ZIMBABWE
Situation Report
Last updated: 24 Jul 2020

HIGHLIGHTS (27 Jul 2020)

- As of 22 July, 2,034 COVID-19 cases and 26 deaths were confirmed, indicating an exponential increase in the last three weeks associated with a steep rise in local transmissions..
- From 1 April to 22 July, over 12,650 Zimbabwean migrants returned from neighbouring countries. About 1,500 returnees are quarantined.
- A diarrhoea outbreak continued in Bulawayo City with over 1,800 cases and 13 deaths, along with a typhoid outbreak in Harare with 695 cases and 10 deaths.
- On 16 July, the Zimbabwe HRP was revised to update the response to the COVID-19 outbreak included in the Global HRP July update.

IOM staff help a Zimbabwean migrant through her pre-boarding hand sanitation process.

KEY FIGURES

7M
people in need

5.6M
people targeted

47
partners operational

FUNDING (1920)

$800.8M
Required

$143.7M
Received

18%
Progress

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

CONTACTS

Wouter De Cuyper
Humanitarian Affairs Officer, Zimbabwe
decuyper@un.org

Guiomar Pau Sole
Communications & Information Management, Regional Office for Southern & Eastern Africa
pausole@un.org

BACKGROUND (27 Jul 2020)

Situation Overview

After a first revision in May, the United Nations and humanitarian partners have revised the Humanitarian Response Plan (HRP) on 16 July to update the response to the COVID-19 outbreak integrating a multisectoral migrant response and reprioritizing humanitarian cluster responses. The updated COVID-19 Addendum requires US$85 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 with a new ZimVAC assessment conducted between 10 and 21 July 2020. 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 22 July, Zimbabwe reported 2,034 confirmed COVID-19 cases (vs 926 two weeks earlier and 530 one month earlier), including 26 deaths, since the onset ofthe outbreak. Six provinces account for 90 per cent of cases in the country. The exponential increase in cases in last three weeks is associated with a steep increase in the number of local transmissions. With the recent increase of COVID-19 cases in the region, the Government of Zimbabwe continues to strengthen and accelerate preparedness and response to the COVID-19 outbreak. Priorities include the strengthening of the Public Health response through the timely appointment to MOHCC leadership positions and resolution of the health worker crisis; enhancement of capacities at the operational level, including strengthening of coordination and partnership at provincial level and in highest risk districts; delivery of essential health services with health worker occupational health and safety and rationale use of PPE; and addressing resource gaps.

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.

In addition to the previously announced lockdown regulations, on 21 July the Government of Zimbabwe introduced extra measures including a curfew from 6pm to 6am for all but essential services effective 22 July; official business operating hours from 8am to 3pm with the exception of providers of essential services; and inter-city/town public transport and inessential transport to all rural areas remaining banned. Earlier, the Government of Zimbabwe declared a 21-day nationwide lockdown starting on 30 March 2020 ensuring the continuity of essential services, with an initial extension of two weeks and easing of lockdown regulations on 1 May allowing formal industry and commerce to resume operations, with specified measures in effect until 17 May, but with the informal sector as well as other sectors, including education, remaining

closed. The lockdown was 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 seven days at Government designated quarantine centres, with mandatory testing on day one and day eight.

As of 22 July, a total of 12,650 migrants (vs 10,808 migrants on 7 July), including 6,943 men, 5,450 women and 257 children, have returned to Zimbabwe from neighbouring countries with the large majority of returnees arriving through the points of entry of Beitbridge border post (6,629), Plumtree (2,741), Harare International airport (1,937) 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. The number of people quarantined remained stable with 1,481 individuals on 17 July in comparison with 1,297 individuals on 7 July, after a significant decrease from 2,136 on 22 June, quarantined in 44 centres operated by government, including 747 men, 623 women, 54 girls and 57 boys. The large majority of returnees were quarantined in Harare, Matabeleland South, Masvingo, Bulawayo, Midlands, Manicaland and Mashonaland West.

The number of pellagra cases reported continued to increase in June. Following increases from 86 pellagra cases in March to 41 cases in April and 220 in May, 230 cases were reported for June 2020. The numbers of pellagra cases are likely to continue 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 and already 1297 severe acute malnutrition (SAM) admissions in June with the reporting rate still at 88.2 per cent, compared to 1,168 the previous month of April. This increase in admissions is a signal that continuity of essential services is being prioritized in health facilities. In addition, a continuous improvement was noticed with 85,947 children having received Vitamin A in May and 88,579 children in June, compared 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, $18 million from the United States, $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 (24 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.
- During the winter season, IDPs are being exposed to cold weather and put further at risk of contracting COVID-19.

- Since the beginning of lockdown, Chipingue are the among the high migrant/ returnee receiving districts. Communities continue to receive large numbers of migrants within Zimbabwe, who were forced to return to their rural homes as effects of lockdown became more adverse in towns and cities.
- 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.
- There is a need for advocacy with Government to strengthen community-based reporting structures/referral mechanisms to ensure migrants returning to IDPs communities are screened and not exposing already vulnerable people.

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.
- IOM has set up handwashing stations in the camps, to increase preventive measures reinforced hygiene practices and reduce the spread of the disease.
- 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.
- In Arboretum camp, an IOM tent was set up to provide in land support to IDPs, and facilitate enhanced coordination between IDP camps and with government authorities, increasing IDPs committees meetings and communications, to operationalize the relocation process.
- Feedback mechanisms and support lines are in the progress targeting in IDPs in camps and host communities to ensure feedback is facilitated and protection issues are addressed, and to 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.
- In Cyclone Idai affected areas, support to IDPs continued with the provision of transitional shelters, repairs kits and rehabilitations. Constrains are arising due to the increase of need of IDPS, that are selling the construction materials provided, due to the bad economic situation, and the lack of livelihoods to provide an income and food source.

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, and the need to cope with the socio-economic impact and the loss of livelihoods resulting in increased cross border trading activities.
- Provision of food distribution for IDPs needs strengthening, since the food crisis and COVID-19 socio economic impact is exacerbating their vulnerabilities to the point that IDPs are selling construction kits and materials for shelter improvement to have money for food.
- Despite the sensitization of IDP and host communities to report on returnees entering the community, there is a lack of coordination between government authorities to address related issues.

CLUSTER STATUS (24 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 June 2020, a total of 63,325 people benefited from various activities implemented by cluster partners as part of the Humanitarian Response Planning 2020. The response remains the same as compared to May as no partners reported new reach.
- A total of 334,004 people benefited from COVID-19 related activities linked to the overall education cluster strategy and the HRP COVID-19 addendum between March and June 2020.
- The Cluster has mostly focused on addressing the emergency needs of children, ensuring that children have access to learning opportunities and materials while schools are closed, and supporting preparations for the reopening of schools when it is safe to do so.
- To date, 182 Radio Lessons have been developed and are currently in their third week of broadcasting to address the learning needs of children at home. In addition, partners have distributed learning materials.
- VIAMO Mobile Learning platform was launched in Chipinge covering 20 schools and 45 Schools in Chimanimani Districts in total targeting 2,500 learners.
- Establishment of study circles in 109 schools reaching 5,963 marginalized learners towards ensuring continued while at home.
- A total of 2,697 learners have so far used IGATE digital platform that provides learning materials (reading and number cards, study guides and story books).
- Preparation for school reopening are currently ongoing with the distribution of 38 tanks of 1,000 litres foot-operated hand washing tanks to schools in Nyanyadzi, Chimanimani/Mhakwe, Chihota, Makoni districts. Additionally, sanitizers, liquid soap, disinfectants, face masks, infrared thermometers, branded masks and school desks were distributed too.
- Over 500 people were reached with child friendly COVID-19 messages via WhatsApp in addition to 520 school health-alert set of posters were distributed in Mutasa, Mazowe, Bindura and Shamva districts.
- One cluster partner distributed sanitary pads to girls in Bulawayo, Gweru and Mazowe districts with additional fliers parenting sessions that continued to be delivered to caregivers and their teens.
- A total of 231 children with disabilities were reached with emergency support from the two districts Children living at Sharon Cohen Special School and the Zimbabwe Parents of Handicapped Children Association (ZPHCA). Support provided included buckets, sanitary wear, soap, sanitizers. Additionally, the children continue to get support on PSS and distance learning support.
- There was distribution of PPE's, food packs and re-usable sanitary pads to beneficiaries and project schools in the Shamva District with a training to volunteers using toll-free lines to strengthen reporting mechanism used to address gender-based violence.

Gaps

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

CLUSTER STATUS (24 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.
- Under the July GHRP update, one FSL project was submitted under the Multi-sector Returnees section requiring $797,000. WFP aims to provide food assistance (2100 Kcal per person per day) to 20,000 returnees in quarantine centres for a duration of 3 to 6 months as a response to the COVID-19 outbreak. This project brings the financial requirement for the GHRP to $15.9M covering 23 projects submitted by 16 FSL Cluster partners.

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. Among them, 1.3 million people received in-kind food assistance and 78,000 cash based assistance in rural zones, while the remaining 132,000 received cash based support in urban areas. Concurrently, a total of 172,000 people were supported with agriculture and livelihoods assistance. This include 75,000 people who received crop and livestock inputs, 60,000 people supported with extension and advisory services to manage crop pests and livestock diseases, 37,000 assisted with critical assets rehabilitation.

- In July, the Food Security Cluster partners reported to reach over 150,000 people with either in-kind food distribution, cash or vouchers modality in both rural and urban areas.
- Winter cropping season started in May and according to the Ministry of Agriculture by end of June 2020, the area planted to winter wheat was recorded as 37,708Ha. The early planted wheat crop was reported to be at late vegetative (stem elongation) stages. The late planted crop was at early vegetative (tilling stages). The wheat crop condition was reported to be ranging from fair to good in all provinces.
- The African Migratory Locust (AML) has spread from its traditional breeding areas in Botswana into new areas. Mid-June 2020, AML swarms and hoppers infested two sites in the Chiredzi district where winter cropping is also practiced. The government mounted ground level spraying to contain the pest. Swarms that escaped from the control operations in Chiredzi area headed into Manicaland province. The growing number of AML hotspots are a potential threat to food and nutrition security and livelihoods for millions of vulnerable households in the affected countries, as such FAO is monitoring the situation closely and is preparing a multi country response with collaboration of SADC and The International Red Locust Control Organization for Central and Southern Africa (IRLCO-CSA).

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.
- Maize grain availability remains poor due to a combination of factors including the poor 2019/2020 harvest, lack of foreign currency to import adequate maize grain quantities and slow movement of trade due to COVID-19 pandemic and restrictive measures to contain the spread of the disease. As of June 2020, with maize grain prices recorded the highest percentage increase of 122 per cent, a good indicator of supply shortages. These price increases are against a backdrop of decreasing income due to the COVID-19 pandemic and economic challenges.

CLUSTER STATUS (24 Jul 2020)

Health

3M
people targeted

926
COVID-19 cases (as of 9 July)

Needs

- As of 22 July, Zimbabwe reported 2,034 confirmed COVID-19 cases (vs 926 two weeks earlier, 530 four weeks earlier and 287 six weeks earlier), including 26 deaths (vs 12 deaths two weeks earlier and six deaths four weeks earlier) since the onset of the outbreak. Six provinces account for 90 per cent of cases in Zimbabwe. The

exponential increase in cases in last 3 weeks is associated with a steep increase in number of locally acquired cases. The proportion of PCR tests that are positive is also rising steadily and is now at 12 per cent (WHO recommends that the proportion of positive PCR test should be less than 5 per cent).

- No new suspected typhoid cases and no deaths were reported during the week ending on 12 July, after still 24 new suspected typhoid cases were reported during the week ending 26 June from West South West District in Harare Province and Mpilo Hospital in Bulawayo Province. So far in 2020, 695 typhoid cases and 10 deaths have been recorded (vs 680 cases and four deaths as of 26 June).
- 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 (1)Public Health priorities including enhancement of surveillance and testing in hotspot districts with highest infection, strengthening the isolation of confirmed cases, reinforcement of lock-down in areas with highest transmission (Bulawayo, Harare), and strengthening of quarantine of all returnees; (2) Multi-sectoral priorities with support for the most vulnerable (food, cash transfers, WASH); (3) COVID-19 resources tracking with GoZ COVID-19 response resources to be posted on a World Bank supported tracking platform/dashboard; (4) Support to health workers with ongoing negotiations to resolve ongoing nurses industrial action.
- During an Epi-Surveillance Workshop on Improvement of Data and Information Management for COVID-19 in Zimbabwe, in Bulawayo on 8-10 July, with participants from MOHCC at the national level, 10 Provincial Epidemiological teams supported by CDC, WB implementing partners and WHO, surveillance, data and information management were strengthened after a review of surveillance performance and identification of priorities to address gaps and resulting in a consensus on updated tools, time-lines and target indicators
- Case management and infection prevention and control at health facilities was strengthened with (1) 23/132 (17 per cent) ICU beds reportedly ready to receive severe-critically ill COVID-19 patients; 45/228 (20 per cent) High Dependency Unit (HDU) reportedly ready to receive moderate ill COVID-19 patients; (3) Finalization of health facility

assessment and on-the-job mentoring tools; and (4) Ongoing assessments identifying gaps in screening, triage, use of PPE and priority recommendations to address the gaps.

- 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. In addition to the previously announced lockdown regulations, on 21 July the Government of Zimbabwe introduced extra measures including: curfew from 6pm to 6am for all but essential services effective 22 July; Official business operating hours from 8am to 3pm with the exception of providers of essential services; Inter-city/town public transport and inessential transport to all rural areas remaining banned.

Gaps

- Factors contributing to the increasing transmission in Zimbabwe include gaps in (1) quarantine of returnees; (2) Isolation of confirmed cases; Contact tracing with less than 80 per cent of local cases being known contacts of confirmed cases between 13 and 20 July; and (4) Infection Prevention and Control in health facilities and crowded facilities including prisons.
- 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.
- Priorities include: (1) Strengthening of the Public Health response through the timely appointment to MOHCC leadership positions and resolution of the health worker crisis; (2) Enhancement of capacities at the operational level, including strengthening of coordination and partnership at provincial level and in highest risk districts; and (3) Implementation of recommendations of recent surveillance reviews, IPC assessments, Knowledge Attitudes and Practices (KAP) survey; (3) Delivery of essential health services with health worker occupational health and safety and rationale use of PPE; and (4) Addressing resource gaps for PPE, test kits, clinical equipment, food, follow up on transparency and accountability; and address gaps in operational support for activities at district and community level.

CLUSTER STATUS (24 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 in June. As per routine data, 831 pellagra cases were recorded between January to May 2020, the double compared to the 400 cases over the same period last year. Following increases from 86 pellagra cases in March to 141 cases in April and 220 in May, 230 cases were reported for June 2020. The numbers of pellagra cases are likely to continue 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 weeks of July 2020, 106,620 children were screened for acute malnutrition with 90 per cent of the children being screened at community level in 25 nutrition priority districts. Of those screened in the first week of July, 67 were admitted for treatment of moderate acute malnutrition (MAM) and 51 were admitted for treatment of severe acute malnutrition (SAM). Nationally, 9,863 children were admitted for treatment of SAM between January and June 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 and 1297 admissions in June compared to 1,168 the previous month of April, with the reporting rate still at 88.2 per cent and data for June still not complete. 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 5,160 village health workers were trained on active screening and 1,135 health-care workers on integrated management of acute malnutrition (IMAM) in April, May and June 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 the first week of July 2020, 61,112 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 519,701 children from 6-59 months (52 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 and June however, a continuous improvement was noticed with 85,947 children having received Vitamin A in May and 88,579 children in June. 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.
- The ZIMVAC 2020 seasonal assessment commenced on 10 July with the 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 that will be completed on 21 July 2020.
- 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, (i.e., children under 5 and Pregnant and Lactating Women). The Preventive rations will be discontinued from July 2020 until next lean season.
- WFP, UNFPA, UNICEF delivering as one in collaborations with MoH and GOAL has conducted a documentation exercise on the nutrition interventions delivered at the Food Distribution Point in Mutare.

↔ 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 (24 Jul 2020)

Protection (Child Protection)

422K
people targeted

35,339
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.
- Frontline workers in quarantine facilities (including social workers, nurses, doctors, ambulance drivers, and others) are experiencing stress during the COVID-19 outbreak due to higher demands in the work setting, including long work hours, increased returnee numbers, fear that frontline workers will pass COVID-19 to their family members as a result of their work.
- Quarantine measures have placed new stressors on parents and caregiversas a result of children's prolonged stay at home due to school closure and loss of livelihood due to COVID-19 induced economic challenges.

Response

- Since January 2020, 31,947 children, including 3,392 children with disabilities (45 per cent boys and 55 per cent girls) have benefitted from structured child protection and psychosocial support (PSS) activities. Child Protection Society (CPS) working with the Ministry of Public Service, Labour and Social Welfare (MoPSLSW) has provided tracing and reunification services to 443 unaccompanied and separated children (UASC) with 167 children who were previously living on the streets and 130 children referred by Department of Social Welfare (DSW) from quarantine facilities at the borders being reunified. During the reporting period, nine cases of unaccompanied minors (six male and three female) were followed up in Chipinge. These cases involved eight children returnees from South Africa and one from Mozambique who were successfully reunified with their caregivers.
- 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 653 cases reported through the child helpline 45 per cent were GBV and Violence Against Children (VAC) cases involving girls. Physical abuse was the major form of abuse constituting 28 per cent of the cases followed by sexual abuse which constituted 26 per cent of the cases reported. Children have also been enquiring about the reopening of schools and are expressing fear of contracting COVID-19 when they go back to school.
- 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.
- To address the needs of frontline workers working in quarantine facilities a two-day training focusing on PSS, Psychosocial First Aid (PFA), PSEA, self-care and stress management for Mudzi District quarantine staff began on 15 July and included 5 social workers,12 police, 4 MoHCC, 7 general hands and 2 from the MOPSLW provincial office. This is the first among a series of trainings that will be conducted at district level targeting frontline workers working in quarantine facilities.
- To address the challenges that parents and caregivers are facing during COVID-19,4 radio programmes which are part of the, "Live Well: Parenting in COVID -19 Series" were aired on SKYZMETRO FM at 11:30 a.m. The radio sessions are aimed at dissemination of positive parenting messaging to foster child protection and resilience in the face of COVID-19 which include interactive sessions with live call ins and WhatsApp messaging. The radio broadcasts covered topics on parenting in difficult circumstances, mental health and psychosocial support for adolescents amidst COVID -19, how parents can support their children to cope with stressors caused by the COVID-19 and the effects of gender based violence on children especially adolescents aired on 7, 9, 14 and 16 July respectively.

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.
- 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.
- Child protection has only received 8 per cent funding of the total $9.6 million that is required. Without this funding, partners continue to face challenges in ensuring the mental health and well-being of all frontline workers.This includes access mental health and psychosocial care, addressing stigma, additional transport support for the Department of Social Welfare (DSW) and child protection partners to facilitate the movement of clients and procurement of adequate PPE to ensure COVID-19 prevention measures are adhered to when conducting home visits for critical cases that cannot be followed up remotely. While partners acknowledge the need to fill this gap the lack of resources remains a limiting factor.

CLUSTER STATUS (24 Jul 2020)

Protection (Gender-based Violence)

845K **78,787**

people targeted

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 3,238 GBV calls from the beginning of the lockdown on 30 March until 15 July (1,312 in April, 915 in May 2020, 776 in June and 235 from 1 July to 15 July), 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. While a reduced number of reported cases is recorded through the hotline in June and July compared with April and March, this does not imply a reduction of GBV. Reporting to static and mobile services has in parallel increased due to the loosening of movement restrictions, and to the enhanced capacity of service providers, thanks to the increased availability of PPE and IPC supplies.
- 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. Instances of retaliation against community members who report illegal migration have been recorded. 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 of Matabeleland provinces. The Need for continuous sensitization of Security personnel deployed at roadblocks on freedom of movement of GBV staff and survivors remains critical.
- Reduced public transport availability remains a challenge in urban, peri-urban and rural areas for survivors of GBV to access timey multi-sectoral services.
- 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.
- The indirect GBV risks generated by the socio-economic impact of COVID-19 IPC are compounded by the new monetary policy measures, as in some districts shops and service providers are requesting hard currency payments and the inability to use the mobile transactions modalities generates increased risks of resorting to transactional sex.
- 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.

Response

- Since 1 January 2020, the GBV sub-cluster partners have assisted 92,221 individuals (37,518 male, 54,703 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, 7,518 women and girls were reached with community-based PSS interventions, including at W/G safe spaces, and 5,977 GBV survivors (4,591 female, 1,386 male) were assisted with multi-sectoral GBV services, through 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 continue to coordinate their efforts with the 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. GBV community surveillance and mobile service providers have also strengthened their presence in illegal mining areas, contributing to increased availability of safety nets, complaints mechanisms and timely referrals to GBV services in critical hotspots.
- Alternative transport fees support to survivors, including those with disabilities and their caregivers, also continues to facilitate access to services (151 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.
- Digital messages on GBV during COVID-19 continue to be disseminated through social media and radio (the Let's talk GBV radio programme is airing every Saturday at 11 AM live on ZTN and social media platforms), 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 collaborate 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 Trainings, scheduled from next week at district level.

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 (24 Jul 2020)

Water, Sanitation and Hygiene (WASH)

2.7M
people targeted

1.7M
people reached

Needs

- Over 7.3 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, partners are targeting more than 4 million people across rural (77 per cent) and urban (23 per cent) areas, while the HRP COVID-19 Addendum targets an additional 2.1 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.
- According to the Zimbabwe National Water Authority (ZINWA) the national dam level average has dropped to below 50 per cent being at 46.4 per cent as at 13 July, 2020 – the average levels for this time of year are 68.8 per cent. ZINWA has appealed for people to use the available water efficiently and sparingly. These shortages also affect hydropower generation, which in turn affects urban water supply and treatment and causing 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 with over 1,800 cases and 13 deaths, along with a typhoid outbreak in Harare, with 695 cases and 10 deaths as of 12 July.
- According to recent assessments of quarantine centres undertaken by IOM and WHO, 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. According to RWIMS, 44 per cent of rural health facilities do not have functioning incinerators, while 3.5 per cent have no functioning toilets and 12 per cent have no handwashing facilities.
- With schools due to reopen on 28 July, 165 schools across 10 provinces have been prioritized as needing new boreholes by the MoPSE. According to RWIMS, 53 per cent have schools have no existing handwashing facilities and 21 per cent of schools have no safe sanitation facilities.

Response

- Since 2 July, HRP partners have reached 14,465 people with access to safe water and 322,954 people have received sanitation and hygiene messages. It should be noted that these WASH activities will also contribute to preventing the spread of COVID-19.
- Since 2 July, HRP COVID-19 partners have reached 108,702 people with sanitation and hygiene messaging and 8,942 people have been assisted with hygiene items.
- Since 2 July, the Government and partners outside of the HRP have drilled 5 boreholes in 3 provinces for an estimated 1,250 persons (2 in Matabeleland South, 1 in Matabeleland North and 2 in Bulawayo); and rehabilitated 123 boreholes in 5 provinces for as estimated 30,750 people (26 in Mashonaland Central, 29 in Matabeleland South, 24 in Manicaland, 35 in Matabeleland North and 9 in Bulawayo); and rehabilitated 1 piped water systems in Matabeleland South. Water trucking is ongoing with over 2 million more litres provided during the last two week (total 7.3 million litres) trucked across 7provinces of Mashonaland Central (33,000), Matabeleland South (415,000), Mashonaland West (45,000), Matabeleland North (95,000), Manicaland (706,000), Harare (430,015) and Bulawayo (5,601,000).
- Since 2 July, a total of 1,601 handwashing stations have been established for an estimated 96,060 people in, Mashonaland East (1,527), Manicaland (74) to reduce the transmission of COVID-19 in markets, public spaces, in communities and at boreholes.

- In response to the diarrhoeal disease outbreak in Bulawayo a total of 1,000 hygiene kits have now been distributed and eight high density boreholes rehabilitated while door to door health education through Rapid Response Teams is being conducted with residents being advised to boil their water before drinking.
- In the previous two weeks, WASH assessments of new quarantine centres have been completed in Mashonaland East, Mashonaland Central, Mashonaland West, Bulawayo and Matabeleland North and 57 Quarantine Centres have now been assessed.

Gaps

- There has been no change in funding, with only 3 per cent ($1.8 million) of the funding for the WASH Cluster's HRP and 8 per cent ($800,000) of the COVID-19 requirements have been secured, leaving significant gaps across all areas of the WASH response.
- Although 2.1 million people have been reached so far in 2020, this is predominately through mass media hygiene campaigns, 1.4 million of the people reached are in just three areas; Harare (850,000 people reached), Mutare (399,000 people reached) and Mutare Urban (147,000 people reached). Over 4 million people in 51 out of the 85 districts targeted have not received essential messaging for COVID-19 along with other key public health risks.
- Excluding hygiene promotion activities, only 385,000 people have been reached.
- 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 12 of the 35 targeted districts (34 per cent) with limited responses.
- 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 have been reached in just two districts.
- 268 health care facilities require support with institutional hygiene kits including soap, cleaning materials and disinfectants as well as PPE.
- 165 schools require new water sources while 785 schools need institutional hygiene kits before reopening in July.
- 60 Quarantine Centres require essential WASH hygiene items and 22 need support with access to safe water.
- 172,000 hygiene kits are required for more than 800,000 of the most vulnerable people. 54 Districts have not yet received support.
- More than 2,000,000 people are still to be reached with access to safe water. 21 Districts have received no support at all.
- 3,579 planned handwashing facilities for public places and institutions have yet to be constructed and 30 Districts are yet to receive any form of support to improve hand-hygiene.
- In Bulawayo only 25 from a required 42 loads of water trucking are required per day and four additional bowsers are required to cover the gaps due to a lack of access to water.
- The identification of Quarantine Centres still remains a challenge. Although WASH partners have assessed 57 Quarantine Centres, there still remain 39 potential centres unassessed while partners wait for a definitive list of all Quarantine Centres.
- Social distancing remains a very challenge in both rural and urban areas, which partners have been unable to address through Risk Communication and Community Engagement activities.
- 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 (24 Jul 2020)

Migrants/Returnees

10,808
returned migrants (as of 7 July)

Needs

- As of 22 July, a total of 12,650 migrants (vs 10,808 migrants on 7 July), including 6,943 men, 5,450 women and 257 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 (6,629), Plumtree (2,741), Harare International airport (1,937) 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.
- The number of people quarantined remained stable with 1,481 individuals on 17 July in comparison with 1,297 individuals on 7 July, after a significant decrease from 2,136 on 22 June, quarantined in Zimbabwe in 44 centres operated by government, including 747 men, 623 women, 54 girls and 57 boys (vs 708 men, 494 women, 48 girls and 47 boys on 7 July). The large majority of returnees were quarantined in Harare (335 vs 261 on 7 July), Matabeleland South (239 vs 273), Bulawayo (169 vs 160), Masvingo (174 vs 153), Mashonaland West (132 vs 115) and Manicaland (146 vs 130). Harare is the province with more quantity of arrivals and has functioning 12 quarantine facilities. The number of returnees quarantined had decreased earlier from 2,644 returnees on 9 June, and 2,979 two weeks earlier) in 60 centres in 10 provinces.
- With the number of COVID-19 cases South Africa increasing at an alarming rate, and corresponding increases in Bulawayo and surrounding districts, there is a need for increased cross-border engagement and collaboration of the Ministry of Foreign Affairs with neighbouring countries Botswana and South Africa, to test returnees before return and avoid returning people infected by COVID-19 in holding facilities.
- There is a need to operationalize the planned community isolation centers.

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 continue to coordinate 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. In addition, there is need to step up RCCE in the quarantine centres to raise awareness and disseminate key messages to staff and returnees in order to mitigate risk of COVID-19 transmission amongst the two groups.
- 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 (24 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

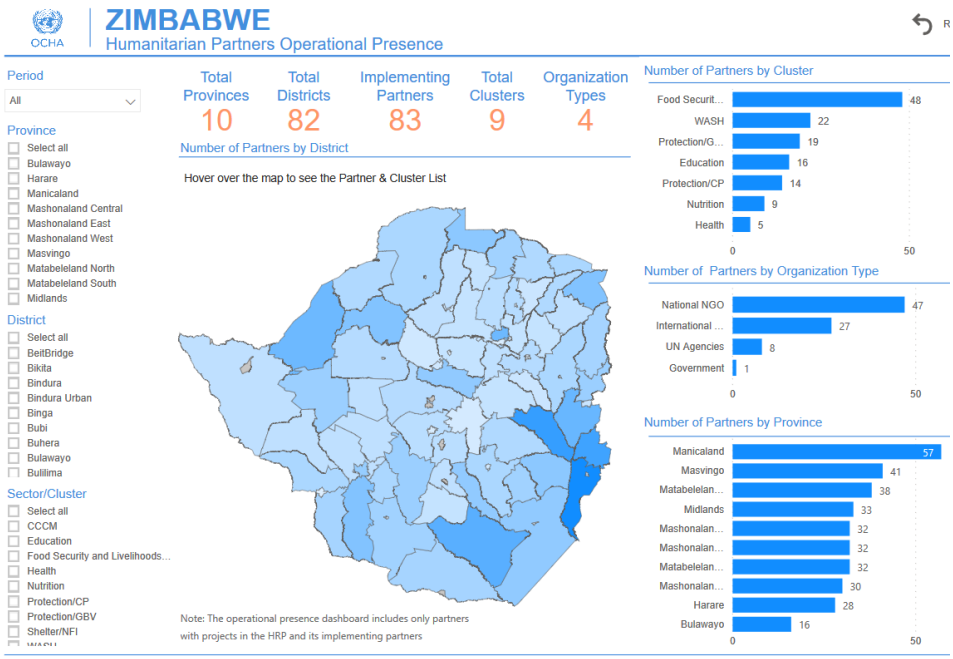
- A Standing Cabinet Committee, under the stewardship of the Minister for Local Government and Public Works, is tasked with overseeing the Government's response efforts and coordinates with the humanitarian partners through the office of the UN Resident Coordinator. At the technical and operational level, 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 bi-weekly high level coordination meetings on Tuesdays in the Emergency Operations Centre and operational inter-pillar coordination meetings on Wednesdays. In June 2020 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 17 July, a COVID-19 Addendum to the Zimbabwe Humanitarian Response Plan (HRP) was revised and updated integrating a multisectoral migrant returnees response, requiring $85 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 May July updates of the 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 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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