Part 6

COVID-19 Addendum

SHAMVA DISTRICT, MASHONALAND CENTRAL PROVINCE

A beneficiary washes her hands before entering a food distribution in Shamva district. Photo:WFP/Claire Nevill

COVID-19 Response at a Glance

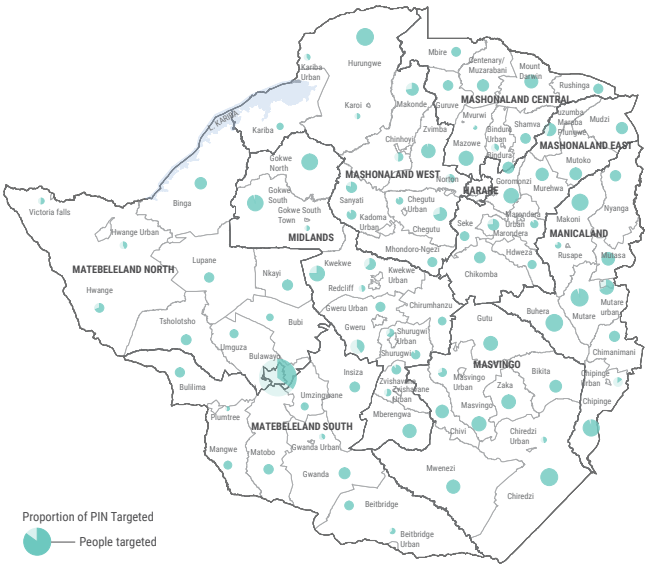
PEOPLE IN NEED
7.5M

PEOPLE TARGETED
5.9M

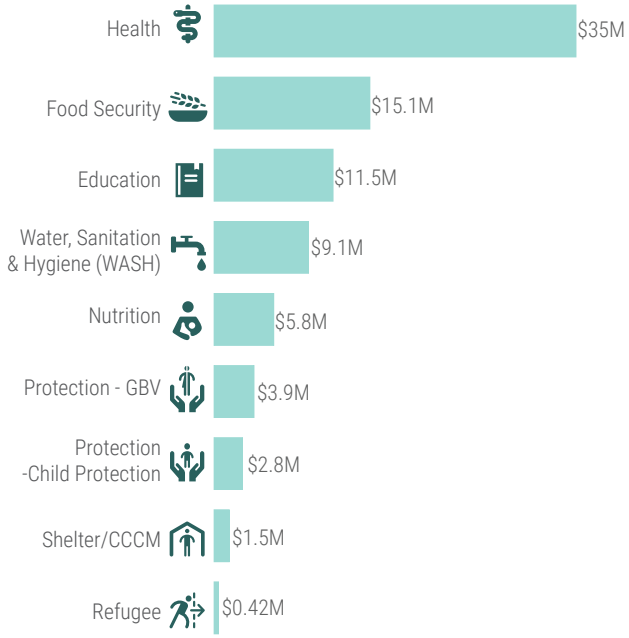
REQUIREMENTS (US$)
$84.9M

OPERATIONAL PARTNERS
37

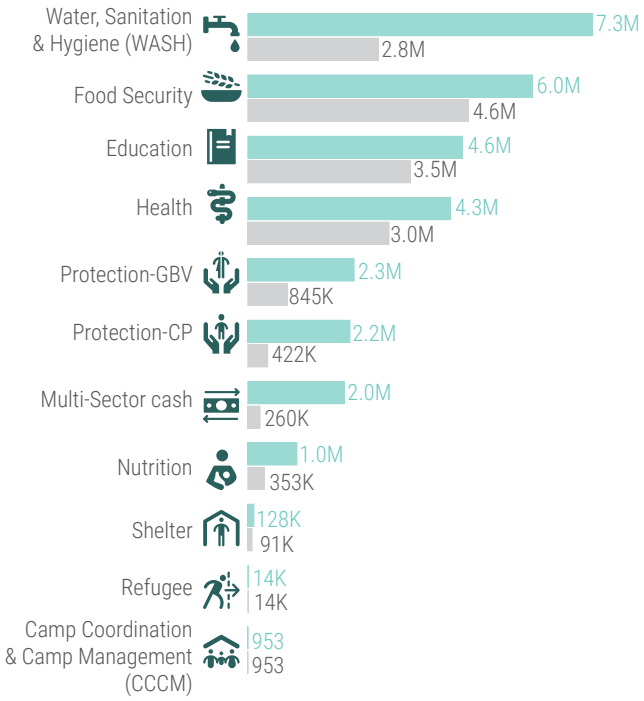
People in Need and Targeted



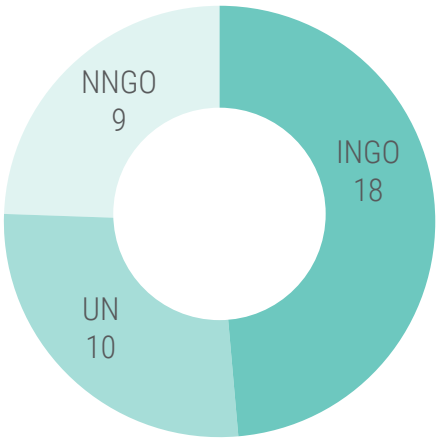
Requirements by Cluster



People in Need and Targeted by Cluster



Operational Partners by Type



In addition to the humanitarian response requirements, $4.5 million is needed to support Governance interventions and $22.5 million for social protection, which will be carried out by development actors. This is not included in the overall humanitarian response requirements.

Overview

Impact of COVID-19

Immediate health impacts on people and systems

Zimbabwe recorded its first case of COVID-19 on 20 March and had confirmed 34 cases by 6 May, including four deaths (all with co-morbidities). Of the 10 provinces in Zimbabwe, five (Bulawayo, Harare, Matabeleland North, Mashonaland East and Mashonaland West) have confirmed COVID-19 transmission.

COVID-19 is expected to heighten the risks of people living with co-morbidities and in challenging living conditions. Zimbabwe is facing an escalating malaria outbreak, with more than 226 deaths reported. There are close to 2 million patients affected by chronic non-communicable diseases, and 1.3 million people living with HIV, across the country. An estimated 5 to 6 per cent of the population is over 60 years of age.[6] One year after Cyclone Idai hit, 128,270 people still need assistance in Manicaland and Masvingo provinces, while there are 21,328 refugees and asylum seekers in Zimbabwe who need international protection and assistance. An influx of 8,000 Zimbabwean returning migrants is expected from neighbouring countries, mainly South Africa, Botswana, Zambia and Mozambique. This number is expected to increase in the coming months due to the socio-economic impact of COVID-19, creating additional pressure on already vulnerable communities. Women, who already shoulder most of the care work in Zimbabwe, are more likely to provide care to ill family members, and in doing so put themselves at higher risk of exposure.

The COVID-19 outbreak is taking place against an over-stretched health system. Prior to COVID-19, at least 4 million vulnerable Zimbabweans were facing challenges accessing primary health care, with frequent health worker strikes and stock-outs of drugs and consumables. Following a rapid assessment, 13 hospitals have been designated for the COVID-19 response. However, preparations are not complete, and there is an urgent need to increase: the number of beds in the health facilities nation-wide for isolation; available medical equipment, including ventilators; availability of laboratory supplies and consumables; availability of personal protective equipment for health workers; and capacity to safely refer patients by ambulance.

Indirect impacts on people and systems

The COVID-19 pandemic arrived in Zimbabwe at a time when 7.7 million people were already in urgent need of humanitarian assistance due to economic challenges and climatic shocks. With a poverty rate of over 70 per cent, the second largest informal sector in the world (85 per cent of economic activity), and no access to international capital, Zimbabwe is expected to face severe consequences due to the global economic slowdown.

Food and nutrition security are already being jeopardized. Prior to COVID-19, more than 4.3 million people were severely food insecure in rural areas in Zimbabwe and a further 2.2 million people in urban areas were "cereal food insecure". Pending the results of new assessments, food security partners estimate that an additional 200,000 people will require assistance due to the COVID-19 situation. Admissions in the Integrated Management of Acute Malnutrition (IMAM) programme fell from 1,989 in January to 1,708 in March, following the lockdown.

The early closure of Zimbabwe's 9,625 primary and secondary schools to contain the spread of COVID-19 can potentially impact the well-being of more than 4.6 million young people of school going age (3 to 17 years), teachers and school communities. Distance-learning tools are not an option for the majority of households. If schools remain closed, the most vulnerable children will not receive school feeding, with potential consequences for their nutrition status.

GBV is reportedly rising as an indirect consequence of COVID-19 infection prevention measures, including restricted movements, increased demand and limited access to public services and basic commodities. By 5 May, the national GBV Hotline had recorded 1,494 GBV calls, an increase of 90 per cent compared to the pre-lockdown trends.

Response priorities and challenges

Priorities and early achievements

The Humanitarian Country Team (HCT) in Zimbabwe has developed a COVID-19 Addendum to the Humanitarian Response Plan 2020, which prioritizes the most urgent and life-saving interventions to be carried out in the next six months (April to September 2020) in support of the Government-led response to COVID-19. The Addendum has identified 7.5 million People in Need of assistance due to COVID-19's public health impacts and secondary consequences; of whom partners will target 5.9 million. It complements the Government's response by focusing on: 1) the direct public health impacts of the COVID-19 outbreak, including through health programming, risk communication and community engagement, as well as infection control and prevention and availability of water supply and heightened hygiene and sanitation intervention; 2) ensuring continuity of life-saving essential services and humanitarian action; and 3) providing an enabling environment to address COVID-19 and its consequences.

Humanitarian partners have received written authorization from authorities, enabling them to continue operating during the nationwide lockdown, and are finding innovative ways to sustain programming. For example, with survivors of child protection violations struggling to report or to access services as they are trapped with their alleged perpetrators, partners are attending to critical sexual abuse cases by providing community cadres with airtime to facilitate follow up support and reporting of new cases by telephone.

Challenges and impact to operations

There are gaps in reagents for testing for COVID-19 and availability of personal protective equipment (PPE). There is a need to strengthen contact tracing and to increase risk communication to create awareness about COVID-19 at all levels and counteract stigma. At the same time, essential service systems -including for health, nutrition and WASH- were already strained pre-COVID-19 and will struggle to cope with additional pressures. Life-saving care and support to GBV survivors, and sexual and reproductive healthcare, in particular may be disrupted. The cost of maintaining humanitarian assistance -especially food and livelihoods- will likely increase due to COVID-related containment measures.

Strategic Objectives

Strategic Objective 1

Support public health responses to contain the spread of the COVID-19 pandemic by decreasing morbidity and mortality.

Under this Strategic Objective, the aim is to ensure that humanitarian partners are prepared and ready to support the government and the most vulnerable population to respond to COVID-19 in Zimbabwe and specifically women, children, the elderly, people with disabilities and living with HIV located in the more at-risk high density urban and peri-urban areas. The actions are focused on prevention and containing the spread of the COVID-19 pandemic and decrease morbidity and mortality. This will include strengthening preparedness measures to decrease risks, and protect vulnerable groups, including older people and those with underlying health conditions, as well as strengthening health services and systems. In addition, support will be provided to detect and test all suspect cases while supporting efforts to improve the understanding of COVID-19 epidemiology. National and local emergency coordination mechanisms will be stepped up throughout the country and appropriate level of expertise and capacity to deliver advanced supportive care. Another key element is targeted and inclusive risk communication and community engagement, including a specific focus on urban and peri-urban, migrant, IDP and refugee communities. This plan aims to prevent, anticipate and address risks of violence, discrimination, marginalization and xenophobia towards refugees, migrants, IDPs and people of concern by enhancing awareness and understanding of the COVID-19 pandemic at community level.

Strategic Objective 2

Provide life-saving humanitarian assistance and protect livelihoods, prioritizing the most vulnerable and those most at risk.

The focus under this Strategic Objective is to preserve the ability of the most vulnerable population—including refugees, IDPs and migrants—to meet any additional food security, nutrition and other needs caused by the pandemic, including through productive activities and access to social safety nets and humanitarian assistance. This will include securing the continuity of the supply chain for essential commodities and services such as food and time-critical productive and agricultural inputs for the food insecure. Actions under this Objective will also ensure the continuity and safety of essential services delivery—including health (immunization, HIV and tuberculosis care, reproductive health, psychosocial and mental health, gender-based violence services), water and sanitation, food supply, nutrition, protection, and education—for the communities and groups most exposed and vulnerable to the pandemic and its consequences. Partners will work to ensure that life-saving services, such as caesareans, essential newborn care, treatment of severe diarrhoea disease and pneumonia, and immunization are not interrupted.

Response Approach

This Zimbabwe COVID-19 plan prioritizes the most urgent and life-saving interventions to be carried in the next six months (April to September 2020) in support of the Government-led response to COVID-19. The plan addresses both the immediate public health crisis and the secondary impacts of the pandemic on vulnerable people in Zimbabwe, including children, the elderly, women, people with disabilities, people living with HIV, refugees, migrants, and those displaced by natural disasters.

The plan complements the Government of Zimbabwe response by focusing on: 1) the direct public health impacts of the COVID-19 outbreak, including through health programming, risk communication and community engagement, as well as infection control and prevention and availability of water supply and heightened hygiene and sanitation intervention; 2) ensuring continuity of life-saving essential services and humanitarian action; and 3) providing an enabling environment to address COVID-19 and its consequences including through supporting: business continuity and enhanced coordination for government institutions and public service; strengthening a human rights-based and gender-sensitive approach.

Reflecting the adaptability of the United Nations and humanitarian and development partners in Zimbabwe, the plan presents a combination of:

- complements the Humanitarian Response Plan (HRP) launched on 2 April 2020.
- Re-prioritized activities from the United Nations Development Assistance Framework (UNDAF) for Zimbabwe, which have been identified as most time-critical and urgent in support of the COVID-19 response; and
- New activities identified as immediately required to stem the outbreak and mitigate against its consequences.

To maximize efficiency and effectiveness, wherever possible, activities included in the plan build on, augment, adapt and expand activities and initiatives already being implemented, including through social protection platforms and cash transfer programs.

The plan reflects the centrality of protection, a focus on the most vulnerable, leaving no one behind, and a Rights Up Front approach to COVID-19, which is imperative to prevent stigma and discrimination at this critical juncture. Community engagement and accountability to affected people will be at the heart of the response, both to enhance understanding of the additional impact of COVID-19 on people that are already vulnerable and to inform and adjust programming approaches and priorities as the response continues. Prevention of Sexual Exploitation and Abuse (PSEA) will be prioritized across all aspects of the plan's implementation, including through ensuring that all people receiving assistance are aware that it is unconditional and know how to access complaints mechanisms and survivor-centered services.

Recognizing that local actors will play a central role in the response to COVID-19, the plan prioritizes the principles of partnership. All actors engaged in the plan commit to working closely with established networks of community-based organizations to reach people in need in a principled manner.

Humanitarian Capacity & Access

Under this complementary COVID-19 plan to the HRP, 40 partners will implement urgent activities, including 10 UN entities, 20 international non-governmental organizations and 10 national non-governmental organizations (NNGOs). In order to effectively implement the activities in the COVID-19 plan, the United Nations Resident Coordinator, UNCT and HCT partners will engage with the Government to: ensure sustained humanitarian access to particularly vulnerable hotspot areas, including IDP/refugee camps and urban informal settlements, and facilitate internal movement of humanitarian supplies and workers in case of lockdown. Partners engaged in the COVID-19 plan commit to respecting all public health measures necessary to ensure community's safety, alongside effective localization measures. This will help reinforce community acceptance and reduce the risk of spreading the COVID-19 virus while helping those in need. Humanitarians will employ only personnel that are trained on implementing activities in the area of social distancing and equipped, as appropriate depending on relevant guidance for the specific activities carried out, with the necessary personal protective equipment (PPE) to contain the spread of the virus.

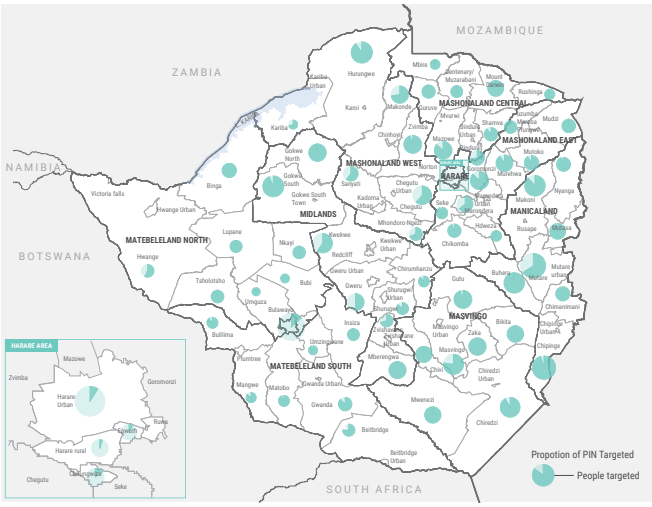
Humanitarian Sector Response Strategies & Priorities

SHAMVA DISTRICT, MASHONALAND CENTRAL PROVINCE

A beneficiary carries her allocation of maize at a WFP food distribution in Shamva. WFP has rolled out health and safety measures to curb the spread of COVID-19 across all its food distributions in the country. Photo:WFP/Claire Nevill

Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
4.6M	3.5M	$11.5M	6	6



Response Strategy

The early closure of Zimbabwe's 9,625 primary and secondary schools to contain the spread of the COVID-19 pandemic has had a negative impact on the physical, social and mental well-being of more than 4.6 million young people of school going age (3 to 17 years) with likely differential impacts on girls and boys. The response plan supplements Government's efforts to mitigate these potentially devastating impacts of the COVID-19 pandemic on learners, teachers, school communities, especially those with pre-existing vulnerabilities that could be exacerbated by the epidemic. Profiles of the affected young people include learners with disabilities, girls at risk of failure to reabsorption into school system, those from poor families, those in remote areas and areas recently affected by drought and Cyclone Idai, refugee children, as well as those from fragile families who may have increased risk of dropping out of school, distress, and exposure to hunger as well as violence due to the lack of a protective environment and support provided by schools. With children now fully at home due to COVID-19, girls' time burden is likely going to increase significantly as their care work for family members becomes greater. For girls, this may result in lack of time to concentrate on educational activities and hinder their ability to go back to school after the crisis.

The Education Cluster proposes measures that can contribute to limiting the exposure to the disease and reduce the probability of its transmission amongst learners, teachers and school communities, while providing alternatives to ensure access to learning opportunities as well as ways to build back better and safer teaching and learning environments in schools. The response strategy includes three key objectives:

1. Support teachers, learners and school communities to prevent the transmission and spread of COVID-19;
2. Ensure inclusive and gender responsive continuity of learning through the implementation of key activities aimed at maintaining quality learning and wellbeing of teachers, learners and school communities during the COVID-19 emergency;
3. Facilitate the inclusive and gender responsive safe return to quality learning for teachers, learners and school communities after the COVID-19 emergency.

The response plan prioritizes four critical interventions, targeting 3,5 million young people (75.8 per cent of those affected) in rural and satellite primary and secondary schools across Zimbabwe's ten provinces:

- Provision of appropriate and targeted Information, education and communication (IEC) materials to promote continuous and consistent key messages on COVID-19;
- Alternative learning programs and supplementary learning materials to ensure continued access to learning opportunities;
- Back to School programs to address academic, health and psychosocial needs necessary for reintegration into school environments;
- Provision of materials and supplies for the safe preparation and provision of food to learners.

Response Priorities

Recognizing both primary and secondary needs created by COVID-19, cluster partners will mitigate/minimize the negative impact of the school closures on children's' teaching and learning. Specifically, the Cluster will:

- Support the development, printing and dissemination of appropriate and targeted IEC materials to enhance awareness and disease prevention efforts targeting learners, teachers and school communities, including persons with disabilities;
- Ensure access to teaching and learning materials, print and distribute supplementary learning materials and textbooks, including early childhood development (ECD) level story books for home learning;
- Ensure that young people practice safe hygiene practices, distribute soap, water, sanitation and hygiene, and dignity kits;
- Support both girls and boys go back to school when schools

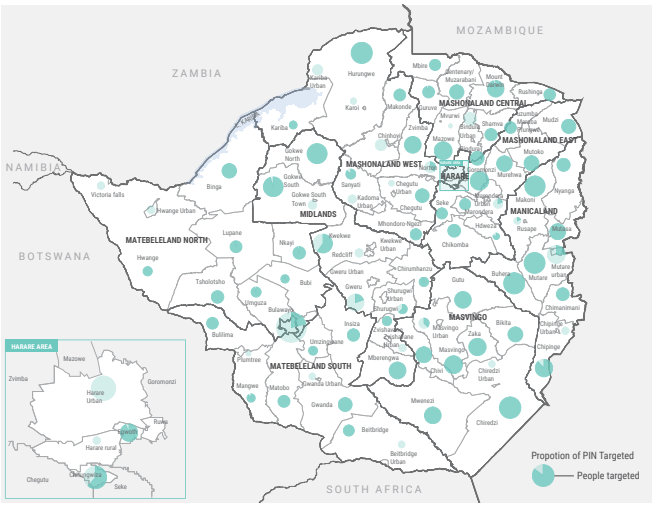
reopen, ensuring that no girl child is delayed undertaking household chores and care work.

- Develop and implement radio and digital education programs, including special education, for children using existing and new local and regional content aligned to the new revised curriculum;
- Establish inclusive community-based reading circles to support learning in communities and support both girls and boys to participate;
- In addition, in view of school reopening, support the development of Back to School initiatives, including accelerated learning programs to address academic gaps, psychosocial support (PSS) to enhance mental well-being of learners and guidelines for safe schools reopening, sanitization/disinfection of schools;
- Provide support for reintegration into the school environment to learners and teachers; and
- Support the development of modalities for the provision of alternative and responsive school feeding. The plan prioritizes the provision of supplementary materials and supplies such as additional plates, utensils and consumables to ensure that preparation and provision of food for learners is done in sanitary and safe conditions. In addition, the plan envisions further training to enhance the capacities of those preparing food in schools.

MOUNT DARWIN, MASHONALAND CENTRAL PROVINCE
School children drinking water at Mount Darwin district.
Photo:WFP/Matteo Cosorich

Food Security

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
6M	4.6M	$15.1M	16	22



Response Strategy

The COVID-19 outbreak is an additional crisis aggravating an underlying food insecurity situation for both rural and urban communities. In particular the requirements to prevent virus transmission are placing additional strain and cost considering the need to continue in-kind food distributions for over 4 million beneficiaries in IPC3 and above in April. Although the Strategic Objectives of the Cluster's response remain unchanged, complementary activities to cover additional needs and to mitigate the impact of the pandemic will be undertaken.

The Cluster objectives set out in the HRP are:

- SO1: Saving lives through support to food access for acutely food insecure population, aimed at ensuring they are able to meet their basic food and nutrition requirements during the COVID-19 pandemic context. (Total targeted: 4.6 million people);
- SO2: Prevent a further deterioration of living standards for acutely food insecure population, by providing emergency agriculture support aimed at ensuring they can achieve food security and resilience and overcome the economic impact of COVID-19. (Total targeted: 1.5 million people)

These objectives cannot be achieved without taking into account the impact of COVID-19 to ensure unhindered programme continuity. All existing and new programs will need to undertake a reconfiguration process to prioritize populations facing the highest risks and include a comprehensive COVID-19 sensitization campaign.

Strategic Objective 1:

- To ensure that the monthly distribution of food assistance through either in-kind or cash-based transfer to acutely food insecure population in rural areas continues uninterrupted;
    - To cover the additional operational costs to comply with national COVID-19 measures during and post lockdown
    - Increase the beneficiary caseload to include those that are re-classified IPC3+ as a direct result of COVID-19 impact.
- Maintain cash-based transfers to acutely food insecure population in urban areas and extend it to those classified IPC3+ due to COVID-19;
- To mitigate the risk of hunger as a contributing factor to COVID-19 by providing supplementary nutritional rations to increase nutritional value of the household food basket for the most vulnerable beneficiaries;
- Include the dissemination of information and prevention messages related to COVID-19 through all distributions.

Response Priorities

Despite the challenges that COVID-19 imposes, in-kind food assistance, and to a limited extent voucher support and CBT, where appropriate, remains the preferred modality in all rural areas, and should continue to include complementary nutritional support for infants and pregnant and lactating women. In urban and peri-urban areas, cash-based support remains the preferred modus operandi. In addition to the standard food basket and directly related to COVID-19 prevention initiatives, the provision of hygiene items as relevant will be included.

Taking into account the restrictions that COVID-19 imposes in particular movement constraints and border closures continued monitoring of the food supply chain will be key. The need to ensure that food markets continue to function is paramount especially for the urban population, but also the small holder farming sector to enhance home consumption and marketing surplus commodity. Markets in Zimbabwe are heavily dependent on imports from South Africa and although measures have been taken to ensure continuity, disruption in this vital corridor will impact food availability as well as the provision of farming inputs. The longer the regional lockdowns and COVID-19 movement restrictions prevail the great the risk for import dependent

countries. To prevent food insecurity and the regression of increased reliance on negative coping strategies, there needs to be a robust food supply chain system that encourages rural-urban linkages to manage supply, tracking and movement of food in Zimbabwe across the value chain. In this context it is therefore prudent to programme additional measures that:

- Support to small holder farmer sector through large scale vegetable and small grain seed distribution with appropriate fertilizers to boost production;
- Boosting small holder seed production of bio-fortified legume;
- Scale up of surface water harvesting with micro dams and low-cost drip irrigation;
- Support to restocking of small livestock production while providing stock feed and support fodder production
- Support to platform upgrades for existing food market tracking systems to integrate a digitalized data driven component that allows food consumption aggregation across the country
- Online post-harvest management training for farmers-Harvesting
- Support mobility of veterinary extension workers (VEWs) especially to carry out national dipping and vaccination programmes.
- Integrate COVID-19 sensitization to guidelines for guiding households on healthy eating and food safety.

In the context of current agricultural support programmes and taking cognisance of the COVID-19 prevention and response national plan the following measures will be adopted as a priority and to address programme criticality and continuity:

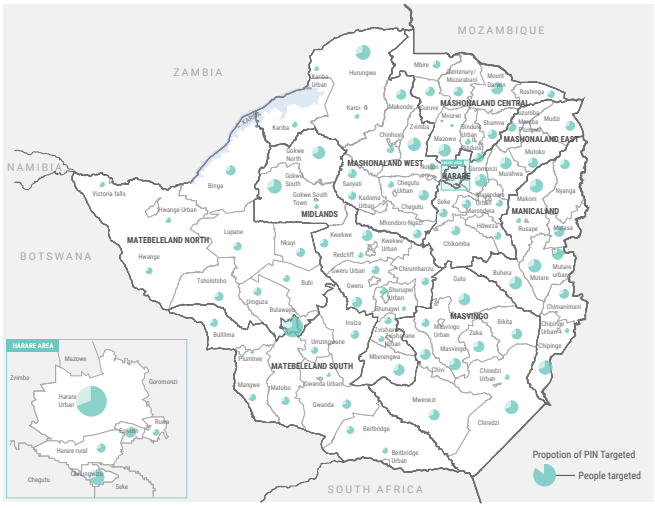
- Roll out of strong hygiene messaging and dissemination of information and prevention messages related to COVID-19 across all projects
- Sensitization of Extension workers on COVID-19 and mitigation measures and supporting hand washing facilities

Standard Operational Procedures (SoPs) in particular for in-kind food assistance have been re-written to take into account the risks associated with the COVID-19 pandemic and the restrictions imposed by the National Prevention and Response Strategy. This will in particular, involve staggering distributions to avoid gatherings above 50 persons, re-designing all intervention procedures to ensure social distancing, health and hygiene controls, as well as the provision of appropriate PPE and COVID-19 sensitisation. Since the resumption of food distributions, the experience gained clearly indicates the requirement for additional time, human resources and funding compared to what had been budgeted for in the HRP.

SHAMVA DISTRICT, MASHONALAND CENTRAL PROVINCE
A woman has her SCOPE card scanned at a distance at a food distribution in Shamva district. Photo: WFP/Tatenda Macheka

Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
4M	3M	$35M	8	8



Response Strategy

The overall goal of Zimbabwe's national preparedness and response plan is to minimize morbidity and mortality resulting from COVID-19 and associated adverse socio-economic impact in Zimbabwe while strengthening national core capacities under IHR (2005). The plan includes prevention, containment and mitigation strategies in line with the different COVID-19 transmission scenarios.

A health systems approach is recommended to prevent disruption of other essential health services for children, adolescents and women. An outbreak can have a detrimental effect on essential health service delivery and the consequences on increased morbidity from common illnesses such as malaria, pneumonia, diarrhoea and TB and the resulting increased mortality, due to reduced access and reduced uptake of perinatal, maternal, newborn and child health services

The Health Cluster plan will give special considerations to vulnerable populations including elderly, pregnant and lactating women, children, patients with chronic diseases, people living with HIV, people living with disabilities, refugees, migrants, and those displaced by natural disasters.

Response Priorities

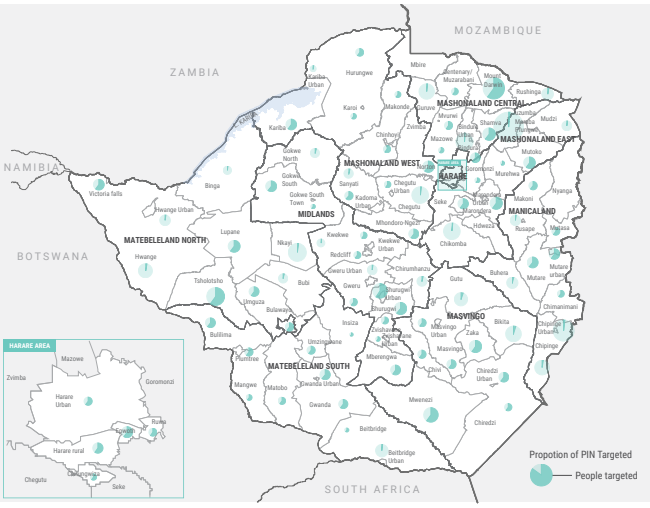
- Surveillance, rapid response teams (RRTs), contact tracing and case investigation, through the increase of (a) the number of people tested using defined criteria, (b) the number of RRTs at all levels,(c) contact tracing to 100 per cent, follow up of returning residents, and the strengthening of information management.
- Strengthening laboratory capacity through decentralization of testing centers to all provinces to a minimum of 1,300 PCR tests per day.
- Strengthening case management capacity by training health workers, establishing isolation centers in all provinces and districts and providing adequate PPEs.
- Strengthening capacity at Points of Entry (PoE) by screening, isolating and providing initial management to 100% of suspected cases of COVID-19.
- Capacity building for Risk Communication and Community Engagement through sharing COVID-19 information using all possible platforms including community-based committees/ groups, translating IEC materials to all 16 local languages and monitoring community beliefs.
- Strengthening capacity for Infection Prevention and Control (IPC) through provision of screening, triaging, source control in every health facility, local production of PPEs, implement empirical precautions for health workers as well as protecting the community, e.g. washing of hands, social distancing.
- Enhance coordination under the Public Health Emergency Operations Centre (PHEOC) with regular coordination meetings, and information sharing including situation reports.
- Strengthening logistics, procurement and management systems through mapping of available resources and review of supply chain.

The maintenance of essential health services are aligned around the following areas:

- Immunization services
- Maternal and Newborn Health services
- Community Health services
- Mental Health services
- Behavioural Change and Community Engagement

Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
1M	353K	$5.8M	7	9



Response Strategy

The risk of heightened food insecurity and malnourishment during COVID-19 containment measures is grave for the already food insecure households. Pregnant women, children and persons living with HIV are particularly at risk. As such, the Nutrition Cluster response strategy in Zimbawe includes three priorities:

- Ensuring continuation of essential and life-saving nutrition interventions and service delivery particularly for the most vulnerable ensuring that no one is left behind, integrating innovative approaches including the use of family screening of malnutrition;
- Nutrition management of COVID-19 patients; and
- Improving targeted public awareness on nutritional recommendations in the context of COVID-19 and enhancing infection prevention.

Nutrition cluster partners will leverage its community platforms in its community engagement to support and contain the spread of COVID-19 while providing information and support on infant and young child feeding (IYCF) under the current situation. New approaches to community outreach and community engagement will be established to avoid public gathering or exposing volunteers and health workers to unnecessary health risks.

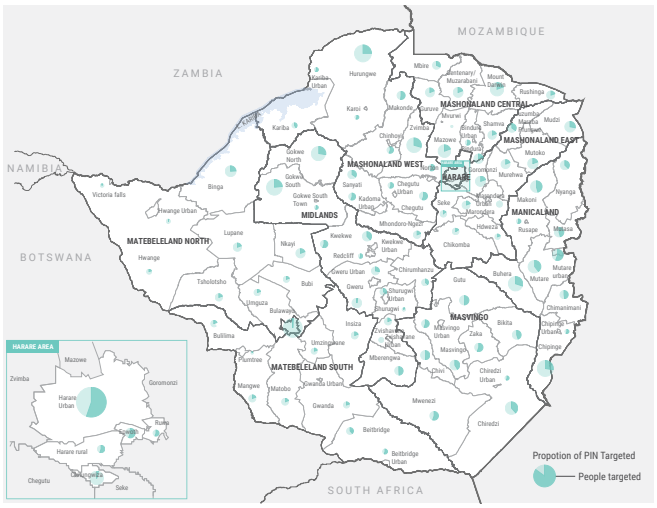
Cluster partners aim to secure strategic reserves of nutrition supplies for prevention and treatment of undernutrition and pre-position nutrition commodities and routine drugs in strategic locations. Amidst the risk of disruption of the health system which could impact on the quality of the case management for children aged 6 to 59 months and pregnant and lactating women (PLW) and HIV/TB patients with acute malnutrition, the Nutrition Cluster will review and anticipate its prepositioning of essential nutrition supplies and equipment, propose mechanisms/incentives to ensure continuity of critical health services management and prevention of malnutrition

Response Priorities

- Procurement and distribution of the essential nutrition commodities: therapeutic milk (F75, F100), ReSoMal, RUTF, RUSF, Complementary Food, essential Micronutrients (Vitamin A, IFA), routine drugs, nutrition anthropometric equipment: MUAC tapes for scale up of family own screening of acute malnutrition and pre-positioning in strategic locations.
- Procurement, distribution of essential and minimum equipment (PPE) kits (masks, coats or aprons and hydro-alcoholic and gloves) to protect community volunteers against COVID-19 who are engaged in nutrition action at community level, including home-based care workers.
- Integrate Infection Prevention and Control (IPC) in all essential nutrition service provision points, including for pregnant and lactating women.
- Social mobilization and communication to reach communities with key nutrition messages (through various channels including radio, print, mobile phone messaging) on the risk and behavioural change communication related to COVID-19, as well as for feedback as a measure aimed at ensuring social accountability to affected population in the response, targeting specifically breastfeeding mother, families with young children, school aged children and adolescent children
- Capacity enhancement using a scaled approach through virtual sensitization on COVID-19 and training of community level volunteers including women groups, health village workers and health facilities workers using small groups, interactive media, including videos.
- Advocacy and development of key support guidance materials on nutrition in the context of COVID-19, include adaptation and development of guidelines for frontline health workers on the management of the COVID-19 patients who are malnourished; and guidance for the public.
- Monitor and enforce Breast Milk Substitutes (BMS) code and donations of foods high in saturated fats, sugar and/or salt ("unhealthy foods").

Protection

	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
GENDER-BASED VIOLENCE	2.3M	845K	$3.9M	6	6
CHILD PROTECTION	2.2M	423K	$2.8M	4	4



GENDER-BASED VIOLENCE

Response Strategy

The GBV sub-cluster response strategy focuses on 4 main objectives:

1. Ensuring accessibility of static GBV services through equipment of facilities with COVID-19 infection prevention and control measures;
2. Scaling up mobile and remote GBV service provision, in order to cater for hardest to reach and those unable to reach static facilities, especially during the lockdown phase;
3. Enhancing information dissemination for COVID-19 and GBV and surveillance, including on GBV risk mitigation, referral pathways and prevention of sexual exploitation and abuse (PSEA).
4. Sensitizing non-specialized service providers/inter-cluster teams on liaising with GBV survivors and referrals in COVID-19 response, in order to ensure do-no harm.

Priority Actions

- Equip one-stop centres (OSCs), shelters and safe spaces for women and girls with COVID-19 protective measures (e.g. hygiene and disinfection products, staff PPE, thermometers, boreholes and solar systems to ensure availability of running water, isolation tents for GBV survivors who are identified as suspected cases, transport support (alternative to public transport) for GBV survivors' referral to higher level of care, including for referrals to COVID-19 response health facilities;
- Train GBV service provision facilities staff on COVID-19 prevention and control/GBV case management in COVID-19 outbreak;
- Support construction of safe market infrastructure for female vendors in high density urban areas, including construction of facilities that comply with COVID-19 IPC standards, capacity building of women vendors in value addition and e-commerce, mitigation/post recovery support for women vendors (grants and/or capital) affected by COVID-19 lockdown;
- Procure and avail dignity kits to all women and girls at safe spaces and GBV service facilities;
- Provide mental health and psychosocial support (MHPSS) to GBV specialized personnel (including remote debrief sessions options);
- Scale up mobile OCS service provision (including COVID-19 infection prevention and control measures);
- Scale up GBV hotline capacity for remote psychosocial support (GBV survivors, victims of trafficking (VoTs), key populations) – increase of lines, human resources and training of dedicated counsellors on COVID-19 risk mitigation;
- Strengthen existing protection mechanism and social service, including cross-borders, to identify and support VoTs in need of care or protection and refer them to appropriate services;
- Integrate COVID-19 GBV impact and vulnerability assessments into community-based GBV surveillance and monitoring of (safety audits) – including training of community volunteers on psychological first aid (PFA);
- Adapt, print and distribute COVID-19 IPC and GBV impact/ modified referral pathways/PSEA IEC materials (SMS campaigns/ radio sensitization, including disability friendly materials);
- Train community volunteers (including ward coordinators, village/ refugee health workers, behaviour change facilitators, grassroots organizations) on COVID-19 IPC and GBV impact, to enhance community-based risk communication for COVID-19 and GBV impact risks mitigation;
- Train inter-cluster frontline responders on COVID-19 and GBV impact, including risk mitigation, PFA, referrals and PSEA;
- Adapt GBV Case Management during COVID-19 response.

CHILD PROTECTION

Response Strategy

The overall child protection strategy aims to mitigate the negative short and long-term effects on children as a result of the COVID-19 outbreak, preventing and responding to abuse, neglect, exploitation and violence against children , promoting safety, mental and psychosocial well-being of children especially the most vulnerable including children living with disabilities, children on the move or displaced, refugee children at risk, and those living on the streets and in residential care. This will be achieved through:

1. Equipping child protection service provision facilities to ensure COVID-19 infection prevention and control measures are adhered to;
2. Scaling up of child protection service provision to respond to the impact of COVID-19 on most vulnerable children in affected areas; and
3. Enhancing the Child Protection sub-cluster coordination through the Ministry of Social Welfare, with technical support from UNICEF.

Priority Actions

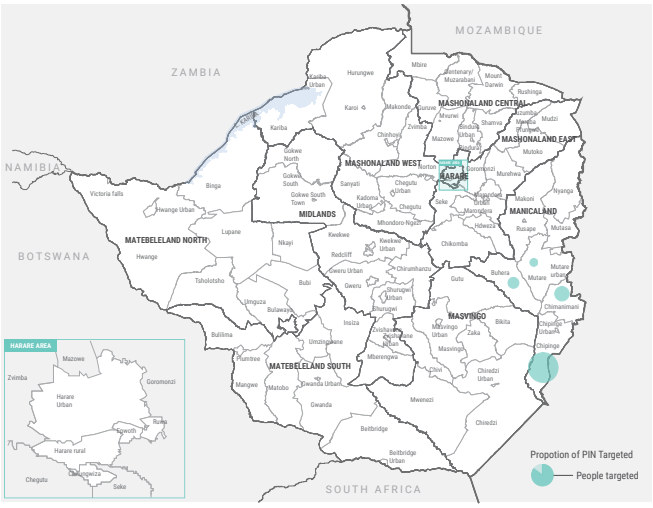
- Integration of MHPSS, child protection, PSEA messages in IEC materials and other information and awareness tools/channels targeting front line workers, children, caregivers, women and men;
- Amendment of service delivery contracts with implementing partners for COVID-19 proofed delivery of critical child protection services, including tracing and emergency alternative care placement of children separated and unaccompanied as a result of the humanitarian situation; post-rape care; care and protection of children with disabilities; bereavement and MHPSS services for children and caregivers;
- Through local radio stations (in local, Shona and Ndebele languages), TV, social media platforms, disseminate child friendly COVID-19 prevention messages as well as messages on prevention of children from violence, abuse and exploitation;
- Development of activity toolkit for children and caregivers in isolation to facilitate parenting and child protection learning;
- Development and dissemination of MHPSS toolkits for frontline workers as well as children and caregivers
- Facilitate rescue, access to health services, psychosocial support and referral for children survivors of sexual and gender-based violence;
- Training of social workers and childcare workers (CCWs) on COVID-19-sensitive Child Protection in Emergencies (CPiE) response, referral pathways and after care;
- Re-enforcement of community interventions, referral systems and outreach to manage child protection cases and prevent spread of disease as a result of service delivery;
- Improving quality assurance and working environment for child protection actors.

SHAMVA DISTRICT, MASHONALAND CENTRAL PROVINCE

People listen to a pre-address on COVID-19 prevention measures, while distanced at least 1 metre apart in Shamva Photo:WFP/Claire Nevill

Shelter/NFIs & CCCM

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
128K	91K	$1.5M	4	4



Response Strategy

Shelter/NFI and CCCM clusters in partnership with the Ministry of Health and Child Care, and other relevant government stakeholders, will contribute to limit human-to-human transmission of the virus through the following: Providing assistance to the affected population through specific mitigation measures; Mitigating the risk in overcrowded shelters, collective centres, tents, or any other shelters at risk; Reducing secondary infections among close contacts; Ensuring protection remains central to the response.

Priority Actions

Coordination and Partnership

- Support government to ensure continuation of services in existing camps and camps like settings, strengthening communication and advocating for inclusion and prevention of stigma on displaced population.
- Conduct a rapid analysis in all high-density places and isolation centres to determine gaps and possible Shelter/NFI and CCCM support required and assess condition and the impact of a possible spread.
- Trainings for field operation staff, on social distancing and precautions measures, Identifying and isolating suspected case procedure in coordination with medical staff and referral pathway.
- Develop SoPs for camps and camp like settings.

Risk Communication and Community engagement (RCCE)

- Provision of technical guidance and tools to ensure risk communication messages are tailored to the displaced population.
- Fully educate the public on the seriousness of COVID-19 and their role in preventing its spread.
- Promotion of risk communication and community engagement activities.
- Building the capacity of health care workers and camp coordinators and other relevant actors on psychological first aid adapted for pandemics.
- Mainstreaming good hygiene practices through the development and dissemination of information and education (IEC) materials tailored to the needs of IDPs and communities.

Disease Surveillance

- Strengthening community event-based surveillance, training community leaders to assess health condition in the camps and report any suspected symptoms, to local authorities.
- Enhanced data collection on needs, gaps, risk and health conditions among the IDPs.

Infection Prevention and Control

- Support the adequate provision of WASH services in displacement settings and their alignment with context relevant IPC measures.
- Support on the development of protocols for hand washing and waste disposal that are fit for purpose of the needs of IDPs and communities.
- Promote hygiene in high density areas with non-food items for hand washing, developing behavioural change communication towards community members for improved hygiene practices.

Case management

- Support the government in the refurbish of infrastructure and isolation facilities, close to camps and procurement of critical medicines, medical supplies, and Personal protective equipment to provide assistance to IDPs.

Logistics procurement and supply management

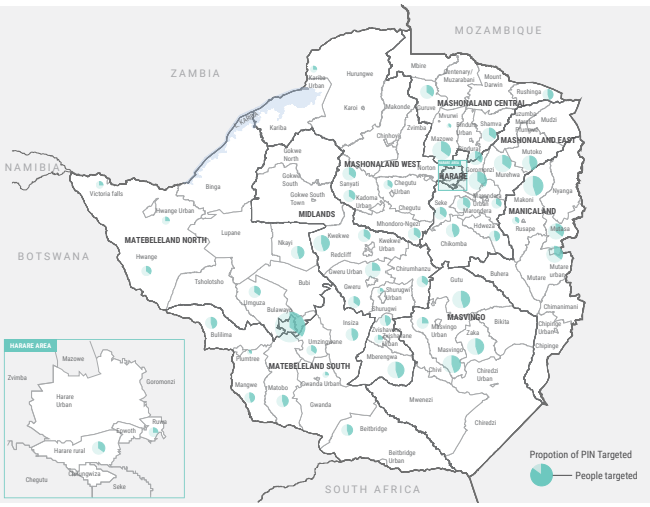
- Support to supply chain management whit shelter and non-food items (NFIs).

Protection

- Ensure assessments of the barriers and the measures that are in place to guarantee safe and meaningful access to health services and information.
- Support the delivery service of MHPSS specifically tailored for IDPs and populations affected or in quarantine, as well as deployment of psychosocial mobile teams linguistically and culturally able to serve those populations.

Water, Sanitation & Hygiene (WASH)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
7.3M	2.8M	$9.1M	17	17



Response Strategy

Based on the national preparedness and response plan for COVID-19 with eight pillars, aligned to WHO's global 2019 Novel Coronavirus (2019-nCoV) Strategic Preparedness and Response Plan (Feb 2020), the WASH sector developed its Contingency/Response Plan supporting 3 pillars including: (1) WASH Infection prevention and control (IPC); (2) Risk communication and community engagement (RCCE); and (3) Coordination, planning and monitoring. The sector response strategies include:

- Strengthening effective coordination and surveillance mechanisms at national and sub-national level including at community level, with links to Health Cluster coordination arrangements on critical inter-sectoral issues.
- Supporting the scaling up of the Case Area Targeted Interventions (CATI's) with the Environmental Health Rapid Response teams from National to District level in COVID-19 affected areas and to reduce the prevailing high risk of co-morbidity of cholera and typhoid.
- Improving awareness among the population on the importance of handwashing with soap and 'respiratory hygiene' with a focus on community engagement, participatory health and hygiene education (PHHE) to educate and to debunk myths and rumours. Special focus shall be on home-based care workers, and community groups/actors.
- Providing access to critical handwashing facilities including soap and alcohol-based sanitizers, WASH-related hygiene kits, with a focus on critical public spaces such as the ports of entry, including schools, health care facilities and isolation centres, water points and other strategic sites, with a focus on pre-positioning of emergency WASH supplies in critical districts.
- Supporting the health system to reduce the risk of hospital-associated infections and enhance infection, prevention and control (IPC) through WASH related support to isolation centres and health care facilities.

Priority Actions

- To contribute in the prevention of a possible transmission of the COVID-19 disease, the Ministry of Health, Local Government and the Department of WASH Coordination in partnership with other government arms, various humanitarian partners among them UNICEF prioritized the following actions:
- Conducting rapid WASH assessment on high risk areas, especially isolation centres, etc. to determine gaps and possible WASH support required.
- Support mass media campaigns on COVID-19 prevention using various channels of communication (billboards, radio shows, radio jingles, etc.) taking into account literacy levels and access of different groups.
- Support coordination mechanisms including coordinating the social mobilization arm to ensure consistency in the information/ knowledge dissemination.
- Support urban water supply through the provision of limited duration support on emergency water treatment chemicals to urban local authorities.
- Support emergency rehabilitation of water points in urban and rural communities to increase water availability.
- Support the setting up of hand washing stations at various public places including water points.
- Support the health system to ensure availability of basic water and sanitation services in the key prioritized health care facilities.
- Ensure field and front-line staff engaged in WASH humanitarian responses have adequate access to PPE and practice key risk reduction practices like social distancing.

Refugee Response

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
14.3K	14.3K	$424K	1	1

Response Strategy

Like many national, the COVID-19 pandemic has had a negative impact on refugees and asylum seekers in Zimbabwe. This group of population (Refugees and asylum seekers) is particularly vulnerable to the virus given the living conditions which are overcrowded, inadequate access to water and sanitation facilities, and with precarious livelihoods and food security. The living conditions for more than 14,500 refugees and asylum seekers in Tongogara refugee camp are not adequate and this presents a risk of a rapid spread of COVID-19. The issues of "social distancing" while highly advocated for prevention measures it is a challenge in the refugees' camp. The requirements to prevent virus transmission have placed a strain on other sectors such as the health and WASH resources in order to ensure adequate preparedness to detect, manage and control the spread of COVID-19 if a case is recorded in the refugee camp.

The Cluster objectives set out in the HRP are:

- Health status of the population improved through ensuring adequate access to drugs and medicines for respiratory infections, preventative and community-based health care services are provided and establishing a plan for COVID-19 outbreak in Tongogara refugee camp. (Total targeted: 14,500 individuals);
- Supply of potable water increased in the refugee camp through ensuring that all refugees and asylum seekers have access to at least 20 liters per persons per day. This will be through maintaining and expanding the water network. (Total targeted: 14,500 people);

These objectives cannot be achieved without considering the impact of COVID-19 and undertaking a reprioritization exercise for the refugee programme in Zimbabwe.

Priority Actions

- Risk communication and community engagement is key to disseminate information on COVID-19 in the refugee camp. Community Health Workers trainings, supplies, mass communication devices and documents will used to disseminate information. Implementation of communities-based surveillance and supporting communication and transportation cost of Community-based surveillance teams (motorbikes, bicycles, fuel, airtime, etc.) will be essential for communication and community engagement. Awareness for social mobilization for in school young girls' group, women, teachers and students on Covid-19 prevention will also be implemented. Support in training for dignified burials in 8 health districts will also be prioritized.
- Given the high risk of asylum seekers being turned away at border entry points due to the travel restrictions enacted by Government, UNHCR plans to provide support in training government staff at border entry to minimize the risk of refoulement of asylum seekers.
- Infection Prevention and Control (IPC) as a key measure to reduce the risk of an outbreak in the refugee camp will be implemented through provision of hand sanitizers, soap, running water and single use towels, establishment of handwashing points in the Harare and Tongogara refugee camp, strengthening IPC measures in health facilities within communities and refugee camps, and training of health workers on IPC for respiratory infections.
- UNHCR intends to strengthen case management of suspected/ confirmed COVID-19 cases emanating from Tongogara refugee camp, through training and capacitation of health workers with a specific focus on the primary health care centre in the refugee camp.
- Given the limitation in resources in Chipinge district, UNHCR will provide logistic support for transportation of samples and suspected COVID-19 cases from Tongogara refugee camp and surrounding host communities to designated COVID-19 management hospitals established by the Government of Zimbabwe.

COVID-19 Annex: Complimentary Development Activities

Strategic Objective

Create an enabling environment for the COVID-19 response through immediate interventions to improve governance, human rights and gender equality, coordination, social cohesion and service provision at district level.

Under this Strategic Objective, the priority will be to ensure continuity of governance and effective functioning of systems in selected key sectors to support delivery of essential services and enable the Government's COVID-19 response to be fully implemented. Priority will be e-governance support to key institutions including Finance, Parliament, Judiciary and Police, among others. Equally important will be actions to ensure that the COVID-19 response respects human rights, addresses the gendered impacts of the pandemic and responds to needs and rights of vulnerable groups, including women, the elderly, children and people with disabilities, including through capacity strengthening of law enforcement agencies to facilitate human rights based approaches in enforcement of movement restrictions and other conditions established by the Government. Civil society groups and the media will be supported to play a complementary role in monitoring, reporting and engaging on human rights, gender equality and promotion of positive communication on COVID-19. They shall also be supported to compliment Government's efforts to upscale social service delivery. Support will also be prioritized around averting any conflicts that may arise from the enforcement of lockdown, lost incomes and livelihoods, lack of access to food, water and other basic amenities. Support will be provided towards enhancing the recently established COVID-19 coordination structure that brings together multi-sector and multi-stakeholder players at national and provincial level, taking a vertical and horizontal coordination approach to ensure an efficient all of government and all of society COVID-19 response delivery. The capacity of selected provincial and district governments to ensure continuity of basic services to their populations, as well as community-based support services, including services related to the COVID-19 response, will also be prioritized under this Strategic Objective.

EPWORTH, HARARE PROVINCE

Women come back from their farms in Epworth at the outskirts of Harare city. Photo: OCHA/Jayne Mache

Governance

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
7.5M	5.9M	$4.5M	4	4

Response Strategy

Strengthen capacities for a multi sectoral, multi stakeholder, inclusive response to COVID-19 that extends beyond the health sector to address issues of governance, coordination and planning, human rights, gender equality and vulnerable groups such as persons with disability.

Response Priorities

Key strategic areas include:

1. Strengthening Institutional capacity of national government and key implementing partners for effective coordination and Business Continuity for COVID-19 response:
    - Support e-governance for core executive, judicial, legislative and key constitutional commissions, ministry of health and childcare and other key implementing partners to enable program continuity, coordination and adequate COVID-19 response; Strengthen engagement with existing women leaders and women's networks and organizations to become decision makers and take part in COVID-19 preventive and response interventions.
    - Support Government on the development of operation guidance and assistance for ongoing emergency consular and visa issuance activities.
2. Support to Human rights monitoring, documentation and reporting in response to the COVID-19 crisis:
    - Strengthening a human rights-based and gender approach to the responses through support for the ZHRC, civil society and media monitoring, documentation and response.
    - Advocate for enhanced compliance with human rights standards by law enforcement authorities and security forces.
    - Advocate for strengthening of social distancing measures through decongestion of prisons and places of detention through for instance, pardons and early releases for those meeting defined criteria, and establishing minimum security facilities, considering female only prisons.
3. Leveraging the platform of the National Peace and Reconciliation Commission to promote cohesion and conflict prevention:
    - Support an integrated, multi-media and digital public information campaign promoting equitable access to COVID-19 services, social cohesion and conflict prevention, as well as post recovery activities.
    - Strengthen communication of prevention messages, contact tracing, etc. at grass roots levels engaging all sectors of the community through collaboration with CSOs, FBOs, women, youth groups and others.
4. Support to vulnerable groups (persons with disabilities, women and girls, people living with HIV/AIDS, people with chronic health conditions, migrants, IDPs, returnees and refugees)
    - Support the development of awareness raising materials and dissemination of information in accessible formats on COVID-19 to persons with disabilities.
    - Support local community groups in monitoring and reporting of incidents of violence against women and girls, including linking the survivors to essential services, such as essential health services for GBV survivors during the COVID-19 Crisis.
    - Support the continuation of Anti-retroviral Therapy and access to other HIV prevention services through Multi Month Dispensing of ARVs.
    - Strengthen existing protection mechanism and social services, including cross-borders, to identify and support migrants, IDPs and returnees.
    - Support migration authorities in RCCE activities at border points to disseminate COVID-19 information and prevention advice on when/how to seek health care for migrants.
5. World of Work response
    - Support workers' organizations to monitor, gather information and document discriminatory practices and human rights violations in the world of work.
    - Put in place measures to reduce stigma in the world of work when managing the COVID-19 Response.
    - Support employers' organizations to localize and disseminate the global employer's guide on managing workplaces during COVID-19.
    - Support tripartite partners led by Ministry of Public Service, Labour and Social Welfare to advocate for protection of frontline (essential service; esp. health workers) workers and protection of incomes and employment.

Social Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
2.1M	260K	$22.5M	2	3

Response Strategy

The core strategy is the development of a response plan that identifies immediate, short- and medium-term programmatic responses to mitigate the impact for COVID-19 on the affected population including those that were already chronically vulnerable. The strategy also focuses on systems strengthening initiatives, recognizing the role of system readiness in effective responses in future. While the joint strategy is providing a 2- year horizon the short- term interventions are primarily focused on COVID-19 response. These are the responses that are included in this addendum.

The Government intends to support around 1 million people affected by the virus through a one-off payment that, while important, will be insufficient in supporting the affected households meaningfully and over a period of time necessary to help them bounce back.

The joint two -year response plan being developed within the Social Protection Working Group, has focused short-term interventions in response to COVID-19, including emergency social protection interventions to address the COVID-19 impact.

Priority Actions

The UN through UNICEF and WFP are prioritizing the following short-term emergency social protection interventions:

- Emergency HSCT
- Expansion of Urban Social Assistance
- COVID-19 School Children's Food Security and Nutrition

Project: Emergency Harmonized Social Cash Transfer (HSCT)

This project introduces an emergency cash transfer program mirroring the core elements of Government's flagship Harmonized Social Cash Transfer (HSCT) Program and henceforth referred to as Emergency HSCT. UNICEF has developed a concept note and operational plan that is focused on vulnerable population groups including pregnant and lactating women, children under age 2, elderly and the disabled. These groups are identified as the at-risk population groups most likely to be affected by COVID-19. The Emergency HSCT will align itself with the existing HSCT, but with design tweaks to enable a more rapid and cost-effective response and will include strong child protection and nutrition focused referral systems. An additional COVID-19 specific design incorporated in this program is WASH related initiatives including the distribution of soap and sensitization on good hygiene practices, to name a few. The program will initially aim to reach 25,000 households with $13 per eligible individual in up to six urban domains most affected by COVID-19 from an economic perspective. The total financial requirements for six months are $10,140,000.

Project –Urban social assistance

This project builds on WFP's existing urban food security and resilience program that is already covering over 100,000 beneficiaries with an unconditional cash transfer of US$9 per person across eight urban domains. The National Cash Working Group has recommended that given the food price inflation especially since the COVID-19 outbreak that $9 per person is insufficient to help an individual meet 62 per cent of their food basket needs and $13 cash transfer value would be more appropriate. WFP's urban food security program is being expanded to provide an unconditional cash transfer of $13 to cover an additional 51,500 people and top up the existing 100,000 beneficiaries to ensure parity in transfer values. The proposed project would further support expansion of WFP's cash assistance to cover another 100,000 people across 10 urban domains (where WFP is already active in) with an unconditional cash transfer value of $13 per person. The total financial requirements for six months are $10.3 million.

Project – COVID-19 School Children's Food Security and Nutrition

National responses to COVID including early school closure have a negative impact on children's access to food and adequate nutrition through the school feeding programme, putting additional strain on households. There is need to transform and adapt school feeding to help safeguard children's food security and nutrition during and after the COVID-19 pandemic. Where schools are to re-open, there are concerns that hygiene standards and social/physical distancing will not be met. The programme will safeguard school children's food security and nutrition by providing cash transfers to the most vulnerable families with children in primary school. The target is to reach 75,000 pupils in primary schools. The total financial requirements for six months are $2.1 million. This intervention will be implemented in coordination with the existing Basic Education Assistance Module.