ZIMBABWE
Situation Report
Last updated: 26 Jun 2020

HIGHLIGHTS (26 Jun 2020)

- From 20 March to 24 June, 530 COVID-19 cases and 6 deaths were confirmed. Out of 207 cases reported in the last two weeks, 175 were among recent returnees.
- From 1 April to 22 June, 9,546 Zimbabwean migrants returned from neighbouring countries. As of 22 June, 2,136 returnees were quarantined in 44 centres .
- A decrease of admission of children for acute malnutrition treatment was recorded in April and May, with 50 per cent less children receiving vitamin A supplementation.
- A diarrhoea outbreak was declared in Bulawayo City with 1,739 cases and 9 deaths, as of 22 June.

Lawrance Njanje gives her 19-month-old son a supplement plumpy nut at the Tanganda Rural Health Centre, near Mutare. Photo: UNICEF

KEY FIGURES

7M
people in need

5.6M
people targeted

47
partners operational

FUNDING (2020)

$800.7M
Required

$103.1M
Received

13%
Progress

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

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BACKGROUND (26 Jun 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 have impacted the 2020 maize crop, and crop assessment indicates yields and production significantly down. The food gap (import requirement) for a second year running will be close to 1 million tons. Nutritional needs remain high with over 1.1 million children and women requiring nutrition assistance. Already WFP is anticipating greater need for the 2020/2021 lean season and is programming for 4.5 million and 550,000 people in rural and urban communities respectively requiring food assistance support.

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 heightened 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 24 June, Zimbabwe had confirmed 530 COVID-19 cases, including six deaths, since the onset of the outbreak on 20 March. The provinces with the highest incidence risk are Bulawayo, Harare and Matabele South. During the previous two weeks, 207 confirmed COVI9-19 cases were reported, including 175 (84.5 per cent) among recent returnees and 32 (15.5 per cent) as a result of local transmission. With 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. A high level forum consisting of Task Force and the international community is meeting fortnightly to review progress in tackling COVID-19.

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. Returning residents and foreign nationals are required to quarantine for a period of 21 days, of which the initial 7 days at Government designated quarantine centres, with mandatory testing on day one and day eight.

As of 22 June, a total of 9,546 migrants (up from 6,892 on 9 June), including 5,219 men, 4,178 women and 149 children, have returned to Zimbabwe from neighbouring countries through the nine point of entry border posts since COVID-19 restrictive measures were imposed. The majority of returnees entered through the points of entry of Beitbridge (4,639), Plumtree (2,741), Harare International airport (823) and Forbes (646). The number continues to increase daily, with a projection of 20,000 new arrivals in the next coming months with inclusion of those from northern countries such as

Zambia, Malawi, Tanzania and Ethiopia. As of 22 June, 2,136 returnees were quarantined in Zimbabwe in 44 centres, including 1,050 women, 910 men, 92 girls and 84 boys. The large majority of returnees were quarantined in Harare (673), Matabeleland South (273), Bulawayo (259), Mashonaland West (241) and Manicaland (232).

An unexpected decrease of admission of children for treatment of acute malnutrition that was recorded in April was sustained into May, with 1,227 children being admitted in May compared to 1,842 in March. This can be attributed to the disruption in services due to the COVID-19 crisis and seasonal variation due to the recent harvest. In addition, 50 per cent less children received vitamin A micronutrient supplementation in the month of April (52,379) compared to the preceding months (107,491 in March, 100,120 in February and 102,273 in January).

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, including $30 million for the HRP and $11 million for the COVID-19 response from the United Kingdom, $13 million from the European Commission, and $200,000 from Canada. In addition, carryover funding of agencies from 2019 will be reflected in FTS.

CLUSTER STATUS (26 Jun 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.
- Those remaining in the camps and those affected and displaced people accommodated in host communities or in makeshift structures already worn out for the protracted crisis need shelter support.
- As the winter season begins, IDPs are being exposed to cold weather and put further at risk of contracting COVID-19.
- The COVID-19 pandemic has exacerbated the need to establish adequate hygiene facilities and handwashing stations in camps and host communities.
- Identified health facilities in the districts do not have adequate resources and are located more than 40 kilometres away from IDP camps and main host communities, making it not feasible for IDPs to receive health care of treatment when needed.

Response

- Leading the Shelter/CCCM cluster, IOM has been advocating for durable solutions for displaced populations to ensure that basic needs of IDPs and host communities are addressed and included in the COVID-19 national response plan.
- Since the beginning of the COVID-19 outbreak, IOM through its Displacement Tracking Matrix (DTM) tool, has reprogrammed its activities using innovative and remote methodology to continue monitoring mobility trends, needs and vulnerabilities of the IDPs in camps and host communities as well as health risks associated with COVID-19.
- NGO partners have distributed second-hand clothes to all 224 households in the four camps.

- IOM is assisting already vulnerable communities and displaced populations from protracted crisis through a new shelter intervention that will assist IDPs in camps and host communities by ensuring appropriate housing space and decongestion of displacement sites with poor living conditions, to avoid the spread of the virus and provide a dignified way of living after over one year of displacement.
- The Government of Zimbabwe is accelerating the preparation of land and services at the new relocation site in Bumba. Further, a relocation strategy is being planned to move IDPs in July 2020. Providing technical capacity to the Government, IOM will support the relocation process and assist with camp coordination and camp management ensuring that IDPs have access to basic services.
- Feedback mechanisms and support lines will be set up in the IDP camps to ensure protection issues are addressed, and guarantee accountability to affected populations (AAP).
- A camp exit strategy will be put in place and land reparation conducted to ensure host communities have the appropriate space.
- 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 is planning to conduct a baseline DTM assessment to understand the situation of IDPs in all affected areas, and will also generate information to support COVID-19 response and inform multisectoral needs.

Gaps

- There is an urgent need to ensure IDPs have access to medical services and health facilities, and to increase mental health and psychosocial support (MHPSS) tailored for COVID-19 distress for IDPs and affected communities.
- IDPs are still in need of food since the last food distributions by the NGO World Vision in April 2020, as well as more non-food items (NFIs) such as blankets, winter clothing, soap etc. Camp coordination remains a challenge as no partner or government stakeholders have been facilitating the process.
- Reinforced surveillance needs to be strengthened through community leaders. There is need for more COVID-19 awareness campaigns in the camps to ensure communities are educated on health and preventive measures, particularly since surrounding communities are receiving migrants' returnees.

CLUSTER STATUS (26 Jun 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. 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 and 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 (OCV), including children with disabilities and children living with HIV; and those in need of school feeding.

- The combined effect of the humanitarian crisis and the COVID-19 pandemic is having far-reaching implications for the demand and supply of education services. Zimbabwe closed schools on 24 March 2020 in to contain the spread of COVID-19 and to protect school populations, with schools remaining closed to date. The school closures have disrupted the education of more than 4.6 million children, with adverse impacts on the protection and wellbeing of children as well as their readiness for school, attendance and participation in learning. Furthermore, prolonged school closures are likely to have a major and negative affect on children's learning, physical, social and mental health and well-being—threatening hard-won educational achievements for years to come. Prolonged school closures will also likely exacerbate existing vulnerabilities and inequalities among children, especially girls, children with disabilities, those in rural areas, orphans and vulnerable children, and those from poor households and fragile families.

- As the the Ministry of Primary and Secondary Education (MoPSE) is considering re-opening schools in a phased approach starting with final year classes (Grade 7, Form 4 and 6) to enable students to sit for national examinations, whereas school closures have increased the risk of some learners permanently dropping out of school, there are also concerns that re-opening schools in a context of increasing caseloads and without a well-resourced health response could present major health risks for children, teachers and school communities. The likelihood of schools being resource constrained is high given the inability of parents incapacitated by the lockdown to pay school fees, increasing the burden of operating schools.

Response

- The Cluster is targeting 3.5 million learners in early childhood education, primary level and secondary level through prioritization of activities. The numbers of people that have benefited from partner-implemented activities via the Humanitarian Response Planning 2020 and the COVID-19 response have continued to increase over the last two months, through the following most recent activities:

- Education Cluster partners are supporting learners through radio programming. To date 116 radio lessons have been developed and airing started on 16 June 2020 and airing will be done in a phased approach, starting with grades 1, 2, 3 and 7. TV lessons will be broadcast later once the radio programme is underway.

- Development of digital online e-learning courses and materials is underway and MoPSE, in collaboration with partners has identified work that can be uploaded onto the portal, which is being refined in a test environment. The go-live date is yet to be announced.

- Distribution of story books currently underway in six districts. UNICEF is leading this exercise to enable students to read and learn during school closures. All storybooks can be accessed via the mobile site of "Internet of Good Things".

- Early Childhood Development (ECD) story books and the PSS workbook for children 'My Story' will be distributed to satellite schools covering the districts of Binga, Kariba, Mwenezi, Gokwe North, Insiza and Zvimba in the initial phase. A total of seven titles of ECD story books have been uploaded on 'Internet of Good Things' covering ECD grades.

- A total of 20,000 boys and girls in Epworth and Chitungwiza, including children with disabilities, are expected to be reached with PPE, sanitizers, disinfectants, teaching and learning material, sanitary wear, buckets, soap and face towels.

- In eight provinces across 29 districts, most vulnerable girls are supported to remain safe and protected during the lock down period.
- Pre-positioning for opening of schools is ongoing through the purchasing of PPE kits for learners and teachers, with preparation of distributions for Provincial Education Directors (PEDs) and District Schools Inspectors (DSIs) and other critical personnel in the districts and provinces. Meanwhile, development of guidelines by MoPSE with support from partners is at an advanced stage and will be launched soon.

Gaps

- Inadequate human and financial resources: While partners have supported the development of the Education Cluster COVID-19 Preparedness and Response Plan, human and financial resource constraints to respond to the urgent needs of learners persist.
- 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. Meanwhile, the lockdown has also reduced the mobility of staff, with implications for the implementation of response activities. While Government issued 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 (26 Jun 2020)

Food Security

4.6M
people targeted

650K
people received assistance in June

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 assessments are available.
- According to the preliminary food insecurity projections, WFP estimates that the number of people requiring food assistance in rural areas will reach 3.7 million from July to September 2020, 5.3 million from October to December 2020 and 6.4 million from January to April 2021. Furthermore, as a result of inflation and the impact of COVID-19 in urban areas, WFP estimates that 3.3 million people will be classified as food insecure between July 2020- March 20201 in urban domains.

- According to the 2020 Second Round Crop and Livestock Assessment, tick-borne diseases continue to pose a serious threat to the national herd. The highest number of cattle deaths have been attributed to theileriosis with Mashonaland East, West, Central and parts of Manicaland being the worst affected. Other tick-borne diseases reported are Anaplasmosis (Gall sickness), Babesiosis (Red water) and heart water. Despite the LFSP and ZIRP by FAO providing dipping chemicals to 16 districts to ensure continuity of the dipping programme, due to irregular supply of dipping chemicals, many communities have not managed to undertake the prescribed 32 dipping sessions per year.

Response

- The Food Security Cluster partners reported they have provided assistance to over 2 million people in May 2020. Among them, 1.9 million people received in kind food assistance while the remaining 91,000 received cash support and protection rations. For the June cycle, a total of 650,000 people have been reached with either cash, vouchers or in-kind food distribution.
- A total of 159,000 people were supported with agriculture and livelihoods programming in May, including 61,000 people registered for crops and livestock inputs assistance, 41,000 people supported with extension and advisory services to manage crop pests and livestock diseases, while the remaining 49,000 and 5,000 were supported with critical assets rehabilitation and with soil and water conservation focusing on technical assistance equipment respectively.
- To respond to the livestock needs, FAO will launch a project in Hwange for the emergency supply of livestock feed and sorghum seed.

Gaps

- According to FTS, only 15 per cent of the total requested budget was committed as of 18 June 2020. The $489 million budget was designed and adapted to COVID-19 measures to save lives through support to food access for acutely food insecure population and prevent further deterioration of living standards by providing emergency agriculture support.

CLUSTER STATUS (26 Jun 2020)

Health

3M
people targeted

503
COVID-19 cases (as of 24 June)

Needs

- Bulawayo City Council declared a diarrhoea outbreak with 1,500 cases and 3 deaths reported as of 22 June. Facing a malaria outbreak with a surge in malaria cases from the beginning of March until the middle of May, this new outbreak creates an additional burden to an already fragile health system.

- From 1 January to 7 June 2020, 335,872 malaria cases and 316 deaths were reported (vs 320,606 cases and 307 deaths two weeks ago). According to the latest Weekly Disease Surveillance Report covering the week ending 7 June, a total of 6,600 malaria cases and 6 deaths were reported, in comparison with 12,824 malaria cases and five deaths reported two weeks earlier, 17,294 malaria cases and 14 deaths the previous week, and 21,072 cases and 19 deaths a week earlier, indicating a significant decrease in reported malaria cases during the last six weeks.
- In addition, 10 (vs 4 two weeks earlier, and 13 the previous week) new suspected typhoid cases and no deaths were reported during the week ending 7 June from West South West District (9) in Harare Province and Mpilo Hospital in Bulawayo Province. So far in 2020, 642 (vs 624 two weeks earlier) typhoid cases and two deaths have been recorded.
- 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 24 June, Zimbabwe had reported 530 confirmed COVID-19 cases (vs 287 two weeks earlier), including six deaths since the onset of the outbreak. The national incidence risk as of 20 June was 3.2 per 100,000. Provinces with the highest incidence risk were Bulawayo (6.8), Harare (8.3) and Matabele South (6.3). In the last two epidemiological weeks (from 6 to 20 June), 207 confirmed COVI9-19 cases reported including 175 (84.5 per cent) amongst recent returnees and 32 (15.5 per cent) as a result of local transmission, with 21 of the 32 local cases (65.6 per cent) being known contacts of confirmed cases. A cumulative total of 4,430 contacts were identified, with 1,264 having completed 14 days of daily monitoring while 1,585 were still being monitored daily as of 20 June.
- 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.
- The focus on provision of COVID-19 services has led to a reduction in provision of sexual and reproductive health services. Women cannot access family planning services, and, in some settings, there are shortages of family planning pills, which will have a negative impact on SRHR of women and girls resulting in unwanted pregnancies. Six maternal deaths were reported during the last week from Sally Mugabe Hospital in Harare Province, Mwenezi District in Masvingo Province, Makonde District in Mashonaland West Province, Mutare District in Manicaland Province, Mt Darwin in Mashonaland Central Province and Goromonzi District in Mashonaland East Province.

Response

- Delivery of essential health services is being continued in the areas of: 1) Outbreaks: A national Rapid Response Team was deployed to support outbreak response activities following the diarrhoea outbreak in Bulawayo with laboratory tests isolating Shigella and Salmonella pathogens; 2) Integrated campaigns including COVID-19 awareness; Gender Based Violence community dialogue; Menstrual Hygiene Campaign (Bulawayo); COVID-19 and malaria training of Village Health Workers (Mash Central); and patients with chronic Non-Communicable Diseases (NCD) conducting integrated COVID-19 and NCD campaigns (Manicaland); 3) HIV/AIDS: Updated programme guidance with alternative ARV regimens in view of global and national stock-outs of 2nd line ARVs.
- Highlights of the recent COVID-19 response in Zimbabwe included: (1) Laboratory testing with improvement in laboratory turnaround time including in quarantine facilities; insufficient supply of GeneXpert cartridges; new guidance on use of RDT use from Africa Centres for Disease Control and Prevention (Africa CDC); (2) Quarantine Facilities with Inter-ministerial Training of Trainers in management of quarantine centres on 17-18 June 2020; Transition to

non-educational facilities; (3) Case management with renovation of identified isolation facilities ongoing in most provinces; (4) Infection Prevention and Control with Training of over 5,000 health workers in 52 districts completed and additional training supported by MSF, FHI360, Africa CDC; and (5) Risk Communication and community engagement including media campaigns and street awareness campaigns.

- 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 polymerase chain reaction (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.
- Surveillance was intensified with emphasis in areas with reported border jumpers and escapees from quarantine centres.

Gaps

- Following the recent increase in confirmed cases straining response capacity at provincial/district level, ongoing efforts to strengthen response capacity at provincial, district and community level need to be accelerated, including isolation and quarantine capacity; surveillance, data management and contact tracing capacity; laboratory testing capacity; health worker surge for direct COVID-19 response as well as continued delivery of essential health services.
- 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.

CLUSTER STATUS (26 Jun 2020)

Nutrition

606K
people targeted

82,391
children screened in the 1st week of June

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). Eight districts recorded GAM prevalence of over 5 per cent. Since early April and the beginning of the harvesting season, the country overall has not experienced a nationwide increase in malnutrition. However, pockets of increased cases of malnutrition particularly in Epworth and

Gutu and Mutare districts remain a concern and are closely monitored. Further cases of acute malnutrition are expected to start increasing from the month of June onwards. A major concern is the potential impact of disruption of services due to COVID-19 on malnutrition which would translate into a 10 to 50 per cent increase of acute malnutrition in the worst-case scenario (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 number of pellagra cases has continued to increase in Zimbabwe. As per routine data, 747 pellagra cases were recorded between January to April 2020, which is doubled when compared to the 336 over the same time last year.
- Due to the drought-induced food insecurity, the majority 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 continued in the current COVID-19 lockdown following adoption of mother led mid-upper arm circumference (MUAC) aiming at limiting the risk of infection by community health workers involved in screening. In the first week of June 2020, 82,391 children were screened for acute malnutrition with 93 per cent being screened at community level in 25 nutrition priority districts. Of those screened between 1-7June, 40 were admitted for treatment of moderate acute malnutrition (MAM) and 32 were admitted for treatment of severe acute malnutrition (SAM). Nationally, 7,982 children were admitted for treatment of SAM between January and May 2020. An unexpected decrease of admission of children for treatment of acute malnutrition that was recorded in April has sustained into May with 1,227 children being admitted in May compared to 1,842 in March. This can be explained by the disruption in services due to the COVID-19crisis and seasonal variation due to the recent harvest.
- The Nutrition Cluster is prioritizing the improvement of the quality of care provided in the Outpatient Therapeutic Programme (OTP) and in stabilization centres. Continuous capacity building of health workers is being done. 4,960 village health workers were capacitated on active screening and 1,135 health care workers were trained on integrated management of acute malnutrition (IMAM) in April and May 2020. Implementation modalities adjustment are progressively rolled-out to ensure infection prevention and control. Specifically, the Paediatric Association of Zimbabwe (PAZ) is developing remote training materials aiming at strengthening the capacity of health workers and clinicians through the e-learning platform.
- 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, Nutrition Action Zimbabwe (NAZ), Organization for Public Health Interventions & Development (OPHID, Plan International and World Vision. Since early May, 287,787 pregnant and lactating women and caregivers of children under age 2 were reached with counselling support and an estimated 2 million people have been reached through the nine episodes of the radio show “Live Well: The Health and Nutrition Show” on topics related to nutrition, health and HIV in the context of COVID-19.
- The micronutrient supplementation of Vitamin A reached 362,263 children from 6-59 months (36 per cent of the cluster target on Vitamin A supplementation). Vitamin A coverage dropped by about 50 per cent due to the disruption is services delivery following the lockdown as a response to the COVID-19. In April, 52,379 children received vitamin A compared to the preceding months (107,491 in March 100,120 in February and 102,273 in January).
- The RapidPro SMS reporting, an innovation of UNICEF in conjunction with the MoHCC, is operational with 24 districts reporting on weekly basis on nine high frequency nutrition indicators.

- Elaboration of the ZIMVAC seasonal assessment is at planning stage for collection and analysis of data across both urban and rural settings with the aim of measuring food and nutrition security situation and the socio-economic impact of COVID-19.
- 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.
- The Ministry of Health and Child Care, together with partners WFP, UNICEF, UNAIDS and ILO, is planning a better integration and dissemination of health and nutrition messaging to the general public using a coordinated approach. WFP in collaboration with the Ministry of Health, UNICEF and ILO is developing and disseminating social and behavioural change communication (SBCC) messaging on HIV and COVID-19 through platforms such as jingles, radio talk shows and social media campaigns. This activity is a collaborative effort among the UN joint team on HIV.
- WFP in collaboration with UNICEF and MoHCC continued providing the emergency response for screening, SBCC and provision of preventive rations into June in order to deter the detrimental effects of COVID-19 on the nutritional status of beneficiaries. As the number of highly food insecure districts under the lean season assistance (LSA) program into June was decreased to 19 districts, the number of nutrition priority districts targeted decreased from 29 districts in March and April to 15 districts in May. In April 3,557 children below five and 334,655 pregnant and lactating women (PLWs) were reached with preventative food rations, versus 43,010 children under age 5 and 316,700 in March.

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.
- 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 (26 Jun 2020)

Protection (Child Protection)

422K
people targeted

25,179
children reached w/psychosocial activities

Needs

- 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.

- There is a need for advocacy for waiver of access fees for children, adolescents and young mothers when accessing antiretroviral medication (ARVs).

Response

- Since January 2020, 25,179 children, including 898 children with disabilities (46 per cent boys and 54 per cent girls) have benefitted 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 365 unaccompanied and separated children (UASC) with 156 children who were previously living on the streets and 121 children referred by DSW from quarantine facilities at the borders being reunified. During the reporting period 4 male children including 3 who were previously living on the streets were reunified.
- In response to challenges faced by SGBV survivors who encounter difficulties while passing through police roadblocks to get to court, a meeting was held with the Victim Friendly Unit (VFU) and stakeholders who raised this issue with the Superintendent. Numbers to provincial police offices that can be called should any stakeholder or their client have difficulties passing through roadblocks were shared and this will help ensure that children, adolescents and women including persons with special needs can continue accessing services.
- Approximately 24 of the targeted 80 residential volunteer social workers will be deployed to compliment the ongoing work by the MoPSLSW social workers at the border quarantine facilities.
- A training on minimum standards on Child Protection in emergencies was conducted for CPWG partners on 5 and 9 June with 30 participants.
- UNICEF in collaboration with UN agencies supported the POE ToT training facilitated by the MoHCC and MoPSLSW at Mazowe on the 18 and 19 June, through preparation materials on PSS support in quarantine centres including self-care and stress management and specific vulnerabilities of children, pregnant women and persons with disabilities. The ToT participants included three cadres from MOH, DSW and Security at the provincial level, with the training to be cascaded down to the district level.
- REPSSI radio broadcasts on ZFM aiming at strengthening psycho-social support in communities in Zimbabwe's complex emergency environment, including drought- and flood-affected communities, included topics on COVID-19 and young people living with HIV, positive masculinity in a time of COVID-19 and MHPSS needs of children with an estimated reach of 300,000 listeners.
- 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.
- Under the leadership of the MoHCC and supported by UN agencies in the Case Management Pillar, guidelines for MHPSS are being developed with UNICEF technical inputs.
- 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.

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 children are still having challenges in accessing these services due to misconceptions in communities that health centres are only providing COVID-19 related 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 under age 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 in-country 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.
- 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.

CLUSTER STATUS (26 Jun 2020)

Protection (Gender-based Violence)

845K
people targeted

58,177
pple reached w/GBV risk mitigation & resp.

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.
- The national GBV Hotline (Musasa) has recorded a total of 2,519 GBV calls from the beginning of the lockdown on 30 March until 13 June (1,312 in April, 915 in May 2020 and 292 from 1 June to 13 June), 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.
- Increased concerns of exposure to gender-based violence (GBV) continue to be recorded at points of entry, as a result of the increasing afflux of returnees and unavailability of protection sensitive quarantine facilities to host them. Furthermore, as a result of increased “border jumping” and smuggling in persons, exacerbation of exposure to Sexual exploitation and abuse is expected on the increase. Priority needs include availing NFIs that ensure dignity of the most vulnerable, psychosocial support as well as disseminate critical information on available GBV multi-sectoral services. The needs for sensitization of quarantine centres personnel on the establishment of complaints mechanisms, psychologic first aid and GBV referral pathways remains critical. Despite consistent engagement of the GBV SC for the inclusion of GBV components in the SOPs for quarantine facilities, these seem to have not been reflected in the approved version.

- Despite GBV services being recognized as essential services, movement restrictions are still faced for both GBV personnel and survivors in some districts. The strict enforcement of lockdown movement rules in Harare Central Business District and other main cities resulted in increased presence of armed forces at roadblocks. Extensive patrolling of public open spaces, such as produce markets and bus stops also generated an increased risk of tensions, stigma and harassment. There is a persistent need to enhance sensitization of security forces, in order to ensure freedom of mobility of both GBV service providers and GBV survivors.
- Access to GBV services remains a constraint due to the reduced availability of public transport means during lockdown. The few operating ZUPCO buses do not suffice to meet the demand, while the commuter omnibuses, usually more affordable and with a wider range of geographical reach, remain unavailable. An increase of tensions at bus stops has been observed as a result of the physical distancing onboard, which generates a reduced capacity to carry passengers, and prolonged waiting times.
- The obligation for all citizens to wear masks in public spaces continues to result in further constraints for those who do not have access to supplies and exposes 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 constrained, while the resort to transactional sex is a further increased risk.

Response

- Since 1 January 2020, the GBV sub-cluster partners have assisted 456,491 individuals (18,808 male, 27,683 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. In addition, 7,155 women and girls were reached with community-based PSS interventions, including at W/G safe spaces, and 4,531 GBV survivors (3,758 female, 773 male) were assisted with multisectoral GBV services, through static and mobile one-stop centres (OSC), shelters and health clinics.
- GBV Sub-Cluster partners with Support from UNFPA continue to work closely with the Ministry of Women affairs, Community, Small and Medium Enterprises Development, to address GBV staff clearance and to ensure freedom of mobility for GBV survivors seeking support during the lockdown.
- The mobile service provision model continued to enhance service uptake in areas where public transport remains unavailable. GBV Sub-cluster partners have also strengthened coordination with Food Security and WASH clusters partners, for the setup of mobile OSCs and safe spaces near food distribution points and community boreholes. Alternative transport fees support to survivors, including those with disabilities and their caregivers, also continues to facilitate access to services.
- Access to data bundles and airtime for community facilitators engaged in GBV surveillance continued to be supported to ensure direct interaction with hotlines operators and continuous timely referrals.
- The capacity of hotlines for remote psychosocial support (PSS) and specialized GBV survivors' assistance continues to be scaled up, including through the increase of dedicated lines for different vulnerable groups, such as LGBTIs, as well as lines for remote MHPSS for GBV personnel.
- GBV sub-cluster partners continue to explore alternative modalities to cater for the continuous basic PPE 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, colleges and universities.
- Digital messages on GBV during COVID-19 continue to be disseminated through social media and radio, with a particular focus on domestic violence, PSEA, the GBV referral pathway, SGBV reporting within 72h in order to access Post Exposure Profilaxis (PEP).

- The GBV Sub-cluster, under the overall technical guidance of UNFPA, collaborated with IOM and the Points of Entry pillar for the integration of GBV risk mitigation and response, and PSEA into the training modules for the Quarantine facilities staff Training of trainers, scheduled for 18 and 19 June. The focus of the contributions include sensitization on GBV risk reduction in QFs set up and maintenance phases, role of non-specialized actors and tools to interface with GBV specialists, the survivor-centred approach, psychologic first aid (PFA) and GBV referral pathways. Advocacy through the national and UN PoE pillar leads continued to ensure GBV risk mitigation and referrals are reflected into the approved SOPs.
- Through the assistance of the GENCAP advisor, support to the Food Security Cluster was provided on the application of the Gender and Age (GAM) markers for enhanced gender sensitive programme monitoring.

Gaps

- The full re-operationalization of GBV facilities continues to face challenges related availability of basic PPE and delayed delivery of COVID-19 IPC supplies.
- Underfunding remains a critical barrier to the achievement of GBV SC targets, with only 7 per cent of the HRP requirements funded, while the COVID-19 interventions are currently ongoing only through re-programming of other existing funding, and with less than 5 per cent of requirements met.

CLUSTER STATUS (26 Jun 2020)

Water, Sanitation and Hygiene (WASH)

2,7M
people targeted

1.6M
people reached

Needs

- Over 6.5 million people are affected by the current WASH challenges in Zimbabwe, with over 3.6 million people in need of urgent assistance, according to the 2020 Humanitarian Response Plan. Under the HRP, more than 2.7 million people will be targeted across rural (77 per cent) and urban (23 per cent) areas, while the HRP COVID-19 Addendum targets an additional 2.8 million people.
- Access to safe water in rural areas remains a challenge with only 30 per cent of the 55,709 water sources tracked by the Rural Water Information Management System (RWIMS), providing water from a protected source.
- Urban centres continue to face critical water treatment chemical shortages further hampered by low revenue collection as a result of the COVID-19 related lockdown. Water quality testing consumables and spare parts are also in short supply and need to be replenished, while water rationing impacts people's ability to maintain good hygiene practices.
- Current average dam water storage levels are 49.4 per cent compared with the expected average levels of 70.5 per cent for the month of June, while Harare is 15.3 per cent against an expected average of 77.4 per cent. These shortages also affect hydropower generation, which in turn affects urban water supply and treatment.

- Despite no reported cases of cholera, there is an ongoing typhoid outbreak with 642 cases and two deaths recorded in high-density suburbs of Harare. An outbreak of diarrhoeal disease is currently ongoing in Bulawayo, with over 1,700 recorded cases and nine deaths. Many more cases have been observed however, but people lack money to pay for health services.
- According to recent assessments of quarantine centres, only 62 per cent of centres have running water, while only 40 per cent of handwashing stations had soap. 57 per cent of centres were not following routine cleaning and disinfection of surfaces and PPEs are lacking. Urgent attention is required to identify specific WASH related IPC needs in quarantine centres.
- Parirenyatwa, Chitungiwza and Harare Hospital currently have no incinerators and the accumulation of medical waste poses a serious health hazard to staff and patients of these facilities.

Response

- Through the HRP, partners have reached 169,705 people with access to safe water and 1,312,259 have received sanitation and hygiene messages. 53,348 people have received hygiene items including 6,439 women and girls who received MHM kits. 1,859 people have also been reached with access to appropriate sanitation and 824 handwashing stations have been constructed for 37,310 people.
- Through the HRP COVID-19 response, partners have reached 50,881 people with access to safe water, while 299,900 have received sanitation and hygiene messages and 310 people have been assisted with hygiene items. 178 handwashing stations have been constructed for 14,964 people. It should be noted that all WASH activities contribute to the prevention of COVID-19 but have HRP partners have in addition been able to provide 49 health care facilities with PPE kits.
- Outside of the HRP, the Government and partners have drilled 114 boreholes in nine provinces (7 in Mash. Central, 12 in Mat. South, 26 in Masvingo, 15 in Mash East, 3 in Mash. West, 6 in Manicaland, 5 in Mat. North, 29 in Harare and 11 in Bulawayo); and rehabilitated 1,709 boreholes in ten provinces (109 in Mash. Central, 247 in Midlands, 239 in Mat. South, 375 in Masvingo, 92 in Mash. East, 440 in Mash. West, 72 in Manicaland, 110 in Mat. North, 1 in Harare and 24 in Bulawayo); and rehabilitated 21 piped water systems; 2 in Mat. North, 10 in Mat. South, 3 in Masvingo, 1 in Mash E, 2 in Manicaland, and 2 in Bulawayo and 1 in Harare. Water trucking is ongoing with nearly2.6 million litres trucked into four provinces of Mash. Central (13,000), Mat. South (105,000), Mat. North (45,000), Manicaland (676,000), Harare (730,015) and Bulawayo (1,022,000).
- A total of 9,455 handwashing stations have been set up in Mash. Central (1,181), Masvingo (48) Mash. East (3,468), Masvingo (48), Manicaland (157), and Mat. North (4,553) to reduce the transmission of COVID-19 in markets, public spaces, in communities and at boreholes.
- With schools set to reopen next month, new quarantine centres are being identified and WASH partners are assessing their needs.

Gaps

- Only 3 per cent of the funding for the WASH cluster's HRP and 8 per cent of the COVID-19 requirements have been secured, leaving significant gaps across all areas of the WASH response.
- Although 1.6 million people have been reached through the HRP, this is predominately through mass media hygiene campaigns, with activities clustered around 23 out of the 86 Districts targeted. This means 80 per cent of districts have not received essential messaging for COVID-19 and other key public health risks.
- In terms of access to safe drinking water only HRP partners have only been able to provide safe access to water in 7 of the 35 targeted Districts and for hygiene kits under the HRP and COVID-19 response, just 7 out of 68 Districts.

- Water shortages are becoming more apparent as drought and the lack of funding hampers the sector's ability to rehabilitate existing sources and construct new ones. Lack of funds is also affecting the sector's ability to operate and maintain existing sources of water leading to an observable deterioration in the quality and quantity of water supplies, particularly in urban areas.
- Water supply in the quarantine centres similarly is a major challenge with many centres identified as requiring support to ensure water is available for use by the returnees. There is also sharing of handwashing and bathing facilities among the returnees.
- Coordination among the different pillars and sectors to identify and address the priority WASH needs in new quarantine centres needs to be improved. The escalating number of confirmed COVID-19, illustrates the need for strong coordinated and well-funded responses if the disease is to be contained.
- Similarly, isolation centres are not yet ready to receive to COVID-19 patients lacking the necessary environmental sanitation materials and PPE items to ensure IPC measures are adhered to.
- There is also a need for clearer standards and clarification on areas of responsibility between Health, WASH and Education in regard to IPC measures in HCFs and Schools.
- Female returnees in quarantine centres do not have access to menstrual hygiene management materials during their stay in the quarantine centres.
- Waste management in quarantine centres is a challenge due to a lack of proper vehicles and adequate disposal processes.

SECTOR STATUS (26 Jun 2020)

Migrants/Returnees

9,546
returned migrants

Needs

- As of 22 June, a total of 9,546 migrants (including 5,219 men, 4,178 women and 149 children) have returned to Zimbabwe from neighbouring countries through the nine point of entry border posts of Beitbridge, Plumtree, Kazungula, Victoria Falls Land border, Victoria Falls airport, Chirundu, Forbes, Sango and Harare airport, since COVID-19 restrictive measures were imposed, due to its socio-economic impact, lack of access to livelihoods and support from host governments.
- The large majority of returnees entered through the points of entry of Beitbridge (4,639), Plumtree (2,741), Harare International airport (823) and Forbes (646). The number continues to increase daily, with a projection of 20,000 new arrivals in the next coming months with inclusion of those from northern countries such as Zambia, Malawi, Tanzania and Ethiopia.
- As of 22 June, 2,136 individuals were quarantined in Zimbabwe in 44 centres, including 1,050 women, 910 men, 92 girls and 84 boys. The large majority of returnees were quarantines in Harare (673), Matabeleland South (273), Bulawayo (259), Mashonaland West (241) and Manicaland (232). Harare is the province with more quantity of arrivals

and has functioning 12 quarantine facilities. The number of returnees quarantined decreased from 2,644 returnees on 9 June (and from 2,979 two weeks earlier) in 60 centres in 10 provinces.

- With the new recommendation from the Ministry of Health to resume classes, quarantine facilities that are schools will be ending their support and disinfected in preparation of the reopening of schools. The department of Social Welfare is in the process of identifying new quarantine facilities, and planning transportation for the quarantined returnees to the new facilities in an adequate manner, respecting the recommended preventive measures.

Response

- After arrival at the border posts, 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.
- About 250 returnees with disabilities, registered to come back to Zimbabwe from South Africa, have been supported by IOM in coordination with UNESCO, UNICEF and the Department of Social Welfare, to receive special assistance. In addition, IOM also has assisted 32 voluntary returnees from Cape Town, with three female returnees testing positive on the RDT and isolated at the Beitbridge quarantine centre.
- A training of trainers (TOT) was conducted on 17-19 June by the MoHCC through the POE pillar, with the support of WHO and UN partners, who assisted in the development of the content, materials and resources and the facilitation of the training. This will be cascade in the 10 provinces to relevant stakeholders managing the provincial quarantine facilities, to ensure a better coordination and enhance the provision of basic services in the centres, ensuring International Health Regulations (IHR) are respected and reinforcing IPC, to avoid further transmissions.

Gaps

- There continues to be an urgent need to improve conditions for migrant returnees in provincial quarantine facilities, to provide basic services including, food, water, medical services, MHPSS. In addition, there is a need for increased testing for personnel and quarantine residents and to reinforce security and surveillance to avoid the spread of the disease, since the majority of recently confirmed cases were among returnees. Further, provision of livelihood support for the returnees' post discharge from the quarantine facilities, is increasingly needed to support the reintegration into receiving communities, avoid rejection, stigmatization and social tension.
- With the new COVID-19 context situation, its socio-economic impact of COVID-19, and significant figures of returning migrants arriving in Zimbabwe, there is a need to increase risk communication and community engagement (RCCE) in receiving communities to avoid stigmatization and increased fear to reintegrate returning migrants.
- With the expected arrival of 250 migrants' returnees, special support is required for persons with different disabilities. Adequate services need to be provided at quarantine facilities that have limited capacity to assist returnees with disabilities.

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

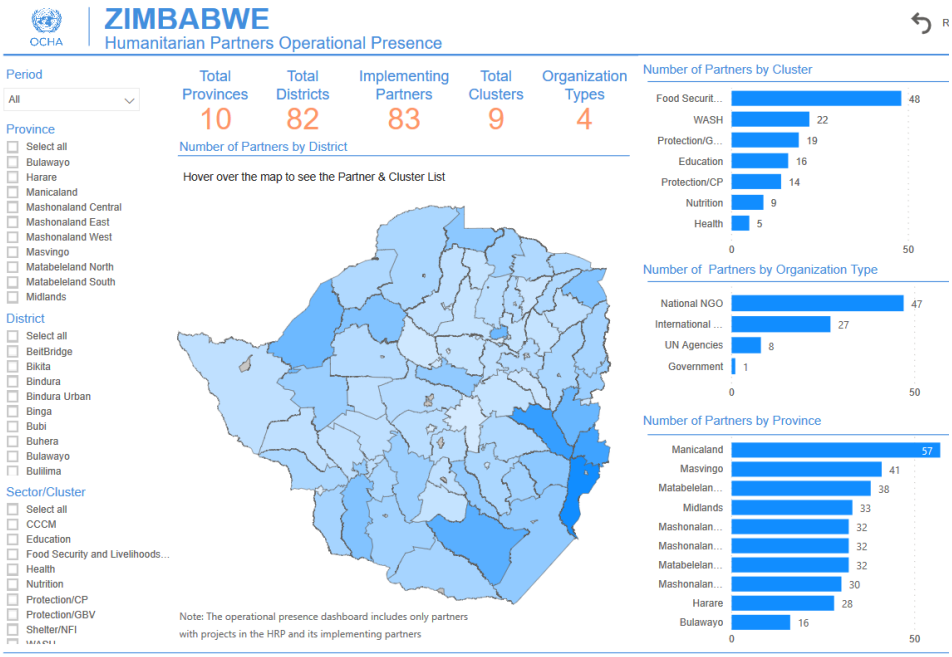
- A Standing Cabinet Committee, under the stewardship of the Minister for Local Government and Public Works, is tasked with overseeing the Government's response efforts and coordinates with the humanitarian partners through the office of the UN Resident Coordinator. At the technical and operational level, 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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