

### HIGHLIGHTS (5 Sep 2020)

- As of 3 September, 6,678 COVID-19 cases and 206 deaths were confirmed, with 85 per cent in the five provinces of Harare, Bulawayo, Matabeleland South, Midlands and Manicaland.
- From 1 April to 31 August, 17,732 Zimbabwean migrants returned from neighbouring countries, with over 989 returnees still being quarantined.
- WFP projects that food insecure people will rise to 3.3 million from 2.2 million in urban areas, and to 5.3 million from 3.7 million in rural areas from October to December 2020.
- Access to essential health services has decreased due to insufficient health workers, health workers in isolation/quarantine, insufficient PPE, and user fees in health facilities.



IOM staff conducts a shelter assessment in Chimanimani District. Credit: IOM

### KEY FIGURES

**7M**

people in need

**5.6M**

people targeted

**47**

partners operational

### FUNDING (2020)

**\$800.8M**

Required

**\$152.6M**

Received



**19%**

Progress

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

### CONTACTS

#### Wouter De Cuyper

Humanitarian Affairs Officer, Zimbabwe  
[decuyper@un.org](mailto:decuyper@un.org)

#### Guiomar Pau Sole

Head of Communications & Information Management, Regional Office for Southern & Eastern Africa  
[pausole@un.org](mailto:pausole@un.org)

### BACKGROUND (5 Sep 2020)

#### Situation Overview

The United Nations and humanitarian partners revised the Humanitarian Response Plan (HRP) in 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. WFP projections indicate that the number of food insecure Zimbabweans is likely to increase by almost 50 per cent by the end of 2020. About 8.6 million people, including 5.3 million people in rural areas and 3.3 million people in urban areas, or 60 per cent of the population is expected to be food insecure due to the combined effects of drought, economic recession and the COVID-19 pandemic.

Nutritional needs remain high with over 1.1 million children and women requiring nutrition assistance. Child malnutrition, including acute malnutrition or wasting, is also expected to increase due to steep declines in household incomes, changes in the availability and affordability of nutritious foods, and interruptions to health, nutrition, and social protection services. The impact of COVID-19 is likely to result in at least an additional 15,000 children being wasted, in addition to the 100,000 children expected to be wasted this year. In addition, numbers of pellagra cases are likely to continue to increase as food insecurity in the country deepens and household income for accessing diversified diets continues to be depleted by the impact of COVID-19 lockdown and economic crisis.

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 3 September 2020, Zimbabwe reported 6,678 confirmed COVID-19 cases (vs 4,339 on 5 August; 926 on 9 July; and 287 on 10 June), including 206 deaths (vs 84 deaths on 5 August; 12 deaths on 9 July and 4 deaths on 10 June) since the onset of the outbreak. The five provinces Harare, Bulawayo, Matabeleland South, Midlands and Manicaland account for 85 per cent of all confirmed COVID-19 cases in Zimbabwe. Harare has the highest percentage of national cases (40 per cent) followed by Bulawayo (21 per cent) and Matabeleland South (10 per cent).

In order to strengthen the National COVID-19 response, the Government Cabinet decided on 18 August that a Technical Steering Committee with experts from all the sectors involved in the response will be constituted, and that the COVID-19 response is to be merged into a single response plan comprising the Command Centre, Office of the COVID-19 Chief Coordinator and Ministry of Health and Child Care. In addition to previously announced lockdown regulations, the postponement of the planned reopening of schools on 28 July and extra measures on 21 July, the Government Cabinet directed on 18 August that: business hours which were ending at 3 p.m. be revisited to end at 4:30 p.m. and the curfew to start at 8 p.m. instead of 6 p.m.; public transport drivers have to undergo regular COVID-19 PCR tests; and public transport buses will be allowed a dedicated lane at roadblocks to expedite their passage.



A total of 17,732 migrants have returned to Zimbabwe from neighbouring countries as of 31 August, with the large majority of returnees arriving through the three points of entry of Beitbridge border post, Plumtree and Harare International airport. 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. Further, 989 returnees were still quarantined in government operated centres on 30 August, with the large majority of returnees quarantined in the four provinces of Harare, Matabeleland South, Manicaland and Masvingo.

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 \$18 million from the United States, \$14 million from the European Commission, \$7.2 from the United Kingdom, and \$200,000 from Canada. In addition, carryover funding of agencies from 2019 will be reflected in FTS.

### CLUSTER STATUS (5 Sep 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.
- Tent conditions that have deteriorated with some worn out exposing IDPs to health risk. Food availability and accessibility remains a major challenge across all the three camps and with COVID-19 as IDP's movement restrictions, livelihood activities have been seriously affected reliable sources of revenue.
- There is an urgent need to support IDPs with livelihood activities, to be able to have a sustainable income.
- Water access is a major concern since WASH facilities are deteriorating in the camps and surrounding communities.
- IDPs in camps are facing water and livestock challenges, with cattle destroying sanitation facilities whilst goats feed on vegetables gardens.
- Protection issues are on the raise, there is a need to assist with Mental Health and Psychosocial Support (MHPSS) as well as to review the welfare issue of IDPs.
- 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.
- Since the beginning of lockdown, Chipingue and Chimanimani District are the among the high migrant/ returnee receiving districts, with 11 active cases in the district and at least one positive case in one on the camps. There is a need to reinforce hygiene practice and health promotion in the camps to avoid the spread of the disease.
- 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.
- 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 Vumba. Providing technical capacity to the Government, IOM is supporting the relocation process and assist with camp coordination and camp management ensuring that IDPs have access to basic services. The operationalization of the relocation plan is ongoing, with IOM supporting the Government to start constructions and ensure the relocation of IDPs before the next rainy season.
- Free medical services are provided by WHO in Aboretum, Nyamatanda and Garikai IDP camps, and Kopa the informal camp, with routine exercises by a health team constituting of 1 doctor, 2 nurses, 1 pharmacist, 1 laboratory technician and 1 environmental health technician.
- Miracle Mission distributed food hampers to 497 IDP households. The Ministry of Women Affairs supported three groups of IDPs living in camps with income generating projects of poultry and sewing machines at Aboretum and Nyamatanda IDP camps. IDPs in the camps are venturing in various income generating activities (IGAs) such as poultry, rabbitry, gardening, petty trading among other activities to cope with the economic challenges.
- IOM held meetings with the IDP committee members from Aboretum, Nyamatanda and Garikai, to discuss needs and gaps in the assistance and ensure regular communication with Government authorities.
- 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).

### ↔ 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.
- 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 there are now COVID-19 positive cases within the camps and 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.

## CLUSTER STATUS (5 Sep 2020)



### Education

853K

children targeted

359,764

people reached under COVID-19 response



## Needs

- The education system in Zimbabwe was already stretched before the COVID-19 pandemic as a result of multiple crises, including the impact of Cyclone Idai last year, the economic crisis coupled with hyperinflation and the ongoing drought. Before the onset of the COVID-19 epidemic, estimates by the Education Cluster were that of the more than 3.4 million children of school going age (3 to 12 years), at least 1.2 million (35 per cent), would need emergency and specialized education services in 2020. This includes more than 853,000 children in acute need, such as: children not enrolled in school; orphans and other vulnerable children (OCV), including children with disabilities and children living with HIV; and those in need of school feeding.
- The combined effect of the humanitarian crisis and the COVID-19 pandemic is 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 wellbeing of children as well as their readiness for school, attendance and participation in learning.
- While the Ministry of Primary and Secondary Education (MoPSE) successfully conducted June national examinations for Forms 4 and Form 6 from June 30, 2020 to July 23, 2020, the planned reopening of schools, which was tentatively scheduled for 28 July 2020, was postponed indefinitely. By now, children have missed a whole school term (about 92 days) of teaching and learning, with serious implications for the well-being of children and their academic growth.
- 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. School closures have the potential to widen learning disparities and increase the risk of some learners permanently dropping out of school.
- While the MoPSE is prioritizing the health and well-being of learners, teachers, staff and school communities, the COVID-19 pandemic has disrupted both the health and economic systems. 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. Ensuring that all the pre-conditions for the safe re-opening of schools, including infection prevention and control measures, the provision of hygiene facilities and personal protective equipment (PPE), as well as adherence to physical spacing, and social distancing considerations in a context of increasing cases loads and a fragile economic context also represents significant risks. Without a well-resourced education and health systems, reopening schools remains a significant challenge. At the same time, protecting the right of every child to learn has never been more urgent.
- The cluster is targeting 3.5 million learners at ECD to secondary school level through prioritization of activities.

## Response

- As of end of July 2020, a total of 77,038 people have benefited from various activities implemented by the cluster partners as part of the Humanitarian Response Planning 2020.
- A total of 359,764 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 July 2020. Additionally, through support from different partners the following activities are currently ongoing at field level as parts of the efforts to combat the COVID-19 pandemic:



- A recently concluded programme through support from Education Cannot Wait (ECW) funding has been able to benefit 17,840 learners in Epworth and Chitungwiza districts covering 40 schools while supporting 200 community teacher facilitators within the 2 districts.
- Continued support is provided to MoPSE through technical and financial support toward the development and broadcasting of radio lessons through ZBC and community radio stations. To date, 409 primary level radio lessons have been developed; some of which have already been broadcast.
- MoPSE has received further support in the form of development of 54 Guidance and Counselling (G&C) radio lessons for primary school level. Airing of the lessons started on 27 July and will be continue for a period of 9 weeks. To date, a total of 21 lessons have been aired while discussion on translating the G&C lessons into indigenous languages as well as coverage for the secondary school sector are underway.
- A total of 38,500 COVID-19 awareness raising posters (1 on how to wear a face mask and 2 on correct handwashing) for primary and secondary schools are in the process of being printed and distributed to the 20 focus districts where one of the cluster partners is carrying out its projects.
- A Rapid Needs Assessments was facilitated for 5 extensively storm damaged schools in Matobo District. Some of the schools are set for rehabilitation while the others will receive temporary learning spaces ultimately providing a conducive learning environment for 755 learners.
- In view of continuous programme quality enhancement, training was facilitated for 88 NFE buddies supporting mentoring of community volunteers who deliver Accelerating Learning Programs to OoS adolescent girls in Mutare; Mutasa; Chimanimani; Mutoko; Epworth; Bulilima; Imbizo; Reigate; Khami; Harare South and Hatcliffe districts.
- 11,000 washable cloth face masks were produced with COVID message "Mask Up- COVID-19 is real" for distribution to vulnerable school children and School Health Coordinators once schools reopen.
- Cluster partners have supported MoPSE with provision of personal protective equipment to learners in 965 partner secondary schools in 29 rural districts. Additionally, these learners have been supported with food packages as well as linking them to social safety nets.
- A survey was conducted on access to virtual learning platforms including radio lessons for the support provided to 14,550 OVC supported with Education access packages across 6 districts in Buhera, Chipinge, Makoni, Mutare, Mutasa in Manicaland Province and Gutu in Masvingo Province. Apart from poor connectivity in some areas, it was established that 7,072 (48.6 per cent) of them have no access to requisite virtual learning gadgets including radios and the organization is working on modalities on how these can be supported further to enhance learning.

## Gaps

- **Inadequate Funding** to address the educational and protection needs induced by COVID-19: Despite numerous efforts, funding remains a challenge in the fight against COVID-19. To date, the cluster has only received 8 per cent of its funding requests to address to prioritized critical needs the provision of teaching and learning materials to ensure the continuous learning and prepare for the reopening of schools.
- **Reduced mobility and access to technology for remote working:** The Government, through the Public Service Commission (PSC) directed that only 15 percent must be at their workstations in Ministries. This directive, together with the lockdown regulations, which require all businesses to close at 3 PM, have reduced the availability of staff from both partners and Government, with adverse implications for the implementation of response activities. To add to the challenge, staff are facing resource and technical constraints such as lack of computers and poor connection to mobile networks to enable them to work remotely and respond to the needs of learners.



- *Unmet needs for marginalized learners:* While the Cluster has made significant progress in promoting continuous access to education, through the provision of materials and the development of radio lessons, the cluster has not been able to meet the learning needs of all children, especially children with disabilities, those living in the most remote areas without access to radio signals and children from poor households. These children continue to have unmet learning needs in part because of shortages of teaching and learning materials at home. To add to the challenge, the worsening food insecurity in most poor households represents a significant challenge, which has the potential to contribute to dropping out school.

## CLUSTER STATUS (5 Sep 2020)



### Food Security

**4.6M**

people targeted

**600K**

people received assistance in July



### 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, 1.5 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.
- COVID-19 containment measures, in particular lockdowns, have severe socio-economic consequences. It is expected that the drastic loss of livelihoods will trigger a sharp increase in food insecurity across the country. WFP internal analysis forecasts that food insecure people will rise to 3.3 million from 2.2 million in urban areas, and to 5.3 million from 3.7 million in rural areas from October to December 2020.
- According to the WFP Weekly Market Monitoring Report for the period from 24 to 29 August 2020, maize grain availability remained critically low and below typical conditions estimated available in 4 per cent of the markets monitored. Unrefined maize meal was available in 51 per cent of the markets. Meanwhile, refined maize meal was available in at least 95 per cent of the markets, selling at an average price of ZWL47.70/kg (10 per cent higher than unrefined maize meal). However, supply of unrefined maize meal is expected to improve in the coming weeks as commercial imports by government and the private sector start arriving in the country.

### → Response

- In August, the Food Security Cluster partners reported reaching over 650,000 people with either in-kind food distribution, cash or vouchers modality in both rural and urban areas.
- In July, 8 FSL Cluster partners added soap into their FSL activities, reaching 205,000 beneficiaries. Further, 12 partners now display COVID-19 IEC materials during their FSL interventions, reaching 439,000 beneficiaries. 9 partners have also included health and referral services available for 381,000 beneficiaries at intervention sites to adapt their activities to COVID-19.




- With the extensive spread of COVID-19 cases, WFP has been working to leverage and expand remote, real-time continuous food security monitoring systems. As such, WFP is starting the Mobile Vulnerability Analysis & Mapping (mVAM) during the week of 2 September in Zimbabwe. Through using mobile technology to remotely monitor household food security and nutrition, and food market-related trends in real-time, mVAM will provide high-frequency, gender-disaggregated and operationally relevant data that supports humanitarian decision-making.
- Zimbabwe's major Food Security Assessment, ZimVAC, data collection has been finalized and the final report is expected by mid-September.

### ↔ Gaps

- According to FTS, only \$100 million of the \$490.5 million (22.6 per cent) total requested budget for the HRP 2020 was committed as of 02 September 2020, with 92 per cent of the HRP 2020 COVID-19 Addendum budget contributed which significantly helps to adapt the FSL activities to COVID-19.

## CLUSTER STATUS (5 Sep 2020)

 **Health**  
**3M**  
people targeted

**5,745**  
COVID-19 cases (as of 20 August)

### 📋 Needs

- As of 3 September 2020, Zimbabwe reported 6,678 confirmed COVID-19 cases (vs 4,339 on 5 August; 926 on 9 July; and 287 on 10 June), including 206 deaths (vs 84 deaths on 5 August; 12 deaths on 9 July and 4 deaths on 10 June) since the onset of the outbreak. Of confirmed cases, 75 per cent are adults within the age range 21-50 years, with 45 per cent being female and 55 per cent male. After a decline in weekly incidence risk from 7.6 in week 31 (26 July-1 Augustus 2020) to 3.7 in week 33 (9-15 Augustus 2020), the weekly incidence risk increased to 4.4. in week 34 (16-22 Aug 2020). As of end of August 2020, the five provinces Harare, Bulawayo, Matabeleland South, Midlands and Manicaland account for 85 per cent of all confirmed COVID-19 cases in Zimbabwe.
- The main challenges relate to (1) health-care workers, including persistent industrial action by nurses, notice to strike by additional health worker cadres, and increasing number of health workers infected with COVID-19; (2) COVID-19 response, including delayed implementation of national decisions aimed at scaling up community surveillance, contact tracing and community-level isolation facilities, insufficient capacity for hospitalization of moderate-severe ill COVID-19 patients, and delayed placement of orders of essential supplies (lab kits, PPE) including where funding is already available; and (3) delivery of essential health services, with declining coverage of essential services as of end June 2020, and 26 districts out of 63 districts reporting routine immunization coverage with Penta 3 < 80 per cent.
- There has been a continued declining access and utilization of essential services including preventive, curative and rehabilitation services, with several provinces reporting decreased access to health services a result of insufficient health workers-industrial action, health workers in isolation/quarantine as a result of COVID-19 infection; insufficient



PPE; and the recent institution of user fees in facilities. Several health facilities particularly in urban areas request COVID-19 test results before they can attend to patients.

- A HIV update of 26 August indicated a 60 per cent reduction in the number of clients tested for HIV and received their results in Zimbabwe for March-April 2020 compared to the same period in 2019; The number of HIV ST kits distributed declined by 41 per cent during the COVID-19 lockdown era (March-April) compared to the similar period in 2019; 76 per cent reduction in number of VMMC services performed in the visited sites during the COVID-19 era due to closure of VMMC services in some provinces; 55 per cent reduction in STI clients tested for Syphilis during the COVID-19 lockdown era (Feb-April); The number of pregnant women booked for ANC visits declined by 37 per cent during the COVID-19 era compared to similar period in 2019; Number of newly diagnosed HIV patients declined by 51 per cent during the COVID-19 period (April-June 2020).
- 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

- Efforts to institute integrated outreach services are in a final stage to address some of the challenges related to the declining access and utilization of essential services, with MOHCC and the case management pillar finalizing plan for a rapid assessment to document the situation in the provinces.
- COVID-19 response capacities were scaled up including: (1) National COVID-19 Chief Coordinator overseeing the finalization of multi-sectoral response plan and efforts to strengthen the national COVID-19 response coordination platforms; (2) Laboratory testing: Average daily laboratory tests in week 34 (16-22 August) of 1,337 compared to previous week 33 which was 1,575; Proportion of PCR positive in week 34 was 8 per cent indicating an increase from week 33 which was 5 per cent; (3) Surveillance Performance: At least 80 per cent of alerts investigated in 24 hours were reported in 3 provinces (Bulawayo, Mashonaland East, Masvingo), with at least 80 per cent of all contacts monitored daily reported in the 3 provinces.
- As for case management, with insufficient health workers continuing to be a major challenge in terms of making the available renovated infrastructure and clinical equipment in designated HDU/ICU wards fully functional, 96 per cent of confirmed cases were isolated at home, with bed occupancy in isolation wards designated for mild-moderate cases (data as of 23 Aug 2020) including Matabeleland North 2 per cent; Bulawayo 13 per cent; Mashonaland East 10 per cent; and Mashonaland Central 60 per cent. Efforts to consolidate data from the private sector supported COVID-19 centres are ongoing, with inventory of all clinical equipment recently procured/donated including from private sector to support COVID-19 case management. In addition, IPC guidelines are being reviewed/updated to take into account updated global guidance and country-level context, with partners supporting integrated IPC/Case Management training at district level.
- National COVID-19 response continues to be strengthened: (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); (2) Multisectoral 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.



### ↔ Gaps

- The increase in local transmission is contributed by: delayed case detection due to gaps in surveillance, contact tracing and quarantine of contacts; gaps in isolation of confirmed cases; and sub-optimal implementation of infection prevention and control practices in health facilities, crowded institutions such as prisons, education facilities.
- Priorities include: (1) New MOHCC leadership/GOZ leadership: Advocacy efforts regarding health workers, logistics, PPE, transparency and accountability, remove barriers to access to care including requirement for COVID-19 testing; (2) Consistency quality of COVID-19 response: Support to pillars and front line responders to document factors contributing to performance of COVID-19 priority activities; Documentation and dissemination of best practices; (3) Laboratory testing: In-depth reviews to address the long delays in release of results; ensure continued attention on regular and reliable inventories and close follow up with supplies ordered but not yet received; (4) Essential health services: Support to timely implementation of proposed rapid assessment to get most updated data; support efforts to address health worker concerns on occupational safety and health

### CLUSTER STATUS (5 Sep 2020)



#### Nutrition

606K

people targeted

544,143

children screened in 25 districts in July



### Needs

- An estimated 95,000 children under age 5 are at risk of wasting. According to the February 2020 Zimbabwe Vulnerability Assessment Committee (ZIMVAC) rapid assessment, global acute malnutrition (GAM) prevalence has increased from the 3.6 per cent (ZimVAC rural 2019) to 3.7 per cent at national level with the drought prone provinces of Masvingo and Matabeleland North and South most affected.. The country has seen pockets of increased cases of malnutrition particularly in Epworth ,Gutu , Binga, Hwange and Mutare urban and rural districts. The hot spots remain a concern and are closely monitored. Of particular concern is an expected increase in child malnutrition, including wasting, due to steep declines in household incomes, changes in the availability and affordability of nutritious foods, and interruptions to health, nutrition, and social protection services resulting from the impact of the COVID-19 lockdown. According to recent global estimates, the current situation would lead to an additional 14,250 children being malnourished in Zimbabwe due to increased food insecurity.
- The nutrition status of children in Zimbabwe is further compounded by already existing 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, 1,258 pellagra cases were recorded between January to July 2020, which is double compared to the 667 cases over the same period last year (DHIS2, Aug 2020). Following increases from 88 pellagra cases in March to 141 cases in April, 224 in May and 248 in June, 169 cases were reported for July 2020. The numbers of pellagra cases are likely to continue to increase as food insecurity in the country deepens and household income for accessing diversified diets continues to be depleted by the impact of COVID-19 lockdown and 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 other vulnerable groups like the disabled. Already nationally 56 per cent of women consume less than five groups of recommended foods

## ➔ Response

- The Nutrition Cluster has recommended treatment of child wasting as the most critical life-saving intervention for the nutrition humanitarian response. Active screening of children under age 5 for wasting has continued in the current COVID-19 lockdown following adoption of family and mother led mid-upper arm circumference (MUAC) which aims at limiting the risk of infection by community health workers involved in screening and yet providing the much needed early identification and referral of children with wasting to health facilities to access treatment of acute malnutrition. In the first 2 weeks of August 2020, 233,688 children were screened for acute malnutrition with 88 per cent of the children being screened at community level in the 25 nutrition priority districts. Of the children screened in the first 2 weeks of August, 281 were admitted for treatment of moderate acute malnutrition (MAM) and 121 were admitted for treatment of severe acute malnutrition (SAM). Nationally, 11,697 children were admitted for treatment of SAM between January and July 2020. The decline in numbers of children admitted 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 of April. In June and July, the numbers of children admitted were 1,556 and 1,302 consecutively showing a similar trend to what was seen in the past 3 years which is experienced after the harvest season. The Nutrition Cluster is prioritizing the improvement of the quality of care provided in the Outpatient Therapeutic Programme (OTP) and inpatient stabilization centres owing to the continuous mentorship and capacity building of health workers.
- Approximately 5,175 village health workers were trained on active screening and this has resulted in increased admission and treatment of children with acute malnutrition. Additionally, 1,247 health-care workers have been trained on integrated management of acute malnutrition (IMAM) in April, May and June 2020 resulting in improved quality of care for malnourished children. Also, 217 lead mothers were trained on infant and young child feeding (IYCF) in Chiredzi increasing the number of community volunteers leading mother care groups. More health care workers and community health workers are still being capacitated to support the emergency response. The Pediatric Association of Zimbabwe (PAZ) is developing remote training materials aiming at strengthening the capacity of health workers and clinicians working in hard to reach areas through the e-learning platform.
- Promotion of appropriate IYCF and care practices in the context of the COVID-19 emergency is ongoing with support of nutrition partners, namely ADRA, GOAL, Save the Children, Nutrition Action Zimbabwe (NAZ), Organization for Public Health Interventions & Development (OPHID) and World Vision. In the first 2 weeks of August 2020, 133,580 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 640,445 children from 6-59 months (65 per cent of the cluster target on Vitamin A supplementation) for 2020. Vitamin A coverage had dropped by 50 per cent in April due to the disruption in services delivery following the COVID-19 lockdown which restricted movement of mothers and children and most were not able to go to health facilities for fear of COVID-19 infections. In May, June and July however with the relaxing of lockdown conditions, a continuous improvement was noticed with 97,067 children having received Vitamin A in June and 88,403 children in July. Vitamin A supplementation continues both at health facility and community levels through village health workers.
- The RapidPro SMS reporting, an innovation of UNICEF in conjunction with the MoHCC was initiated in April 2020 and is operational in 25 targeted districts and two acute malnutrition hotspots with districts reporting on weekly basis on seven high frequency nutrition indicators.



- Following, the ZIMVAC 2020 seasonal assessment, with field data collection across both urban and rural settings conducted during the period 10 to 21 July, with the aim of measuring food and nutrition security situation and the socio- economic impact of COVID-19. Data analysis and report writing will be completed by end of September and the report shared with all stakeholders.
- The Ministry of Health and Child Care, together with partners WFP, UNICEF, UNAIDS and ILO, continues strengthening integration and dissemination of health and nutrition messages to the general public using a coordinated approach.
- WFP in collaboration with UNICEF and MoHCC continued providing the emergency response for screening. The Preventive rations will be discontinued from July 2020 until next lean season.

### ↔ Gaps

- The 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 and partners continue to support capacity building.
- 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. The market demand for PPE is much more than the supply and UNICEF continues to follow-up on supplies ordered.
- 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. More MUAC tapes have been ordered. General lack of transport, travel and movement restrictions, fear of contracting COVID-19 infections, and prioritization of emergency life- saving interventions over routine critical nutrition services have increased the risk of eroding the gains made over the years.
- The 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, travel and movement restrictions, fear of contracting COVID-19 infections, 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 (5 Sep 2020)



#### Protection (Child Protection)

422K

people targeted

53,064

children reached w/psychosocial activities



## Needs

- There is stigmatization of families including children who have infected COVID-19 members once the rapid response team is sighted by community members at a household.
- Transportation challenges for clients to report and seek services, in addition to inaccessibility of health service due to strikes or infection of health care staff, are resulting in survivors of violence failing to access post rape care in health facilities as child protection partners need to contact private doctors to receive care for clients.
- There is a need for advocacy for waiver of access fees for children, adolescents and young mothers when accessing antiretroviral medication.
- There is limited access to justice for clients who need to attend court as they are turned back at roadblocks by security personnel despite the fact that they are producing the required court documentation that ought to facilitate their presence in court for the hearing of their cases including sexual violence and abuse cases (SGBV).
- The closure of the Registrar's General Office which currently has very few staff working has resulted in challenges and delays in the age determination for children in conflict with the law who do not have birth certificates who have to remain in detention until it can be confirmed that they are minors.
- Quarantine measures have placed new stressors on parents and caregivers as 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, 56,598 children, including 5,516 children with disabilities (45 per cent boys and 55 per cent girls) and children who have family members infected with COVID-19, 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 492 unaccompanied and separated children (UASC) with 167 children who were previously living on the streets and 198 children referred by Department of Social Welfare (DSW) from quarantine facilities at the borders being reunified. During the reporting period, tracing and reunification is ongoing for a total of 11 (4 male 7 female) children who are currently in quarantine facilities in Plumtree, Beitbridge, Bulawayo and Chipinge.
- 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 various topics on how parents can communicate effectively with their teenage children including addressing SGBV, aired on 18, 20, 25 and 27 August.
- Child protection partners continue to work towards ensuring that services are accessible to their clients despite the challenges including:
- Hiring minivans that are used to transport survivors of violence to ensure they have access to post rape care and for ongoing capacity building initiatives where training participants are provided with transportation in areas where public transport is not available,
- Increase in airtime for staff for continued provision of psychosocial support, remote follow ups and facilitation of case referrals and procurement of PPE.



- The MoPSLSW continues to provide support to Child Protection partners who are experiencing challenges at security roadblocks with letters at both Provincial and District level to facilitate the continuity of essential Child Protection and GBV services, including case management and provision of Mental and Psychosocial Support (MHPSS) for children and vulnerable communities and access to justice.
- To facilitate the release of children in detention who do not have birth certificates Magistrates are applying the Provision in the Criminal Procedure and Evidence Act that allows them to estimate the age of children which has facilitated court rulings and the eventual release of these children.

### ↔ Gaps

- 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.
- Due to the time take to get past security checkpoints child protection partner staff are getting late and sometimes only manage to get to court after the proceedings have been concluded which makes it impossible for them to provide the required support to clients including survivors of sexual violence and abuse cases (SGBV). Child Protection partners have reported the existence of unauthorized roadblocks being set up an issue that has been taken up by the MoPSLSW for discussion with the Zimbabwe Republic Police (ZRP) as it prevents continued delivery of essential Child Protection and GBV services.
- Service delivery is challenged by lack of adequate PPE as the crisis continues taking into consideration that CP services cannot always be delivered at 1.5 metre distance hence surgical masks and gowns are needed for first line responders. and increased anxiety among staff for fear of infection in a context of poor health care.
- Quarantine facilities, residential care centres and other places of safety where children who were previously living on the streets and children returning from Botswana and South Africa have been placed, lack the bare minimum of basic services to maintain adequate personal hygiene, recreation and services to care for them. In addition, there is a lack of non-food items with specific items to cater for the needs of infants in support of mothers with children under age 2 in quarantine facilities.
- 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, provision of recreational materials for use by children in quarantine facilities, addressing stigma, additional vehicles 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 (5 Sep 2020)



#### Protection (Gender-based Violence)

845K

people targeted

109,141

ppl reached w/GBV risk mitigation & resp.



## Needs

- Risks of gender-based violence 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 4,302 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, 753 in July, and 570 from 1 to 26 August), with an overall average increase of over 60 per cent compared to the pre-lockdown trends. About 94 per cent of the calls are from women. In July, an increase in psychological violence was recorded (55 per cent of total cases) as compared with previous months. Other dominant forms remain physical violence (22 per cent of total cases) followed by economic violence (15 per cent) and sexual violence (8 per cent). About 90 per cent of cases are intimate partner violence.
- Increased concerns of exposure to gender-based violence 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.
- Stigmatization at Points of entry as well as at quarantine facilities is increasing, as a result of the increased number of national cases and the resulting fear of infection in host communities. 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 within the new lockdown phase, movement restrictions are still faced by GBV survivors in some districts, where there are reports of harassment at roadblocks and requests for unnecessary passes for survivors trying to access essential GBV services. 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 timely multisectoral 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.
- Service providers have reported an increase on the number of GBV cases against adolescent girls, as well as exposure to increased negative coping mechanisms, such as child marriage, as one of the indirect consequences of the protracted closure of schools compounded by economic hardship and household income reduction. Increase in teenage pregnancies is also often identified among the consequences.
- The curfew measures continue to impact on the reduction of service availability, as multi-sectoral service providers have reduced timeframes in order to avoid security incidents for survivors moving after 6 PM. While the endorsement of the new curfew regulations (extended at 8 PM) was introduced on 17 August, this further generates uncertainties and fear among communities, and risks of decreased service uptake.
- Some GBV sub-cluster partners have reported increasing requests at roadblocks for COVID-19 negative testing proof as a prerequisite to allow mobility of service providers. There is need for clarity on the protocol of mandatory testing for essential service providers in order to ensure timely availability of life-saving GBV services.
- The legal sector is constrained in some districts, e.g. in Kotwa/ Mudzi district there is no resident magistrate and legal services are only available once a month. The closest alternative centre for rape cases legal assistance is the regional court in Murehwa, which is 130 km away from the growth point and further away from rural residents. These



challenges generate delays in cases management and discourages some survivors to report, as well as witnesses to support survivors of rape.

- The Health sector crisis continues to impact on accessibility of Clinical management of rape services. While mobile OSCs teams continue to receive constant support by dedicated nurses, the strike of health personnel in static facilities indirectly generates reduced capacity to assist rape victims with life-saving treatment.
- As a result of the compounded challenges (transport, curfew, reduced health personnel at static Health facilities) mobile Service providers are recording an increased demand, which they are counterbalancing through doubling the capacity of multi-sectoral staff on the ground, in order to ensure continuation of services for a larger number of survivors in hotspots.

### ➔ Response

- Since 1 January 2020, the GBV sub-cluster partners have assisted 105,475 individuals (40,908 male, 64,567 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, 7,171 women and girls were reached with community-based PSS interventions, including at W/G safe spaces, and 8,828 GBV survivors (6,902 female, 1,926 male) were assisted with multisectoral 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 at food distribution points, mining areas, water points, permitted community gatherings, 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.
- Access to data bundles and airtime for community facilitators engaged in GBV surveillance continued to be supported to ensure direct interaction with hotlines operators and continuous timely referrals.
- 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 Capital FM 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 Prophylaxis (PEP). On 21 August, as part of the World Humanitarian Day celebrations, a special Radio programme was dedicated to the GBV mobile OSC service delivery model, with dissemination of information among inter-cluster teams on GBV response integration and the use of the GBV pocket guide.
- The GBV Sub-cluster, under the overall technical guidance of UNFPA, continued to collaborate with IOM and the Points of Entry pillar to ensure the integration of GBV risk mitigation and response, and PSEA into the SOPs and training modules for the quarantine facilities staff trainings continued during the reporting period.

### ↔ 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 (5 Sep 2020)



#### Water, Sanitation and Hygiene (WASH)

2.7M

people targeted

2.3M

people reached

#### Needs

- Over 3.7 million people are in need of WASH support under the 2020 Humanitarian Response Plan, along with 7.3 million people in need, under the COVID-19 Addendum. Under the HRP, partners are targeting more than 4 million people across rural (77 per cent) and urban (23 per cent) areas, while under the COVID-19 Addendum, partners are targeting 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 as of 16 July was at 46.4 per cent, while the average levels for this time of year are usually 68.8 per cent. Dams that supply Bulawayo City are at just 25.6 per cent capacity and there is a deficit of 17 million litres of water per day for the city's residents. Plumtree Town council water source, Mangwe Dam that supplies more than 6,000 residents with water is drying up and its levels are at around 35 per cent). Flows in major rivers have significantly declined, with no flows in Runde, Gwayi and Mzingwane Rivers. 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.
- In Matabeleland South, Mashonaland East and West, Masvingo, Harare and Matabeleland South Province boreholes and shallow wells are reported to be drying up due to the ongoing drought. At the same time, the number of boreholes that are breaking down are increasing as communities lack funds and support to repair them.
- An outbreak of diarrhoeal disease is under control in Luveve, Bulawayo, with 2,005 cases and 12 deaths reported as of 24 Aug. The cumulative figures for typhoid as of 2 August are 700 cases and 10 deaths, while for diarrhoea the cumulative figures are 191,081 cases and 92 deaths, across all Provinces.
- With more than 6,000 cases of COVID-19 cases as of 24 August), there is an urgent need to ensure all HCFs have adequate WASH services and IPC measures in place. There is also an increasing risk that some WASH services may be discontinued where WASH Sector staff fall sick or undergo self-isolation/quarantine.
- Parirenyatwa, Chitungwiwa and Harare Hospital currently have no incinerators and the accumulation of medical waste poses a serious health hazard to the staff and patients of these facilities. A further five new incinerators are required by the Harare City Health Department, while five more need rehabilitating in order to manage the city's solid waste



effectively. 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.

- From an assessment 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. The identification of new quarantine centres has been challenging after schools used as quarantine centres were closed. In five provinces, 20 new centres have been identified but all require significant rehabilitation. Urgent attention is required to identify and address the specific WASH-related IPC needs in new and existing centres.
- A total of 165 schools across 10 provinces have been prioritized as needing new boreholes by the MoPSE. According to RWIMS, 53 per cent of schools have no existing handwashing facilities and 21 per cent of schools have no safe sanitation facilities.

## ➔ Response

- Since 13 August:
- HRP partners have reached 6,803 people with access to safe water and 300 people have received sanitation and hygiene messages. A total of 3,872 people have been assisted with hygiene items through the distribution of 1,315 hygiene kits. Since January 2020, 110 people have been reached with training, which includes Environmental Health Technicians, Village Pump Mechanics, Water Point Committee members, Local Community Leaders and HCF staff and 1,399 people reached through public and household toilet constructions.
- HRP COVID-19 partners have reached 7,500 people with access to safe water and 100 people with sanitation and hygiene messaging. Since January 2020, 483 people have been reached through urban toilet construction.
- The Government and partners outside of the HRP have drilled four boreholes in two provinces for an estimated 1000 persons (3 in Bulawayo and 1 in Manicaland ) and rehabilitated 66 boreholes in 3 provinces for an estimated 16,500 people (13 in Mashonaland Central, 45 in Matabeleland South and 8 in Bulawayo).
- Government and partners have also constructed a total of 1,727 handwashing stations in Mashonaland East and Bulawayo, for an estimated 8,635 people mainly at the household level.

## ↔ Gaps

- There has been no change in funding during the past two weeks for the WASH Cluster's HRP with only 3 per cent (\$1.8 million) of the funding being realized. For the COVID-19 response, funding remains at 13.6 per cent (\$983,086). Significant gaps across all areas of the WASH response remain due to the lack of funding.
- Although 2.3 million people have been reached with WASH activities under the HRP and COVID response, this is predominately through mass media hygiene campaigns, and 1.6 million of the people reached with hygiene are in just 5 Districts: Harare (889,000 people reached), Gweru (108,840), Chimanimani (107,777), Mutare (417,000) and Mutare Urban (147,000). Over 3.7 million people in 49 of the 85 targeted Districts have not received essential messaging for COVID-19 and other key public health risks.
- Excluding hygiene promotion activities, just 388,098 people have been reached with safe drinking water, 118,213 with hygiene kits and 114,493 with handwashing facilities. Under the HRP and COVID-19 response, just 16.7 per cent of the 2.3 million targeted with access to safe drinking water have been reached, leaving 1.9 million people in 20 of the 35 targeted Districts with no support at all.
- For hygiene kits under the HRP and COVID-19 response, just 12.6 per cent of the targeted 939,650 people have been reached and more than 164,000 hygiene kits are still required for 821,400 of the most vulnerable people. Just 19 out of 66 targeted Districts have received support with 47 Districts remaining.



- Only 10 per cent of the targeted health facilities have been reached in just 3 of the targeted 35 districts. 268 targeted health care facilities still have no identified partner to provide support with institutional hygiene kits including soap, cleaning materials disinfectants and PPE.
- 2,929 planned handwashing facilities for public places and institutions have yet to be constructed and 30 of the 36 Districts targeted are yet to receive any support to improve hand-hygiene.
- 165 schools require new water sources while 785 schools need institutional hygiene kits before reopening.
- The identification of quarantine centres still remains a challenge and 60 quarantine centres require essential WASH hygiene items while 22 need support with access to safe water. Social distancing remains a major challenge in both rural and urban areas, which partners have so far been unable to address through Risk Communication and Community Engagement activities.
- Waste management in quarantine centres and health care facilities remains a challenge due to a lack of waste disposal vehicles, fuel and incinerators.
- PPE equipment in health care facilities and quarantine centres is in short supply. Fuel shortages, particularly for government agencies, is affecting the WASH Sector's ability to implement activities across all Districts.

## SECTOR STATUS (5 Sep 2020)



### Migrants/Returnees

15,776

returned migrants (as of 19 August)



### Needs

- As of 31 August, a total of 17,732 migrants (vs 14,044 on 5 August, 10,808 on 7 July; and 6,892 on 9 June), including 9,868 men, 7,512 women and 352 children, have returned to Zimbabwe from neighbouring countries through ten main Points of Entry (PoEs), namely Beitbridge, Plumtree, Kazungula, Victoria Falls Land border, Victoria Falls airport, Chirundu, Forbes, Sango, Nyamapanda 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 three points of entry of Beitbridge border post (8,808), Plumtree (3,608), and Harare International airport (3,832). The number of reported returnees 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 30 August, 989 returnees (vs 1,457 on 18 August) were still quarantined in centres operated by government, including 655 men, 279 women, 28 girls and 27 boys. The large majority of returnees were quarantined in the four provinces of Harare (251), Matabeleland South (226), Manicaland (147) and Masvingo (126).
- There is a significant decrease of people in quarantine centres, since under new Government regulations the mandatory 7-day quarantine period for returning migrants is no longer applicable. Migrants testing positive remain in isolation centres while those testing negative are being quarantined at home. In addition, returning migrants already in



quarantine centres who were quarantined for a longer period than 14 days and do not present COVID-19 symptoms are been discharged.

- Community isolation centres are in the process of been identified following the increase of local transmissions, with communities struggling to isolate positive cases due to lack of housing space and capacity requiring support from the Government.
- With the number of COVID-19 local transmission increasing there is a need to reinforced surveillance, contact tracing and community hygiene practices and health promotion, specifically in border communities, that are more exposed to border jumpers or cross border traders using informal channels.

### → Response

- On arrival, returnees are screened, RDT tested and, if positive, transferred to provincial quarantine and isolation facilities nearest to their places of destination to be isolated, in order to avoid overcrowding of returnees and provide basic services. On 18 August, the Cabinet directed that migrants who are PCR negative on arrival will no longer be required to meet a 7 day mandatory quarantine period in Government facilities and allowed to self-quarantine at home with reviews conducted by the Rapid Response Teams in the locality.
- Through the POE Pillar, Government and UN agencies continue to coordinate the cascade of the training of trainers 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, particularly now that most will become isolation centres.
- IOM has set up an isolation facility within the Beitbridge border post, as well as Plumtree and Forbes border posts, for real time separation of COVID-19 symptomatic travellers during entry screening within the POE. The facility will provide temporary holding and management before transfer to designated isolation facilities within the district.

### ↔ Gaps

- There is a need for increased testing for front line workers at POEs and personnel within the quarantine isolation centres, as well as to reinforce security and surveillance to avoid the spread of the disease.
- Provision of livelihood support for the returnees after discharge from the quarantine facilities is increasingly needed to support the reintegration into receiving communities, and to 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 health education and behavioural change in receiving and border communities to increase hygiene practices, avoid stigmatization and increased fear to reintegrate returning migrants, and to improve community surveillance and detection of border jumpers and cross border traders using informal channels, to avoid the spread of the disease in border communities.

## CLUSTER STATUS (21 Aug 2020)



### 🔍 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.
- There is need for standardization and coordination of community engagement activities within the response to promote learning and ensure humanitarian standards are adhered to in the response.

### → 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 4 August 2020, a new Minister of Health and Child Care was appointed by the President, with a new Permanent Secretary (PS) for the Ministry appointed on 3 August. On 18 August, in order to strengthen the National COVID-19 response, the Cabinet decided to merge the COVID-19 response into a single response plan comprising the Command Centre, Office of the COVID-19 Chief Coordinator and Ministry of Health and Child Care.
- 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.
- A Community Engagement and Accountability (CEA) Technical Working Group was formed that will lead the implementation of identified priorities to strengthen community engagement and ensure that the needs of affected people are at the centre of response interventions.

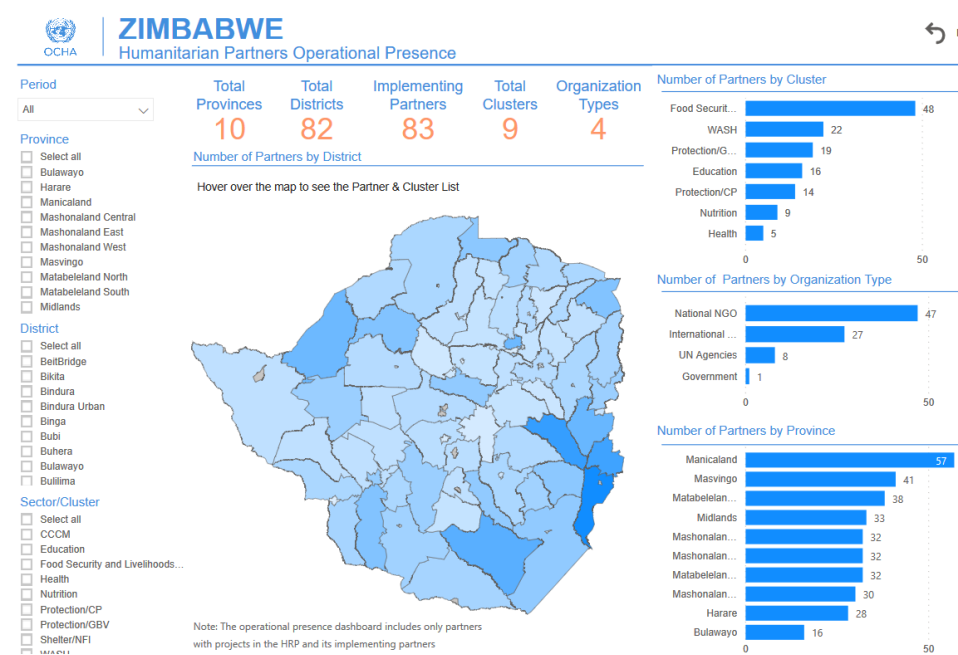
### ↔ Gaps



- Critical funding gap hinders operational coordination of the response. As of 18 August 2020, the Financial Tracking System (FTS) reports that the overall Zimbabwe HRP is 18.9 per cent funded with \$151.2 million, with an additional \$12.7 million funded outside this plan. The plan's main non-COVID-19 part is 18.1 per cent funded with \$129.7 million, whereas the COVID-19 Addendum and input to the Global HRP (GHRP) is 25.4 per cent funded with \$21.6 million.
- 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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