ZIMBABWE
Situation Report
Last updated: 10 Jul 2020

HIGHLIGHTS (10 Jul 2020)

- From 20 March to 9 July, 926 COVID-19 cases and 12 deaths were confirmed. About half of the cases (454) were recent returnees.
- From 1 April to 7 July, over 10,800 Zimbabwean migrants returned from neighbouring countries. As of 7 July, 1,297 returnees were quarantined in 44 centres.
- Pellagra cases from January to May 2020 have doubled compared to the same period last year.
- A diarrhoea outbreak continued in Bulawayo City with 1,765 cases and 12 deaths, as of 1 July.

Twenty-year-old pregnant Zanle Chisa gets a check up 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

$142.2M
Received

18%
Progress

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

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BACKGROUND (10 Jul 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 9 July, Zimbabwe reported 926 confirmed COVID-19 cases (vs 530 two weeks earlier and 287 one month earlier), including 12 deaths since the onset of the outbreak. Of the confirmed cases, 61 per cent were female and 39 per cent male, 89 per cent asymptomatic and 11 per cent symptomatic. Five provinces account for 80 per cent cases (Harare: 33.4 per cent; Mat South: 15.8 per cent; Mash East: 11 per cent; Bulawayo: 9.9 per cent; Midlands: 8.9 per cent). At least 454 confirmed cases were recent returnees. 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 7 July, over 10,800 migrants, including 5,982 men, 4,708 women and 196 children, have returned to Zimbabwe from neighbouring countries with the large majority of returnees arriving through the points of entry of Beitbridge border post (5,318), Plumtree (2,741), Harare International airport (1307) 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 7 July, 1,297 individuals (vs 2,136 on 22 June) were quarantined in 44 centres operated by the Government of Zimbabwe, including 708 men, 494 women, 48 girls and 47 boys. The large majority of returnees were quarantined in Harare, Matabeleland South, Bulawayo, Masvingo, Mashonaland West and Manicaland.

The number of reported pellagra cases has continued to increase in Zimbabwe, with 831 cases recorded from January to May 2020, doubling from 400 cases over the same period last year. Pellagra cases are likely to increase as food insecurity in the country deepens and household income for accessing diversified diets continues to be depleted by the economic crisis.

The unexpected decrease in admission of children for treatment of acute malnutrition that was recorded in April has since improved with 1,643 children being admitted in May compared to 1,168 the previous month. This increase in admissions is a signal that continuity of essential services is being prioritized in health facilities. In addition, 85,947 children received Vitamin A in May, an improvement compated to the drop in April by about 50 per cent due to the disruption in services delivery following the lockdown to contain COVID-19.

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 $14 million for the COVID-19 response from the United Kingdom, $14 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 (10 Jul 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 conducting 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 (10 Jul 2020)

Education

853K
children targeted

63,325
people reached

Needs

- Zimbabwe's education system has recently been impacted negatively by multiple crises, including Cyclone Idai, the economic crisis coupled with hyperinflation, floods and droughts. 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 expected to have far-reaching implications for the demand and supply of education services. While Zimbabwe closed schools on March 24, 2020 to contain the spread of COVID-19 and to protect school populations, school closures have disrupted the education of more than 4.6 million children, with adverse impacts on the protection and well-being of children as well as their readiness for school, attendance and participation in learning. 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 likely exacerbate existing vulnerabilities and inequalities among children, especially girls, children with disabilities, those in rural areas, orphans and vulnerable children, as well as those from poor households and fragile families.
- The MoPSE has announced commencement of June examinations on 30 June 2020. This will be followed by schools re-opening on 30 July 2020. This will start with final year classes (Grade 7, Form 4 and 6) to provide adequate preparation for national examinations. While school closures have increased the risk of some learners permanently dropping out of school, opening schools in a context of increasing cases loads and without a well-resourced health response also represents major health risks for children, teachers and school communities. To add to these challenges, schools, which traditionally fund their daily operations from user fees will likely be resource-constrained because of the inability of parents to pay school fees and the increased burden of operating schools.
- The cluster is targeting 3.5 million learners in early childhood education, primary level and secondary level through prioritization of activities.

Response

- As of end of May 2020, a total of 63,325 people have benefited from various activities implemented by cluster partners as part of the Humanitarian Response Plan of 2020.
- A total of 243,670 people have benefited from COVID-19 related activities related to the overall education cluster strategy and the HRP COVID-19 addendum for the period March to May 2020. Additionally, through support from different partners the following activities are currently ongoing at field level as parts of the efforts to combat the COVD-19 pandemic:
- Through community distance learning, outreach activities have reached 4,800 households across 40 schools in Epworth and Chitungwiza District.
- Broadcasting lessons commenced on 16 June across five ZBC radio stations for primary school level. A schedule covering the first two weeks has been published through various media platforms and a schedule for the next two weeks is being prepared to be shared in due course.
- A total of 13 titles on children story books in three languages namely English, Ndebele and Shona have been uploaded on Internet of Good and can be access through the following link: https://zw.goodinternet.org/sections/storybooks/

- The Ministry of Primary and Secondary Education OER digital platform server space has been paid for and secured using Amazon. This digital platform is organized into six categories which are curriculum and syllabi; education management and policy; teaching and learning resources; revision and exam papers; professional development links to resources for teachers.
- A total 4,000 Back to School and IEC materials on COVID-19 have been printed for learners and dispatched to various provinces.
- COVID-19 Protection PSAs are currently aired on two national radio stations. Additionally, three-month packages of menstrual hygiene packs have been distributed to 8,000 adolescent girls in five districts to address current existing supply gaps caused by the COVID-19 pandemic lockdown.
- COVID-19 messaging and audio recordings for an estimated reach10,000 learners are currently undergoing quality checks with the Ministry of Health and Child Care.
- Sexual Reproductive Health Rights (SRHR) and Violence Against Women and Girls (VAWG) dialogues were done during the Menstrual Hygiene Day with dissemination of COVID-19 messaging in Shamva and Chitungwiza District.
- Supplementary feeding for 6,000 children living with HIV in Harare, Goromonzi and Chitungwiza District was conducted where each household is receiving a bag of 6kgs of CSB porridge for three meals a day in addition to soap and handwashing posters.
- Parenting sessions have started for 1 ,686 parents and their children using the Families Matter model.
- A total of 1,422 Community Health Workers inclusive of Community Child Workers, Village health workers, Community Facilitators have been capacity built on virtual case management during the COVID-19 pandemic.

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. 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 (10 Jul 2020)

Food Security

4.6M
people targeted

1.5M
people received assistance in June

Needs

- According to the 2020 Humanitarian Response Plan, a total of 6 million people are in urgent need of food assistance across Zimbabwe both in rural and urban 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.
- A currency trading auction system was introduced by Government on 23 June 2020 on the parallel and official Old Mutual Implied Rate (OMIR) exchange rates and the subsequent commodity price increases, resulting in an increase of the official exchange rate by over 100 per cent from ZWL25 to ZWL57 in relation to 1US$. Additional measures were taken by Government suspending bulk mobile money transactions as well as stopping mobile money vendors from making any cash transactions (cash-in and cash-out), with far reaching consequences for many Zimbabweans (more than 60 per cent) primarily using only mobile money to access food and services. Furthermore, cash-based transfer programs of humanitarian actors can be disrupted if using this platform as a transfer modality.
- A desert locust alert followed indications of locusts in Chiredzi District, among fears that the African migratory locust swarms may migrate to neighbouring Manicaland Province and threaten the winter crop which could compound the already dire situation of vulnerable households.

Response

- The Food Security Cluster partners reported to reach over 1.5 million people with either in-kind food distribution, cash or vouchers modality in June 2020 in both rural and urban areas.
- Following WFP food insecurity projections estimating 3.7 million people food insecure due to multiple shocks including COVID19, WFP targets 1.8 million people with food assistance in July 2020 in frame of the 2020/21 Lean Season Assistance programme.
- Subsequent to the suspension of EcoCash mobile money platform, including bulk payments, all FSL Cluster partners including WFP are revising their cash-based programmes beginning with the July cycle. To ensure a stable beneficiary purchasing power, the FSL Cluster partners plan to shift to remittance companies enabling disbursement of US$ cash assistance, E-vouchers, or WFP SCOPE cards as vouchers.
- Following the desert locust alert, a team from the Plant Protection Research Institute (DRSS) was dispatched to the area to monitor the situation. In addition, awareness was raised requesting farmers to scout and report swarms to the nearest office of the Department of Research and Specialist Services (DRRansSS), Agritex or police.

Gaps

- According to FTS, only 22.4 per cent of the total requested budget was committed as of 3 July 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.
- Challenges for locust control include the lack of fuel for vehicles to track locust as well as the cost of telecommunication.

CLUSTER STATUS (10 Jul 2020)

Health

3M
people targeted

926
COVID-19 cases (as of 9 July)

Needs

- As of 9 July, Zimbabwe reported 926 confirmed COVID-19 cases (vs 530 two weeks earlier and 287 one month earlier), including 12 deaths (vs six deaths two weeks earlier) since the onset of the outbreak. New cases have been reported in Bulawayo, Mashonaland West, Midlands and Matabeleland. New cases have also been recorded among returnees from Botswana (28), South Africa (22), Eswatini (1) and 47 local cases that were isolated. Forty-three of the local cases are contacts of known confirmed cases. A cumulative of 24 health workers with confirmed COVID-19 infection have been reported in the country since the beginning of the outbreak.
- A diarrhoea (shigella) outbreak has resulted in a total of 1,765 cases and 12 deaths as of 1 July, in comparison to 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.
- In addition, 24 (vs 10 two weeks earlier, 4 two weeks earlier, and 13 the previous week) new suspected typhoid cases and no deaths were reported during the week ending 26 June from West South West District (9) in Harare Province and Mpilo Hospital in Bulawayo Province. So far in 2020, 680 (vs 642 two weeks earlier and 624 one month earlier) typhoid cases and four deaths have been recorded.
- For vaccine preventable diseases, evidence shows a declining routine immunization coverage from 30,110 in March to 20,432 in April 2020 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.
- The focus on provision of COVID-19 services has led to a reduction in provision of sexual and reproductive health services with the number of children delivered in health facilities dropping from 28,264 in March to 24,446 in April 2020. 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.
- 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.

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; 3) HIV/AIDS: Updated programme guidance with alternative ARV regimens in view of global and national stock-outs of 2nd line ARVs.

- National COVID-19 response capacities in Zimbabwe continue to be scaled up including: (1) Joint IPC-Case management field reassessment in most infected provinces finding increasing capacity to manage mild cases, slow progress in enhancing capacity to manage severe-critical cases, inconsistencies in compliance with national protocols at the front-line, continued shortages of PPE, and health worker issues (strikes, demotivation, burn out, etc); (2) Quarantine Centres: transition from education facilities to other facilities; and (3) Evidence based planning and prioritization, including surveillance and data management strengthening; on-the-job mentoring of field surveillance teams; and the finalization of the national population based survey protocol.
- Procurement of PPE, laboratory supplies and equipment and clinical management items through the Global Supply Portal is ongoing with UNICEF having received 12,000 Thermofisher test kits, 12,000 manual extraction kits and 134 oxygen concentrators. Through the same supply portal WHO received 7,440 BGI RT-PCR kits, 7,440 disposable sampling kits, 10 boxes of nucleic acid extraction kits (for 17,280 reactions).
- WHO and CDC are supporting the Ministry of Health and Child Care with training on data management and surveillance from 8 to 10 Jul.
- Conditions associated with the lockdown, extended indefinitely with review every two 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.

↔ 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.
- 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.
- Health worker issues (strike; demotivation, stress) and PPE shortages have been resulting in intermittent delivery of essential health services.

CLUSTER STATUS (10 Jul 2020)

Nutrition

606K
people targeted

111,383
children screened in 25 districts in June

Needs

- Approximately 95,000 children under age 5 are suffering from acute malnutrition, with the 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 reported has continued to increase in Zimbabwe. As per routine data, 831 pellagra cases were recorded between January to May 2020, which is double compared to the 400 cases over the same period last year. The numbers of pellagra cases are likely to increase as food insecurity in the country deepens and household income for accessing diversified diets continues to be depleted by the economic crisis.
- 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 3 weeks of June 2020, 111,383 children were screened for acute malnutrition with 83 per cent of the children being screened at community level in 25 nutrition priority districts. Of those screened between 1 and 21 June, 120 were admitted for treatment of moderate acute malnutrition (MAM) and 80 were admitted for treatment of severe acute malnutrition (SAM). Nationally, 7,982 children were admitted for treatment of SAM between January and May 2020. The unexpected decrease in admission of children for treatment of acute malnutrition that was recorded in April has since improved with 1,643 children being admitted in May compared to 1,168 the previous month. This increase in SAM admissions is a signal that continuity of essential services is being prioritized in health facilities.
- 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. Approximately 5,547 village health workers were trained on active screening and 1,135 health-care workers on integrated management of acute malnutrition (IMAM) in April and May 2020. Also, 217 lead mothers were trained on infant and young child feeding (IYCF) in Chiredzi. 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 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. In June 2020, 169,755 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 451,451 children from 6-59 months (46 per cent of the cluster target on Vitamin A supplementation). Vitamin A coverage had dropped In April by about 50 per cent due to the disruption is services delivery following the lockdown as a response to the COVID-19. In May however, an improvement in the number of children who received vitamin A was noticed with 85,947 children having received Vitamin A. Vitamin A supplementation continues both at health facility and community levels.
- The RapidPro SMS reporting, an innovation of UNICEF in conjunction with the MoHCC, is operational in 24 targeted districts and two acute malnutrition hotspots with districts reporting on weekly basis on seven high frequency nutrition indicators.
- Elaboration of the ZIMVAC seasonal assessment is at the final 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. Nutrition Cluster, Strategic Advisory Group (SAG) members agreed on the face to face nutritional assessment taking into consideration the IPC measures, with the participation of Food & Nutrition Council (FNC) members.
- 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 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.
- Due to the high demand of MUAC tapes for family-led MUAC, some mothers have not yet received MUAC tapes which is hindering the progress of the programme.
- General lack of transport, restrictions on travel immobility, fear for COVID-19, and prioritization of emergency life-saving interventions over routine critical nutrition services have increased the risk of eroding the gains made over the years.

CLUSTER STATUS (10 Jul 2020)

Protection (Child Protection)

422K
people targeted

27,735
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 (ARV), 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.

Response

- Since January 2020, 25,932 children, including 1,803 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 398 unaccompanied and separated children (UASC) with 162 children who were previously living on the streets and 121 children referred by Department of Social Welfare (DSW) from quarantine facilities at the borders being reunified. During the reporting period, family tracing and reunification is currently ongoing for two cases of unaccompanied female returnee minors one currently at a quarantine centre in Makoni District and the other from Beitbridge quarantine centre. Two female unaccompanied minors who were previously living on the streets were reunified.
- An increase in the number of cases of violence against children continues to be observed as an indirect consequence of COVID-19 lockdown measures. Of the 418 cases reported through the child helpline this week, 45 per cent were GBV and violence against children cases, with sexual abuse cases constituting majority of the cases. The helpline data also indicates that girls are more vulnerable to sexual abuse than boys.
- 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.
- 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.
- 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 19 and 23 June with 52 participants.

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.
- The placement and monetary support of social workers in quarantine facilities is currently on hold, pending a decision on hazard payments for health workers. The placement and monetary support needs to precede any considerations for approval of provision of additional support to increase the deployments of residential volunteer social workers in quarantine facilities to help compliment the ongoing work by the DSW social workers.
- Challenges in procurement of adequate PPE to equip child protection partners to ensure COVID-19 prevention measures are adhered to when conducting home visits for critical cases that cannot be followed up remotely.
- 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.
- 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 (10 Jul 2020)

Protection (Gender-based Violence)

845K
people targeted

78,787
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 2,768 GBV calls from the beginning of the lockdown on 30 March until 13 June (1,312 in April, 915 in May 2020 and 541 from 1 June to 27 June), with an overall average 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 GBV services being recognized as essential services, movement restrictions are still faced for both GBV personnel and survivors in some districts.
- 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 private commuter omnibuses 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 70,117 individuals (27,938 male, 42,179 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, 4,472 women and girls were reached with community-based PSS interventions, including at W/G safe spaces, and 4,198 GBV survivors (3,166 female, 1,032 male) were assisted with multi-sectoral GBV services, through static and mobile one-stop centres (OSC).
- 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. The Mobile OSCs teams have strengthened their interaction with Zimbabwe Republic Police (ZRP) and the Victim Friendly Units (VFU) to ensure timely referrals of GBV survivors at points of entry and in areas nearby quarantine facilities. Alternative transport fees support to survivors, including those with disabilities and their caregivers, also continues to facilitate access to services (136 survivors were assisted with transport to and from GBV services).
- Access to data bundles and airtime for 500 community facilitators engaged in GBV surveillance continued to be supported to ensure direct interaction with hotlines operators and continuous timely referrals.
- The re-opening of faith-ased support systems facilitated engagement with religious leaders in GBV risk mitigation and referrals.
- 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 72 hours in order to access Post Exposure Profilaxis (PEP).
- The GBV Sub-cluster, under the overall technical guidance of UNFPA, continued to collaborated with IOM and the Points of Entry pillar for the integration of GBV risk mitigation and response, and PSEA into the SOPs and training modules for the quarantine facilities staff Training of trainers.

- Through the assistance of the PSEA Senior Advisor, a PSEA sensitization session was conducted during the GBV SC meeting on 2 July. Twenty sub-cluster members benefited from the session.

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 (10 Jul 2020)

Water, Sanitation and Hygiene (WASH)

2,7M
people targeted

1.7M
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.
- 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 and is resulting in water rationing which impacts people's ability to maintain good hygiene practices.
- An outbreak of diarrhoeal disease is currently ongoing in the area of Luveve in Bulawayo, and a typhoid outbreak in Harare, with over 1,700 recorded cases and 11 deaths.
- 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. About 57 per cent of centres were not following routine cleaning and disinfection of surfaces and PPEs were 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.
- With schools due to reopen on 28 July, 165 schools across 10 provinces have been prioritized as needing new boreholes by the MoPSE.

Response

- Since 18 June HRP, partners have reached 3,781 people with access to safe water and 12,038 people have received sanitation and hygiene messages. 1,859 people have also been reached with access to appropriate sanitation and 33 handwashing stations have been constructed for 2,700 people. It should be noted that these WASH activities will also contribute to preventing the spread of COVID-19.
- Since 18 June, HRP COVID-19 partners have reached 4,995 people with sanitation and hygiene messaging and 1,600 people have been assisted with hygiene items.
- Since 18 June, the Government and partners outside of the HRP have drilled 15 boreholes in two provinces for an estimated 3,750 persons (3 in Matabeleland. South and 12 in Mashonaland East,); and rehabilitated 291 boreholes in 7 provinces for as estimated 72,750 people (19 in Mashonaland Central, 129 in Matabeleland South, 25 in Masvingo, 37 in Mashonaland East, 8 in Mashonaland West, 23 in Manicaland, and 50 in Bulawayo); and rehabilitated 2 piped water systems in Matabeleland North. Water trucking is ongoing with nearly 5,5 million litres trucked into four provinces of Mashonaland Central (27,000), Matabeleland South (395,000), Mashonaland West (45,000), Matabeleland North (75,000), Manicaland (619,000), Harare (430,015) and Bulawayo (3,973,000).
- Since 18 June, a total of 2,046 handwashing stations have been established for an estimated 122,760 people in Midlands (122), Masvingo (48), Mashonaland East (1,833), Mashonaland West (5), Manicaland (12) and Harare (26) to reduce the transmission of COVID-19 in markets, public spaces, in communities and at boreholes.
- In Bulawayo, all diarrhoea cases have been treated for free in health-care facilities and 498 hygiene kits have been distributed for 2,490 people, while 7,067 people have been reached with prevention messaging for COVID-19 and diarrhoeal diseases since 18 June.
- In the previous two weeks, WASH assessments of new quarantine centres have been completed in Harare, Manicaland, Masvingo and Matabeleland South.
- GPE has allocated funds to repair water sources in 610 schools across the 10 provinces, which will be disbursed to schools.

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 1.7 million people have been reached through the HRP, this is predominately through mass media hygiene campaigns, with activities clustered around 26 out of the 85 districts targeted. This means 70 per cent of districts have not received essential messaging for COVID-19 and other key public health risks.
- Under the HRP, just 10 per cent of the 2.3 million targeted with safe access to safe drinking water people have been reached and WASH partners have only reached 8 of the 35 targeted districts (23 per cent).
- For hygiene kits under the HRP and COVID-19 response, just 3.5 percent of the targeted 939,650 people have been reached in 7 out of 68 districts targeted and only 7 per cent of the targeted health facilities reached in just two 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.
- 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 and health care facilities is a challenge due to a lack of waste disposal vehicles and incinerators.
- PPE equipment in health care facilities and quarantine centres is in short supply.
- Fuel shortages are affecting the WASH Sector's ability to implement activities across all districts.

SECTOR STATUS (10 Jul 2020)

Migrants/Returnees

10,808
returned migrants (as of 7 July)

Needs

- As of 7 July, a total of 10,808 migrants (vs 9,546 on 22 June), including 5,982 men, 4,708 women and 196 children, have returned to Zimbabwe from neighbouring countries through nine of the main Points of Entry (PoEs), namely Beitbridge, Plumtree, Kazungula, Victoria Falls Land border, Victoria Falls airport, Chirundu, Forbes, Sango and Harare airport, since the onset of COVID- 19 and the imposed restrictive measures, due to the socio-economic impact of the pandemic, the lack of access to livelihoods and support from host governments.
- The large majority of returnees arrived through the points of entry of Beitbridge border post (5,318), Plumtree (2,741), Harare International airport (1307) 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 7 July, 1,297 individuals (vs 2,136 on 22 June) were quarantined in Zimbabwe in 44 centres operated by government, including 708 men, 494 women, 48 girls and 47 boys (vs 1,050 women, 910 men, 92 girls and 84 boys on 22 June). The large majority of returnees were quarantines in Harare (261 vs 673 on 22 June), Matabeleland South (273 vs 273), Bulawayo (160 vs 259), Masvingo (153), Mashonaland West (115 vs 241) and Manicaland (130 vs 232). Harare is the province with more quantity of arrivals and has functioning 12 quarantine facilities. The number of returnees quarantined decreased from 2,136 on 22 June (and from 2,644 returnees on 9 June, and 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

- On arrival, returnees are screened, RDT tested and transferred to provincial quarantine facilities nearest to their places of destination, in order to avoid overcrowding of returnees and provide basic services.

- For 250 returnees with disabilities, registered to come back from South Africa, IOM in coordination with UNESCO, UNICEF and the Department of Social Welfare are advocating to provide special assistance when they arrive in Zimbabwe. 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.
- Through the POE Pillar, Government and UN agencies are coordinating the cascade of the training of trainers (TOT) of 17-19 June by the MoHCC, to the 10 provincial teams representing all provincial quarantine centres, including all the 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 and border communities to avoid stigmatization and increased fear to reintegrate returning migrants, also increasing health education to improve community surveillance and detect border jumpers to be directed to the quarantine facilities
- 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 (10 Jul 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

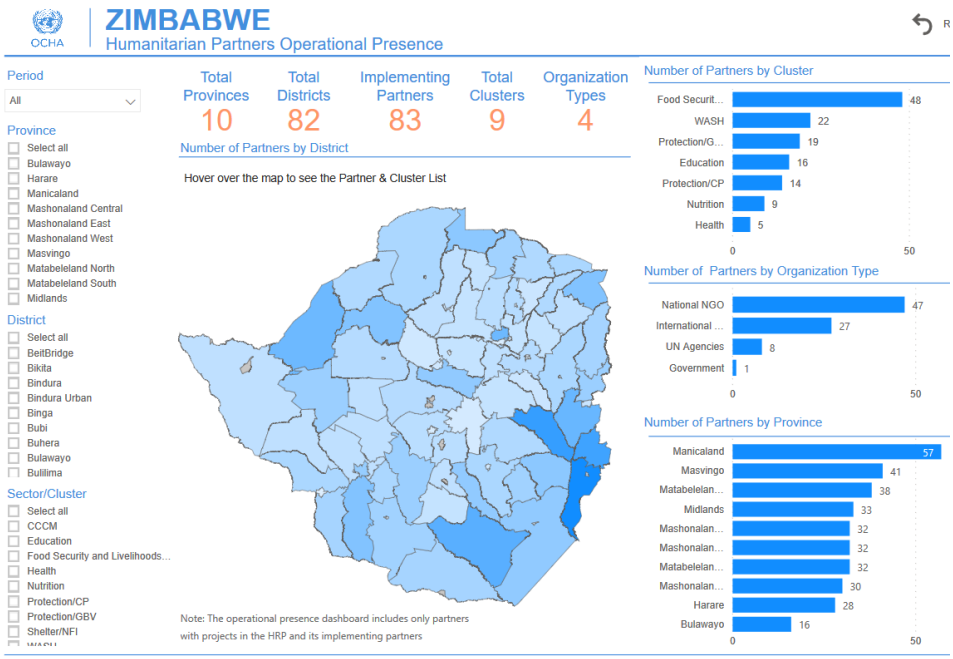
- A Standing Cabinet Committee, under the stewardship of the Minister for Local Government and Public Works, is tasked with overseeing the Government's response efforts and coordinates with the humanitarian partners through the office of the UN Resident Coordinator. At the technical and operational level, 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 monthly (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, supported by a gender advisor, as well as new coordinators for PSEA and community engagement since June 2020. 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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https://www.humanitarianresponse.info/en/operations/zimbabwe