HUMANITARIAN RESPONSE PLAN
ZIMBABWE

HUMANITARIAN PROGRAMME CYCLE
2020

REVISED APRIL 2020 TO INCLUDE COVID-19 RESPONSE

Overview of People in Need & Targeted

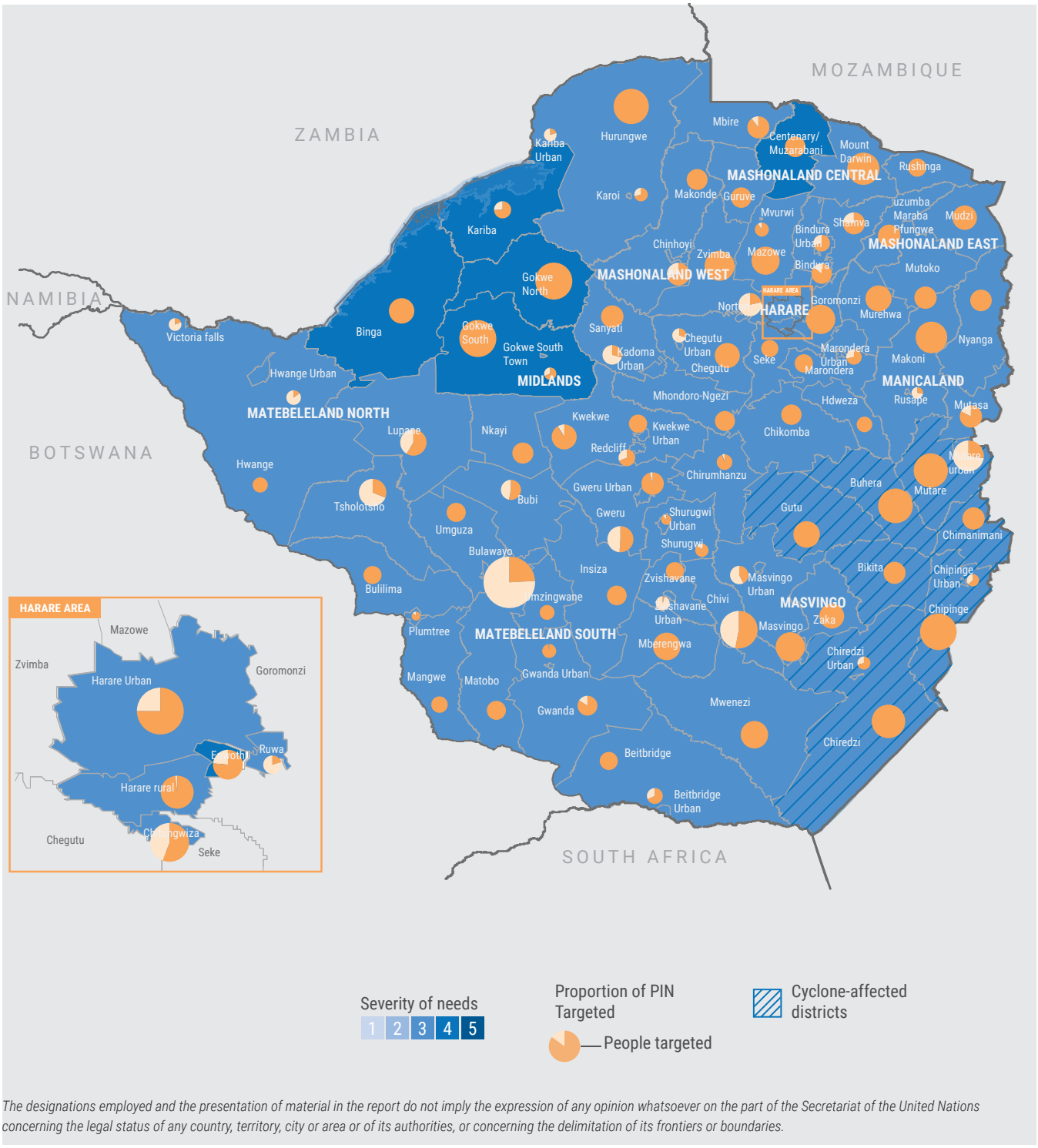

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PHOTO COVER

Ester Manyiba is one of the 74 participants of the Food Assistance for Assets project in Manjerajera Nutrition Garden, constructed by the Tsenga Community with support from humanitarian partners. The project was established to sustainably address food insecurity for rural, vulnerable households in the area. At the garden, the participants grow different types of vegetables, and if there is a surplus, they sell it local markets and use the proceeds to send their kids to school. Photo: WFP/Matteo Cosorich

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Joint Foreword by the Minister of Local Government and Public Works and the United Nations Resident Coordinator

As Zimbabwe entered 2020, climatic and economic shocks are driving rising humanitarian needs which demand an urgent response.

Zimbabwe endured a devastating drought in 2018/2019, which brought searing heat and caused massive crop failure. Then, in March 2019, the east of the country was struck by Cyclone Idai, displacing thousands of people and washing away their homes, crops and livelihoods. Since October 2019, Zimbabwe has experienced late and erratic rainfall, foreboding another poor harvest in 2020 and leaving the most vulnerable people in rural areas in need of assistance. In urban areas, many people are struggling to cope and having to forego essential items to put food on the table. Those hardest hit have been forced to resort to negative coping mechanisms, with particularly dangerous consequences for women and girls who are simply striving to survive.

In 2019, with the generous support of donors, who contributed nearly $240 million to the humanitarian response, partners were able to reach close to 2 million women, men and children with critical and life-saving interventions under the Humanitarian Appeal, in support of the Government-led response. Nearly 1.8 million people received food assistance support, complementing the Government's distribution of food to 3.8 million people. An estimated 1.3 million people were provided with clean water and safe sanitation; 600,000 people have benefited from essential health services; and over 16,000 boys and girls were covered by child protection services. Yet, much more must be done to meet the growing needs.

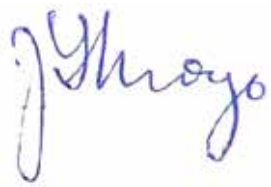
Despite the ongoing efforts of Government and humanitarian partners, there is a need to scale up support to people in need in the most vulnerable communities. The recent Rapid Lean Season ZIMVAC and IPC report re-emphasizes the need for continued food assistance support. Recognizing the difficult circumstances, a Government Domestic and International Appeal for multisectoral assistance has been developed. This appeal as well as addressing humanitarian need in particular food assistance includes priority actions covering medium- and longer-term measures to build resilience and aid recovery, in particular for the agricultural sector. Support required to respond to the COVID-19 virus pandemic is also detailed in the Appeal.

The Government, recognizing the gravity of the situation, has already taken action. This has included: efforts to address the macro-economic challenges, including liquidity; finalizing contracts for the procurement of significant quantities of grain; relaxation of import controls, tariffs and taxes for basic commodities; and implementation of a targeted subsidy for maize meal. The Zimbabwe Recovery and Resilience Framework (ZRRF) has been developed by the Government with technical support from the World Bank, United Nations and European Union to support cyclone-affected communities. Despite these efforts, the daily challenges faced by communities are increasing and the austerity measures designed to stabilize the economy in the long-term are, in the short-term, negatively affecting household economies.

Against this backdrop, the 2020 Humanitarian Response Plan (HRP) has been developed to galvanize resources for humanitarian partners to rapidly ramp-up their operations and tackle the most critical needs across the country, in support of the Government response and appeal. The plan is evidence-based, robustly prioritized and principled, addressing the most critical and immediate needs targeting most affected districts.

Partners have made all efforts to ensure value-for-money, with full accountability to people affected. If fully funded, the HRP would bring desperately needed and immediate relief and respite to people facing dire circumstances across the country.

We recognize that humanitarian assistance is not a long-term solution and that efforts are urgently required to tackle the root causes of these needs. However, it is imperative that we act now to save lives and alleviate the suffering of millions of the most vulnerable people across the country. We therefore appeal to the international community to show solidarity and support for Zimbabweans at this critical juncture.



Hon. July Moyo
Minister of Local Government and Public Works

Maria Ribeiro
United Nations Resident Coordinator for Zimbabwe

Humanitarian Response Plan (HRP) at a Glance

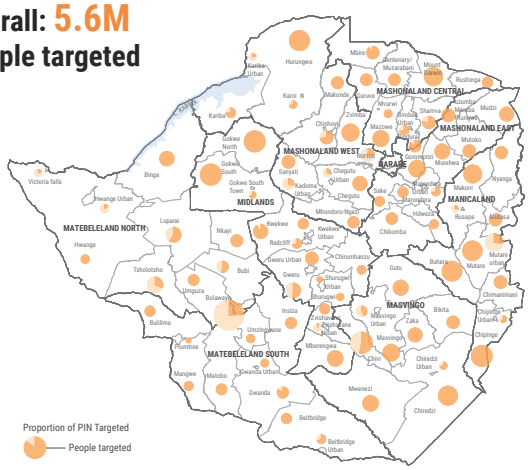
PEOPLE IN NEED
7M

PEOPLE TARGETED
5.6M

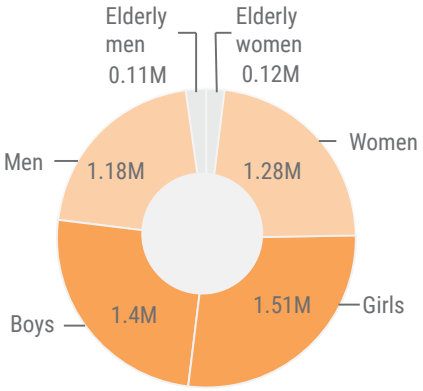
REQUIREMENTS (US$)*
$715M

OPERATIONAL PARTNERS
47

Overall: 5.6M people targeted

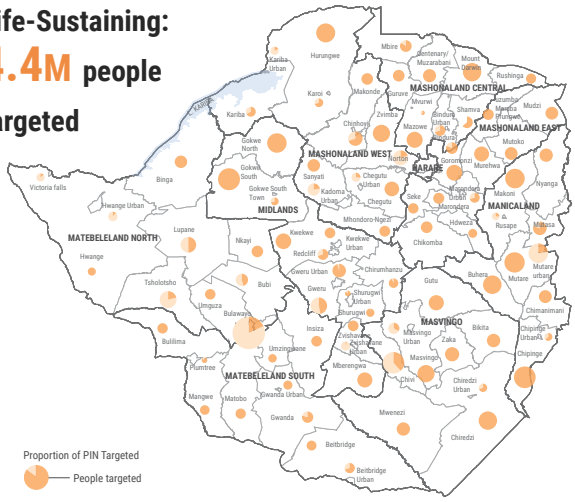


By Gender and Age

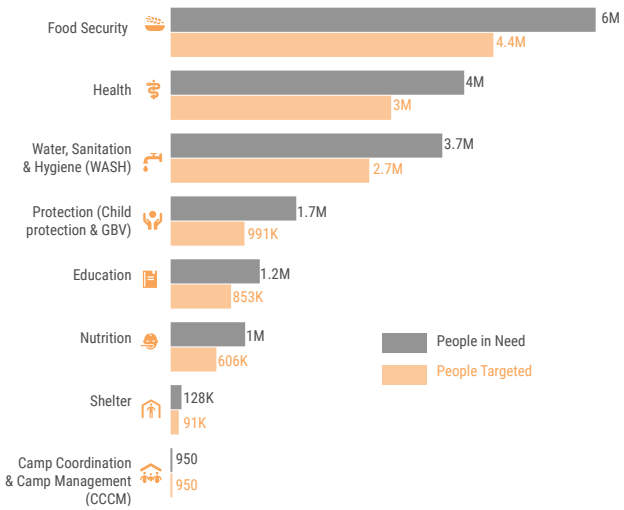


Life-Saving: 1.2M people targeted

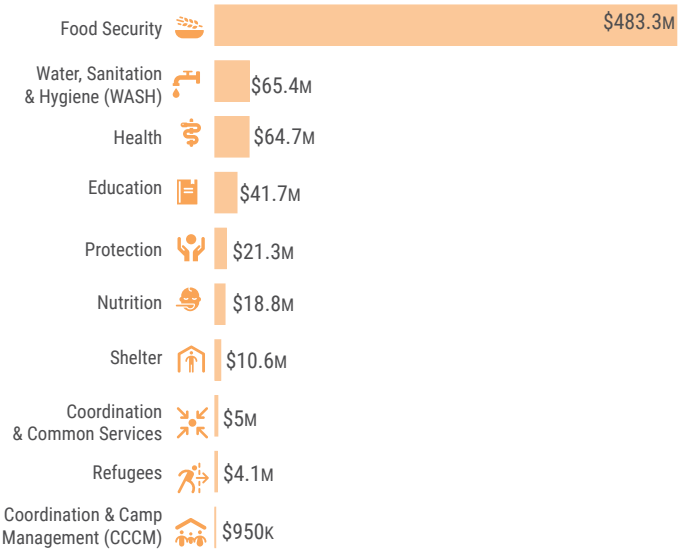
Life-Sustaining: 4.4M people targeted



People in Need and Targets by Cluster



Requirements by Cluster

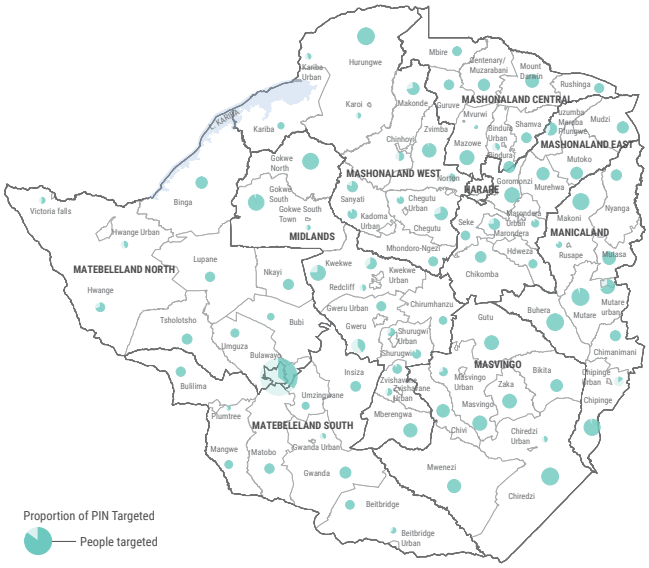


*Requirements for COVID-19 response are included in the Addendum on page 46, but are not part of the overall HRP requirements.

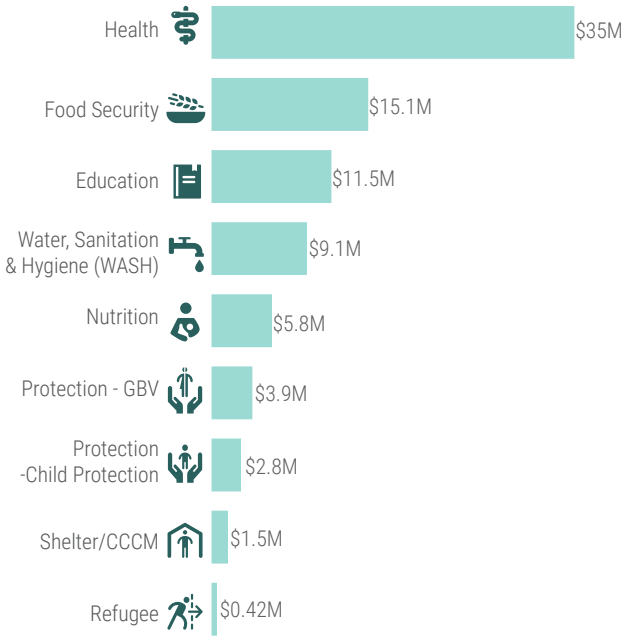
COVID-19 Response at a Glance

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	OPERATIONAL PARTNERS
7.5M	5.9M	$84.9M	37

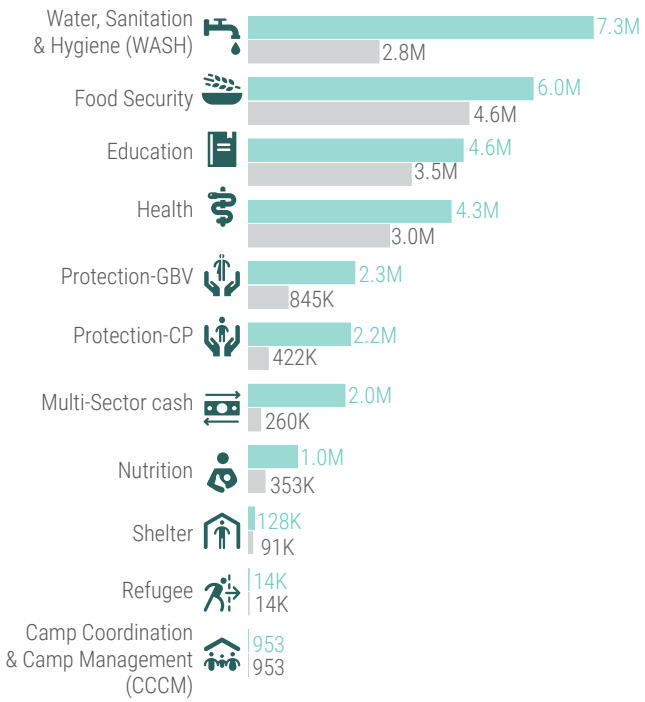
People in Need and Targeted



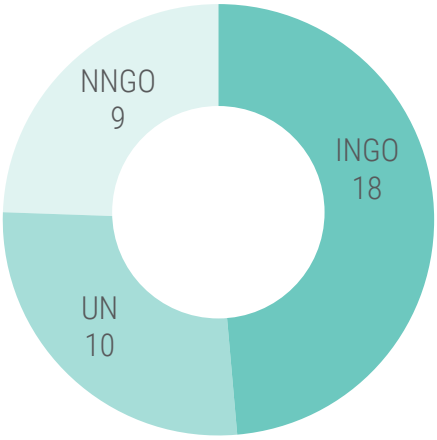
Requirements by Cluster



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.

For more details on COVID-19 Response see the COVID-19 Addendum from page 46

Context of the Crisis

Across Zimbabwe, 7 million people in urban and rural areas are in urgent need of humanitarian assistance, compared to 5.5 million in August 2019. Since the launch of the Revised Humanitarian Appeal in August 2019, circumstances for millions of Zimbabweans have worsened. Drought and crop failure, exacerbated by macro-economic challenges and austerity measures, have directly affected vulnerable households in both rural and urban communities. Inflation continues to erode purchasing power and affordability of food and other essential goods is a daily challenge. The delivery of health care, clean water and sanitation, and education has been constrained and millions of people are facing challenges to access vital services.

There are now 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 Vulnerability Assessment Committee (ZimVAC) analysis.[1] Farmers are suffering the consequences of consecutive drought conditions, while households reliant on livelihoods have also been hard-hit. In January 2020, drought-related cattle deaths totalled 44,985, according to the Livestock Production Department of the Ministry of Lands, Agriculture, Water, and Rural Resettlement. Community watering points for livestock and agriculture have dried-up in many places, while pasture has been depleted, resulting in increased movement of livestock searching for water and grazing. Risks of outbreaks of livestock diseases remain high.

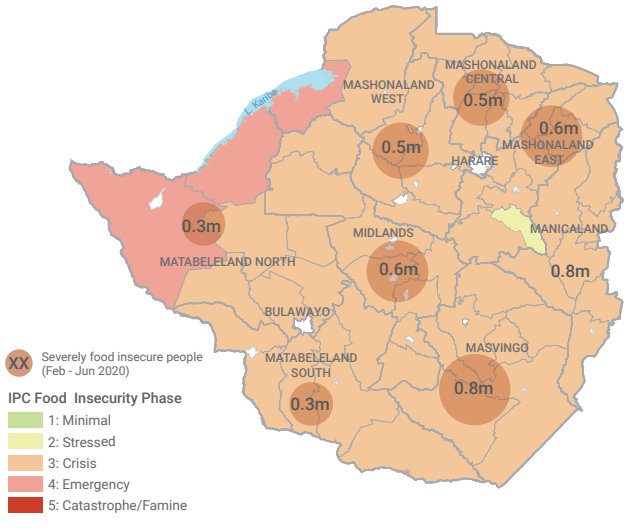
Recognising the severity and complexity of the situation, the Government of Zimbabwe has developed a domestic and international appeal. This Government appeal for multisectoral assistance addresses humanitarian needs as well as medium- and longer-term measures to build resilience and recovery, in particular for the agricultural sector. Support to respond to the COVID-19 pandemic is also requested. The Humanitarian Response Plan complements and supports the Government, focusing on immediate life-saving and life-sustaining needs in the most vulnerable communities.

Erratic and late 2019/2020 rains forebode the possibility of a second poor harvest. Early indications point to a reduction in area planted to maize compared to 2018/2019, according to the first round of the Crop and Livestock Assessment. The Water Requirements Satisfaction Index (WRSI)—an indicator of crop performance based on the availability of water during a growing season—ranged from mediocre in the central and western districts to poor/failure in the southern areas of the country in December 2019. Despite rainfall resuming during the second week of December and into January 2020, the area planted for the 2019/2020 season is expected to remain below average, especially considering poor access to affordable cropping inputs and presence of African armyworm and Fall armyworm across the provinces. At the farm level, casual labour opportunities (land preparation, planting and weeding) are being impacted by the poor distribution of the 2019/2020 rains and the macroeconomic environment

Nutritional needs remain high with over 1.1 million children and women requiring nutrition assistance. Approximately 95,000 children are acutely malnourished (3.6 per cent of children under age 5) and require immediate life-saving nutrition treatment. The continuous increase in food insecurity, coupled with high food prices, may negatively affect the nutritional needs—particularly of children and pregnant and lactating women—as the lean season is expected to extend beyond March 2020. Diarrhoeal cases due to deteriorating access to clean water and sanitation may also exacerbate the situation, as these are an immediate cause of under-nutrition. Maternal undernutrition increases the probability of low birth weight, which in turn increases the probability of neonatal deaths.

At least 4 million vulnerable Zimbabweans are facing challenges accessing primary health care and drought conditions trigger several health risks. Extreme weather conditions can increase vulnerability to infectious diseases, including vaccine-preventable and vector-borne illnesses. The risk of diarrhoeal disease outbreaks, including cholera and typhoid, has also risen. The difficult economic environment has had a negative impact on the health delivery system, particularly from the last quarter of 2019 to the first quarter of 2020. The capacity of disease surveillance is not sufficient at all levels and this is increasing the risk of delayed identification and response to disease outbreaks. The capacity of laboratories to detect priority disease conditions is also inadequate due to a shortage of reagents and equipment.

Severe food insecurity (Feb - Jun 2020)



Source: IPC Technical Working Group and ZIMVAC

Decreasing availability of safe water, sanitation and hygiene have heightened the risk of communicable disease outbreaks for 3.7 million vulnerable people. The forecasted normal to below-normal rainfall season in 2019/2020 may have negative impacts on water availability, in a context where water reservoirs were already depleted by the 2018/2019 drought. In rural areas, only 30 per cent of the nearly 55,600 water sources tracked by the rural water information management system (RWIMS), have water and are functional and protected. In urban areas, electricity and chemical supply challenges have led to a significant decrease in piped water supply and many people are relying on unsafe sources. As a result, people—mostly women and girls—are having to travel longer distances to access clean water, exposing them to risks affecting their safety and taking time away from girls' education.

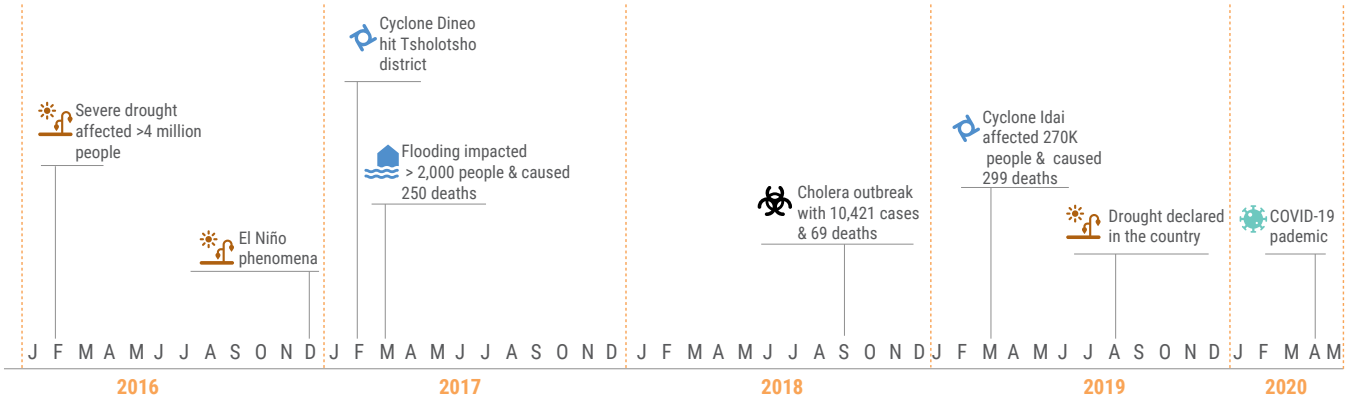
Some 1.2 million school-age children are facing challenges accessing education. The number of school drop-outs—especially among children with disabilities, girls, orphans and vulnerable children—is expected to have risen since the July 2019 ZIMVAC recorded a drop-out rate of 17 per cent. The deteriorating macro-economic situation, underfunding of the sector, disruptions to school feeding, and climate-induced drought are negatively impacting the well-being and protection of learners and educators, the quality of teaching and learning in schools, and the overall functioning of the system. As the financial capacity of parents and guardians worsens, lack of operational resources in schools is adversely affecting the provision of teaching and learning materials, safe water and sanitation facilities.

The drought and economic situation have heightened protection risks, particularly for women and children. An estimated 1.2 million children in urgent need of protection support and data from the Victim Friendly System indicates a 20 per cent increase in cases recorded. This includes a 24 per cent increase in reported child abuse cases and a 20 per cent increase in reported child sexual abuse for 2019. According to the Legal Aid Directorate of Zimbabwe, Quarter 3 of 2019 saw the highest caseload of children in contact with the law needing legal aid, mainly due to an increasing number of children living on the streets trying to survive by committing petty crimes. Children with disabilities face neglect and lack of access to basic survival and protection necessities due to the crisis. At the same time, at least 1.3 million people—mostly women and girls—at risk of gender-based violence (GBV) in 2020. Some 39 per cent of women in Zimbabwe have experienced physical violence since age 15, according to the Multiple Indicator Cluster Survey (2019) (4 per cent increase compared with ZDHS 2015). From January to November 2019, the Health Management Information System recorded 9,347 cases of sexual violence reported to health facilities, with only 28 per cent of SGBV survivors reporting within 72 hours. Multisectoral GBV service providers have recorded a 20 per cent increase in cases during the fourth quarter of 2019. GBV remains largely under-reported due to a number of factors, such as economic dependence on the perpetrator, fear of stigma and unavailability of economic means to reach multisectoral services. Women and girls are disproportionately affected by the protection consequences of climate change and economic hardship, and those with disabilities are three times more prone to GBV and harmful practices.

A year after Cyclone Idai hit Zimbabwe, 128,270 people remain in need of humanitarian assistance across the 12 affected districts in Manicaland and Masvingo provinces, particularly in the districts of Chimanimani (14,839 individuals), Chipinge (63,245 individuals), Buhera (8,565 individuals). The majority of IDPs (97 per cent) are residing with host communities, with a small proportion (3 per cent) seeking shelter in four established IDP camps, accommodating 224 households (953 individuals) in Chimanimani.[2] Out of the 25,160 households in need of shelter support, only 3,000 are currently receiving it (in the form of transitional or permanent shelters), and there is a significant number of households in host communities still in critical need of transitional shelters. At least 87 per cent of IDPs in Chimanimani, Chipinge and Buhera districts have returned to their original homes which were not properly repaired. In January 2020, Manicaland province received fresh violent windstorms, significantly increasing damage to houses already impacted caused by Cyclone Idai. Households which only received emergency shelter (tarpaulins) are now uninhabitable, while others are staying in makeshift structures. Relocation of IDPs is not feasible in the short term and it is anticipated that IDPs will remain in the camps for the next 6 to 12 months.

There are 21,328 refugees and asylum seekers in Zimbabwe who need international protection and multi sectoral life-saving assistance to enable them to live in safety and dignity. This includes 14,782 persons residing in Tongogara camp in Manicaland province, and 6,546 Mozambican asylum seekers profiled but not yet biometrically registered who are living among Zimbabwean host communities in Manicaland province. Displacement from eastern Democratic Republic of the Congo (DRC) into neighbouring countries is expected to continue, with a projected arrival rate into Zimbabwe of 200 persons per month.

Natural Disasters and Epidemics



Part 1

Strategic Objectives

CHIPINGE DISTRICT, MANICALAND PROVINCE

Takunda Masiwa is one of the beneficiaries of a livelihoods project for women that pays for half the price of a breeding goat. With the project's assistance, she bought two goats in May 2019, which later reproduced, She is now able to support her family by selling the goats for income. Photo: OCHA/ Jayne Tinashe Mache

Under this plan, 5.6 million people in Zimbabwe who have been severely affected by climatic shocks and the economic situation will be targeted with humanitarian assistance, including 1.2 million people targeted with life-saving support to tackle critical physical and mental well-being issues and nearly 4.4 million people targeted with life-sustaining assistance to prevent a further deterioration in their living conditions. Activities under the plan will focus on life-saving and life-sustaining activities to meet the most urgent needs of communities, while promoting early recovery when and where feasible.

The plan targets those hardest hit in all 62 rural districts and 30 urban centres, which have been prioritized through a severity ranking based on multisectoral analysis of humanitarian needs. The plan also covers residual humanitarian assistance for people affected by Cyclone Idai in March 2019, especially those who continue to reside in temporary camps, and protection and assistance for refugees and asylum seekers residing in Zimbabwe.

Humanitarian partners have jointly agreed on two Strategic Objectives that will guide the response throughout 2020:

Strategic Objective 1: Life-saving

- Save lives and alleviate the suffering of those most in need of assistance and protection;

Strategic Objective 2: Life-sustaining

- Facilitate safe, equitable, gender-sensitive and dignified access to critical cross-sectoral basic services for the most vulnerable.

The response plan recognizes that women, men and children experience crises differently, framed by the social norms, customs and economic expectations of their respective gender roles. The inter-sectoral response under this plan will ensure that those who are already socially vulnerable, marginalized or excluded, especially women, children, people with disabilities and people living with HIV will be prioritized.

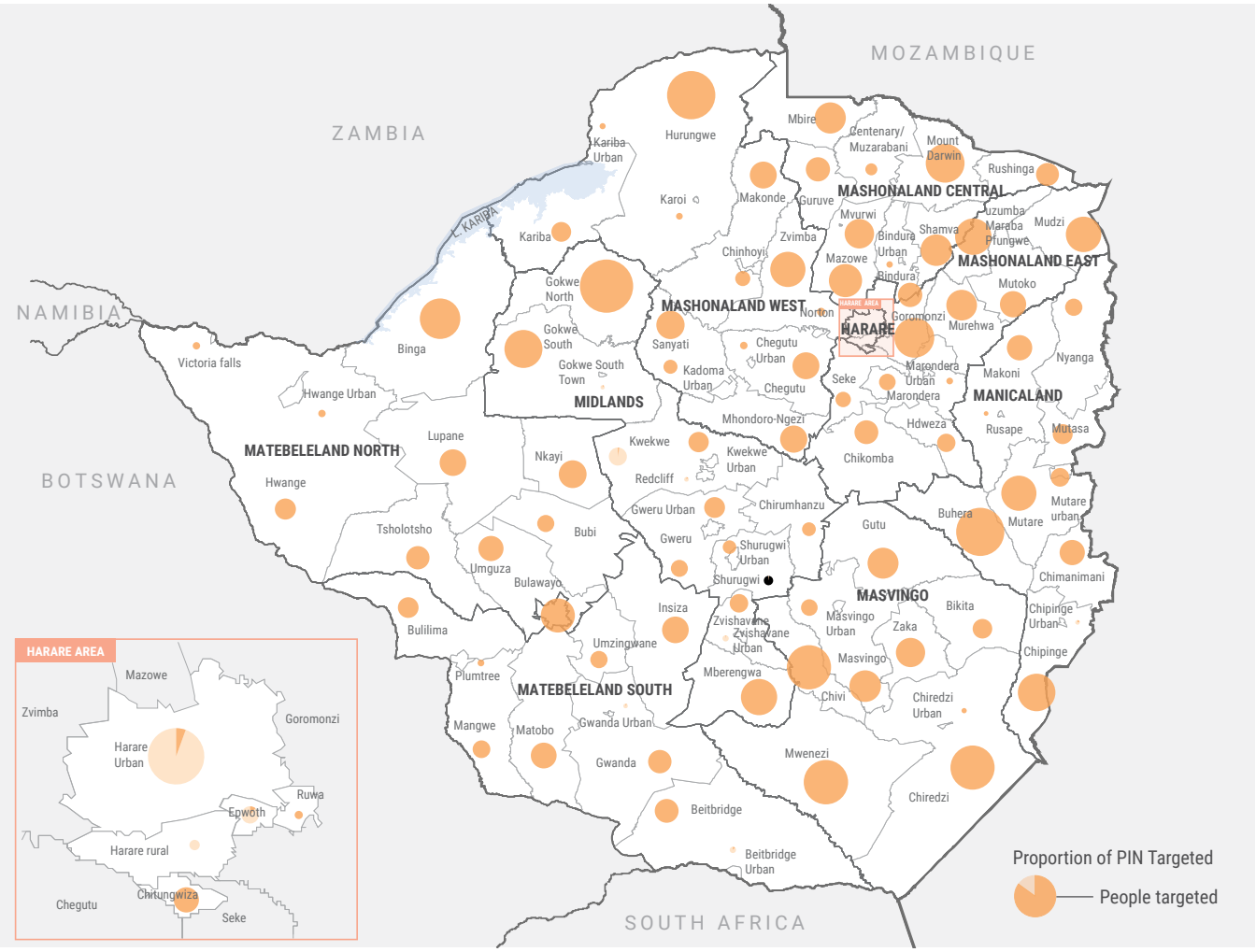
Protection has been treated as a cross-cutting issue throughout the development of this plan. Improved inter-sector coordination will provide a platform to continuously discuss and address protection issues as they arise throughout the response. In addition, gender considerations have been mainstreamed across all sectors and response activities under this plan and gender advisors will work with the sectors to better integrate gender considerations in needs assessments, planning, implementation and monitoring. Support will be provided to scale up integration of GBV risk mitigation and PSEA across all humanitarian response sectors, including providing technical guidance to frontline responders across clusters to establish measures for GBV risk mitigation as well as complaints mechanisms/PSEA reporting mechanisms.

Strategic Objective 1

Save lives and alleviate the suffering of those most in need of assistance and protection.

This Strategic Objective aims to reduce excess death and disease in Zimbabwe through strictly prioritized multisectoral response in areas where needs are most severe. Under this Strategic Objective, 1.2 million people will receive life-saving interventions in 62 districts and 30 urban centres, by the end of 2020.

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
1.2M	1.2M	52%	41%	7%



Rationale and Intended Outcome

The crisis in Zimbabwe has taken a heavy toll on families and communities, leaving more than 1.2 million people in need of urgent life-saving assistance to respond to life-threatening physical and mental well-being issues. The most life-threatening consequences of the crisis include: Emergency (IPC phase 4) levels of food insecurity; acute malnutrition; heightened exposure to deadly communicable disease outbreaks; and increased risk of maternal mortality.

Under this Strategic Objective, humanitarian partners aim to reduce excess mortality and morbidity in Zimbabwe through strictly prioritized, protection-centred, multisectoral assistance for 1.2 million people in areas where needs are most severe in 62 districts and 30 urban and peri-urban centres. To this end, partners will work to: stabilize the situation of communities experiencing Emergency food insecurity (IPC phase 4); improve the status of acutely malnourished children; strengthen response to communicable disease outbreaks, especially cholera; and lower the risk of maternal mortality.

Specific Objectives and Coordinated Response Approaches

Under the life-saving strategic objective, four specific objectives have been prioritized for the response:

Specific Objective 1.1 - Reduce the number of people facing Emergency food insecurity (IPC phase 4) by the end of 2020.

More than 1 million people in Zimbabwe are facing Emergency (IPC phase 4) food insecurity and this figure is expected to increase significantly as the situation has deteriorated since the last IPC analysis. Under this objective, humanitarian partners will provide unconditional food and cash assistance, as well as nutritional support, to over 1 million people in 60 prioritized rural districts which have a portion of their population in IPC phase 4. Targeted households will receive the standardized lean season assistance food basket containing 7.5 kilograms of cereals, 1.5 kilograms of pulses, and 0.75 litres of fortified vegetable oil—or their cash equivalent—per person per month.

Specific Objective 1.2 - Reduce the prevalence of global acute malnutrition (GAM) in hardest-hit areas to pre-crisis levels.

The trajectory of nutritional indicators in Zimbabwe is worrying, and approximately 95,000 children under age 5 are acutely malnourished. Eight of Zimbabwe's 62 rural districts have GAM rates of over 5 per cent, which is unprecedented. Under this objective, humanitarian partners will provide life-saving nutrition treatment to 36,000 children considered at risk of dying due to acute malnutrition. Actions will include: acute malnutrition treatment through in-patient and out-patient services; strengthening surveillance for the detection of nutrition deficiency conditions such as pellagra, Kwashiorkor, marasmus and others; pre-positioning of nutrition commodities; and intensive community-level screening, including nutrition campaigns.

Specific Objective 1.3 - Keep the incidence of communicable diseases below emergency thresholds throughout 2020.

Zimbabwe has experienced major disease outbreaks in the recent past, including a large-scale cholera outbreak in September 2018, and an ongoing typhoid outbreak. Under this objective, humanitarian partners will ensure capacity for improved response and coordination to disease outbreaks, covering 366,000 people in 46 rural districts and 22 urban areas. Activities will include: procurement of emergency supplies, including diarrhoea and cholera kits; strengthening laboratory capacity to detect priority pathogens, such as cholera and typhoid; enhancing case management in t primary health-care facilities in priority areas; and increasing multisectoral collaboration.

Specific Objectives 1.4 - Reduce maternal mortality rates by 20 per cent in 16 priority districts.

Excess maternal mortality and morbidity in Zimbabwe are being driven by malnutrition, disease and deteriorating health care provision. Reduced household income and rising tensions may expose pregnant and lactating women to gender-based violence (GBV). Under this objective, humanitarian partners will carry-out life-saving interventions for 192,000 women expected to be pregnant in 16 prioritized districts in 2020. The main interventions will focus on implementing the life-saving Minimum Initial Service Package (MISP) for reproductive health in humanitarian situations. This includes: strengthening access to basic and comprehensive emergency obstetric and neonatal care; clinical management of GBV; preventing sexually transmitted infections (STI), including HIV prevention and management; and family planning services. Particular focus will include working in close collaboration with existing community structures for the identification of high-risk women and girls, such as: pregnant adolescents; pregnant women with disabilities; those with a prior history of obstetric complications, including previous caesarean section; and others considered vulnerable.

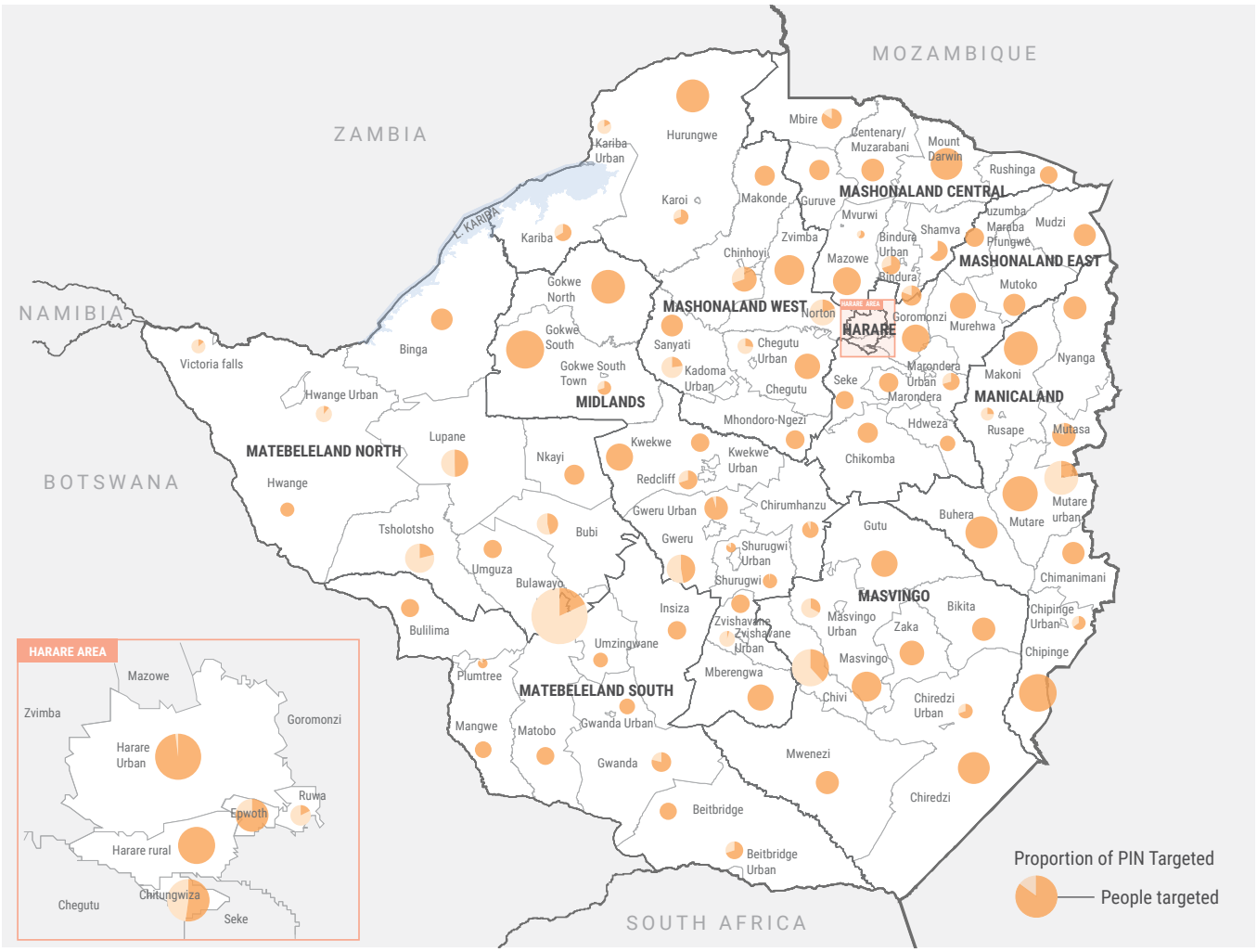
MOUNT DARWIN DISTRICT, MASHONALAND CENTRAL PROVINCE
A child washes her hands at a school. Photo: WFP/Matteo Cosorich

Strategic Objective 2

Facilitate safe, equitable and dignified access to critical cross-sectoral basic services for the most vulnerable.

This Strategic Objective aims to sustain the lives and livelihoods of those hardest hit by the crisis by ensuring access to vital basic services for 4.4 million people by the end of 2020.

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN	CHILDREN	WITH DISABILITY
5.8M	4.4M	52%	41%	7%



Rationale and Intended Outcome

Reduced purchasing power, high inflation, challenges in the provision of basic services and persistent drought have nearly 5.8 million people in rural and urban setting -including refugees and IDPs- in urgent need of life-sustaining support to address critical living standards issues. This includes: people facing Crisis food insecurity (IPC phase 3) in urban and rural areas; chronically malnourished children and pregnant and lactating women; people who have lost access to -or face significant challenges accessing- basic services; those at risk of gender-based violence or child protection risks; and people forcibly displaced internally due to natural disasters, as well as refugees hosted in Zimbabwe.

Under this Strategic Objective, humanitarian partners aim to sustain lives and livelihoods by ensuring safe, equitable, gender-sensitive and dignified access to vital basic services for nearly 4.4 million people hardest-hit by the crisis by the end of 2020. To this end, partners will work to: improve the food security and nutrition status of Crisis (IPC phase 3) households, considering the specific needs of women-headed households, children, elderly and people with disabilities; ensure access to essential basic services for the most vulnerable, leveraging cross-sectoral synergies; and increase the protective environment, especially for women and children.

Specific Objectives and Coordinated Response Approaches

Under the life-sustaining objective the humanitarian community have prioritized three main specific objectives for the response.

Specific Objective 2.1- Reduce the number of people facing Crisis food insecurity (IPC phase 3), and provide emergency livelihoods support to the most vulnerable, by the end of 2020.

At least 5 million people in Zimbabwe—3.3 million in rural areas and 1.7 million in urban areas—are facing Crisis (IPC phase 3) food insecurity. Under this objective, humanitarian partners will undertake life sustaining food security interventions targeting 3.2 million acutely food insecure (IPC 3) people in rural (2.9 million people in 62 districts) and urban (300,000 people in 12 urban and peri-urban areas) communities, in order to restore their ability to meet basic food consumption and avoid their falling into Emergency (IPC phase 4) food insecurity. The recent IPC analysis indicated that 17 districts are at risk of IPC 4 unless humanitarian food assistance support is continued. Partners will also protect livelihood and related food sources for 1.5 million people in rural areas. Priority actions will include: unconditional food assistance and nutritional support for households classified in IPC phase 3 in all rural districts and in 12 urban areas; and targeted agricultural and livelihood interventions to enhance household's food basket and their productive livestock assets. Some 1.5 million small-holder farmers will receive support to access nutritious, fast-growing, vegetable seeds and livestock survival feed in 61 rural target districts. Vulnerable farmers with less than five cattle will be supported with stock feed to avoid further loss. Agricultural activities specifically target the most affected households, with high priority given to women farmers, women-headed households, households with people with disabilities, and households with orphaned children. In the targeted districts, women comprise more than 50 per cent of the population and represent the main contributor to the agriculture labour force.[3] Wards that have access to water will be prioritized to ensure a successful garden enterprise.

Specific Objective 2.2 - Increase the number of people with access to life-sustaining essential services by the end of 2020.

Lack of investment, economic hardship, and drought have resulted in weak service delivery in both rural and urban communities. Although the whole population has been impacted, school-aged children, children under age 5 suffering from chronic malnutrition, the elderly, women and people with disabilities face specific consequences.

Under this objective, humanitarian partners will target at least 3 million people with a combination of WASH, health, nutrition and education services:

- **At least 2.7 million people in 27 rural districts and 12 urban centres will be targeted with life-sustaining WASH support.** Priority actions include restoration and access to sufficient water of appropriate quality and quantity to fulfil basic needs, and improved awareness of safe hygiene and sanitation practices, with a focus on participatory health and hygiene education in schools and communities with high malnutrition rates.
- **The health response will target 3 million people in 44 rural district and 8 urban centres.** Priority actions include: procuring essential medicines, commodities, supplies and cold chain equipment, ensuring there are no stock outs of essential medicines and the cold chain is not compromised in health facilities within the targeted districts; and providing technical support to preventative vaccination campaigns.
- **More than 570,300 children under age 5 and 225,700 pregnant and lactating women at risk of malnutrition will be targeted with nutrition interventions.** Priority actions include: activities to promote, protect and support optimal Infant and Young Child Feeding among pregnant and lactating women, putting in place mechanisms for behavioural change as part of the package to prevent malnutrition; strengthening health and nutrition surveillance/early warning and response systems; strengthening community-based management of acute malnutrition, diarrhoeal diseases and preventive health services in priority geographical areas; and ensuring continued and sustained access to HIV treatment with proper nutrition for good adherence, for 60,000 pregnant women, children and adolescents in the affected districts who are on anti-retroviral treatment.
- **To maintain children's access to and participation in education, school feeding programs will be implemented, targeting 853,000 children in 27 rural districts and 6 urban centres.** The education response will be linked to the Ministry of Education's National School Feeding program, with the aim of restoring and expanding coverage and ensuring the regularity of meals. Schools will be assisted to establish nutritional gardens and will receive nutrition training. Schools will also be assisted with hygienic cooking utensils, while dysfunctional boreholes will be rehabilitated, new boreholes will be drilled, and hand-washing facilities will be constructed that are age and disability appropriate.

In addition, displaced people—both internally displaced persons (IDPs) and refugees—will be supported. About 91,000 people impacted by Cyclone Idai will be targeted with transitional shelters and construction toolkits, while 14,782 refugees will be targeted with multisectoral assistance, including access to safety; reception, registration, status determination and documentation; advocacy for maintaining the humanitarian and civilian character of asylum; and addressing the specific needs of children, women at risk and survivors of gender-based violence (GBV).

Specific Objective 2.3 - Increase safety and restore dignity for children, women and girls exposed to increasing protection risks.

As a result of the drought and macro-economic situation, at least 1.2 million children are in urgent need of protection support, while 1.3 million people—mostly women and girls—are at risk of gender-based violence. Due to the worsening humanitarian situation, child neglect, abuse and exploitation are increasing, especially for orphans and other vulnerable children. Children have been forced into child labor, including increasing labour migration (child trafficking and internal/cross border migration), while unwanted pregnancy, early marriage

and transactional sex activities are all negative impacts associated with distressed household circumstances. Children with disabilities face neglect as parents are pre-occupied with activities that generate income and food at the expense of care giving.

Women and girls are disproportionately affected by the protection consequences of climate change and economic hardship. In drought-affected areas, they are forced to walk long distances to collect water, facing an increased risk of sexual violence. Furthermore, the modification of daily routines forces them to spend long hours away from home, generating tensions within households with the risk of increased intimate partner violence. Unbalanced power dynamics also exacerbate exposure to sexual exploitation and abuse. The use of *lobola* (bride price) as an alternative income source also contributes to an increase in early marriage. Increased internal and cross-border migration further exacerbates the risk of exposure to human trafficking. Women and girls with disabilities are among the most vulnerable to GBV risks, as three times more prone to sexual gender-based violence, compared with others. GBV services availability remains limited to provincial and district level, with existing facilities being unable to meet the needs of GBV survivors in more remote areas, as they are unable to afford transport fees. GBV has a life-threatening impact on the mental, physical and sexual and reproductive health of survivors who do not receive timely, multisectoral assistance, especially for women and girls living in remote and hard to reach areas.

Under this objective, over 991,000 vulnerable children, women and girls will be targeted with protection assistance, including:

- **422,000 children targeted with child protection action in 80 districts, including 20 urban centres:** priority groups for child protection include: separated and unaccompanied children, including those at risk of separation and in need of alternative care; children living with HIV; children living with disabilities; children on the move, including those at risk of child trafficking; and extremely vulnerable adolescent girls and young mothers, including survivors of sexual assault (child marriages and pregnant teenagers and those involved in transactional sex). The priority will be to ensure that these vulnerable children have the needed support to mitigate the impact of the crisis by ensuring access to basic education, health care and protection services. This includes 63,300 children with disabilities targeted with the aim to ensure their access to rehabilitation services and assistive devices, and to support them with food and sanitary items such as diapers, sanitary wear, and other necessities.
- **845,000 people—70 per cent women and girls, 30 per cent men and boys; 126,000 people living with disabilities—targeted with life-saving GBV risk mitigation and response services in 52 target districts, including 21 urban centres.** The focus is on people most vulnerable to GBV risks in remote areas, and those whose capacity to access GBV life-saving services is critically constrained. Priority activities include: the scale-up of GBV survivor-centred services to provide clinical management of rape, psychosocial support and referrals to legal aid for GBV survivors in remote and hard-to-reach areas, including survivors with disabilities; procurement of post rape kits for utilization at district health facilities; strengthening community-based mechanisms for GBV risk mitigation and protection from sexual exploitation and abuse (SEA); and establishment of safe spaces for vulnerable women and girls, including the provision of psychosocial support services and dignity kits to restore dignity and protect women and girls from GBV exposure. Given the challenges in accessing health-care facilities, the strengthening of referral mechanisms for multisectoral GBV services through GBV surveillance and community outreach, and timely dissemination of life-saving information on the referral pathway have been prioritized.

EPWORTH, HARARE PROVINCE

Memory Ruvinga, a mother of three, has received cash transfer which combined with her farming activities, enabled her to feed her family three times a day. Photo: OCHA/Jayne Mache

Part 2

Operational Capacity, Access & Modalities, including Cash

The worsening humanitarian situation in Zimbabwe has prompted the humanitarian community to significantly scale-up its response. Given the broad geographic scope of needs, intensive efforts will be required by partners throughout 2020 to reach the areas where the greatest vulnerabilities exist.

Capacity

Under this response plan, 47 humanitarian partners -including 9 national NGOs, 29 international NGOs and 9 UN entities- will implement activities nationally, in support of the Government-led response. These organizations have well-established presences in Zimbabwe and will coordinate closely with other humanitarian actors that are delivering support outside of the response plan, including MSF and the Red Cross/Red Crescent movement

Access

While physical access in Zimbabwe is generally possible, access might be compromised during the peak of the rainy season, when affected areas may experience floods and landslides. Strategic placement of critical contingency supplies and support through existing partners on the ground will be key to addressing these access challenges.

Response Modalities

The use of cash and vouchers was, until recently, one of the preferred response modalities in Zimbabwe. Cash assistance has been used in the country to address basic needs, increase access to services and/or provide specialised assistance aimed at complementing the delivery of sectoral outcomes.

However, over the past year, multiple developments made the implementation of cash-based programming less feasible. These include the introduction of legislation banning the use of foreign currency for everyday transactions[4] and the lack of a functioning market for basic commodities. At the same time, Zimbabwe's mobile money platform has limited providers, with limited coverage, and beneficiaries have incurred significant transactional commissions when dealing with mobile money agents and retail outlets.

Given these developments, much of the response under this HRP is planned to be in-kind assistance. However, sectors will continue to explore the possibility of using cash transfer programmes, particularly for vulnerable households in urban and peri-urban settings, including by looking at lessons learned from past or current programming such as the "cash and care" programme supported by UNICEF through the Child Protection Fund and the WFP pilot urban programme, which has already reached 100,000 people in eight urban domains across the country, complemented by livelihoods activities to enhance the resilience of the targeted vulnerable population, such as nutrition gardens.

During the implementation of the plan, economic issues may affect commodity availability, access and pricing on the local market, as well as availability of fuel. Due to the operational context, partners have had to shift to a predominantly in-kind response, as outlined below, which may face logistical and administrative difficulties but is deemed more feasible at present than large-scale use of cash and voucher assistance. A Logistics Working Group has been established with a mandate to streamline the logistics network and ensure commonality with regards to clearance processes and dealing with Government institutions.

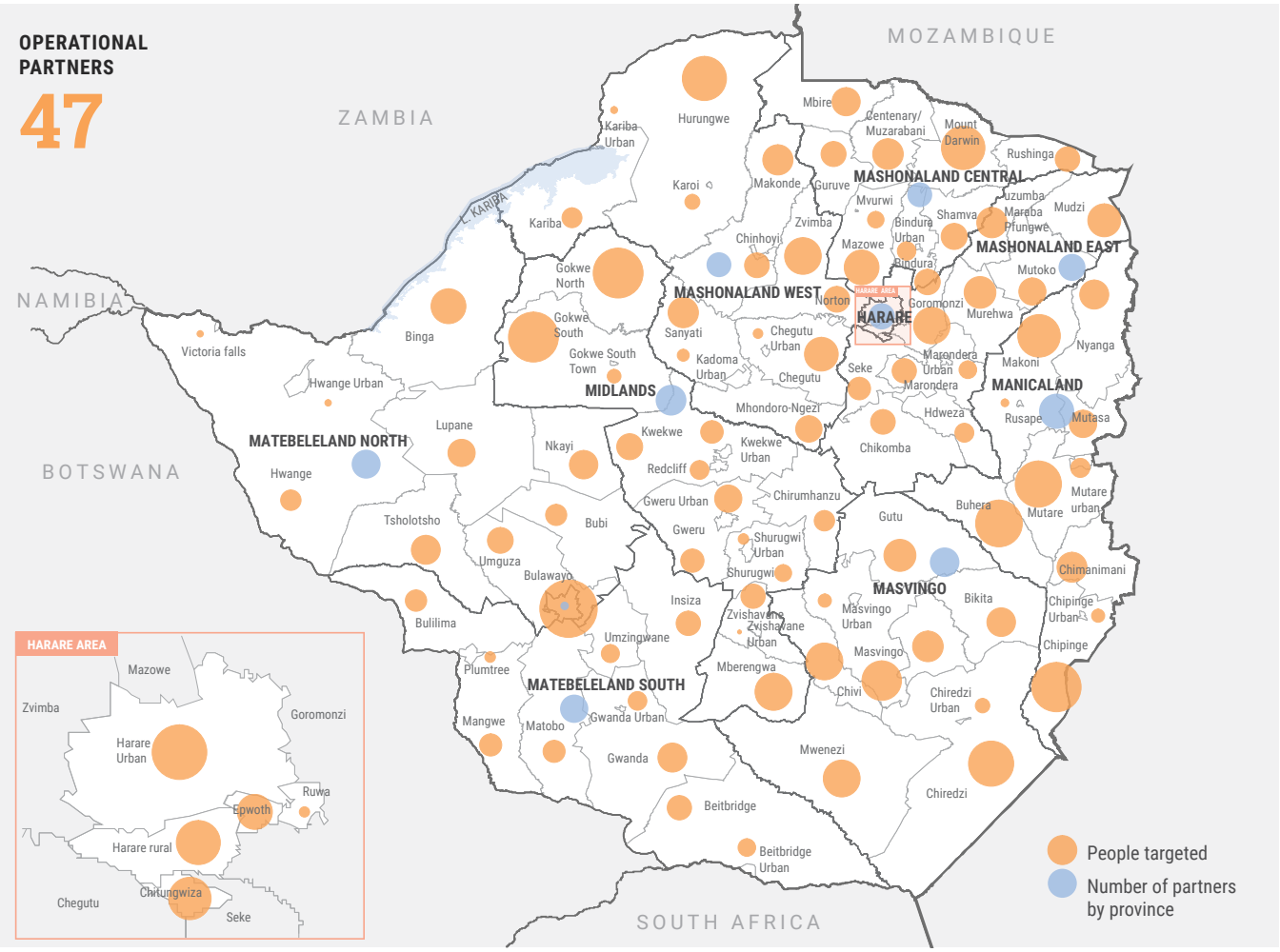
Feasibility

Despite facing challenges, the humanitarian community is confident in its ability to implement the planned activities under the HRP, leveraging existing government capacity, utilizing established coordination mechanisms and expanding ongoing responses to ensure adequate coverage across the country and address the most critical humanitarian needs.

Costing Methodology

Under the 2020 Zimbabwe HRP, Clusters primarily used project-based costing, but did combine this with some activity-based costing calculations to ensure value-for-money.

Planned Response



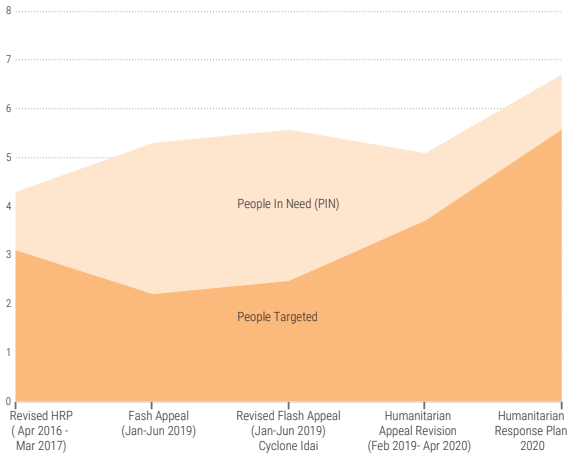
CLUSTER	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	OPERATIONAL PARTNERS	NUMBER PROJECTS
Coordination and Camp Management	950	**950**	**950K**	1	1
Education	1.2M	**853K**	**41.7M**	8	8
Food Security	6M	**4.4M**	**483.3M**	25	18
Health	4M	**3M**	**64.7M**	5	5
Nutrition	1M	**606K**	**18.8M**	10	10
Protection	1.6M	**991K**	**21.3M**	17	17
Child-Protection	1.2M	**422K**	**10.0M**	10	10
Gender-Based Violence	1.3M	**845K**	**11.3M**	7	7
Shelter	128K	**91K**	**10.6M**	5	5
WASH	3.7M	**2.7M**	**65.4M**	16	15
Total	**7M**	**5.6M**	**715M**	**47**	**92**

Historical Response Trends

Over the past four years, the humanitarian community has developed four appeals for international assistance for Zimbabwe, in support of Government-led responses. The first was a Humanitarian Response Plan launched in April 2016, following the declaration of a state of disaster by the Government of Zimbabwe due to the unprecedented drought caused by the El Niño phenomenon. The HRP (April 2016 to March 2017) called for US$360 million to target 1.86 million people with vital, life-saving, assistance. The second was a Flash Appeal launched in response to the severe 2018-2019 drought, which called for $234 million to respond to the most urgent needs of 2.2 million people from January to June 2019. This appeal was then revised twice: first, following the impact of the Cyclone Idai weather system on Zimbabwe in March 2019; second, following the release of new data on the escalating food insecurity situation in mid-2019. Under the last revision of the appeal, 3.7 million people were targeted -and nearly 2 million people were reached- with assistance and protection.

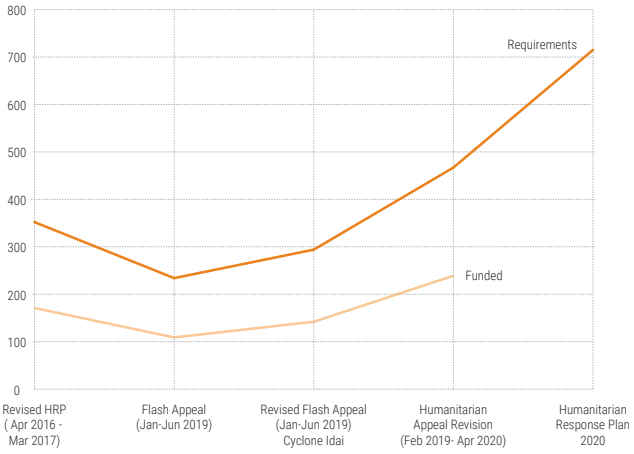
Humanitarian Response (2016 - 2020)

In millions of people



Financial Requirements (2016 - 2020)

In millions of US$



Response reach under previous HRP

SECTOR	REQUIREMENTS (US$)	PEOPLE IN NEED	PEOPLE TARGETED	PEOPLE REACHED (2019)
Agriculture and Livelihoods	**$48.9M**	2.1M	1.2M	**1.02M**
Education	**$7.7M**	796K	595K	**tbc**
Food Security	**$320M**	3.6M	2.5M	**1.8M**
Health	**$16.9M**	4.1M	1.5M	**600K**
Nutrition	**$14.7M**	335K	251K	**41K**
Protection				
Child Protection	**$7.2M**	151K	133K	**61K**
Gender-Based Violence	**$2.1M**	841K	512K	**80K**
Shelter	**$8.9M**	90K	90K	**30K**
Water, Sanitation & Hygiene	**$31.1M**	1.9M	1.5M	**1.3M**

Part 3

Monitoring & Accountability

Response Monitoring

In 2020, humanitarian partners will strengthen monitoring efforts and systems to ensure that the response remains fit-for-purpose and at the required scale, as follows:

- Overall progress against the HRP will be discussed at regular meetings between the Government and the United Nations Resident Coordinator.
- Inter-sectoral outcome indicators will be monitored through the Inter-Cluster Working Group and the Information Management Working Group, which will track progress against output indicators in order to update the Government, Resident Coordinator and Humanitarian Country Team. The response achievement data will be reported at district level and disaggregated by population group (refugees, IDPs and drought affected individuals), sex and age. In addition, sectors/clusters have committed to strengthen reporting on people living with disability or HIV who have been reached, as well as to capture monthly operational presence data.
- Sectoral response monitoring will be undertaken through sectoral and cluster monitoring tools, in collaboration with respective line Ministries. Each cluster has defined its objectives, linked to the overarching strategic and specific inter-sectoral objectives, disaggregated to district level, as well as demographically, with a focus on the most vulnerable groups as identified by each cluster. All clusters will report progress against selected indicators through the 5Ws mapping tool (Who does What, Where, For Whom and When) on a monthly basis.

As result of the monitoring effort, various information products and analysis will be produced on a regular basis, such as Humanitarian Dashboard, Funding Overview and Operational Presence map.

Monitoring of Needs

Needs monitoring will be undertaken throughout the year to assess risks and changes in context and any implications for response operations and strategy. Multiple sources of data (ZIMVAC, IPC Food Security and Nutrition Monitoring System (FSNMS), WFP Weekly Market Assessments reports and Food Security Outlooks, IOM Displacement Tracking Matrix, inter-agency assessments, sectoral rapid assessments and risk monitoring tools etc.) will be used to understand changes in the humanitarian context. As further vulnerability information becomes available (Rapid Lean Season Assessment, 1st and 2nd round Crop and Livestock Assessment, IPC and ZIMVAC), the HRP may be reviewed if there are significant changes in the severity of the needs that might require a shift in the response strategy.

Accountability to Affected People

A number of mechanisms are in place in Zimbabwe to ensure accountability to affected people (AAP), including hotlines and complaints and feedback mechanisms. However, there is recognition that there is a need for more cohesive and streamlined approaches to ensure that participation, feedback and perceptions of people are systematically integrated across sectors and the programme cycle. Question-and-answer sessions will be regularly conducted to keep people affected by the crisis informed of the response. Participation of affected people is envisaged in needs assessments, including through focus group discussions and use of tools aimed at ensuring alignment of strategic interventions to the specific needs of targeted communities. Inception meetings will be conducted at Provincial and District level and with local leaders at community level to guide responders on the priority needs of the communities. Sector/cluster partners will also engage local radio stations to develop local content for appropriate radio messaging with affected communities.

Protection against Sexual Exploitation and Abuse (PSEA)

In 2020, the humanitarian community in Zimbabwe will ensure that PSEA is comprehensively addressed, including through the finalization of a collective PSEA Strategy. The implementation of this strategy will be facilitated by the PSEA Task Force Steering Committee. As a key part of implementation, a dedicated PSEA Coordinator will be placed within the RC's office, who will work closely with the HCT, Protection Cluster and organizational PSEA Focal Points to mainstream PSEA actions across the humanitarian response. The PSEA coordinator will chair the PSEA task force and lead the inter-cluster team during the development of Standard Operating Procedures and establishment of community-based complaint mechanisms (CBCM) which are in line with global standards.

Humanitarian Programme Cycle Timeline

	MAR	JUN	SEP	DEC
Humanitarian Dashboard	●	●	●	●
Who does what, where (3Ws)	●	●	●	●

Part 4

Sectoral Objectives & Response

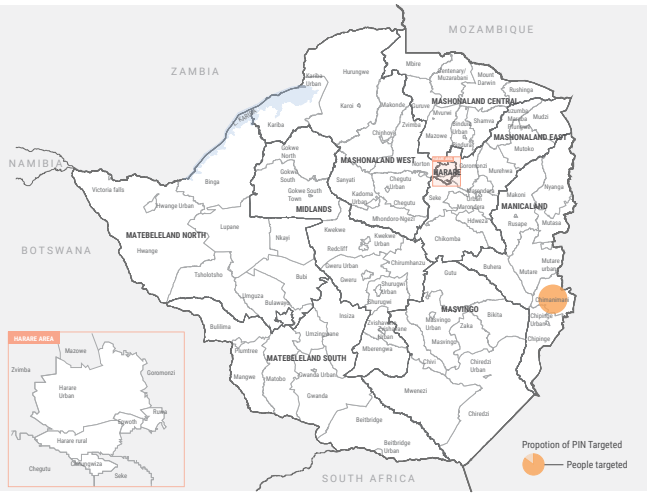
CHIMANIMANI DISTRICT, MANICALAND PROVINCE

A man stands by sacks of maize grain received as part of a Cyclone Idai recovery project to address food insecurity at Chaseyama Growth Point. Photo: OCHA/ Jayne Tinashe Mache.

4.1

Camp Coordination & Camp Management (CCCM)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
953	953	$950K	2	1



Overview

The CCCM Cluster provides technical assistance to the government and established camp coordination and camp management activities in three formal camps, and one informal camp, for 953 internally displaced people (IDPs), in Chimanimani district. Most of the temporary structures in the camps are worn out, as they were only meant to last for three to six months, while IDPs are exposed to recurrent bad weather conditions (floods, strong winds, mudslides), including during the 2019/2020 rainy season. There is, as yet, no feasible relocation plan, and IDPs are expected to remain in the camps for at least six to twelve more months. It is therefore critical to resume and continue CCCM activities in 2020. The funds supporting these activities ended in September 2019.

Targets and Response Priorities

In 2020, CCCM will target all 953 people who are still living in camps, as their vulnerability remains high. There will be full coverage of, and accessibility to, services for all IDPs living in camps, regardless of gender, age and disabilities. The main aim is to increase the quality of the facilities to provide stronger and more resilient structure to withstand rain and storm therefore mitigating further risks and protection issues that might arise. Based on lessons learned, coordination mechanisms need to be improved -including coordination of the camp committees- to ensure appropriate communication between local authorities and people living in the IDP camps in Chimanimani. The Government has not yet firmly availed alternatives for permanent relocation of people living in camps and, in this context, the cluster will support the development of an appropriate exit strategy.

Response Strategy and Modalities

CCCM Cluster partners will provide assistance and protection to IDPs in displacement sites and surrounding host communities, while offering technical support to the Government to ensure that appropriate solutions -both short- and long-term- are provided for IDPs.

Key activities include:

- Dedicated camp staff will be deployed and supervised by CCCM cluster partners to manage and coordinate camp operations to ensure the rights of IDPs are respected and that the overall humanitarian lifesaving response is well coordinated.
- Updated information on IDP locations, demographics, intentions and population flows, as well as service delivery monitoring at site level, will be provided by IOM's DTM tool to ensure that there are no gaps or duplication of activities.
- The current shelter infrastructure in the camps will be upgraded with transitional shelter structures (roofing and flooring), as agreed among Shelter Cluster partners and government counterparts, to ensure families are able to cope with the impact of bad weather, including the rainy season.
- Technical support and guidance will be provided to government counterparts to operationalize a permanent relocation strategy, with a view to solutions that are durable and non-camp-based for those displaced, as well as ensuring temporary displacement sites are safely closed and decommissioned after use.

Gender markers are set up for every project proposal to ensure that a gender-sensitive CCCM approach is implemented. Disaggregated data is requested in terms of gender for every camp to ensure the needs of the most vulnerable groups is being addressed, specifically women and girls.

Accountability to Affected People

CCCM will support a rights-based approach, improving programme relevance, effectiveness, efficiency, sustainability and impact and above all the quality of services by ensuring that the response meets what affected people identify as their needs. The cluster will identify

and reinforce a complaint and feedback mechanism, suggestion boxes and toll-free lines to ensure that minimum standards are being met and protection issues, including gender-based violence, are identified and mitigation measures implemented. A systems approach to AAP, including Prevention of Sexual Exploitation and Abuse (PSEA), will be structured to increase the impact of individual partner efforts, offer resource efficiencies and provide more coherent and accountable services to the people that the interventions seeks to assist.

Cost of Response

The estimated cost of the CCCM response is $950,000. Efforts will be made to procure the materials required for shelter upgrades from the nearest suppliers to support the local economy. An analysis will be conducted to ensure quality and continuity of CCCM interventions, as well as to maximize the overall impact of the resources available.

Monitoring

Daily information boards are set up in the camps to manage activities, including the distribution of assistance, as well to ensure coordination of the camp committees to provide the appropriate security system and support to the affected population.

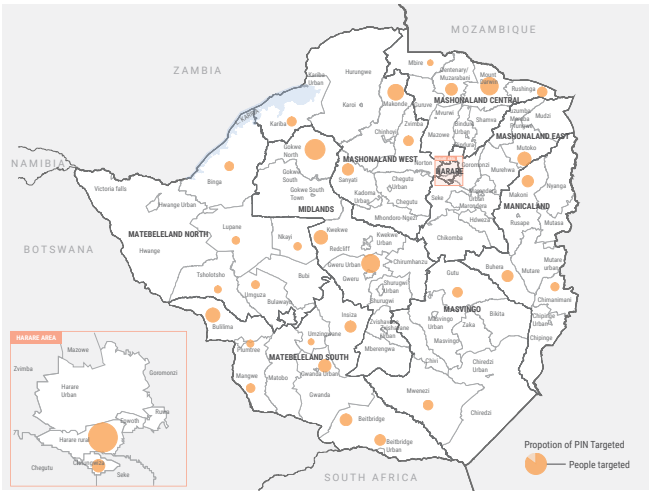
Periodic meetings will be held between CCCM Cluster partners and local authorities at the different levels of PA, DA and the Civil Protection Department to: provide information on the situation of people in the camps; advise regarding needs or concerns that arise; and ensure that measures and actions are being taking in order to provide an effective and prompt response to the relocation plan, and the exit strategy.

Camp Coordination & Camp Management (CCCM) Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
CCCM Objective 1: Ensure IDPs received appropriate service delivery through site level management. **Relates to Strategic Objective 2: (Specific Objective 2.2)**	Number of IDPs accessing basic services (water, food, health, psychosocial support).	953	953
CCCM Objective 2: Improved protection and coordination mechanisms in the camps. **Relates to Strategic Objective 2: (Specific Objective 2.2 & 2.3)**	Number of IDPs using the complaint and feedback mechanisms.	953	800
	Number of information products disseminated to IDPs.	672	470
	Number of engagement meetings held with IDPs committees, partners and local authorities.	12	10

4.2 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
1.2M	853K	$41.7M	8	8



Overview

The humanitarian crisis in Zimbabwe is expected to have far-reaching implications for school readiness, attendance and participation. The Education Cluster estimates 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), will need emergency and specialized education services in 2020. This includes more than 853,000 children in acute need, such as: children not enrolled in school; orphans and other vulnerable children (OCV), including children with disabilities and children living with HIV; and those in need of school feeding

Targets and Response Priorities

Education partners will target 853,032 children (425,663 girls and 427,369 boys) in primary schools (including early childhood development (ECD) learners). This includes 37,276 children (15,000 girls and 22,276 boys) with disabilities. In 2020, Education partners will focus specifically on primary-level learners (3 to 12 years old) with a nationwide reach, targeting the 33 districts with the most acute needs. This represents a shift in both scope and geographic coverage from 2019, when the Education response covered both primary and secondary learners but only in Cyclone Idai-affected areas. The education response will complement responses by other sectors that seek to deal with the multi-faceted nature of the crisis.

Response Strategy and Modalities

The Education Cluster response will seek to facilitate access to quality education through an integrated approach and close collaboration with other sectors/clusters. For provision of psychosocial support, which is central to this response, the Education Sector will collaborate with Protection and Health actors, including to establish referral pathways for children requiring specialized care. To support installation of WASH services in learning spaces and to promote good hygiene practices, the Education Cluster will work closely with WASH actors. The cluster will also strengthen the capacity of the main duty bearers -the Ministry and Directorates of Education, and parents- to support children's continued access to education in the context of emergencies.

A combination of direct implementation and partnerships will be used. Direct implementation will involve cluster members (in collaboration with relevant Ministries) delivering services directly, while partnerships will entail collaborative implementation with key stakeholders, such as the Ministry of Primary and Secondary Education (MoPSE) and communities, to deliver activities such as teacher and community capacity development in order to enhance prospects for sustainable programming.

A gender- and disability-sensitive approach will be employed throughout the interventions, with consistent attention to collection disaggregated data in every analysis. Gender-sensitive messaging will be utilised to ensure that responses are appropriate for the distinct needs of boys and girls. Training on gender- and child-sensitive planning will be undertaken. Poor and marginalized learners will receive integrated social protection services.

Accountability to Affected People

Communities in Zimbabwe play a vital role in education. Lessons learned from the Post Cyclone Idai Assessment highlight that communities supported the education response, including through provision of labour, materials and financial support to help restore the functioning of schools. In other areas, communities continue to support the implementation of the MoPSE's Home Grown School Feeding Programme (HGSFP). In addition, the MoPSE, with support from development partners, has developed a Community Engagement Handbook, to enhance the capacity of communities and education personnel to create partnerships that will ensure equity and inclusion in and through education. While this Handbook is yet to be launched, it has been piloted and used to facilitate community engagement initiatives to raise awareness on and address the needs of out of school children, including those at ECD level and learners with disabilities.

Building on this foundation, education partners will prioritize the printing, distribution and operationalization of lessons from the Cyclone and the Handbook during the 2020 response. The education

response will be anchored in a rights-based approach that puts persons of concern at the centre of decisions that affect their lives. Community engagement modalities to be undertaken by partners include, but are not limited to:

- Institutionalizing PSEA to enhance community-based protection.
- Promoting meaningful participation among stakeholders, including members of communities, in the assessment and response to emergent humanitarian challenges. The cluster intends to share the Post Cyclone Assessment with communities, to enhance the response to future disasters.
- Sharing information in local languages and formats to enhance engagement of communities. Some materials, such as books, will be translated into local languages.
- Working through and strengthening existing mechanisms, such as School Development Committees, to enhance their capacity to respond.
- Promoting Disaster Risk Reduction and Resiliency to enhance communities' readiness.

Cost of Response

The Education Sector is requesting approximately $41.7 million to meet the emergency education needs of children affected by the humanitarian situation. This was estimated by establishing the main activities relevant to the situation, after which each participating partner carried out estimates in accordance with the agreed standards. These estimates were then put together to arrive at the overall estimated cost.

Cost-efficiency measures are embedded in the design of each project, leveraging resources already available in the system. Meanwhile, the integrated approach with Child Protection and WASH maximizes resources by limiting duplication. Capacity building of national actors will seek to reduce the need for sustained emergency interventions in the education sector. The main cost drivers, such as relief provisions, will require special attention to reduce costs, such as through bulk buying. Other strategies for cost effectiveness will include joint activities, such as training, assessments, monitoring and evaluation

Monitoring

Education Cluster partners will monitor the response to measure progress against targets. This will be done through tracking and reporting on key indicators in Activity Information. Programmatic adjustments will be made as and when necessary, as dictated by the situation on the ground, to ensure alignment with the nature and scale of the needs. Monitoring tools will be developed to include specific indicators to be tracked, with sensitivity to issues of access and participation by age, gender and disability status. The matrix shows the indicators of interest by specific and cluster objective.

Education Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Education Objective 1: Ensure that all targeted boys and girls are protected, fed and retained in school during the emergency. **Relates to Strategic Objective 2: (Specific Objective 2.2 & 2.3)**	The percentage of boys and girls enrolled in school (ECD to Grade 7) in districts severely affected by the humanitarian situation.	1.2M	853K
	The percentage of orphans and vulnerable boys and girls benefitting from any form of educational support in districts severely affected by the humanitarian situation.	1.2M	340K
	The percentage of boys and girls benefitting from school feeding in districts severely affected by the humanitarian situation.	1.2M	853K
	The number of trained teachers (male and female) providing ECD to primary school education in districts affected by the humanitarian situation.	-	-

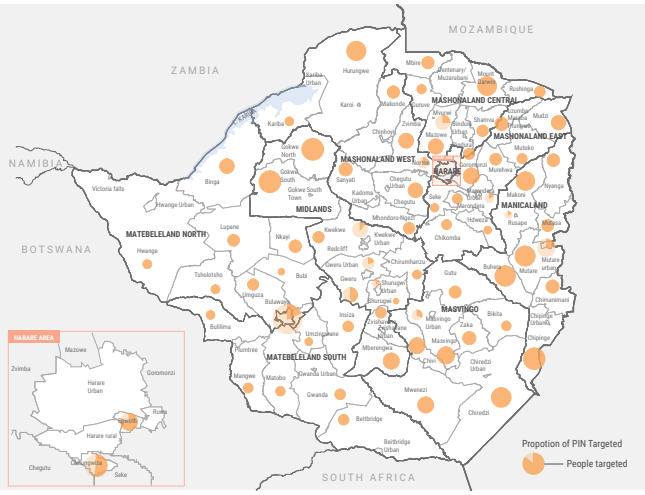
Additional COVID-19 Response & Requirements

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

For more details see the COVID-19 Addendum on page 52

4.3 Food Security

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
6M	4.4M	$483.3M	35	27



Overview

Food Security Cluster (FSC) partners will target 4.4 million people with emergency food or cash assistance support; while the government has committed to support the remaining vulnerable households. In rural districts, partners will prioritize those communities in areas classified in IPC phase 3 and 4, where a total of 4.1 million vulnerable people will be targeted. In addition, 300,000 people will be targeted in twelve urban and peri-urban areas where food security indicators (Food Consumption Score, Household Dietary Score and Share of Food Expenditure) are most severe. FSC partners also plan to provide protection rations to 534,000 children under age 5 and pregnant and lactating women, to complement the standard food basket. In addition, the FSC partners aim to provide agriculture and livestock inputs to 1.5 million people out the 2.8 million vulnerable people classified in IPC phase 3 and 4 in the small-holder farming sectors, while the government plans to provide support to the remaining small holder farmers. FSC partners and Government will focus resilience-building interventions for enhancing emergency food production through complementary vegetable and crop seed, livestock support and training. Humanitarian support will be reviewed when the results of the 2020 IPC Update and the 2020 Second Round Crop and Livestock Assessment are concluded.

Targets and Response Priorities

FSC partners' 2020 targets have increased by more than 60 per cent for both food assistance and agriculture support compared to 2019. While cyclone-affected areas were prioritized in 2019, the 2020 response will be national and include all drought-affected districts and urban areas, where FSC partners and Government support are required to address serious household vulnerability, improve food consumption and dietary diversity, and reduce reliance on negative coping strategies. The planned interventions will target all acutely food insecure urban and rural populations i.e. areas classified in IPC phases 3 (crisis) and 4 (emergency) to improve food consumption and access.

Response Strategy and Modalities

Considering the latest market assessments and given the poor market performance and cash shortage, in-kind and voucher approaches are encouraged in rural areas for the peak of the lean season i.e. January to April 2020. In urban and peri-urban areas, there is no timeline and modality limitation, but cash-based support remains the preferred modus operandi.

The standard food basket to be provided is 7.5 kg of cereals, 1.5 kg of pulses and 0.75 litre of fortified oil, or their cash equivalent. The standard food assistance household ration will be combined with the distribution of nutritional support for children under age 5, pregnant and lactating women and will provide a platform for nutrition complementary activities. Children aged 6-59 months (excluding MAM and SAM cases) will initially receive Super Cereal Plus then switch to Lipid-Based Micronutrient Supplement - Medium Quantity (LNS-MQ). Pregnant and lactating women with children younger than 6 months old will be given Super Cereal Plus throughout the response.

Actions developed by agriculture partners and Government will focus on restoring the productive capacity of drought-affected small holder farmers and enhancing their resilience to future shocks. To enhance the resilience of vulnerable populations to food crises, support to the restoration of livelihoods and agricultural production should be closely integrated with interventions aimed at building resilience e.g. crop pest management, livestock disease surveillance and reduction of post-harvest losses. Furthermore, community nutrition gardens with access to water are encouraged as is the provision of drought tolerant seeds and fertilizer. The sector response includes early action interventions that complement ongoing development projects undertaken by agriculture partners, such as emergency rehabilitation of agriculture infrastructure and other rapid interventions designed to mitigate the effects of a poor rainfall season, protect development gains and strengthen the resilience of communities to future shock.

The multiple projects developed by the partners in the FSC will systematically integrate cross-cutting measures to cover gender,

protection, climate change, nutrition, accountability and inclusion, and will be implemented in a coordinated manner. FSC partners will develop quality programs and set up appropriate monitoring and reporting mechanisms and will also be encouraged to establish strong partnerships with Government, national NGOs and the private sector. FSC partners' support is one component of the planned multisectoral response under the HRP that complements Government actions to address humanitarian need. The FSC will continue to engage and collaborate with the Nutrition, WASH and Health sectors, in particular, to maximize the humanitarian response by leveraging cross-cutting interventions. Humanitarian partners will continue working closely with Ministry counterparts to ensure complementarity in covering those in need.

Accountability to Affected People

FSC partners are committed to provide the best possible service to the people they support. This means to give account to, take account of and be held to account by assisted people. This commitment is based on three components: information provision; consultation; and complaints and feedback mechanisms:

- Information provision will be achieved through various means, including posters, banners, pre-registration and pre-distribution addresses and community sensitization meetings. Information delivered includes, but is not limited to, selection criteria, entitlements, duration of assistance and reporting channels. During monitoring, progress is tracked to establish effectiveness of information dissemination strategies through determining the level of knowledge among assisted households.
- Consultations are one approach employed to enhance the appropriateness and effectiveness of programmes by ensuring that needs are correctly identified and that programmes support households' capacities. Engagement with targeted communities is conducted through consultations with affected people, for example through community-based targeting and selection processes, and participation in programme design and implementation. Information on the level of community participation and engagement is tracked through post-distribution monitoring.
- Complaints and feedback mechanisms (CFMs) provide a channel through which affected people can voice their needs and concerns. Available mechanisms include help desks, suggestion boxes and a toll-free hotline. All CFMs should have procedures for recording, referring, taking action and providing feedback to the complainant.

In the case of agriculture and livelihoods projects, comprehensive stakeholder engagement is required at the project inception phase to ensure the needs of targeted communities are fully examined, evaluated and validated, in consultation with local authorities, stakeholders and members of targeted communities. Specific AAP considerations will be made, such as ensuring the appropriate type of assistance is given to targeted populations, taking into account the agro-ecological regions and main livelihood activities.

Cost of Response

The Food Security Cluster requires $483.3 million to carry out the planned activities. More than 80 per cent of these funds are required for the provision of food assistance—231,075 metric tons of food commodities planned—to address acute and life-threatening food insecurity in the most vulnerable rural and urban communities. Twenty per cent of the funding is required for livelihood support, including the cost of procuring 15,000 tons of cereal seed

Monitoring

FSC partners will maximize community engagement, including suggestion boxes, help desks, focus group discussions, hot-lines, pre- and post-distribution monitoring interviews and radio messaging, to monitor the community's perception of and level of satisfaction with the service provision. Inclusiveness will be at the fore to ensure beneficiaries consulted and informed through the entire cycle of the response.

Further, the FSC will monitor output level indicators, including the number of people receiving food assistance, livelihood support and trainings, through monthly 5W reporting. In parallel, the Urban and Rural ZimVac livelihoods assessments and the Crops and Livestock Assessment will be undertaken and will provide a comprehensive situational overview, especially as the 2019/2020 agricultural season unfolds.

Additional COVID-19 Response & Requirements

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

For more details see the COVID-19 Addendum on page 54

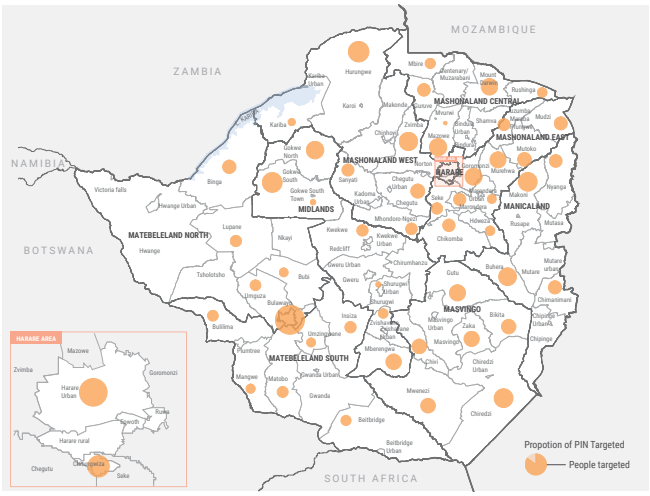
Food Security Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Food Security Objective 1: 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 severe seasonal shocks or other disruptions. **Relates to Strategic Objective 1: (Specific Objective 1.1)**	Number of women, men, boys and girls receiving food/cash-based transfers/ commodity vouchers/capacity strengthening transfers in rural areas .	1.2M	1.2M
	Number of individuals benefitting from protection rations.	534K	534K
Food Security Objective 2: Prevent 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 to repeated exposure to multiple shocks and stressors. **Relates to Strategic Objective 2: (Specific Objective 2.1)**	Number of women, men, boys and girls receiving food/cash-based transfers/ commodity vouchers/capacity strengthening transfers in rural areas	2.9M	2.9M
	Number of women, men, boys and girls receiving food/cash-based transfers/ commodity vouchers/capacity strengthening transfers in urban and peri-urban areas	1.7M	300K
	Number of households receiving season-sensitive emergency crop and livestock input assistance	2.8M	1.5M
	Number of individuals benefitting from rehabilitated or newly built critical community assets for crop and livestock production	400K	300K
	Number of vulnerable small holder farmers receiving extension and advisory services to improve yields, manage crop pests and livestock diseases	1.9M	1M

CHIMANIMANI DISTRICT, MANICALAND PROVINCE
A displaced woman by Cyclone Idai Photo: OCHA/Saviano Abreu

4.4 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
4M	3M	$64.7M	6	6



Overview

The drought and economic situation have had a negative effect on the health sector, with reports of stock-outs of life-saving medicines and commodities at all levels of care, along with reports of increased morbidity due to drought-related childhood diseases, increased vulnerability of women to gender-based violence and negative impacts on sexual and reproductive health. Under the HRP, health partners will target 3 million people across the 52 hardest-hit districts with life-saving and life-sustaining health assistance.

Targets and Response Priorities

Compared to 2019, the health response will increase in scope and scale in 2020, doubling its target from 1.5 million people to 3 million. The response will focus on three elements: 1) providing essential, life-saving, medicines to health-care facilities; 2) supporting sexual and reproductive health care for the most vulnerable women and girls; and 3) better identifying and responding to communicable disease outbreaks.

Response Strategy and Modalities

Health Cluster partners plan to scale-up the provision of essential medicines to ensure that adequate medication and supplies are available to respond to the crisis, including diarrhoea kits and NCD kits. Case management of conditions among children, men and women will be strengthened to improve early detection, treatment and outcomes. Reproductive and maternal health services will be bolstered through: procurement and distribution of emergency and referral reproductive health kits; strengthening the referral system for obstetric emergencies, including equipping ambulances; capacity building of health workers in the Minimum Initial Service Package (MISP) for reproductive health in humanitarian situations; strengthening STI prevention and management, including for women and girls living with HIV; ensuring availability of survivor-centred services for survivors of GBV; and supporting maternity waiting homes, including food and nutrition support for admitted women. Integrated Disease Surveillance and Response (IDSR) will be intensified in the 52 most affected districts to improve identification and response to disease outbreaks, while the capacity of laboratories to detect priority disease conditions will be enhanced through support with reagents and equipment, as well as capacity-building among laboratory scientists to carry out sample testing effectively.

The Health Cluster will promote close collaboration with other sectors/clusters to tackle cross-cutting issues. For psychosocial support, the Cluster will collaborate with Protection and Education actors. On disease outbreaks, the Health and WASH clusters will work closely together. Health partners will work closely together with the Nutrition Cluster on identification, management and treatment of malnutrition, particularly in cases of severe acute malnutrition with complications. Health partners will engage closely with Protection partners to ensure survivor-centred care for GBV, including through providing clinical management of rape.

The Health Cluster acknowledges the critical importance of placing protection at the centre of humanitarian action and partners will adhere to the Inter-Agency Standing Committee (IASC) statement on the "Centrality of Protection in Humanitarian Action". All activities carried out by health partners will be aimed at obtaining full respect for the rights of all individuals in accordance with international law, taking into account their age, gender, social ethnic, national, religious or other background. The cluster will seek to embrace diversity and inclusion by ensuring that vulnerable groups, including people with disabilities, have equal access to health services.

Accountability to Affected People

To ensure accountability to affected people the Health Cluster will work closely with community structures, starting from the primary health care level. Partners will ensure that communities have a say in the type of health intervention, delivery modality, and quality of service they receive. Community engagement platforms -such as community meetings and Health Centre committees- will be utilized to ensure participation and inclusion from affected communities, and health partners will ensure representation of men and women, girls and boys in the platforms. To foster knowledge development, health partners will hold regular meetings to share good practices on AAP.

Cost of Response

The Health Cluster requires $64.7 million to implement the activities outlined in the HRP. The bulk of the requirements are related to the procurement of medicines for primary health-care facilities, with unavailability of adequate medical supplies and equipment in health facilities being one of the key cost drivers for the response. The envelope was based on the Ministry of Health and Child Care Investment Case costing for medicines and provision of essential health services. All partners will directly implement activities, thereby reducing transfer costs.

Monitoring

The Health Cluster's planned response was informed by a number of assessments. Health partners will conduct rapid needs assessment in order to ensure that the responses are relevant, appropriate and acceptable to the affected communities. To enhance program quality, joint and integrated monitoring and evaluation will be carried out by the health sector partners and the Ministry of Health and Child Care.

Health Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Health Objective 1: Incidence of key communicable diseases, especially cholera, is below emergency thresholds throughout 2020 **Relates to Strategic Objective 1: (Specific Objective 1.3)**	Number of people protected against diarrhoeal diseases including cholera.	840K	840K
Health Objective 2: Excess maternal mortality rates are reduced by 20 per cent in 16 priority districts by the end of 2020. **Relates to Strategic Objective 1: (Specific Objective 1.4)**	Number of women receiving antenatal care.	1.6M	1.6M
	Number of institutional deliveries (NVDs and caesarian sections).	Pregnant women 192K	Pregnant women 192K
Health Objective 3: The delivery of basic services are extended to 3 million people in 52 districts **Relates to Strategic Objective 2: (Specific Objective 2.2)**	Number of people accessing health services.	4M	3M

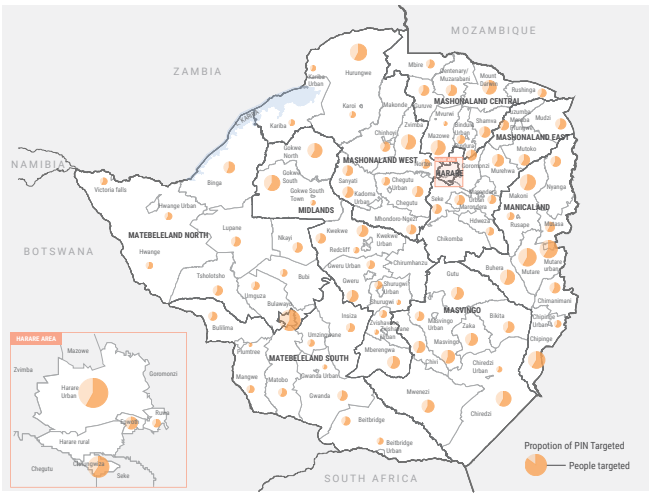
Additional COVID-19 Response & Requirements

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

For more details see the COVID-19 Addendum on page 56

4.5 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
1M	606K[5]	$18.8M	10	10



Overview

Widespread economic shocks and drought have left over 1.1 million children and women in need of humanitarian nutrition assistance, including 95,000 acutely malnourished children (3.6 per cent of children under age 5) who require immediate life-saving nutrition treatment. The continuous sharp increase of food insecurity and inflation is expected to negatively impact access to the minimum nutritional diet for the most vulnerable far beyond the traditional lean season, which would ordinarily end in March. The anticipated increase in diarrhoeal diseases due to deteriorating access to safe water and appropriate sanitation will also worsen children's nutritional status. The nutrition response focuses on the groups that are most physiologically and socio-economically vulnerable to malnutrition, including pregnant and lactating women, children under age 5, and people living with HIV in the 56 hardest-hit districts and three urban and peri-urban areas.

Targets and Response Priorities

In 2020, the Nutrition Cluster will target 606,350 children under age 5: 18,982 SAM, 17,057 MAM, 570,311 children with low minimum acceptable diet and 225,700 pregnant and lactating women (PLW). The nutritional needs of school-age children and adolescents will be addressed through school feeding and school health programmes, by integrating with education and health sector emergency responses. While earlier analyses prioritised wasting as the only indicator for identifying people in need of emergency nutrition interventions, for the purposes of this HRP, the minimum acceptable diet (living standards) indicator was included because of the risks of wasting, stunting and micronutrient deficiencies faced by children (both young and school age) and pregnant and lactating women who are food insecure. The incapacitation of the health sector and increased risk of diarrhoeal diseases due to poor WASH led to increased prioritization of urban locations under this plan. Finally, the targeting (through the education cluster) of school age children and adolescents with nutrition emergency response will be initiated.

Response Strategy and Modalities

The thrust of the Nutrition Sector's response is two-pronged to provide lifesaving treatment of acute malnutrition and support for optimal nutrition to address the observed gap in dietary diversity. Broadly, the interventions are designed to meet the Core Commitments to Children (CCC) for nutrition emergencies.

Most nutrition interventions will be implemented at community level, with screening and infant and young child feeding in emergencies (IYCF-E) counselling and support being led by community health workers (CHWs) and utilising community structures such as care groups for IYCF and health centre committees. Treatment services will be provided at health facility level for acutely malnourished children and any other nutrition conditions, including pellagra. Each district has a District Nutritionist to lead the Nutrition Response at that level, and some priority districts have nutritionists (Ward Nutrition Coordinators) who are based at health facility level. These are strategically placed to support, supervise and report on activities at community level. School feeding and related school health programmes will be provided in schools and learners will be reached mainly through the Education Ministry structures.

The sector is closely engaging with the Food Security cluster to expand reach and improve coverage of nutrition services, including to utilise the opportunity created by General Food Distribution for integrating nutrition interventions. The cluster will use of an expanded protocol to treat all cases of moderate acute malnutrition (in addition to the already existing treatment of severe cases) using RUTF. Additionally, the nutrition cluster has initiated advocacy and support to the food security cluster to include supplementary specialized products targeting under-five children for all household benefiting from general food distributions. The nutrition cluster will also complement cash transfer interventions done by other sectors with nutrition interventions to maximize the impact of cash transfer responses.

Accountability to Affected People

Learning from the gaps of the previous emergency response, the Nutrition Sector/Cluster is prioritizing the development and implementation of a plan that provides guidance for sector/cluster partners on how to establish and operationalize mechanisms for accountability to affected people. Systematic inception meetings will be conducted at Provincial and District level, and with local leaders at community level, to guide responders on the priority needs of communities and support community feedback mechanisms, including on integrating PSEA reporting. Sector/cluster partners will also engage local radio stations to develop local content with affected populations. Throughout implementation, sector/cluster partners will undertake ongoing community-level consultations to improve community participation, ensuring that even the most vulnerable among the populations are not left out. During monitoring and evaluation, views of the beneficiaries will be sought to understand their experience with the programme and identify areas which could be improved in future. Tools such as U-Report (UNICEF) will be explored for use by cluster partners.

Sector partners, including all Provincial and District Nutritionists, have been trained on Prevention of Sexual Exploitation and Abuse (PSEA) and new partners or personnel will systematically be trained on PSEA. The project takes into account the increased vulnerabilities for women and girls to sexual violence, including sexual exploitation and abuse in relation to access to humanitarian assistance but also because of living in highly insecure settlements, and has taken this into account in the AAP Plan.

Cost of Response

The Nutrition Sector requires nearly $18.8 million, based on individual project budgets from 10 cluster partners. An average standard cost for district wide nutrition support was used to review the value for money component of each partner project. Based on the intensity of the response plan, especially at community level, a significant cost driver would be the deployment of field level mobile staff who will ensure that every child is reached with nutrition services. Procurement and distribution of nutrition commodities and equipment are other cost drivers which are essential for systems strengthening.

Monitoring

The Nutrition sector has allocated a budget for two assessments in 2020, as well as developing a dedicated reporting system to report on selected high frequency indicators. All districts will also be capacitated on information management to ensure quality data, adequate reporting and usage for decision making. All data will be disaggregated by age and gender.

Nutrition Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Nutrition Objective 1: To provide leadership for a coordinated nutrition response to women and children affected by the multi-hazards. **Relates to Strategic Objective 2: (Specific Objective 2.1)**	Number of Sector coordination meetings held.	12	12
Nutrition Objective 2: To provide life-saving nutrition treatment to all children affected by acute malnutrition in all rural and urban locations in the country. **Relates to Strategic Objective 2: (Specific Objective 2.1)**	Number of children screened for acute malnutrition.	1.9M	991K
	Number of children with SAM admitted for treatment.	38K	19K
	Number of children with MAM admitted for treatment.	57K	17K
	Number of acutely malnourished children successfully treated.	19K	14K
Nutrition Objective 3: To provide community level Infant and Young Child Feeding in Emergencies (IYCF-e) support to parents and caregivers of children below the age of two years in collaboration with the HIV programme in 56 priority locations. **Relates to Strategic Objective 2: (Specific Objective 2.1)**	Number of caregivers reached with IYCF-e messages.	1M	570K

Nutrition Objective 4: To provide micronutrient supplements to children 6 to 59 months and pregnant women (MNPs- 6-59; VAS- 6-59, IFA- Pregnant women) in 56 targeted emergency districts. **Relates to Strategic Objective 2: (Specific Objective 2.1)**	Number of children received micronutrient supplements.	1.9M	991K
Nutrition Objective 5: To improve decision making and effective nutrition response through strengthened data collection, reporting and information systems at all levels from community, health facility, district, provincial and national level across the country. **Relates to Strategic Objective 1 & 2: (Specific Objective 1.2 & 2.1)**	Number of Health facilities reporting on a monthly basis.	1.3K	950
	Nutrition assessment conducted.	2	2
Nutrition Objective 6: Procure and distribute essential nutrition commodities for prevention and treatment of acute malnutrition in all rural and urban locations in the country. **Relates to Strategic Objective 1 & 2: (Specific Objective 1.2 & 2.1)**	Number of health facilities with no stockouts of essential nutrition commodities.	1.5K	1.3K
Nutrition Objective 7: To ensure accountability to affected people (AAP), especially he vulnerable women, children, persons with disability in 92 rural and urban locations. **Relates to Strategic Objective 1 & 2: (Specific Objective 1.2 & 2.1)**	AAP Plan for the sector developed and implemented.	1	1
	Number of Community meetings/ dialogues conducted.	87	50

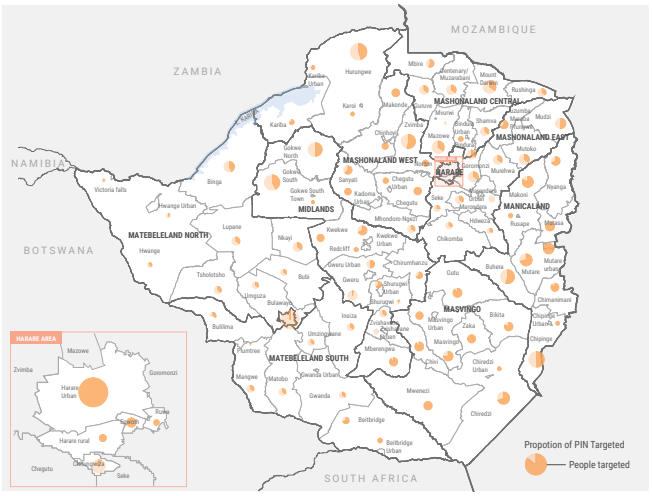
Additional COVID-19 Response & Requirements

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

For more details see the COVID-19 Addendum on page 57

4.6 Protection

	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
PROTECTION	1.6M	991K	$21.3M	16	17
GENDER-BASED VIOLENCE	1.3M	845K	$11.3M	7	7
CHILD PROTECTION	1.2M	422K	$10M	10	10



Overview

Protection risks are heightened by the deteriorating Zimbabwean multi-hazard crisis, where violence and discrimination related to natural disasters and economic shocks have exacerbated pre-existing gender and social inequalities. At least 1.7 million people need protection services, including women, men, girls and boys in the most food insecure districts. Levels of vulnerability depend on the combination of a range of factors, such as gender, age, economic status, protection services availability, and disability. The establishment of reinforced community mechanisms to address protection risks is therefore critical, while availability and accessibility of services need to be enhanced through mobile multisectoral solutions that cater for the hardest to reach areas.

Targets and Response Priorities

In 2020, the Protection Cluster will prioritize the provision of mitigation and response services for 991,000 people in 61 districts, focusing on those with the highest food insecurity rates (IPC Phase 3 through IPC Phase 4) and lowest access to protection services. Priority areas for programming will also be informed by qualitative indicators, such as remote and hard to reach rural areas, highly dense urban districts, mining areas, Cyclone Idai affected districts, trafficking-prone border towns, and districts with specific religious-cultural connotations, highly likely to impact on crisis-specific protection risks.

The GBV sub-cluster partners will target 844,711 people, of whom 70 per cent will be aged 15 to 49 years. An estimated 1 per cent of the target population will be people with disability. Data disaggregation will be conducted according to the above categories by all GBV sub-cluster partners.

The Child Protection (CP) sub-cluster will target 422,381 children (50 per cent girls, 50 per boys) with critical child protection services. Of this total, 30 per cent will be children under age 5, 70 per cent aged 6 to 18 years, 1 per cent will be children with disabilities and 2 per cent will be children living with HIV. Sub-cluster partners will disaggregate their data according to the above categories.

Response Strategy and Modalities

The protection cluster and its sub-clusters - Gender Based Violence and Child Protection - will respond to the emergency-related protection needs of women, men, girls and boys most affected by the multi-hazard crisis through continuous community participation. Partners will: enhance the effectiveness of community-based protection in order to mitigate the risk of exposure to GBV and child rights violations; strengthen the availability and accessibility of essential, multisectoral, life-saving and survivor-centred protection services, including health, psychosocial support, livelihood and reintegration services, with a special focus on those with high protection risks in remote and hard to reach areas, including women and children with disability and other special needs; and support intra and inter-cluster humanitarian actors to boost the integration of protection and PSEA interventions, ensure protection sensitive programming, avoid unintended GBV consequences and ensure "do no harm" is at the centre of the response.

<u>Gender-Based Violence</u>

GBV partners will scale up GBV mitigation and response efforts, in a joint effort to reach the most vulnerable. Community-based GBV risk mitigation systems will be reinforced, including community mechanisms for GBV surveillance and co-created safe spaces for women and girls, psychosocial support and livelihood skills enhancement. GBV multisectoral services availability and accessibility will be increased through: community-led GBV surveillance for case identification and timely referral; static and roving, mobile, disability

friendly One Stop Centres for GBV survivors in remote and hard to reach areas, providing specialized medical, psychosocial, security and legal support. Capacity of GBV specialized service providers, protection partners and humanitarian actors will be strengthened through promotion of GBV risk mitigation integration across clusters' operations and technical support for the establishment of PSEA community-based complaints mechanisms, in line with the IASC guidelines.

Child Protection

Child Protection partners will prioritize the following activities:

- Identification, documentation tracing, reunification and placement into interim care of unaccompanied and separated girls and boys
- Provision of child sensitive justice services for children in contact with the law
- Provision of multisectoral services (clinical care, psychosocial support, police and legal assistance, case management to child survivors of violence, including GBV,
- Provision of Child Friendly reporting and feedback mechanism (Toll free Child helpline, suggestion boxes including interactive sessions)
- Provision of access to civil registration services for undocumented children and other individuals
- Provision of community-based PSS interventions, including at child and women safe spaces
- Provision of PSEA and CP outreach and surveillance services
- Training of child protection actors and community-based child protection mechanisms on child protection in emergencies (CPiE)
- Training of humanitarian actors on PSEA and child protection mainstreaming

Accountability to Affected People

The Protection Cluster strategy is designed through the application of a participatory approach, which emphasizes the engagement of affected communities through:

- participation of affected people in protection needs assessments, including the utilization of FGDs aimed at ensuring alignment of strategic interventions to specific needs of targeted individuals, as well as to ensure that sites, models, timelines for protection risk mitigation and service delivery are culturally acceptable, do not modify or disrupt existing systems and are fully in line with the principle of do no harm;
- engagement of targeted community members to provide peer support within their respective communities, including through community-based dialogues;
- leveraging existing community-based protection and accountability mechanisms, such as Behavior change facilitators (BCFs), Community Child Care Workers (CCWs) and Child Protection Committees (CPCs) to participate in the implementation and monitoring of protection activities as frontline cadres for protection surveillance, case identification, referrals and follow up. Community cadres will work closely with protection service providers to ensure timely access to specialized services and community re-integration, while ensuring continuous monitoring of service quality; and
- integrating protection monitoring into other clusters' accountability mechanisms, including hotlines, community-based surveillance and other community-based complaints mechanisms, to facilitate multisectoral and inter-cluster linkages for comprehensive protection risk mitigation and response.

Cost of Response

The Protection Cluster requires $21.3 million ($11.3 million for GBV and $10 million for CP) to implement the planned activities for 2020. The costs were estimated based on similar existing programme initiatives and considering the local currency volatility. Cost-effectiveness was prioritized across outcomes, through the: utilization of existing and tested community-based protection mechanisms and structures; identification and refurbishment of existing community-accepted sites, rather than construction of new facilities; utilization of the most efficient procurement options (local vs international), on the basis of current availability and prices of goods in country; and enhanced coordination of service providers to avoid dispersion of resources during case management. The total estimated cost for each of the protection cluster targeted people amounts to just under $21. Indirect, administrative overheads will not exceed 20 per cent of the total budget, while assessments, monitoring and evaluation will utilize not more than 5 per cent of the total budget.

Monitoring

The Protection Cluster indicators are aimed at ensuring delivery of response, mitigation and capacity building interventions. The indicators also underscore delivery of specialized services for GBV survivors and children with special needs. The table below summarizes the monitoring framework that will be utilized to follow progress in protection over the course of the HRP.

Protection (Child-Protection & GBV) Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Protection Objective 1: Increased availability and accessibility of multisectoral protection services for survivors of violence, including GBV, sexual exploitation and abuse and separated and unaccompanied children. **Relates to Strategic Objective 2: (Specific Objective 2.1 & 2.2)**	Number of unaccompanied and separated girls and boys identified, documented, and receiving family tracing services (CP).	10K	5K (CP)
	Number of children in contact with the law accessing child sensitive justice services (CP).	24K	8K (CP)
	Number of survivors of violence, including GBV, accessing multisectoral services (clinical care, psychosocial support, police and legal assistance, case management, including at mobile OSCs and Community-based shelters) (GBV and CP).	188K (GBV) 306K (CP)	35K (GBV) 30K (CP)
	Number of undocumented individuals assisted with civil registration services (Protection).	808K (CP)	280K (CP)
Protection Objective 2: Strengthen the resilience of most vulnerable women and girls, men and boys, to mitigate their risk of exposure to protection risks. **Relates to Strategic Objective 2: (Specific Objective 2.2**	Number of vulnerable women and children reached with community-based PSS interventions, including at child and women safe spaces (GBV and CP).	480K (GBV) 422K (CP)	110K (GBV) 100K (CP)
	Number of individuals reached with community-based GBViE risk mitigation, PSEA and CP outreach and surveillance (GBV and CP).	1.3M (GBV) 1.2M (CP)	775K (GBV) 540K (CP)
Protection Objective 3: Enhance the capacity of Protection service providers and humanitarian actors across sectors to prevent, mitigate and respond to GBV, SEA and CP violations. **Relates to Strategic Objective 2: (Specific Objective 2.2)**	Number of multisectoral Humanitarian actors trained to integrate GBViE and CPiE interventions.	15K	4K (GBV) 3K (CP)

Additional COVID-19 Response & Requirements

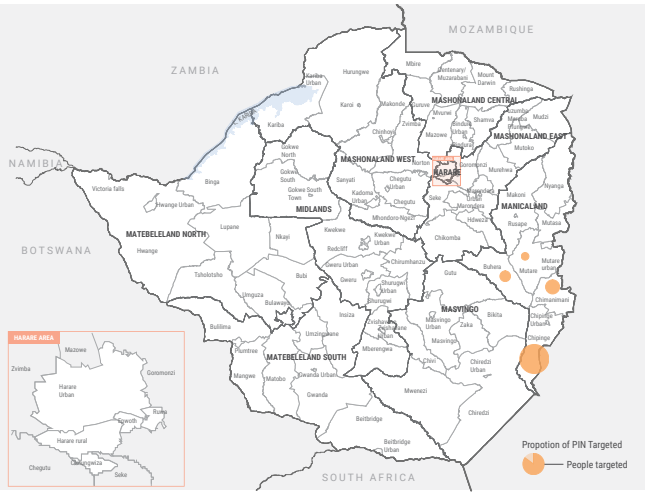
	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
GENDER-BASED VIOLENCE	2.3M	845K	$3.9M	6	6
CHILD PROTECTION	2.2M	423K	$2.8M	4	4

For more details see the COVID-19 Addendum on page 58

4.7

Shelter & NFIs

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
128K	91K	$10.6M	6	6



Overview

During the first phase of the Cyclone Idai emergency response in 2019, Shelter/NFI Cluster partners provided emergency shelter assistance to 6,000 households (30,000 people). Partners are also currently supporting some 3,000 households with rehabilitations and new houses in Manicaland (Chipinge, Chimanimani and Buhera) and Masvingo (Zaka, Gutu and Bikita). However, the emergency shelter assistance provided for the affected population has not met the needs, leaving many people in extreme vulnerability and in urgent need of shelter assistance in 2020.

Targets and Response Priorities

The Shelter Cluster will target 91,002 IDPs (18,200 HH) in camps and in host communities in need of shelter assistance in four districts of Chipinge, Chimanimani, Buhera and Mutare. The most vulnerable groups are the elderly, child-headed, disabled and woman-headed households. Amongst these groups, households with limited income and capacity for livelihoods options will be prioritized. Participatory approaches will be used to identify completely destroyed and partially destroyed households and physical assessment of the damage infrastructure will be conducted to quantify the extent of the damages. Lack of donors' interest to support shelter interventions remains the biggest constraint, while delays in the identification of alternative lands for relocation purposes and completion of the environmental impact assessment by government have left partners with limited options on where to construct shelters.

Response Strategy and Modalities

Shelter Cluster partners will scale-up efforts to provide shelter and non-food items to the most vulnerable people through rehabilitation of damaged shelter and transitional constructions in Chipinge, Chimanimani, Buhera and Mutare Districts. The design of the improved transitional shelters and core shelter will follow in-country and province-specific guidelines which consider the availability of resources, the local context, security and access challenges and land availability. This will be done through the provision of in-kind shelter building materials to support rehabilitation of shelters and transitional constructions. A community participatory approach will be put in place with selection of local community builders (gender-balanced) among the beneficiaries with relevant skills. The engagement of beneficiaries in the construction of their own shelters and for other members of the community, promotes empowerment and ownership, knowledge transfer, and maintenance within beneficiary groups. Beneficiaries will also contribute to the intervention by mobilizing local available materials including those recovered from the remains of damaged infrastructure. Gender markers are set up for every project proposal and disaggregated data is requested to ensure the needs of the most vulnerable groups are being addressed, particularly women and girls.

Accountability to Affected People

Accountability to affected people will be ensured through extensive inclusion, representation and participation of the IDPs -including representatives of women, boys and girls, elderly, and people with disabilities- through FGDs, IDP forums and information caravans. Questions-and-answers will also be regularly conducted on topics including return/relocation options, livelihood opportunities and access to basic social services in the new/relocation sites. Training of beneficiaries, stakeholders and humanitarian staff will be undertaken to mitigate potential protection risks during implementation. Re-establishment of complaint feedback mechanism, suggestion boxes and toll-free lines will be considered to ensure that minimum standards are being met and protection issues, including of gender-based violence, identified and mitigation measures undertaken. A systems approach to AAP, including Prevention of Sexual Exploitation and Abuse (PSEA), will be structured to increase the impact of individual partner efforts, offer resource efficiencies and provide more

coherent and accountable services to the people that the interventions seeks to assist. The engagement of beneficiaries throughout the whole process (sensitization, distribution, technical guidance, post distribution monitoring) will contribute to ensuring their buy-in of the approach and will maximize the utility and duration of the shelters.

Cost of Response

The Shelter Cluster requires $10.6 million to implement the activities outlined in the HRP, based on the Bill of Quantities and cluster approved transitional shelter designs. Efforts will be made to procure the shelter kits and all building materials from the nearest suppliers to support the local economy. Shelter partners will conduct a market assessment to identify, engage and access the best and most economic local suppliers and dealer's hardware shops with the capacity to supply construction materials and provide accessible cost and transportation in strategic and accessible areas to beneficiaries. This aims to resuscitate local businesses that were affected by Cyclone Idai. Transitional shelter building materials will be provided as an in kind-commodity, as a result of volatile economic situation in the country.

Monitoring

Shelter cluster coordination meetings will be held monthly, and a 5W matrix will be developed to avoid duplication of interventions and ensure that an integrated response is carried out. The Cluster will provide technical support to cluster partners to standardize the response in terms of shelter models, requirements, procedures and guidelines to accomplish. A post-distribution monitoring plan (PDM) will be conducted through dedicated staff, in addition to ongoing monitoring of interventions, and a complaint and feedback mechanism will be available during and after the interventions. Monitoring will ensure that each shelter provided is a minimally habitable living space (Sphere Standards), and that transitional shelters are erected safely and with DRR principles in mind, minimizing environmental impacts, addressing protection concerns, building resilience of affected populations and avoiding the introduction of new dependencies.

The identification of households will be informed by the IOM DTM Baseline Assessments, which will provide information to identify the most affected wards and villages for targeting. More assessments will be carried out regarding damaged infrastructure to establish the actual gap in materials needed, since rehabilitations and transitional shelter will have a participatory beneficiary approach.

Shelter Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Shelter Objective 1: Enhance coordination among all shelter actors, including local and national governments, more effectively by strengthening leadership, coordination, and accountability in the humanitarian shelter sector. **Relates to Strategic Objective 2: (Specific Objective 2.1)**	Number of Coordination Meeting held by cluster.	12	12
	4W matrix is consolidated on a monthly basis.	12	12
Shelter Objective 2: Meet the shelter needs of affected populations through the provision of safe and adequate housing which complies with SPHERE standards. **Relates to Strategic Objective 2: (Specific Objective 2.1)**	Number of affected households assessed.	26K	21K
	Number of affected households supported with emergency shelter.	8K	6K
	Number of affected households supported with transitional shelter.	18K	14K

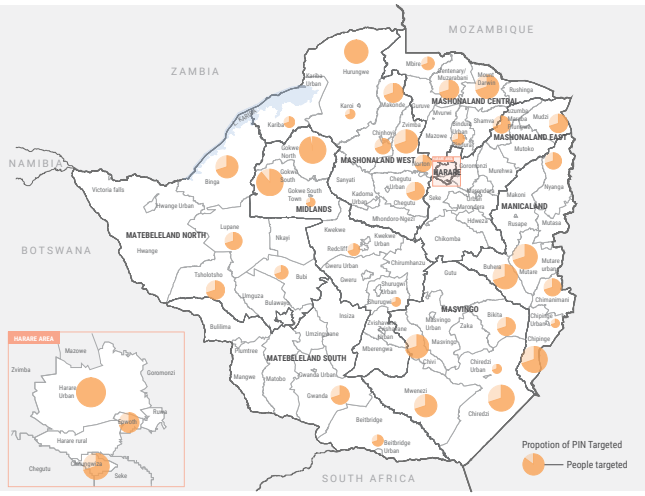
Additional COVID-19 Response & Requirements

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

For more details see the COVID-19 Addendum on page 60

4.8 Water, Sanitation & Hygiene (WASH)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
3.7M	2.7M	$65.4M	16	15



Overview

Zimbabwe is coming off the back of a devastating drought in 2018-2019, while international forecasts indicate that January to March 2020 rainfall will be below average. In rural areas, only 30 per cent of the 55,593 water sources tracked by the rural water information management system (RWIMS), are functional and protected, increasing the risk of WASH-related disease. The dry spells and the economic situation have also affected hydropower generation, resulting in a national power crisis that is affecting urban water supply.

Targets and Response Priorities

Over 6.5 million people are affected by the current WASH challenges in Zimbabwe, with over 3.6 million people in need of urgent assistance. Under the HRP, more than 2.7 million people will be targeted across rural (77 per cent) and urban (23 per cent) areas. Approximately 460,000 of these are children under age 5 and 14,800 are refugees.

In 2019, the WASH cluster's emergency assistance was primarily targeted to cholera outbreak localities and Cyclone Idai-affected community. In 2020, the cluster has prioritized the geographic districts with the poorest WASH service levels (safe water and lack of toilet access), which is constantly reviewed in the Cluster meetings. Districts were identified using access to safe water, sanitation and hygiene practice indicators and will continue to be re-assessed during 2020; no areas have been excluded from Cluster interventions. The WASH cluster (ESAG) links into the National WASH plan, the WASH Joint Sector Review of 2019 and is in line with the National Water Policy and the National Sanitation and Hygiene Strategy.

Response Strategy and Modalities

WASH will use a combination of interventions targeting vulnerable communities and households, including:

- Restoring access to sufficient water of appropriate quality and quantity to fulfil the basic needs of children and women.
- Improving awareness among children and women on safe hygiene, proper solid waste management and sanitation practices, with a focus on community engagement, participatory health and hygiene education (PHHE) and water conservation.
- Providing access to critical WASH-related hygiene kits, with a focus on the most vulnerable families in the targeted areas, including pre-positioning of emergency WASH supplies in critical provinces.
- WASH interventions will cover key institutions (schools and health facilities) in targeted districts with activities that include restoration of access to safe water, institutional hygiene kits and awareness to hygiene practices.
- Strengthening water quality monitoring at the local level during the peak-period so that appropriate action can be taken early before an outbreak.
- Supporting the Health system to reduce the risk of hospital-associated infections and enhance infection, prevention and control (IPC). WASH-related support will be given to health-care facilities.
- Strengthening effective coordination and surveillance mechanisms at National and sub-national level, with links to other cluster coordination arrangements on critical inter-sectoral issues

Nationally about 83.4 per cent of women bear the responsibility of fetching water for their households. Furthermore, time taken to fetch water may compromise children's participation in school, particularly for girls, and increase the risk of gender-based violence. Participatory approaches are used with communities to address these issues in planning and consultations are disaggregated by gender and age to identify issues that need attention for women, girls and youth. This influenced camp sanitation design post-Cyclone Idai as well as dignity kit distribution for adolescent girls linked to PSEA training.

Accountability to Affected People

Cluster/Sector partners will leverage existing local mechanisms -such as the District Water Supply and Sanitation Committee, Village

Water and Sanitation Sub Committees, Ward Water and Sanitation Committees- to reinforce engaging with local populations affected by crises. Through these mechanisms, women and men, girls and boys, will be consulted during planning, and interventions will be prioritized based on information from local communities. Communities will also be involved during repair of water points through provision of local materials and labour; they will establish Operation and Maintenance committees for the water points and take ownership of WASH facilities. Partners will also ensure targeted communities are aware of their rights and partner obligations during project implementation through community dialogues and inception meetings.

Community engagement and support for women will be promoted through a gender-sensitive approach, taking into account information from both women and men, interviewing women separately from men, and providing space for single sex focus group discussions. Whenever possible, women will be interviewed by other women; and women will also form part of the assessment and response team. Women's participation will be ensured through community consultative meetings, identifying and training male and female volunteers from the affected community who can conduct hygiene promotion and be involved in beneficiary selection. In addition, implementation of community feedback mechanisms by cluster/sector partners at WASH hygiene kit distribution points and in appropriate locations will be established. This will also integrate PSEA reporting and therefore feedback mechanisms will be developed in a manner that safeguards the communities. Tools such as U-Report (UNICEF) will be explored and leveraged. WASH sectoral partners were trained on PSEA/SGBV issues during the Cyclone Idai response. They also worked closely with Child Protection during the cholera outbreak response, referring concerning cases identified during household visits to social workers and Child Protection partners.

Cost of Response

The WASH Cluster requires $65.4 million to reach the targeted 2.7 million people. Cluster costs were derived from partner estimates for interventions required at District and sub-district levels in the most vulnerable parts of Zimbabwe. Per capita estimates vary across projects between $6 and $19, depending on the setting, the scale of hardware needs etc. Cost efficiency measures are ensured by strong coordination across project interventions in the different areas by different partners and the use of standard approaches in terms of hygiene kit design, IEC messaging and borehole rehabilitation. Cost drivers are volatile in the current setting in Zimbabwe given the shortage of fuel, power and hard currency. These severely challenge the operating environment for suppliers and contractors which the WASH sector depends on. Costing of assessment, monitoring and evaluation activities is included at project level and oversight provided by UNICEF to its partners as per its procedures, including joint monitoring visits with government and partners, in addition to financial oversight mechanisms.

Monitoring

Results will be tracked and disaggregated across gender and disability, while post-distribution monitoring will also be undertaken. The Cluster will regularly update the 5W to ensure that communities are not overburdened, efforts are not duplicated, and gaps are not created. Regular situational monitoring takes place during cluster (ESAG) meetings, including rainfall, dam levels, diseases outbreaks – these reviews allow the cluster to adapt to improving / deteriorating situations.

Water, Sanitation & Hygiene (WASH) Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
WASH Objective 1: Ensure that people affected by a humanitarian crisis have access to safe water of appropriate quantity to fulfill basic needs. **Relates to Strategic Objective 2: (Specific Objective 2.1)**	Number of people reached with safe water.	3.7M	2.7M
WASH Objective 2: To ensure that People affected by a humanitarian crisis have improved awareness of safe hygiene and sanitation practices. **Relates to Strategic Objective 2: (Specific Objective 2.1)**	Number of people reached with key sanitation and hygiene messages.	3.7M	2.7M
	Number of people reached with WASH hygiene kits.	3.7M	2M

Additional COVID-19 Response & Requirements

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

For more details see the COVID-19 Addendum on page 61

Coordination & Common Services

REQUIREMENTS (US$)

$5M

PARTNERS

2

Overview

The scale of humanitarian needs requires a step change in the coordination of the response to ensure that synergies, efficiency and cross sectoral analysis and response are reaching the most vulnerable people. To ensure the humanitarian response is optimally efficient and effective, including support to the Government and the HCT, OCHA will continue to play a central role, including through inter-cluster coordination, information management, preparedness and contingency planning, resource mobilization and advocacy.

Target and Response Priorities

Coordination and Common Services Sector will directly benefit the 47 humanitarian organizations included in this appeal and will indirectly support the 5.6 million people targeted for assistance. OCHA will support and facilitate inter-sectoral prioritization of areas with the highest concentration of people facing the most severe needs, as well as promoting a gender- and disability-sensitive response, while IOM DTM will inform the overall response with timely displacement and population movement data and analysis.

Response Strategies and Modalities

In 2020, the following Coordination and Common Services activities will be prioritized:

- Rapid field assessments in affected areas, and ongoing consolidation of secondary data, to identify the most urgent humanitarian needs and ensure humanitarian decision making is based on common situational awareness;
- Timely dissemination of key information to all stakeholders;
- Regular needs, response and gaps analysis, including through the Dashboard and 5W;
- Operational coordination of humanitarian delivery, through coordination mechanisms adapted to the context that support the effective and coherent delivery of humanitarian assistance;
- Joint strategic response planning based on prioritized needs;
- Advocacy and coordination to ensure that people in emergencies are protected from harm and have access to assistance;
- Community engagement, protection and gender sensitivity of the humanitarian response.

The continuation of the data collection system is crucial to ensure an efficient and targeted humanitarian response. IOM Displacement Tracking Matrix (DTM) will serve as a coordination and key accountability tool to regularly inform analysis by other humanitarian and policy actors. IOM DTM assessments will highlight persistent gaps and serve to inform relevant actors about where assistance is most needed and how the interventions are impacting in the population in need. IOM DTM will enhance disaster preparedness and migration crisis response through better integration of systems and actors, strengthening national and local capacities on displacement tracking, and enhancing predictive analytics, ethical data collection and accountable data use promoting accountability towards the affected populations.

Accountability to Affected People

Beyond the cluster-specific measures planned to enhance community engagement and accountability to affected people, OCHA will promote a more joined-up approach to this issue, including through promoting common feedback and complaints mechanisms.

Cost of Response

Approximately $5 million is required to support coordination and common services in 2020.

Monitoring

Zimbabwe is prone to rapid and slow onset disasters which have generated acute humanitarian needs, aggravated by the current economic situation. The delivery of a targeted and efficient humanitarian response relies on the capacity of humanitarian actors to collect accurate and regular information on the locations and needs of population of concerns (IDPs, returnees, host communities). In order to support advocacy and inform operational planning and response, OCHA will support multisectoral situational monitoring and response monitoring, as outlined above.

Refugees

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
14.3K	14.3K	$4.1M	3	1

Overview

The population of refugees and asylum seekers in Zimbabwe is 21,328. For the current plan 14,782 persons all residing in Tongogara refugees camp in Chipinge district will be targeted. A total of 6,546 are Mozambican asylum seekers profiled but not yet biometrically registered living among Zimbabwean host communities in Manicaland. Displacement from Eastern DRC into neighbouring countries is expected to continue and the number of persons of concern continue to increase gradually at an arrival rate of 200 persons per month. All refugees and asylum seekers in Zimbabwe need international protection and multi sectoral life-saving assistance to enable them to live in safety and dignity.

Target and Response Priorities

A needs assessment exercise has been conducted in Tongogara Refugee Camp during the year 2019. Health, education, core relief items, protection, food and nutrition have been identified as priority sectors. All refugees and asylum seekers registered with UNHCR will benefit from protection interventions, including individual registration and documentation. Monitoring mechanisms will be enhanced to ensure all protection and assistance needs are adequately provided for. Food assistance will be carried out by the provision of in-kind food distributions as well as cash distribution, WASH sector will target on the construction of sanitary facilities and also construction of additional boreholes and water reticulation systems. The education system will be enhanced by the construction of additional classroom blocks needed as a result of increased pupil enrolment due to influx of asylum seekers. Core Relief Items will be targeted towards refugees and asylum seekers who are confined in Tongogara Refugee Camp. Specific protection services, such as GBV response and child protection, will be tailored to the needs of each at-risk group or individual. This will primarily be achieved through participatory assessments, surveys and verification exercises to identify vulnerable refugees and their needs. The needs of persons with disabilities and older people will be mainstreamed throughout the response.

Response Strategy and Modalities

The refugee response strategy focuses on the provision of protection and assistance to all refugees and asylum seekers, both in and outside camp settings, including in urban areas. The protection environment will be enhanced through the engagement of refugee and host communities, organizations providing multisectoral assistance, and the host government. The refugee protection strategy prioritizes access to safety; reception, registration, status determination and documentation; advocacy for maintaining the humanitarian and civilian character of asylum; peaceful coexistence of refugee and host communities; strengthening of resilience and coping mechanisms for the extremely vulnerable; access to justice; and addressing the specific needs of children, women at risk and survivors of GBV. Support to the development of the national asylum system remains essential. The response will maintain and gradually improve essential services for refugees, including access to adequate food, nutrition, health, shelter, WASH and education interventions.

The response will pursue livelihoods as a vehicle to de facto local integration. More specifically, in 2020 the operation will optimize the livelihoods Graduation Approach to target the current population of the most vulnerable refugees, particularly persons with disabilities and single-headed households with the aim of enhancing self-sustenance. In light of increasing refugee population and decreasing funding climate the operational strategic objectives will involve efforts to ensure persons of concern are included in the national development assistance framework agenda given the protracted nature of the refugee situation in Zimbabwe. The WASH and shelter sectors in the camp remains the critical areas that requires continuous support and investment. Though there is marked progression in water supply, sanitation and hygiene, more work is still required for the sectors to reach expected service standards.

Cost of Response

The prioritized refugee response is expected to cost $4.1 million. This will be broken down into key thematic areas which include Protection, Food security, Nutrition (Children under age 5), Health, Education (5-17 years cohort) and WASH. The costs of implementation have been estimated based on the current expenditure trend extrapolated from past years in similar programming. Using the full life-cycle costing approach, the major cost drivers in the various thematic areas will go into infrastructure development such was water networks, education infrastructure and supplies for the clinic in the camp. Service costs will mainly be incurred in provision of protection services through advocacy and provision of assistance to enhance child protection and reduce incidences of GBV. The costs of assessment, monitoring and evaluation activities have been factored in the costing model to ensure evidenced based programming and adequate monitoring and evaluation measures for efficient delivery of protection and assistance.

Monitoring

A monitoring plan will be developed for the refugee response to ensure that all indicators, performance and impact, are measured adequately. Disaggregated data broken down by detailed sub-categories, for age, gender and diversity will be collected for reporting and monitoring purposes. Key indicators are highlighted in table below:

Refugee Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Refugees Objective 1: Provision of protection and assistance to refugees and asylum seekers in Zimbabwe.	Percentage of youths aged 15-24 enrolled in certified livelihoods training.	14.8K	14.8K
	Prevalence of severe acute malnutrition (6-59 months).	2K	2K
	Extent persons of concern have access to primary health care.	14.8K	14.8K
	Percentage of children aged 3-5 yrs enrolled in early childhood education. Percentage of primary school-aged children enrolled in primary education. Percentage of secondary school-aged young people enrolled in secondary education.	4.8K	4.8K
	Percentage of persons of concern living within 200m of safe access from water point. Percentage of households with drop-hole latrine or drop-hole toilet.	14.8K	14.8K
	Percentage of persons of concern living within 200m of safe access from water point. Percentage of households with drop-hole latrine or drop-hole toilet.	14.8K	14.8K

Additional COVID-19 Response & Requirements

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

For more details see the COVID-19 Addendum on page 63

Part 5

HRP Annexes

CHEGUTU DISTRICT, MASHONALAND WEST PROVINCE
Magret Mpofu is one of 17 women who are part of the United Bush Dairy project, which is providing skills and facilitating access to markets. Farmers pool their cattle and other resources to form a reliable source of income. Photo: OCHA/Jayne Tinashe Mache

Planning Figures by Province

PROVINCE	PEOPLE IN NEED	PEOPLE TARGETED	OPERATIONAL PARTNERS	NUMBER PROJECTS
Bulawayo	346K	**236K**	2	14
Harare	804K	**572K**	19	24
Manicaland	1M	**816K**	34	44
Mashonaland Central	596K	**470K**	17	29
Mashonaland East	745K	**627K**	20	32
Mashonaland West	885K	**718K**	17	25
Masvingo	838K	**721K**	24	29
Matebeleland North	501K	**398K**	23	37
Matebeleland South	430K	**370K**	22	31
Midlands	793K	**670K**	26	35
Total	**7M**	**5.6M**	**47**	**92**

Participating Organizations

ORGANIZATION	REQUIREMENTS (US$)	SECTORS	PROJECTS
ACT Alliance / Christian Aid	8,675,000	Protection, Nutrition, Food Security, Health & WASH	1
ACT Alliance / Christian Care	2,463,000	Food Security, WASH	4
ACT Alliance / DanChurchAid	8,861,000	Food Security	1
Action Contre la Faim	9,980,000	WASH, Food Security, Nutrition	1
ActionAid International Zimbabwe	1,782,000	Protection	1
Adventist Development and Relief Agency	8,094,000	Food Security, Nutrition & WASH	3
Africa AHEAD (Applied Health Education and Development)	840,000	WASH	1
CARE International	5,345,000	Education & WASH	2
CARITAS	1,978,000	Education	1
Catholic Agency for Overseas Development	8,573,000	Food Security & WASH	2
Catholic Relief Services	5,108,000	Food Security, Protection, Shelter & WASH	4
Child Protection Society	291,000	Protection	1
Childline Zimbabwe	480,000	Protection	1
Community Capacity Building Initiative Center for Africa	741,000	Nutrition	1
Danish Red Cross	700,000	Protection	1
Deutsche Welthungerhilfe e.V. (German Agro Action)	3,762,000	Food Security & WASH	2
Farm Community Trust of Zimbabwe	976,000	WASH	1
Farm Orphan Support Trust of Zimbabwe	1,474,000	Education & Protection	2
Food & Agriculture Organization of the United Nations	50,000,000	Food Security	1
GOAL	8,899,000	Nutrition & WASH	2
Help - Hilfe zur Selbsthilfe e.V.	3,492,000	Food Security & Shelter	2

International Medical Corps	1,569,000	Nutrition	1
International Organization for Migration	14,027,000	CCCM, Coordination and Common Services, Protection & Shelter	5
International Rescue Committee	4,798,000	Food Security, Protection 7 WASH	3
Justice for Children (Zimbabwe)	100,000	Protection	1
Mercy Corps Scotland	7,281,000	Food Security & WASH	3
Mvuramanzi Trust	2,880,000	WASH	1
Nutrition Action Zimbabwe	2,900,000	Food Security & Nutrition	2
Office for the Coordination of Humanitarian Affairs	1,000,000	Coordination and Common Services	1
Organization of Public Health Interventions and Development	700,000	Nutrition	1
OXFAM GB	11,061,000	Food Security & WASH	2
Plan International	5,341,000	Education, Food Security &Protection	3
Regional Psychosocial Support Initiative	399,000	Protection	1
Save the Children	15,207,000	Education, Food Security, Health & Nutrition	4
Terre des Hommes - Italy	800,000	Shelter	1
The J.F. Kapnek Trust	1,064,000	Education & Protection	2
Trocaire	1,150,000	Protection	1
UN Women	404,000	Protection	1
United Nations Children's Fund	80,647,000	Education, Health, Nutrition & Protection	5
United Nations High Commissioner for Refugees	4,100,000	Refugee response	1
United Nations Population Fund	12,704,000	Health, Protection	2
World Food Programme	367,205,000	Food Security, Logistics, Nutrition	3
World Health Organization	23,440,000	Health	1
World Vision Zimbabwe	20,053,000	Education Food Security, Health, Nutrition & WASH	5
Zimbabwe Council of Churches	3,000,000	Food Security & Shelter	6
Zimbabwe Schools Water and Agriculture Project, Practical Action Southern Africa	1,480,000	Food Security	1

For the full list of projects and funding updates, please visit: https://fts.unocha.org/appeals/921/projects

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

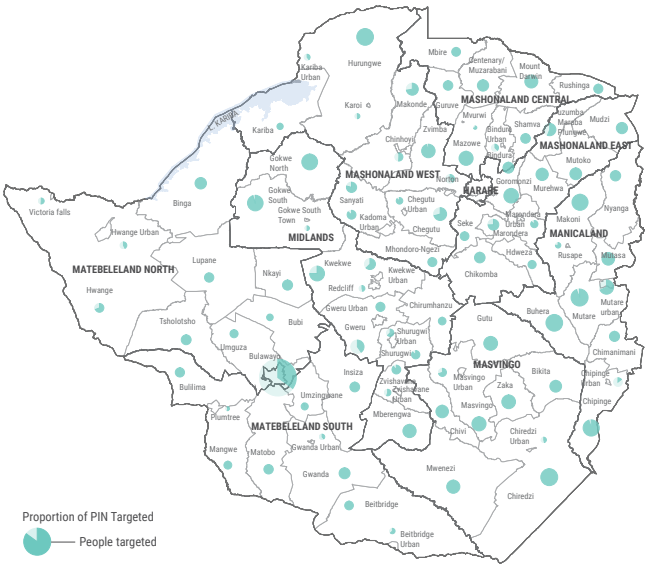
PEOPLE IN NEED
7.5M

PEOPLE TARGETED
5.9M

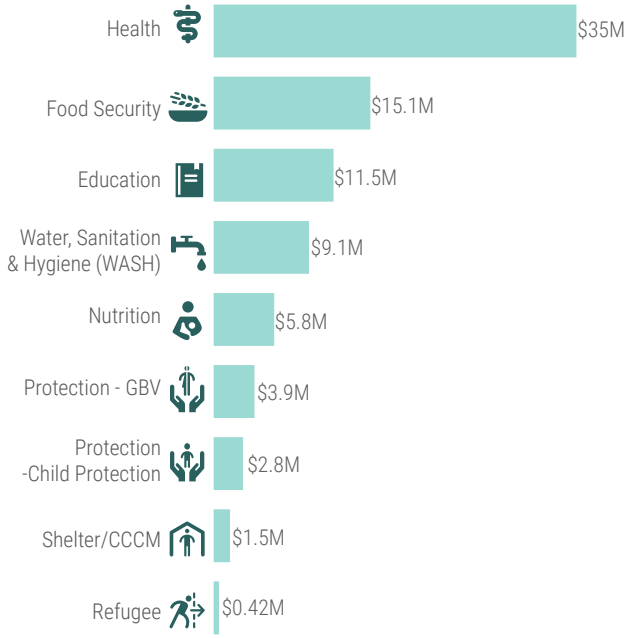
REQUIREMENTS (US$)
$84.9M

OPERATIONAL PARTNERS
37

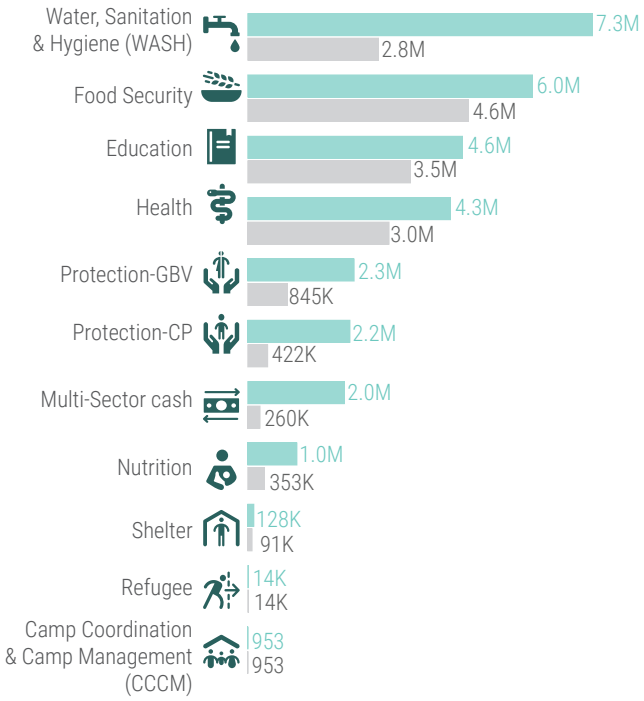
People in Need and Targeted



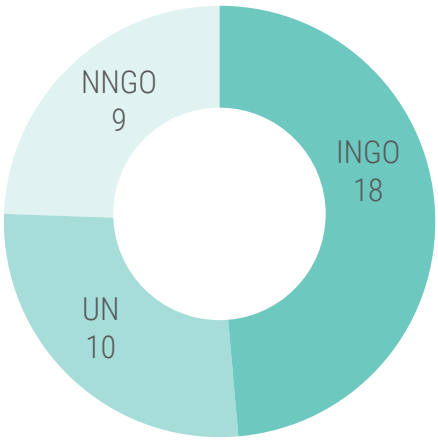
Requirements by Cluster



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.

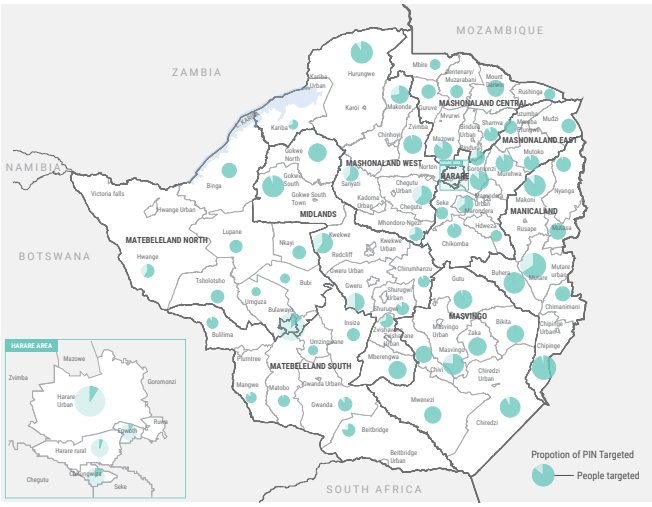
Humanitarian Sector Response Strategies & Priorities

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

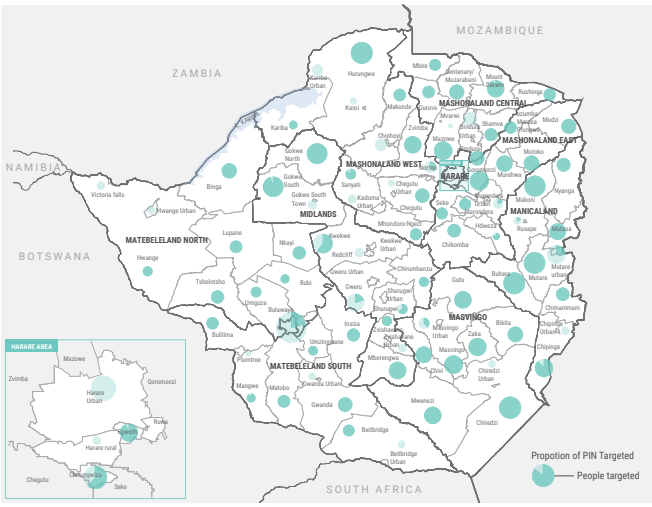
reopen, ensuring that no girl child is delayed undertaking household chores and care work.

- 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:

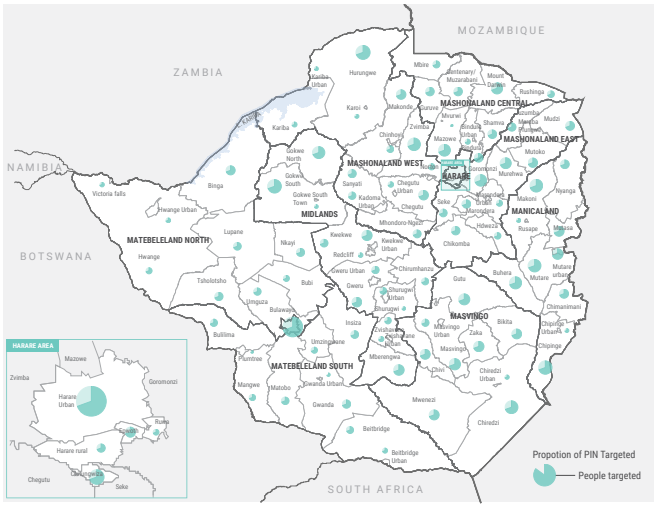
- Roll out of strong hygiene messaging and dissemination of information and prevention messages related to COVID-19 across all projects
- Sensitization of Extension workers on COVID-19 and mitigation measures and supporting hand washing facilities

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

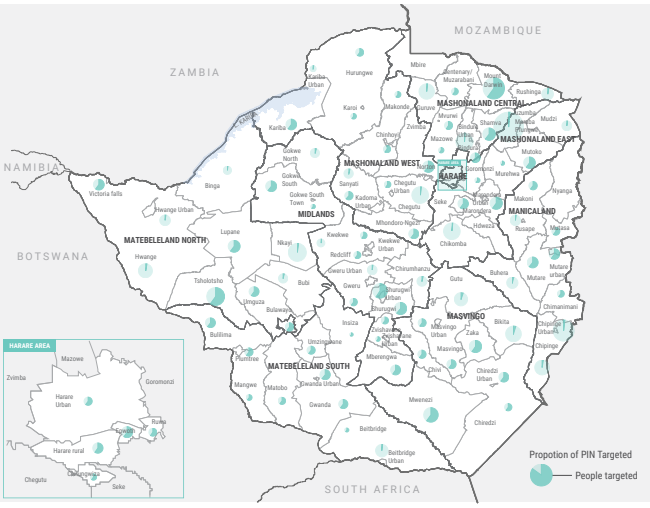
- Surveillance, rapid response teams (RRTs), contact tracing and case investigation, through the increase of (a) the number of people tested using defined criteria, (b) the number of RRTs at all levels,(c) contact tracing to 100 per cent, follow up of returning residents, and the strengthening of information 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.

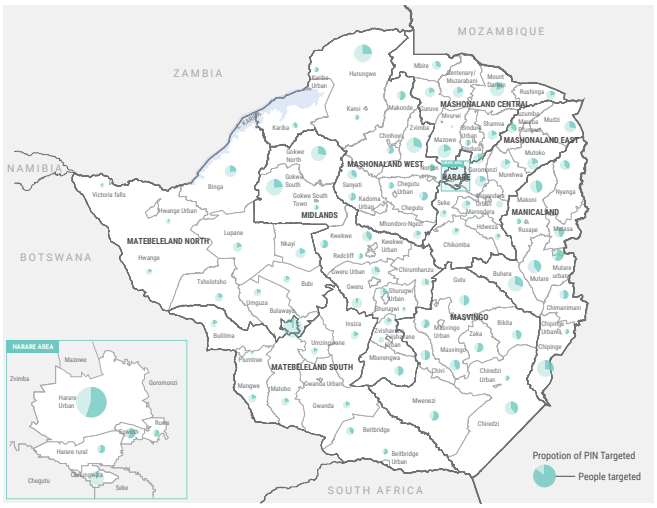
Cluster partners aim to secure strategic reserves of nutrition supplies for prevention and treatment of undernutrition and pre-position nutrition commodities and routine drugs in strategic locations. Amidst the risk of disruption of the health system which could impact on the quality of the case management 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

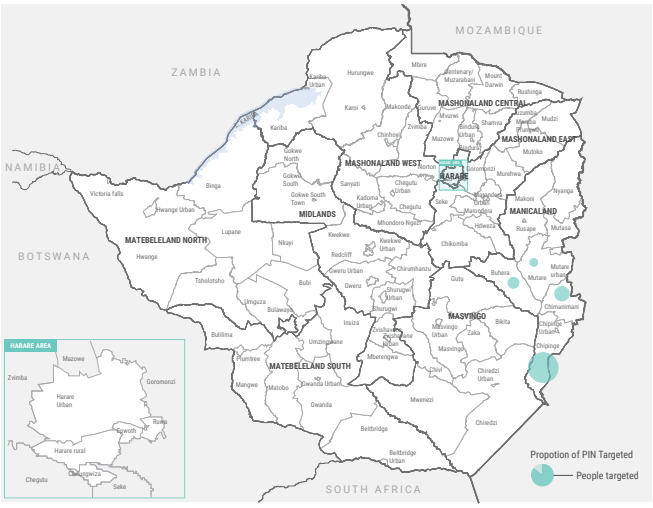
- Integration of MHPSS, child protection, PSEA messages in IEC materials and other information and awareness tools/channels targeting front line workers, children, caregivers, women and men;
- Amendment of service delivery contracts with implementing partners for COVID-19 proofed delivery of critical 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

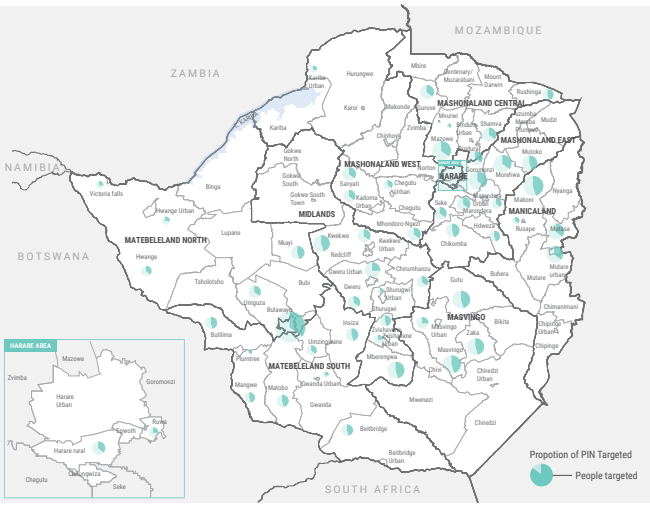
- Support to supply chain management whit shelter and non-food items (NFIs).

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.

Acronyms

AAP	Accountability to Affected Populations
ART	Antiretroviral Therapy
BCFs	Behaviour Change Facilitators
CBCM	Ccommunity-Based Complaint Mechanisms
CBT-	Cash-Based Transfer
CCC	Core Commitments to Children
CCCM	Camp Coordination and Camp Management
CFMs	Complaints and Feedback Mechanisms
CHWs	Community Health Workers
CwC	Communication with Communities
CP	Child Protection
CPCs	Child Protection Committees
CPiE	Child Protection in Emergencies (CPiE)
CPCs	Child Protection Committees (CPCs
CPF	Child Protection Fund
DA	District Administration
DRC	Democratic Republic of the Congo
DTM	Displacement Tracking Matrix
ECD	Early Childhood Development
ESAG	Emergency Strategic Advisory Group
GoZ	Government of Zimbabwe
FGD	Focus Group Discussion
FSC	Food Security
FSNMS	Food Security and Nutrition Monitoring System
GBV	Gender-Based Violence
GAM	Global Acute Malnutrition
HCT	Humanitarian Country Team
HHs	Households
HIV	Human Immunodeficiency Virus
HGSFP	Home Grown School Feeding Programme
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IDSR	Integrated Disease Surveillance and Response
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
IYCF-E	Infant and Young Child Feeding in Emergencies
LNS-MQ	Lipid-Based Micronutrient Supplement - Medium Quantity
LSA	Lean Season Assistance
MAM	Moderate Acute Malnutrition
MHACs	Migration Health Assessment Centres
MISP	Minimum Initial Service Package
MoHCC	Ministry of Health and Child Care
MoPSE	Ministry of Primary and Secondary Education
MSF	Medecins Sans Frontieres (Doctors without borders)
NCD	Non-Communicable Diseases
NFI	Non-Food Items
NGOs	Non-Governmental Organization
OCHA	Office for Coordination of Humanitarian Affairs
OVC	Orphans and Vulnerable Children
PA	Provincial Administration
PDM	Post-Distribution Monitoring Plan
PiN	People in Need
PHHE	Participatory Health and Hygiene Education
PLW	Pregnant and Lactating Women
PoEs	Point of Entry
POS	Point of Sales
PSEA	Protection from Sexual Exploitation and Abuse
RC	Resident Coordinator
RCCE	Risk Communication and Community Engagement
RUTF	Ready-to-use Therapeutic Food
RWIMS	Rural water information management system
SAM	Severe Acute Malnutrition
SGBV	Sexual and Gender-Based Violence
STI	Sexually Transmitted Infections
SOPs	Standards of Operations
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
US$	United States Dollar
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WNCs	Ward Nutrition Coordinators
ZimVAC	Zimbabwe Vulnerability Assessment Committee

End Notes

1. *Urban ZIMVAC data collection 8-22 August 2019. Report validation October 2019*
2. *IOM DTM Report December 2019*
3. *Census, 2012 and Labour Force Survey 2011*
4. *Statutory Instrument 142 of June 2019 and RBZ regulation banning pricing in foreign currency*
5. *Calculated from sum of 50 per cent of SAM PIN, 30 per cent of MAM PIN and 60 per cent of living standard*
6. *https://www.helpage.org/newsroom/latest-news/inadequacy-of-healthcare-in-ethiopia-mozambique-tanzania-and-zimbabwe-revealed-in-new-helpage-report/*

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HUMANITARIAN RESPONSE PLAN
ZIMBABWE

ISSUED MAY 2020