries or departments and in collaboration with development partners (if any and whenever possible), should work closely with national and subnational CBTAs and TIDOs to facilitate capacity-building for ICBTs, including WICBTs.
- (g) Upgrading and improving existing ablution facilities at the BCPs (especially at the Beitbridge, Mchinji and Mwami BCPs and the Chirundu OSBP), to cater to mothers' sanitary needs and requirements (bathing their young children and changing their nappies, among others) should be highly prioritized.
- (h) Learning from the experiences with long queues of ICBTs at the Mchinji BCP, the other BCPs should introduce separate queues for women traders and give priority clearance to breastfeeding women and the elderly.
- (i) Provision of safe and clean water at the Beitbridge, Mwami and Mchinji BCPs and the Chirundu OSBP is important for the safe and healthy continuity of cross-border trade by ICBTs.
- (j) The COVID-19 "safe, healthy and convenient trade facilitation" regulations should be expanded to cover all goods commonly exported and imported by ICBTs, especially women traders, which, in most cases, are goods meant for their "basic survival" (subsistence) reasons together with their families.
- (k) Border officers should empower women traders through frequent training and scheduled refresher workshops on border control SOPs and processes, so that they become less vulnerable to the various forms of harassment due to lack of knowledge.

1. Introduction

1.1. Conceptual overview: informal cross-border trade

Informal cross-border trade may easily be regarded as one of the most prominent twenty-first-century trade phenomena among developing countries, especially in Africa. Various sources define informal cross-border trade and small-scale cross-border trade differently. The Common Market for Southern and Eastern Africa (COMESA) (2018), under its small-scale cross-border trade initiative, defines informal cross-border trade or small-scale cross-border trade as “that part of trade that is unrecorded in official statistics often carried out by small-scale or informal cross-border traders of neighbouring countries.” The initiative identifies bypassing of border control posts (BCPs), concealment of goods, under-declaration and misclassification of goods, under-invoicing, and similar measures as some of the modus operandi used by traders. In addition to evading payment of taxes or duties charged by governments, informal traders attempt to avoid fulfilling administrative formalities with agriculture, health, security and immigration officers, which are often complex, costly and time-consuming.

Apart from the above-stated nuances, informal cross-border trade across most BCPs in Southern Africa has a distinct gender dimension. It is almost entirely and exclusively dominated by women traders and is believed to potentially contribute towards the betterment of livelihoods and enhancement of regional integration (Macheng, 2021) across Africa. Being generally referred to as “proximity trade” (i.e. trade that involves movement of produce between markets close to the border) by the United Nations Conference on Trade and Development (UNCTAD), it is broadly conducted by small, unregistered and therefore vulnerable traders. The aspect of informality refers to the unregistered status of the trader and not necessarily the nature of the trade itself, that is, whether the activity is captured by or unrecorded by the customs system (Parshotam and Balongo, 2020).

When properly and effectively managed, informal cross-border trade can positively impact macroeconomic development and social welfare gains, including by complementing the poverty alleviation efforts of African governments (COMESA, 2018). It offers access to goods that are in shortage locally, thereby assisting in meeting domestic demand. In this way, it has proven to be more responsive to shocks compared to formal trade, especially in times of food crises (FAO, 2017). With reference to border areas, maximization of informal cross-border trade across BCPs sustains socioeconomic ties between communities that share languages and cultures but have been separated by borders imposed by colonialism (Whitehouse, 2021). With regard to its regionwide contributions, informal cross-border trade constitutes a significant portion of all intra-sub-Saharan African trade. It also contributes an estimated 30 to 40 per cent, accounting for nearly USD 18 million, of all trade in the Southern African Development Community (SADC) region, and 40 per cent in

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the COMESA region (FAO, 2017). Within countries, informal cross-border trade contributes to the attainment of incomes, providing jobs and empowering women in some of the most fragile and impoverished communities in Africa. For this reason, any threat to informal cross-border trade in sub-Saharan Africa is a threat to the most vulnerable and needs to be taken very seriously. Such a threat has now arisen in the form of the COVID-19 pandemic – a global economic retreat of nations and the shutting down of borders and social contact (Stuart, 2020).

According to FAO (2017), most informal traders were pushed into the sector due to existing barriers, including requirements that they needed to comply with to get into the formal sector. Informal traders faced difficulties in getting access to travel documents or trading licences, excessively long waiting times at BCPs and overcharging by customs officers, in addition to having inadequate knowledge of official procedures and processes. Furthermore, due to the informal nature of the sector and the rigidity of existing relevant legal frameworks, traders are often faced with unique challenges such as corruption (e.g. where officers solicit bribes to allow smuggling of goods), harassment, sexual abuse and confiscation of goods.

1.2. Project background

There is significant informal cross-border trade in the SADC region, accounting for between 30 and 40 per cent of total intra-SADC trade, with an estimated value of USD 17.6 billion. Women, who make up approximately 70 per cent of informal cross-border traders (ICBTs), face gender-specific risks and are more susceptible to harassment and exploitation by corrupt officials (Sommer and Nshimbi, 2018). Most women informal cross-border traders (WICBTs) are relatively poor, with low levels of education, and trade in high volumes of low-value goods, including food products, cosmetics, cloth and handicrafts (Jacobson and Joekes, 2019). WICBTs support some of the most fragile and impoverished communities, and so any threat to informal cross-border trade poses a threat to the most vulnerable and least resilient. Moreover, besides a marked increase in gender-based violence (GBV) and a decrease in access to sexual and reproductive health services, COVID-19 is expected to affect women significantly more than men, especially through the widening of the existing financial inequality between men and women.

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Figure 1. Geographic scope of the project



Source: Map based on “Africa” (map), United Nations Geospatial Information Section (2018), elaborated by the authors. Available at <https://un.org/geospatial/content/afrique-1>.

Note: This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.

The outbreak of COVID-19 in Southern Africa has led to border closures and travel restrictions throughout the subregion. Where cross-border trade is permitted, it has been for larger commercial flows and not for the movement of people, accompanied by quarantine measures for varying periods, often at the cost of the traveller. Additional security measures have been put in place in the patrolling of borders. These changes have had a catastrophic impact on the livelihoods of many ICBTs, as they are unable to conduct trade as usual. COVID-19 restrictions have hit informal trade harder than other sectors, with women hit particularly hard by economic losses. There is likely to be further pressure on the informal sector post-COVID-19.

IOM is implementing the project, “Supporting Informal Cross-border Traders in Southern Africa to Do Business Safely During the COVID-19 Pandemic”, which is managed by the country office in Zambia and implemented in conjunction with IOM missions in Malawi, South Africa and Zimbabwe (Figure 1). The objective of this project is to contribute towards the enhanced protection of the health and economic rights of ICBTs through the facilitation of continued trade during the COVID-19 pandemic.

1. INTRODUCTION

The expected outcomes are as follows:

- (a) Consensus exists on policy direction to favourably incorporate informal cross-border trade and ICBTs into national COVID-19 trade plans and to the extent possible, preparing for the COVID-19 socioeconomic recovery plans and strategies aimed at formalizing the informal sector.
- (b) BCPs and border officers have improved capacity to facilitate a healthier and safer environment for informal cross-border traders to operate.
- (c) Small-scale cross-border traders (SSCBTs) and ICBTs demonstrate increased ability on how to trade safely and operate at BCP during restrictions brought about because of COVID-19.

This is intended to be an emergency response project to be implemented over a period of seven months, between October 2020 to April 2021.

A rapid situation and needs assessment was planned to take place in the first two months of the project as part of its inception phase, and which would also serve as a baseline for future project activities. The assessment was specifically carried out at the Beitbridge (Zimbabwe), Beitbridge (Musina) (South Africa),⁴ Mwami (Zambia) Mchinji (Malawi) BCPs⁵ and the Chirundu One-stop Border Post (OSBP) (Zimbabwe and Zambia). It will serve to inform activities directed towards the three expected outcomes of the project, including national-level policy dialogue and activities undertaken at this project's target BCPs.

1.3. Objectives of the assessment

The assessment serves to inform activities directed towards the three expected outcomes of the project, including national-level policy dialogue and activities implemented at the targeted BCPs for border officers and CBTAs. The specific objectives will therefore include:

- (a) Determine whether consensus exists in policy direction to favourably incorporate informal cross-border trade and ICBTs into national COVID-19 trade plans and, to the extent possible, preparing COVID-19 socioeconomic recovery plans and strategies aimed at formalizing the informal sector;
- (b) Determine whether BCPs and border officers have improved capacity to facilitate a healthier and safer environment for ICBTs to operate;
- (c) Find out if SSCBTs and/or ICBTs demonstrate increased ability to trade safely and operate across BCPs during periods of restrictions brought about because of COVID-19;

⁴ See explanation about the use of the name "Beitbridge" in footnote 2.

⁵ Mwami and Mchinji had separate border control posts at the time of the study. The two were integrated into the Mwami/Mchinji One-Stop Border Post (OSBP) in December 2022.

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- (d) Inform activities under the three components of the project, including the national-level policy dialogue and activities for border officers and CBTAs undertaken at the targeted BCPs;
- (e) Create a gender-mainstreamed baseline through gender-disaggregated data.

The contributions of this rapid situation and needs assessment would be in the form of research-based and assessment-informed recommendations to various stakeholders, which include national and regional policymakers, BCP officials and personnel, CBTAs and other ICBT-supporting agencies, ICBTs themselves and development partners.

1.4. Scope of the assessment

This rapid situation and needs assessment was undertaken in Malawi, South Africa, Zambia and Zimbabwe, targeting the Mwami–Mchinji BCPs, Beitbridge–Musina BCPs and Chirundu OSBP. The assessment served to inform activities under the three expected outcomes of the project, including the national-level policy dialogue and activities with border officers and CBTAs undertaken at the BCPs. It included analysis both at the national level and of the situation at the BCPs.

2. Methodology, assumptions and limitations

According to UNICEF (2010), a rapid needs assessment includes carrying out primary and secondary research hurriedly or swiftly to gain an understanding of key information that can drive programme design and implementation during emergencies. Rapid assessments are often used as tools for making data available quickly, to provide information on the impact of an emergency on affected populations and improve response-planning and resource mobilization. Under such emergency situations, primary research yields first-hand data, gathered through direct investigation of a topic or situation of interest, while secondary research gathers information that is already available about an issue, obtained from previous studies, peer-reviewed journal articles, reports and other documents.

Four qualities essentially describe a basic rapid situation and the need assessment: (a) low-cost, (b) having quick feedback of results, (c) requiring a smaller sample size than would be expected with traditional survey methods, and, increasingly, (d) relying on computerized data capture and analysis (Macintyre, 1999). Soon after the start of the outbreak or emergency, during the instant response phase, an initial and often inter-agency rapid assessment should be carried out. This is often conducted during the first two weeks following an emergency. Outside this immediate response phase, more detailed and in-depth sectoral evaluations are conducted. These are equally regarded as rapid in practice, as speedy results feedback is usually required for the ongoing response (UNICEF, 2010).

The assessment field visits under this project were undertaken in the four countries from December 2020 to January 2021 as part of its inception phase. Table 1 shows the specific dates when the field visits were conducted in each country and at each targeted BCP.

Table 1. Timetable of the field visits

| Date | 14 Dec 2020 | 15 Dec 2020 | 17 Dec 2020 | 18 Dec 2020 | 20 Dec 2020 | 21 Dec 2020 | 22 Dec 2020 | 29 Dec 2020 | 30 Dec 2020 | 1 Jan 2021 | 2 Jan 2021 | 3 Jan 2021 | 4 Jan 2021 | Total (all four countries) |
|---------------------|-------------|-------------|-------------|-------------|--------------|-------------|-------------|-------------|-------------|------------|------------|------------|------------|----------------------------|
| Country | Zimbabwe | | | | South Africa | | | Zambia | | Malawi | | | | |
| Border control post | Chirundu | Chirundu | Beitbridge | Beitbridge | Musina | Musina | Musina | Mwami | Chirundu | Chirundu | Mchinji | Mchinji | Mchinji | 6 |
| No. of interviewees | 11 | 9 | 9 | 11 | 1 | 15 | 6 | 20 | 11 | 26 | 1 | 1 | 28 | 149 |

Source: Field data from the current study.

The results discussed in this report are based on the feedback received and observations made during the field visits. Understandably, in situations or emergencies like COVID-19, changes are dynamic, and some might have occurred soon after the assessment. Such changes are not covered in this report.

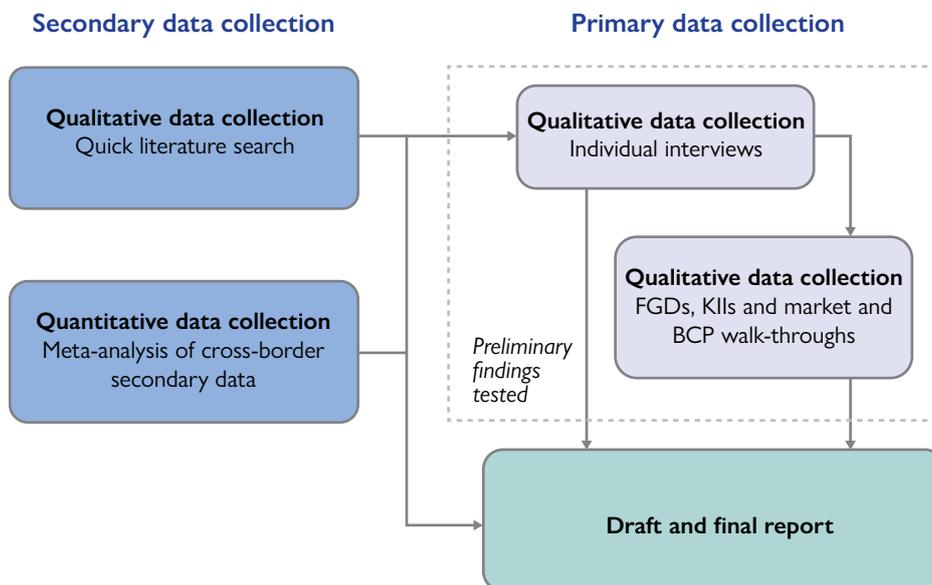
2.1. Assessment methodology

2.1.1. Design

The undertaking was a formative assessment employing synergistic qualitative and quantitative research methods. Prior to primary data collection, a rapid literature or desk review of available recent publications and reports on informal cross-border trade was conducted. This entailed singling out significant and imperative issues that warranted further interrogation through the analysis of relevant primary data. The reviewed secondary data enabled a thorough understanding of the assignment, that is, a situation and needs assessment, and formed part of the introductory analysis conducted prior to initiating the actual, detailed assessment.

Most importantly, the review of secondary data helped in designing primary data collection, which included individual interviews with randomly selected ICBTs, and, for qualitative data, key informant interviews (KIIs), focus group discussions (FGDs) and border market and BCP walk-throughs (Figure 2). The objective of primary data collection was to investigate further into the preliminary findings of the literature review.

Figure 2. Data collection process



2.1.2. Individual interviews

A total of 149 ICBTs were interviewed across the studied BCPs, the majority (71%) of whom were female. This trend is consistent with previously established patterns that women made up approximately 70 per cent of informal traders. This also means that the gathered data will be sufficient to establish a gender-mainstreamed baseline. Table 2 shows the number of interviewed ICBTs, disaggregated by sex.

2. METHODOLOGY, ASSUMPTIONS AND LIMITATIONS

Table 2. Sex distribution of respondent ICBTs

| Interview site | Female | | Male | | Row total |
|------------------------|------------|-----------|-----------|-----------|------------|
| | <i>n</i> | % | <i>n</i> | % | <i>n</i> |
| Beitbridge–Musina BCPs | 22 | 52.4 | 20 | 47.6 | 42 |
| Chirundu OSBP | 21 | 67.7 | 10 | 32.3 | 31 |
| Mwami–Mchinji BCPs | 63 | 82.9 | 13 | 17.1 | 76 |
| Column total | 106 | 71 | 43 | 29 | 149 |

Source: Field data from the current study.

Data was captured using computer-aided personal interviewing gadgets installed with KoBoCollect data forms. The main purpose of these interviews was to collect information on the lived experiences of ICBTs at each targeted BCP.

2.1.3. Key informant interviews

In addition to the 149 ICBT interviews, a total of 52 KIs were held with representatives of a wide range of targeted stakeholder agencies in the national government (i.e. ministries), as well as the BCPs (see [Annex 2](#) for details). These individuals were identified during the stakeholder mapping exercise undertaken earlier in each country.

Table 3. Number of key informants interviewed

| Country | Frequency |
|--------------|-----------|
| Malawi | 20 |
| Zambia | 16 |
| Zimbabwe | 16 |
| Total | 52 |

Source: Field data from the current study.

Note: The planned key informant interviews with government bodies and other stakeholder organizations in South Africa did not push through due to time constraints on their end.

Notably, targeted KIs with officers at the Musina BCP (not in Table 3) identified during the stakeholder mapping exercise could not materialize, as they had competing and urgent work schedules prompted by the commotion and activities associated with COVID-19 restrictions during the festive period (i.e. Christmas season) in which the study was conducted. The 52 key informants from the other BCPs (Mwami, Mchinji and Chirundu) and government ministries were purposively selected. The KI questionnaires were explicitly designed for each target group from the government ministries. These were designed to find out how ICBTs had been incorporated (or not) into the existing COVID-19 response plans, national economic recovery plans and strategic guidance at the national level. Likewise, at the BCPs, key informants were engaged to understand the border restrictions in place at the time of the assessment. Recommendations for improving the trading environment for ICBTs amid the pandemic were also sought in the process.

2.1.4. Border control post and market walk-throughs

Key observations were separately made at the BCPs and selected border markets. A total of eight randomly selected markets in the targeted border towns were assessed using the Border Market Walk-through Observation Tool. A total of five walk-throughs were conducted at the Beitbridge BCP, the Chirundu OSBP (both Zimbabwean and Zambian sides), the Mwami BCP and the Mchinji BCP. While the scheduled Musina BCP walk-through by the joint South Africa and Zimbabwe teams could not materialize on account of the prevailing COVID-19 restrictions and the congestion during the Christmas holiday season at this BCP, one market walk-through was, however, conducted in Musina Town. BCP and market walk-through guides were developed and used during the observation of all the BCPs and border markets. These checklists had semi-structured questions and were pre-loaded on KoBoCollect, an online data collection tool (see [Annex 4](#) for the data collection tools).

2.2. Assessment assumptions

The researchers randomly interviewed those whom they could find and who agreed to be interviewed at the time of the assessment under the following assumptions:

- (a) The assessment was conducted during the COVID-19 pandemic, when the 4-Nation countries had instituted various restrictive measures to contain the spread of COVID-19. Under these circumstances, the volume, nature and scale of informal cross-border trade at the time of the field visits were assumed to be informative enough to the study.
- (b) The sample inclusion criteria were appropriate and, therefore, assured that the participants had all experienced or were experiencing the same or similar phenomena considered in the study.
- (c) The interviewees answered the interview questions honestly, candidly and without fear or favour. They were assumed to have a sincere interest in participating in the research.
- (d) The presence of the National Steering Committee of the project and IOM personnel on the ground was assumed to be instrumental in getting the participation and cooperation of all stakeholders who were targeted for the assessment.
- (e) Every response given by each respondent or participant was considered informative and credible enough.
- (f) Unless categorically stated otherwise, the assessment findings and gap analysis presented in this report are applicable to the period 1 December 2021 to mid-January 2021.

2.3. Limitations of the assessment

The assessment was conducted amid the COVID-19 pandemic when movement of people across borders was subject to stringent restrictions. It was therefore not possible to carry out a strict probability sample survey due to limited accessibility, mobility, time and other resource-related factors. At the time of the assessment:

- (a) ICBT activities through the official control points were generally low, given the new COVID-19 measures that were in place. These included the mandatory presentation of a valid negative COVID-19 test certificate by each traveller. The cost of getting tested ranged from USD 65 to 75 per individual, which turned to be too high and unaffordable for most ICBTs. This may have pushed potential interviewees to use illegal border crossing points. Interviewing ICBTs who were using illegal entry points was beyond the scope of the project.
- (b) The researchers could not interview as many ICBTs as they wanted due to time and COVID-19-related limitations. A random sampling method of ICBTs crossing the BCPs was employed. This was meant to get the minimum number of respondents expected.
- (c) KIs with border officers (and representatives of other stakeholder institutions) at the Musina BCP identified during the stakeholder mapping exercise at project inception could not materialize, as they had competing and urgent work schedules prompted by the commotion and activities associated with COVID-19 restrictions during the year-end festive period when the study was conducted.
- (d) The implementation of fresh total lockdown measures by the governments of the four countries in response to the second wave of the pandemic in early January 2021 coincided with the planned schedules for face-to-face interviews with key informants representing stakeholder agencies in the national government (i.e. ministries). Due to COVID-19-induced constraints on individuals' mobility, email questionnaires were administered in certain instances. The overall response rate was low primarily because of limited time frames. Where applicable and possible, secondary data from the literature review was considered to close gaps in the survey data that may have resulted.

3. The border control posts

3.1. Description

3.1.1. Beitbridge and Musina

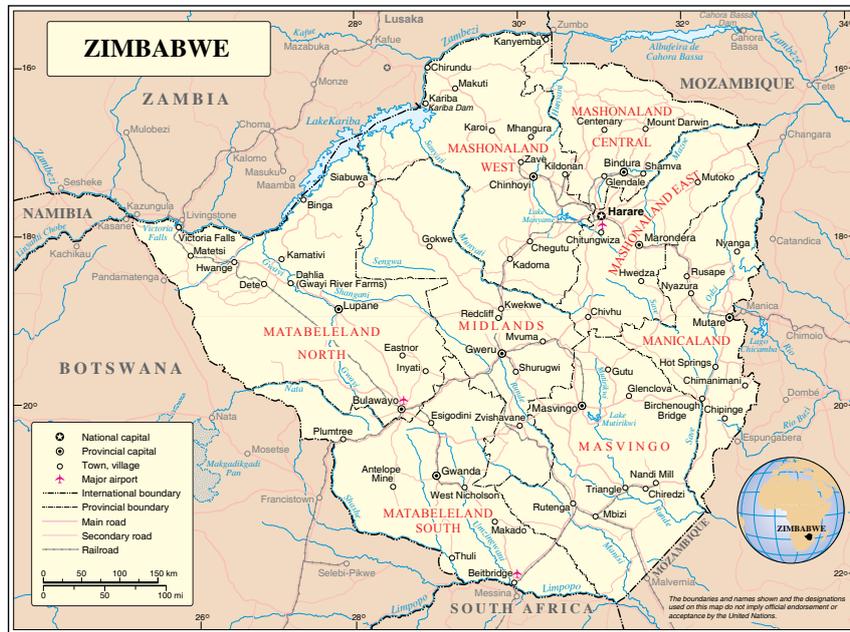
Beitbridge and Musina are the names of border towns in Zimbabwe and South Africa, respectively. The Limpopo River serves as a natural demarcation between these two neighbouring countries. The Beitbridge BCP, in Zimbabwe's Matabeleland South Province in the south, is the country's gateway to South Africa. Conversely, the Beitbridge Musina (referred to as "Musina BCP" in this report for disambiguation), in the northern part of Limpopo Province, is the entryway into Zimbabwe from South Africa. The Beitbridge–Musina BCPs are approximately 581 km from Zimbabwe's capital, Harare, to the north, and approximately 544 km from South Africa's industrial capital city of Johannesburg to the south. The two adjacent BCPs are directly connected by a railway line and a river bridge named New Beit Bridge. Zimbabwean border officers revealed that New Beit Bridge was constructed by Zimbabwe in 1995, officially opening on 24 November of that year, to completely replace old Alfred Beit Road Bridge, which they said was constructed in 1929. They estimated the length of New Beit Bridge to be approximately 2 km. Along with the Chirundu OSBP to the north, the Beitbridge–Musina BCPs are part of the North–South Corridor of SADC. Furthermore, the Beitbridge–Musina BCPs are situated at the intersection of South Africa's N1 Highway and Zimbabwe's A6 Highway (Moyo and Nshimbi, 2019), which are joined by New Beit Bridge Road and the railway line.

3.1.2. Chirundu

The name Chirundu is shared by adjacent border towns and BCPs in Zambia and Zimbabwe. The Zambian and Zimbabwean sides are separated by the Zambezi River, a natural physical barrier between the two neighbouring nations. According to the border officers interviewed, the Chirundu OSBP came to be in 2009 after the neighbouring and initially two-way BCPs were transformed into a one-stop border post and became known as the Chirundu OSBP. The border post on the Zimbabwean side is located in the northern part of Mashonaland West Province. In 2012, the border post on the Zambian side was removed from the jurisdiction of Siavonga District, Southern Province to become part of Lusaka Province's Chirundu District; it remains the only district of this province south of the Kafue River (Phiri, 2015). In 2002, the new and up-to-date, 400-metre-long, concrete-box-girder Chirundu Bridge was constructed, directly interconnecting the two border towns – 90 metres upstream of the old, steel-suspension Otto Beit Bridge, built in 1939 (ZimFieldGuide, 2021). The Chirundu OSBP is approximately 348 km from Harare, to its south, and 115 km from the Zambian capital, Lusaka, to the north.

3. THE BORDER CONTROL POSTS

Figure 3. Beitbridge–Chirundu Road corridor



Source: Map based on “Zimbabwe” (map), United Nations Geospatial Information Section (2017), elaborated by the authors. Available at www.un.org/geospatial/content/zimbabwe.

Note: This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.

The Chirundu OSBP and the Beitbridge–Musina BCPs are linked by the Chirundu–Beitbridge Road Corridor, the Zimbabwean road connection between Zambia to the north and South Africa to the south. The Chirundu–Beitbridge Road Corridor is a major part of both the Regional Trunk Road Network (RTRN) and the Trans-African Highway Network (Figure 3). Additionally, it forms an important part of the SADC North–South Corridor and the Cape-to-Cairo Road (Mutume, 2002).

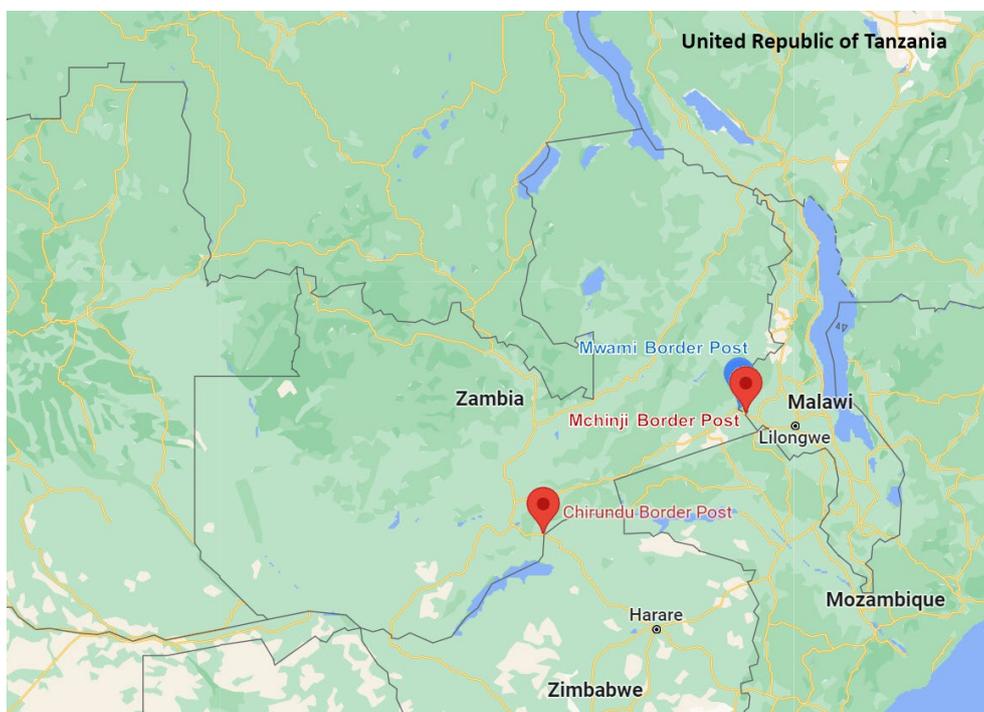
3.1.3. Mwami and Mchinji

The Mwami BCP is the gateway from Zambia into Malawi and is situated in the town of Chama, Eastern Province. A small border post with a few physical barriers installed along its stretch, the BCP is located at the start of the Nacala Logistics Corridor,⁶ which connects the Zambian town of Chipata with the Port of Nacala in northern Mozambique (Chipata is approximately 30 km from the Mwami BCP). Conversely, the Mchinji BCP is Malawi’s gateway to Zambia. This small border post lies across the Mwami BCP and is located 12 km from the Mchinji District Headquarters in the western part of Malawi and approximately 120 km from the Malawian capital, Lilongwe. Mchinji border post (or border control post (BCP)) is the gateway to the nearest of the three other countries in this study, Zambia. The other border posts in Malawi are Songwe (to Dar es Salaam) and Mwanza and Dedza (both to Zimbabwe and South Africa). Figure 4 shows the geographic locations of the Chirundu OSBP and the Mwami–Mchinji BCPs.

⁶ Nacala Logistics Corridor is a logistical mega-enterprise for linking areas in South-Eastern Africa and which comprises the creation and management of railways, highways, ports and airports. It directly serves Mozambique and Malawi, and Zambia and Zimbabwe indirectly.

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Figure 4. Map of the locations of the Mchinji Border Control Post, Mwami Border Control Post and Chirundu One-Stop Border Post



Source: Map data © 2021 Google, elaborated by authors. Available at maps.google.com.

Note: This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.

3.2. ICBT demographics and main economic activities

At the time of the assessment, the youngest WICBTs interviewed at the Beitbridge–Musina BCPs, the Chirundu OSBP and the Mwami–Mchinji BCPs were 24, 26 and 25 years old, respectively (Table 4). Going by the same order of BCPs, the oldest were 50, 60 and 62 years old, and the mean ages of the WICBTs were 40, 44 and 40 years. On the other hand, the age of male ICBTs interviewed at the Beitbridge–Musina BCPs ranged from 23–58 years, the average being 38. Similarly, male ICBTs interviewed at the Chirundu OSBP had ages ranging from 29–51, with an average of 41. Finally, with an average age of 40 years, male ICBTs at the Mwami–Mchinji BCPs had ages ranging from 25–62 years. These ICBT demographics across the targeted BCPs, individuals at least 23 and at most 62 years old were involved in cross-border trade at the time of the field visits.

3. THE BORDER CONTROL POSTS

Table 4. Age characteristics of the ICBTs interviewed

| Interview site | Sex | Mean | Minimum | Maximum | Range |
|------------------------|--------------|-----------|-----------|-----------|-----------|
| Beitbridge–Musina BCPs | Female | 40 | 24 | 50 | 26 |
| | Male | 38 | 23 | 58 | 35 |
| | Total | 39 | 23 | 58 | 35 |
| Chirundu OSBP | Female | 44 | 26 | 60 | 34 |
| | Male | 41 | 29 | 51 | 22 |
| | Total | 43 | 26 | 60 | 34 |
| Mwami–Mchinji BCPs | Female | 40 | 25 | 62 | 37 |
| | Male | 40 | 25 | 62 | 37 |
| | Total | 40 | 25 | 62 | 37 |
| All BCPs | Female | 41 | 24 | 62 | 38 |
| | Male | 39 | 23 | 62 | 39 |
| | Total | 40 | 23 | 62 | 39 |

Source: Field data from the current study.

Further feedback from the field visits revealed that short-term migrants, including ICBTs of all ages who frequently crossed the Beitbridge–Musina BCPs, did so for various reasons throughout the year. The reasons related to informal cross-border trade, shopping, employment-searching, asylum-seeking and tourism. The Beitbridge–Musina border economy can be broadly divided into four segments: (a) largely informal cross-border trade; (b) a formal retail network that serves border-crossers, including traders; (c) a logistics industry largely involved in the movement of freight through clearing agencies; and, theoretically, (d) manufacturing, which has potential for further development through the Musina–Makhado Special Economic Zone (Ngarachu et al., 2019).

The literature review showed that 12 months after Chirundu became a one-stop border post in December 2009, border crossing times were reduced by an average of 50 per cent (from three days to same-day clearance) for freight transport and 83 per cent (from 3 hours to 30 minutes) for passenger transport (Infrastructure Consortium for Africa (ICA), 2012). During the assessment, field findings from both Zimbabwean and Zambian sides of the Chirundu OSBP indicated that, before the COVID-19 pandemic, border economic activities were carried out predominantly by SSCBTs or ICBTs, who were mainly youths and women of all ages. Further findings from the Zambian side revealed that the majority of these ICBTs originated from Chirundu border communities and Lusaka.

On the Zambian side of the Chirundu OSBP, it was found that the main economic activity was tourism, both local and international, anchored on Zambezi National Park. Along the main road leading to the OSBP, several private investors, including Zambians, own “truck stops” or “truck inns”, which are secure, overnight parking areas for rent by commercial trucks. Trucks can be parked in these yards pending the processing of export and/or import documentation at the BCP of the goods they carry. Additionally, the Chirundu main market (which is closest to the border) has many established stalls and shops that sell a variety of goods, including food, water and clothes. A mall, within walking distance from the BCP, also exists.

The Mwami–Mchinji BCPs are a transit point for migrants and cross-border traders, including ICBTs. Interviews with border officers and traders at the BCPs revealed that the lack of significant natural barriers between the two countries and the border being very long render it porous and susceptible to irregular crossing. This had led to frequent and high rates of use of informal routes by ICBTs operating between Zambia and Malawi. On the Zambian side, there are numerous markets in Chipata where traders using the Mwami BCP reside and operate stands or shops to sell their goods. The Mchinji border area is a small economic zone with micro-scale vendors selling food, such as fruits, and drinks. There are no established shops, foreign exchange agents or dealers, or banks in the vicinity. The researchers attribute this lack of vital commercial service facilities to the generally low-income status of the people living in the area, which include, in particular ICBTs who frequently use the Mwami–Mchinji BCPs. Notably, the BCPs are currently being integrated into an OSBP, with considerable progress towards completion.

Based on information gathered from interviewees, it is concluded that the Beitbridge–Musina BCPs, the Chirundu OSBP and the Mwami–Mchinji BCPs are important components of regional value chains through which commercial, small to medium, and individual or informal cross-border trade pass. Long queues of commercial trucks stretching to at least 10 km have been characteristic of the Beitbridge–Musina BCPs and the Chirundu OSBP since mid-December 2020, caused by delays related to the requirement for travellers to present a negative COVID-19 test certificate (using a polymerase chain reaction (PCR) test), among other COVID-19 compliance measures.

3.3. Trade and migration through the borders

3.3.1. ICBTs at the borders

In the context of the assessment, cross-border trade refers to the exportation or importation – that is, transit – of goods and services through designated BCPs by ICBTs. At all BCPs assessed, it was noted that customs-related entities play a lead agent role in cross-border trade facilitation and clearance of all goods and services imported, exported or moved (Table 5).

3. THE BORDER CONTROL POSTS

Table 5. Customs lead agents and customs automated systems per country

| Country | Customs lead agent | Customs automated system |
|--------------|--------------------------------------|--|
| Malawi | Malawi Revenue Authority (MRA) | ASYCUDA |
| South Africa | South Africa Revenue Services (SARS) | Interfront Customs and Border Management Solution (iCBS) |
| Zambia | Zambia Revenue Authority (ZRA) | ASYCUDA |
| Zimbabwe | Zimbabwe Revenue Authority (ZIMRA) | ASYCUDA |

Source: Field data from the current study.

Findings revealed that the Zimbabwe Revenue Authority (ZIMRA), Zambia Revenue Authority (ZRA), and Malawi Revenue Authority (MRA) use the same automated border management information system (ABMIS), namely, Automated System for Customs Data World (ASYCUDA World), for the clearance of individual and commercial consignments (including those being moved by ICBTs). Despite this commonality, the ABMIS of the three countries are not interfaced or interconnected. This was also the finding even at Chirundu, where ZIMRA and ZRA operate from the same location under the OSBP concept.

Cursory analysis of the existing set-up suggests that there is disjointed flow in the automated system-based clearance of goods from the BCP on one side of the border to the other, causing delays especially during the pandemic. In addition, physical contact during the process has not been eliminated, leading to increased risk of exposure to COVID-19. As the four countries belong to the same regional economic community (REC), SADC, with Malawi, Zambia and Zimbabwe also being COMESA member States, these findings indicate a lack of harmonized procedures on trade facilitation among these countries. System-based delays are non-tariff barriers that affect all forms of cross-border trade, ultimately increasing trade costs to ICBTs, while the repeated submission of the same clearance documents at each BCP (i.e. one on each side of the border) increases their risk of exposure to COVID-19. Admittedly, while some of these border delays and challenges are best addressed permanently through stronger regional integration (including economic integration), implementation of interim COVID-19 measures to reduce these delays, eliminate duplication of processes and mitigate associated dangers needed to be prioritized, even under some form of loose arrangements at the BCP levels. The fact that the COVID-19 pandemic knows no borders or boundaries means that novelty of COVID-19 response approaches would be crucial.

ICBTs at the Mchinji Border Control Post

Cross-border trade through this BCP is predominantly small-scale and often dominated by women. These traders are engaged in the exchange of only small quantities of goods of modest value due to a variety of constraints, including limited financing, low business capacity, and inefficient marketing and distribution channels.

While some of these traders are registered with CBTAs, there are many others who operate without membership in any of these association or without being registered as formal business owners. Additionally, although the border was closed at the time of the study, a few traders could still be glimpsed loitering around, waiting for goods carried across by the trucks. By observation, most of these traders were women and most of the products being offloaded from the trucks were cosmetics and confectionery.

ICBTs at the Mwami Border Control Post and Chirundu One-Stop Border Post in Zambia

Stakeholder surveys revealed that before the pandemic, most ICBTs used BCPs to clear their goods, with only a few smuggling sugar and second-hand clothing through illegal border crossing points. Border customs officers stated that sugar was a controlled product in Zambia, and that all sugar imported into Zambia must comply with the country's fortification regulations. Sugar from Zimbabwe is reportedly being smuggled into Zambia by traders to avoid this requirement. The importation of second-hand clothing into Zimbabwe has very high duty rates and requires a permit, which is reportedly very difficult to obtain.

Survey analysis shows that used clothing sells very fast, as they are far cheaper than new clothes from local shops. As with the Beitbridge–Musina and Mwami–Mchinji BCPs, interviewed ICBTs who used the Chirundu OSBP revealed that during national lockdown periods, cross border trade by ICBTs had remained vibrant in the form of smuggling via undesignated entry points. This has been the case under the prevailing circumstances as, according to the ICBTs, they had no other viable means of livelihood to turn to. However, they further revealed that the use of these illegal points had some challenges, including harassment by border officers, the risk of drowning and being attacked by crocodiles in the Zambezi River, and of super-spreading the COVID-19 virus. The survey also revealed that due to the pandemic, the Department of Immigration of Malawi had stopped operating their mobile border system at the Mwami BCP, which was used to facilitate travel to and from pop-up markets along the borders. The use of illegal routes poses similar challenges to ICBTs, as reported at the Chirundu OSBP.

ICBTs at the Beitbridge BCP and Chirundu One-Stop Border Post in Zimbabwe

Feedback from ZIMRA officers based at the Chirundu OSBP revealed that some ICBTs who frequently use the Chirundu OSBP hide or try to smuggle goods which, when properly declared, would not require duty or import or export permits or licences. This was the case with most of those who were caught using illegal routes even prior to COVID-19. All interviewed ICBTs who used the Chirundu OSBP and the Beitbridge BCP said they had been adversely affected by stringent national COVID-19 response measures adopted and implemented by their respective governments soon after the outbreak. These included a total ban on cross-border movements, particularly ICBTs and their goods. Following the phasedown of these

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measures starting 1 December 2020, the ICBTs could still not trade freely, as they were unable to meet all of the new requirements, including a negative COVID-19 test result. The guidelines for entry were as follows:

- (a) A traveller who has a negative COVID-19 test certificate issued not earlier than the previous 48 hours shall, but presents with symptoms of COVID-19, shall be refused entry into Zimbabwe.
- (b) A traveller with no COVID-19 test certificate, even if he or she does not present with symptoms of COVID-19, shall be refused entry into Zimbabwe.

(Government of Zimbabwe, 2020a).

Furthermore, port health officers explained that they only considered and accepted PCR test certificates. All interviewed ICBTs and key informants reported that the mandatory test cost USD 65 per individual. All interviewed ICBTs indicated that this amount was far beyond their means. Furthermore, buses were still banned from crossing borders. On 2 January 2021, the Government of Zimbabwe reintroduced total BCP lockdowns. Reacting to the latest increase in cases of COVID-19 infection post-festive season, the Government completely banned informal cross-border trade for 30 days, with effect from 5 January 2021.

Despite the national ban on informal cross-border trade during the total lockdown period, ZIMRA introduced specific action plans and guidelines meant to facilitate and ensure that ICBTs continued to safely export and import their goods amid the pandemic. In relation to this, ZIMRA issued a press release on 25 March 2020 on measures that it was taking to curb the spread of COVID-19 (Mazani, 2020). Through the presser, ZIMRA assured the nation that its top priority during the pandemic was safeguarding its employees and clients, while at the same time discharging its obligations accordingly. It outlined some of the measures it was implementing to mitigate the likely impact and risks of the pandemic on the agency's operations and, more importantly, on human life. The measures-cum-assurances included the following:

- (a) All ZIMRA stations and offices would be maintaining critical skeletal staff only.
- (b) Staff would be provided with appropriate personal protective equipment (PPEs) and sanitizers.
- (c) Staff had received awareness communication and operational guidelines.
- (d) Staff would be working from home whenever it was practical.
- (e) Staff would interact with clients and agents via electronic means.
- (f) In case of suspected or confirmed exposure among staff, the staff members in question would be immediately quarantined and health officers would be alerted.

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- (g) Stamping officers would be wearing appropriate protective clothing during the processing of documents.

As a further mitigating measure against the spread of COVID-19, ZIMRA encouraged its clients to utilize available ZIMRA e-service facilities on www.efiling.zimra.co.zw and www.zimra.co.zw to avoid risks associated with travel and the handling of documents. All face-to-face meetings with clients were suspended, and the use of electronic means of communication instead was encouraged.

In another ZIMRA press statement, issued on 1 December 2020, the government body announced that it was applying the following measures in instances of expected or suspected exposure to COVID-19 at BCPs:

- (a) Testing contacts of all suspected COVID-19 cases;
- (b) Immediate closure and subsequent disinfection of offices and inland and border stations suspected to be at risk;
- (c) Re-opening of disinfected offices with the assistance and guidance from relevant local medical authorities;
- (d) Maintaining critical skeletal staff at ZIMRA stations and offices, where practical;
- (e) Providing staff with appropriate PPEs and sanitizers;
- (f) Offering services to clients/agents via electronic means as much as possible;
- (g) Requiring travellers importing dutiable goods to pre-clear and pre-pay before arriving at a BCP to cut down time spent there, thus helping reduce crowding.

(ZIMRA, 2020)

ZIMRA encouraged everyone to put their health and safety first at all times and remember that responsible individual behaviour would help safeguard all. The authority also called on people to prioritize public health at all ports of entry (Muleya, 2020).

Field findings from the Beitbridge Port of Entry revealed that ZIMRA introduced the aggregation or groupage system of clearing goods imported by individual ICBTs pooling their goods to fill a full container or truckload. The container would be ferried to a BCP and, on arrival, all goods in the shipment would be cleared as if they belonged to one person. ZIMRA officers said that through this system, ICBTs could order goods online and import them through the BCPs as a groupage or combine their funds and alternatively send one individual to buy and transport them as one consignment. On arrival at destination, the transporter would offload the goods, with owners clearing them individually or, if they have agreed among themselves, have them cleared by a clearing agent as if they were commercial consignments belonging to one owner.

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3.3.2. Migration across borders

IOM defines “migrant” as:

Any person who is moving or has moved across an international border or within a State away from his/her habitual place of residence, regardless of (1) the person's legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of the stay is. (IOM, 2019:132).

In the rapid assessment, migration included the movement of people or travellers, including ICBTs, from one country to the other through the BCPs for purposes that included the importation or exportation of goods and services.

Soon after the outbreak of COVID-19, the four countries separately responded by putting in place public health strategies, including a total ban on informal cross-border trade, and publicly announcing them. This meant that ICBTs could no longer move through BCPs, whether as as travellers, importers or exporters.

At the Chirundu OSBP and the Beitbridge BCP, the first port of call for all travellers was noted to be the Port Health Officer's COVID-19 Compliance Desk. Once successfully through with mandatory health checks, they would proceed to the Department of Immigration counters. At the Beitbridge BCP, motorists would proceed to the Zimbabwe National Road Administration (ZINARA) counters for bridge toll fee payment. After this, like everyone else, they would have to report at the Department of Immigration counters for passport formalities. At the time of the Chirundu OSBP field visits, the Government of Zimbabwe had already lifted the total ban on the movement of people across borders. Under a phasedown of restrictions, although informal cross-border mobility and trade had been allowed, it was to be done under stringent conditions. These included the requirement of a negative COVID-19 test certificate, obligatory wearing of face masks and body temperature checks, among others. By the time of the phasedown, eight months had already elapsed since March 2020. Prior to the roll-back of restrictions, ICBTs had been under a total ban on cross-border movement and trade. In anticipation of a surge in outflow of ICBTs starting 1 December 2020, preparatory measures espoused by the Immigration Department at the Zimbabwean side of the Chirundu OSBP included inviting a reinforcement team of six officers from their headquarters. The Chirundu OSBP operating hours were extended to 24 hours a day to match those at the Beitbridge BCP, with additional computers secured for use at both BCPs.

Among the conditions under the new relaxed measures was the presentation of a negative COVID-19 test certificate issued within 48 hours prior to a traveller's arrival at the border. Survey feedback from officers from both BCPs revealed that this requirement pushed numerous ICBTs to using illegal routes, citing the unaffordability of the USD 65 payment for the mandatory PCR test. This turned out to be the reason why the observed numbers of ICBTs officially crossing through both BCPs were lower than ordinarily expected during the festive season and more so two weeks after the reopening of the borders to ICBTs. The survey results also

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show some prevalent challenges encountered by border agency personnel as they attempted to balance the continuity of informal cross-border trade facilitation and curtailing the spread of COVID-19, as outlined below:

- (a) According to port health officers, local hospitals had no capacity to carry out the required PCR testing, while supplies of appropriate PPEs for use by border officers were inadequate, reportedly due to budget constraints.
- (b) There was only one COVID-19 scanner booth at the Chirundu OSBP – hence, it was used for both entry and exit travellers. The Beitbridge BCP had two – one each on the exit and entry sides. Notably, the one on the exit side (i.e. south-bound) was located at the very end, after travellers had already gone through the Department of Immigration, ZINARA and ZIMRA counters. The analysis showed that this should have been placed at the entrance, which led to the counters, and not at the exit door. Border personnel respondents at both BCPs suggested that the Government needed to provide additional scanner booths. The provision of other infection prevention and control (IPC) equipment that were commonly in insufficient supply (e.g. handheld temperature guns, hand wash and sanitizer dispensers and foot baths, among others) due to budget constraints needs to be prioritized. These could be readily used or resorted to during the frequent periods of electricity outages or associated downtimes.

It was noted that informal cross-border trade was already taking place during the field visits to the Beitbridge–Musina BCPs and the Chirundu OSBP. Despite border markets being fully stocked with imported goods in these border towns, customs officers indicated that, generally, the volume of goods officially passing through the BCPs was exceptionally lower than what can be obtained or are available in the border markets, as well as in comparison to similar periods prior to the COVID-19 outbreak. They ascribed this unfolding development to the flourishing smuggling business across illegal and undesignated crossing points. The high costs charged for the compulsory COVID-19 testing on both sides of the border, as well as the sharply varying compliance requirements between BCPs, increased the propensity of ICBTs for avoiding the use of BCPs.

While immigration officers generally concurred that migration and human mobility were key facilitating factors for the sustainability of cross-border trade by ICBTs, they all regarded the cost of the COVID-19 PCR test as the specific reason for fewer ICBTs passing through the Beitbridge–Musina BCPs and the Chirundu OSBP. Over and above this new form of non-tariff barrier to cross-border trade, some of the interviewed ICBTs expressed concern about their passports fast running out of pages due to the big Zimbabwean and Zambian immigration stamps. A close inspection of the passport of one of the interviewed ICBTs shows that it had ostensibly large immigration stamps from both countries, impressed shortly before the COVID-19 outbreak (Figure 5). Given the high frequency that the respondent ICBT crossed the BCPs, his passport would rapidly run out of pages. The expense and length of

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time it would take to get a replacement passport, as well as the discontinued use of the border pass facility, were some reasons that ICBTs gave for avoiding the use of BCPs. These have been compounded by the new requirement to undergo a costly COVID-19 test, increasing the tendency to use illegal border crossing points.

Figure 5. Immigration stamps on the passport of an ICBT



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Officers at the Chirundu OSBP confirmed that the border pass facility had long been withdrawn owing to an increase in the number of ineligible people abusing it. To date, border passes could only be issued to residents under exceptional circumstances, such as the death of a close relative or a grave health condition. At the Beitbridge BCP, the use of “long stamps” valid for a determined period has allowed travellers to move across as many times as they want during the validity period instead of getting their passports stamped each time they travel.

The Zambia Department of Immigration issued cross-border permits (CBPs) to ICBTs at the Chirundu OSBP valid for three months. Survey feedback revealed that CBPs were meant to facilitate buying and selling of products at the COMESA Market in Lusaka. Analysis, however, showed that the requirements to obtain a CBP were burdensome and costly to most of the ICBTs. In addition to possessing a valid passport, the ICBT must be a fully paid-up member of the Cross Border Traders Association of Zambia (CBTAZ) (for a fee of around USD 116), present a recommendation letter prepared by the CBTA to the Zambia Department of Immigration, to which a CBP application fee equivalent to around USD 70 must be paid.

At the Mwami BCP, the Zambia Department of Immigration employed a border pass system to facilitate ICBT travel. A border pass cost much less than a CBP (ZMW 3, or about USD 0.14), and issuance was limited to Zambian ICBTs residing in border communities. The survey likewise noted compelling challenges related to this system, including administrative constraints such as the absence of proper monitoring capacity, which required verifying names against local community registers against the limited time of validity of the border pass (30 days). In addition, no measures were in place to verify that border pass holders limited their travel within the town of Mchinji in Malawi, a condition of the pass. Similarly, a border pass for the Chirundu OSBP was valid for 30 days and, in addition, could only be used from Mondays to Fridays.

A passport or border pass facilitated the movement of Malawian ICBTs through the Mchinji BCP. A border pass for the Machinji BCP was valid for seven days and the furthest that a border pass holder could travel was never beyond Chipata in Zambia (approximately 37 km from the BCP). Under the facility, Malawian ICBTs were allowed to carry currency limited to MWK 75,000 (approximately USD 92). On the other hand, holders of valid Malawian passports could stay in Zambia visa-free for 30 days and were entitled to carry currency not exceeding MWK 3.5 million (approximately USD 4,300).

Feedback from the Musina BCP points to the fact that Musina has a long history of mobility dating back to pre-colonial times. For generations, movements have been fundamentally characterized by labour migration into its historical mining, agricultural and hospitality industries. These flows have included small, large-scale and commercial trade as well, given that Musina is the busiest land BCP that links South Africa with the rest of Africa to the north. Apart from labour migrants, these movements included ICBTs and cross-border shoppers from Zimbabwe and from further away – Zambia, the Democratic Republic of the Congo, the United Republic of Tanzania and other parts of Africa (Nshimbi, 2020).

3.4. Cross-border traders' associations and other entities supporting ICBTs

3.4.1. Profile of ICBTs using the border control posts

A close look at the proportion of ICBTs interviewed by country of residence and interview site shows that very few (3%) were from South Africa and that they mainly used the Beitbridge–Musina BCPs. The majority of the ICBTs from Zimbabwe used the Beitbridge–Musina BCPs, while those from Malawi used the Mwami–Mchinji BCPs (Table 6).

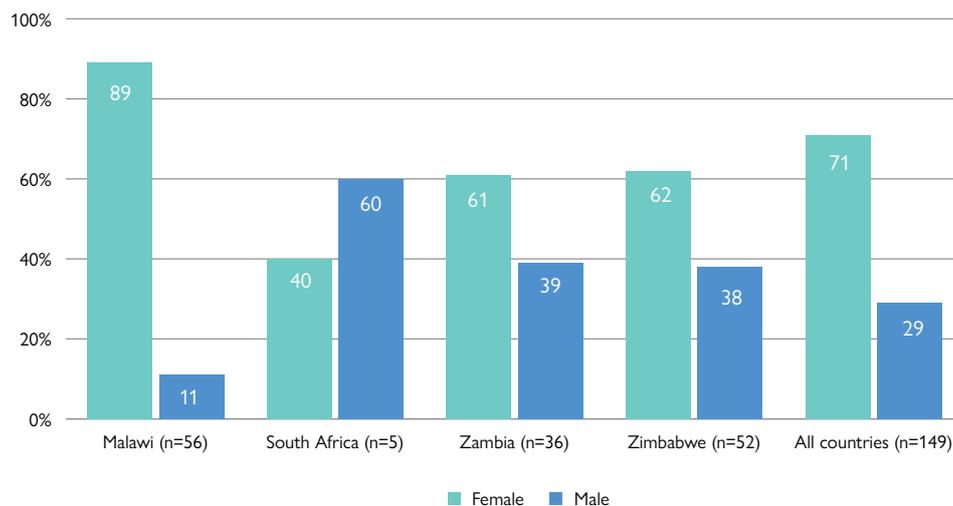
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Table 6. Percentage distribution of respondent ICBTs, by country of residence

| Interview site | % of respondent ICBTs at each BCP who were residents of the country | | | | |
|-------------------------------|---|--------------|-------------|-------------|--------------------|
| | Malawi | South Africa | Zambia | Zimbabwe | % of total (n=149) |
| Beitbridge–Musina BCPs (n=42) | 0.0 | 11.9 | 0.0 | 88.1 | 28.2 |
| Chirundu OSBP (n=31) | 0.0 | 0.0 | 51.6 | 48.4 | 20.8 |
| Mwami–Mchinji BCPs (n=76) | 73.7 | 0.0 | 26.3 | 0.0 | 51.0 |
| All BCPs (n=149) | 37.6 | 3.4 | 24.2 | 34.9 | 100.0 |

Source: Field data from the current study.

More women than men were interviewed at the targeted BCPs (Figure 6). Malawi had the greatest proportion of WICBTs. Only a few ICBTs reported being South African residents, most of whom were male. As a result of relative stability in South Africa, fewer South Africans were involved in cross-border trade. This is most likely the reason why people from countries to the north migrate down to South Africa to engage in activities such as exporting wares for sale, as well as using funds raised from the sale of such wares to buy goods and services for import back to their countries.

Figure 6. Percentage distribution of respondent ICBTs, by country of residence and sex

Source: Field data from the current study.

All ICBTs from South Africa (100%, of n=5) indicated that they mostly used the Beitbridge–Musina BCPs, taking their trade goods to Zimbabwe. Those from Zimbabwe reported that they mostly used the Beitbridge–Musina BCPs (67%, of n=52) and the Chirundu OSBP (29%), with the remaining 4 per cent, interviewed at the Beitbridge BCP, reporting that they used the Forbes Border Post in Mutare City,

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Manicaland Province and Nyamapanda Border Post in Kotwa District, Mashonaland East Province. About 73 per cent of those from Malawi ($n=56$), interviewed at the Mwami–Mchinji BCPs, used this BCP, while 27 per cent reported using the Dedza and Songwe BCPs. (Table 7)

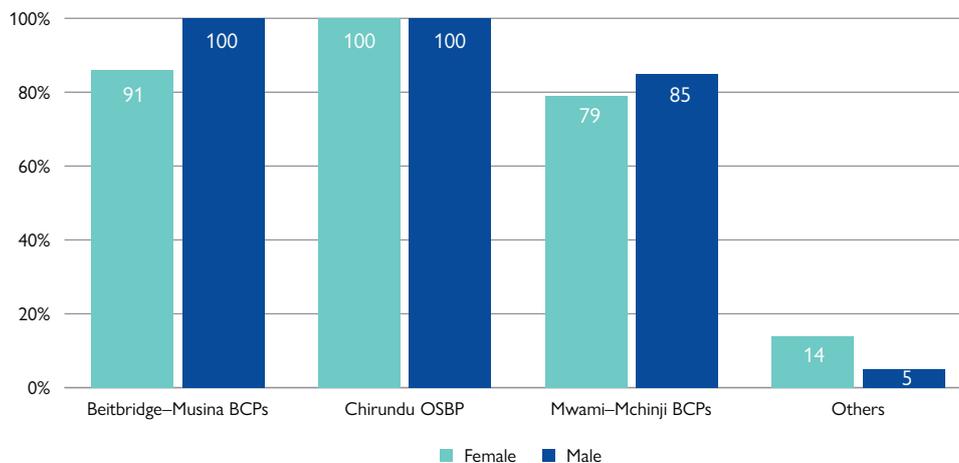
Table 7. Preferred border control posts of respondent ICBTs, by country of residence

| Preferred BCP | % of respondent ICBTs from each country that preferred the BCP | | | | |
|------------------------|--|---------------------------|----------------------|------------------------|------------------------------|
| | Malawi ($n=56$) | South Africa ($n=5$) | Zambia ($n=36$) | Zimbabwe ($n=52$) | All countries ($n=149$) |
| Beitbridge–Musina BCPs | 0.0 | 100.0 | 0.0 | 67.3 | 26.8 |
| Chirundu OSBP | 0.0 | 0.0 | 44.4 | 28.8 | 20.8 |
| Mwami–Mchinji BCPs | 73.2 | 0.0 | 55.6 | 0.0 | 40.9 |
| Others | 26.8 | 0.0 | 0.0 | 3.8 | 11.4 |

Source: Field data from the current study.

Figure 7 shows that 100 per cent of both male ICBTs and WICBTs interviewed at the Chirundu OSBP indicated that they preferred and mostly used this border post. At the Beitbridge BCP, all interviewed men (100%) and 91 per cent of interviewed women reported that they used this BCP most of the time. The percentages for the Mwami–Mchinji BCPs were smaller: 79 per cent of women and 85 per cent of men.

Figure 7. Percentage distribution of respondent ICBTs, by border control post and sex



Source: Field data from the current study.

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The most common reasons stated for venturing into cross-border trade were survival or subsistence and fending for the family, as reported by 34 per cent and 19 per cent ($n=149$), respectively, of the interviewed ICBTs. Notable in Table 8 is the high proportion (31%, of $n=42$) of ICBTs interviewed at the Beitbridge–Musina BCPs who reported that they ventured into informal cross-border trade because of the lack of employment, with a higher proportion of women (41%, of $n=22$) reporting this reason.

Table 8. Respondent ICBTs' reasons for venturing into informal cross-border trade, by border control post and sex

| Reason | % of respondent ICBTs at each interview site (BCP) that reported the reason | | | | | | | | | | | |
|--|---|------------------|------------------|--------------------|------------------|------------------|--------------------|------------------|------------------|---------------------|------------------|-------------------|
| | Beitbridge–Musina BCPs | | | Chirundu OSBP | | | Mwami–Mchinji BCPs | | | All BCPs | | |
| | Females ($n=22$) | Males ($n=20$) | Total ($n=42$) | Females ($n=21$) | Males ($n=10$) | Total ($n=31$) | Females ($n=63$) | Males ($n=13$) | Total ($n=76$) | Females ($n=106$) | Males ($n=43$) | Total ($n=149$) |
| Subsistence/survival | 32 | 40 | 36 | 14 | 50 | 26 | 38 | 23 | 36 | 32 | 37 | 34 |
| Fend for the family (including extended family members) | 14 | 25 | 19 | 19 | 0 | 13 | 21 | 23 | 21 | 19 | 19 | 19 |
| Lack of employment opportunities/high unemployment levels | 41 | 20 | 31 | 14 | 30 | 19 | 5 | 0 | 4 | 14 | 16 | 15 |
| Start a personal (own) business | 0 | 0 | 0 | 5 | 10 | 6 | 16 | 8 | 14 | 10 | 5 | 9 |
| Passing on of a breadwinner in the family | 14 | 0 | 7 | 24 | 0 | 16 | 3 | 15 | 5 | 9 | 5 | 8 |
| Easiest thing to do soon after leaving school | 0 | 5 | 2 | 0 | 0 | 0 | 3 | 15 | 5 | 2 | 7 | 3 |
| Complement the monthly salary | 0 | 0 | 0 | 10 | 0 | 6 | 3 | 0 | 3 | 4 | 0 | 3 |
| Supply to small and medium enterprises and downtown tuck shops | 0 | 0 | 0 | 5 | 0 | 3 | 0 | 0 | 0 | 1 | 0 | 1 |
| Others | 0 | 10 | 5 | 10 | 10 | 10 | 11 | 15 | 12 | 8 | 12 | 9 |

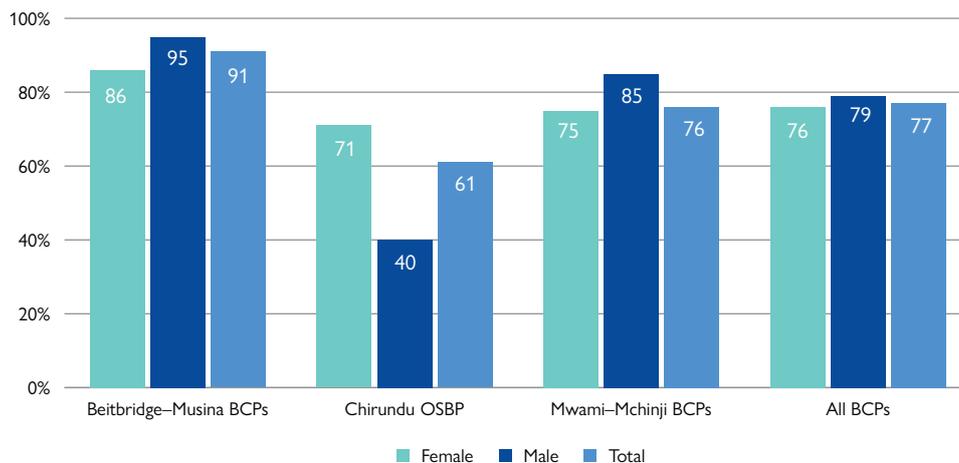
Source: Field data from the current study.

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At the time of the surveys, the majority (77%) of ICBTs interviewed across the targeted BCPs reported being involved in cross-border trade. Further interrogation revealed that ICBTs continued their activities, using illegal border crossing points, despite the COVID-19 travel ban restrictions. Except for respondents at the Chirundu OSBP, a higher proportion of men than women reported being in cross-border trade at the time.

Under ordinary circumstances, free from pandemics and other calamities or emergencies, a higher number of men than women (although proportionally fewer than women involved in cross-border trade under all possible circumstances) is uncharacteristic of informal cross-border trade in Southern Africa, particularly in the four countries. Since this trend emerged under stringent COVID-19-related restrictions at the BCPs during the total lockdown, most WICBTs interviewed said they had been generally risk-averse and avoided using illegal border crossing points just to keep their trade viable. The requirement of a costly COVID-19 test, which would count towards trade costs, meant that ICBTs could not go through official BCPs. Most of the male ICBTs interviewed at the Beitbridge–Musina and Mwami–Mchinji BCPs resorted to smuggling through undesignated entry points (Figure 8), something that WICBTs could not easily do. This scenario or development left WICBTs worse off than their male counterparts. These are some of the reasons why each of the four countries need to adopt and implement gender-specific considerations in their national-COVID-19 management strategies. Almost all WICBTs interviewed in all four countries said they were not aware of any national strategies specifically targeting them that would serve as their economic cushion.

Figure 8. Percentage distribution of respondent ICBTs active in cross-border trade at the time of the assessment, by border control post



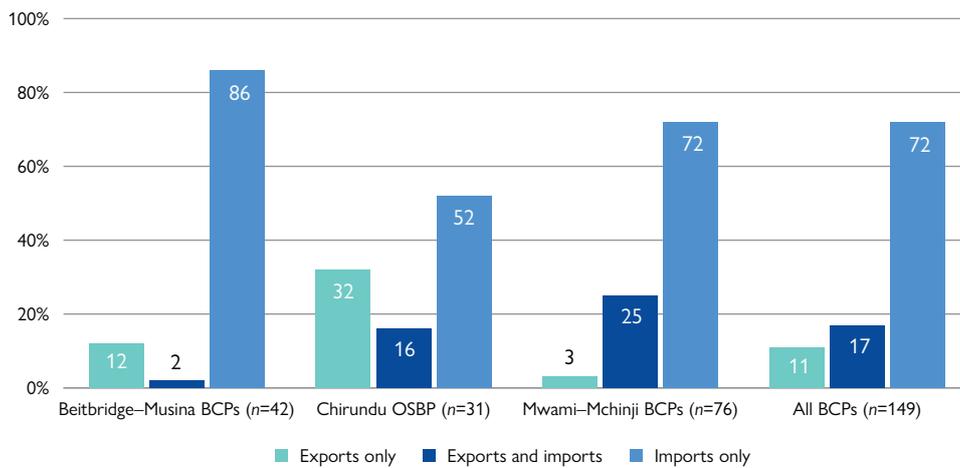
Source: Field data from the current study.

Trade across the studied BCPs was dominated by the importation of goods (Figure 9). Most of the interviewed ICBTs (72%, of $n=149$), across all the BCPs, were involved only in importation. A sizeable proportion (17%) were involved in both exportation and importation, and very few (11%) were involved solely in exportation.

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Exports and imports between Zambia and Malawi (through the Mwami–Mchinji BCPs), as well as between Zimbabwe and Zimbabwe (Chirundu OSBP), were quite significant. Significantly higher proportions of ICBTs across all of the studied BCPs were involved in the importation of goods than in exportation, and, as such, they were mostly importers instead of exporters.

Figure 9. Forms of trade that respondent ICBTs engaged in, by border control post



Source: Field data from the current study.

With this finding, three groups of ICBTs were identified. The first group, comprising the majority of the ICBTs in the four countries, were importers only (72%). This group of ICBTs was involved in the business of importing goods for resale back home and likely benefited from goods aggregation (or groupages) at the BCPs.

Findings showed that 25 per cent of ICBTs at the Mwami–Mchinji BCPs, 16 per cent at the Chirundu OSBP and 2 per cent at the Beitbridge–Musina BCPs were involved in both importation and exportation of goods. They pertain to the second group of ICBTs, and this considerable segment sold exports in destination countries, using the proceeds of their sales to bring back imported goods for their and their families' direct consumption (and not necessarily for resale). This group needed to export to be able to “bring food to the household table”.

The last group of ICBTs (32% of ICBTs at the Chirundu OSBP, 12% at the Beitbridge–Musina BCPs and 3% at the Mwami–Mchinji BCPs) were involved only in exports and may have included those who exported wares for sale, bringing back the proceeds to pay for rent and school fees and cover their health expenses.

The above three-group analysis clearly explains and buttresses the earlier finding that the largest proportion of interviewed ICBTs (both women and men) ventured into cross-border trade for “basic survival” (subsistence) or to seek employment. Employment is critical for the subsistence of vulnerable groups in society. It can be speculated from these findings that when the vulnerable or marginalized travel to seek employment, they are equally doing so because they want to survive (subsistence).

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Given the above analysis, it is clear that a complete border shutdown or prolonged ban on informal cross-border trade is not a permanent solution. Purportedly, the opening of BCPs, followed by the introduction of prohibitive non-tariff barriers, such as the requirement of a costly COVID-19 test, is futile, especially in the absence of targeted national stimulus packages as an economic cushion for ICBTs amid the pandemic.

Of the total sample of ICBTs from all the targeted BCPs, more women (73%, of $n=106$) than men (70%, of $n=43$), proportionally and in actual number, were involved in the importation of goods (Table 9). A similar trend is observed among with those involved in both exports and imports (18% of women and 14% of men). Conversely, proportionally more men (16%) than women (9%) were involved solely in the exportation of goods, although there were women (9% of $n=106$, thus 10) than men (16% of $n=46$, thus 7).

Table 9. Forms of trade that the respondent ICBTs engaged in, by border control post and sex

| Interview site | Sex | % of ICBTs by form of trade | | |
|------------------------|-----------------------------------|-----------------------------|-----------------------------|-------------|
| | | Exportation | Exportation and importation | Importation |
| Beitbridge–Musina BCPs | Female ($n=22$) | 4.5 | 4.5 | 90.9 |
| | Male ($n=20$) | 20.0 | 0.0 | 80.0 |
| | Total ($n=42$) | 11.9 | 2.4 | 85.7 |
| Chirundu OSBP | Female ($n=21$) | 33.3 | 14.3 | 52.4 |
| | Male ($n=10$) | 30.0 | 20.0 | 50.0 |
| | Total ($n=10$) | 32.3 | 16.1 | 51.6 |
| Mwami–Mchinji BCPs | Female ($n=63$) | 3.2 | 23.8 | 73.0 |
| | Male ($n=13$) | 0.0 | 30.8 | 69.2 |
| | Total ($n=76$) | 2.6 | 25.0 | 72.4 |
| All BCPs | Female ($n=106$) | 9.4 | 17.9 | 72.6 |
| | Male ($n=43$) | 16.3 | 14.0 | 69.8 |
| | Total ($n=149$) | 11.4 | 16.8 | 71.8 |

Source: Field data from the current study.

The ICBTs traded in various and low-value goods. At the top of the list was the importation of new clothes and shoes, with 60 per cent of ICBTs interviewed at the Beitbridge–Musina BCPs ($n=42$) engaged in this activity. Quite evident was that building materials were only traded through this BCP. As expected, 4 of the 5 South African residents interviewed at the Beitbridge–Musina BCPs were involved in the exportation of goods, including cosmetics, blankets and linens, household items, and new clothes and shoes (Table 10).

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Table 10. Goods imported and exported by respondent ICBTs through the border control posts

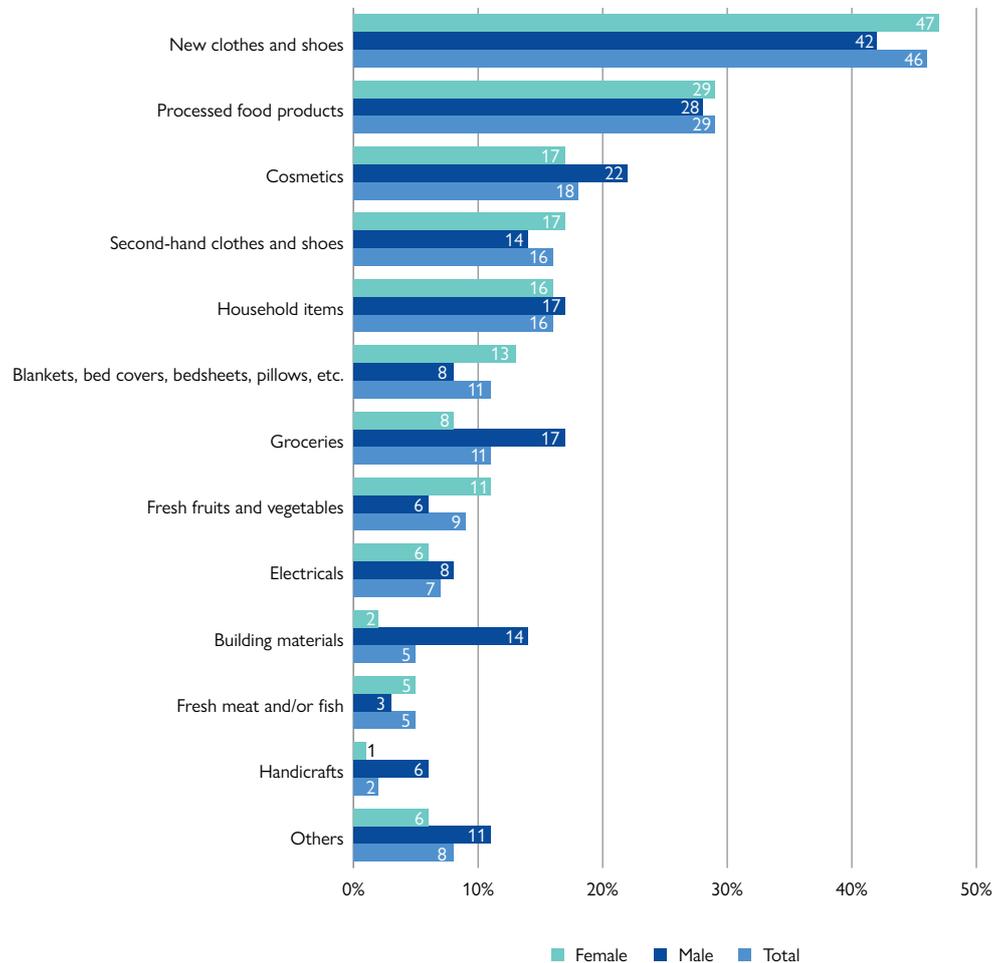
| Category of goods | % of respondent ICBTs at each interview site (BCP) that traded goods within the category | | | | | | | |
|--|--|-------------|----------------------|-------------|---------------------------|-------------|------------------|-------------|
| | Beitbridge–Musina BCPs (n=42) | | Chirundu OSBP (n=31) | | Mwami–Mchinji BCPs (n=76) | | All BCPs (n=149) | |
| | Imports | Exports | Imports | Exports | Imports | Exports | Imports | Exports |
| Blankets, bed covers, bedsheets, pillows, etc. | 21.6 | 11.9 | 23.8 | 0.0 | 2.7 | 0.0 | 11.5 | 3.4 |
| Cosmetics | 10.8 | 9.5 | 0.0 | 0.0 | 4.1 | 0.0 | 5.3 | 2.7 |
| Electricals | 13.5 | 4.8 | 28.6 | 0.0 | 17.8 | 0.0 | 18.3 | 1.3 |
| Fresh fruits and vegetables | 10.8 | 2.4 | 9.5 | 6.5 | 4.1 | 1.3 | 6.9 | 2.7 |
| Fresh meat and fish | 5.4 | 2.4 | 14.3 | 3.2 | 9.6 | 7.9 | 9.2 | 5.4 |
| Groceries | 18.9 | 0.0 | 0.0 | 0.0 | 9.6 | 0.0 | 10.7 | 0.0 |
| Handicrafts | 5.4 | 4.8 | 4.8 | 3.2 | 4.1 | 1.3 | 4.6 | 2.7 |
| Hardware and building materials | 8.1 | 4.8 | 0.0 | 0.0 | 0.0 | 0.0 | 2.3 | 1.3 |
| Household items | 27.0 | 9.5 | 9.5 | 6.5 | 12.3 | 1.3 | 16.0 | 4.7 |
| New clothes, shoes, bags and fabrics | 59.5 | 11.9 | 66.7 | 25.8 | 32.9 | 2.6 | 45.8 | 10.1 |
| Processed food products | 27.0 | 2.4 | 14.3 | 6.5 | 34.2 | 6.6 | 29.0 | 5.4 |
| Second-hand clothes, shoes and bags | 2.7 | 4.8 | 9.5 | 12.9 | 24.7 | 1.3 | 16.0 | 4.7 |
| Others | 8.1 | 0.0 | 0.0 | 3.2 | 9.6 | 21.1 | 7.6 | 11.4 |
| All categories | 88.1 | 14.3 | 67.7 | 48.4 | 97.4 | 27.6 | 88.6 | 28.2 |

Source: Field data from the current study.

Goods mostly imported by men included building materials, electricals and cosmetics – naturally higher-value goods. Women dominated in the importation of low-value goods such as second-hand clothes and shoes, new clothes and shoes, fresh fruits and vegetables, and processed food products (Figure 10).

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Figure 10. Goods imported by respondent ICBTs, by sex

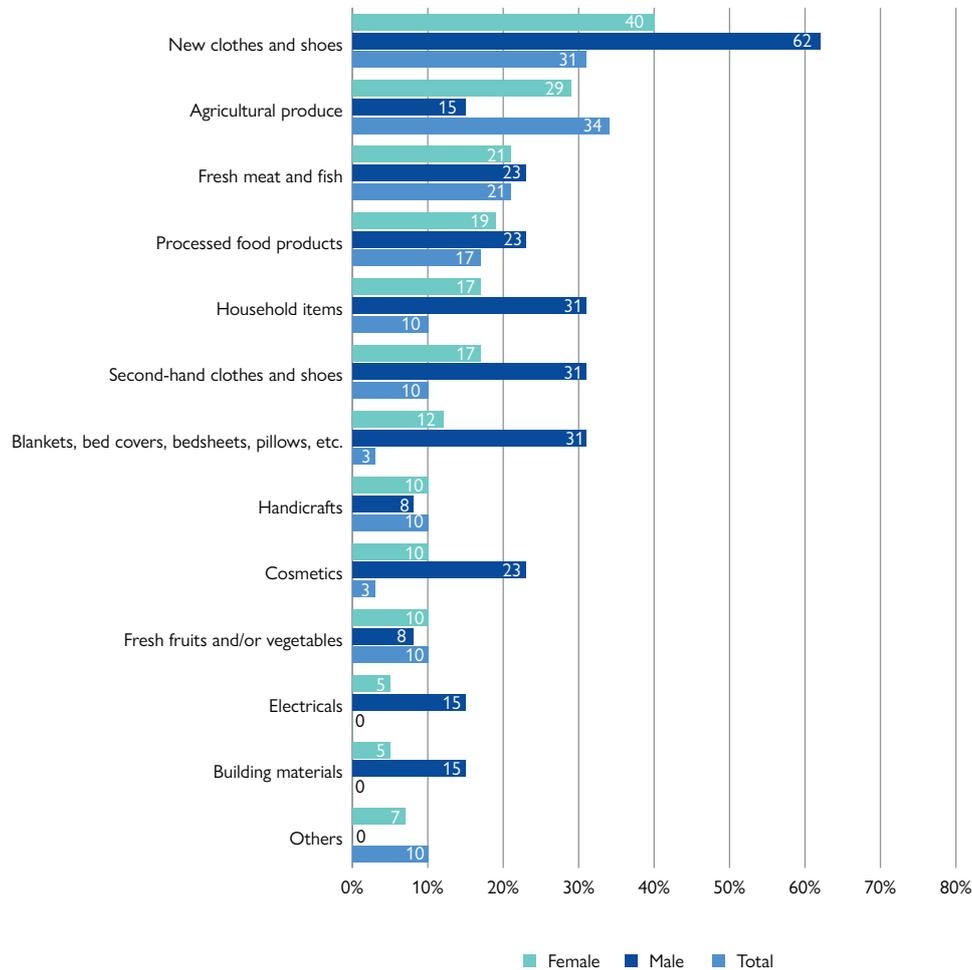


Source: Field data from the current study.

There were products, such as electricals and building materials, that only the male ICBTs exported. On the other hand, the WICBTs also dominated in the exportation of certain agricultural produce, with 34 per cent of them (compared to 15% of the male ICBTs) reporting that they participated in this trade (Figure 11). Women's dominance in the exportation of certain agricultural produce is consistent with their role in fending for their families for subsistence. As a point of departure towards the adoption and implementation of gender-sensitive national COVID-19 national management approaches, governments may need to consider suspending or rebating duties chargeable on and permit requirements required for such commonly imported/exported goods by WICBTs.

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Figure 11. Goods exported by respondent ICBTs, by sex



Source: Field data from the current study.

In most cases, ICBTs used public transport to move their goods to their destinations. About 89 per cent of the interviewed ICBTs reported paying for such transport. Majority (62%) felt that freight charges – which counted towards total trade costs – were high, thus impacting business profitability. A sizeable proportion (38%) found transport fees to be affordable. Both men and women reported paying for the transport of their goods. A greater proportion of male ICBTs at the Beitbridge–Musina BCPs and the Chirundu OSBP felt that freight costs were high, while a greater proportion of women considered them to be affordable. Only at the Mwami–Mchinji BCPs was the reverse true. Although the difference between the proportion of male ICBTs who find transport costs affordable (63.6%) and the proportion of female ICBTs who find them to be high (68.9%) was small, information from key informants and in-depth interviews with ICBTs revealed that most transporters (drivers) were men and had a “soft spot” for women and thus charged them less (Table 11). This could not, however, be verified with the transporters (drivers) due to the limited time available for the assessment.

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Table 11. Percentage of respondent ICBTs who paid for goods transport and their perception of freight charges, by border control post and sex

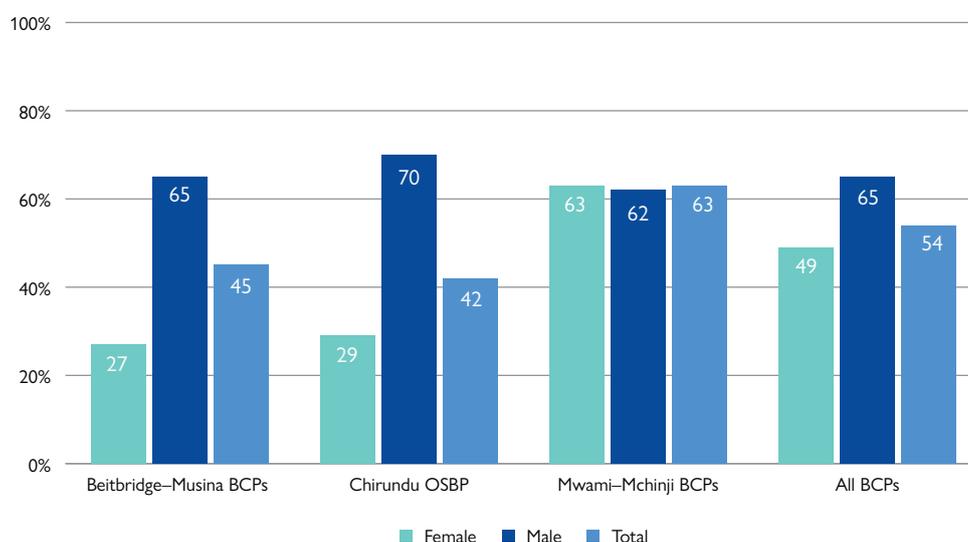
| Interview site | % of respondent ICBTs who paid for the transport of their goods | | | ICBTs' perception of freight charges (%) | | | | | |
|-------------------------|---|-------------|-------------|--|-------------|-------------|-------------|-------------|-------------|
| | | | | Affordable | | | High | | |
| | Female | Male | Total | Female | Male | Overall | Female | Male | Overall |
| Beitbridge–Musina BCPs | 95.5 | 70.0 | 83.3 | 57.1 | 28.6 | 45.7 | 42.9 | 71.4 | 54.3 |
| Chirundu OSBP | 71.4 | 100.0 | 80.6 | 40.0 | 20.0 | 32.0 | 60.0 | 80.0 | 68.0 |
| Mwami–Mchinji BCPs | 96.8 | 84.6 | 94.7 | 31.1 | 63.6 | 36.1 | 68.9 | 36.4 | 63.8 |
| All BCPs (n=149) | 91.5 | 81.4 | 88.6 | 38.1 | 37.1 | 37.9 | 61.9 | 62.9 | 62.1 |

Source: Field data from the current study.

Interestingly, feedback from the surveys indicates that, overall, ICBTs (women included) recommended that respective policymakers intervene by introducing affordable government transport or other cheaper alternatives to assist them with the transport of their goods.

Slightly more than half (54%) of all interviewed ICBTs, 65 per cent of male ICBTs and 49 per cent of WICBTs traded in goods that required import/export and related permits or licences (Figure 12). Trading in such controlled goods was particularly common among ICBTs that used the Mwami–Mchinji BCPs (63%, of $n=76$).

Figure 12. Percentage distribution of respondent ICBTs trading in goods requiring import or export permits or licences, by sex

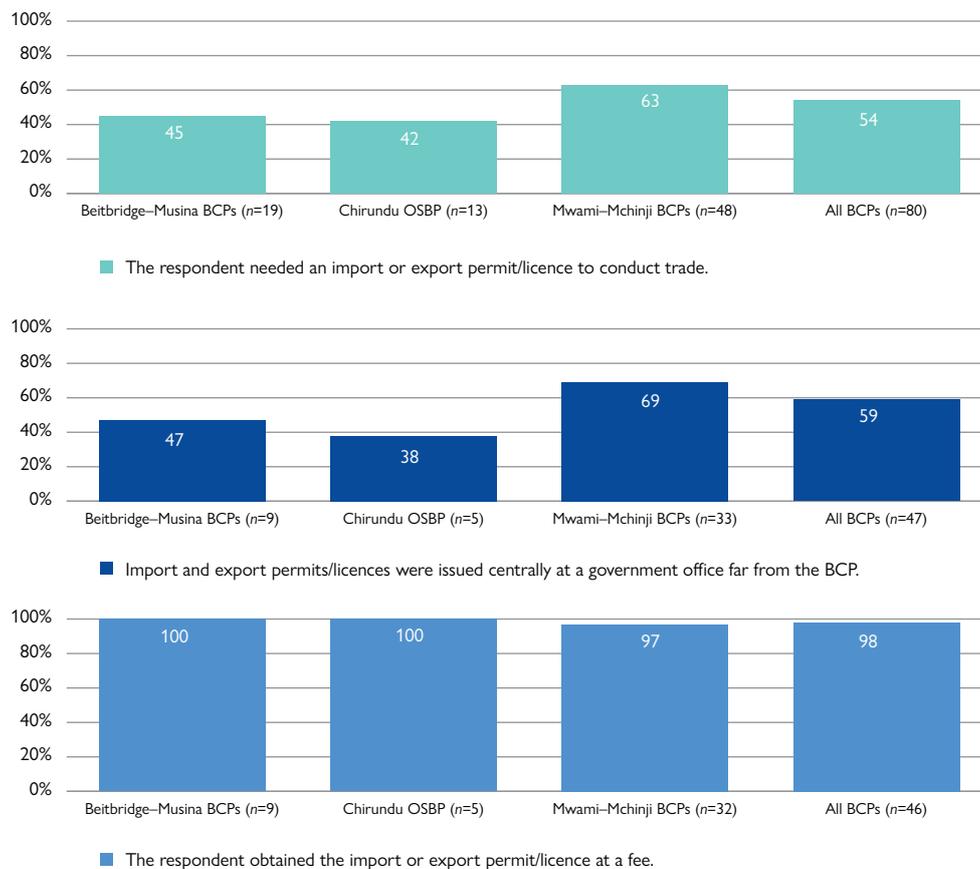


Source: Field data from the current study.

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Among the ICBTs who traded in goods requiring import or export permits, 59 per cent ($n=47$ (out of 80)) reported that the issuance of such permits by the appropriate government department or ministry was centralized in an office located far from the BCPs, often in the capital city, with most (98%, $n=46$ (out of 47)) of them paying for the permits (Figure 13).

Figure 13. Percentage distribution of respondent ICBTs whose goods required permits/licences, by border control post



Source: Field data from the current study.

BCPs did not issue import and export licences or permits to ICBTs crossing the border. As mentioned, the issuance of import and export permits or licences was centralized in government offices located far from the BCPs, specifically, in the respective capital cities: Lilongwe (Malawi), Lusaka (Zambia) and Harare (Zimbabwe). As expected, this was an issue of major concern for the ICBTs, especially amid the COVID-19 pandemic. Interviewees highlighted that some goods (e.g. agricultural produce) required more than one permit or licence centrally issued by different government ministries or departments in the capital cities. ICBTs recommended that permit and licence issuance be decentralized to the BCPs so they can cut down on trade costs and reduce their risk of exposure to COVID-19. The curfew hours in place, shortened daily business hours and reduced number of staff members on duty meant that, after travelling all the way to the capital city(s), chances were high

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that ICBTs would not instantly get their permits and/or licences. None of the ICBTs interviewed at the Zimbabwean BCPs were aware that the said permits and licences could be obtained online. This means that aggressive public sensitization to such developments had been lacking. Other issues that merit attention include education of ICBTs in the use of such online facilities and reducing airtime and Internet costs to make such modern facilities attractive to ICBTs, that so they would rely on them and optimize their use.

Remarkably, 97 per cent of all ICBTs interviewed had cell phones, 83 per cent had mobile money accounts, and 65 per cent had bank accounts. There was no significant difference in cell phone ownership between men and women. There was, however, a notable gender difference in mobile account and bank account ownership, as more women had mobile and bank accounts than men. About 90 per cent of the WICBTs reported having mobile accounts, compared to 65 per cent of the men, and nearly 70 per cent of all the WICBTs indicated that they had bank accounts, compared to 54 per cent of the men (Table 12).

Table 12. Cell phone, mobile account and bank account ownership by respondent ICBTs, by sex

| Interview site | % of respondent ICBTs with ownership | | | | | | | | |
|-------------------------------|--------------------------------------|-------------|-------------|----------------|-------------|-------------|--------------|-------------|-------------|
| | Cell phone | | | Mobile account | | | Bank account | | |
| | Female | Male | Total | Female | Male | Total | Female | Male | Total |
| Beitbridge–Musina BCPs (n=42) | 100.0 | 100.0 | 100.0 | 81.8 | 35.0 | 59.5 | 59.1 | 35.0 | 47.6 |
| Chirundu OSBP (n=31) | 85.7 | 100.0 | 90.3 | 81.0 | 90.0 | 83.9 | 57.1 | 60.0 | 58.1 |
| Mwami–Mchinji BCPs (n=76) | 100.0 | 92.3 | 98.7 | 95.2 | 92.3 | 94.7 | 77.8 | 76.9 | 77.6 |
| All BCPs (n=149) | 97.2 | 97.7 | 97.3 | 89.6 | 65.1 | 82.6 | 69.8 | 53.5 | 65.1 |

Source: Field data from the current study.

The most common way for ICBTs to import goods was to cross the border and order in person from shops or suppliers (85% of n=149). Very few (14%) of the interviewed ICBTs mentioned placing orders via a phone call or through a mobile messaging app (e.g. WhatsApp) – handy methods given the current COVID-19 situation wherein travel is restricted and, in some countries, even banned. Notably, the majority of the respondent ICBTs owned cell phones that could be used for ordering goods online. Ordering through WhatsApp had been gaining ground, especially among men (Table 13). A higher proportion of ICBTs at the Beitbridge–Musina BCPs than other BCPs reported using WhatsApp.

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Table 13. Respondent ICBTs' preferred methods for placing orders for trade goods, by border control post and sex

| Order placement method | % of respondent ICBTs at each interview site (BCP) who preferred the method | | | | | | | | | | | |
|--|---|------|-------|----------------------|------|-------|---------------------------|------|-------|------------------|------|-------|
| | Beitbridge–Musina BCPs (n=42) | | | Chirundu OSBP (n=31) | | | Mwami–Mchinji BCPs (n=76) | | | All BCPs (n=149) | | |
| | Female | Male | Total | Female | Male | Total | Female | Male | Total | Female | Male | Total |
| Physical presence or person-to-person interaction (in-person ordering) | 91 | 60 | 76 | 100 | 100 | 100 | 84 | 85 | 84 | 89 | 77 | 85 |
| WhatsApp | 9 | 35 | 21 | 0 | 0 | 0 | 3 | 0 | 3 | 4 | 16 | 7 |
| Online/Internet | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 0 | 11 | 8 | 0 | 5 |
| Cell phone call | 0 | 5 | 2 | 0 | 0 | 0 | 0 | 8 | 1 | 0 | 5 | 1 |
| Others | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 1 | 0 | 2 | 1 |

Source: Field data from the current study.

With most of the ICBTs favouring in-person ordering of trade goods, cash was the preferred mode of payment. It was described as convenient by 95 per cent of the interviewed ICBTs, who were nevertheless aware of its associated risks, which included theft and robbery. Very few (6%) used other payment methods, which included bank telegraphic transfers, VISA cards and other online payment methods. With most of the ICBTs owning cell phones, the use of such were inevitable. As expected – and considering the high proportion of women with mobile and bank accounts – a higher proportion of women (6%) than men (4%) used non-cash payment methods (bank telegraphic transfer, online payment, VISA cards and others) (Table 14).

Table 14. Respondent ICBTs' preferred methods for paying for their goods, by border control post and sex

| Payment method | % of respondent ICBTs at each interview site (BCP) who preferred the method | | | | | | | | | | | |
|---------------------------|---|------|-------|----------------------|------|-------|---------------------------|------|-------|------------------|------|-------|
| | Beitbridge–Musina BCPs (n=42) | | | Chirundu OSBP (n=31) | | | Mwami–Mchinji BCPs (n=76) | | | All BCPs (n=149) | | |
| | Female | Male | Total | Female | Male | Total | Female | Male | Total | Female | Male | Total |
| Cash | 86 | 90 | 88 | 100 | 100 | 100 | 95 | 100 | 96 | 94 | 95 | 95 |
| Bank telegraphic transfer | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 1 | 0 | 1 |
| Online payment | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 1 | 0 | 1 |
| VISA card | 9 | 5 | 7 | 0 | 0 | 0 | 2 | 0 | 1 | 3 | 2 | 3 |
| Others | 5 | 5 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 1 |

Source: Field data from the current study.

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Asked why they could not use some of these modern mobile or digital methods, the majority of the interviewed ICBTs revealed that Internet and airtime charges were too high for them. As part of their recommendations in this regard, they wanted governments to engage Internet and airtime service providers to lower their charges. How this could be achieved was beyond the scope of their suggestions. Several other challenges, varying across the BCPs, were highlighted by the ICBTs. The most common of these, cited by 60 per cent of the ICBTs, was time wasted in long queues. Exacerbating the situation was the long, paper-based, cumbersome and burdensome manual clearance process (there were too many papers required at each stage as ICBTs moved through multiple counters), as reported by 44 per cent of respondents. This was also mentioned as one of the reasons why BCPs would often open in the morning to long queues prior to the pandemic (and, to some extent, now).

The Beitbridge–Musina BCPs had the highest proportion of ICBTs who reported experiencing long queues (93%, of $n=42$), as well as cumbersome clearance processes (48%). Harassment by border officers was reported by 22 per cent of all ICBTs interviewed, being particularly high at the Mwami–Mchinji BCPs (29%). Alleged corruption by border officers was reported by 7 per cent of ICBTs interviewed at the Beitbridge–Musina BCPs and 7 per cent of those interviewed at the Mwami–Mchinji BCPs. A significant proportion (20%) of the interviewed ICBTs complained of high taxes and import duties, as well as licence and permits costs. Such complaints were most commonly reported at the Mwami–Mchinji BCPs (34% of the ICBTs ($n=76$)) (Table 15).

Table 15. Challenges commonly experienced by respondent ICBTs at the border control posts

| Challenge | % of respondent ICBTs at each interview site (BCP) who experienced the challenge | | | |
|--|--|--------------------------|-------------------------------|----------------------|
| | Beitbridge–Musina BCPs ($n=42$) | Chirundu OSBP ($n=31$) | Mwami–Mchinji BCPs ($n=76$) | All BCPs ($n=149$) |
| Standing in long queues, waiting for one's turn to be cleared by border officers | 93 | 59 | 42 | 60 |
| Cumbersome clearance processes | 48 | 41 | 44 | 44 |
| Searches or physical verification of goods by multiple border officers | 57 | 34 | 21 | 34 |
| Detention of goods by customs officers without a clear explanation as to why | 45 | 34 | 23 | 32 |
| Harassment by border officers | 17 | 14 | 29 | 22 |

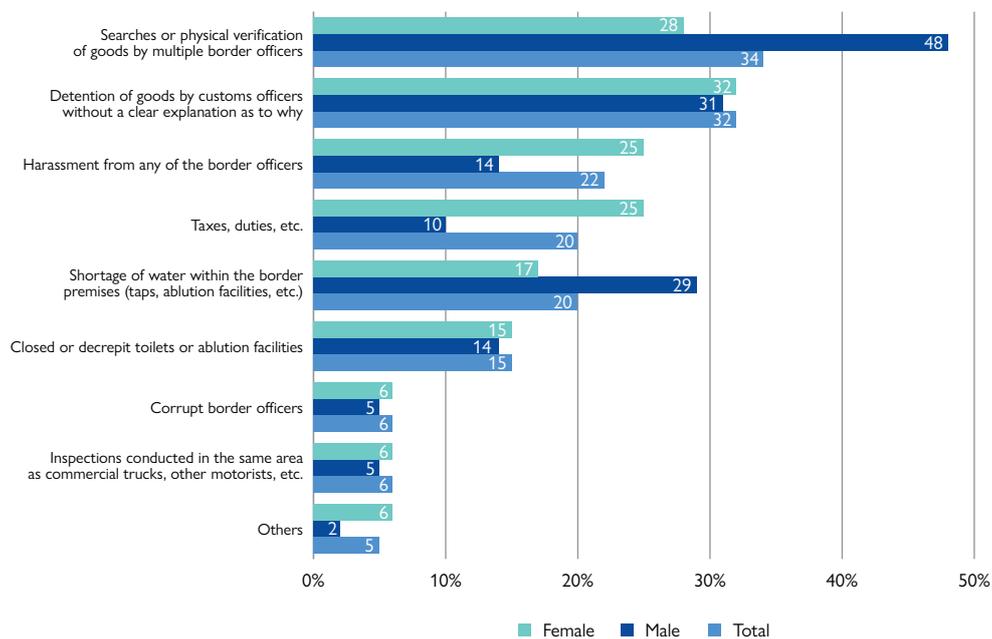
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| | | | | |
|---|----|----|----|----|
| Shortage of water within the BCP premises (taps, ablution facilities, etc.) | 40 | 31 | 4 | 20 |
| Taxes (e.g. import duties and value-added tax) | 5 | 7 | 34 | 20 |
| Closed or decrepit toilets and/or ablution facilities | 31 | 7 | 8 | 15 |
| Inspections conducted in the same area as commercial trucks and other motorists, etc. | 7 | 10 | 3 | 6 |
| Corrupt border officers | 7 | 0 | 7 | 6 |
| Others | 0 | 7 | 7 | 5 |

Source: Field data from the current study.

A higher proportion of women than men experienced the following challenges: harassment by border officers, high taxes and duties, as well as permit and licence fees, and detention of goods by customs officers without offering clear explanations (Figure 14). Prior to COVID-19, as Table 15 shows, harassment by border officers was more commonly reported at the Mwami–Mchinji BCPs than at the other BCPs. Conversely, a higher proportion of men than women reported experiencing the following: standing in long, winding queues, cumbersome clearance processes and shortages of water on the BCP premises. Both women and men reported being subjected to corrupt tendencies at the BCPs.

Figure 14. Challenges commonly faced by respondent ICBTs at the border control posts, by sex



Source: Field data from the current study.

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The aforementioned challenges (summarized in Figure 14 and Table 15) were reported by 76 per cent of all interviewed ICBTs to be “frequent” (Table 16).

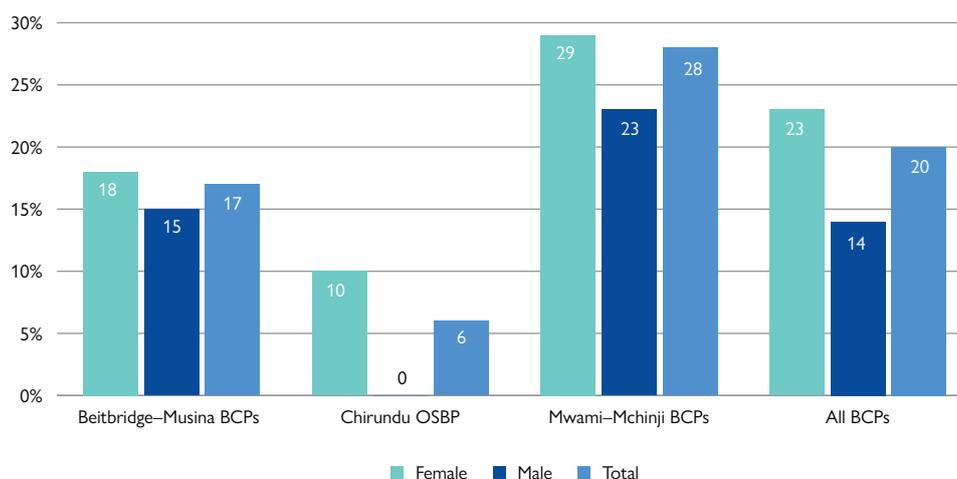
Table 16. Frequency that respondent ICBTs experienced challenges at the border control posts

| Frequency | % of respondent ICBTs | | | | | | | | | | | |
|------------|-------------------------------|------|-------|----------------------|------|-------|---------------------------|------|-------|------------------|------|-------|
| | Beitbridge–Musina BCPs (n=42) | | | Chirundu OSBP (n=31) | | | Mwami–Mchinji BCPs (n=76) | | | All BCPs (n=149) | | |
| | Female | Male | Total | Female | Male | Total | Female | Male | Total | Female | Male | Total |
| Frequently | 64 | 90 | 76 | 67 | 80 | 71 | 78 | 77 | 78 | 73 | 84 | 76 |
| Rarely | 36 | 10 | 24 | 33 | 20 | 29 | 22 | 23 | 22 | 27 | 16 | 24 |

Source: Field data from the current study.

Very few (20%) of the interviewed ICBTs had been trained in border procedures and processes (Figure 15). This could have been a reason for some of the challenges they faced at the BCPs, such as harassment by border officers and long queues. Inadequate signage and a lack of client charters (or “customer service charters”) and SOPs and official processes at the Mwami–Mchinji BCPs, the Beitbridge BCP and the Chirundu OSBP further contributed to the challenges, including delays, experienced by ICBTs, especially women traders.

Figure 15. Training on border procedures and processes received by respondent ICBTs, by sex



Source: Field data from the current study.

As Table 17 shows, the majority (89%) of respondent ICBTs reported coming across roadblocks when they took trips across the border to order and purchase goods. Some reported that the roadblocks experienced were “moderate and necessary”, while a significant proportion (60%) reported that they were both “too many and unnecessary”.

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In addition to the above findings, the percentages of men and women trained in official or standard customs border procedures and processes were very low, to which can be attributed the lack of knowledge of BCP SOPs. Customs officers at the Chirundu OSBP revealed that, at times, ICBTs attempt to hide or smuggle goods in duty-free quantities or value due to such lack of knowledge. Ignorance of procedures may also explain why most ICBTs find themselves abused or taken advantage of.

Table 17. Perception of roadblocks encountered at the border control posts

| Interview site | Proportion (%) who encountered roadblocks | Perception of the roadblocks (%) | |
|-------------------------------|---|----------------------------------|--------------------------|
| | | Moderate and necessary | Too many and unnecessary |
| Beitbridge–Musina BCPs (n=42) | 85.7 (n=36) | 44.4 | 55.6 |
| Chirundu OSBP (n=31) | 71.0 (n=22) | 63.6 | 36.4 |
| Mwami–Mchinji BCPs (n=76) | 97.4 (n=74) | 31.1 | 68.9 |
| All BCPs (n=149) | 88.6 (n=132) | 40.2 | 59.8 |

Source: Field data from the current study.

3.4.2. Services provided by CBTAs and TIDOs to ICBTs and SSCBTs

Services provided by CBTAs at the Mwami BCP and Chirundu OSBP in Zambia

CBTAZ, headquartered in Lusaka, is officially and nationally recognized by the Government of Zambia. It has branches at the Chirundu OSBP and the Mwami BCP, along with several other BCPs. Its responsibilities include advocating for the removal of trade barriers to create an enabling trading environment, especially at the BCPs, including by: (a) raising awareness and promoting the adoption of the Charter for Cross Border Traders and the Simplified Trade Regime (STR); (b) providing ICBTs with information and updates on procedural changes; and (c) offering necessary support on resolving disputes between ICBTs and border officers. Since the onset of the pandemic, the CBTA has been actively involved in raising COVID-19 awareness among its constituency. Their greatest challenge has been that of inadequate resources to procure and distribute infection control supplies, including PPEs, to their constituents. Survey results revealed that only a few members received PPEs from the CBTA.

Services provided by CBTAs at the Mchinji BCP in Malawi

The Cross Border Traders Association of Malawi (CBTA Malawi) renders a range of services to ICBTs. When asked to explain their operational roles and responsibilities, the CBTA highlighted that they offered numerous services to their members. These included training in regional economic trade agreements, for instance, those of SADC and COMESA; training in HIV prevention and mitigation; advocacy on issues affecting

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ICBTs; sensitization of its members on trade issues, such as the STR facility, non-tariff barriers and taxation. The CBTA also provided support to members who ran into problems with border control agencies, including when they had been detained on the Zambian side of the border. Not all ICBTs and SSCBTs, however, were members of the CBTA. Of the 56 participants in the individual interviews, 52 reported being members, with the remaining 4 being non-members. An interview with the CBTA and an FGD with ICBTs at the Mchinji BCP revealed that the individual membership fee for new members and annual membership renewal fee for old members were MWK 5,500 (USD 7) and MWK 3,500 (<USD 5), respectively. The amount was considered “small” by the ICBTs themselves, suggesting that membership fees may not be a barrier to ICBTs and SSCBTs becoming members of the association. The CBTA reported intensifying its sensitization drive, with the view to registering as many new members as possible. This, according to the CBTA, would help many traders to benefit from the services that it and the TIDs offer.

Services provided by CBTAs at the Beitbridge BCP and Chirundu OSBP in Zimbabwe

Functionally, the Chirundu chapter of the Zimbabwe Cross Border Traders Association (ZCBTA) (henceforth, “the Chirundu Chapter”) had yet to be fully active and establish itself to be effective in what it said it stood for. The chapter indicated that they kept a manual membership register that contained extremely limited information about its membership, estimated to be less than 25. Female ICBTs, numbering around 20, were the majority. When properly or fully functioning, CBTAs are support agencies that assist and offer benefits to their member ICBTs. None of the interviewees at Beitbridge said they belonged to a local CBTA, and neither were they aware of an existing CBTA chapter in Beitbridge.

The Chirundu Chapter said it had no members registered with the CBTA or other trade-related associations on either side of the border. None of the interviewed ICBTs indicated that they had ever attended a meeting or workshop on any border-related issue convened by the chapter. Text box 1 lists the challenges that the chapter commonly faced in their efforts to provide services to ICBTs.

| Text box 1. Challenges in service provision faced by the Chirundu Chapter | |
|---|--|
| 1 | The Chirundu Chapter is often uninvited to and, therefore, left out of the numerous meetings of border post agencies, where decisions binding on ICBTs and SSCBTs are made and agreed upon. In most cases, the chapter is only able to attend meetings with border post agencies organized by and at the invitation of development partners. |
| 2 | As an organization representing ICBTs, the chapter feels left out and less engaged or informed by port health officers about COVID-19. |
| 3 | There are no clear-cut SOPs to guide ICBTs and SSCBTs. |
| 4 | Border officers do not conduct educational workshops for either the chapter or the ICBTs and SSCBTs themselves. |
| 5 | Customs officers sometimes tax imports in ways not understood by ICBTs. An import may be assigned a higher-than-actual value or charged a duty in one instance but not in another. Goods that should be non-dutiable in small quantities are sometimes charged a duty. |

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| | |
|----|---|
| 6 | Administrative challenges include manual membership registers that are not up to date, with extremely limited bio-data and related information of their members |
| 7 | The chapter is unable to educate ICBTs and SSCBTs of their purpose. |
| 8 | Low uptake of the STR facility, as the majority of ICBTs, who should be benefitting from it, are unaware of its existence or lack the necessary appreciation of its purpose due to high levels of illiteracy. |
| 9 | Border officers generally perceive ICBTs as “border jumpers” and smugglers who are bent on breaking border procedures and processes. |
| 10 | Because local government stakeholders marginalize CBTAs, the majority of ICBTs who frequently cross the border are unaware of the intended purposes of CBTAs and therefore do not see their value, leading to very low and loosely affiliated membership. |
| 11 | ICBTs conceal goods from customs officers to avoid inspection, even if such goods are non-dutiable or do not require permits. |

Source: Field data from the current study. Observations were true at the time of data-gathering.

CBTA membership across the border control posts

Slightly above half (54%) of all interviewed ICBTs reported that they were members of CBTAs. Only 12 per cent (of $n=42$) of ICBTs interviewed at the Beitbridge–Musina BCPs reported being members of one. Conspicuous at the Mwami–Mchinji BCPs was the fact that a large majority of the interviewed ICBTs (83%, of $n=76$) reported that they were affiliated with a CBTA (Table 18). At 85.7 per cent, a large majority of ICBTs interviewed at the Mwami–Mchinji BCPs were members of CBTAs, followed by those at the Chirundu OSBP (28.6%), with the Beitbridge–Musina BCPs trailing behind with a paltry 4.5 per cent. The non-CBTA members at the Beitbridge–Musina BCPs and the Chirundu OSBP were generally high, at 88.1 per cent and 61.3 per cent, respectively, compared to 17.1 per cent at Mwami–Mchinji. Most of the ICBTs interviewed at the Beitbridge–Musina BCPs and the Zimbabwean side of the Chirundu OSBP indicated that CBTAs were seemingly non-existent and provided no services of any form to them, which may explain the low rates of CBTA membership among them.

Table 18. Respondents disaggregated by membership in a cross-border traders’ association

| Interview site | % of respondent ICBTs | | | | | | | | |
|------------------------|-----------------------|------|-------------|-----------------|------|-------------|-------------------------|------|------------|
| | CBTA member | | | Non-CBTA member | | | All respondents (n) | | |
| | Female | Male | Total | Female | Male | Total | Female | Male | Total |
| Beitbridge–Musina BCPs | 4.5 | 20.0 | 11.9 | 95.5 | 80.0 | 88.1 | 22 | 20 | 42 |
| Chirundu OSBP | 28.6 | 60.0 | 38.7 | 71.4 | 40.0 | 61.3 | 21 | 10 | 31 |
| Mwami–Mchinji BCPs | 85.7 | 69.2 | 82.9 | 14.3 | 30.8 | 17.1 | 63 | 13 | 76 |
| All BCPs | 57.5 | 44.2 | 53.7 | 42.5 | 55.8 | 46.3 | 106 | 43 | 149 |

Source: Field data from the current study.

Further analysis of the data shows that a higher percentage of women (57.5%, of $n=106$) than men (44.2%, of $n=43$) were members of CBTAs. This finding pointed to women's greater need for assistance, as they were vulnerable to most of the challenges that the informal trade sector faced. At 85.7 per cent, a large majority of ICBTs interviewed at the Mwami–Mchinji BCPs were members of CBTAs, followed by those at the Chirundu OSBP (28.6%), with the Beitbridge–Musina BCPs trailing behind with a paltry 4.5 per cent. The non-CBTA members at the Beitbridge–Musina BCPs and the Chirundu OSBP were generally high, at 88.1 per cent and 61.3 per cent, respectively, compared to 17.1 per cent at Mwami–Mchinji. Most of the ICBTs interviewed at the Beitbridge–Musina BCPs and the Zimbabwean side of the Chirundu OSBP indicated that CBTAs were seemingly non-existent and provided no services of any form to them, which may explain the low rates of CBTA membership among them. Most respondent WICBTs who were not members of ICBTs revealed that they were unaware of the existence of such organizations and what they stood for. They generally perceived CBTAs as merely profiting from membership subscriptions, with no services or benefits offered in return.

At the time of the study, none of the participating CBTAs had clear-cut, COVID-19-focused engagement strategies that they could have used as a springboard or platform to influence national policy direction in their respective countries or even just at the BCPs to support continued informal cross-border trade amid the pandemic. Neither were there transborder discussions about the pandemic or meetings among CBTAs for sharing or strategizing on how to advance the common interests of their combined constituencies.

Services provided by trade information desk officers – Malawi, Zambia and Zimbabwe

The STR is an inventive trade facilitation strategy designed to encourage the participation of ICBTs and SSCBTs in cross-border trade through preferential rates of duties on their goods within the COMESA Preferential Trade Area (PTA) framework. Before the STR was introduced, ICBTs from COMESA member States were ineligible for participation in existing PTA arrangements and, therefore, could not benefit from them. As such, only commercial traders could enjoy preferential rates of duties on originating goods for import or export within the COMESA regional economic bloc, as long as the necessary certificates of origin, among other requirements, had been obtained. The facility was later expanded to also cover SSCBTs and ICBTs, with simplified terms and conditions; this expansion is currently applicable in three COMESA member States, namely Malawi, Zambia and Zimbabwe.

Information obtained from trade information desk officers (TIDOs) in Malawi, Zambia and Zimbabwe showed that, at the time of study, the STR initiative gave ICBTs duty-free allowance on their goods, with a threshold value of USD 2,000 in Malawi and Zambia and USD 1,000 in Zimbabwe. Upon arrival at the BCP, an ICBT with qualified goods was issued a “simplified certificate of origin” by the TIDO for presentation to customs officers for duty-free entry into the country if the customs tariff classification of the goods so permitted. At the most, only import value-added

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tax would remain payable, in addition to any presumptive taxes in the absence of a valid tax clearance certificate. TIDOs are responsible for educating ICBTs, including ICBTs and SSCBTs, about this facility through workshops and awareness initiatives on customs procedures and processes, updating them about any changes to these, and assisting them with the completion of applicable forms. Issues of concern with the STR facility, as observed by the researchers or reported by respondents, are summarized in Text box 2.

| Text box 2. Consolidated list of observed and cited issues relating to the STR facility at the Chirundu OSBP | |
|--|--|
| 1 | The entire process of customs clearance of trade goods is largely manual. On arrival at the OSBP, the TIDO generates simplified certificates of origin manually and issues them to the trader. All the requisite forms are submitted to Zambian customs authorities, who will then authenticate the forms manually and process the application for duty exemption of qualified goods. The trader returns to the TIDO and leaves a copy of the forms. The trader will then submit the remaining two copies of the forms to ZIMRA for processing and stamping. ZIMRA retains a copy for filing and then give the trader their copy to accompany the qualified goods. |
| 2 | Contrary to the objective of enhanced facilitation of informal cross-border trade, the STR facility is not linked to ASYCUDA World on either the Zambian (ZRA) or Zimbabwean (ZIMRA) side. |
| 3 | The introduction of the groupage system by ZIMRA as a measure to allow the continuity of informal cross-border trade amid the pandemic meant that informal trade goods no longer qualified for the simplified certificate of origin, as they were now cleared as commercial consignments, for which the more costly and cumbersome certificate of origin (ordinarily used by commercial importers) is required. |
| 4 | Customs officers sometimes tax imports in ways not understood by ICBTs. An import may be assigned a higher-than-actual value or charged a duty in one instance but not in another. Goods that should be non-dutiable in small quantities are sometimes charged a duty. |
| 5 | Outdated Common List of goods qualifying for the STR facility (the last update was in 2013). |
| 6 | There is no STR trade portal specifically for Zimbabwe. |
| 7 | Flyers and brochures printed in local languages were last provided more than five years prior to the study. |

Source: Field data from the current study. Observations were true at the time of data-gathering.

CBTA and TIDO gap analysis: a summary

This subsection briefly looks into the challenges commonly faced by TIDOs in Malawi, Zambia and Zimbabwe. Within COMESA, CBTAs are still only at the member State level (i.e. Zimbabwe, Zambia and Malawi). While the CBTA in Zambia was more visible than those in Malawi and Zimbabwe at the time of this rapid assessment, survey results from that country revealed that pre- and post-COVID-19, the Organization had challenges with securing adequate resources to fulfil its responsibilities (e.g. carrying out COVID-19 awareness and providing PPEs). These challenges were considerably more pronounced in Malawi and Zimbabwe, and the surveys revealed that there was no close cooperation or transborder engagement among the three CBTAs at the time of the assessment.

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Malawi, Zambia and Zimbabwe shared the challenge of having only one TIDO – who had to work round the clock – at each of their BCPs at the time of the field visit (i.e. they were all short-staffed). Feedback from the Mwami BCP revealed that its TIDO was breastfeeding at the time of the assessment, so she had to take multiple breaks throughout the day, justifiably, to attend to her child. The TID at the OSBP on the Zambian side was not very conspicuous or accessible, as the desk was tucked away in one of the back offices. At the Mwami BCP, which has adopted an open office plan, the TIDO and customs and immigration officers were stationed within proximity of each other. This was observed to be not a conducive set-up under the current threat of the pandemic.

The issuance of STR certificates remained a manual process. Whereas the ASYCUDA World system is used by revenue authorities in the three countries (Malawi, Zambia and Zimbabwe), there is no information sharing among the TIDs. As noted earlier, it was no surprise for TIDOs to reveal that it had become impossible for them to perform some of their responsibilities due to staffing shortages. They also reported that the previously agreed-upon Common List of STR-qualified goods had become outdated and needed to be replaced by a new list, possibly approved by COMESA. Unlike the Mchinji BCP, the rest of the BCPs did not have separate lanes for men and women. TIDs were free to adopt their own queue management approaches, which often did not accord priority clearance for either elderly women or mothers travelling with their children.

The other BCPs should learn about gender-sensitive queue management from the Mwami BCP. The Governments of Malawi, Zambia and Zimbabwe, through the concerned ministries or departments, need to urgently resolve the issue of TIDO staff shortage. As an interim measure amid the pandemic, these countries should increase their STR threshold, which must be a standard number across all the BCPs. COMESA should prioritize the approval of the updated Common List of STR-qualified goods, which TIDOs said had been internally reviewed and were awaiting approval by the REC. Zimbabwe and South Africa should come up with similar TID and STR concepts at the bilateral level, so that ICBTs plying through their BCPs also benefit amid the pandemic.

4. COVID-19: challenges, impacts and possible solutions

Interviewees from across all the BCPs agreed that the COVID-19 pandemic has been a very challenging, worldwide health disaster, with no known precedent in living memory, and has caught them unawares and unprepared. They concurred that it had brought about a subregional economic slump like never before. Notably, through the mutation of the virus witnessed in Southern Africa, COVID-19 continued to instigate massive hurt on ICBTs' health, lives and livelihoods, which was compounded by stringent mitigatory response measures put in place by the governments of the four countries.

To give the necessary backgrounder on the challenges and impacts brought about by COVID-19, as well as possible solutions for informal cross-border trade in the four countries, this chapter begins by briefly describing COVID-19 and giving an overview of national, regional and global case trends. After this contextual build-up, the chapter, most importantly, presents survey findings from the field visits on the incidence of COVID-19 and how the four countries manage the outbreak at the targeted BCPs.

4.1. What is COVID-19? (a backgrounder)

COVID-19 stands for “coronavirus disease 2019”, which is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), a novel coronavirus. Its symptoms include fever, fatigue, cough and breathing difficulty, sometimes worsening to pneumonia, and may end in kidney failure, particularly among those with underlying medical conditions (Crisis24, 2021). It was first discovered towards the end of 2019 in the city of Wuhan in the Hubei Province of China. It was then initially made known to the World Health Organization (WHO) on 31 December 2019. WHO declared it a global health emergency on 30 January 2020 and, finally, a global pandemic two months later, on 11 March (Cennimo, 2021). The first case of COVID-19 in Africa was reported in Egypt on 14 February of the same year.

A new COVID-19 variant, 500Y.V2, understood to be around 50 per cent more transmissible than the original SARS-CoV-2, leading to a rapid swell in the number of infections, was identified in South Africa towards the end of 2020. It is believed that this variant was responsible for the second wave of the pandemic (Médecins Sans Frontières, 2021) in the region and beyond.

4.1.1. National, regional and global trends and statistics

AllAfrica (2021) reported the number of confirmed COVID-19 cases in Africa at 3,629,085 as of 5 February 2021, with the death toll at 93,640 and recoveries at 3,128,420.

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On the same day, South Africa reported the most cases in Africa, with 1,466,767, and 45,605 deaths. Other highly affected countries included Morocco, with 473,667 cases; Tunisia, 213,949; Egypt, 168,057; Ethiopia, 140,157; and Nigeria, 136,030 (*AllAfrica*, 2021). Table 19 shows key COVID-19 figures as of 5 February 2021 for the four SADC countries covered by the assessment.

Table 19. COVID-19 statistics for the four countries under assessment, 5 February 2021

| Country | Cases | Recoveries | Deaths |
|--------------|-----------|------------|--------|
| South Africa | 1 466 767 | 1 327 186 | 45 605 |
| Zambia | 59 003 | 51 305 | 812 |
| Zimbabwe | 34 171 | 27 759 | 1 288 |
| Malawi | 25 884 | 10 264 | 779 |

Source: *AllAfrica*, 2021.

Zambia recorded more than twice (59,003) the number of confirmed cases as Malawi (25,884) and almost twice that of Zimbabwe (34,171). Despite having a much lower number of cases, however, Zimbabwe recorded one and half times more deaths than Zambia (1,288 versus 812). In addition, even as Malawi had the fewest confirmed positive cases, COVID-19 deaths (779) numbered almost the same as in Zambia (812) during the same period. As such, Zambia's COVID-19 mortality rate was lower than the rest of the countries, especially given its high morbidity rate in the first week of February 2021. Globally, as at 5 p.m. (Central European Time) on 5 February 2021, 104,370,550 confirmed COVID-19 cases, which included 2,271,180 deaths, were recorded (WHO, 2021).

4.2. COVID-19 at the border control posts

No official statistics on confirmed and suspected COVID-19 cases emanating directly from the BCPs covered by this assessment could be obtained from or were provided by the interviewed health officers (or any of the other border officers) at the time of the field visits. Findings from Zambia and South Africa show that official COVID-19 statistics were reported at the district (Chirundu, in the case of Zambia) and town levels (Musina, in the case of South Africa), respectively. Zimbabwe reported official cumulative COVID-19 statistics starting at the provincial level. As for Malawi, it was not clear as to whether COVID-19 statistics were reported only at the national level or at a lower level as well. None of the reported statistics, regardless of level, from the four countries showed disaggregation by sex or gender.

Findings from the Mwami BCP revealed only two reported cases among staff, with no fatalities; one case was reported at Mchinji. At the Beitbridge BCP, interviewed ZIMRA staff revealed that eight customs officers tested positive for COVID-19 when officers from the Ministry of Health tested all border officers on 30 November 2020. The health ministry undertook this programme as part of the preparatory measures of the Government of Zimbabwe for the re-opening of the country's BCPs to trade

and movement of people on 1 December 2020 (the BCPs were closed to informal cross-border trade since March of the same year). In Chirundu District, where the Zambian side of the Chirundu OSBP is located, information obtained during the study, in the absence of official BCP figures, shows that cases of COVID-19 remained generally minimal.

4.3. Incidence of COVID-19 and its management at the borders

4.3.1. COVID-19 awareness among border agency personnel

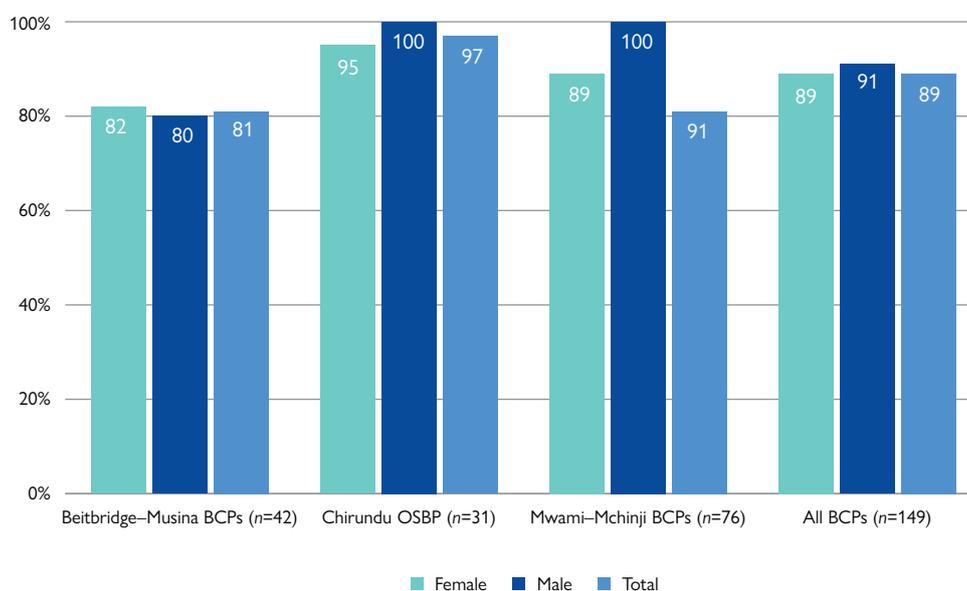
BCP officers and their respective departments across all four countries were caught unawares by the outbreak of COVID-19. In Zambia, it was observed that the Ministry of Health conducted training and awareness campaigns to border agency personnel at both Mwami BCP and Chirundu OSBP, although not all personnel may have received the training or were reached by the campaigns. In Zimbabwe, COVID-19 awareness of border agency personnel at Beitbridge and Chirundu BCPs remained principally the responsibility of their respective departments. Challenges commonly reported by most of the interviewed border agency personnel included non-availability to frequent shortage (at times extreme) of PPEs. In all the countries covered by the assessment, provision of PPEs to border agency personnel remained largely the responsibility of their respective agencies.

Shortages of PPEs and related items aside, interviewed border agency personnel across the targeted BCPs demonstrated a remarkably high degree of individual or personal awareness about COVID-19. Anecdotal evidence by observation revealed that BCP personnel wore face masks. Except at the Mwami BCP, personnel generally observed and maintained social distance in their office set-ups and the general discharge of their front-line duties. It was further noted that most of the border departments had arrangements in place to put only critical members of staff on duty. Gathered information showed that most of the departments implemented staff rotation through a shift system, among other measures. Notably, at the Mchinji BCP, customs officers, as part of COVID-19 early response, had their COVID-19 knowledge further enhanced through the awareness strategy put in place by the MRA. Customs personnel at this BCP revealed that the MRA initially appointed an officer to be responsible for COVID-19 primary care for and among its staff. The MRA later recruited three more officers, each responsible for one of the three MRA regions, whose core responsibilities included looking into the health of MRA staff, particularly as regards COVID-19.

4.3.2. COVID-19 awareness among ICBTs

It is highly commendable that the majority (89%) of the interviewed ICBTs reported being aware of appropriate COVID-19 infection, control and prevention measures. Awareness was particularly high among ICBTs at the Chirundu OSBP. There was only a slight difference in the proportion of men (91%) and women (89%) who were informed about or educated in COVID-19 infection, control and prevention (Figure 16).

4. COVID-19: CHALLENGES, IMPACTS AND POSSIBLE SOLUTIONS

Figure 16. Awareness of COVID-19 infection and control measures among respondent ICBTs, by border control post and sex

Source: Field data from the current study.

As presented in Table 20, majority (96%) reported receiving information about COVID-19 infection, control and prevention from media (TV, radio and the Internet). At the Mwami–Mchinji BCPs, most ICBTs reported being aware of COVID-19, how it is spread and the dangers it poses to humans and society. About 91 per cent of the ICBTs said they had been sensitized on COVID-19 IPC measures. The most frequently cited source of education was media (television, radio and the Internet) (99%), followed by the community (church, family and WhatsApp group). There were more women than men interviewed who were not aware of the COVID-19 travel restrictions.

Table 20. Sources of COVID-19 information/education reported by respondent ICBTs, by border control post and sex

| Source of information/education | % of respondent ICBTs | | | | | | | | | | | |
|---|-------------------------------|------|-------|----------------------|------|-------|---------------------------|------|-------|------------------|------|-------|
| | Beitbridge–Musina BCPs (n=42) | | | Chirundu OSBP (n=31) | | | Mwami–Mchinji BCPs (n=76) | | | All BCPs (n=149) | | |
| | Female | Male | Total | Female | Male | Total | Female | Male | Total | Female | Male | Total |
| Media (TV, radio and the Internet) | 100 | 95 | 98 | 81 | 100 | 87 | 98 | 100 | 99 | 95 | 98 | 96 |
| Local communities (e.g. churches, WhatsApp groups and social clubs) | 59 | 80 | 69 | 48 | 50 | 48 | 44 | 62 | 47 | 48 | 67 | 54 |

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| | | | | | | | | | | | | |
|-----------------------|----|----|----|----|----|----|----|----|----|----|----|----|
| Friends | 27 | 40 | 33 | 52 | 60 | 55 | 48 | 69 | 51 | 44 | 53 | 47 |
| Family | 27 | 25 | 26 | 43 | 60 | 48 | 35 | 54 | 38 | 35 | 42 | 37 |
| Government agencies | 55 | 30 | 43 | 48 | 70 | 55 | 19 | 31 | 21 | 32 | 40 | 34 |
| Traders' associations | 0 | 0 | 0 | 24 | 60 | 35 | 21 | 38 | 24 | 17 | 26 | 19 |
| Others | 0 | 0 | 0 | 5 | 0 | 3 | 5 | 8 | 5 | 4 | 2 | 3 |

Source: Field data from the current study.

The level of knowledge of general prevention measures exhibited by respondent ICBTs from all BCPs was extremely high. Almost all respondents correctly knew when to wash their hands as a preventative measure. Table 21 shows that the ICBTs knew all of the circumstances that warranted handwashing. It was only at the Mwami–Mchinji BCPs where there were ICBTs (specifically, 5% of the WICBTs) who reported not knowing at all when to wash hands their hands for COVID-19 prevention.

Table 21. Respondent ICBTs' knowledge of activities that warrant handwashing as a COVID-19 prevention measure, by border control post and sex

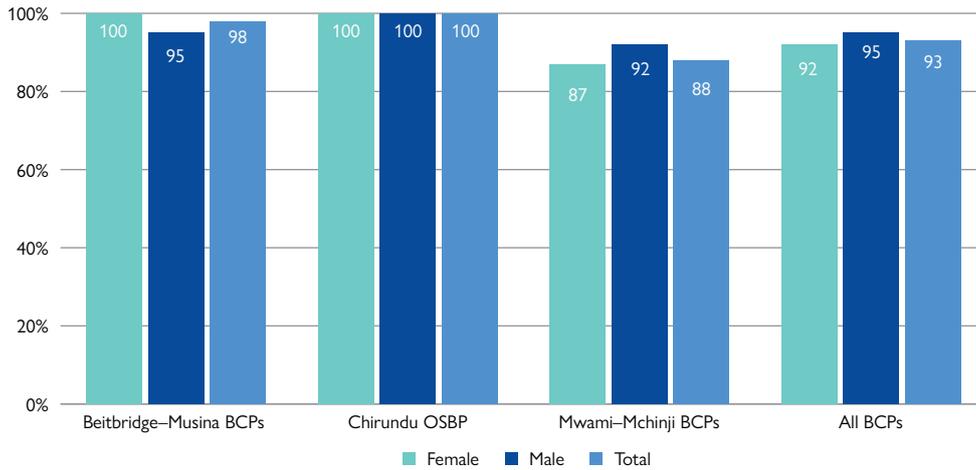
| Does the act/activity warrant handwashing? | % of respondent ICBTs answering "Yes" | | | | | | | | | | | |
|---|---------------------------------------|------|-------|----------------------|------|-------|---------------------------|------|-------|------------------|------|-------|
| | Beitbridge–Musina BCPs (n=42) | | | Chirundu OSBP (n=31) | | | Mwami–Mchinji BCPs (n=76) | | | All BCPs (n=149) | | |
| | Female | Male | Total | Female | Male | Total | Female | Male | Total | Female | Male | Total |
| Touching an item or surface that is (or may be) frequently touched by other people, such as door handles, table surfaces, gas pumps, shopping carts and cashier registers/screens | 95 | 90 | 93 | 76 | 90 | 81 | 89 | 69 | 86 | 88 | 84 | 87 |
| Entering and leaving a public place | 95 | 65 | 81 | 90 | 90 | 90 | 81 | 92 | 83 | 86 | 79 | 84 |
| Touching one's eyes, nose and/or mouth | 91 | 60 | 76 | 76 | 60 | 71 | 35 | 23 | 33 | 55 | 49 | 53 |
| Touching one's face mask | 86 | 45 | 67 | 62 | 50 | 58 | 27 | 8 | 24 | 46 | 35 | 43 |
| Does not know any act/activity that warrants handwashing | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 4 | 3 | 0 | 2 |

Source: Field data from the current study.

4. COVID-19: CHALLENGES, IMPACTS AND POSSIBLE SOLUTIONS

As seen in Figure 17, most (93%) of the interviewees were aware of COVID-19 restrictions in place, with lower proportions at the Mwami–Mchinji BCPs than at the other BCPs.

Figure 17. Awareness of COVID-19 restrictions among respondent ICBTs, by border control post and sex



Source: Field data from the current study.

Table 22. ICBTs' awareness of specific measures/requirements in place, by border control post and sex

| Measure/ requirement | % of respondent ICBTs with knowledge of the measure/requirement | | | | | | | | | | | |
|--|---|------|-------|-------------------------|------|-------|------------------------------|------|-------|---------------------|------|-------|
| | Beitbridge– Musina BCPs (n=41) | | | Chirundu OSBP (n=29) | | | Mwami–Mchinji BCPs (n=65) | | | All BCPs (n=135) | | |
| | Female | Male | Total | Female | Male | Total | Female | Male | Total | Female | Male | Total |
| Hand sanitizers | 100 | 74 | 88 | 84 | 60 | 76 | 70 | 67 | 69 | 80 | 68 | 76 |
| Washing of hands with soap | 91 | 74 | 83 | 89 | 50 | 76 | 70 | 75 | 71 | 79 | 68 | 76 |
| Ban on the movement of goods (other than designated essential goods) across borders | 91 | 63 | 78 | 84 | 100 | 90 | 60 | 67 | 62 | 72 | 73 | 73 |
| Negative COVID-19 test certificate | 95 | 89 | 93 | 79 | 70 | 76 | 43 | 67 | 48 | 63 | 78 | 67 |
| Maintenance of social distance | 95 | 68 | 83 | 79 | 50 | 69 | 51 | 58 | 52 | 67 | 61 | 65 |
| Others | 5 | 5 | 5 | 0 | 10 | 3 | 21 | 17 | 20 | 13 | 10 | 12 |

Source: Field data from the current study.

4.3.3. Resources for managing COVID-19 at the border control posts

Notably, each of the BCPs under assessment turned out to be managed by multiple government institutions. The BCPs were subject to different levels of accessibility to and availability of resources for the management of COVID-19. No department was solely and fully responsible for COVID-19 management at any of the BCPs. The availability of such resources and the extent to which they were used in managing the pandemic, therefore, differed as well. During the border walk-throughs conducted at each BCP, resources such as hand wash dispensers, handwashing soaps, hand sanitizer, face masks, thermometers for temperature screening stations or COVID-19 scanner booths⁷ (see [Annex 3](#) for photos), and waste management equipment were observed to be insufficient. Border personnel respondents generally attributed the cross-cutting resource insufficiencies to limited budgets.

At the time of the assessment, only two of the four handwashing facilities at the Mchinji BCP were observed to have running water and soap. None, however, were labelled properly. Available toilet facilities consisted of pit latrines with no nearby handwashing facilities. Like those at the Beitbridge BCP and the Zimbabwean side of the Chirundu OSBP, ablution facilities at the Mchinji BCP were not sensitive to or did not adequately cater to women's special needs and requirements – such as provisions for changing nappies for babies and taking shower baths. Furthermore, at the Zimbabwean side of the Chirundu OSBP, 50 per cent of such facilities were in disrepair, partly due to lack of proper maintenance. Budget constraints were likewise given as the main reason for the situation.

There were no purposefully built quarantine rooms observed at any of the BCPs during the assessment. At the Zambian and Zimbabwean BCPs, makeshift quarantine rooms were too small, often unclean and housed piles of filing boxes or various other items no longer in use. In addition, temperature screening tents at both Zambian BCPs were worn out (refer to the photos in [Annex 3](#)) at the time of the assessment. One challenge commonly experienced by the ICBTs across the BCPs studied was the lack of nearby COVID-19 PCR testing laboratories or centres. In Malawi, Zambia and Zimbabwe, such facilities were located farther away from the BCPs – about a day's travel to and from. At the Beitbridge BCP, the Chirundu OSBP and the Mwami BCP, port health check desks and handwashing basins were located right before entrance doors to buildings or elsewhere on the BCP premises, instead of at the main entrance and exit gates of the BCP complex. At the Beitbridge BCP and the Chirundu OSBP (Zambian and Zimbabwean sides), floor markings to facilitate social distancing of people queuing for services were noted to be faded or unclear. As mentioned earlier, all the BCPs had inadequate or no public signage at all to assist with directing the flow of people and vehicular traffic, common SOPs or informative client charters.

⁷ A COVID-19 scanner booth is a walk-through machine that automatically takes body temperatures and sanitizes hands using remote-sensing. It releases mist-like smoke that disinfects the entire body as one walks through it, while at the same time allowing for foot-bathing upon entry into buildings.

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4.3.4. COVID-19 prevention, control and management measures at the border control posts

Most (93%) of the interviewed ICBTs reported that there were toilets at the BCPs. Some, however, doubted the usability of the toilets, with only 76 per cent reporting that the toilets were, indeed, usable. The majority (89%) of the interviewed respondents were aware of the handwashing facilities in the toilets. Worrying is the fact that only a few (32%) of the interviewed ICBTs considered the ablution facilities to be adequate (Table 23).

Table 23. COVID-19 prevention facilities, by border control post

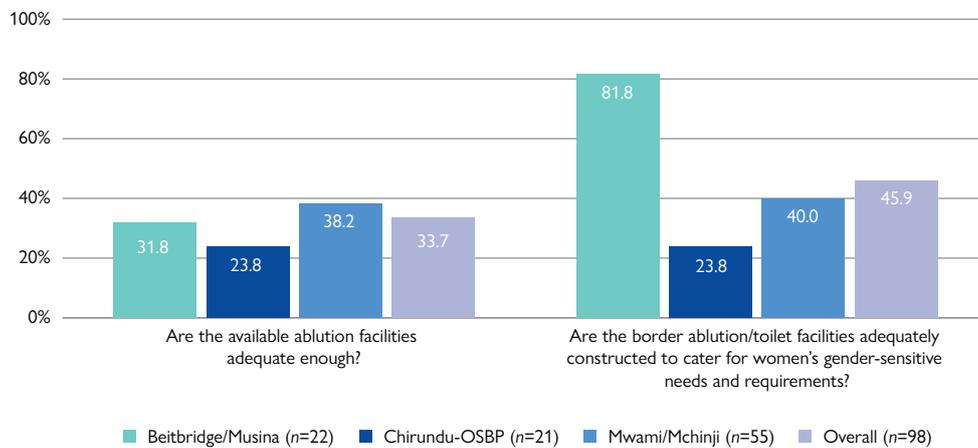
| Facilities | % of respondent ICBTs answering "Yes" | | | |
|--|---------------------------------------|-------------------------|----------------------------------|--------------------|
| | Beitbridge– Musina BCPs (n=42) | Chirundu OSBP (n=31) | Mwami– Mchinji BCPs (n=76) | Overall (n=149) |
| Toilets | | | | |
| Is there a toilet at the border control post? | 100.0 | 100.0 | 86.7 | 93.2 |
| Is the toilet usable? | 65.0 | 96.8 | 73.3 | 76.0 |
| Is there a handwashing facility in or at the entrance to the toilet? | 85.0 | 100.0 | 86.7 | 89.0 |
| Is there available running water for handwashing? | 72.5 | 87.1 | 84.0 | 81.5 |
| Are the available ablution facilities adequate? | 35.0 | 29.0 | 30.7 | 31.5 |
| Are the border ablution/toilet facilities adequately constructed or equipped to cater to women's needs and requirements (i.e. gender-sensitive)? | 10.0 | 67.7 | 49.3 | 42.5 |
| Handwashing facilities | | | | |
| Is there a handwashing facility/ station at the border control post? | 85.0 | 100.0 | 100.0 | 95.9 |
| Is the handwashing facility labelled? | 82.5 | 87.1 | 96.0 | 90.4 |
| Is the handwashing facility accessible? | 67.5 | 96.8 | 98.7 | 89.7 |
| Have you ever used the handwashing facility? | 72.5 | 93.5 | 100.0 | 91.1 |
| Is there available running water for handwashing? | 77.5 | 100.0 | 98.7 | 93.2 |

Source: Field data from the current study.

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Most interviewed WICBTs (n=98 (92% of 106)) were aware of the existence of ablution facilities at the three border posts. The toilets were generally adequate according to a third (n=33 (34% of 98)) of these women, and less than half (46%, n=45) of this third considered the toilets to be adequate for women's specific needs and requirements. The majority (82%, n=42) of ICBTs interviewed at the Beitbridge–Musina BCPs reported that the toilets were gender-sensitive, at least on the South African side (i.e. Musina BCP); those on the Zimbabwean side (Beitbridge BCP) were less so (Figure 18).

Figure 18. Proportion of respondent WICBTs who considered the toilets at border control posts to be adequate and gender-sensitive



Source: Field data from the current study.

Analysis shows that the majority of all interviewed ICBTs were aware of most of the infection control and prevention measures implemented at the BCPs covered by the study and were able to enumerate them. However, less than half (40%) were aware of the need for a valid negative COVID-19 test certificate at the border, and even fewer (21%) were aware of the foot and wheel baths (Table 24). Awareness of the requirement of a valid negative COVID-19 test certificate was particularly low among ICBTs interviewed at the Mwami–Mchinji BCPs.

Disaggregation by sex indicates that a higher percentage of women than men were aware of many of the specific COVID-19 infection control and prevention measures that were in place. However, while both are low, a slightly higher proportion of women than men (7% versus 5%) reported not knowing any of these measures (Table 24). It is very critical that these respondents be informed and their awareness be increased in areas where they are lacking. Respective port health officers need to come up with ways and means to constantly identify such cases for immediate sensitization or awareness-raising.

4. COVID-19: CHALLENGES, IMPACTS AND POSSIBLE SOLUTIONS

Table 24. ICBTs' awareness of infection control and prevention measures/requirements, by border control post and sex

| Measure/ requirement | % of respondent ICBTs who were aware of the control measure | | | | | | | | | | | |
|---|---|------|-------|-------------------------|------|-------|------------------------------|------|-------|---------------------|------|-------|
| | Beitbridge– Musina BCPs (n=42) | | | Chirundu OSBP (n=31) | | | Mwami–Mchinji BCPs (n=76) | | | All BCPs (n=149) | | |
| | Female | Male | Total | Female | Male | Total | Female | Male | Total | Female | Male | Total |
| Mandatory wearing of face masks | 82 | 70 | 76 | 81 | 80 | 81 | 84 | 100 | 87 | 83 | 81 | 83 |
| Temperature checks | 100 | 75 | 88 | 81 | 80 | 81 | 70 | 92 | 74 | 78 | 81 | 79 |
| Hand sanitizing stations | 95 | 75 | 86 | 76 | 60 | 71 | 73 | 69 | 72 | 78 | 70 | 76 |
| Adequate border clearance queue spacing for social distancing | 68 | 50 | 60 | 71 | 90 | 77 | 59 | 69 | 61 | 63 | 65 | 64 |
| Valid negative COVID-19 test certificate | 82 | 55 | 69 | 33 | 60 | 42 | 17 | 46 | 22 | 34 | 53 | 40 |
| Foot and wheel baths | 32 | 0 | 17 | 5 | 20 | 10 | 30 | 23 | 29 | 25 | 12 | 21 |
| Unaware of the measures | 0 | 5 | 2 | 10 | 10 | 10 | 8 | 0 | 7 | 7 | 5 | 6 |

Source: Field data from the current study.

Around 73 per cent of all interviewed ICBTs knew of the existence and location of the COVID-19 testing tent/room at the respective BCPs where they were interviewed. Among these respondents were 23 per cent, 67 per cent and 86 per cent, respectively, of women respondents at the Beitbridge–Musina BCPs, the Chirundu OSBP and the Mwami–Mchinji BCPs. The figure for their male counterparts were 65 per cent at the Beitbridge–Musina BCPs and 100 per cent at both the Chirundu OSBP and the Mwami–Mchinji BCPs. Over half (56%) of all respondent ICBTs were aware that health personnel could do COVID-19 testing at the BCPs. Disaggregation of the data by sex shows that only 14 per cent of females, compared to 10 per cent of males, at Beitbridge–Musina; 38 per cent of females and 80 per cent of males at the Chirundu OSBP; and 81 per cent and 92 per cent of females and males, respectively, at the Mwami–Mchinji BCPs were aware that there were health personnel conducting COVID-19 tests at the BCPs. As seen in Table 25, few of the interviewed ICBTs knew of the existence or location of isolation or quarantine tents/rooms at the BCPs (34%); that there were health personnel to monitor travellers in quarantine/isolation (34%); and that there was available transport to take those who had tested positive for COVID-19 to a health facility (24%).

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Table 25. ICBTs' awareness of the availability of COVID-19 testing-related resources and services, by border control post and sex

| Resource/ service | % of respondent ICBTs who were aware that the procedure was available at the BCP | | | | | | | | | | | |
|--|--|------|-------|----------------------|------|-------|---------------------------|------|-------|------------------|------|-------|
| | Beitbridge–Musina BCPs (n=42) | | | Chirundu OSBP (n=31) | | | Mwami–Mchinji BCPs (n=76) | | | All BCPs (n=149) | | |
| | Female | Male | Total | Female | Male | Total | Female | Male | Total | Female | Male | Total |
| COVID-19 testing tent/room | 23 | 65 | 43 | 67 | 100 | 77 | 86 | 100 | 88 | 69 | 84 | 73 |
| Health personnel to conduct COVID-19 testing | 14 | 10 | 12 | 38 | 80 | 52 | 81 | 92 | 83 | 58 | 51 | 56 |
| Health personnel to give COVID-19 education | 36 | 25 | 31 | 29 | 20 | 26 | 41 | 46 | 42 | 38 | 30 | 36 |
| Isolation/quarantine tent/room | 18 | 25 | 21 | 10 | 40 | 19 | 51 | 31 | 47 | 36 | 30 | 34 |
| Health personnel to monitor those in isolation/quarantine | 9 | 25 | 17 | 19 | 10 | 16 | 49 | 62 | 51 | 35 | 33 | 34 |
| Available transport to take those who had tested positive to a health facility | 18 | 25 | 21 | 10 | 30 | 16 | 30 | 23 | 29 | 24 | 26 | 24 |
| Others | 41 | 35 | 38 | 33 | 0 | 23 | 17 | 8 | 16 | 25 | 19 | 23 |

Source: Field data from the current study.

Combined, interviewees at the Beitbridge–Musina BCPs were the least in terms of awareness of available on-site COVID-19 testing services compared to the other two BCPs. This can be attributed to lack of public signage at these two BCPs relative to the others. Overall, the findings in Table 25 indicate the need to make the availability of listed resources and services publicly known so that all ICBTs are aware. It is the responsibility of the respective BCPs to ensure that ICBTs are familiar with the existence and location of those resources and services. Particular attention should be extended to women so that they become as knowledgeable as their male counterparts.

4.4. Impact of COVID-19 on ICBTs

In this rapid situation and needs assessment, it was noted that all four countries adopted and implemented varying COVID-19 response measures⁸ that had far-reaching negative consequences for ICBTs across all the BCPs. This scope of this section is limited to the established impacts of the pandemic on informal cross-border trade as they related, directly or indirectly, to the BCPs. Most of the far-from-the-border or in-country socioeconomic effects of these measures will be covered later in this report.⁹

Feedback gathered from the respondent ICBTs indicates that they were either aware of at least some of the measures that their respective governments had put in place in response to the pandemic. Among these, the ICBTs singled out the requirement of a valid negative COVID-19 test certificate as an impediment to the resumption and revival of their trade operations under phased-down conditions, as testing is costly. They all pointed out that this requirement was an additional business expense and, thus, was a new form of institutionalized, non-tariff barrier to informal cross-border trade. Close examination showed that ICBTs had already been battling with high trade costs prior to the COVID-19 outbreak. The added cost of COVID-19 testing left them worse off, which explains why most of the ICBTs resorted to smuggling through illegal border crossing points.

Findings from the Zambian side of the Chirundu OSBP revealed that none (0%) of the interviewed ICBTs were using the official BCP at the time of the assessment. Nevertheless, their cross-border trade operations continued. Most of the male ICBTs interviewed at the Beitbridge BCP and the Zimbabwean side of the Chirundu OSBP said their businesses had hit record profit levels since they became regularly involved in smuggling through illegal border crossing points. They explained that there was a large demand for smuggled products in an environment where the flow of supply through BCPs had become next to impossible. A closer look indicates that the supply-side constraint created a shortage of goods and services in both formal and informal sectors. This, in turn, led to high levels of unmet demand for traded goods and services. The combination of the prohibitive cost of mandatory COVID-19 testing as a push factor, in combination with the large, unmet demand for informally traded goods and services as a pull factor, fuelled the increase in border-jumping and smuggling among ICBTs.

The evidence shows that these push and pull factors caused ICBTs, who were trying to make ends meet under the circumstances, to adopt the modus operandi of border-jumping through the Limpopo River (as well as the Zambezi River, in the case of the ICBTs at Chirundu OSBPs) with smuggled goods. Border officers attributed the increasing number of reported cases of ICBTs (especially WICBTs) who had drowned or were killed by crocodiles, if not abused or harassed by people masquerading as border security personnel or by genuine, but never-do-well, border

⁸ Refer to section 4.5 for a detailed discussion of country-specific measures.

⁹ Refer to section 5.1 for details on these effects.

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security officers. Most of the ICBTs interviewed at the Beitbridge BCP resorted to obtaining counterfeit negative COVID-19 test certificates to make it officially through the BCP. The fake certificates were, however, detected en masse, leading to the increase in denied entries. Story 1 presents an account describing the desperate situation at the Beitbridge BCP.

Story 1. Zimbabweans descend on Beitbridge to escape lockdown

The Beitbridge border post was chaotic on 4 January 2021 as hundreds of people tried to make their way into South Africa following a government announcement that Zimbabwe would again be put under level 4 lockdown for 30 days due to a surge in COVID-19 cases. The lockdown includes a nightly curfew from 6 p.m. to 6 a.m.

Hundreds of Zimbabweans hoping to escape the lockdown found themselves cheek by jowl at the Beitbridge border post. Some had been queuing since the previous day, 3 January, when the country recorded over 14,000 cases of coronavirus infections and nearly 370 deaths, with the numbers still swelling. These numbers prompted acting president Kembo Mohadi to impose the lockdown, which sent people fleeing.

South Africa's Minister of Home Affairs, Aaron Motsoaledi, visited Beitbridge to assess port control officers' readiness for the anticipated influx of people following the announcement. Motsoaledi said that even prior to the pandemic, already more than 500 undocumented Zimbabweans were being arrested each day at the border for trying to enter South Africa illegally. A large group of border jumpers were spotted under the bridge connecting South Africa with Zimbabwe.

Source: Mohamed, 2021.

As per official statistics, crossing volumes through the Chirundu OSBP (Zambia and Zimbabwe sides), the Mwami BCP (despite the 14-day closure at the time of the field visit) and the Mchinji BCP (which shares an already highly porous border with the Mwami BCP) have generally gone down. Mostly driven by the need to survive, most of the interviewed male ICBTs switched over to the use of illegal entry points along the Zambezi River, with the majority of the interviewed Zimbabwean WICBTs who frequently used the Chirundu OSBP finding themselves easily falling prey to racketeers selling (relatively inexpensive) counterfeit negative COVID-19 test certificates. Others resorted to the use of runners¹⁰ to remain in business. Story 2 features an account of racketeers caught selling counterfeit COVID-19 test certificates at the Chirundu OSBP.

¹⁰ Border "hustlers" earn money from smuggling goods in behalf of ICBTs for a fee. Runners are often described by ICBTs as "mean" and "daring".

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Story 2. Counterfeit COVID-19 test certificates detected at Chirundu

Zimbabwean police busted part of a racket involving the distribution of counterfeit COVID-19 test certificates at the Chirundu OSBP, which links the countries of Zimbabwe and Zambia, in early December 2020. Police spokesperson Paul Nyathi said law enforcement agents arrested two men who were part of a syndicate selling counterfeit COVID-19 test certificates to travellers, including traders, at Chirundu OSBP. Testing equipment and 330 of the blank fake certificates, stamped to appear legitimate, were confiscated from the suspects, who were not medical practitioners.

Syndicates conduct thriving businesses at most of Zimbabwe's border posts, offering various "services" to desperate locals wishing to cross into neighbouring countries. They charge about USD 20 (around ZAR 300) for a fake COVID-19 test certificate to travellers wishing to cross into Botswana, Namibia, Mozambique, South Africa and Zambia. According to Zimbabwe's COVID-19 health protocols, a traveller requires a valid COVID-19 test certificate issued no more than 48 hours prior to the time of travel.

Source: IOL, 2020.

The prohibitive cost of COVID-19 testing had its fair share of impact on business, according to most of the interviewed border control officers. Immigration officers at the Chirundu OSBP confirmed that the volume of people crossing the BCP had remained very low after reopening. They attributed this to the emerging high incidence trends of the use of illegal border crossing points by ICBTs. This, according to their analysis of the situation, was due to the high cost of the COVID-19 PCR test. Just as MRA officers revealed that the volume of goods passing through the Mchinji BCP had decreased, so did ZIMRA officers at both Zimbabwean BCPs covered by this assessment likewise pointed out that the volume of exports and imports passing through these BCPs had remained very low. Yet the presence and availability of imported goods in Zimbabwe never declined, as they continued to find their way into the country. Port health officers confirmed that there were currently no COVID-19 PCR testing facilities at any of the BCPs, but only at provincial hospitals located far away.

4.5. National responses to COVID-19: health measures, lockdowns and others

Field visit findings showed that – just like any other nation in the world when COVID-19 broke out – all four countries covered by this rapid assessment were caught unawares and unready for it. In the absence of a cure, each country adopted and implemented national response strategies aimed at the containment of the virus and the mitigation of the effects of the outbreak. These response measures were designed in ways that suited each specific country's situation, and initial approaches were in line with WHO international guidelines.

This section adopts a case study approach to present the information that the respective focal points for each country gathered in this order: South Africa, Zimbabwe, Zambia and Malawi. It concludes by looking at the common challenges and gaps encountered by each country with respect to the measures and strategies they have adopted.

4.5.1. Country case study A: South Africa¹¹

The Government of South Africa took measures consistent with those prescribed by WHO to curb the spread of COVID-19. The measures were also generally similar to those undertaken in neighbouring countries and elsewhere around the world and included border closures, restrictions on people's mobility, quarantines and stay-at-home orders (Nantulya and Mavhinga, 2021; ECA, 2020). In his address to the nation on 15 March 2020, President Cyril Ramaphosa declared COVID-19 a national disaster by virtue of the Disaster Management Act (No. 57 of 2002) of South Africa and went on to announce that the Government would take "urgent and drastic measures to manage the spread of the disease, protect the people and reduce the impact of the virus on society and the economy" (tralac, 2020). In his second national address, on 23 March 2020, the President declared a national lockdown, initially for 21 days, and outlined more stringent measures under a comprehensive plan to limit transmission of COVID-19 and mitigate its economic and social impacts (ibid.). The response reflected in the plan could be divided into three phases:

- (a) The first began in mid-March, when the coronavirus pandemic was declared a national disaster. This phase included a broad range of measures – such as the issuance of tax reliefs, release of disaster relief funds, emergency procurement, wage support through the Unemployment Insurance Fund (UIF) and financial assistance to small businesses – to mitigate the worst effects of the pandemic on businesses, communities and individuals.
- (b) The second phase was aimed at stabilizing the economy, addressing the extreme decline in the supply of goods and services, and protecting jobs. On 21 April 2020, President Ramaphosa announced the finalization of a socioeconomic support package worth ZAR 500 billion, amounting to approximately 10 per cent of the country's GDP. Resources were redirected to fund the COVID-19 health response and the support package to provide hunger and social distress relief to households and individuals (direct assistance) and financial support to companies in distress, as well as protecting jobs by supporting workers' wages.
- (c) The third phase included a strategy aimed at driving economic recovery as the country emerged from the pandemic. Central to the economic recovery strategy would be measures to stimulate demand and supply through interventions such as a substantial infrastructure building programme and the speedy implementation of economic reforms, among other steps to ignite inclusive economic growth.

(Ibid.)

¹¹ Excerpted from a feedback report on informal cross-border traders at South Africa's Beitbridge Port of Entry ("Musina BCP") (IOM, 2021a), prepared by Christopher Nshimbi for IOM and FCDO.

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The Government's main aim was to steadily increase economic activity while reducing COVID-19 transmission and providing adequate care for infected people who needed treatment. Towards this aim, the Government set five COVID-19 alert levels with risk-adjusted strategies for slowing down infection rates and flattening the infection curve. The levels, as outlined in the Risk Adjustment Strategy: Schedule of Services (draft framework) of 25 April 2020, with 5 being the strictest, are briefly described below:

- (a) Level 5: Drastic measures are required to contain the spread of the virus to save lives.
- (b) Level 4: Some activities can be resumed, subject to tight precautions required to limit community transmission and outbreaks (effective 1 May 2020).
- (c) Level 3: Some restrictions are eased, including those on work and social activities, to address the prevailing high risk of transmission (effective 1 June 2020).
- (d) Level 2: Restrictions are further eased, except for some leisure and social activities, and with the maintenance of physical distancing to prevent a resurgence of the virus (effective 18 August 2020).
- (e) Level 1: Many of the remaining restrictions on economic activity are removed, although it may be some time before it is safe for all sectors to return to full operations (effective 21 September 2020).

(Ibid.)

The phased reopening of the economy started on 1 May 2020. Four months later, in his 15 September 2020 address to the nation, President Ramaphosa indicated that South Africa would move to alert level 1, effective midnight of 20 September 2020 (a Sunday). In addition, the declaration of the national state of disaster was extended to 15 October 2020.

On 1 October 2020, the Government reopened national borders to business and leisure travel, subject to certain conditions. All travellers visiting the country were expected to abide by such regulations as the mandatory wearing of face masks at all times, social distancing in public spaces, regular washing or sanitizing of hands, and presentation of a negative COVID-19 test certificate no older than 72 hours at the time of departure from the country of origin. Upon arrival at a port of entry in South Africa, travellers would be screened for COVID-19 symptoms and contact with people who might have been infected with the COVID-19 virus. (Ibid.)

4.5.2. Country case study B: Zimbabwe¹²

Zimbabwean President Emmerson Mnangagwa declared COVID-19 a national disaster during an update to the nation delivered on 17 March 2020. He informed the country that the Government had heightened its national response following reported cases from neighbouring countries. Since no cases had yet been reported in Zimbabwe, all ports of entry were kept open while COVID-19 screening and testing of visitors were to be intensified (*Xinhua*, 2020).

Zimbabwe reported its first COVID-19 case on 21 March 2020 through the Ministry of Health and Child Care (*AfricaNews*, 2020a). By 23 March 2020, the Government announced additional measures, including the closure of Zimbabwe's borders to all non-essential travel and traffic (both inbound and outbound), except for returning residents and the movement of cargo. The Ministry of Health of Child Care implored everyone to remain committed to the prevention of COVID-19 infection by observing personal hygiene, including through regular handwashing with soap and running water or disinfecting with alcohol-based sanitizers, the use of tissues or a flexed elbow to cover one's mouth and nose when sneezing or coughing, and social distancing, as well as avoiding all non-essential travel (*Chirisa*, 2020). On 27 March 2020, the Government declared a nationwide total lockdown for 21 days beginning on 30 March 2020 (Government of Zimbabwe, 2020b). Throughout the subsequent reviews by the Government, land borders remained closed to people and goods, including ICBTs and their merchandise.

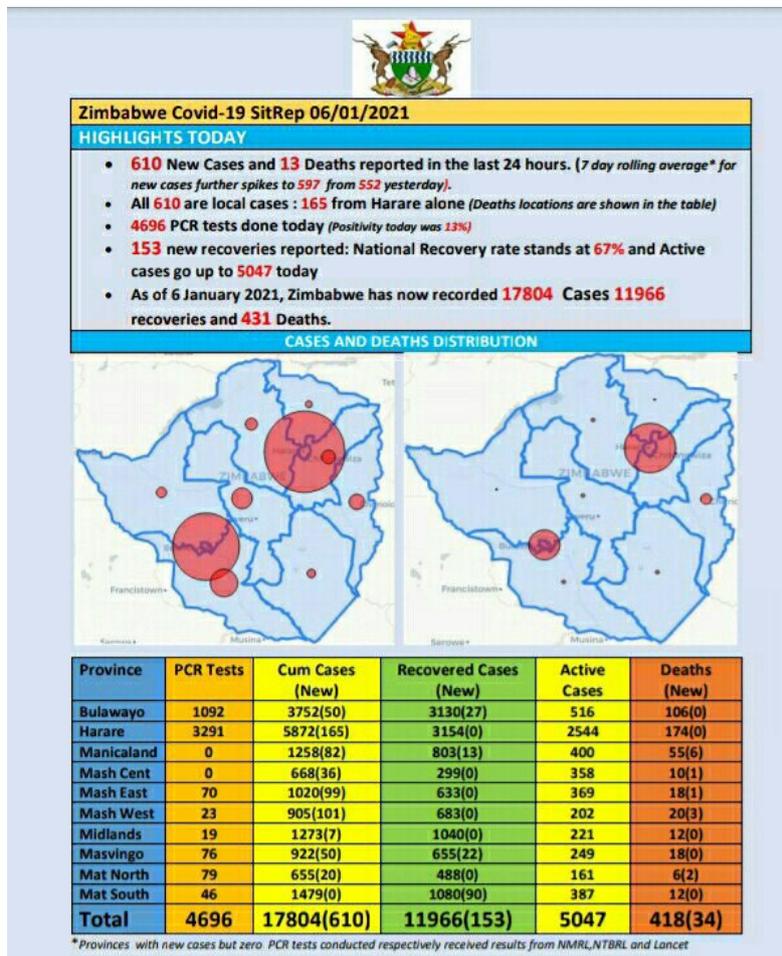
On 30 November 2020, the Government opened all of Zimbabwe's ports of entry to its neighbouring countries with a set of new, relaxed restrictions. With effect from 1 December 2020, a traveller transiting or entering Zimbabwe as a returning resident must present a negative COVID-19 test certificate. Port health officers at both Zimbabwean BCPs specified that a PCR test was required and that the certificate should have been issued within 48 hours prior to arrival at the BCP. A curfew starting at 10 p.m. and ending at 6 a.m. the following day was also imposed. Failure to present a negative test certificate or comply with other requirements by a (non-Zimbabwean resident) traveller in transit would result in the denial of their entry, even if they were asymptomatic. Port health officers further confirmed that a returning resident without a negative PCR test certificate was required to undergo testing upon arrival and remain in a government holding facility until the test result was available.

The Government responded to a nearly 100-per-cent surge in COVID-19 cases in November and December 2020 by putting the country back under extended and enhanced stringent COVID-19 measures, with effect from 5 January 2021. As of 6 January 2021, the Ministry of Health reported that Zimbabwe had a total of more than 17,000 confirmed COVID-19 cases and more than 400 deaths (*Matiashe*, 2021). Figure 19 shows the Zimbabwe COVID-19 situation report as of 6 January 2021 with the exact statistics.

¹² Excerpted from a feedback report on informal cross-border traders at Zimbabwe's Beitbridge and Chirundu border control posts (IOM, 2021b), prepared by Rwatida Mafurutu for IOM and FCDO.

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Figure 19. Zimbabwe COVID-19 situation report, 6 January 2021



Source: Matiashe, 2021.

The enhanced and extended stringent COVID-19 restrictions adopted and implemented by the Government, which were subject to short-notice changes, included:

- Land borders are to be closed, except to cargo transport and tourists.
- Travellers are required to submit a negative COVID-19 test certificate with the test done within 48 hours prior to arrival. Those without a test result or exhibiting symptoms of the disease could be denied entry. Those who test positive on arrival are subject to a 14-day quarantine at a government-approved facility.
- All persons departing the country should show a negative COVID-19 test obtained within 48 hours prior to departure.
- Returning residents must show a negative COVID-19 test obtained within 48 hours prior to arrival or be tested on arrival and await the outcome of the results while at a government facility.

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- (e) A daily nationwide curfew from 6 p.m. to 6 a.m. the following day.
- (f) All non-essential businesses, with some limited exceptions, must close for 30 days beginning 5 January. Essentials services, such as grocery stores, hospitals and pharmacies, can operate from 8 a.m. to 3 p.m.
- (g) Wearing of face masks in public is mandatory.
- (h) Inter-provincial and inter-city transport is prohibited.
- (i) People must stay at home and may only leave to acquire essential goods or for medical reasons.
- (j) Tourists may travel from the port of entry to a designated tourist facility.
- (k) No large gatherings were allowed except for funerals, which were limited to only 30 people who would attend the burial procession. (*Crisis24*, 2021)

4.5.3. Country case study C: Zambia¹³

In addition to enforcing Public Health Act (Chapter 295) and Statutory Instruments 21 and 22, Zambia's health sector has also adopted the WHO recommended pillars in responding to the crisis. National response measures focused on preventing the spread of COVID-19 through points of entry.

Health-related measures

Specific health measures that were put in place from March 2020 to date have included the following:

- (1) The National Public Health Emergency Operations Centre (PHEOC), located at the Zambia National Public Health Institute (ZNPHI), was activated. PHEOC has taken the lead in coordinating nationwide approaches to containing the spread of the coronavirus.
- (2) The amount of ZMW 57 million was allocated to the Epidemic Preparedness Fund under the Ministry of Health; ZMW 659 million was allocated to the COVID-19 Contingency and Response Plan under the Disaster Management and Mitigation Unit.
- (3) The Government, through the Ministry of Health, has continued to monitor ports of entry (PoE) and ensure that all international passengers are screened and follow-ups are made on passengers originating from high-risk countries.
- (4) Isolation facilities have been installed at the district level across the country to safely manage cases and limit the spread of COVID-19.
- (5) IPC measures have been strengthened by continuously procuring disinfectants and personal protective equipment (PPE), such as face masks, and hand hygiene supplies to ensure a steady supply to health officers, especially front-line officers.

¹³ Excerpted from a feedback report on informal cross-border traders at Zambia's Chirundu and Mwami border control posts (IOM, 2021c), prepared by Nyembezi Mvunga for IOM and FCDO.

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- (6) Continuous community engagement through social media, radio, television and automated texts countrywide ensured that information on COVID-19 is provided to the general public. Additionally, through the Ministry of Health, informational posters have been distributed across the country, including at borders.
- (7) Emergency call centres were established to enable citizens to report suspected COVID-19 cases and receive public health information.
- (8) Training was provided to key health-care workers, including front-line officers from various institutions.
- (9) Tax reliefs were offered, and excise duties were suspended on essential medical goods such as medical equipment (e.g. ventilators), protective garments, thermometers, testing equipment, and ethanol used in the manufacture of alcohol-based sanitizers.

Non-health-related measures

Other measures instituted by the Government included suspending export duties on precious metals and mineral concentrates and waiving tax penalties and interests on outstanding tax liabilities to ease the pressure. To ease liquidity in the economy, the Government issued ZMW 2.5 billion worth of financial relief for business, while the Bank of Zambia instituted a ZMW 10 billion medium-term refinancing facility. A COVID-19 bond, which was aimed at raising ZMW 8 billion in tranches from the banking sector and pension funds, was also established.

Restrictions

Lockdowns or restrictions resulting from surging COVID-19 cases have varied from March 2020 to date. Restrictions have included requiring travellers entering Zambia with temperatures of 38 °C (100.4 °F) or higher to undergo mandatory COVID-19 testing. A negative COVID-19 test certificate is also required for both outbound and inbound travellers. The year 2020 saw complete closures of schools that later shifted to partial closures that enabled students in exam classes to reopen. Schools were later reopened to all (with the reopening originally planned for January 18 but eventually shifted to 1 February 2021). Restrictions also saw a complete ban of casinos and bars operating in 2020 that was later reversed. Hours of operation of restaurants were restricted for parts of 2020. Public gatherings of more than 50 people were also banned. The wearing of protective face masks in public places was made mandatory. BCPs, like those at Chirundu, Mwami and Nakonde, were completely closed to cargo, passenger and informal cross-border trade during some parts of 2020, but have resumed operations for commercial cargo.

4.5.4. Country case study D: Malawi¹⁴

The Government of Malawi has played its rightful role in ensuring that the lives of vulnerable citizens are protected during the COVID-19 pandemic by mitigating exposure. Realizing the need to deal with the pandemic in a structured and coordinated manner, the Government formulated the National Coronavirus Disease (COVID-19) Preparedness and Response Plan.

This plan was developed to establish operational procedures for preparedness and response to COVID-19 based on risks identified by the Ministry of Health and WHO to ensure a timely, consistent and coordinated response to the COVID-19 outbreak. The plan's implementation is spearheaded by the Department of Disaster Management Affairs and Ministry of Health, with support from other sectors, including communication, transport and logistics.

The Presidential Taskforce on COVID-19 had been at the forefront of instituting and reviewing public health guidelines on the fight against COVID-19. Some of the common measures that have been put in place included movement restrictions and border closures. The country also encourages handwashing with soap, social distancing, limiting public gatherings to at most 100 people, mandatory wearing of face masks, and staying at home whenever possible.

Some of the latest measures consist of limiting operating hours of social spaces to between 2 p.m. and 8 p.m., prohibiting alcohol consumption on drinking joint premises; reducing the seating capacity of public transport vehicles by half; observing social distancing in gatherings; burying dead bodies within 24 hours; and prohibiting the preparation and serving of communal food at funerals and other gatherings.

In April 2020, the Government announced a 21-day lockdown to contain the spread of COVID-19, which had thus far claimed two lives. The lockdown was effective until 9 May 2020, subject to extension depending on the prevailing circumstances. However, the lockdown was successfully challenged in court by the Human Rights Defenders Coalition (HRDC) due to a lack of accompanying measures to protect the livelihoods of Malawians.

On 20 April 2020, the Government ordered, with immediate effect, all government employees not providing essential services to start working from home to protect them and the general public in the wake of the COVID-19 pandemic. The movement restrictions have, however, not been mandatory, as people have continued to carry out their day-to-day activities, with the hope that they are protecting themselves from COVID-19 exposure by wearing face masks, sanitizing and observing other measures.

¹⁴ Excerpted from a feedback report on informal cross-border traders at Malawi's Mchinji border control post (IOM, 2021d), prepared by Vincent Nkhoma for IOM and FCDO.

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COVID-19 policy response measures and ICBTs in the four countries: a gap analysis

Being in the same geographic region, South Africa, Zimbabwe, Zambia and Malawi are all member States of SADC and the African Continental Free Trade Area (AfCFTA), among other prominent regional and continental economic communities and configurations. Furthermore, Malawi, Zambia and Zimbabwe are all member States of COMESA, which is another formidable REC.

Evidence from the field interviews revealed that common national health-related measures adopted in the four countries included mandatory hand sanitization, wearing of face masks, social distancing and body temperature checks, as well as restrictions on people's movement and on public gatherings. At one time, borders were completely closed to the movement of people and non-essential goods.

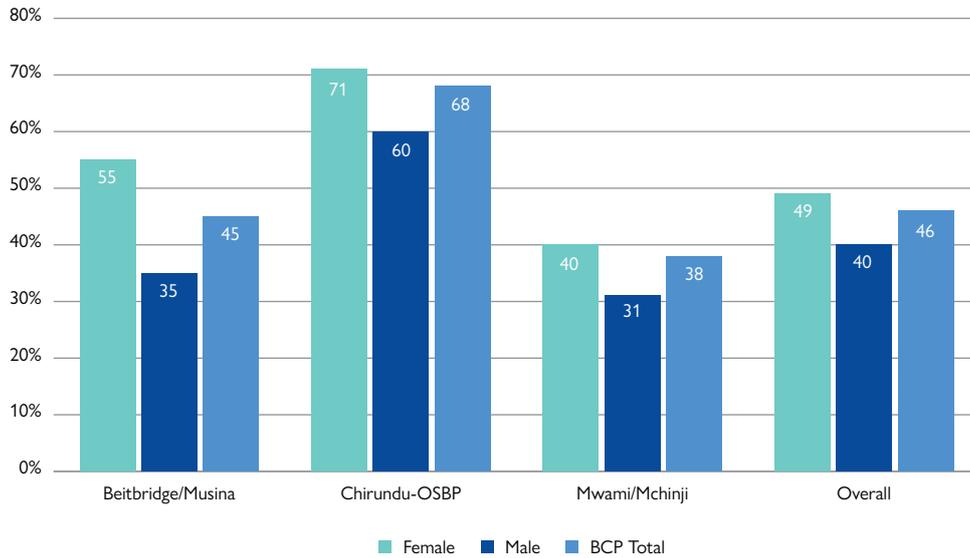
A close analysis of the case studies and the backdrop in each country shows that the four countries inadvertently adopted and implemented national COVID-19 response strategies that were, at times, heterogeneous, in disharmony and uncoordinated in their application to enable the continuity of safe informal cross-border trade. Submission of a negative COVID-19 test certificate by each traveller at each BCP was mandatory in the four countries. However, restrictions associated with the presentation of a negative test certificate varied across the countries. At the time of the BCP field visits, while Zambia's certificate was valid for 14 days, Zimbabwe's certificate was valid for 48 hours and South Africa's certificate was valid for 72 hours from the time of testing. The cost of getting tested (worth the equivalent of USD 65 in Zimbabwe and USD 75 in Zambia) was generally too high for the ICBTs across all the four countries. Testing laboratories were situated far away from the BCPs, especially in Malawi, Zambia and Zimbabwe. Inadequate national provision of standard quarantine facilities at BCPs was a notable common challenge in the four countries. It was also noted that, at one-time, South Africa publicly announced the reopening of its BCPs to travel, including to ICBTs, while Zimbabwe's Beitbridge BCP was still under national lockdown at the time of South Africa's relaxation of its national policy in this regard. Curfew times also differed with each country.

4.6. National economic recovery plans and COVID-19

Awareness of their countries' respective COVID-19 stimulus packages (as part of national economic recovery plans) was low among the ICBTs interviewed, with only 46 per cent ($n=149$) reporting that they knew about them. Disaggregating data by sex, a higher proportion of women than men were aware of their government's stimulus package.

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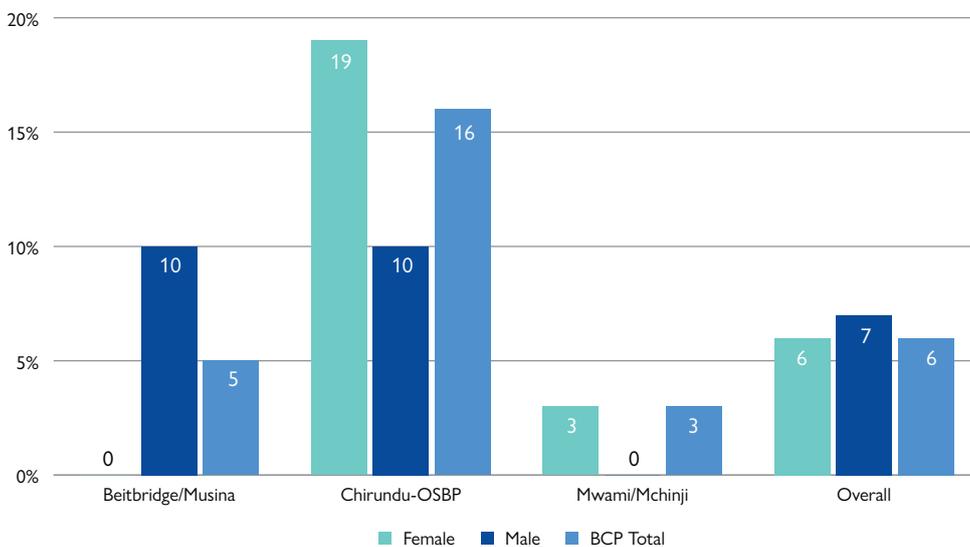
Figure 20. Awareness of the Government's stimulus package among respondent ICBTs, by border control post and sex



Source: Field data from the current study.

Related to the awareness of the Government's stimulus package was the proportion who reported receiving any such assistance. Overall, very few (6%, $n=9$ (out of 149)), of those who knew about the government assistance programmes benefited from them. Figure 21 shows that none of the WICBTs at the Beitbridge–Musina BCPs and none of the male ICBTs at the Mwami–Mchinji BCPs were among these very few interviewees who said they had benefited from the programmes.

Figure 21. Proportion of respondent ICBTs who benefitted from government assistance programmes, by border control post and sex



Source: Field data from the current study.

4. COVID-19: CHALLENGES, IMPACTS AND POSSIBLE SOLUTIONS

The CBTs reported being aware of the stimulus packages (part of the Government's economic recovery plan), meant to cushion the impacts of the pandemic, specifically by helping preserve their livelihoods. Despite seeming optimistic and positive about the stimulus packages, none of the interviewed national stakeholders revealed any tangible or clear-cut national economic recovery plans targeting the preservation of small-scale or informal cross-border trade at the present time or in the immediate future.

There was no indication of provisions for ICBTs incorporated into the national economic recovery plans. All ICBTs and CBTAAs and most border stakeholders at all BCPs revealed that there were currently no steps taken by their respective governments to that effect. Below are some insights from the interviewees:

- (a) The countries' lockdowns were put in place without dedicated revival or recovery plans for ICBTs.
- (b) Despite being disproportionately impacted by the pandemic, ICBTs find themselves neglected when it comes to measures safeguarding their livelihoods. Governments have failed to prioritize ICBTs, overlooking their need for stimulus packages and support to sustain cross-border trade amidst economic challenges due to COVID-19.
- (c) Without government subsidies for COVID-19 testing fees or the provision of free infection control supplies such as sanitizers, face masks and, possibly, vaccines (in the future), the COVID-19 outbreak will persist, heightening the vulnerability and suffering of already-vulnerable groups.
- (d) Total border lockdowns mean completely shutting down the lives and livelihoods of ICBTs. Lockdowns should be accompanied by consistent and reliable national economic relief and strategic economic recovery action plans.

4.7. National strategies and action plans for ICBTs in relation to COVID-19

Since the outbreak of COVID-19, several national strategies and action plans have been drafted, announced and implemented in each country. These were aimed at reducing the adverse effects of COVID-19, mostly in the formal sector of the economy. Notably, almost all interviewed ICBTs and all representatives of stakeholder institutions reported that they had not heard of a national strategy or action plan that specifically aimed to cushion the impacts of COVID-19 on ICBTs. In addition, all border personnel, particularly customs and immigration officers, cited that no exemptions, concessions or rebates specifically applicable to ICBTs were in place. None of the respondents from any of the four countries could identify a government policy or guidelines that were directly aimed at the promotion of continued safe informal cross-border trade amid the pandemic.

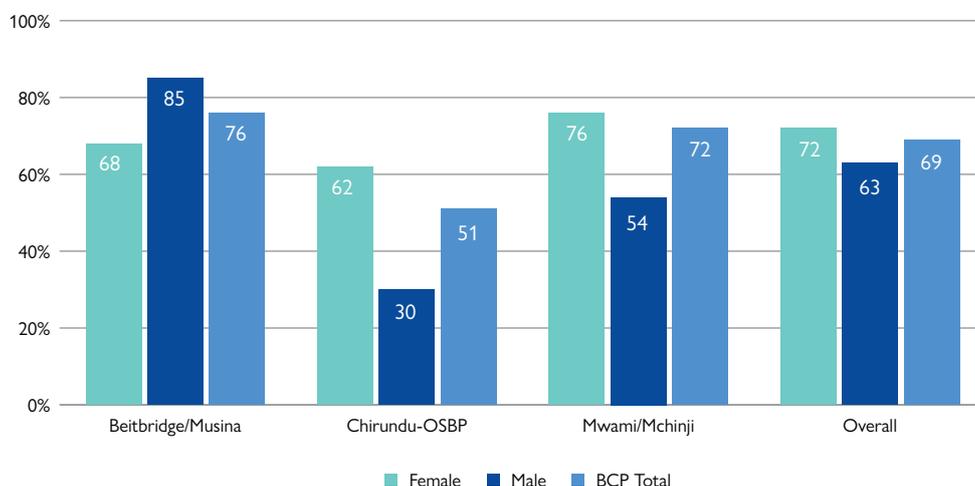
RAPID SITUATION AND NEEDS ASSESSMENT OF INFORMAL CROSS-BORDER TRADERS
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Interviewed representatives of the Ministry of Trade of Malawi reported that, at the time of the field assessment, there was no thorough strategy or action plan aimed at cushioning ICBTs, specifically, against the challenges brought about by COVID-19. Respondents from Zambia, Zimbabwe and South Africa noted that existing initiatives did not address or speak to the plight of ICBTs as an informal economic sector, let alone women in cross-border trade. In all four countries, trade-related initiatives and action plans of the national government effectively targeted only the formal sector, including commercial entities. As in Zimbabwe, it was not clear whether South Africa's COVID-19 policies, guidelines and strategic responses at the time of the assessment catered to ICBTs. There was no clear indication that ICBTs received any form of direct financial support for their businesses.

4.8. Viable livelihood alternatives for ICBTs in light of COVID-19

As seen in Figure 22, most (69%) of the interviewed ICBTs reported that they relied solely on cross-border trade for survival. At the Chirundu OSBP, 62 per cent of the interviewed WICBTs reported this, compared to only 30 per cent of their male counterparts. At the Mwami–Mchinji BCPs, the corresponding figures were 76 per cent and 54 per cent, respectively. The reverse was observed at the Beitbridge–Musina BCPs, where more of the men (85%) than the women (68%) indicated that they relied only on cross-border trade for survival. This is consistent with findings at the Beitbridge BCP, presented earlier, where most of the interviewed male ICBTs resorted to goods smuggling through illegal routes at the height of the total ban on informal cross-border trade, while women were generally economically inactive. Women were found to be generally risk-averse and tended to be more vulnerable to the harassment and abuse often encountered with this modus operandi. Overall ($n=149$), more of the women (72%, $n=106$) than of the men (63%, $n=43$) reported that they relied solely on cross-border trade for survival.

Figure 22. Proportion of interviewed ICBTs who relied solely on cross-border trade for a living, by sex



Source: Field data from the current study.

4. COVID-19: CHALLENGES, IMPACTS AND POSSIBLE SOLUTIONS

Very few of the ICBTs (31%) reported resorting to alternative livelihood sources, such as selling of crops (32%), daily-wage labour (casual work) (30%) and other income-generating activities (25%) (Table 26). It is clear from these meagre percentages that the reported alternative only applied to very few of the ICBTs. These findings mean that COVID-19 restrictions were badly affecting the livelihoods of the ICBTs and explain why most of them reported continuing with cross-border trade (specifically, smuggling via illegal border crossing points) even after the announcement of travel and trade bans by all four countries. The majority of the respondents who switched to alternative livelihoods and income sources said that they were unviable.

Table 26. ICBTs' alternative livelihoods and income sources during the COVID-19 period, by border control post and sex

| Livelihood/ income source | Beitbridge– Musina BCPs (n=10) | | | Chirundu OSBP (n=15) | | | Mwami–Mchinji BCPs (n=21) | | | All BCPs (n=46) | | |
|--|--------------------------------------|------|-------|-------------------------|------|-------|------------------------------|------|-------|--------------------|------|-------|
| | Female | Male | Total | Female | Male | Total | Female | Male | Total | Female | Male | Total |
| Sale of crops | 14 | 33 | 20 | 17 | 0 | 8 | 60 | 33 | 52 | 39 | 19 | 32 |
| Casual, daily-wage labour | 57 | 0 | 40 | 17 | 57 | 38 | 27 | 0 | 19 | 32 | 25 | 30 |
| Sale of livestock | 0 | 33 | 10 | 0 | 0 | 0 | 7 | 17 | 10 | 4 | 13 | 7 |
| Skilled trade/ artisan work | 0 | 33 | 10 | 17 | 0 | 8 | 0 | 17 | 5 | 4 | 13 | 7 |
| Other income- generating activities | 0 | 0 | 0 | 50 | 43 | 46 | 13 | 50 | 24 | 18 | 38 | 25 |
| Household savings | 14 | 33 | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 6 | 5 |
| Sale of household assets or belongings | 0 | 33 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 2 |
| Family business | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Remittances from relatives, well- wishers or friends | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other sources | 14 | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 2 |

Source: Field data from the current study.

5. Gender and COVID-19 management in national responses, strategies and action plans

International Labour Organization (ILO) indicated that 40 per cent of the world's 2-billion-strong workforce were employed, at the least, in the informal sector and around 70 to 80 per cent of ICBTs in sub-Saharan Africa were women. The ILO report further stated that out of the 168 million migrant workers globally in 2017, over 68 million were women. Today, they suffer high levels of unemployment, loss of income and fewer means of livelihood because of the COVID-19 pandemic (Tarinda, 2020). This chapter outlines the rapid assessment's findings on gender and COVID-19 management at both national and BCP levels.

5.1. Gender and COVID-19 management at the national level

Following the declaration of COVID-19 as a public health emergency of international concern by WHO on 30 January 2020, countries were encouraged to prepare for its containment by the International Health Regulations (2005) Emergency Committee (WHO, 2020a). In line with this, each of the four countries began putting together their respective COVID-19 preparedness and response plans. From a functional perspective, the preparedness and response plans generally embraced prevention, containment and mitigation measures as priority actions to reinforce the overall health system in each country. While health ministries (or similar institutions) played lead roles, they worked closely with other government ministries and departments, as well as businesses, development partners and individuals at the national, subnational and BCP levels.

In April 2020, Malawi unveiled an emergency cash transfer programme that aimed to cushion at least 1 million people and small businesses against the impacts of the pandemic. It was envisaged that each eligible household would receive MWK 35,000 per month (USD 42) (equivalent to the country's minimum wage) through cash transfers (*Al Jazeera*, 2020).

Towards the end of June 2020, the Cabinet of Zambia approved an MWK 8 billion (USD 439 million) national economic stimulus package, funded through a COVID-19 bond that was formulated with the objective of mitigating the pandemic's effects by enhancing liquidity in the national economy. The Government of Zambia further announced that earnings from the bond would go towards needy areas, including pension, contractors and suppliers, who had all been hit by reduced liquidity due to COVID-19 (*AfricaNews*, 2020b).

5. GENDER AND COVID-19 MANAGEMENT IN NATIONAL RESPONSES, STRATEGIES AND ACTION PLANS

In June 2020, Zimbabwe unveiled a ZWL 600 million (USD 10.5 million) facility to benefit micro-, small and medium enterprises (MSMEs), youth, women and the elderly by compensating them for loss of income during the first wave of the pandemic (Tarinda, 2020). In an effort to restore the country's ailing economy after about a month of total business shutdown, the Government of South Africa unveiled a national stimulus package valued at USD 26 billion (approximately 10% of the country's GDP) in April 2020. The package was aimed at helping jump-start businesses and assist the nation's poor (*Voice of America*, 2020).

An in-depth review of national COVID-19 management strategies in the four countries shows that none specifically targeted to assist ICBTs – much less WICBTs – through or cushion them against the impacts of the pandemic. Most of the interviewed representatives of national-level stakeholder institutions concurred that the national management strategies generally did not categorically cater to ICBTs (and specifically WICBTs). They cited that, as an informal sector (which was dominated by women), informal cross-border trade was left out of national government plans.

The constitutions of the four countries all uphold the concept of gender equality (i.e. between men and women) by outlawing sex- and associated gender-based discrimination and related behaviours. Despite this, however, feedback from the surveys indicated that the COVID-19 response strategies adopted and implemented by the four countries fell far short in terms of addressing gendered dimensions of the pandemic. All respondent WICBTs reported that no national legislation or regulations had been put in place during the pandemic to suspend or exempt customs duties on basic goods that they commonly imported. They all concurred that the four countries applied total socioeconomic lockdowns on all sectors. The Chirundu Chapter of ZCBTA believed that policymakers' non-gender-sensitive approach in their COVID-19 had contributed to the worsening of the existing inequalities between men and women. The few key informants representing national government ministries admitted that, to date, there had been no policy measures to safeguard or ensure the continuity of informal cross-border trade or which were specifically designed to mitigate the economic impacts of the pandemic on WICBTs.

Apart from the challenges, the interviewed ICBTs underlined the different ways in which the national lockdowns had brutally impacted their lives and livelihoods. The surveys revealed that the majority failed to resume trading immediately, resulting in income and profit losses. Those who tried to remain in business were eventually pushed out due to the abrupt and drastic reduction in the demand for goods and the excessive additional costs to doing business.

Weighed down by high trade costs and increased uncertainties, informal cross-border trade failed to flow, leaving ICBTs unable to replenish their stocks. Demand for informally traded goods dried up, and prospective customers were likewise affected by national lockdown measures. The ban on cross-border trade left ICBTs socioeconomically incapacitated and unable to fend for themselves and their families, with women affected more heavily, as data from the current study shows that almost all WICBTs relied solely or mainly on informal cross-border trade for

survival. The majority of the interviewed WICBTs reported that they sometimes struggled to have even basic meals. Being unable to provide food for their families became a frightening reality due to the loss of their livelihood, with the problem compounded by food prices increasing nearly every day due to inflation. While ICBTs had always had marginal profits even prior to the pandemic, border closures meant the inability to re-stock trade goods and, therefore, conduct business. Having very few to no alternative livelihood options resulted in a major socioeconomic disaster beyond their imagination.

As breadwinners of their households and extended families, the majority of the interviewed ICBTs said that they had to turn to smuggling through border-jumping. Almost all the women interviewed said that using illegal border crossing points was highly risky for them, as they often found themselves sexually harassed or even abused in the process. Other challenges faced by many WICBTs at these undesignated entry points included drowning (i.e. in the Zambezi River and Limpopo River), being attacked and killed by crocodiles and other wild animals, confiscation of their goods by thieves posing as border officers and rogue elements of border patrol teams. Suspension of regular trade activities meant that ICBTs could not earn enough to pay for their children's (online) class fees and Internet connection.

5.2. Gender and COVID-19 management at border control posts

Border personnel interviewed across all BCPs unanimously concurred that men's and women's needs and requirements are naturally different and, therefore, needed to be looked at differently. They acknowledged the finding that the majority of the respondent ICBTs at each BCP were women. Against these firm, gendered corroborations, and as already reviewed in detail in previous sections, findings across the BCPs generally revealed different realities.

Almost all interviewed ICBTs ($n=149$) reported that, administratively, all the BCPs generally treated women and men ICBTs the same. With some limited exception at Mchinji, women and men stood in the same queues at the BCPs. Ablution facilities across the BCPs did not have some of the basic features that suit women's peculiar needs and requirements. These include showers and diaper-changing and breastfeeding rooms. The ICBTs revealed that even prior to the COVID-19 pandemic, the border control agency rarely held workshops or capacity-building training programmes to empower them with knowledge of border processes and procedures.

The BCPs generally had no prominent avenues in place where women could report harassment and abuse. Survey findings indicated that male police officers at the Mchinji BCP reportedly conducted intrusive searches of women travellers, in violation of the existing standard procedure which states that female police officers are supposed to carry out such checks. A lack of coordinated and harmonized operating procedures and processes between BCPs across borders means that women are affected the

5. GENDER AND COVID-19 MANAGEMENT IN NATIONAL RESPONSES, STRATEGIES AND ACTION PLANS

most, as they were found to be generally risk-averse. Men would easily resort to smuggling and border-jumping, while women would either stop trading and just stay at home or send hired runners to carry out part or all of their trading activities, with those who continued their usual trade activities and bear the brunt of the numerous non-tariff barriers to their trade.

The lack of a gender dimension in national COVID-19 management strategies for ICBTs generally translated into administrative insensitivity to the gender matrix at the BCPs. It is critical that national policymakers urgently incorporate a gender dimension in strategies already being implemented at the time of the assessment. Such reforms would subsequently inform gender-based COVID-19 management at the BCPs.

6. Conclusion

The findings of this rapid situation and needs assessment make it clear that ICBTs in the four countries continue to encounter unprecedented challenges associated with the COVID-19 pandemic. IPC and mitigation strategies – aimed at saving lives – adopted and implemented by the respective governments have caused untold damage on the livelihoods of ICBTs. This informal sector continues to face unparalleled socioeconomic challenges stemming from issues at the subregional and national levels, as well as those at the BCPs and border markets.

In addition to being systematically excluded from national strategies and sector-specific action plans, ICBTs are required to comply with stringent restrictions before they can cross borders. These include testing negative on an expensive and mandatory COVID-19 test, with the four neighbouring countries having different recency requirements. With the prolonged ban on informal cross-border trade, ICBTs struggle to secure alternative means of livelihood. The ban has become a push factor for them to resort to smuggling goods across illegal border crossing points, where no COVID-19-related checks are done. The use of these border crossing points has become synonymous with harassment, especially for WICBTs, while other ICBTs are reported to have died through drowning and crocodile attacks, mostly in the Limpopo River and Zambezi River.

Survey results from the assessment have shown that, despite the unprecedented socioeconomic challenges they faced during the pandemic, the respondent ICBTs generally have remarkable individual knowledge about COVID-19 prevention, control and mitigation. Despite lacking the means to acquire the necessary PPEs and pay for COVID-19 testing, their individual levels of COVID-19 awareness were found to be very high – high enough to enable them to continue to safely trade in an appropriate and enabling environment at the BCPs.

The survey results reveal that the provision of basic resources – for example, PPEs and frequent and testing of all front-line workers, and efficient and expedient health screenings, testing, and certification – for free to border stakeholders, including CBTAAs, to adequately manage COVID-19 at the BCPs was largely constrained due to budget limitations. Furthermore, BCPs are generally characterized by a lack of intra- and inter-agency information-sharing and collaboration, limited digital clearance procedures, absence of computer-based migration and trade systems, old and torn testing tents, and small isolation rooms, among others. In addition, there is a lack of transborder cooperation on COVID-19 management. Field findings show that, while BCPs are lacking in resources, border agency personnel's personal levels of knowledge and awareness about COVID-19 are remarkably very high. Across the targeted BCPs, they generally managed to point out aspects of national policies and BCP administration where there were challenges with COVID-19 management, and were able to suggest worthwhile, practical solutions for most of these challenges. During

6. CONCLUSION

prolonged total bans on informal cross-border trade imposed by governments, and in light of constraints due to inadequate resources, BCP personnel have managed to put up measures in an attempt to create a fairly safe and enabling environment for ICBTs to continue participating in cross-border trade. COVID-19 incidence at the district level and among travellers passing through the BCPs was reported as generally minimal in the surveys. The high levels of individual COVID-19 awareness among border personnel are a good proxy indicator of their capacity, as well as that of BCPs on the whole, to create a safe and healthy environment for ICBTs to operate amid the pandemic, if provided with the necessary resources required for COVID-19 prevention, control and mitigation.

Survey results show that the COVID-19-related response measures and informal cross-border trade policies put in place by the governments of South Africa, Zimbabwe, Zambia and Malawi are uncoordinated and disharmonized in application. They stifled informal cross-border trade by increasing trade costs for ICBTs than never before. The governments of the four countries heavily relied on IPC and mitigation measures premised on prolonged bans on informal cross-border trade and the requirement of costly COVID-19 testing. Measures were implemented without corresponding cushioning measures that targeted this sector. Field findings also show that ICBTs have been left out of their respective countries' COVID-19 economic recovery plans, strategies and action plans. Feedback revealed that COVID-19 control and mitigation strategies have been completely gender-insensitive with respect to WICBTs, who dominate the informal trade sector. Lastly, findings show that ICBTs and informal traders were not considered in their respective countries' COVID-19 trade plans and socioeconomic recovery plans and strategies, as well as in the overall policies and response measures that were in place at the time of the assessment.

7. Recommendations

The rapid situation and needs assessment of the targeted BCPs in the four countries shows that gaps exist in the management of COVID-19 at the national, BCP and CBTA levels. This section presents recommendations that may be adopted to restore the enhanced protection of the health and economic rights of ICBTs in the four countries through the continued facilitation of safe informal cross-border trade during and after the pandemic.

7.1. Summary of recommendations: COVID-19 informal cross-border trade administration and policy convergence gaps across the four countries

Policymakers from all the four countries should design well-coordinated and harmonized national COVID-19 response measures – for common implementation across the studied BCPs – to ensure the continuity of informal cross-border trade. Observing this policy approach would be critical since the COVID-19 virus knows no national borders or boundaries. In addition, public announcements about new strategies or of variations to existing prevention, control and mitigatory measures ought to be harmonized across the four countries. Thus, these announcements should be done in consultation with neighbouring countries and in advance, where possible. Governments should desist from making ad hoc pronouncements that abruptly and trigger anxiety and hopelessness in the sector. Such approaches should be taken when adopting and implementing policies in the interest of facilitating the continuity of informal cross-border trade in a safe and enabling environment at the BCPs.

Intra- and transborder BCP management and close cooperation through, for example, the implementation of mutually agreed COVID-19-specific SOPs is critical for the sustainability of the informal trade sector amid the pandemic, now and going into the future.

Consensus in terms of the issuance of COVID-19 certificates with standardized validity periods is critical. To facilitate administrative procedures, the four countries should agree on a commonly accepted and standardized COVID-19 test certificate format, so that a test certificate issued in one country could be easily verified and honoured in the others. Survey findings from the assessment reveal that the cost of COVID-19 testing is too high, ranging from the equivalent of USD 65 to USD 75 per individual in some of the countries. Survey findings show that the latest COVID-19-related non-tariff barriers to informal cross-border trade – the total ban on trade itself (findings from the field visits showed that during national total lockdowns, informal cross-border trade continues to thrive in the form of smuggling) and the costly requirement of COVID-19 testing (during national COVID-19 phase-down periods) – have been the biggest push factors for increased smuggling of goods and movement of people across unofficial border crossing points. Since these unofficial

7. RECOMMENDATIONS

routes are currently neither manned nor are under surveillance by border officers, governments should strike a balance between reducing COVID-19 testing costs and maintaining round-the-clock border surveillance, which would have inevitably high administrative and enforcement costs. It would be better to loosen COVID-19 restrictions under phased-down conditions so that ICBTs would use the BCPs than to drive them into using unmanned, unofficial routes where COVID-19 checks and quarantine measures are not implemented.

As recommended by the majority of the interviewed ICBTs, border personnel and key informants during the field visits, COVID-19 testing facilities should be decentralized or located very close to the BCPs for ease of accessibility and convenience to ICBTs. This will go a long way in reducing COVID-19 compliance costs and cross-border trade costs, as well as mitigating the associated risk of exposure to the virus by eliminating the need for long-distance travel to get the necessary documentation to be presented at the BCPs. Leveraging on the remarkably high levels of individual COVID-19 awareness among the majority of the interviewed border agency personnel and ICBTs and working closely with development partners where and whenever possible, the four countries governments should secure and allocate adequate resources to manage COVID-19 at the BCPs. This includes supplying the studied BCPs and all border town markets with free PPEs. Similarly, frequent and random COVID-19 testing of border front-line workers should be provided free of charge as part of government responsibilities and commitment to the health and safety of these workers. For sustainability, this should be complemented with the provision of adequate infection control supplies at all times. These supplies include hand sanitizer, wheel and foot baths, temperature scanning equipment (in instances that governments can afford them), handheld thermometers for improved temperature checks, hand wash dispensers, and well-maintained, readily visible, 1-metre social distancing floor markings to assist with safe border queue management at the targeted BCPs.

Malawi, South Africa, Zambia and Zimbabwe should immediately and rapidly start including ICBTs in their respective national COVID-19 management policies. Their national COVID-19 economic recovery plans, now and going into the future, should specifically provide for the resumption and revival of this informal sector within a safe and enabling BCP environment. From the initial national COVID-19 response plans to the introduction of national stimulus packages and similar government programmes designed to cushion the impacts of COVID-19 on various sectors, ICBTs were glaringly left out, as revealed during the field visits. It is now imperative for the four countries' governments, individually or collectively, to support this sector by putting in place tailor-made national strategies and action plans to protect it from the unrelenting effects of the pandemic. Targeted government social protection schemes and relief programmes in Malawi, South Africa, Zambia and Zimbabwe should be extended to cover ICBTs – in particular WICBTs. Especially given the current circumstances, the four countries' governments cannot continue to exclude ICBTs from the socioeconomic safety nets currently enjoyed by the formal sector, as their lives and livelihoods equally matter, notwithstanding their well-documented high non-compliant nature as an informal sector.

The respondent ICBTs at each of the targeted BCPs are predominantly women; yet, as the research findings reveal, gender insensitivity is prevalent in COVID-19 management approaches currently taken, as exhibited in national- and BCP-level responses, strategies and action plans existing at the time of the assessment. Upgrading existing ablution facilities at the BCPs (especially at Mwami, Mchinji, Chirundu and Beitbridge), to cater to women's needs and requirements (e.g. by including provisions for bathing babies and change their nappies) should be highly prioritized. The other BCPs should learn from the experiences of the Mchinji BCP in ICBT queue management and introduce a separate queue for WICBTs, offering priority clearance to elderly women and breastfeeding women. Provision of safe and clean water at the Beitbridge BCP, the Chirundu OSBP and the Mwami–Mchinji BCPs is important for the continuity of informal cross-border trade in a safe and healthy environment. Regulations for the facilitation of safe and convenient trade amid COVID-19 should be expanded to cover the informal trade of all goods commonly exported and imported by ICBTs, especially WICBTs, who, in most cases, are involved in such trade for their and their families' economic survival. Border officers should empower women traders through frequent training and refresher workshops on border SOPs and processes so that they become less vulnerable to various forms of harassment due to lack of knowledge.

Notably, the issuance of import and export permits and licences for certain goods traded by ICBTs remains centralized in cities far from the BCPs covered by the study. It is imperative that these administrative facilities be decentralized to the BCPs, particularly in times of pandemics. That almost all ICBTs commonly frequent one particular BCP is all the more reason for national policymakers to consider decentralizing these facilities to the targeted BCPs. The governments of the other three countries should learn from and improve on the Zimbabwean experience with the groupage or goods aggregation system and the online clearance of such consignments and consider adopting the same for the facilitation of customs clearance. With survey results indicating that the respondent ICBTs generally perceive freight charges to be high, this approach is additionally beneficial to them in that the cost of transporting goods can be shared by the owners of the aggregated goods. For complementarity, BCP institutional arrangements should be made that will assist with the eventual certification of applicable goods in those groupages. Online or computer-based clearance systems that allow for electronic or digital/online payment methods (e.g. "mobile money") will reduce the need for the physical presence of people at the BCPs. On the migration front, Zimbabwe and South Africa can learn from the Zambian and Malawian experiences in the facilitation of ICBT movement across borders through cross-border permits and border passes. The relevant border authorities should improve on what has been done at the Mwami–Mchinji BCPs with regard to these facilities and consider making cross-border permits and border passes machine-readable to prevent possible abuse of these facilities. Switching over from manual to electronic processes is critical in making the above-outlined efforts more productive.

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The governments, through their respective line ministries or departments and in collaboration with development partners (wherever possible), must work closely with TIDOs and national and subnational CBTAs to facilitate capacity-building for ICBTs, including especially WICBTs. Given that almost all of the respondent ICBTs are found to own smartphones and have access to other modern facilities, the focus should be on enhancing their ability to use the STR facility. TIDs, specifically those at the Chirundu OSBP and the Mwami–Mchinji BCPs, should be reinforced by employing additional TIDOs so that more frequent workshops can be held to educate ICBTs on customs clearance requirements and procedures and on the benefits of using the STR facility. Most of the manual processes involved in customs clearance should be computerized through the STR facility to cut down the BCP dwell times of ICBTs at BCPs and avoid having long queues of people. The introduction of a separate express lane for women and elderly ICBTs is also critical. The adoption and implementation of digitalized processes are vital in combating and curtailing the spread of COVID-19 at the BCPs and along trade corridors. Such measures would guarantee both safe and efficient informal cross-border trade at the BCPs covered by this rapid situation and needs assessment.

7.2. Recommendations for Malawi¹⁵

Recommendations for Malawi consist of proposed interventions in these areas: (a) supporting the needs of ICBTs at the Mwami BCP; (b) strengthening COVID-19 IPC measures at the Mwami BCP; (c) supporting CBTA Malawi's and the TIDO's own interventions; and (d) supporting national policies to improve the plight of ICBTs and fight the spread of COVID-19.

7.2.1. Interventions relating to GBV issues

- IOM should collaborate with the Malawi Ministry of Gender, Community Development and Social Welfare, as well as border post stakeholders and CBTA Malawi, to enhance sensitization to GBV issues and the reporting and handling of GBV cases at the BCP.
- IOM and the Malawi Ministry of Gender should establish a desk or office at the BCP where sexual harassment can be reported and where purported or potential victims can access psychosocial support, in addition to providing awareness and training to BCP stakeholders on sexual harassment and GBV issues. Alternatively, CBTA Malawi can engage a donor to install a gender specialist, just as there is a TIDO, at the BCP.

7.2.2. Interventions to strengthen COVID-19 prevention, control and management at the Mwami Border Control Post

- Police and health officers at the border should enforce IPC measures, such as wearing of face masks, handwashing with soap, social distancing and temperature screening of those entering the BCP premises. There is also

¹⁵ Excerpted from a feedback report on informal cross-border traders at Malawi's Mchinji border control post (IOM, 2021d), prepared by Vincent Nkhoma for IOM and FCDO.

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a need to mark where people should stand to keep the recommended social distance. Enforcement of the same should apply to staff members who handle documentation and conduct searches and inspections.

- IOM should work with the relevant border agencies, such as police and immigration, to strengthen border patrols as a means of combating the spread of COVID-19 arising from the increasing use of undesignated border crossing points, as well as encouraging the use of BCPs to boost national revenue.
- IOM and the Malawi Ministry of Health should support the establishment of a purpose-built quarantine structure for COVID-19 and other diseases at the BCP, as well as allocating resources for feeding people in quarantine. This will help authorities to isolate individuals suspected of being or proven to be infected with COVID-19.
- IOM and the Malawi Ministry of Health should provide support for COVID-19 testing capacity to ensure that testing is done at the BCP and that results are known then and there. This will help contain the virus by preventing a COVID-19-positive person from mingling with the unsuspecting community.
- Border agencies, including the TID, should prepare and distribute easy-to-read leaflets with information about COVID-19, including on how it spreads, the risk of contracting the disease and prevention measures that individuals can take. These leaflets should ideally be distributed at entry points around the BCP compound and/or at TIDs and passport control desks.

7.2.3. Supporting interventions by CBTA Malawi and the TIDO

- IOM should work with the leadership of CBTA Malawi to facilitate capacity-building training for ICBTs and SSCBTs, with a particular focus on advancing knowledge in ordering trade goods online amid the pandemic. Training should also aim to deepen understanding of regional and bilateral trade agreements, including the provisions of and procedures relating to the STR facility, which provides tax relief to ICBTs and SSCBTs.
- The financial and technical capacity of the TIDO should be strengthened for it to provide adequate information and advisory support to CBTs with regard to COVID-19 and BCP procedures, among other issues.

7.2.4. National policies to improve the plight of ICBTs and fighting the spread of COVID-19

- Relevant stakeholders, such as the Malawi Ministry of Health, Ministry of Trade and Ministry of Finance, should urgently implement the proposed USD 50 cost for COVID-19 testing. Considering that ICBTs have already been negatively impacted by the travel and trade bans, the exorbitant cost of COVID-19 testing is an additional burden for them, especially given the short validity period of test results. As individual infection status dictates

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the duration of the validity of a test certificate, which, therefore, cannot be extended, a review to lower the cost of COVID-19 testing, as a way to cushion traders against additional financial burden, should be considered.

- The Malawi Ministry of Trade and CBTA Malawi should work with the Reserve Bank of Malawi to ensure the availability of Zambian currency in commercial banks. This would help to facilitate formal acquisition and transfer of foreign currency by ICBTs and SSCBTs, who currently rely on illegal and/or informal currency traders for their supply of Zambian currency.
- The Malawi Department of Economic Planning and Development (under the Ministry of Finance) and the Public Sector Reforms Management Unit (under the Office of the President and Cabinet), in collaboration with other stakeholders, such as the Ministry of Trade and Ministry of Finance, should speed up the formulation of a business-friendly economic recovery plan to trigger relief for ICBTs and SSCBTs through the National Economic Empowerment Fund (NEEF) and other channels. Such a plan should have a gender element, for example, by supporting women's business initiatives.

7.3. Recommendations for Zambia¹⁶

Recommendations for Zambia are grouped into two categories: (a) cross-cutting recommendations for both the Chirundu OSBP (Zambian side) and the Mwami border location, and (b) BCP-specific recommendations.

7.3.1. Cross-cutting recommendations

- Develop ICBT-focused COVID-19 strategies and include ICBTs in existing national COVID-19 action plans. As noted in this report, existing strategies for addressing the challenges encountered by the trade sector during the pandemic are geared mostly towards large commercial trade. For example, national government stimulus packages targeted only the formal sector, while women-focused strategies excluded WICBTs. It is imperative to include ICBTs in national strategies to enable them to thrive in and survive the ongoing pandemic, as well as future crises of a similar nature.
- Introduce a new, harmonized immigration policy instrument that is cost-effective and affordable for ICBTs. Given that ICBTs are frequent users of BCPs, expensive cross-border permits with a short validity period translate into a non-tariff barrier to ICBTs. It is recommended that a new policy instrument be designed for permits to have a longer validity period and be more affordable for ICBTs. Restrictions on how far inland ICBTs can travel should also be removed.

¹⁶ Excerpted from a feedback report on informal cross-border traders at Zambia's Chirundu and Mwami border control posts (IOM, 2021c), prepared by Nyembezi Mvunga for IOM and FCDO.

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- Provide more and better-quality printed information on COVID-19 at BCPs. Informational materials (posters, brochures, leaflets and pamphlets) should be made durable and available in both English and local languages. Additionally, information on ICBTs' rights and complaint mechanisms for harassment and corruption should be prominently displayed at the BCPs.
- Raise awareness of available mechanisms for ICBTs to lodge complaints with the concerned authorities. As already noted, the majority of the ICBTs surveyed were unaware of the existence of complaint mechanisms for reporting harassment and corruption. Where ICBTs were aware of such, they did not believe that border officers could be of any assistance. Campaigns informing ICBTs of existing complaint mechanisms, including by prominently displaying information on BCP premises on where and how to file complaints at the BCPs, will contribute to increased awareness. Additionally, assigning female officers to handle harassment complaints would encourage more traders to come forward with their complaints.
- Reduce the cost of COVID-19 testing for ICBTs at BCP locations. Given that ICBTs are frequent users of BCPs and COVID-19 test certificates are now only valid for seven days (a 50% reduction from December 2020), trading has become very costly for traders. It is recommended that the cost of COVID-19 testing be reduced for ICBTs.
- Set protocols and regulations to enable continuity of trade during the pandemic. Countries can bilaterally work towards allowing a small daily number of ICBTs with negative COVID-19 test certificates to cross their shared border through BCPs that ICBTs are currently not permitted to use for cross-border trade (e.g. Chirundu OSBP).
- Develop comprehensive COVID-19 and anti-harassment curricula and communications strategies targeting ICBTs at BCPs that utilize media to increase awareness of COVID-19 IPC measures, as well as of ICBTs' rights.
- Reinforce BCPs with more TIDOs and health officers. The TIDOs at both BCPs face many challenges, including often having to work beyond their physical capabilities, as the BCPs are open 24 hours a day, seven days a week. The current TIDO at the Mwami BCP faces the additional challenge of nursing a young child. TIDOs also lack Internet access and sufficient PPEs, and their offices are poorly located within the BCP. Thus, there is a need to hire additional TIDOs at each BCP, ensure a regular and adequate supply PPEs, install Internet connection, and provide TIDOs and health officers with working spaces that are more readily accessible to traders. Additionally, each BCP was found to have only two health officers carrying out COVID-19 tests. However, with BCPs operating on a 24-hour basis, two additional health officers should be installed at each BCP to enable work-life balance for staff.

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- Build infrastructure at BCPs tailored to meet the needs and requirements of ICBTs, more generally, and WICBTs specifically. Border officials should consider installing infrastructure and facilities and making provisions for spaces that cater to women, especially those with children. BCPs should have an adequate number of toilets with running water and soap.
- Support the reinforcement of COVID-19 ICP measures by border agencies at both BCPs. Some border officers were observed to be not wearing face masks while standing in close proximity to others. It is recommended that short training courses or workshops targeting all border officers be conducted to ensure that COVID-19 IPC measures are understood and enforced by all.
- The two BCPs were noted to have an insufficient number of handwashing basins. Additionally, the public toilets did not have soap or hand sanitizer at the time of the visits. This report recommends installing additional handwashing basins and providing more soap at both BCPs.
- Build the capacity of CBTAZ. The organization had a low supply of PPEs at the time of the assessment. Few of its members had received face masks and hand sanitizer from it. A validation workshop revealed that ICBTs preferred to be supplied with washable cloth face masks rather than disposable masks.

7.3.2. Border-specific recommendations

- (a) Chirundu OSBP (Zambian side)
 - Install a new tent for COVID-19 testing and another to serve as isolation space. The tent currently being used at the Chirundu OSBP has a low ceiling and is already worn out. Additionally, the isolation room at this BCP is too small, has no windows and contains stacks of boxes that reach up to the ceiling, as it was originally designed for storage. In addition, reaching the isolation room requires passing through hallways. Therefore, it is recommended that a new tent for testing and another for use as a temporary isolation area be installed (or that a better isolation room be secured).
 - Provide additional thermometers for temperature checks at all entry points of the Chirundu OSBP or assign a single door for entry. The BCP has three doors that allow both entry and exit. Only one of these doors is located near the Ministry of Health's temperature screening point, which means that traders entering or leaving the BCP premises through the other two doors are not screened. If they are COVID-19 carriers, they may spread the virus to border officers and other BCP users. Thus, temperature screening points should also be installed near those two doors or else only one door must be used for entry.

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- Secure the BCP premises so that unscrupulous individuals are unable to access ICBTs, who have indicated during the interviews that certain individuals loitering around the BCP were involved in harassment and corruption.
- (b) Mwami BCP
- Install a new COVID-19 testing tent. The assessment found that the testing tent currently being used at the Mwami BCP is already worn out and no longer suitable for use, especially during the rainy season.
 - Ensure temperature checks of individuals entering the BCP. The assessment revealed that a temperature screening point is located only at the point of entry for travellers coming from Malawi, which means that BCP users leaving Zambia do not undergo temperature checks before they enter the BCP.
 - Ensure that the new OSBP has isolation rooms reserved in case of another pandemic like COVID-19 or a similar public health crisis. Border agencies were uncertain about the extent to which the new facility will be equipped for future crises. The Ministry of Health should ensure that isolation rooms are reserved for combating future crises of a like nature.
 - Ensure that the new OSBP accounts for the needs of ICBTs. The assessment found that inspections and physical verification of informally traded goods are done in the same (outdoor) space as formally traded goods and personal goods. Additionally, there is no dedicated indoor space for ICBT goods clearance. The new OSBP should take these findings into consideration and ensure adequate facilities for ICBTs.

7.4. Recommendations for Zimbabwe¹⁷

These research-based recommendations seek to restore and enhance the protection of the health and economic rights of ICBTs in Zimbabwe through the facilitation of continued trading during and after the pandemic. We begin with those relating to BCPs, followed by the National Government, ICBTs, CBTAs and, finally, the TIDOs.

7.4.1. Border control posts

- Address the absence of harmonized and coordinated SOPs between Zimbabwean and Zambian border control agencies operating under the OSBP concept. All of the Zimbabwean ICBTs interviewed revealed that while Zimbabwean port health officials observed a validity period of 48 hours for COVID-19 test certificates, their Zambian counterparts limited it to 14 days. Such non-alignment also existed between the Beitbridge BCP (48 hours) and the Musina BCP (72 hours). To close

¹⁷ Excerpted from a feedback report on informal cross-border traders at Zimbabwe's Beitbridge and Chirundu border control posts (IOM, 2021b), prepared by Rwatida Mafurutu for IOM and FCDO.

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this gap, it is recommended that pandemic-related (COVID-19 or otherwise) transborder procedures be adopted by consensus between the concerned countries that would allow for the continuity of small-scale cross-border trade, including informal cross-border trade, amid the pandemic as a first step towards creating a trade-enabling environment at the BCPs. Harmonized and coordinated approaches will eliminate institutional delays resulting from incongruity in procedures and processes between Zimbabwe and its neighbouring countries. This strategy can be supported institutionally by a joint COVID-19 cross-border rapid liaison team consisting of port health, immigration and customs officers from both sides of the border. This team should not be too big, so that it can operate optimally and take action instantly, swiftly and decisively. As Zimbabwe and Zambia are member States of both SADC and COMESA, while Zimbabwe and South Africa are fellow members of SADC, finding common ground under such circumstances should be fairly feasible.

- Border port health officers should work closely with other agencies at the border to ensure that BCP premises are always clean. They reported that while ZIMRA generally took responsibility for the weekly disinfection of the BCPs at both Chirundu and Beitbridge, hygiene and litter management remained with the border control agency at each border post. Coordinated litter management at BCPs is critical for curtailing the spread of COVID-19 and outbreaks of other diseases such as cholera. This approach should be applied as well to border markets, where ICBTs often sell their imported or exported goods and services. Furthermore, working closely with development partners, local port health officers and local interministerial committees, including district joint coordinating committees, should urgently consider coming up with public risk communication approaches to raise public awareness and consciousness about environmental hygiene and cleanliness, with an emphasis on the adoption and observance of IPC measures on BCP premises, border markets and elsewhere along borders.
- Improve existing ablution facilities, which, according to border personnel participating in the KIIs, were inadequate and not particularly sensitive to women's needs and requirements. In addition, BCPs do not have facilities where women could safely and conveniently breastfeed their children, change their nappies and conduct other related activities. Tap water is generally perceived to be unsafe for drinking, and the taps are dry most of the time. Both ICBTs and border personnel revealed that, as such, they preferred to buy bottled water. Port health officials, together with the responsible local government service providers, need to take a lead or influential role towards providing clean tap water, as a priority, to rectify the potential health hazard. Upgrading existing and constructing additional ablution facilities that meet gender-sensitive needs and requirements – that is, those of WICBTs – should be another top priority, given that at least 90 per cent of ICBTs that use the two BCPs are women.

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- Provide additional IPC materials and equipment. At the Chirundu OSBP, there is only one COVID-19 scanner booth, which caters to both incoming (entering) and outgoing (exiting) people. There is no separation between the exit side and the entry side, as people use one entry point and are served in the same hall. At the Beitbridge BCP, there are two COVID-19 scanner booths, one each on the entry and exit sides. The one on the exit side (i.e. towards South Africa) is used last, for travellers that have already gone through the Department of Immigration, ZINARA and ZIMRA. Border personnel at both BCPs indicated that, as such, additional booths were needed. A general inadequacy in other IPC equipment and supplies at both BCPs were noted. There is a need to increase the number of body temperature monitoring equipment, including infrared thermometers, hand wash dispensers, and sensor- or foot pedal-operated hand sanitization equipment at entrances to and on BCP premises, where they should be strategically placed so that they are visible and accessible to all. Additional COVID-19 scanner booths are needed at both BCPs, as it was reported that the few that were available (two at each BCP – one each on the entry and exit sides) were often down.
- Put up posters and other visuals showing BCP client charters and/or standard processes and SOPs to aid trade facilitation at the BCPs (there were none observed during the border walk-throughs). Such informational materials must be available in English and local languages.
- Ensure the availability of back-up power during power outages at BCPs, including by investing in a solar-powered generator, which will be critical for business continuity, especially for the Department of Immigration at Beitbridge.
- Provide an adequate number of computers, for use by border officers, and reliable Wi-Fi connectivity, especially for the Department of Immigration and the Department of Livestock and Veterinary Services (DVLS). These will be important for running systems that will reduce physical human interaction and, ultimately, trade costs associated with border dwell time.
- The Department of Immigration should consider reducing the size of passport stamps and computerizing the issuance of border passes to prevent their abuse.
- Port health officials should introduce regular and random testing of BCP front-line workers at no cost to them. This strategy should be complemented with frequent COVID-19 awareness training and distribution of free PPEs and other IPC supplies for staff, especially DVLS personnel at the Beitbridge BCP.
- Conduct combined client care workshops for BCP personnel and CBTAAs to help improve professional relationships and promote a team approach to addressing issues of common concern.

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- Digitalize and automate manual processes and procedures (which most interviewed BCP personnel were still running) – for example, in the form of e-payment systems, online submission and processing of documents, and non-intrusive inspection facilities. These will be critical for enhanced trade facilitation, as well as helping reduce COVID-19 transmission.
- Border officers should work closely with development partners to provide frequent decontamination of travel vessels/buses upon arrival at BCPs. This can also be done through coordination between the concerned BCPs.

7.4.2. National Government

- The Government of Zimbabwe should introduce import legislation that suspends or significantly reduces the amount of import duties payable on goods commonly imported by ICBTs, especially WICBTs. The researchers sought customs officers' views and clarification on claims earlier made by ICBTs that duties charged on small grocery items and other basic goods were too high. The customs officers confirmed that the official duty rates charged on most goods imported by ICBTs were considerably high, averaging at least 40 per cent. They further revealed that no form of legislation or national decision had been put in place to reduce duty rates or provide for the exemption or suspension of import duties on basic goods commonly imported by ICBTs during the current pandemic.
- The Government should decentralize COVID-19 testing to BCPs. All interviewed ICBTs complained that the cost of PCR testing was very high, while the validity period of the results was too short, and that Government-appointed testing hospitals were located far from either BCP.
- National COVID-19 strategies that balance trade continuity and COVID-19 IPC measures should be put in place now and going into the future (in case COVID-19 is still around). National policymakers should focus on amending national guidelines and action plans to expand the current list of designated essential goods and services allowed for importation and exportation, to cover all goods and services, particularly those commonly exported and imported by ICBTs, especially WICBTs.
- Adopt a harmonized and coordinated system for the issuance of COVID-19 test results and share relevant information between countries, as well as corresponding BCPs. This will go a long way in reducing COVID-19-related trade costs to SSCBTs and ICBTs, as well as all other cross-border travellers. With SOPs and measures harmonized between countries, duplication of testing efforts and costs will be drastically reduced.
- The researchers noted that Zimbabwe and its neighbouring countries announced their respective COVID-19 measures without regard to the impact it would have on each other's travelling nationals – a fact concurred by all interviewed border personnel at both Zimbabwean BCPs. There is a need for a simultaneous or joint announcement of new

COVID-19 measures for travellers, which should be complimentary in principle and well-coordinated to avoid discordance. Currently, countries in the same REC may adopt policies and measures that are mismatched or even antagonistic to each other in principle, as well as in their manner of application (e.g. in terms of compliance requirements imposed), thus creating additional, COVID-19-related non-tariff barriers to cross-border trade.

- The Government must conduct close consultations with ICBTs on all decisions that might affect them.
- As emphasized by ZIMRA officers at the Beitbridge BCP, there is a need to urgently operationalize the Government-proposed ZIMRA border surveillance system, which will use drones to deter the use of illegal entry points by ICBTs engaged in smuggling who may transmit COVID-19.
- The Ministry of Health, through port health authorities, should start collecting and keeping statistics on the number of travellers being referred to quarantine facilities or denied entry on account of non-compliance with COVID-19 measures or of having COVID-19 symptoms.
- Port health officers at both BCPs, currently located just outside the entrances to the immigration and clearance halls, should be relocated to the main BCP entry and exit gates, so that those who fail the primary checks do not have an opportunity to get inside BCP premises.

7.4.3. Informal cross-border traders

- It is recommended that ZIMRA hold regular customs workshops for ICBTs on import and export processes, in particular goods clearance. According to interviewed ZIMRA officers, due to a lack of knowledge of customs regulations, procedures and processes, ICBTs sometimes smuggle non-dutiable goods or those that do not even require import or export permits or licences, if not under-declaring their quantities or market value.
- The issuance of import and export licences and permits should be delegated to the BCPs. The majority of the interviewed ICBTs who imported and exported goods requiring licences were concerned that even during the COVID-19 outbreak, these documents were still not being issued at the BCPs but instead at head offices located in the capital city, Harare.
- BCPs should introduce lanes for ICBTs and offer priority clearance to the women, especially those who have small children with them, and the elderly. From the common list of challenges faced by ICBTs, the Beitbridge BCP had more reports from WICBTs than the Chirundu OSBP. These included standing in long queues while waiting to be served by the different border officers. Though also common at the Beitbridge BCP, there were more reports on challenges relating to cumbersome clearance processes at the Chirundu OSBP.

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- The Government must formulate national stimulus packages targeting ICBTs, including WICBTs, so that they are cushioned against the disruptive impacts of COVID-19. Every time there has been a ban on informal cross-border trade due to COVID-19, an estimated 94.5 per cent of interviewed WICBTs were severely affected, as they relied solely on informal cross-border trade for their survival.
- The Ministry of Women Affairs, Gender and Community Development should take the lead in educating marketers in border areas on the value of marketers' associations and assist them in establishing such. During the border market walk-throughs (particularly in Beitbridge), local ICBTs operating in the border markets revealed they had no idea of the role and importance of such associations.
- The Government, through local councils and working with development partners, whenever possible, should provide free handwashing stations, conduct daily market disinfection, impose mandatory temperature checks, implement the wearing of face masks and maintain social distance. There is a need for local councils to provide proper waste management facilities in all border markets in both Beitbridge and Chirundu. Ablution facilities in border markets visited in Beitbridge were inadequate, not functioning or altogether non-existent. There were no litter bins, with used face masks strewn all over these markets. Two of the three border markets visited had neither toilets nor running water. No hand sanitization or temperature checks were being done at entrances to the markets in either border town. Health measures in markets where ICBTs sell their wares are critical for curtailing the spread of COVID-19. Local councils, working closely with the Ministry of Health, should address these issues without further delay.

When asked for their recommendations to the Government to facilitate trade and make clearance processes safer amid the pandemic, interviewed ICBTs had the following to say:

- (a) Lower or remove customs duties on goods they commonly export or import.
- (b) Engage digital/online payment service providers to reduce transaction costs to encourage ICBTs to use mobile money, thereby reducing the risk of infection associated with the use of cash or physical currency.
- (c) Decongest current border markets by putting up new ones or implementing a staggered schedule that allows more or less even numbers of traders to pass through BCPs with their wares on different days throughout the week.

7.4.4. Cross-border traders' associations

The Chirundu Chapter raised concerns that they felt overlooked, left out or marginalized by agencies at the border post. They were not invited to crucial meetings or participate in other feedback mechanisms that dealt with issues and decisions that affected them and their constituencies. In terms of administration, the chapter has challenges with capturing important bio-data and related information on their members (no matter how few), not to mention maintaining membership registers. Chapter representatives also reported that its website was difficult to access, with information being generally outdated. (None of the ICBTs interviewed at the Beitbridge BCP were yet members of a local CBTA, with some of them indicating a high degree of willingness to belong to one.)

- It is recommended that the Ministry of Women Affairs, Gender and Community Development, working closely with development partners (wherever possible), assist with capacity-building to modernize ICBTs, which are currently loosely set up, to be capable of capturing bio-data and other information relevant to their membership, as well as maintaining essential statistics that can be used in policy formulation that target their constituencies.

When asked what kind of services they were not yet offering to their members but wanted to, CBTA representatives reported the following to the researchers:

- Facilitate bulk purchases of goods commonly imported by ICBTs from neighbouring countries and then liaise or collaborate with transporters' associations and suppliers on either side of the border.
- Assist with the dissemination of border processes and procedures to their membership; to be sources of latest border developments and changes in customs legislation; and to work closely and in strategic partnership with the border stakeholders.

In addition, CBTAs in Zimbabwe need assistance with reviving their once-robust engagement with their Zambian and Malawian counterparts in the interest of ensuring the continuity and safety of cross-border trade by ICBTs.

7.4.5. Trade Information Desk Officers

The Government, through the Ministry of Foreign Affairs and International Trade, needs to take up the issue of updating the STR Common List (which was last reviewed in 2013) with COMESA. In the meantime, the computerization of all manual TID processes needs to be prioritized. The ASYCUDA System of ZIMRA has the potential to accommodate the computerization of these manual processes. It is imperative that TIDs be linked directly to the ASYCUDA System on the Zambian side, as well as the current manual processing of forms may lead to the spread of COVID-19. While the groupage system was adopted by ZIMRA to allow continued informal cross-border trade amid the pandemic, groupages are now treated as commercial consignments, which means that the TID cannot grant them simplified preferential

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treatment through the issuance of a simplified certificate of origin. Once a batch or groupage of goods is cleared as a commercial consignment, the services of a clearing agent or clearing broker are required. These, of course, come at a cost generally beyond the affordability of most ICBTs. ZIMRA and the TIDs at BCPs should be flexible enough to ensure that the benefits of the STR facility to ICBTs are retained and restored in ways that do not distort the well-intentioned trade facilitation measures for ICBTs. As it is, misaligned application of measures results in increased trade costs to ICBTs. This is also becoming a form of institutionalized, non-tariff barrier to informal cross-border trade. Consistency (and, thus, predictability) and transparency in the customs valuation of goods imported by ICBTs under the STR mechanism should be ensured so that ICBTs could anticipate how much to pay in customs duties each time. In addition, the Government, through the Ministry of Industry and Commerce, needs to work closely with ZIMRA and establish the online Zimbabwean STR Trade Portal, available in both English and local languages. Lastly, it should also initiate the expedient introduction of the SADC STR and TIDO facilities by engaging other SADC member States, so that ICBTs that use the Beitbridge BCP and the Musina BCP benefit from the simplified rules of origin for originating goods adopted by the African Continental Free Trade Area, a SADC initiative.

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Annex 1: Terms of reference

Rapid Situation and Needs Assessment of Informal Cross-border Traders in Zimbabwe, and Consolidation of Regional Report

Background and rationale

In the Southern African Development Community (SADC), informal cross-border trade is significant, accounting for 30–40 per cent of total intra-SADC trade, with an estimated value of USD 17.6 billion. Women, who make up approximately 70 per cent of informal cross-border traders (ICBTs), face gender-specific risks and are more susceptible to harassment and exploitation by corrupt border officials. The majority of female ICBTs are relatively poor, with low levels of education, and trade in high volume of low-value goods, including food products, cosmetics, cloth, and handicrafts. WICBTs support some of the most fragile and impoverished communities, and so any threat to ICBTs poses a threat to the most vulnerable and least resilient. Moreover, besides a marked increase in gender-based violence and a decrease in access to sexual and reproductive health, COVID-19 is expected to affect women significantly more than men especially through widening existing financial inequality between men and women.

The outbreak of COVID-19 in Southern Africa has led to border closures and travel restrictions throughout the region. Where cross-border trade is permitted, it has been for larger commercial flows and not for the movement of people, accompanied by quarantine measures for varying periods, often at the cost of the trader moving the goods. Additional security measures have been put in place to patrol borders. For ICBTs, these changes have had a catastrophic impact on their livelihoods and are unable to conduct their routine trade. COVID-19 restrictions have hit informal trade harder than other sectors, with women hit particularly hard by economic losses. There is likely to be further pressure on the informal sector post-COVID-19.

IOM is implementing a project entitled, “Supporting Informal Cross-border Traders in Southern Africa To Do Business Safely During the COVID-19 Pandemic”. The project is being managed by the IOM office in Zambia and is being implemented in conjunction with IOM missions in Malawi, South Africa and Zimbabwe.

The objective of this project is to contribute towards the enhanced protection of the health and economic rights of ICBTs through the facilitation of continued trade during the COVID-19 pandemic. The expected outcomes are:

- (a) Consensus exists on policy direction to favourably incorporate ICBTs and informal traders into national COVID-19 trade plans and to the extent possible, preparing for the COVID-19 socioeconomic recovery plans.

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- (b) Border control posts (BCPs) and border officials have improved capacity to facilitate a healthier and safer environment for informal cross-border traders to operate.
- (c) Small-scale cross-border traders (SSCBTs) and ICBTs demonstrate increased ability on how to trade safely and operate at BCP during restrictions brought about as a consequence of COVID-19.

This project will be implemented in four countries in Southern Africa, namely Malawi, South Africa, Zambia and Zimbabwe. This is intended to be an emergency response project, to be implemented over a period of seven months, between October 2020 to April 2021.

Scope of work

Within the context of this project, a rapid situation and needs assessment of informal cross-border trade in select countries and borders in Southern Africa will be undertaken. The rapid situation and needs assessment will be undertaken in Malawi, South Africa, Zambia and Zimbabwe, and at three border areas, namely Beitbridge–Musina (Zimbabwe and South Africa), Mwami–Mchinji (Zambia and Malawi) and Chirundu (Zambia and Zimbabwe).

The rapid situation and needs assessment will take place in the first two months of the project as part of the inception phase. It will serve to inform activities under the three outcomes of the project, including the national-level policy dialogue and activities with border officials and CBTA's undertaken at the BCP level which are part of this project.

This rapid situation and needs assessment will take place in Zimbabwe and South Africa. It will include both national-level and border-specific analysis. The selected candidate will be expected to also analyse the situation at Chirundu One-Stop Border Post (OSBP) (both Zambia and Zimbabwe sides), Beitbridge BCP (Zimbabwe) and Musina BCP (South Africa), working closely and in coordination with other selected national candidates who will be undertaking the corresponding analysis on the other side of the borders. The intention of this rapid situation and needs assessment is also to create a gender-mainstreamed baseline.

The rapid situation and needs assessment will cover the following issues in relation to informal cross-border trade during the COVID-19 pandemic:

- (a) An overview of existing national COVID-19 policies and strategies and BCP-specific multisectoral action plans and guidelines to support ICBTs within the context of COVID-19 national response;
- (b) An overview of whether or how informal cross-border trade has been incorporated (or not) into existing COVID-19 response plans policies and strategic guidance at the national and subnational levels where implementation is taking place;

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- (c) Impact of COVID-19 on ICBTs, with specific consideration to the gender dimension;
- (d) Impact of national or regional COVID-19 agreements, guidelines on informal cross-border trade and CBTAs, and the extent to which such will facilitate resumption of safe trade;
- (e) Extent to which ICBTs have switched to other alternative livelihoods in the wake of COVID-19 and the viability of such alternative livelihoods;
- (f) Assessing the potential opportunities and feasibility of technological solutions to support ICBTs and CBTAs;
- (g) Indication as to whether/how informal cross-border trade is being considered by national governments as part of the post-COVID-19 recovery plans, policies and strategies;
- (h) Number of ICBTs that have benefited from COVID-19 stimulus packages and recommendations for consideration;
- (i) Key issues identified by government officials from a policy perspective regarding the issues relevant to the needs of informal cross-border traders;
- (j) National-level and BCP-specific, multisectoral action plans and guidelines to support ICBTs within the context of the COVID-19 national response;
- (k) An overview of relevant national plans that support the implementation of the International Health Regulations (IHR) (2005) requirements in the context of the COVID-19 pandemic;
- (l) Whether informal cross-border trade is taking place at the specific BCP at the time of the assessment takes place (if it is, the volume, nature and scale of informal cross-border trade at the time of the assessment);
- (m) Current border and travel restrictions which are in place at the time of the assessment;
- (n) The effect these restrictions on informal cross-border trade and priority needs of ICBTs, assuming that these restrictions are in place;
- (o) Mapping and profiling of CBTA and other relevant associations;
- (p) The estimated number of cross-border traders (by gender) registered by CBTAs and other relevant organizations operating around each BCP;
- (q) The number of traders registered with CBTAs and other trade-related associations on each side of the border (i.e. with each associated BCP) at the time of the assessment;

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- (r) Location, size and composition of trader markets in the border vicinity/ relevant to cross-border trade (e.g. the COMESA Market in Lusaka);
- (s) Identification of trade information desks (TIDS) and trade information desk officers (TIDOs) and ICBTs to be trained as part of the project;
- (t) Clear outline of the capacity-building needs at the BCPs, as well as priority health-related infrastructure requirements at the BCP (and border markets) in light of COVID-19;
- (u) Number (percentage) of ICBTs reporting access to IPC measures at BCPs; number (percentage) of ICBTs who reported having used a handwashing facility at the BCP during their most recent travel; and number of infrastructure measures put in place which respond to the needs ICBTs, including the specific needs of women traders;
- (v) Infection prevention and control measures currently in place and the extent to which they serve the needs of ICBTs, including a review of SOPs and protocols developed for each BCP, level of usage and gaps in implementation;
- (w) Identification of relevant inter-agency and cross-border coordination mechanisms and needs, including at the national and BCP levels;
- (x) Procedural guidance and training requirements for (health and non-health) front-line border officials to facilitate informal traders;
- (y) Other issues relevant to understanding informal cross-border trade at the national and specific BCP levels, during the COVID-19 pandemic.

The selected candidate is expected to undertake field visits to the BCPs in Beitbridge, Musina and Chirundu (OSBP) for purposes of data collection. The rapid situation and needs assessment will be based upon an agreed upon methodology, which will be jointly agreed with the IOM project management site at the start of the project. This will include a rapid literature review, site visits to the BCP in conjunction with government officials from the concerned country, as well as consultations with a range of stakeholders including border officials, national-level policymakers from various government agencies in country, as well as with cross-border trade associations and other relevant trade entities. Additionally, the candidate selected for Zimbabwe and South Africa, will be tasked to take a lead in coordinating with identified national experts on the approach, methodology and tools to be used for purposes of the assessment as well as consolidating final report. The selected candidate will lead the consolidation of the reports from the participating countries into one regional report to be shared with FCDO.

Mainstreaming gender

Gender refers to the social attributes and opportunities associated with being male and female and the relationships between women and men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. Gender determines what is expected, allowed, and valued in a woman or a man in each context. In the context of these Terms of Reference, mainstreaming gender into the rapid situation and needs assessment means ensuring the interests, needs and priorities of both women and men are taken into consideration during the design and execution of the rapid assessment and are fully integrated within the final report presented by the successful candidate. In doing so, this rapid situation and needs assessment will contribute to the inclusion and promotion of women in informal cross-border trade as contributing agents to sustainable development.

Responsibilities and time frames

The incumbent will be responsible for the following deliverables, as per the following time frames:

- (a) Undertake a rapid literature or desk review of available recent publications and reports on informal-cross border trade in the region in general and in Zimbabwe and South Africa in particular and coordinate with other national experts undertaking the rapid assessment in Malawi, South Africa and Zambia in order to standardize the approach, methodology and tools for the assignment (by end of week 1).
- (b) Draft inception report which provides an overview of the proposed methodology to be used to undertake the rapid situation and needs assessment. The methodology and tools must be agreed and synchronized with other experts conducting the same assessment in Malawi and Zambia (by end of week 2).
- (c) Draft rapid situation and needs assessment report, which includes all areas outlined in the proposed scope of work, with special reference to the capacity gaps and needs, and quick wins which may be leveraged to promote informal cross-border trade, feedback from field visit to BCP, and any additional feedback provided by IOM and other relevant stakeholders (by end of week 4).
- (d) Final rapid situation and needs assessment report, which integrates feedback provided by IOM and other relevant stakeholders, as well as a policy brief summarizing the findings of the report, and a power point of key findings and recommendations (by end of week 8).
- (e) A consolidated regional report, incorporating the situation and needs assessment reports from Malawi, South Africa and Zambia, working closely with the national identified consultants.

Competencies

The incumbent is expected to demonstrate the following values and competencies:

Values

- **Inclusion and respect for diversity.** Respects and promotes individual and cultural differences; encourages diversity and inclusion wherever possible.
- **Integrity and transparency.** Maintains high ethical standards and acts in a manner consistent with organizational principles/rules and standards of conduct.
- **Professionalism.** Demonstrates the ability to work in a composed, competent and committed manner and exercises careful judgment in meeting day-to-day challenges.

Core competencies (behavioural indicators)

- **Teamwork.** Develops and promotes effective collaboration within and across units to achieve shared goals and optimize results.
- **Use of appropriate software** (for both quantitative and qualitative analysis of migration data)
- **Delivering results.** Produces and delivers quality results in a service-oriented and timely manner; is action oriented and committed to achieving agreed outcomes.
- **Managing and sharing knowledge.** Continuously seeks to learn, share knowledge and innovate.
- **Accountability.** Takes ownership for achieving the Organization's priorities and assumes responsibility for own action and delegated work.
- **Communication.** Encourages and contributes to clear and open communication; explains complex matters in an informative, inspiring and motivational way.

Education and experience

The successful consultant should have the following qualifications and experience:

- Advanced university degree in international relations, public health, migration management or a related field.
- Extensive knowledge of immigration and border security and management, informal cross-border trade in the region and specifically in Zambia, trade facilitation and customs, or other relevant areas.
- Minimum of 10 years of relevant professional experience working for a governmental or intergovernmental organization in a related area of immigration and border management.

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- Proven previous working experience consisting of substantial involvement in assessments, evaluations and/or reviews in related areas.
- Working experience with senior officials within government, intergovernmental and non-governmental organizations.
- Full computer literacy, including familiarity with research and basic statistical tools.
- Excellent written and spoken English, with knowledge of local languages an advantage.
- Demonstrated ability to work in a multicultural environment and establish harmonious and effective relationships.

Annex 2: Interviewed stakeholders and key informants

2.1 Zimbabwe

| Full name | Sex | | Organization | Designation |
|-------------------------|--------|------|---|---|
| | Female | Male | | |
| National | | | | |
| Ruzive Magret | ✓ | | Ministry of Public Service, Labour and Social Welfare | Social Development Officer (expertise: migration and vulnerable mobile persons) |
| Irvine Chivaura | | ✓ | Ministry of Home Affairs and Cultural Heritage | Deputy Director |
| Beitbridge BCP | | | | |
| Mafios Macheke | | ✓ | Beitbridge Cross-border Transporter Association | Coordinator |
| Nobuhle Ncube | ✓ | | Department of Social Department | Superintendent |
| Triust Manatsire | | ✓ | Department of Immigration | Assistant RVO |
| Tongogara Mutambanengwe | | ✓ | BioTech Authority | Biosafety Officer |
| Levy Gama | | ✓ | Plant Quarantine Services | Station Manager |
| Oripfa Makhado | | ✓ | Ministry of Health and Child Care – Port Health | Port Health Officer |
| Tina Mhlanga | ✓ | | Veterinary Services | Food Inspector |
| Mbuso Moyo | | ✓ | Zimbabwe Revenue Authority (ZIMRA) | Acting Shift Manager |
| Chirundu OSBP | | | | |
| Chrysler Kudzai | | ✓ | Zimbabwe Cross-border Traders Association (ZCBTA) | Chairperson (Chirundu Chapter) |
| Rumbidzai Antonio | ✓ | | Environmental Management Agency (EMA) | Officer |
| Emmanuel Mashura | | ✓ | Plant Quarantine Services Institute | Plant Health Inspector |
| Shelter Mtizwa | ✓ | | Trade Information Desk | Trade Information Desk Officer |
| Violet Rupiya | ✓ | | Zimbabwe Revenue Authority (ZIMRA) | Revenue Supervisor |
| Morgan Moyo | | ✓ | Department of Immigration | Assistant Regional Immigration Officer |

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2.2 Malawi

| Name | Organization | Designation |
|---|---|---|
| Interview with cross-border traders' association (FGD) | | |
| Mr Charles Mathambo | Cross-border Traders Association of Malawi (CBTA) (Mchinji chapter) | Secretary |
| Mr Peter Tsirizani | CBTA Mchinji chapter | Executive member |
| Mrs Florence Kondwerani | CBTA Mchinji chapter | Women's Secretary |
| Mrs Grace Moyo | CBTA Mchinji chapter | Member |
| Mr Richard Batchi | CBTA Mchinji chapter | Executive member |
| Mrs Hellen Makukula | CBTA Mchinji chapter | Member |
| Mrs Regina Kanyimbiri | CBTA Mchinji chapter | Member |
| Interviews with border officials | | |
| Mr Roboson Kayira | Department of Health | Mchinji District Environmental Officer |
| Mr Landirani Mwale | Department of Health | Assistant Environmental Health Officer |
| Mrs Lucy Chikhawo | Malawi Revenue Authority | Acting Station Manager |
| Mr George Jubeki | Fiscal Police Department | Detective Inspector |
| Mr Richard Batchi | Department of Trade | Trade Information Desk Officer |
| Interviews with CBTA executive members | | |
| Mrs Esther Tchukambiri | Cross-border Traders Association of Malawi | Executive Chairperson |
| Mr Steve Yohane | Cross-border Traders Association of Malawi | Secretary-General |
| Mrs Lucy Kanjira | Cross-border Traders Association of Malawi | Board member |
| Mr Lackson Kapito | Cross-border Traders Association of Malawi | Chairperson of Board of Trustees |
| Interviews with central government officials | | |
| Mr Dimon Chikhasu | Ministry of Trade | Chief Trade Officer/Desk Officer for Cross-border Trade under TradeMark East Africa |
| Mrs Flora Dimba | Ministry of Health | National Focal Point for Port Health |
| Mr Rodwell Chizumila | Ministry of Homeland Security – Immigration Department | Second-in-charge to the Immigration Desk Officer |
| Mr Adwell Zembere | Ministry of Economic Planning and Public Sector Reforms | Deputy Director of Planning |

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2.3 Zambia

| Name | Organization | Location | Meeting date |
|--------------------|--|---|------------------|
| Miti Mupushi | Zambia Revenue Authority (ZRA) | Virtual, via Microsoft Teams (Interviewee in Lusaka, Zambia) | 1 December 2020 |
| Nsangwa Ngwira | Ministry of Commerce | Lusaka, Zambia | 2 December 2020 |
| Jenala Tembo | Ministry of Gender | Lusaka, Zambia | 3 December 2020 |
| Styled Zimba | Department of Immigration | Lusaka, Zambia | 3 December 2020 |
| Emmanuel Sampa | Ministry of Transport and Communications | Lusaka, Zambia | 4 December 2020 |
| Innocent Hamuganyu | Ministry of Health | Lusaka, Zambia | 4 December 2020 |
| Matthews Kalikiti | ZRA | Chirundu, Zambia | 14 December 2020 |
| Phyllis Nyamba | Immigration | Chirundu, Zambia | 14 December 2020 |
| Kabeela Sambwa | Ministry of Health | Chirundu, Zambia | 14 December 2020 |
| Goodson Mbewe | Cross-border Traders Association of Zambia (CBTAZ) | Chirundu | 14 December 2020 |
| Rabson Tembo | Trade Information Desk | Chirundu, Zambia | 15 December 2020 |
| Situmbeko Likando | Department of Immigration | Mwami, Zambia | 17 December 2020 |
| Demetria Chagwa | ZRA | Mwami, Zambia | 17 December 2020 |
| Moses Choba | Ministry of Health | Mwami, Zambia | 17 December 2020 |
| Elizabeth Mwanza | Trade Information Desk | Mwami, Zambia | 17 December 2020 |
| Tasara Muzori | Common Market for Eastern and Southern Africa (COMESA) | Phone call (Interviewee in Lusaka, Zambia) | 13 January 2021 |

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Annex 3: Selected photographs

COVID-19 scanner booth at the
Chirundu OSBP (Zimbabwean side)



Source: Field visit at the Zimbabwean side of the Chirundu OSBP, December 2020.

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COVID-19 testing tent at the Chirundu OSBP (Zambian side)



COVID-19 temperature check tent at the Mwami BCP



COVID-19 testing tent at the Mwami BCP



Source: Field visits at the Mwami BCO and the Zambian side of the Chirundu OSBP, December 2020.

Annex 4: Data collection tools

Annex 4.1. Individual ICBT interview questionnaire



INDIVIDUAL ICBT INTERVIEW QUESTIONNAIRE for the a Rapid Situation and Needs Assessment of Informal Cross-border Trade

This questionnaire will be used to collect information that will enable the assessment of the following issues in relation to informal cross-border trade during the COVID-19 pandemic.

- (a) Impact of COVID-19 on ICBTs, including the gender dimensions of the same;
- (b) The extent to which ICBTs have switched to other alternative livelihoods in the wake of COVID-19 and the viability of such alternative livelihoods;
- (c) Whether informal cross-border trade is taking place at the specific BCP at the time the assessment takes place (if it is, the volume, nature and scale of informal cross-border trade at the time of the assessment);
- (d) Current border and travel restrictions which are in place at the time of the assessment;
- (e) The effect these restrictions on informal cross-border trade and priority needs of ICBTs, assuming that these restrictions are in place;
- (f) Number (percentage) of ICBTs reporting access to IPC measures at BCPs; number (percentage) of ICBTs who reported having used a handwashing facility at the BCP in their most recent travel; and number of infrastructure measures put in place which respond to the needs of ICBTs, including the specific needs of women traders;
- (g) Infection prevention and control measures currently in place and the extent to which they serve the needs of ICBTs, including a review of SOPs/protocols developed for each BCP, level of usage and gaps in implementation;

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| SECTION A: INTRODUCTION | |
|---|--|
| ***This section is completed before you start the actual interview*** | |
| 1. DETAILS OF THE INTERVIEWER | |
| 1.1 Name of Research Assistant in full | |
| 1.2 Date of interview (DD-MM-YYYY) | ___/___/___ |
| 1.3 Interview language | <input type="checkbox"/> English <input type="checkbox"/> Local language (please specify) |
| 2. IDENTIFICATION DETAILS | |
| 2.1 Country (single response) | <input type="checkbox"/> Malawi <input type="checkbox"/> South Africa <input type="checkbox"/> Zambia <input type="checkbox"/> Zimbabwe |
| 2.2 Border Post Town (single response – cascade) | <input type="checkbox"/> Beitbridge <input type="checkbox"/> Chirundu (Zambia) <input type="checkbox"/> Chirundu (Zimbabwe) <input type="checkbox"/> Mchinji <input type="checkbox"/> Musina <input type="checkbox"/> Mwami |

| CONSENT | | |
|--|------------------------------|-----------------------------|
| <p>My name is [...], I am a Research Assistant for an IOM Rapid Situation and Needs Assessment of Informal Cross Border Trade in [country:]. The aim of this Rapid Assessment is to gather important information that will inform activities of the IOM project which aims to contribute towards the enhanced protection of the health and economic rights of Informal Cross-Border Traders (ICBTs) through the facilitation of continued trade during the COVID-19 pandemic. This interview will take roughly 30 minutes of your time. All the information shared will be confidential, not shared with anyone except to be used in the compilation of the report. You are free to adjourn the interview at any time and not to answer some of the questions in the questionnaire.</p> | | |
| Will you want to participate in the interview? (If answer is NO, thank the respondent and adjourn the interview.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| SECTION B: RESPONDENT DETAILS | | | | |
|--|--|---|-------------------------------|---------------------------------|
| 2. DETAILS OF THE CROSS-BORDER TRADER | | | | |
| 2.1 Full name of the respondent (optional) | | a. Surname | | |
| | | b. First name | | |
| 2.2 Age in years | | 2.3 Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| 2.4 Residential town | | | | |
| 2.5 What is your country of residence? | | <input type="checkbox"/> Malawi <input type="checkbox"/> South Africa <input type="checkbox"/> Zambia <input type="checkbox"/> Zimbabwe <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to say | | |

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| | |
|--|---|
| 2.6 Which one is your most frequently used border post? (Single response and depends on what was selected above) | <ol style="list-style-type: none"> 1. Beitbridge–Musina 2. Chirundu One-stop Border Post (OSBP) 3. Mwami–Mchinji |
| 3. DETAILS OF THE CROSS-BORDER TRADERS' ASSOCIATION (CBTA) | |
| <i>Instruction: In the space provided below, please complete the details of your CBTA.</i> | |
| 3.1 Are you a member of any CBTA? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3.2 If YES, what is the Cross-border Traders Association's name? | |

SECTION C: TRADE PROFILE

List by name, goods commonly traded in (before the COVID-19 pandemic and lockdown).

| | |
|--|--|
| 1.1 Are you currently involved in cross-border trading? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1.2 If YES: In the space below, list by name all the goods that you frequently EXPORTED from (state country name) before the COVID-19 pandemic. | |
| <input type="checkbox"/> Building materials <input type="checkbox"/> Fresh fruits and/or vegetables <input type="checkbox"/> Fresh meat and/or fish <input type="checkbox"/> Processed food products <input type="checkbox"/> New clothes and shoes <input type="checkbox"/> Second-hand clothes and shoes <input type="checkbox"/> Blankets, bed covers, bedsheets, pillows, etc. <input type="checkbox"/> Household items <input type="checkbox"/> Cosmetics <input type="checkbox"/> Handicrafts <input type="checkbox"/> Electricals <input type="checkbox"/> Others: _____ | |
| 1.3 In the space below, list by name all the goods that you frequently IMPORTED to (state country name) before the COVID-19 pandemic | |
| <input type="checkbox"/> Building materials <input type="checkbox"/> Fresh fruits and/or vegetables <input type="checkbox"/> Fresh meat and/or fish <input type="checkbox"/> Processed food products <input type="checkbox"/> New clothes and shoes <input type="checkbox"/> Second-hand clothes and shoes <input type="checkbox"/> Blankets, bed covers, bedsheets, pillows, etc. <input type="checkbox"/> Household items <input type="checkbox"/> Cosmetics <input type="checkbox"/> Handicrafts <input type="checkbox"/> Electricals <input type="checkbox"/> Others: _____ | |
| 1.4 Order placement and transaction methods of payment by ICBT | |
| 1.4.1 Do you have a smartphone? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1.4.2 Do you have a mobile account? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1.4.3 Do you have a bank account? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| | | |
|---|--|-----------------------------|
| 1.5 Instruction 1: From the list given below, indicate your most commonly used method of order placement for the goods bought from the country of import. | | |
| Order placement method (Indicate your commonly used method by placing an "X" in the appropriate space provided below.) | | |
| <input type="checkbox"/> Website address <input type="checkbox"/> WhatsApp <input type="checkbox"/> Cell phone call <input type="checkbox"/> In person (i.e. upon crossing the border; applicable to either selling exports or importing goods) <input type="checkbox"/> Other methods (please specify) | | |
| 1.6 Instruction 2: From the list given below, indicate your ONE most common payment method used in buying goods from the country of import. | | |
| <input type="checkbox"/> Cash <input type="checkbox"/> Bank telegraphic transfer <input type="checkbox"/> Online payment <input type="checkbox"/> Money transfer agencies (e.g. Western Union) <input type="checkbox"/> VISA cards <input type="checkbox"/> Other payment methods (please specify) | | |
| 1.7 Are you currently involved in cross-border trading? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.7.1. From the list of the goods you frequently export and import, do some of the goods require export and import permits or licences? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.7.2. If YES, are these exports and import permits or licences issued centrally by one Government department located at this BCP? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.7.3. If YES, briefly explain where you get the import and export permits or licences. | | |
| 1.7.4. Are you charged any fee to get these export and import permits or licences? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.7.5. If YES (1.7.4): What would you say about the amount of money charged as administrative fees to get these export and import permits or licence ? | <input type="checkbox"/> Affordable <input type="checkbox"/> High <input type="checkbox"/> Very high | |
| 1.7.6 How are these exports and import permits or licences submitted to Customs for processing at this border? | | |
| <input type="checkbox"/> Manually as hardcopy documents <input type="checkbox"/> As photocopied documents <input type="checkbox"/> Electronically processed in the Customs computer system <input type="checkbox"/> Others (please specify) | | |
| 1.8 Are you aware of any of the border and travel restrictions which were in place or which are still in place as a result of COVID-19 pandemic? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1.9 If YES (1.8), kindly explain. (Tick whatever client states.) | | |
| <input type="checkbox"/> Ban on people's movement across the borders <input type="checkbox"/> Ban of movement of goods across borders (other than designated essential goods) <input type="checkbox"/> Mandatory requirement to produce a COVID-19 test certificate that is negative <input type="checkbox"/> Use of hand sanitizer <input type="checkbox"/> Washing of hands with soap <input type="checkbox"/> Maintenance of social distance <input type="checkbox"/> Other (please specify) | | |
| 1.10 If YES (1.9): What is the effect of these restrictions on your informal cross-border trading and priority needs? (Please state all the responses.) | | |

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SECTION D: COVID-19 RESPONSE MEASURES

1.1 Impact of National COVID-19 Response Measures on Cross-border Traders

Instruction: In the space provided below, state any challenges that you commonly faced at the borders before the outbreak of COVID-19.

a) Border Control Post Level

i) From the list below, indicate challenges you have faced at one time or another at this border:

- Standing in a long queue waiting for your turn to be cleared by the border officials
- Searches or physical verification of your goods by many border officials one after the other
- Cumbersome clearance processes
- Detention of your goods by Customs officials without clear explanation as to why
- Harassment from any of the border officials (sexual harassment if a woman trader)
- Being cleared from the same place with commercial trucks, other motorists, etc.
- Shortage of water within the border premises (e.g. tapes, ablution facilities, etc.)
- Closed or decrepit toilet or ablution facilities
- Other (please specify)

ii) How frequently did you face any or a number of these challenges?

- Rarely
- Frequently
- Very frequently
- Every time I pass the through border

iii) Have you ever received any border procedures and processes training from Customs authorities? Yes No

iv) If YES, are you now fully knowledgeable and aware of border clearance procedures and processes that affect you as a cross-border trader? Yes No

v) How often did you cross-border posts? (State the frequency)

vi) On average, how many days would you spend in the foreign country?

b) Highway and Goods Transportation Level

i) Do you pay transport fares for your goods from one country to the other? Yes No

ii) If YES, would you say the fares are: Affordable High Very high

iii) Have you ever encountered roadblocks to check or verify on your imported goods? Yes No

iv) If YES, do you see the frequency of these roadblocks as: Moderate and necessary Too many and causing unnecessary delays

v) State any of the challenges you frequently face as a cross-border trader along the highway.

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1.2 Instruction: In the space provided below, respond to the question concerning how the COVID-19 outbreak has impacted your life and livelihood as a cross-border trader?

a) Means of living and livelihood during the COVID-19 pandemic

i) From the list given below, choose ONE main factor that influenced your decision to go into ICBT.

- Basic survival reasons (subsistence)
- To fend for my family (including, if applicable, extended family members)
- Passing on of a breadwinner in the family
- Lack of employment/high unemployment levels
- It was the easiest thing for me to do soon after leaving school.
- To complement my monthly salaries
- To start a personal business
- Supply small to medium enterprises and downtown tuckshops
- Others (please specify)

ii) Is cross-border trade your only means of income and survival? Yes No

iii) If YES, what alternative livelihood(s) have you switched to during this period of COVID-19 pandemic? (Respondent to state all applicable answers in the space provided below.)

- 1.
- 2.
- 3.
- 4.
- 5.

iv) Were you aware of the existence of the Government's COVID-19 National Stimulus Package or its equivalent? Yes No

v) If YES, state or give details of everything that you benefited through this programme.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

vi) Have you benefited from any other government assistance programme as a way to cushion your life and livelihood during COVID-19 pandemic? Yes No

vii) If YES (to vi), state or give details of everything that you benefited through this programme.

- 1.
- 2.
- 3.
- 4.
- 5.

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viii) From the list below, did you receive from any source any of the following benefits during this period directly in connection with the effects of the COVID-19 pandemic? (Tick all that are applicable.)

| Form of assistance | Tick in the space below if received | If received, state the source or from whom |
|--|-------------------------------------|--|
| Grant | | |
| Loan | | |
| Cash | | |
| Food | | |
| Groceries | | |
| Medication | | |
| Face masks | | |
| Hand sanitizers | | |
| Personal protective equipment | | |
| Reduced rates of airtime | | |
| Reduced rates of Internet | | |
| Google classroom facilities for your college/school-going dependents | | |
| Suspended payment for any services (please specify) | | |
| Reduced municipality rates | | |
| Suspended payment for any services (please state) | | |
| Other (please state) | | |

SECTION E: INFECTION PREVENTION AND CONTROL MEASURES

1. HEALTH AND HYGIENE MEASURES

1.1 Were you educated on COVID-19 infection prevention and control measures? ([single response](#))

Yes No

1.2 If YES (1.1), how did you receive the knowledge/education on COVID-19 infection prevention and control measures? ([single response – cascade](#))

- From media (e.g. TV, radio, Internet)
- From friends, family
- Local communities (e.g. churches, WhatsApp groups, clubs)
- From government officials
- From a trader's association
- From friends, family, government officials and trader's association
- Other (please specify)

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| | | |
|---|------------------------------|-----------------------------|
| 1.3 If YES (1.1), when do you wash your hands with sanitizers? (Before and/or after) (multiple response) | | |
| <input type="checkbox"/> Touching your eyes, nose or mouth <input type="checkbox"/> Touching your musk <input type="checkbox"/> Entering and leaving a public place <input type="checkbox"/> Touching an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts or electronic cashier registers/screens <input type="checkbox"/> Other (please specify) | | |
| 1.4 What infection prevention and control measures are at the border that you frequently use? (multiple response) | | |
| <input type="checkbox"/> Hand sanitizers <input type="checkbox"/> Face masks <input type="checkbox"/> Foot and wheel baths <input type="checkbox"/> Production of a valid negative COVID-19 test certificate <input type="checkbox"/> Temperature checks <input type="checkbox"/> Border clearance queue space is enough for social distancing <input type="checkbox"/> Other (please specify) | | |
| 1.5 Are you aware of the presence of the following COVID-19 infection, prevention and control measures or provisions which are at this border? (multiple response) | | |
| <input type="checkbox"/> COVID-19 testing tent/room <input type="checkbox"/> Isolation/quarantine tent/room <input type="checkbox"/> Transport to take those tested positives to a health facility <input type="checkbox"/> Health personnel to do COVID-19 education <input type="checkbox"/> Health personnel to do COVID-19 testing <input type="checkbox"/> Health personnel to monitor those in isolation/quarantine <input type="checkbox"/> Other (please specify) | | |
| 2. INFRASTRUCTURE MEASURES – HANDWASHING FACILITIES AT THE BCP | | |
| 2.1 Is there a handwashing facility at the BCP? (single response) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.2 If YES (1.1), is the handwashing facility labelled? (single response – cascade) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.3 If YES (1.1), is the handwashing facility accessible? | | |
| 2.4 If YES (1.1), have you used the handwashing facility (single response – cascade) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.5 Is washing of hands done under running water? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.6 If NO (1.3), then what was the reason for not using it (multiple response) | | |
| <input type="checkbox"/> No water and sanitizer solution <input type="checkbox"/> Not functioning properly <input type="checkbox"/> Not educated on its use <input type="checkbox"/> Its location is far from other service provision points <input type="checkbox"/> People's queue to it was too long and they are only a few of them available <input type="checkbox"/> Other (please specify) | | |
| 3. INFRASTRUCTURE MEASURES - TOILETS | | |
| 3.1 Is there a toilet at the BCP? (single response) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.2 If YES (1.1), is it usable? (single response – cascade) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.3 If YES (1.1), are there handwashing facilities within or at the entrance of the toilet? (single response – cascade) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.4 Is washing of hands done under running water? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| | | |
|--|------------------------------|-----------------------------|
| 3.5 If NO (3.4), then what was the reason for not using it? (multiple response) | | |
| <input type="checkbox"/> No water and sanitizer solution <input type="checkbox"/> Not functioning properly <input type="checkbox"/> Not educated on its use <input type="checkbox"/> Its location is far from other service provision points <input type="checkbox"/> Other (please specify) | | |
| 3.6 Are the border ablution/toilet facilities adequately constructed to cater to women's gender-sensitive needs and requirements? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION F: INFECTION PREVENTION AND CONTROL MEASURES

1. In the wake of COVID-19, what alternative means have you switched to for your livelihood during this pandemic?

| Alternative livelihood | Viability of the alternative means |
|------------------------|---|
| 1) | <input type="checkbox"/> Unviable <input type="checkbox"/> Fairly viable <input type="checkbox"/> Very viable |
| 2) | <input type="checkbox"/> Unviable <input type="checkbox"/> Fairly viable <input type="checkbox"/> Very viable |
| 3) | <input type="checkbox"/> Unviable <input type="checkbox"/> Fairly viable <input type="checkbox"/> Very viable |
| 4) | <input type="checkbox"/> Unviable <input type="checkbox"/> Fairly viable <input type="checkbox"/> Very viable |

Annex 4.2. Border post walk-through observation tool



BORDER POST WALK-THROUGH OBSERVATION TOOL for the Rapid Situation and Needs Assessment of Informal Cross-border Trade

| | |
|--------------------|--|
| Name of Country | |
| Name of BCP | |
| Name of Researcher | |
| Date | |
| Time | |

BORDER POST PREMISES

1. BORDER PREMISES: INFECTION PREVENTION AND CONTROL MEASURES

| Are the following prevention and control measures in operation and in place? | Yes | No | Number | Notes |
|--|-----|----|--------|-------|
| 1.1. Use of handheld thermometers | | | | |
| 1.2. Use of alcohol-based hand sanitizers | | | | |
| 1.3. Availability of handwash basin and soap | | | | |
| 1.4. Use of face masks/face shields | | | | |
| 1.5. Use of wheel baths and foot baths | | | | |
| 1.6. COVID-19 testing area/tent/desk/room | | | | |
| 1.7. Use of PPEs by border officials and front-line workers | | | | |
| 1.8. Use of paper, wall charts and other signages about COVID-19 written in English | | | | |
| 1.9. Use of paper, wall charts and other signages about COVID-19 written in local language | | | | |
| 1.10. Use of direction signages (If yes, comment on the extent and appropriateness.) | | | | |
| 1.11. Use of client charters outside and within the buildings/ premises | | | | |
| 1.12. Others (please specify) | | | | |

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| 2. MOVEMENT OF PEOPLE WITHIN AND ACROSS THE BORDER AT THE TIME OF OBSERVATION | | | | |
|--|--|--|--|--|
| 2.1. Is there a clear demarcation in terms of the BCP layout on people who are exiting the country and those who are incoming? | | | | |
| 2.2. Were people wearing face masks? | | | | |
| 2.3. Was social distancing being observed? | | | | |
| 2.4. Does the border clearance queue management (at Customs and Immigration offices) allow for safe and adequate social distancing as people wait to be served? | | | | |
| 2.5. Was there any informal cross-border trade (CBT) long queues waiting for immigration and customs clearances at the time of observation? | | | | |
| 2.6. Use of clearly positioned informal/small-scale CBT client charters | | | | |
| 2.7. Are client charters, signages, COVID-19 posters, etc. written in English? | | | | |
| 2.8. Are client charters, signages, COVID-19 posters, etc. written in local languages as well? | | | | |
| 2.9. Others (please specify) | | | | |
| 3. MOVEMENT AND CLEARANCE OF CROSS-BORDER TRADERS' GOODS | | | | |
| 3.1. Are any of the following strategies used to lower the risk of transmission of the virus without compromising on border compliance requirements? | | | | |
| <input type="checkbox"/> Latex hand gloves | | | | |
| <input type="checkbox"/> Non-intrusive inspection equipment (e.g. scanners, X-ray machinery) | | | | |
| <input type="checkbox"/> Others (Please give details) | | | | |
| 3.2. Are the surroundings secure and safe for the CBT's goods (e.g. security fence in place and intact, presence of hired/contracted security companies' personnel)? | | | | |
| 3.3. Are public notices on customs clearance procedures and processes clearly displayed? If yes, are they written in any of the local languages as well? | | | | |
| 3.4. Is the general physical layout and application of processes designed in line with the existing standard operating procedures in place? | | | | |
| 3.5. Are TIDOs/Information desks/counters visibly in place? | | | | |

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| 4. BORDER HYGIENE ASSESSMENT | | | | |
|---|--|--|--|--|
| 4.1. Is tap water available/running? | | | | |
| 4.2. Are the toilets/ablution facilities available? If yes, comment on their cleanliness and suitability for use amidst the pandemic. | | | | |
| 4.3. Are the available toilets/ablution facilities gender-sensitive to women cross-border traders' needs and requirements? | | | | |
| 4.4. Are the border premises clean and smart? | | | | |
| 4.5. Are points for the travellers to wash hands easily accessible? | | | | |
| 4.6. Are touch-free litter bins/receptacles available? (If yes, please comment on their adequacy and distribution.) | | | | |
| 4.7. Are there any clear markings to assist with the observance of social distancing? | | | | |
| 4.8. Are there any health workers or their equivalent walking about assisting with monitoring and reminding people to wear their masks, maintain social distancing, etc.? | | | | |
| 4.9. Do border officials put on shields/masks while undertaking their duties? | | | | |
| 4.10. Are the border officials working in halls, offices, clearing counters behind glass screens or related preventative measures? | | | | |
| Others (please specify) | | | | |

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Annex 4.3. Border market walk-through observation tool



**IN-COUNTRY BORDER MARKET
WALK-THROUGH OBSERVATION TOOL for the
Rapid Situation and Needs Assessment
of Informal Cross-border Trade**

| | |
|--------------------|--|
| Name of Country | |
| Name of BCP | |
| Name of Researcher | |
| Date | |
| Time | |

| | Yes | No | N/A | Notes |
|---|-----|----|-----|-------|
| 1. IN-COUNTRY MARKETPLACE DETAILS | | | | |
| 1.1. Is the name of the marketplace visibly displayed as you approach it? | | | | |
| 1.2. Is the marketplace secure/fenced right round? | | | | |
| 1.3. Are the COVID-19 guidelines/prevention measures publicly and clearly displayed for all to see? | | | | |
| 1.4. Are the COVID-19 guidelines/prevention measures displayed in English and local languages? | | | | |
| 1.5. COVID-19 emergency contact numbers publicly displayed at the border market | | | | |
| 1.6. Are there designated points of entry/exit into the market by foot? | | | | |
| 1.7. Are there designated points of entry/exit into the market by motor vehicles? | | | | |
| 2. ARE THE FOLLOWING PREVENTION AND CONTAINMENT MEASURES BEING OBSERVED/ PRACTICED AT THE MARKETPLACE? (TICK IF APPLICABLE.) | | | | |
| 2.1. No mask, no entry | | | | |
| 2.2. Compulsory wearing of masks throughout the period one is in the marketplace | | | | |
| 2.3. Compulsory temperature checks before each entry | | | | |
| 2.4. Compulsory hand sanitization before each entry | | | | |
| 2.5. Compulsory production of negative COVID-19 certificate | | | | |
| 2.6. Compulsory foot bathing | | | | |

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| | | | | |
|---|--|--|--|--|
| 2.7. Compulsory wheel bathing (for those using vehicles to enter the marketplace) | | | | |
| 2.8. Maintenance of social distancing | | | | |
| 2.9. Other COVID-19 sensitization materials displayed publicly at the border market in English | | | | |
| 2.10. Other COVID-19 sensitization materials displayed publicly at the border market in local languages | | | | |
| Others (please specify) | | | | |

3. BORDER MARKETPLACE HYGIENE ASSESSMENT

| | | | | |
|---|--|--|--|--|
| 3.1. Is tap water available/running? | | | | |
| 3.2. Are the toilets/ablution facilities available? | | | | |
| 3.3. If yes, comment on their cleanliness and suitability for use amidst the pandemic. | | | | |
| 3.4. Are there any cleaners on site for periodic rounds of cleaning throughout the day within the marketplace? | | | | |
| 3.5. Are points for the buyers and sellers to wash hands enough and strategically placed? | | | | |
| 3.6. Are touch-free litter bins/receptacles available? | | | | |
| 3.7. If yes, please comment on their adequacy and distribution. | | | | |
| 3.8. Are there any clear markings to assist with the observance of social distancing? | | | | |
| 3.9. Are there any health workers or their equivalent walking about assisting with monitoring and reminding people to wear their masks, maintain social distancing, etc.? | | | | |
| 3.10. Do some people exchange cash for goods? (Comment if people sanitize hands after exchanging cash/goods.) | | | | |
| 3.11. Other observations (please specify). | | | | |

Annex 4.4. Border stakeholder interview questionnaire



BORDER STAKEHOLDER INTERVIEW QUESTIONNAIRE for the Rapid Situation and Needs Assessment of Informal Cross-border Trade

This questionnaire will be used to collect information that will enable the assessment of the following issues in relation to Customs/Revenue authorities during COVID-19 pandemic.

- (a) Current border and travel restrictions which are in place at the time of the assessment;
- (b) BCP specific multisectoral action plans/guidelines to support ICBTs within the context of the COVID-19 national response;
- (c) Whether informal cross-border trade is taking place at the specific BCP at the time the assessment takes place (if it is, the volume nature and scale of informal cross-border trade at the time of the assessment);
- (d) Assess the potential opportunities and feasibility of technological solutions to support ICBTs and CBTAs;
- (e) Key issues identified by government officials from a policy perspective regarding the issues relevant to the needs of ICBTs;
- (f) The effect these restrictions on informal cross-border trade and priority needs of ICBTs, assuming that these restrictions are in place;
- (g) Clear outline of the capacity-building needs at the BCPs, as well as priority health-related infrastructure requirements at the BCP in light of COVID-19;
- (h) Identification of relevant inter-agency and cross-border coordination mechanisms and needs at the BCP level;
- (i) Procedural guidance and training requirements for (health and non-health) front-line border officials to facilitate procedures for informal traders.

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CONSENT

My name is [-----], I am a Research Assistant for an IOM Rapid Situation and Needs Assessment of Informal Cross-border Trade in [country]. The aim of this Rapid Assessment is to gather important information that will inform activities of the IOM project which aim to contribute towards the enhanced protection of the health and economic rights of Informal Cross-Border Traders (ICBTs) through the facilitation of continued trade during the COVID-19 pandemic. This interview will take roughly 30 minutes of your time. All the information shared will be confidential, not shared with anyone except to be used in the compilation of the report. You are free to adjourn the interview at any time and also not to answer some of the questions in the questionnaire.

| | | |
|--|------------------------------|-----------------------------|
| Will you want to participate in the interview? [If NO: Thank the respondent and adjourn the interview.] | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

SECTION A: INTRODUCTION**1. DETAILS OF THE INTERVIEWEE**

| | |
|---|-----------------------|
| 1.1. Name of research assistant in full | |
| 1.2. Date of interview | _____ / _____ / _____ |

2. IDENTIFICATION DETAILS

| | |
|---|--|
| 2.1. Country (Single response) | <input type="checkbox"/> Malawi <input type="checkbox"/> South Africa <input type="checkbox"/> Zambia <input type="checkbox"/> Zimbabwe |
| 2.2. Border post town (Single response – Cascade) | <input type="checkbox"/> Beitbridge <input type="checkbox"/> Chirundu–Zambia <input type="checkbox"/> Chirundu–Zimbabwe <input type="checkbox"/> Mchinji <input type="checkbox"/> Musina <input type="checkbox"/> Mwami |

SECTION B: RESPONDENTS' DETAILS

| | | |
|---|---------------------------------|-------------------------------|
| 1. Name of the organization | | |
| 2. Representative details | Name | |
| | Surname | |
| 3. Gender | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| 4. Years of work experience | | |
| 5. Position held in the organization | | |
| 6. Position of the immediate supervisor/ manager (Where respondent directly reports to within the organization) | | |

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SECTION C: COVID-19 RESPONSE MEASURES

1. COVID-19 OUTBREAK AND THE RESPONSE MEASURES

1.1. At the time of COVID-19 outbreak, how ready was your organization for the pandemic?

- Ready and prepared
 Unready and caught unawares

1.2. If ready and prepared, please specify and give details on the extent of your readiness and preparedness to the pandemic.

1.3. Soon after the COVID-19 outbreak, how were the small-scale cross-border traders (SSCBTs) or ICBTs affected by the national COVID-19 response measures that were put in place by the Government?

1.4. In response to the national COVID-19 measures that were adopted, outline any specific action plans or guidelines you did put in place to facilitate and ensure that SSCBTs or ICBTs continued to trade despite the outbreak of the pandemic?

1.5. What challenges did you face in trying to balance between the continuity of informal CBT facilitation and controlling the spread of the pandemic?

2. Is informal CBT and the movement of informal traders currently taking place through this border post?

- Yes No

3. If yes, state the COVID-19 measures or restrictions which are currently in place.

Type of COVID-19 measures or restrictions in place

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

4. If yes (2), what is the nature of the informal CBT? (Tick the applicable.)

- Border clearance of goods is through manual processes
 Border clearance of goods is through electronic processes
 Importation and exportation of goods may be through illegal routes
 Importation and exportation of goods is through groupage of several informal traders' goods in one mode of transport through the border
 Others (please specify)

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5. If yes (2), how will you rank the current volume and scale of informal CBT through this border post?

- High volume and large scale
 Low volume and small scale

6. What strategies are you currently implementing to ensure a safe and improved cross-border environment for the movement of the people who are involved in informal CBT?

7. What strategies are you currently implementing to ensure a safe and improved CBT environment for the movement of goods of the informal traders?

8. Do you have any manual processes currently in use in the clearance of movement of people and their goods across the BCP?

- Yes
 No

8.1. If yes (8 above), may you list or outline these manual processes currently being implemented.

8.2. Would you say use of technology or automated systems in replacing the above (8.1) manual processes is critical in improving and facilitating continuity of informal CBT amidst the pandemic?

- Yes
 No

8.3. If yes (8.2 above), how critical is the use of technology or automated systems in replacing the current manual processes in place?

- Extremely critical
 Not critical

8.4. If EXTREMELY CRITICAL (8.3 above), what are the challenges or key issues that are hindering the transformation of all the current manual processes into automated systems?

9. From a policy perspective, what are your recommendations to government or national policymakers that may improve informal CBT trading environment without increasing the risk of contracting or spreading the COVID-19 infection?

10. INFRASTRUCTURE AND OTHER MEASURES AND CONSIDERATIONS

10.1. In the space provided below, recommend your organization's capacity-building needs or requirements in the best interest of promoting and improving informal CBT environment amidst the COVID-19 pandemic.

10.2. What procedural guidance and training requirements for health and non-health front-line border officials can be offered in ways that will improve and facilitate informal CBT amidst the COVID-19 pandemic.

10.3. How will you rate the level of cooperation, information exchange and inter-agency coordination of all government border stakeholders at this border post in response to the impact of the COVID-19 pandemic on ICBTs?

- Very strong
 Very weak

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| |
|---|
| 10.4. If VERY WEAK (10.4 above): |
| (a) What could be the causes? |
| Causes of weak level of cooperation, information exchange and inter-agency coordination |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| (b) What strategies or measures can you recommend for adoption and implementation in addressing the above stated causes? (Tick all that apply.) |
| <input type="checkbox"/> Introduction of combined border management system <input type="checkbox"/> Introduction of single window concept <input type="checkbox"/> Introduction of One-Stop Border Post Concept (OSBP Concept) <input type="checkbox"/> Harmonization and coordination of border processes and procedures across the bordering countries <input type="checkbox"/> Automated systems that at the minimum relate and exchange basic information between the two bordering countries <input type="checkbox"/> Others (Please specify in the space given below.) |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

Annex 4.5. CBTA data collection tool



**CROSS-BORDER TRADERS’ ASSOCIATION
DATA COLLECTION TOOL for the Rapid Situation
and Needs Assessment of Informal Cross-border Trade**

This questionnaire will be used to collect information that will enable the assessment of the following issues in relation to informal cross-border trade during COVID-19 pandemic.

- (a) Mapping and profiling of CBTA/other relevant association;
- (b) The number of traders registered with cross-border trade associations (CBTAs)/other trade related associations on each side of the border, at the given BCP at the time of the assessment;
- (c) The estimated number of cross-border traders (by gender) registered by CBTA/relevant other organization in the location of the specific BCP; number of ICBTs that has benefited from COVID-19 stimulus packages and recommendations for consideration;
- (d) Indication as to whether/how informal cross-border trade is being considered by national governments as part of post-COVID-19 recovery plans, policies and strategies;
- (e) Identification of relevant inter-agency and cross-border coordination mechanisms and needs including at the national and BCP levels;
- (f) Impact of COVID-19 on ICBT, including the gender dimensions of the same [CBTA level].

| CONSENT | | |
|--|------------------------------|-----------------------------|
| <p>My name is [-----], I am a Research Assistant for an IOM Rapid Situation and Needs Assessment of Informal Cross-Border Trade In [country]. The aim of this Rapid Assessment is to gather important information that will inform activities of the IOM project which aim to contribute towards the enhanced protection of the health and economic rights of Informal Cross-Border Traders (ICBTs) through the facilitation of continued trade during the COVID-19 pandemic. This interview will take roughly 30 minutes of your time. All the information shared will be confidential, not shared with anyone except to be used in the compilation of the report. You are free to adjourn the interview at any time and also not to answer some of the questions in the questionnaire.</p> | | |
| <p>Will you want to participate in the interview?</p> <p>If NO: Thank the respondent and adjourn the interview.</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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IDENTIFICATION DETAILS

| | |
|---------------------------|--|
| Country (single response) | <input type="checkbox"/> Malawi <input type="checkbox"/> South Africa <input type="checkbox"/> Zambia <input type="checkbox"/> Zimbabwe |
|---------------------------|--|

SECTION A: INTRODUCTION

1. MAPPING AND PROFILING OF CBTA/OTHER RELEVANT ASSOCIATION-DETAILS OF THE CROSS-BORDER TRADERS' ASSOCIATION

In the space provided below, please complete the details of your CBTA

| | |
|---|--|
| 1.1 CBTA's name | |
| 1.2 CBTA's Physical address | |
| 1.3 CBTA's Website address (If any) | |
| 1.4 State year in which the CBTA was formed | |
| 1.5 Full name of the representative/Interviewee | |
| 1.6 Position held in the association by the representative/interviewee (e.g. spokesperson, administrator, etc.) | |
| 1.7 Contact Details | |
| 1.7a Do you keep and maintain Membership Register (Select response) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, State all the details pertaining to your members that you keep and maintain in your registers apart from payment of subscription fees 1. 2. 3. 4. 5. 6. 7. | |
| If NO, what are the challenges? 1. 2. 3. 4. 5. | |
| How do you keep information of your Membership (tick the appropriate)? <input type="checkbox"/> Manually <input type="checkbox"/> Electronically <input type="checkbox"/> Both manually and electronically (please specifically state information kept manually and electronically in the table below) | |
| Details of information stored and maintained in manual registers | |
| Details of information kept and maintained in electronic form | |

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1.7b State all the methods you use to communicate or update your Membership on developments in your sector in response to the impact of COVID-19 pandemic

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

1.8 Briefly state your operational roles and responsibilities as an association formed out of and for the ICBTs.

1.9 State how your country’s national COVID-19 response measures have impacted on your operational roles and responsibilities to your ICBT membership?

1.10 State names of border towns in which your CBTA has representatives (If any, state the border town names only)

1.11 How has COVID-19 national response measures adopted by your country impacted on the operations of your CBTA representatives or sub-office located in the BCP town at each BCP (State the name of the BCP)

(a) Name of BCP [Under this study]
Impact on cross-border trade operations:

(b) Name of BCP [Under this study]
Impact on its cross-border trade operations:

1.12 What platforms or dialogue engagement strategies are you using to influence and engage government/policymakers at national level?

1.13 What platforms or dialogue engagement strategies are you using to influence and engage Customs border authorities/their equivalence at organization or border post level?

2. IDENTIFICATION OF RELEVANT INTER-AGENCY AND CROSS-BORDER COORDINATION MECHANISMS AND NEEDS AT CBTA LEVELS

Relationship with other Cross-Border Traders Associations nationally or in other countries or regions

2.1 Do you have any common discussion or meeting platforms with CBTA from other countries which your cross-border traders export to or import from or transit through? Yes No

2.2 If yes, state the names of the respective CBTAs and respective name of countries they are found in the columns provided below

| Name of the CBTA | Country |
|------------------|---------|
| i | i |
| ii. | ii. |
| iii | iii |
| iv. | iv. |
| v | v |

2.3 To date, have there been any bilateral or regional CBTA meetings (virtual or otherwise) to discuss the impact of respective national COVID-19 policy response measures among the SSCBTs and ICBTs? Yes No

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| | | |
|---|------------------------------|-----------------------------|
| 2.4 If Yes, briefly outline the details of the outcomes or resolutions arrived at. | | |
| 2.5 Do you have any common discussion or meeting platforms with other local CBTAs herein? [State name of Country, e.g. Zimbabwe] | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.6 If yes, state the names of the respective local CBTAs. | | |
| i | | |
| ii. | | |
| iii | | |
| iv. | | |
| v | | |
| 2.7 To date, have there been any local inter-CBTA meetings (virtual or otherwise) to discuss the impact of the country's adopted and implemented national COVID-19 policy response measures on small-scale and informal ICBT? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.8 If Yes, briefly outline the details of the outcomes or resolutions arrived at? | | |
| 2.9 In the space provided below, state how the country's COVID-19 national response strategies has impacted and continues to impact on your operations as a specific CBTA at the bilateral or regional CBTA levels. | | |
| 2.10 In the space provided below state any additional comments, information or remarks you would like to make on any of the issues discussed so far. | | |

SECTION B: CROSS-BORDER TRADERS ASSOCIATION MEMBERSHIP AND COMPOSITION

1. MEMBERSHIP COMPOSITION THE DEMOGRAPHICS OF THE CBTA

Membership Composition by Gender

1.1 What is the total number of your membership to date? (Please state the number only. If number is estimate indicate so)

1.2 What is the total number of women in your association to date? (Please state the number only. If number is estimate indicate so.)

1.3 What is the total number of men in your association to date? (Please state the number only. If number is estimate indicate so.)

2. Membership Composition by Age Group and Gender

Please provide the total numbers of women and men from your CBTA against each age group given below [If exact numbers are not available, state the estimate numbers and indicate accordingly]

| Age group | Total number: Women | Total number: Men |
|--|---------------------|-------------------|
| Younger than 25 years (Excluding those with 25 years) | | |
| Between 25 years and 35 years (Note: those with 25 years and 35 years should be included in this age group) | | |
| Between 36 years and 50 years (Note: Those with 36 years and 50 years must be included in this age group) | | |
| From 51 years and above (Note: Those 51 years must be included in this age group) | | |

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| 3. Membership composition by employment status | | | |
|--|-----------------------|---------------------|--|
| | Total number of women | Total number of men | Indicate a) A - if the figures provided are actual numbers b) E- if the figures provided are estimates |
| Depending on ICBT only | | | |
| Self-employed elsewhere but involved in informal CBT | | | |
| Employed formally in the private sector | | | |
| Employed formally in the public sector | | | |

SECTION C: PEOPLE CROSS-BORDER MOVEMENT AND TRADE PROFILE

1. Frequently used border posts by gender in [State name of country]

Using the scale of 1 to 10 (where 1 is the most frequently used border post and 10 is the least frequently used border post) rank your country's border posts using this scale as it applies to women and men cross-border traders accordingly

| Name of border control post | Frequency of use by women cross-border traders | Frequency of use by men cross-border traders |
|-----------------------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

2. List by names of products commonly traded by women

3. In the space below, list by name the goods that are frequently EXPORTED by ICBTs by Gender and the most common countries they are exported to

| 3.1 Name of goods commonly exported by women from [Country name] | Name of countries to which the goods are commonly exported to |
|--|---|
| Name of goods | Name of destination country |
| i. | i. |
| ii. | ii. |
| iii. | iii. |
| iv. | iv. |

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| | |
|---|--|
| 3.2 Name of goods commonly exported by Men from [Country name] | Name of country(s) to which the goods are commonly exported to |
| Name of goods i. ii. iii. iv. | Name of destination country i. ii. iii. iv. |
| 3.3 In the space below, list by name the goods that are frequently IMPORTED by ICBT by gender and the most common countries they are sourced or imported from | |
| Name of goods commonly imported by women from [Country name] | Name of country(s) from which the goods are commonly imported from |
| Name of goods i. ii. iii. iv. | Name of source country i. ii. iii. iv. |
| 3.4 Name of goods commonly imported by men from [Country name] | Name of country(s) from which the goods are commonly imported from |
| Name of goods i. ii. iii. iv. | Name of source country i. ii. iii. iv. |

SECTION D: COVID-19 RESPONSE MEASURES

1. Infection prevention and control

1.1 Are there national level and BCP-specific multisectorial action plans/ guidelines to support ICBTs within the context of COVID-19 national response that you are aware of (Example COVID-19 National Stimulus Packages) (Single Response)

Yes No

1.2 If yes (1.1), kindly describe them, if possible citing examples? (Single Response – Cascade)

1.3 Are the facilities outlined in 1.2 above practically in place and adequately operational at the BCPs?

IMPACT OF COVID-19 INFORMAL CROSS-BORDER TRADE INCLUDING THE GENDER DIMENSION OF THE SAME

2. Impact of national COVID-19 response measures on small-scale and informal CBT in [Country]

Instruction: In the space provided below, state the challenges being faced by CBT because of the country's adopted and implemented COVID-19 national response measures at the following levels

(a) At the BCP level (Examples: ban of people movement, ban of movement of non-essential goods)
In view of the challenges outline in 2(a) above what are your recommendations?

ANNEXES

| | | |
|--|-------------------------------------|------------------------------------|
| <p>(b) Highway and transport logistics level [Examples: high transport costs ICBTs are charged by private, public and commercial trucks to move their export and import goods, etc.] In view of the challenges outlined in 2(b) above what are your recommendations?</p> | | |
| <p>(c) Financial inclusion of small-scale and informal CBT level (Example: accessibility to bank loans, insurance companies, money lenders, etc., especially for women cross-border traders) In view of the challenges outlined in 2(c) above, what are your recommendations?</p> | | |
| <p>(d) Small-scale and informal CBT business and economic welfare level [Examples: SSCBT and CBT's business turnover, client base etc. during this pandemic] In view of the challenges outlined in 2(d) above what are your recommendations?</p> | | |
| <p>(e) Family responsibilities and social welfare [Examples: survival means, sustainability of extended family responsibilities, payment affordability of monthly rentals and rates) In view of the challenges outlined in 2(e) above what are your recommendations?</p> | | |
| <p>(f) Cost of compliance and health welfare [Examples: impact of cost of COVID-19 testing, period of validity of the certificate, accessibility of PPEs including sanitizers and masks on SSCBTs and CBTs] In view of the challenges outlined in 2(f) above, what are your recommendations?</p> | | |
| <p>(g) Government/National policy level In view of the challenges outlined in 2(g) above, what are your recommendations?</p> | | |
| <p>3. Indications as to whether/how ICBT is being considered by National Government as part of the post-COVID-19 recovery plans and strategies</p> | | |
| <p>(a) Are there any policy indications to the effect that ICBTs and SSCBTs are being considered by the Government under its post-COVID-19 recovery and strategies?</p> | <p><input type="checkbox"/> Yes</p> | <p><input type="checkbox"/> No</p> |
| <p>(b) If yes, briefly outline these positive indications in the space provided below</p> | | |

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| | |
|---|--|
| <p>(c) Use the space provided below to state any other additional comments or recommendations that you would like to make for consideration by the national policymakers.</p> | |
| <p>4. What policy reforms that will improve and keep the informal CBT operational amid the pandemic now and going into the future will you recommend for immediate government consideration?</p> | |
| (a) Country | |
| (b) Recommendations | |
| <p>5. What administrative, procedural and border processing reforms that will improve and keep the informal CBT operational amidst the pandemic now and going into the future will you recommend for immediate border authorities' consideration?</p> | |
| (a) Name of BCP | |
| (b) Recommendations | |
| (c) Name of BCP | |
| (d) Recommendations | |
| <p>6. Any other contribution you might want to make that may have not been covered in this discussion which is in the best interest of improving and maintaining informal CBT operational amidst the pandemic now and in the future?</p> | |

Annex 4.6. National stakeholders: Ministry of Industry and Commerce interview questionnaire



NATIONAL STAKEHOLDERS: MINISTRY OF INDUSTRY & COMMERCE INTERVIEW QUESTIONNAIRE for the Rapid Situation and Needs Assessment of Informal Cross-border Trade in Zimbabwe

This questionnaire will be used to collect information that will enable the assessment of the informal cross border trade during COVID-19 pandemic in Zimbabwe.

CONSENT

My name is Rwatida Mafurutu, I am a Researcher for an IOM Rapid Situation and Needs Assessment of Informal Cross Border Trade in Zimbabwe. The aim of this Rapid Assessment is to gather important information that will inform activities of the IOM project which aim to contribute towards the enhanced protection of the health and economic rights of Informal Cross-Border Traders (ICBTs) through the facilitation of continued trade during the COVID-19 pandemic. This interview will take roughly 10–15 minutes of your time. All the information shared will be confidential, not shared with anyone except to be used in the compilation of the report. You are free to adjourn the interview at any time and also not to answer some of the questions in the questionnaire.

SECTION A: INTRODUCTION

Date of interview

___/___/___

SECTION B: RESPONDENT'S DETAILS

| | | |
|--|---------------------------------|-------------------------------|
| 1. Name of the ministry/organization/etc. | | |
| 2. Representative details | Name | Surname |
| 3. Gender | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| 4. Years of work experience | | |
| 5. Position held in the ministry | | |
| 6. Position of the immediate supervisor/manager (Where respondent directly reports to within the organization) | | |

SECTION C: COVID-19 RESPONSE MEASURES

7. May you briefly give an outline or walkthrough of the roles or responsibilities and functions of your department/organization/ministry etc. in the context of COVID-19 pandemic?

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8. In the Southern African Development Community (SADC), informal cross-border trade (CBT) is significant, accounting for between 30–40 per cent of total intra-SADC trade, with an estimated value of USD 17.6 billion. May you outline the economic importance and the role of informal CBT in Zimbabwe's economy. (Include statistics in your response if available.)

9. (a) At the time of the COVID-19 outbreak, how ready and prepared was the ministry for the pandemic? (If others, please give details in the space below.)

- Ready and prepared
 Unready and caught unawares
 Other (please specify)

9. (b) If ready and prepared, please outline the specific details on the extent of your readiness and preparedness or prior response strategies to the outbreak of the pandemic in the country.

10. Soon after the COVID-19 pandemic outbreak in this country, the Government immediately responded by adopting and implementing national COVID-19 response measures. Which of these national policy response measures would you say impacted directly on the informal cross-border or small-scale cross-border traders as a sector and how?

11. What was the Government's intention or aim in coming up with the above policy measures you have just outlined (if any)?

12. Subsequently, what measures or strategies or policy consideration were put in place to specifically cushion or assist informal CBT in the interim, if any? Please give details.

13. How have these measures or strategies or policy consideration ultimately benefited or assisted informal CBT as a sector? Please give details.

14. Compared to their male counterparts, women in cross-border trade (WICBTs) are more vulnerable; they face time and mobility constraints due to family obligations. What gender-sensitive national policy measures or action plans have been or are being put in place to assist WICBTs from the Ministry of Industry and Commerce's angle amidst the COVID-19 pandemic?

ANNEXES

15. How has regional COVID-19 agreements and guidelines (for examples, SADC and COMESA) on ICBTs and informal cross-border traders associations influenced the extent to which Government is or will facilitate resumption of safe small-scale CBT amidst the pandemic?

16. What indications are there today to the effect that informal CBT as an economic sector is being considered by the ministry or Government under the post-COVID-19 recovery plans, policies and strategies? Please give details.

17. During the field visits to the BCPs, some of the key issues identified by government border stakeholder officials for improving informal cross-border trading environment included use of technology to automate existing manual systems and infrastructural development of the border premises. What role is being played or what role can be played by the Ministry to influence towards automation of the majority of the currently manual border processes at Chirundu and Beitbridge?

18. (a) Malawi, Zambia, Zimbabwe and South Africa are all active SADC member States. COVID-19 Regional SADC Guidelines equally apply to these countries. From the Ministry's regional engagements, are there any specific bilateral or regional efforts put in place towards cross-border coordination mechanisms in the best interest of creating and promoting a safe cross-border trading environment for ICBTs [please give details if any]?

(b) If NONE, what would you say are the challenges?

(ii) Please suggest any ways how these challenges may be redressed

(c) In your view, what policy recommendations would you proffer to improve cross-border trade for ICBTs during the current COVID-19 pandemic at the following levels?

(i) National level (please include gender specific recommendations with respect to women in cross-border traders' needs or requirements or expectations)

(ii) Border Control Point level (please include gender specific recommendations with respect women in cross-border traders' needs, requirements or expectations)

(iii) Market Place level (please include gender specific recommendations with respect women in cross-border traders' needs, requirements or expectations)

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Annex 4.7. National stakeholders: Ministry of Women Affairs interview questionnaire



NATIONAL STAKEHOLDERS: MINISTRY OF WOMEN AFFAIRS INTERVIEW QUESTIONNAIRE for the Rapid Situation and Needs Assessment of Informal Cross-border Trade in Zimbabwe

This questionnaire will be used to collect information that will enable the assessment of the following issues in relation to Customs/Revenue authorities during the COVID-19 pandemic.

CONSENT

My name is Rwatida Mafurutu, I am a Researcher for an IOM Rapid Situation and Needs Assessment of Informal Cross Border Trade in Zimbabwe. The aim of this Rapid Assessment is to gather important information that will inform activities of the IOM project which aim to contribute towards the enhanced protection of the health and economic rights of Informal Cross-Border Traders (ICBTs) through the facilitation of continued trade during the COVID-19 pandemic. This interview will take roughly 10–15 minutes of your time. All the information shared will be confidential, not shared with anyone except to be used in the compilation of the report. You are free to adjourn the interview at any time and also not to answer some of the questions in the questionnaire.

SECTION A: INTRODUCTION

| | |
|-------------------|----------|
| Date of interview | __/__/__ |
|-------------------|----------|

SECTION B: RESPONDENT'S DETAILS

| | | |
|--|---------------------------------|-------------------------------|
| 1. Name of the ministry/organization/etc. | | |
| 2. Representatives' details | Name | Surname |
| 3. Gender | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| 4. Years of work experience | | |
| 5. Position held in the ministry | | |
| 6. Position of the immediate supervisor/manager (Where respondent directly reports to within the organization) | | |

SECTION C: COVID-19 RESPONSE MEASURES

7. May you briefly give an outline or walk through of the roles or responsibilities and functions of your department/organization/ministry etc. in the context of COVID-19 pandemic?

8. In the Southern African Development Community (SADC), informal cross-border trade (CBT) is significant, accounting for between 30–40 per cent of total intra-SADC trade, with an estimated value of USD 17.6 billion and women make up approximately 70 per cent of these ICBTs. In the context of your ministry, please outline the role or importance and contributions of women in cross-border trade (WICBTs) in the economy of Zimbabwe. (Include statistics in your response if available.)

9. Prior to the COVID-19 outbreak in Zimbabwe, what would you say were the major challenges faced by small-scale cross-border traders (SSCBTs) or ICBTs?

10. Soon after the COVID-19 pandemic outbreak in this country, the Government immediately responded by adopting and implementing national COVID-19 response measures. How did these response measures specifically affect small-scale cross-border traders (SSCBTs) and WICBTs?

11. In your view, what was the Government's intention or aim in coming up with the above policy measures you have just outlined (if any)?

12. Subsequently, what measures or strategies or policy consideration have the ministry or the Government put in place to specifically cushion WICBTs amidst the pandemic? (Please give details, if any.)

13. How have these measures or strategies or policy consideration ultimately benefited or assisted WICBTs? (Please give details that include number of women that benefited and what they actually benefited.)

RAPID SITUATION AND NEEDS ASSESSMENT OF INFORMAL CROSS-BORDER TRADERS
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14. Would you say there is any gender and COVID-19 management policy or guidelines or action plans in Zimbabwe within the context of small-scale CBT or informal CBT at the:

(a) National level (If so, please give details.)

(b) Border post level (If so, please give details.)

15. Compared to their male counterparts, WICBTs are more vulnerable; they face time and mobility constraints due to family obligations. From the position of the ministry, what policy measures or action plans have been or are being put in place to specifically redress these specific gender imbalances so as to cater for the safe and continued trading by WICBTs amidst the pandemic at the:

(a) National level?

(b) Border control post level?

16. Majority of SSCBTs and ICBTs, particularly WICBTs are said to be generally ignorant about their rights and as a result are taken advantage of at most borders as they cross, import or export. What strategies or measures have the ministry or Government taken to redress this? (Include measures that have been taken to redress this in the past, if any.)

17. What indications are there today to the effect that informal CBT as an economic sector dominated by women traders is being considered by the ministry or Government under the post-COVID-19 recovery plans, policies and strategies? (Please give details.)

18. During the recent field visits to Chirundu and Beitbridge border posts, some of the key issues identified by both border stakeholders and WICBTs was the inadequacy or lack of gender-sensitive facilities to women's needs and requirements (for example ablution/toilet facilities) while within the border premises. What plans are in place or what may the Ministry do to assist in the redressing of these issues in view of the current pandemic?

ANNEXES

19. (a) Malawi, Zambia, Zimbabwe and South Africa are all active SADC Member States. COVID-19 Regional SADC Guidelines equally apply to these countries. From the ministry's regional engagements, are there any specific bilateral or regional efforts put in place towards cross-border coordination mechanisms in the best interest of creating and promoting a safe cross-border trading environment for ICBTs? (Please give details, if any)

(b) If none, what would you say are the challenges?

(i) Please suggest any ways how these challenges may be redressed.

20. In your view, what policy recommendations would you proffer to improve cross-border trade for ICBTs during the current COVID-19 pandemic at the following levels?

(a) National level (Please include gender-specific recommendations with respect to WICBTs' needs or requirements or expectations)

(b) Border control post level (Please include gender-specific recommendations with respect to WICBTs' needs, requirements or expectations)

(c) Border town flea marketplace level (Please include gender-specific recommendations with respect to WICBTs' needs, requirements or expectations)

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Annex 4.8. National stakeholders: Ministry of Social Development interview questionnaire



NATIONAL STAKEHOLDERS: MINISTRY OF SOCIAL DEVELOPMENT INTERVIEW QUESTIONNAIRE for the Rapid Situation and Needs Assessment of Informal Cross-border Trade in Zimbabwe

This questionnaire will be used to collect information that will enable the IOM rapid assessment of the various issues in relation to the anticipated safe continuity of informal cross-border trade in Zimbabwe amid the COVID-19 pandemic.

CONSENT

My name is Rwatida Mafurutu, I am a Researcher for an IOM Rapid Situation and Needs Assessment of Informal Cross Border Trade in Zimbabwe. The aim of this Rapid Assessment is to gather important information that will inform activities of the IOM project which aim to contribute towards the enhanced protection of the health and economic rights of Informal Cross-Border Traders (ICBTs) through the facilitation of continued trade during the COVID-19 pandemic. This interview will take roughly 10–15 minutes of your time. All the information shared will be confidential, not shared with anyone except to be used in the compilation of the report. You are free to adjourn the interview at any time and also not to answer some of the questions in the questionnaire.

SECTION A: INTRODUCTION

| | |
|-------------------|-------------|
| Date of interview | ___/___/___ |
|-------------------|-------------|

SECTION B: RESPONDENT'S DETAILS

| | | |
|--|---------------------------------|-------------------------------|
| 1. Name of the ministry/organization/etc. | | |
| 2. Representative's details | Name | Surname |
| 3. Gender | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| 4. Years of work experience | | |
| 5. Position held in the ministry | | |
| 6. Position of the immediate supervisor/manager (Where respondent directly reports to within the organization) | | |

SECTION C: COVID-19 RESPONSE MEASURES

7. May you give a detailed outline or walk-through of the roles or responsibilities and functions of your department/organization/ministry etc. in the context of COVID-19 pandemic?

8. Prior to the outbreak of COVID-19 in Zimbabwe,

(a) What measures or strategies or action plans were put in place in preparation and anticipation of the outbreak of the pandemic at:

(i) Beitbridge border post

(ii) Chirundu one-stop border post

(b) At the end and in your view, how effective were these measures?

9. May you:

(a) Briefly outline how COVID-19 is being managed or handled in terms of the distribution of the testing laboratories, quarantine facilities and testing facilities with specific reference to Beitbridge and Chirundu border posts/border towns.

(b) With reference to your responses above, what are the specific challenges being faced in this regard at:

(i) Beitbridge border post or town? (Please give details of the challenges.)

(ii) Chirundu one-stop border post or town? (Please give details of the challenges.)

(c) In your opinion how may these challenges be differently and effectively addressed?

10. Beitbridge and Chirundu are the busiest ports of entry due to high numbers of people including local ICBTs who frequently cross them for their basic survival and livelihood. From the time COVID-19 broke out in Zimbabwe up to date, what do your statistics say about the incidences of COVID-19 at or through:

(a) Beitbridge border post? (If actual numbers are not available, please provide estimates in terms of total number of cases handled.)

(b) Chirundu one-stop border post? (If actual numbers not available, please provide estimates in terms of number of cases handled.)

(c) How exactly are you coping under the given prevailing circumstances? (Give details.)

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11. Government has just re-banned informal CBT (among other new policy measures) due to increasing numbers of recorded COVID-19 cases. In your view, what possible strategies or action plans may you recommend to Zimbabwe, Zambia and South Africa policymakers – from a social welfare's point of view – which will allow safe continuity of informal CBT but without compromising the safety of the people's health in the process?

12. From a social development and health perspective, COVID-19 is real, deadly and destructive. On the other hand, ICBTs especially women traders, rely heavily on CBT for their basic livelihood. What long-term plans, strategies or action plans are available or if not available can be put together to ensure that a break-even point is achieved in the future given that COVID-19 may be with us now and into the medium- to long-term future?

13. Would you say the COVID-19 Management approaches take into consideration gender-related issues starting from the national level to the Border Control point level.

(a) The national level (Please give details.)

(b) Border control post level (Please give details.)

End of Questionnaire & Thank You

Annex 4.9. National stakeholders: Ministry of Health and Child Care interview questionnaire



NATIONAL STAKEHOLDERS: MINISTRY OF SOCIAL DEVELOPMENT INTERVIEW QUESTIONNAIRE for the Rapid Situation and Needs Assessment of Informal Cross-border Trade in Zimbabwe

This questionnaire will be used to collect information that will enable the IOM rapid assessment of the various issues in relation to the anticipated safe continuity of informal cross-border trade in Zimbabwe amid the COVID-19 pandemic.

| CONSENT | |
|---|--|
| <p>My name is..... I am a researcher for an IOM Rapid Situation and Needs Assessment of Informal Cross-Border Trade in [Country]. The aim of this rapid assessment is to gather important information that will inform activities of the IOM project, which aims to contribute towards the enhanced protection of the health and economic rights of informal cross-border traders (ICBTs) through the facilitation of continued trade during the COVID-19 pandemic. This interview will take roughly 10–15 minutes of your time. All the information shared will be confidential, not shared with anyone except to be used in the compilation of the report. You are free to adjourn the interview at any time and also not to answer some of the questions in the questionnaire.</p> | |

| SECTION A: INTRODUCTION | |
|-------------------------|----------|
| Date of interview | __/__/__ |

| SECTION B: RESPONDENT'S DETAILS | | |
|--|---------------------------------|-------------------------------|
| 1. Name of the ministry/organization/etc. | | |
| 2. Representative details | Name | Surname |
| 3. Gender | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| 4. Years of work experience | | |
| 5. Position held in the ministry | | |
| 6. Position of the immediate supervisor/manager (Where respondent directly reports to within the organization) | | |

RAPID SITUATION AND NEEDS ASSESSMENT OF INFORMAL CROSS-BORDER TRADERS
AT THE CHIRUNDU, MWAMI, MCHINJI, BEITBRIDGE AND MUSINA BORDER POSTS
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SECTION C: COVID-19 RESPONSE MEASURES

7. May you give a detailed outline or walk-through of the roles or responsibilities and functions of your department/organization/ministry etc., in the context of COVID-19 pandemic?

8. Prior to the outbreak of COVID-19 in Zimbabwe,

(a) What policy measures or strategies were put in place by the ministry or Government in preparation and anticipation of the pandemic?

(b) In your view, how effective were these? (Please include specific details.)

9. From the Ministry of Health's service provision,

(a) May you briefly outline how COVID-19 is being managed in terms of the distribution of the testing laboratories, quarantine centres and testing facilities with specific reference to Beitbridge and Chirundu border towns or border posts?

(b) What challenges is the ministry facing in this regard?

(c) In your opinion how may these challenges be resolved?

10. Beitbridge and Chirundu are the busiest ports of entry due to high numbers of people including local ICBTs who frequently cross them for their basic survival and livelihood. From the time COVID-19 broke out in Zimbabwe up to date, what do statistics say about the incidences of COVID-19 at or through:

(a) Beitbridge Border Post (If actual numbers not available please provide estimates, in terms of total number of cases recorded to date, total numbers recovered, number of people who has died, etc.)

(b) Chirundu one-stop border post? (If actual numbers are not available, please provide estimates in terms of total number of cases recorded to date, total numbers recovered, number of people who has died, etc.)

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11. The Government has just re-banned informal CBT (among other new policy measures) due to increasing numbers of recorded COVID-19 cases. In your view, what possible strategies or action plans may you recommend to Zimbabwe, Zambia and South Africa policymakers – from the Ministry of Health's point of view – which will allow safe continuity of informal CBT but without compromising the safety of the people health in the process?

12. From the health perspective, COVID-19 is real, deadly and destructive. On the other hand, ICBTs, especially women traders, rely heavily on CBT for their basic livelihood. What long-term plans, strategies or policies are available or are being put together to ensure that a break-even point is achieved in the future given that COVID-19 may persist into the medium to long term?

13. What measures or strategies or policy consideration or actions plans have the ministry or the Government put in place to specifically cushion or assist women in cross-border trade amidst the pandemic? (Please explain in detail, if any.)

14. Would you say the Ministry's COVID-19 management approaches take into consideration gender-related issues at:

(a) The national level (Please give details.)

(b) Border control point level (Please give details.)

End of Questionnaire & Thank You

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