

HIGHLIGHTS (13 May 2020)

- The COVID-19 addendum to the Zimbabwe Humanitarian Response Plan requiring an additional US\$ 84.7 million was published on 7 May.
- The first imported COVID-19 case was reported on 21 March 2020 with local transmission starting on 24 March. As of 11 May, 37 COVID-19 cases were confirmed, including four deaths.
- A malaria outbreak, with over 226 deaths reported since 1 January 2020 throughout the country, creates an additional burden to an already fragile health system.
- An influx of Zimbabwean returning migrants is expected from South Africa and other neighbouring countries.
- The national GBV Hotline recorded 1,494 GBV calls since the beginning of the lockdown on 30 March with an overall increase of over 90 per cent compared to pre-lockdown trends.



Photo: WFP

KEY FIGURES

7M

people in need

5.6M

people targeted

47

partners operational

FUNDING (2020)

\$800.7M

Required

\$65.7M

Received



8%

Progress

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

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BACKGROUND (14 May 2020)

Situation Overview

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



OCHA

ZIMBABWE

Situation Report

Last updated: 14 May 2020

[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 healthcare, clean water and sanitation, and education has been constrained and millions of people are facing challenges to access vital services.

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

As of 5 May, the Ministry of Health and Child Care (MoHCC) in Zimbabwe had reported 34 confirmed COVID-19 cases including four deaths, with cases reported in five provinces including 13 cases in Harare and 12 cases in Bulawayo, and a total of 11,647 screenings and diagnostic tests done. With the first cases reported in Zimbabwe as of 21 March, and the recent increase of COVID-19 transmission in the region, the Government of Zimbabwe is strengthening and accelerating preparedness and response to the COVID-19 outbreak. Following the declaration of COVID-19 as a national disaster on 19 March 2020, the Zimbabwe National Preparedness and Response Plan for COVID-19 was launched with an initial eight pillars of coordination, the creation of a national COVID-19 Response Task Force and the formation of the Inter-Ministerial Committee as well as several sub-committees. The Government of Zimbabwe declared a 21-day nationwide lockdown starting on 30 March 2020, however, ensuring the continuity of essential services, that were initially extended by two weeks until 3 May. On 1 May, the Government announced the easing of lockdown regulations which allowed formal industry and commerce to resume operations, having met the specified regulations including mandatory testing and screening of employees whose companies were re-opening or those employees returning back to work for the first time since the initial lockdown. These measures will be in effect until 17 May. The informal sector as well as other sectors including education however remain closed.

The country is currently facing a malaria outbreak that is creating an additional burden to an already fragile health system. From 1 January to 26 April 2020, more than 236,365 malaria cases and 226 deaths have been reported. During the week from 20 to 26 April, a total of 33,171 malaria cases and 21 deaths were reported representing a 220 per cent increase in cases compared to similar period in 2019. The number of health facilities reporting malaria outbreaks remain on the rise, with highly affected provinces being Manicaland, Mashonaland East and Mashonaland Central.

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

CLUSTER STATUS (14 May 2020)



Camp Coordination and Camp Management / Shelter and NFIs

43,352

displaced pple in camps & host communities

Needs

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

Response

- Technical support for the Government in developing a camp exit strategy and operationalization of the permanent relocation plan is ongoing.
- Construction of new houses and rehabilitation in host communities is underway respecting restriction measures due to COVID-19.
- In Buhera, CRS continues shelter interventions and 303 houses have completed rehabilitations. World Vision has completed the full rehabilitation of 600 houses and minor rehabilitations in 500 houses. The Government of Japan is extending its support to IOM's emergency response in Manicaland Province to improve the lives and strengthen the resilience of affected communities by the provision of transitional shelters for 50 households (approximately 250 individuals) with the most critical needs in Chimanimani district. The assistance will allow further cluster coordination support, enabling partners to improve their targeting and delivery of shelter-related activities for an additional 2,000 displaced households (approximately 10,000 individuals).
- PPE and COVID-19 awareness preventive measures have been incorporated in all activities to ensure protection of both beneficiaries and program personnel.
- The continuous remote monitoring of IDPs through DTM assessments to track mobility, vulnerability and needs, as well as health risks associated with COVID-19, remains a high priority. IOM has started a new round of DTM trainings and village assessments in Chipinge, Chimanimani, Mutare and Buhera. DTM assessments will also generate

information to support COVID-19 response and inform multisectoral needs including guidance on preventative measures such as establishment of adequate sanitary facilities for handwashing in camps and host communities.

- Communities surveillance is being strengthened through local leaders to ensure detection of early symptoms of COVID-19, isolation and treatment.

↔ Gaps

- Upgrade of camp infrastructure, shelter rehabilitation and reconstruction remains a high priority. People living in crowded conditions and makeshift structures without appropriate access to basic services such as water and health treatment are more exposed to health risks and this could facilitate the spread of COVID-19.

CLUSTER STATUS (14 May 2020)



Education

853K

children targeted

35,312

people reached (as of end of March)

? Needs

- The education system in Zimbabwe was already stretched before the COVID-19 pandemic as a result of multiple crises, including the impact of Cyclone Idai last year, the economic crisis coupled with hyperinflation and the ongoing drought. The combined effect of the humanitarian crisis and COVID-19 pandemic is expected to have a far reaching implications for the protection and wellbeing of children as well as their readiness for school, attendance and participation in learning.
- Before the onset of the COVID-19 epidemic, estimates by the education cluster were that of the more than 3.4 million children of school going age (3 to 12 years), at least 1.2 million (35 per cent), would need emergency or specialized education services in 2020. This includes more than 853,000 children in acute need, such as: children enrolled in school; orphans and other vulnerable children, including children with disabilities and children living with HIV and those in need of school feeding.
- While Zimbabwe closed schools to contain the spread of COVID-19 and protect school populations, prolonged closure represents major risks for children, teachers and schools communities. Without a well-resourced response, the combined impact of these crises risks having a lasting negative children's' education and increasing drop outs. Without a conducive and disease-free school environment, COVID-19 poses a risk to children's health and wellbeing. The cluster is targeting 3.5 million learners in early childhood education, primary level and secondary level through prioritization of activities.

➔ Response

HRP Activities:

- Since 1 January 2020, a total of 35,312 people benefited from various activities implemented by the Cluster through operational partners, including psychosocial support to learners (15,458), distribution of school kits (7,182), construction/rehabilitation of latrines (6,215), hygiene packs/dignity kits (3,500), school feeding (3,291), community mobilization (1,878), teacher training on psychosocial support and disaster risk reduction to teachers (1,500), rehabilitation and construction of classrooms (570) and school fees interventions (29).

COVID-19 Activities:

- World Vision Zimbabwe is currently preparing to print supplementary reading materials and numeracy kits which will include laminated levelled reading cards, and paper print copies of 25 African Storybook OER titles. Current funds are available to print for eight schools in the initial phase. The organization is pre-positioning handwashing supplies (soap, buckets) and PPE supplies to support 16 schools in catchment areas and doing follow-ups on child protection cases reported which may require home visits. Recently, WVI conducted a text-based survey for teachers to assess Covid-19 awareness, communication channels and support to learners at home that will guide programmatic work towards responding to COVID-19 pandemic. WVI is currently planning to rollout a mobile-based learning platform called VIAMO in Chipinge and Chimanimani for numeracy and Literacy for ECD A & B. The project is targeting 4,500 children (100 children per school). Additional planned activities include working with a team of teachers to rapidly develop a learner study resource for Grade 7 in Mathematics and English subjects and expanding support for the current pilot activities to target 266 schools. WVI is currently targeting girls to keep them safe through setting up grassroots networks and dispatching key messages.
- Plan International is currently in the process of securing agreements with service providers that will include community and national radio stations programs and national television and mobile network providers in readiness for rolling out Education Cannot Wait (ECW) activities. Plan International has completed consolidation of radio, television and mass SMS messaging schedules which will be rolled out across the country.
- UNICEF is in the process of delivering 1,000 sets of story books to satellite schools and parents will be able to pick up the books at the school. The books will allow children to read and learn during school closure and be accompanied by a guide for parents on how to support their children to study. An additional 60,000 sets of books are currently being printed and will be distributed once printing is finalized. Furthermore, UNICEF will provide an equal amount of psychosocial support (PSS) materials to children and their parents. Together with Ministry of Primary and Secondary Education (MoPSE), UNICEF continues to support the education response and the ongoing development of the radio education programme, which is expected to start next week.
- CARE International plans to undertake the following activities in Bikita and Zaka Districts: provision of disinfectant chemicals and washing liquid soap and sanitizers for teachers and learners and conducting of water quality monitoring. In Chivi and Mberengwa districts, CARE plans to support the Ministry of Social Welfare (MSW) to conduct abuse follow ups and psychosocial support provision for survivors of abuse and their care givers. Additionally, CARE plans to procure PPEs for frontlines workers (MSW) to ensure safety measures when conducting follow ups and provision of water buckets, washing soaps to promote health and sanitation practices, providing sanitary pads for girls during homesteads visits and support of remote virtual learnings via what's ups platforms too.
- UNHCR is expanding water reticulation system into schools within refugee camps and surrounding communities where the camps are located of to enable access of portable water by students once learning resumes; UNHCR also plans to establish handwashing stations in schools within the refugee camp too. Furthermore, UNHCR plans to do printing and distribution of IEC materials as soon as learning resumes to enable access of information on COVID-19 to students.
- UNESCO plans to support the Ministry of Primary and Secondary Education (MoPSE) to review, resource and upload its Open Educational Resources (OER) portal, developed under the UNESCO/Korea Funds-in-Trust project and enable teachers and learners to access digital resources to ensure that learning never stops in the COVID-19 pandemic, and

teachers to deliver distance learning starting with a network of 400 teachers trained under the above-mentioned project. UNESCO will work on guidance materials through designing, costing and rolling out Interactive radio instructions, and further empower teachers to share accurate information and science-based facts about COVID-19 to help diminish learners' fears and anxieties around the disease and support their ability to cope with secondary impacts in their lives.

↔ Gaps

- Inadequate human and financial resources: While partners have supported the development of the Education Cluster COVID-19 Preparedness and Response Plan, many face human and financial resource constraints to respond to the urgent needs of learners.
- Reduced mobility and access: Both partners and Government staff are facing fiscal and technical constraints to enable staff to work remotely and respond to the needs of learners. To add to the challenge, the lockdown has also reduced the mobility of staff, with implications for the implementation of response activities. While Government issued some letters following the initial lockdown, some partners are facing renewed mobility challenges during the second phase of the lockdown. Time-critical solutions to focus on learners who cannot access digital or radio lessons, due to coverage or household considerations are minimal and need to be addressed further to enhance response.

CLUSTER STATUS (14 May 2020)



Food Security

4.4M

people targeted

3.07M

people received assistance in April

📋 Needs

- According to the 2020 Humanitarian Response Plan, a total of 6 million people in rural and urban areas are in urgent need of food assistance across Zimbabwe both in rural and rural areas.
- In addition, 2.8 million small holder farmers are in need of season-sensitive emergency crop and livestock input assistance.
- The informal businesses, which support more than 70 per cent of the urban population (Zimstats), remain closed, which will likely increase the vulnerability levels of these households given the extended period without work or income.
- Uplift of food imports are unaffected by the lockdown and although larger markets remain open, farmers are having difficulties in taking product to local markets due to lack of available transport in the rural areas.

➔ Response


- The Second Round Crops and Livestock Assessment has been completed with results expected mid-May.

- For the April 2020 cycle, delayed due to the implementation of COVID-19 protection and mitigation measures, FSL cluster partners reached a total of 3.07 million people with in-kind food or cash distributions.
- For March, despite operational constraints as a result of the new protocols for operating during the COVID-19 outbreak, FSL Cluster partners reached 3.92 million people with either in-kind food or cash assistance. Further received, a total of 240,000 people were supported with agriculture or livelihoods assistance. A total of 123,000 individuals received or were registered for crop and livestock agriculture inputs to support the 2020 agricultural season. The FSL Cluster partners also supported 71,000 people with extension and advisory services to manage crop pests and livestock diseases and 4,000 for critical assets rehabilitation.
- Earlier in February, a total of 3.9 million people were reached with either food or cash assistance, and 840,000 people with agriculture inputs, advisory services or community assets rehabilitation.

↔ Gaps

- According to data reported in the March 5W, a total of 1.6 million people targeted with in-kind or cash distribution are at risk of discontinued support due to upcoming end of projects. In addition, the COVID-19 outbreak has led to the suspension emergency agriculture and livelihoods support projects benefitting 220,000 vulnerable farmers.
- No circulars or guidelines for government extension staff have been issued at ministerial or departmental level, which has given a wide variation in work modalities by government extension workers. In addition, provision of PPE for government extension workers remains a significant gap.

CLUSTER STATUS (14 May 2020)

 **Health**
3M
people targeted

37
COVID-19 cases (as of 11 May)

Needs

- The country is currently facing a malaria outbreak. From 1 January to 26 April 2020, 236,365 malaria cases and 226 deaths were reported. During the week from 20 to 26 April, a total of 33,171 malaria cases and 21 deaths were reported, representing a 220 per cent increase in cases compared to similar period in 2019. The number of health facilities reporting malaria outbreaks remains on the rise, with highly affected provinces being Manicaland, Mashonaland East and Mashonaland Central. This outbreak creates an additional burden to an already fragile health system.
- For vaccine preventable diseases, evidence shows a declining routine immunization coverage due to decreased demand/health seeking behavior; reduced delivery of vaccines and number of outreach services; and lack of confidence of health workers and fear of infection.

- As of 11 May, Zimbabwe has reported 37 COVID-19 cases, including four deaths and 12 recoveries since the onset of the outbreak, with cases reported in five provinces including: Harare (14), Bulawayo (12), Mashonaland East (5), Mashonaland West (5), Matabeleland North (1). Of the 37 cases, 14 (38 per cent) are imported cases and 23 (62 per cent) are due to local transmission. The two most recent cases are not linked to known case or to recent International travel. The first imported case was reported on 20 March 2020 and local transmission started on 24 March.
- There are close to 2 million patients with chronic non-communicable diseases while 1.2 million people are living with HIV/AIDS in Zimbabwe. This group of people are more susceptible to more severe COVID-19 illness requiring hospitalization and intensive medical care. People with pre-existing chronic illness (including people living with HIV), older persons, women, people with disabilities, older persons, migrants, IDPs and refugees all face risks related to COVID-19, requiring immediate gender-sensitive and age-sensitive action. In addition, people living in urban informal settlements are at increased risk of contracting COVID-19 due to inadequate access to essential health care, clean water and sanitation services and crowded living conditions.
- Priority action points include:
 1. continued support for scale up of public health and medical capacities including intensified surveillance, contact tracing, laboratory testing; fast-track the readiness of isolation and case management facilities; Risk communication and community engagement; additional support to points of entry pillar for improved conditions at quarantine facilities, updated SOPs for truck drivers (estimated 2,000 arriving in Zimbabwe daily); critical logistics and supplies, including PPE, test kits and clinical equipment; continued delivery of non COVID-19 essential health services;
 2. continued high-level advocacy with Government of Zimbabwe in regard to: evidence-based, phased adjustment of lockdown; fast-track implementation of 4,000 surge health workers; pledged support for health workers including six month tax break;
 3. continued generous support by partners, including financial, technical and logistical/material support; and support for the broader socio-economic aspects of COVID-19 beyond public health.
- For returnees, there is a need to improve isolation tents, for quarantine facilities to develop SOPs and provide basic services including food, water and improved wash infrastructure, and medical services to reinforce thermal scans and testing, health care, counselling and psychological support. An influx of 8,000 Zimbabwean returning migrants is expected from neighbouring countries, mainly South Africa, Zambia, Botswana, and Mozambique, with figures expected to increase during the next months due to socio-economic impacts of COVID-19, creating additional pressure in already vulnerable communities. There is a need to provide post-arrival humanitarian assistance to ensure migrants' rights and avoid exposure to health and protection risks, for both migrants and their communities of origin.

➔ Response

- Delivery of Essential Health Services continues with weekly surveillance reports from 1,719 health facilities nationwide, and priority actions to reverse declining immunization coverage, including finalization of guidelines of safe delivery of immunization in context of COVID-19; increased attention to delivery of vaccines; and improved monitoring of delivery of immunization services.
- Conditions associated with the extended lockdown up to 17 May 2020 include: use of screening test (rapid diagnostic tests) for employees resuming work; compulsory use of face masks by all public place; mandatory quarantine for all travellers arriving in Zimbabwe for seven days followed by PCR testing and then an additional seven days voluntary quarantine.

- Intensified active surveillance is ongoing with 556 health facilities in six provinces assessed since 28 April 2020; 208 communities identified with reports of clusters of acute respiratory illness/Influenza like illness; and Rapid Response Teams (RTTs) assessing identifies clusters and collecting samples from laboratory testing.
- Following a rapid assessment of the national health system, 13 hospitals in the country have been designated as COVID-19 hospitals. Each of the 10 provinces will have at least one designated COVID-19 hospital while efforts are underway to increase isolation capacity, both within health facilities as well as by utilizing potential community level facilities. A total of 92 potential isolation centres covering all 64 districts have been identified and assessments to determine gaps conducted.
- National Public Health Care capacities continue to be scaled up. For timely detection of all new cases, intensified surveillance activities have been implemented in all 10 provinces including: sensitization of clinicians and communities; strengthened link between surveillance team and call centre (alerts reported to call centre); active visit to health facilities and communities with reports of clusters of respiratory illness; and deployment of Rapid Response Teams to swab patients, high risk contacts in identified communities. There has been expanded laboratory testing with increased number of public sector and private sector labs conducting PCR testing, with three-fold increase in PCR testing in last three weeks from 1,704 tests in week 17 (19-25 April 2020) to 4,489 in week 19 (3-9 May 2020), and lab capacity expected to increase further when ordered GeneXpert cartridges arrive in the country.
- National clinical care capacities continue to be scaled up through: 1) Ongoing capacity building for case management and IPC, including training of front-line health workers in public and private sector, and ongoing health facility renovations; 2) Continued engagement of private sector partners, including refurbishing and equipping isolation centers, and provision of accommodation of front-line health workers; 3) Addressing gaps documented in hospital assessment report, including Government funded HR surge-4,000 unfrozen health worker posts, and partner commitments for front line health worker risk allowances, essential clinical equipment and ambulances; and arrival of Emergency Medical Team (EMT) and supplies to support COVID-19 capacity building, including arrival of Chinese Medical Team in Zimbabwe on 11 May 2020.
- Contact tracing in Bulawayo, Harare, Mashonaland East, Mashonaland West and Matabeleland North is ongoing with 1,323 contacts identified from 364 confirmed cases, and 18 contacts having become confirmed COVID-19 cases during the 14 day follow up. The proportion of contacts who were monitored within 14 days of exposure was 93 per cent as of 10 May 2020.
- A health preparedness and response plan was developed for Points of Entry (POEs) with dissemination of POE-specific standards operating procedures (SOPs) for detection, notification, isolation management and referrals of travelers/ irregular migrants suspected to have COVID-19. IOM is scaling up its interventions to cover all POEs and ensure health standards are met with a human rights-based approach to assist returning migrants with the adequate resources.
- Assessments of all POEs in Zimbabwe were conducted to identify the needs, gaps and capacities to respond to the COVID-19 pandemic following the guidelines established in the Zimbabwe National Response Plan and the International Health Regulations 2005 (IHR) and to ensure standards are met for the assistance to returnees and stranded migrants. In addition, the IOM DTM team continues to conduct flow monitoring activities at Beitbridge border post (South Africa) tracking mobility trends, needs and vulnerabilities, and a population mobility mapping (PMM) exercise detecting risk hot spots to reinforce surveillance activities in the border posts and communities of origin.

↔ Gaps

- It is critical that the capacity of the health system to test, isolate and treat all cases of suspect, confirmed and probable COVID-19 cases is enhanced. To this end, there is an urgent need to: increase the number of beds in the health facilities nation-wide for isolation of suspect, confirmed and probable cases; increase availability of medical equipment including ventilators, patient monitors as well as medical supplies and consumables required for the management of cases; increase the availability of laboratory supplies and consumables; increase the availability of personal protective equipment for all health workers involved in the management of cases; increase the capacity to safely refer patients by ambulance.
- Clinical equipment gaps include: 1) with 129 ventilators required, there is a gap of 108; 2) with 132 patient monitors required, there is a gap of 110; 3) with 176 suction machines required there is a gap of 167. With the updated total budget of US\$37 million under the national case management plan, there is a funding gap of \$32 million.
- Challenges for expanded laboratory testing include: Sample backlog and long turnaround time in laboratory; Reports of stock out of sample collection kits and various lab supplies; Rapid Diagnostic Tests (RDT) use not in line with WHO recommendations.

CLUSTER STATUS (14 May 2020)



Nutrition

606K

people targeted

5,106

acutely malnourished children treated in Q1



Needs

- Approximately 95,000 children under age 5 are suffering from acute malnutrition, with a national global acute malnutrition (GAM) prevalence at 3.6 per cent (ZimVAC rural 2019). A total of 8 districts recorded GAM prevalence of over 5 per cent. Recent study highlighted that the potential impact of disruption of services due to COVID-19 on malnutrition would translate into a 10 to 50 per cent increased of acute malnutrition (equivalent to 9,500 to 47,500 children).
- The nutrition status of children in Zimbabwe is further compounded by sub-optimal infant and young child feeding practices including very poor dietary diversity at 15 per cent and with only 7 per cent having attained the minimum acceptable diet.
- Due to the drought-induced food insecurity, most of the households in the country require food assistance to facilitate adequate dietary intake and prevent deterioration of the nutrition status of children, women and the general community. Already nationally 56 per cent of women consume less than five groups of foods recommended.
- Due to the lockdown, the Nutrition Cluster might see a spike in cases of acute malnutrition due to limited economic activities especially in the urban areas, yet the interventions have been targeting rural areas. Impact can also be felt in rural areas due to limited availability of remittances from local sources and the diaspora during the lockdown period.

→ Response

- Treatment of acute malnutrition, a very critical life-saving activity, has been prioritized by the nutrition cluster. 5,106 severely malnourished children have been admitted for treatment including 2,535 within the 25 most affected districts (26 per cent of the cluster target). Screening of acute malnutrition has been impeded by the current COVID-19 lockdown however this activity has resumed following adoption of mother led MUAC aiming at limited risk of infection by community health workers involved in screening. Since January 2020, 180,774 children under age 5 were screened for acute malnutrition.
- The nutrition cluster is prioritizing the improvement of the quality of care provided in the Outpatient Therapeutic Programme (OTP) and in stabilization centres. To date, 333 Health Care Workers have been trained in Integrated Management of Acute Malnutrition between January and March 2020.
- Promotion of appropriate infant and young child feeding (IYCF) and care practices in the emergency context is ongoing with support of nutrition partners ADRA, GOAL, Save the Children, NAZ, OPHID, Plan International and World Vision targeting pregnant and lactating women and caregivers of children under age 2.
- The micronutrient supplementation of Vitamin A reached 303,057 children from 6-59 months (30 per cent of the cluster target on Vitamin A supplementation).
- The RapidPro SMS reporting, an innovation of UNICEF in conjunction with the MoHCC, is now operational and is expected to bring a significant improvement in the timeliness of reporting of key nutrition indicators.
- Partner have supported the MoHCC on the movement of nutrition commodities and distribution of MUAC tapes for the Mother-led screening for acute malnutrition changed approach in the context of COVID-19 has been realized along with the COVID-19 sensitization sessions
- WFP provided preventive rations to children under age 5. Specialized nutritious food was given to children 6-23 months in Mutasa district for the stunting prevention program, with food assistance provided to maternity waiting homes in Matabeleland North, Matabeleland South and Manicaland provinces.

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

CLUSTER STATUS (13 May 2020)



Protection (Child Protection)

422K

people targeted

22,194

children reached w/psychosocial activities

Needs

- The scarcity of personal protective equipment (PPE) has had a direct impact on the ability to continue conducting in person visits for critical cases that cannot be followed up remotely. UNICEF supports the procurement of PPE and WASH materials for the CP sub-cluster.
- Women and children fail to reach protection services, including post-rape care, legal aid and mental health and psychosocial support due to the lockdown and transportation challenges.
- The few social cash transfer and food deficit mitigation measures that are operational, do not benefit children living in institutions resulting in dire circumstances for a group of extremely vulnerable children.
- Quarantine facilities, residential care centres and other places of safety where children who were previously living on the streets and children returning from Botswana and South Africa have been placed, lack the bare minimum of basic services to maintain adequate personal hygiene, recreation and services to care for them.
- Children released from detention through an amnesty order require social assistance to assist successful reintegration and avoid recidivism.

Response

- Since January 2020, 22,194 children, including 333 children with disabilities (46 per cent boys and 54 per cent girls) have benefited from structured psychosocial activities.
- UNICEF through its partnership with Child Protection Society (CPS) working with the Ministry of Public Service, Labour and Social Welfare (MoPSLSW) has provided tracing and reunification services to 113 unaccompanied and separated Children (UASC) in quarantine facilities at the borders, with 63 females and 50 males being reunified with their caregivers. Standard Operating Procedures (SOPs) for reception centres, residential care facilities and centres for children on the streets on COVID-19 prevention and response are being developed with assistance of IOM.
- A revised letter by the MoPSLSW for Civil Service Organizations (CSOs) to cover the extended lock down period was shared with partners and is facilitating 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.
- RCCE messaging integrates mental health and psychosocial support, GBV response awareness, child online safety during lockdown and parenting advise.
- In April, the national GBV hotline has also recorded over 90 per cent increase in calls directly related to violence against children and SGBV as compared to last month. Following advocacy by UNICEF with the Ministry of Justice, 2,528 inmates (men, women and juveniles) were released on the 5 May under the Presidential amnesty from the various prisons around the country. Continued efforts will be made to make sure that detention, especially of women and children as a vulnerable group, is used as a measure of last resort.
- Courts will be opened on 11 May 2020 and will hear all cases including cases related to (sexual) violence.

Gaps

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

CLUSTER STATUS (14 May 2020)



Protection (Gender-based Violence)

845K

people targeted

9,957

people reached

Needs

- GBV threats continue to intensify in scale and scope while the population is exposed to degenerating food insecurity, compounded by economic hardship and the COVID-19 movement restriction measures.
- GBV exacerbation continues to be recorded, as an indirect consequence of COVID-19 infection, prevention and control (IPC) measures. The extended lockdown continues to impact on the women's and girls' ability to access basic family resources (e.g. fetching water, accessing food), generating an increase of tensions within the household, which leads to increased risks of exposure to intimate partner violence (IPV) and sexual exploitation and abuse. The national GBV Hotline (Musasa) has recorded a total of 1,494 GBV calls from the beginning of the lockdown on 30 March until 5 May, with an overall increase of over 90 per cent compared to the pre-lockdown trends. About 94 per cent of the cases are women. The most dominant forms are physical violence (38 per cent of total cases) and psychological violence (38 per cent), followed by economic violence (19 per cent) and sexual violence (5 per cent). About 90 per cent of cases are IPV cases.
- As a result of the extended interruption of the informal sector activities, increased cases of neglect are recorded among women who are unable to provide food for their intimate partners.
- While the access to health and psychosocial support services, both static and remote, continued to improve, access to justice remains constrained during the extended lockdown, with some recorded cases of survivors being turned away at security service facilities. While applications for protection orders are treated with priority, the reduced

opening times and the social distancing measures generate delays and protract perpetrators' impunity.

- GBV service facilities remain unequipped for COVID-19 IPC measures, which poses high risks of infection for both staff and clients. Furthermore, access to GBV services is constraint due to the limited freedom of mobility and reduced availability of public transport means during lockdown. The recent introduction of the obligation for all citizens to wear masks in public spaces has resulted in further constraints for those who do not have access to supplies, and has exposed most vulnerable women and girls to increased risks of harassment.

➔ Response

- Since 1 January 2020, the GBV sub-cluster partners have assisted 7,794 individuals (3,020 male, 4,774 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 behavior change facilitators. Only 993 women and girls were reached with community-based PSS interventions, including at W/G safe spaces, and 1,170 GBV survivors (120 female, 50 male) were assisted with multisectoral GBV services, through static One Stop Centres, shelters and health clinics.
- Under the leadership of the Ministry of Women Affairs, Community, Small and Medium Enterprises, and technical support by UNFPA, clearance letters for continuation of GBV essential service provision during the lockdown continued to be issued at provincial level to all registered GBV service providers, with GBV specialized essential service provision continuing to gradually resume.
- GBV sub-cluster partners continue to explore alternative modalities to cater for the increased needs of most vulnerable women and girls. These include the self- manufacturing of cloth masks and soap at GBV community based shelters.
- A virtual capacity building session was conducted to sensitize all clusters on Protection and Gender mainstreaming. The session reached over 45 partners across Food security and livelihood, Nutrition, WASH and Shelter clusters. More sessions will be conducted in the coming weeks with a specific focus on GBV referrals and PFA, PSEA.

↔ Gaps

- Protracted lockdown measures and the consequent impact on income access contributes to de-prioritization of GBV services, under-reporting and life threatening consequences for GBV survivors.
- The setup of new mobile One Stop Centres continues to face challenges related to clearance for staff mobility and availability of PPE for COVID-19 prevention.

CLUSTER STATUS (14 May 2020)



Water, Sanitation and Hygiene (WASH)

2,7M

people targeted

243K

people reached

Needs

- In rural areas, of the 55,593 water sources tracked by the rural water information management system (RWIMS), only 30 per cent have water, and are functional and protected, which increases the risk of WASH-related diseases, especially in 23.8 per cent of households lacking improved access. About 16 per cent of households travel more than a kilometre to fetch water from the nearest primary water source.
- Despite no reported cases of cholera, there is an ongoing typhoid outbreak with 564 cases and two deaths recorded in high-density suburbs of Harare.
- Urban centres continue to report face critical water treatment chemicals' shortages and inability to procure more chemicals due to low revenue collection attributed to the lockdown.
- Despite a notable improvement in water supply in most urban centers mainly due to improved power supply, Bulawayo and Harare (including its dormitory towns Epworth, Chitungwiza, Ruwa and Norton) are still facing challenges and most people depending on alternative sources.
- There is a need for increasing education on the appropriate use of face masks as required in the S.I 99 Amendment 5, to also ensure that other crucial issues, hand washing particularly, are not lost.

Response

- Government and partners have drilled 68 boreholes in six provinces (Mash. Central-3, Mat. South-12, Masvingo-1, Mat. North-5, Mash East-3 and Mash. West-44); rehabilitated 713 boreholes in seven provinces (Harare -90, Mash. West-325, Mash East -11, Manicaland-31, Mat. South-123, Midlands-85 and Mash. Central -48); and rehabilitated 12 piped water systems in Mat. South, Manicaland and Harare.
- Only 595,015 litres of water has been trucked into Mat. North and into Harare's water constrained high density suburbs. Notably, 35,000 litres of water was trucked into Harare-Hatcliffe in response to one confirmed and 30 suspected typhoid cases. More than 600,000 people have been reached with messages on COVID-19 prevention and the importance of hand washing with soap through mass media- radio jingle, road show and street campaigns in communities and during food distributions.
- Partners distributed WASH related kits to the quarantine center at Belvedere Teachers college (50 kits), replenished stocks to ZIPAM quarantine center (50 kits), and to the 100 identified isolation centers in Manicaland Province (1,000 kits) to support water storage and treatment and handwashing in response to COVID-19.
- WASH hygiene kits have been distributed to 575 households in Glenview, cholera hotspot areas and in total 1,137 households in Glenview have received the kits.
- About 1,587 handwashing stations have been set up in Mash. Central (865), Midlands (71), Mash. East (377), Mat North (190) and Harare (124) to reduce the transmission of COVID-19 in markets, public spaces and at boreholes.

Gaps

- Considering the low status of access to safe water and adequate sanitation and hygiene and following tropical cyclone Idai, the drought, cholera/typhoid and now COVID-19, there is an increased need to address sector wide-gaps in funding allocations for the WASH sector, either as (emergency) response or increased resilience measures.
- Gaps are still noted on water supply in most provinces with issues centered around the lack of borehole spares to support rehabilitation activities. With this shortage also been echoed for IEC material on COVID-19 prevention in most districts.

CLUSTER STATUS (14 May 2020)

General Coordination

Needs

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

Response

- A Standing Cabinet Committee, under the stewardship of the Minister for Local Government and Public Works, is tasked with overseeing the Government's response efforts and coordinates with the humanitarian partners through the office of the UN Resident Coordinator. At the technical and operational level, the Department of Civil Protection (DCP) coordinates the overall Government response with OCHA and UN cluster lead agencies, and interacts with Provincial and District administrations.
- On 19 March 2020, the Zimbabwe National Preparedness and Response Plan for COVID-19 was launched with an initial eight pillars of coordination, the creation of a national COVID-19 Response Task Force and the formation of the Inter-Ministerial Committee. Overall high-level coordination and planning is led by the Permanent Secretary for the Ministry of Health and Child Care (MOHCC) working with permanent secretaries of other ministries in support of the Inter-ministerial COVID-19 Task force, with weekly high level coordination meetings on Tuesdays in the Emergency Operations Centre.
- On 7 May, a [COVID-19 Addendum](#) to the Zimbabwe Humanitarian Response Plan (HRP) was published requiring US\$84.9 million to respond to the immediate public health crisis and the secondary impacts of the pandemic on vulnerable people. This is in addition to the \$715 million required in the HRP. Zimbabwe has been included in the updated [Global Humanitarian Response Plan](#) (GHRP) as one of the countries requiring immediate support for prioritized COVID-19 interventions.
- Humanitarian partners and donors meet bi-weekly (and ad-hoc if necessary) under the Humanitarian Country Team (HCT), chaired by the UN Resident Coordinator. Individual sectors also meet on a regular basis and are chaired and co-chaired by the relevant line ministries and humanitarian cluster lead agencies. Inter-cluster coordination meetings take place (bi-)weekly chaired by OCHA. Due to the COVID-19, all meetings are being held virtually.

Gaps



OCHA

ZIMBABWE

Situation Report

Last updated: 14 May 2020

- 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.
-

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

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