ZIMBABWE
Situation Report
Last updated: 21 May 2020

HIGHLIGHTS (21 May 2020)

- The first imported COVID-19 case was reported on 21 March 2020 with local transmission starting on 24 March. As of 19 May, 46 COVID-19 cases were confirmed, including four deaths.
- Nearly 4,900 Zimbabwean migrants have returned from neighbouring countries since beginning of April.
- Malaria and typhoid outbreaks create an additional burden to an already fragile health system.
- The number of pellagra cases reported in the first quarter of 2020 doubled to 482, compared to 264 cases reported in the same period in 2019.

Temperature check at a food distribution in Bindura. Photo: WFP

KEY FIGURES

7M
people in need

5.6M
people targeted

47
partners operational

FUNDING (2020)

$800.7M
Required

$66.5M
Received

8%
Progress

FTS: https://fts.unocha.org/appeals/921/summary

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BACKGROUND (21 May 2020)

Situation Overview

The United Nations and humanitarian partners have revised the Humanitarian Response Plan (HRP) to include response to the COVID-19 outbreak. The COVID-19 Addendum requires US$84.9 million to respond to the immediate public health crisis and the secondary impacts of the pandemic on vulnerable people, in addition to the $715 million required in the HRP.

The 2020 Zimbabwe Humanitarian Response Plan (HRP), launched on 2 April 2020, indicates that 7 million people in urban and rural areas are in urgent need of humanitarian assistance across Zimbabwe, compared to 5.5 million in August 2019. Since the launch of the Revised Humanitarian Appeal in August 2019, circumstances for millions of Zimbabweans have worsened. Drought and crop failure, exacerbated by macro-economic challenges and austerity measures, have directly

affected vulnerable households in both rural and urban communities. Inflation continues to erode purchasing power and affordability of food and other essential goods is a daily challenge. The delivery of health care, clean water and sanitation, and education has been constrained and millions of people are facing challenges to access vital services.

There are more than 4.3 million people severely food insecure in rural areas in Zimbabwe, according to the latest Integrated Food Security Phase Classification (IPC) analysis, undertaken in February 2020. In addition, 2.2. million people in urban areas, are "cereal food insecure", according to the most recent Zimbabwe Vulnerability Assessment Committee (ZimVAC) analysis. Erratic and late 2019/2020 rains forebode the possibility of a second poor harvest. Nutritional needs remain high with over 1.1 million children and women requiring nutrition assistance. At least 4 million vulnerable Zimbabweans are facing challenges accessing primary health care and drought conditions trigger several health risks. Decreasing availability of safe water, sanitation and hygiene have heightened the risk of communicable disease outbreaks for 3.7 million vulnerable people. Some 1.2 million school-age children are facing challenges accessing education. The drought and economic situation have heighten protection risks, particularly for women and children. Over a year after Cyclone Idai hit Zimbabwe in March 2019, 128,270 people remain in need of humanitarian assistance across the 12 affected districts in Manicaland and Masvingo provinces. There are 21,328 refugees and asylum seekers in Zimbabwe who need international protection and multisectoral life-saving assistance to enable them to live in safety and dignity.

As of 19 May, the Ministry of Health and Child Care (MoHCC) in Zimbabwe had reported 46 confirmed COVID-19 cases including four deaths, with cases reported in five provinces. With the first cases reported in Zimbabwe as of 21 March, and the recent increase of COVID-19 transmission in the region, the Government of Zimbabwe is strengthening and accelerating preparedness and response to the COVID-19 outbreak. Following the declaration of COVID-19 as a national disaster on 19 March 2020, the Zimbabwe National Preparedness and Response Plan for COVID-19 was launched with an initial eight pillars of coordination, the creation of a national COVID-19 Response Task Force and the formation of the Inter-Ministerial Committee as well as several sub-committees.

The Government of Zimbabwe declared a 21-day nationwide lockdown starting on 30 March 2020 ensuring the continuity of essential services. Following an initial extension of two weeks until 3 May, the Government announced the easing of lockdown regulations on 1 May allowing formal industry and commerce to resume operations, with specified measures in effect until 17 May, including mandatory testing and screening of employees whose companies were re-opening or those employees returning back to work for the first time since the initial lockdown. The informal sector as well as other sectors, including education, however remained closed. The lockdown was now been extended indefinitely with a review every two weeks.

From 7 to 17 May 2020, 2,448 Zimbabwe migrants returned from South Africa through the Beitbridge border post, a significant increase compared to 102 returnees in April. In total, 4,878 migrants have returned (3,552 in May and 1,314 in April) from neighbouring countries through the four border posts of Beitbridge, Plumtree, Chirundu and Forbes, since COVID-19 restrictive measures were imposed. After arrival at the border post, returnees are transferred to provincial quarantine facilities nearest to their places of destination, most of which do not have adequate facilities to host returnees.

The country has been facing a malaria outbreak that is creating an additional burden to an already fragile health system. From 1 January to 3 May 2020, 262,968 malaria cases and 246 deaths have been reported. During the week from 27 April to 3 May, a total of 26,103 malaria cases and 20 deaths were reported, with the highest number of cases being recorded in Mashonaland Central and Mashonaland East provinces.

In addition to the commitments to the HRP recorded above through the Financial Tracking System (FTS), a number of pledges are in the process of being finalized. This includes $13 million from the European Commission for which a call for proposals has been launched, $44 million COVID-19 funding announced by the UK Ambassador, and a further $20 million CERF allocation to WFP for Social Protection programming.

CLUSTER STATUS (21 May 2020)

Camp Coordination and Camp Management / Shelter and NFIs

43,352
displaced pple in camps & host communities

Needs

- More than 43,000 people remain displaced in camps and host communities. Out of the total number of IDPs, 198 Cyclone Idai-affected households (909 people) are living in four camps, where living conditions are exposing them to serious protection and health risks.
- Shelter support is needed for those remaining in the camps and for affected and displaced people accommodated in host communities or in makeshift structures already worn out for the protracted crisis.
- As the winter season begins, IDPs need adequate blankets, as they are being exposed to cold weather and put further at risk of contracting COVID-19.
- As relocation of internally displaced people (IDP) in camps is not feasible in the short term and it is anticipated that IDPs will remain in the camps for a period of six to nine more months, there is an urgent need to upgrade the camp infrastructure.
- The Government has asked support to replace tents by semi-permanent transitional shelter structures.
- The COVID-19 pandemic has exacerbated the need to establish adequate hygiene facilities and handwashing stations in camps and host communities.
- There is a lack of COVID-19 related information and guidance on preventive measures.
- Two identified isolation facilities are not fully equipped for the COVID-19 response.
- Reports received from IDPs in Manicaland indicate that pregnant women are struggling to access prenatal care due to the current lockdown.
- Reinforced surveillance needs to be strengthened through community leaders.
- There is a need to increase mental health and psychosocial support (MHPSS) tailored for COVID-19 distress for IDPs and affected host communities.

Response

- Technical support for the Government in developing a camp exit strategy and operationalization of the permanent relocation plan is ongoing.
- Construction of new houses and rehabilitation in host communities is underway respecting restriction measures due to COVID-19.
- In Buhera, CRS continues shelter interventions and 303 houses have completed rehabilitations. World Vision has completed the full rehabilitation of 600 houses and minor rehabilitations in 500 houses. The Government of Japan is extending its support to IOM's emergency response in Manicaland Province to improve the lives and strengthen the resilience of affected communities by the provision of transitional shelters for 50 households (approximately 250

individuals) with the most critical needs in Chimanimani district. The assistance will allow further cluster coordination support, enabling partners to improve their targeting and delivery of shelter-related activities for an additional 2,000 displaced households (approximately 10,000 individuals).

- PPE and COVID-19 awareness preventive measures have been incorporated in all activities to ensure protection of both beneficiaries and program personnel.
- The continuous remote monitoring of IDPs through DTM assessments to track mobility, vulnerability and needs, as well as health risks associated with COVID-19, remains a high priority. IOM has started a new round of DTM trainings and village assessments in Chipinge, Chimanimani, Mutare and Buhera. DTM assessments will also generate information to support COVID-19 response and inform multisectoral needs including guidance on preventative measures such as establishment of adequate sanitary facilities for handwashing in camps and host communities.
- Risk communication campaigns have been conducted in three of the four IDP camps (Nyamatanda, Arboretum and Koppa) by Health partners, community leaders and other humanitarian agencies.
- Communities surveillance is being strengthened through local leaders to ensure detection of early symptoms of COVID-19, isolation and treatment.

↔ Gaps

- Upgrade of camp infrastructure, shelter rehabilitation and reconstruction remains a high priority. People living in crowded conditions and makeshift structures without appropriate access to basic services such as water and health treatment are more exposed to health risks and this could facilitate the spread of COVID-19.
- While campaigns were conducted in other IPD camps, no awareness and prevention campaign was conducted yet in Garikai IDP camp where consistent messaging on COVID-19 is lacking.
- IDPs in camps have not received COVID-19 related assistance such as hygiene kits, sanitizers/soap, or PPEs, including masks.
- While water is available in the camps, no new handwashing stations were established or improved hampering required frequent handwashing practices.
- IDPs vulnerabilities in camps and host communities continue to be exacerbated while resuming their livelihood activities such as vending and panning, putting themselves at risk as these activities involve movement and interaction with many people.
- While three isolation and quarantine facilities were identified in the districts, these are not well refurbished and more than 40 kilometres away from the IDP camps and host communities, making it difficult for IDPs to travel and receive health care.

CLUSTER STATUS (21 May 2020)

Education

853K
children targeted

65,827
people reached (as of end of April)

Needs

- The education system in Zimbabwe was already stretched before the COVID-19 pandemic as a result of multiple crises, including the impact of Cyclone Idai last year, the economic crisis coupled with hyperinflation and the ongoing drought. The combined effect of the humanitarian crisis and COVID-19 pandemic is expected to have a far reaching implications for the protection and wellbeing of children as well as their readiness for school, attendance and participation in learning.
- Before the onset of the COVID-19 epidemic, estimates by the education cluster were that of the more than 3.4 million children of school going age (3 to 12 years), at least 1.2 million (35 per cent), would need emergency or specialized education services in 2020. This includes more than 853,000 children in acute need, such as: children not enrolled in school; orphans and other vulnerable children, including children with disabilities and children living with HIV and those in need of school feeding.
- While Zimbabwe closed schools to contain the spread of COVID-19 and to protect school populations, prolonged school closures represent major risks for children, teachers and school communities. Without a well-resourced response, the COVID-19 epidemic will exacerbate existing vulnerabilities among children, with lasting negative impact on children's' education and learning outcomes. Without a conducive and disease-free school environment, COVID-19 poses a risk to children's health and wellbeing. The cluster is targeting 3.5 million learners in early childhood education, primary level and secondary level through prioritization of activities.

Response

HRP Activities:

- As of the end of April 2020, a total of 47,368 people have benefited from various activities implemented by the Cluster through the Humanitarian Response Planning 2020. Activities include psychosocial support to learners (15,458), psychosocial support to teachers (1,500), distribution of school kits (1,500), construction/rehabilitation of latrines (6,215), hygiene packs/dignity kits (1,500), school feeding (3,291), community mobilization (1,878), training on psychosocial support and disaster risk reduction to teachers (1,689), rehabilitation and construction of classrooms (300) and school fees interventions (20,037).

COVID-19 Activities:

- A total of 18,459 people have been reached with COVID-19 related activities which include distribution of key messages through Radio, SMS/Text messaging and distribution of Information, Education and Communication print materials.
- UNICEF is delivering 1,000 sets of story books to satellite schools, allowing children to read and learn during school closure, with an additional 180,000 story books to be distributed as of 21 May, and will upload learning materials on the Internet of Good Things (IoGT) platform by 22 May, enabling children to initially access 39 story books on any mobile phone for free. UNICEF is also supporting the Ministry of Primary and Secondary Education (MoPSE) to develop the radio education programme with over 50 radio lessons, and is supporting teachers through Educators Support Network which is planned to be launched through webinars for provincial and district officers on education in the context of COVID-19 on May 29.
- Save the Children has completed the training of 200 teacher community facilitators in Chitungwiza and Epworth on COVID-19 awareness, distant education support for children and PSS in homes, with mobile public outreach to 20,000 children.

- CARE is supporting the completion of two classrooms at Boora School in Bikita with funding from Education Cannot Wait, before schools reopen, respecting social distancing an supporting the decongestion of classrooms in the context of COVID-19, and fixing rails in 40 disability-friendly toilets in Bikita and Zaka districts to enable safe return of all learners when schools reopen.
- Plan International is rolling out COVID-19 awareness and prevention through targeted SMS to 7,265 individuals in grassroots communities, children's TV program YGT on Saturday mornings, daily public service announcements in Shona, Ndebele and English on four community radios (Diamond FM, SkyzMetro FM, Hevoi FM, Midlands FM) and on a national radio station (Radio Zimbabwe), weekly interactive radio discussions in partnership with MoHCC, targeting over 8 million weekly listeners. In addition, the NGO is capacitating young people from its Safe and Inclusive Cities Programme with social media campaigns linking them with online influencers that include Ray Vines and trending YouTube series Wadiwa Wepamoyo.
- World Vision is supporting 122 schools in Lupane (80) and Gwanda (42) districts with digital learning on an offline platform, sharing learning materials with learners by the ProFuturo coaches in partnership with schoolteachers, with support to Early Childhood Development (ECD) block rehabilitation and provision of schools with water buckets, liquid soap learners and PPE for teachers in Chimanimani, Nyanga, Mbire, Muzarabani and Nyanyadzi districts.
- UNESCO is supporting MoPSE to enable the Ministry's online education platform OER to go live and to digitalize content for teachers and learners.
- Higher Life Foundation is supporting learners to access the Ruzivo Digital Learning (RDL) platform with over 1.6 million learners registered and daily usage of 9,000 learners, with a COVID-19 education campaign for communities and distributed 8,807 bars of soap to 30,311 people in 11,967 households in Budiriro and Glenview suburbs in Harare.
- CARITAS is disseminating education information on COVID-19 and distributing hygiene kits with soap, sanitizers and sanitary pads for girls in Chimanimani district. The programme in Chikomba district, Marondera, Hwedza, Mrewa. Beitbridge, Umzingwane, Chivi and Gutu is providing awareness raising and education on COVID-19 for all communities including parents to monitor and support children throughout the lockdown period.
- CRS is offering Cognitive Behavioral Therapy (CBT) and psychosocial support on school related anxiety, through phone call counselling and follow up with phone calls, texting and WhatsApp chats, and virtual services to school children living with HIV, including ART drug adherence, age appropriate HIV treatment literacy, viral load monitoring, risk assessments, psycho-social support, and COVID-19 messages.
- Elevate Trust has launched a campaign on "safer schools" to equip rural schools with distribution of COVID-19 prevention and testing kits under the #LeaveNoOneBehind, including thermometers, disinfecting solutions, knapsack, bucket with tap, antimicrobial hand wash, alcohol-based sanitizer, face shield, washable gowns and face masks.
- Contact with families of Education Support beneficiaries is being maintained by FACT staff and designated community cadres through the phone to check on their welfare and to encourage them to stay safe.

Gaps

- Inadequate human and financial resources: While partners have supported the development of the Education Cluster COVID-19 Preparedness and Response Plan, many face human and financial resource constraints to respond to the urgent needs of learners.
- Reduced mobility and access: Both partners and Government staff are facing fiscal and technical constraints to enable staff to work remotely and respond to the needs of learners. To add to the challenge, the lockdown has also reduced the mobility of staff, with implications for the implementation of response activities. While Government issued some letters following the initial lockdown, some partners are facing renewed mobility challenges during the

second phase of the lockdown. Time-critical solutions to focus on learners who cannot access digital or radio lessons, due to coverage or household considerations are minimal and need to be addressed further to enhance response.

CLUSTER STATUS (21 May 2020)

Food Security

4.4M
people targeted

3.9M
people received assistance in April

Needs

- According to the 2020 Humanitarian Response Plan, a total of 6 million people in rural and urban areas are in urgent need of food assistance across Zimbabwe both in rural and rural areas.
- In addition, 2.8 million small holder farmers are in need of season-sensitive emergency crop and livestock input assistance.
- The increased rural and urban caseload due to COVID-19 of 200,000 is bringing the total target to 4.6 million people, according to the HRP COVID-19 Addendum. A further revision of rural food assistance needs will be undertaken when data from the forthcoming rural ZimVAC 2020 and the Second Round Crops and Livestock Assessment are available.
- With FSL cluster strategic objectives remaining unchanged, these objectives cannot be achieved without taking into account the impact of COVID-19 to ensure unhindered programme continuity, with complementary activities to cover additional needs and mitigate the impact of the pandemic. Existing and new programs will need to undergo a reconfiguration process to prioritize populations facing the highest risks and include a comprehensive COVID-19 sensitization campaign.

Response

- The Second Round Crops and Livestock Assessment has been completed with results expected mid-May.
- For the April 2020 cycle, delayed due to the implementation of COVID-19 protection and mitigation measures, FSL cluster partners reached a total of 3.9 million people with in-kind food or cash distributions. As for the May cycle 25,000 beneficiaries were reached so far with either cash or in-kind food assistance.
- For March, despite operational constrains as a result of the new protocols for operating during the COVID-19 outbreak, FSL Cluster partners reached 3.92 million people with either in-kind food or cash assistance. Further received, a total of 240,000 people were supported with agriculture or livelihoods assistance. A total of 123,000 individuals received or were registered for crop and livestock agriculture inputs to support the 2020 agricultural season. The FSL Cluster partners also supported 71,000 people with extension and advisory services to manage crop pests and livestock diseases and 4,000 for critical assets rehabilitation.

Gaps

- While the FSL Cluster covers the largest number of beneficiaries, food security and agriculture remain highly underfunded. Out of US$483.3 million requested to support food insecure populations, only $56.4 million has been pledged to provide planned assistance. An additional $15.1 million is required under the HRP COVID-19 Addendum and the updated GHRP to enable FSL Cluster partners to continue providing timely and safe food assistance in the context of this pandemic as well as to cover the additional caseload of 200,000 people due to COVID-19.
- According to the WFP VAM Market Assessment Report for the period 4-8 May 2020, maize grain remained unavailable at most markets monitored across the country with 99 per cent of the markets not having the commodity. Week on week maize meal availability remained stable being available in 38 per cent of the markets from 34 per cent reported during the previous week. Prices increased on average by 14 per cent in both urban and rural markets. Sugar beans prices increased by 11 per cent week on week, while its availability slightly improved from 38 per cent to 42 per cent Cooking oil availability was relatively stable with 82 per cent of the monitored markets reporting availability compared to 85 per cent during the previous week.

CLUSTER STATUS (21 May 2020)

Health

3M
people targeted

46
COVID-19 cases (as of 19 May)

Needs

- Zimbabwe is facing a malaria outbreak with a surge in malaria cases as of week 10. From 1 January to 3 May 2020, 262,968 malaria cases and 246 deaths were reported. During week 18 from 27 April to 3 May, a total of 26,103 malaria cases and 20 deaths were reported, with 2,666 (10.21 per cent) under five years of age. The provinces that reported the highest number of cases were Mashonaland Central (8,068) and Mashonaland East (7,357). This outbreak creates an additional burden to an already fragile health system.
- In addition, 20 new suspected typhoid cases and no deaths were reported during the week from 27 April to 3 May from Northern District (14), West South West District (3) North Western District (1), Parirenyatwa Groups of Hospitals (1) in Harare Province and Mpilo Central Hospital (1) in Bulawayo Province. The cumulative figures for typhoid in 2020 are 597 cases and two deaths.
- For vaccine preventable diseases, evidence shows a declining routine immunization coverage due to decreased demand/health seeking behaviour; reduced delivery of vaccines and number of outreach services; and lack of confidence of health workers and fear of infection.
- As of 19 May, Zimbabwe has reported 46 COVID-19 cases, including four deaths and 18 recoveries since the onset of the outbreak, with cases reported in five provinces including: Harare (22), Bulawayo (12), Mashonaland East (6), Mashonaland West (5), Matabeleland North (1). Of the 46 cases, 22 (48 per cent) are imported cases and 24 (52 percent) are due to local transmission. There have been nine new cases since 12 May 2020, including eight new

cases among recent returnees to Zimbabwe (five from UK, two from South Africa and one from Zambia) and one new case with no history of recent travel and still under investigation. The first imported case was reported on 20 March 2020 and local transmission started on 24 March.

- There are close to 2 million patients with chronic non-communicable diseases while 1.2 million people are living with HIV/AIDS in Zimbabwe. This group of people are more susceptible to more severe COVID-19 illness requiring hospitalization and intensive medical care. People with pre-existing chronic illness (including people living with HIV), older persons, women, people with disabilities, older persons, migrants, IDPs and refugees all face risks related to COVID-19, requiring immediate gender-sensitive and age-sensitive action. In addition, people living in urban informal settlements are at increased risk of contracting COVID-19 due to inadequate access to essential health care, clean water and sanitation services and crowded living conditions.

- Priority action points include:

1. continued support for scale up of public health and medical capacities including intensified surveillance, contact tracing, laboratory testing; fast-track the readiness of isolation and case management facilities; Risk communication and community engagement; additional support to points of entry pillar for improved conditions at quarantine facilities, updated SOPs for truck drivers (estimated 2,000 arriving in Zimbabwe daily); critical logistics and supplies, including PPE, test kits and clinical equipment; continued delivery of non COVID-19 essential health services;
2. continued high-level advocacy with Government of Zimbabwe in regard to: evidence-based, phased adjustment of lockdown; fast-track implementation of 4,000 surge health workers; pledged support for health workers including six month tax break;
3. continued generous support by partners, including financial, technical and logistical/material support; and support for the broader socio-economic aspects of COVID-19 beyond public health.

- From 7 to 17 May 2020, 2,448 Zimbabwe migrants returned from South Africa through the Beitbridge border post, a significant increase compared to 102 returnees in April. In total, 4,878 migrants have returned (3,552 in May and 1,314 in April) from neighbouring countries through the four border posts of Beitbridge, Plumtree, Chirundu and Forbes, since COVID-19 restrictive measures were imposed, due to its socio-economic impact, lack of access to livelihoods and support from host governments. After arrival at the border post, returnees are transferred to provincial quarantine facilities nearest to their places of destination, following temperature checks and rapid diagnostic tests, in order to avoid overcrowding of returnees and provide basic services according to International Health Regulations (IHR 2005). Most identified quarantine centres, however, do not have adequate facilities to host returnees in a dignified manner.

Response

- Delivery of Essential Health Services continues with weekly surveillance reports from 1,719 health facilities nation-wide, and priority actions to reverse declining immunization coverage, including finalization of guidelines of safe delivery of immunization in context of COVID-19; increased attention to delivery of vaccines; and improved monitoring of delivery of immunization services.

- Conditions associated with the lockdown, extended indefinitely with review every 2 weeks, include: use of screening test (rapid diagnostic tests) for employees resuming work; compulsory use of face masks by all public place; mandatory quarantine for all travellers arriving in Zimbabwe for seven days followed by PCR testing and then an additional seven days voluntary quarantine.

- Intensified active surveillance is ongoing with 556 health facilities in six provinces assessed since 28 April 2020; 208 communities identified with reports of clusters of acute respiratory illness/Influenza like illness; and Rapid Response Teams (RTTs) assessing identifies clusters and collecting samples from laboratory testing.

- Following a rapid assessment of the national health system, 13 hospitals in the country have been designated as COVID-19 hospitals. Each of the 10 provinces will have at least one designated COVID-19 hospital while efforts are underway to increase isolation capacity, both within health facilities as well as by utilizing potential community level facilities. A total of 92 potential isolation centres covering all 64 districts have been identified and assessments to determine gaps conducted.

- Major latest developments include: 1) Nation-wide assessment of quarantine centres, with 44 quarantine centres in the 10 provinces, and assessment findings and recommendations to be used to update national SOPs and guidelines; 2) SOPs for truck drivers and transporters being finalized; Risk communication and community engagement activities; and 4) Continued strengthening of surveillance for COVID-19 as well as other epidemic-prone illnesses.

- National response capacities are being scaled up including: 1) Capacity building of front-line public and private sector health workers ongoing with provincial level training completed, training at district level and health facility level ongoing, document and use lessons learned during recent training sessions, and ongoing supportive supervision and mentoring of contact tracing teams, rapid response teams, laboratory teams; 2) Monitoring ongoing rehabilitation/refurbishment of designated COVID-19 treatment facilities; and 3) Strengthening inventory of essential supplies/consumables in health facilities and in laboratories conducting COVID-19 testing.

- Contact tracing in Bulawayo, Harare, Mashonaland East, Mashonaland West and Matabeleland North is ongoing with 1,431 contacts identified and followed up in national guidelines. The proportion of contacts who were monitored within 14 days of exposure was 89 per cent as of 17 May 2020.

- A health preparedness and response plan was developed for Points of Entry (POEs) with dissemination of POE-specific standards operating procedures (SOPs) for detection, notification, isolation management and referrals of travelers/ irregular migrants suspected to have COVID-19. IOM is scaling up its interventions to cover all POEs and ensure health standards are met with a human rights-based approach to assist returning migrants with the adequate resources.

- Assessments of all POEs in Zimbabwe were conducted to identify the needs, gaps and capacities to respond to the COVID-19 pandemic following the guidelines established in the Zimbabwe National Response Plan and the International Health Regulations 2005 (IHR) and to ensure standards are met for the assistance to returnees and stranded migrants. In addition, the IOM DTM team continues to conduct flow monitoring activities at Beitbridge border post (South Africa) tracking mobility trends, needs and vulnerabilities, and a population mobility mapping exercise detecting risk hot spots to reinforce surveillance activities in the border posts and communities of origin.

Gaps

- It is critical that the capacity of the health system to test, isolate and treat all cases of suspect, confirmed and probable COVID-19 cases is enhanced. To this end, there is an urgent need to: increase the number of beds in the health facilities nation-wide for isolation of suspect, confirmed and probable cases; increase availability of medical equipment including ventilators, patient monitors as well as medical supplies and consumables required for the management of cases; increase the availability of laboratory supplies and consumables; increase the availability of personal protective equipment for all health workers involved in the management of cases; increase the capacity to safely refer patients by ambulance.

- Clinical equipment gaps include: 1) with 129 ventilators required, there is a gap of 108; 2) with 132 patient monitors required, there is a gap of 110; 3) with 176 suction machines required there is a gap of 167. With the updated total budget of US$37 million under the national case management plan, there is a funding gap of $32 million.

- Challenges for expanded laboratory testing include: Sample backlog and long turnaround time in laboratory; Reports of stock out of sample collection kits and various lab supplies; Rapid Diagnostic Tests (RDT) use not in line with WHO recommendations.
- To support the growing number of returnees, there is a need to improve isolation tents, for quarantine facilities to develop SOPs and provide basic services including food, water and improved wash infrastructure, and medical services to reinforce thermal scans and testing, health care, counselling and psychological support. There is also a need to provide post-arrival humanitarian assistance to ensure migrants' rights and avoid exposure to health and protection risks, for both migrants and their communities of origin.

CLUSTER STATUS (21 May 2020)

Nutrition

606K
people targeted

482
reported pellagra cases in Q1 of 2020

Needs

- Approximately 95,000 children under age 5 are suffering from acute malnutrition, with a national global acute malnutrition (GAM) prevalence at 3.6 per cent (ZimVAC rural 2019). A total of 8 districts recorded GAM prevalence of over 5 per cent. Recent study highlighted that the potential impact of disruption of services due to COVID-19 on malnutrition would translate into a 10 to 50 per cent increased of acute malnutrition (equivalent to 9,500 to 47,500 children).
- The nutrition status of children in Zimbabwe is further compounded by sub-optimal infant and young child feeding practices including very poor dietary diversity at 15 per cent and with only 7 per cent having attained the minimum acceptable diet.
- The routine health information data are showing that the incidence of pellagra, particularly among adult women, has increased which is indicative of very poor household dietary diversification. The total number of pellagra cases reported in the first quarter of the 2020 doubled to 482, compared to 264 cases reported in the same period in 2019.
- Due to the drought-induced food insecurity, most of the households in the country require food assistance to facilitate adequate dietary intake and prevent deterioration of the nutrition status of children, women and the general community. Already nationally 56 per cent of women consume less than five groups of foods recommended.

Response

- Treatment of acute malnutrition, a very critical life-saving activity, has been prioritized by the nutrition cluster. Screening of acute malnutrition has been impeded by the current COVID-19 lockdown however this activity has resumed following adoption of mother led MUAC aiming at limited risk of infection by community health workers involved in screening.

- The nutrition cluster is prioritizing the improvement of the quality of care provided in the Outpatient Therapeutic Programme (OTP) and in stabilization centres. Implementation modalities adjustment are progressively rolled-out to ensure infection prevention and control. Specifically, the Pediatric Association of Zimbabwe is developing remote training materials aiming at strengthening the capacity of health workers and clinicians through the e-learning platform.
- Plans are underway to train dietician and nutritionists in nutrition care for critically ill COVID-19 patient.
- Promotion of appropriate infant and young child feeding (IYCF) and care practices in the emergency context is ongoing with support of nutrition partners ADRA, GOAL, Save the Children, NAZ, OPHID, Plan International and World Vision targeting pregnant and lactating women and caregivers of children less than two years.
- The micronutrient supplementation of Vitamin A reached 303,057 children from 6-59 months (30 per cent of the cluster target on Vitamin A supplementation).
- The RapidPro SMS reporting, an innovation of UNICEF in conjunction with the MoHCC, is now operational and is expected to bring a significant improvement in the timeliness of reporting of key nutrition indicators.
- Partners have supported the MoHCC on the movement of nutrition commodities and distribution of MUAC tapes for the mother-led screening for acute malnutrition changed approach in the context of COVID-19, which has been realized along with the COVID-19 sensitization sessions .

Gaps

- Limited funding to meet the needs of the response remains the main challenge for the emergency nutrition projects. Nutrition cluster HRP 2020 response activities have only been funded with $3.5 million against the $18.8 million required.
- Reporting of nutrition information has been affected by COVID-19 and the lockdown. The Rapid Pro, real time data, is expected to improve significantly the situation.
- There is a knowledge gap in the context of COVID-19 pandemic and in nutritional messages or information to the community and health workers.
- Lack of personal protective equipment (PPE) for the community volunteers and supervisors implementing nutrition in emergencies life-saving activities is still posing a challenge for the implementation of the nutrition lifesaving interventions.

CLUSTER STATUS (21 May 2020)

Protection (Child Protection)

422K
people targeted

22,194
children reached w/psychosocial activities

Needs

- The scarcity of personal protective equipment (PPE) has had a direct impact on the ability to continue conducting in person visits for critical cases that cannot be followed up remotely. There is also a need to provide child friendly PPE including masks. UNICEF supports the procurement of PPE and WASH materials for the CP sub-cluster.
- Women and children are facing access challenges because of cost of transportation in urban areas, lack of public transport in rural areas, access fees for certain medication such as antiretroviral drugs (ARVs), stigma and teasing at roadblocks, especially for sensitive services such as post-rape care.
- Quarantine facilities, residential care centres and other places of safety where children who were previously living on the streets and children returning from Botswana and South Africa have been placed, lack the bare minimum of basic services to maintain adequate personal hygiene, recreation and services to care for them.
- Children released from detention through an amnesty order require social assistance to assist successful reintegration and avoid recidivism.

Response

- Since January 2020, 22,194 children, including 333 children with disabilities (46 per cent boys and 54 per cent girls) have benefited from structured child protection and psychosocial activities.
- Child Protection Society (CPS) working with the Ministry of Public Service, Labour and Social Welfare (MoPSLSW) has provided tracing and reunification services to 140 unaccompanied and separated Children (UASC) in quarantine facilities at the borders, with 63 females and 50 males being reunified with their caregivers, and recreation kits distributed to the facilities. Out of 22 unaccompanied children at the Beitbridge quarantine centre, seven children had been reunified by 13 May, leaving seven girls and six boys at the centre pending testing results before reunification.
- The Child Protection Sub-Cluster facilitated a webinar on integration of child protection across clusters on 12 May during the second series of webinars on Protection and Gender Mainstreaming organized by the Protection Working Group.
- The Child help line recorded 29 per cent calls this week directly related to sexual abuse cases involving girls. The perpetrators of the sexual violence acts constituted either the survivor's community member or a relative, and the violent episode took place in the girl's home, in a public area or in the house of a relative or neighbour.
- To ensure support to women and children who fail to reach protection services, including post-rape care, legal aid and mental health and psychosocial support due to the lockdown and transportation challenges, child protection partners are providing transportation including supporting the Department of Social Welfare (DSW) with additional vehicles to facilitate the movement of clients.
- Standard Operating Procedures (SOPs) for reception centres, residential care facilities and centres for children on the streets on COVID-19 prevention and response are being developed with assistance of IOM and UNICEF.
- Risk Communication and Community Engagement (RCCE) messaging are integrating mental health and psychosocial support, GBV response awareness, child online safety during lockdown and parenting advise, with online trainings on MHPSS made available to CPWG members including psychosocial first aid and basic PSS.
- Courts were opened this week on 11 May and will hear all cases including cases related to (sexual) violence.

Gaps

- While the access letters from the MoPSLSW have facilitated the continuity of provision of essential services by child protection partners it has been reported that some beneficiaries are still having challenges in accessing these services.
- There is a lack of COVID-19 related information in accessible formats for persons with disabilities, especially for the deaf and hard of hearing, and the blind or partially blind people.
- Challenges in reunification of children in conflict with the law who have been released, children below ages of 5 who are being abandoned and street children because of difficulties in finding their legal guardians. There is a risk that the current crisis and its economic impact leads to abandonment of vulnerable children.
- Need to strengthen coordination efforts among actors at border quarantine and incountry isolation facilities to ensure reception centres are well equipped with IEC and PSS materials and services, food and more hygiene materials in addition to provision of training to front line workers who are interacting with children to ensure they have the necessary knowledge and skills related to GBV and CP risk mitigation, Prevention of Sexual Exploitation and Abuse (PSEA), child safeguarding, and safe referral practice.

CLUSTER STATUS (21 May 2020)

Protection (Gender-based Violence)

845K
people targeted

11,921
people reached

Needs

- GBV threats continue to intensify in scale and scope while the population is exposed to degenerating food insecurity, compounded by economic hardship and the COVID-19 movement restriction measures.
- GBV exacerbation continues to be recorded, as an indirect consequence of COVID-19 infection, prevention and control (IPC) measures. The extended lockdown continues to impact on the women's and girls' ability to access basic family resources (e.g. fetching water, accessing food), generating an increase of tensions within the household, which leads to increased risks of exposure to intimate partner violence (IPV) and sexual exploitation and abuse.
- The national GBV Hotline (Musasa) has recorded a total of 1,757 GBV calls from the beginning of the lockdown on 30 March until 13 May, with an overall increase of over 70 per cent compared to the pre-lockdown trends. About 94 per cent of the cases are women. The most dominant forms are physical violence (38 per cent of total cases) and psychological violence (38 per cent), followed by economic violence (19 per cent) and sexual violence (5 per cent). About 90 per cent of cases are IPV cases.
- As a result of the extended interruption of the informal sector activities, increased cases of neglect are recorded among women who are unable to provide food for their intimate partners.

- Increased concerns of exposure to gender-based violence (GBV) and sexual exploitation and abuse (SEA) are recorded at points of entry, as a result of the increasing afflux of returnees and unavailability of protection sensitive quarantine facilities to host them. There are consistent needs to disseminate NFIs that ensure dignity of the most vulnerable, psychosocial support and sensitization of personnel on GBV services and the establishment of complaints mechanisms, for effective and timely referrals.
- While the access to health and psychosocial support services, both static and remote, continued, and despite the re-opening of all courts, access to justice remains constrained due to the reduced opening times and accumulated caseload. The social distancing measures generate delays in accessing termination of pregnancy (ToP) and protection orders, protracting perpetrators' impunity.
- GBV service facilities remain unequipped for COVID-19 IPC measures, which poses high risks of infection for both staff and clients. Furthermore, access to GBV services is constraint due to the limited freedom of mobility and reduced availability of public transport means during lockdown. The recent introduction of the obligation for all citizens to wear masks in public spaces has resulted in further constraints for those who do not have access to supplies, and has exposed most vulnerable women and girls to increased risks of harassment.
- In most impoverished areas, de-prioritization of GBV services is increasingly recorded as a consequence of the protracted lockdown, as access to daily income sources for household sustenance remains limited. Under-reporting has life threatening consequences for GBV survivors.

Response

- Since 1 January 2020, the GBV sub-cluster partners have assisted 9,705 individuals (3,909 male, 5,796 female) with community-based GBViE risk mitigation and PSEA outreach, integrated in various community-based mechanisms and with the support of a workforce of 225 community volunteers, including behaviour change facilitators. 1,016 women and girls were reached with community-based PSS interventions, including at W/G safe spaces, and 1,200 GBV survivors (1,145 female, 55 male) were assisted with multisectoral GBV services, through static One Stop Centres, shelters and health clinics.
- Within the COVID-19 response, the capacity of hotlines for remote psychosocial support (PSS) and specialized GBV survivors assistance continues to be enhanced, with four additional lines established, two of which are also dedicated to MHPSS for GBV facilities personnel.
- GBV sub-cluster partners continue to explore alternative modalities to cater for the increased needs of most vulnerable women and girls. These include the self- manufacturing of cloth masks and soap at GBV community-based shelters, safe spaces and youth centres. Digital messages on GBV during COVID-19 continue to be disseminated through social media and radio, with a particular focus on the GBV referral pathway, including SGBV reporting within 72h in order to access Post Exposure profilaxis (PEP), domestic violence, and PSEA.
- The GBV Sub-Cluster facilitated a session on integration of GBV risk mitigation and response across clusters on 12 May during the second Webinar on Protection and Gender Mainstreaming organized by the Protection Cluster. The session reached over 70 participants across all clusters.

Gaps

- The full re-operationalization of GBV facilities continues to face challenges related to availability of basic PPE for COVID-19 prevention.

CLUSTER STATUS (21 May 2020)

Water, Sanitation and Hygiene (WASH)

2,7M
people targeted

243K
people reached

Needs

- In rural areas, of the 55,593 water sources tracked by the rural water information management system (RWIMS), only 30 per cent have water, and are functional and protected, which increases the risk of WASH-related diseases, especially in 23.8 per cent of households lacking improved access. About 16 per cent of households travel more than a kilometre to fetch water from the nearest primary water source.
- Despite no reported cases of cholera, there is an ongoing typhoid outbreak with 597 cases and two deaths recorded in high-density suburbs of Harare.
- Urban centres continue to report face critical water treatment chemicals' shortages and inability to procure more chemicals due to low revenue collection attributed to the lockdown.
- Despite a notable improvement in water supply in most urban centres mainly due to improved power supply, Bulawayo and Harare (including its dormitory towns Epworth, Chitungwiza, Ruwa and Norton) are still facing challenges and most people depending on alternative sources.
- There is a need for increasing education on the appropriate use of face masks and proper handwashing.

Response

- Government and partners have drilled 129 boreholes in eight provinces (3 in Mash. Central, 15 in Mat. South, 26 in Masvingo, 10 in Mat. North, 15 in Mash East, 1 in Manicaland, 15 in Harare and 44 in Mash. West); rehabilitated 1,154 boreholes in nine provinces (93 in Harare, 325 in Mash. West, 11 in Mash. East, 50 in Manicaland, 52 in Mat. North, 154 in Mat. South, 256 in Masvingo, 165 in Midlands and 48 in Mash. Central); and rehabilitated 23 piped water systems in the four provinces of Mat. North, Mat. South, Manicaland and Harare.
- Partners distributed 50 WASH-related kits (bucket with tap, aqua tabs, soap, IEC material on handwashing, COVID-19 prevention) to the quarantine centre Courtney Hotel for returnees, to support water storage and treatment and handwashing in response to COVID-19.
- Over 735,000 people have been reached with messages on COVID-19 prevention and the importance of hand washing with soap through road shows and street campaigns in communities and during food distributions. A radio show is ongoing on Radio Zimbabwe focusing on COVID-19 prevention with an emphasis on the importance of handwashing, social distancing including at water points and GBV. The radio station is said to have a listenership of 43 per cent of the national audience translating to an audience of over 5 million.
- Nearly 6,450 handwashing stations have been set up in Mash. Central (946), Midlands (133), Mash. East (836), Manicaland (13), Mash. West (44), Mat North (4,403) and Harare (124) to reduce the transmission of COVID-19 in markets, public spaces and at boreholes.

Gaps

- Numbers of people in quarantine centres across the provinces are increasing with numbers expected to continue to increase over the coming weeks as more people return from South Africa, increasing the need to strengthen the WASH status at quarantine facilities.

CLUSTER STATUS (21 May 2020)

General Coordination

Needs

- An emergency of this complexity and magnitude requires the close coordination of all stakeholders. The interaction with Government and frontline ministries, UN agencies and operational partners is vital in rolling out the multisectoral humanitarian support to complement Government's interventions.
- Continuous tracking of response progress, funding availability and resource capacity is key to ensure that critical gaps are identified and dealt with.
- There is a need for increased coordination and information management under the government-led COVID-19 coordination structure with humanitarian and development partners, including communication of priority needs and gaps under the 10 pillars.

Response

- A Standing Cabinet Committee, under the stewardship of the Minister for Local Government and Public Works, is tasked with overseeing the Government's response efforts and coordinates with the humanitarian partners through the office of the UN Resident Coordinator. At the technical and operational level, the Department of Civil Protection (DCP) coordinates the overall Government response with OCHA and UN cluster lead agencies, and interacts with Provincial and District administrations.
- On 19 March 2020, the Zimbabwe National Preparedness and Response Plan for COVID-19 was launched with an initial eight pillars of coordination, the creation of a national COVID-19 Response Task Force and the formation of the Inter-Ministerial Committee. Overall high-level coordination and planning is led by the Permanent Secretary for the Ministry of Health and Child Care (MOHCC) working with permanent secretaries of other ministries in support of the Inter-ministerial COVID-19 Task force, with weekly high level coordination meetings on Tuesdays in the Emergency Operations Centre. During the reporting week, the Permanent Secretary for MOHCC was appointed as Chief Coordinator of the COVID-19 response in the Office of the President and the Cabinet.
- On 7 May, a COVID-19 Addendum to the Zimbabwe Humanitarian Response Plan (HRP) was published requiring US$84.9 million to respond to the immediate public health crisis and the secondary impacts of the pandemic on vulnerable people. This is in addition to the $715 million required in the HRP. Zimbabwe has been included in the updated Global Humanitarian Response Plan (GHRP) as one of the countries requiring immediate support for prioritized COVID-19 interventions.

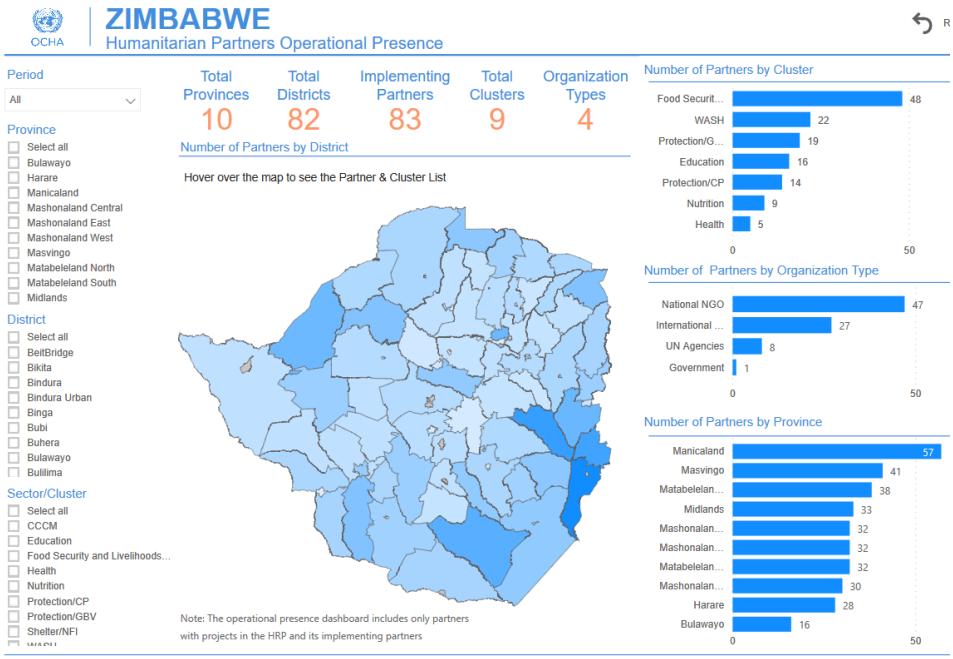
- Humanitarian partners and donors meet bi-weekly (and ad-hoc if necessary) under the Humanitarian Country Team (HCT), chaired by the UN Resident Coordinator. Individual sectors also meet on a regular basis and are chaired and co-chaired by the relevant line ministries and humanitarian cluster lead agencies. Inter-cluster coordination meetings take place (bi-)weekly chaired by OCHA. Due to the COVID-19, all meetings are being held virtually.

Gaps

- Only 11 per cent of the total requested has been committed, and this critical funding gap hinders operational coordination of the response.
- Continuity of coordination personnel/expertise is not assured, and this presents operational difficulty where frequent personnel turnover is required during the HRP time frame.
- Despite that the nationwide lockdown to curb the spread of COVID-19 ensures the continuity of essential services, including humanitarian cluster activities, implementation and coordination have been constrained.

INTERACTIVE (21 May 2020)

Partners Operational Presence



View this interactive graphic: https://bit.ly/ZIMOrgPresence

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https://www.unocha.org/southern-and-eastern-africa-rosea/zimbabwe

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