

UNITED NATIONS IN ZIMBABWE NEWSLETTER



United Nations
Zimbabwe

Issue 19 | May 2020

www.zw.one.un.org



17 PARTNERSHIPS
FOR THE GOALS



WORKING TOGETHER TO RECOVER BETTER FROM COVID 19

#SDGs | Response to COVID19 | Food Security | Gender Equality | Human Rights |
#LearningNeverStops | Restoring Livelihood

**THE WORLD NEEDS SOLIDARITY.
YOUR CONTRIBUTION COUNTS.**



The United Nations is marking its 75th anniversary at a time of great challenge, including the worst global health crisis in its history. Will it bring the world closer together? Or will it lead to greater divides and mistrust? Your views can make a difference.

TAKE THE SURVEY on WWW.UN75.ONline

Covid-19 is a stark reminder of the need for cooperation across borders, sectors and generations. The UN Secretary-General, Antonio Guterr has said:

"Everything we do during and after this crisis must be with a strong focus on building more equal, inclusive and sustainable economies and societies that are more resilient in the face of pandemics, climate change and the many other global challenges we face."

Your responses to this survey will inform global priorities now and going forward.



**HELP STOP
COVID-19**

- 1. Clean your hands often.** Use soap and water, or an alcohol-based hand rub.
- 2. Maintain physical distance** at least one meter from a person next to you.
- 3. Don't touch** your eyes, nose or mouth.
- 4. Cover your nose and mouth** with your bent elbow or a tissue when you cough or sneeze.
- 5. Stay home** as much as you can.
- 6. Seek medical attention**, if you have a fever, cough and difficulty breathing. Call in advance.
- 7. Adhere to the following guide for proper use of face mask:**

Inside this Issue

Government, UN launch a US\$ 800m appeal for humanitarian, COVID-19 response

3.7 M people continue to receive food assistance amid COVID-19

Revamping COVID-19 quarantine centre

Providing services to survivors of gender-based violence during COVID-19

Working to protect vulnerable persons in the fight against COVID-19

Reorienting hygiene clubs to promote prevention against COVID-19 #LearningNeverStops

Partnering with media in the fight against COVID-19

COVID-19 pandemic reveals investment in development reaps rewards during crisis

Advancing human centred policy to protect the safety, wellbeing of workers

Cylone Idai recovery programme may lend a lesson to recovering better from COVID-19

WEARING A MASK

DO'S & DONT'S

<p>wash your hands thoroughly with soap under running water</p>	<p>remove the mask by grabbing from the back</p>
<p>or use alcohol based hand sanitizer before putting on a mask</p>	<p>immediately place the mask in a plastic for either disposal or washing if it's reusable</p>
<p>cover nose and mouth completely leaving no gaps between your face and the mask</p>	<p>pull back hair if you have long hair</p>
<p>pull your mask below the nose</p>	<p>touch front of the mask</p>
<p>pull below chin</p>	<p>reach under the mask</p>
<p>hang from one ear</p>	<p>remove mask to cough, sneeze or talk</p>
<p>leave hair down on face</p>	<p>wear a dirty or wet mask</p>
<p>wear on forehead</p>	<p>eat or drink with a mask on your face</p>

SOURCE: MINISTRY OF HEALTH & CHILD CARE



The production of this newsletter is made possible by the generous grant from the Government of Sweden.



COVID-19 RESPONSE May 2020



COVID-19 RESPONSE

Government, UN launch US\$800m appeal for humanitarian, #COVID-19 response



The Response Plan for Zimbabwe will be implemented in collaboration with 47 operational partners



Response plan targets 5.6 million people with relief and emergency assistance



US\$84.9 million urgently required to support National COVID-19 response in Zimbabwe

The 2020 Humanitarian Response Plan for Zimbabwe was launched on 2 April 2020, targeting 5.6 million people with food assistance and support in the areas of health, water-sanitation hygiene, education, protection, nutrition, shelter, and camp coordination and management.

The Plan requests for a total of US\$715 million from the international community. The Humanitarian Response Plan was signed by the Minister of Local Government, Public Works, and National Housing, Honorable July Moyo and the UN Resident Coordinator, Ms. Maria Ribeiro in the presence of His Excellency President Emmerson D. Mnangagwa, Government Ministers, WHO and WFP representatives and the media.

Noting that the launch of the Humanitarian Response Plan was taking place in the context of the COVID-19 pandemic at a time when there are millions infected in the world and where the virus has set-foot in Zimbabwe, UN Resident Coordinator Ms. Maria

Ribeiro said, “the Humanitarian Response Plan will play a key role in mitigating the impact of the COVID-19 pandemic and protecting those most vulnerable in communities in Zimbabwe.” Following the declaration of COVID-19 as a national disaster by President Emmerson D. Mnangagwa on 19 March 2020, efforts have been scaled up to further contain the spread.

The Zimbabwe Humanitarian Response Plan addresses the increasing vulnerabilities of an estimated seven million people who need multi-sectoral humanitarian support. Food insecurity remains the major concern with over 4.3 million people – or 46% of the rural population – requiring continued assistance. Urban vulnerability has also been on the increase due to persistent economic shocks, leaving some 2.2 million people food insecure according to the latest urban Zimbabwe Vulnerability Assessment Committee assessment.

Since 2019, Zimbabwe has

experienced multiple climate and economic related shocks impacting the lives of many in both rural and urban communities, with the COVID-19 pandemic being the latest shock impacting on the wellbeing and livelihoods of Zimbabweans. 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.

The Humanitarian Response Plan prioritizes lifesaving and life-sustaining support targeting the people most in need, including residual humanitarian needs of Cyclone Idai-affected

communities and on-going support to refugees, and is being implemented in collaboration with 47 operational partners through the cluster approach, in which, of the total USD 715m required: approximately 60% or USD422m planned is for food security; USD 63m for health; USD 61m for water, sanitation and hygiene; USD 42m for education; USD 21m for protection; USD18m for nutrition; USD 10m for shelter, and USD 950,000 for camp coordination and management.

On 7 May, the United Nations and humanitarian partners in Zimbabwe have appealed for an additional US\$84.9 million to respond to both the immediate

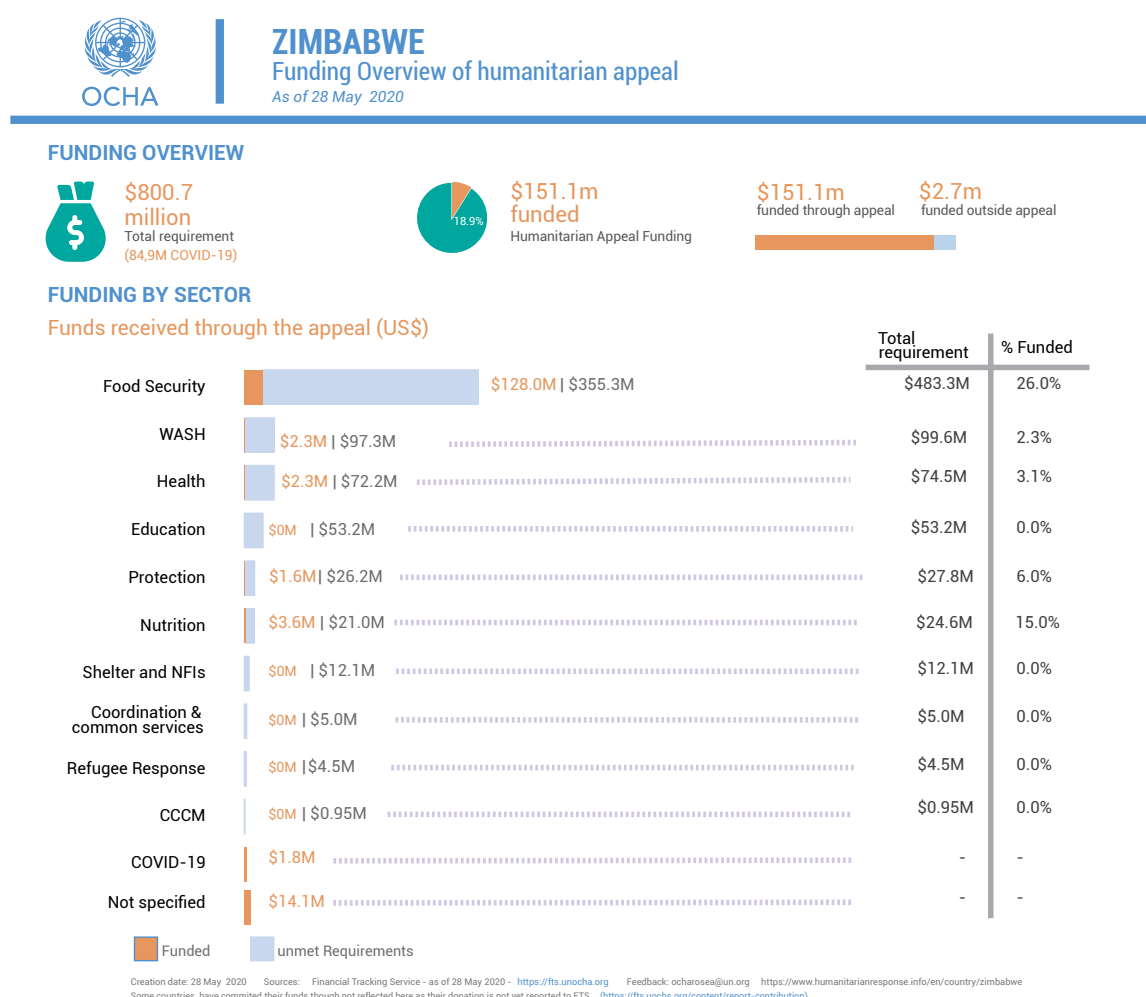
public health crisis and the secondary impacts of the COVID-19 pandemic on vulnerable people in Zimbabwe. The addendum, which was also included in the Global Humanitarian Response Plan, complements the Zimbabwe Humanitarian Response Plan.

The UN Resident Coordinator in Zimbabwe Maria Ribeiro said, “this additional appeal is part of the GHRP which will contribute to Zimbabwe’s national response on COVID-19, particularly addressing the most vulnerable, including children, the elderly, women, people with disabilities, people living with HIV, refugees, migrants, and those affected by drought and food insecurity.”

The COVID-19 addendum to the HRP seeks to mobilize emergency funding for UN agencies and NGOs to provide support to public health emergency response to contain the spread of the COVID-19, through health programming, risk communication and community engagement, infection control and prevention, and provision of water supply and increased hygiene and sanitation intervention.

As of 30 May 2020, the Zimbabwe appeal with total requirement of US\$ 800 million has been funded for 18.9% or US\$ 151.1 million, with Food Security funded 26%, Nutrition 15%, Protection 6%, WASH 3.1% and Health 2.3 %, and other sectors unfunded.

Funding status of the 2020 Humanitarian Response Plan as of 30 May 2020



3.7m people continue to receive food assistance amid COVID-19



As the COVID-19 spreads in Zimbabwe, the World Food Programme (WFP) warns that the country's already vulnerable population is severely at risk of plunging into a deeper state of food insecurity.

It has launched an appeal for US\$130 million to cover the immediate food needs of Zimbabwe's most food insecure population up until August 2020. Hunger continues to be driven by severe climate-induced drought and economic hardship.

Since 2018, Zimbabwe has been hit by its worst drought in decades. Consequently, most districts in Zimbabwe have had no green

harvest, which is usually the main source of food and household income for many.

Rebecca Kapaira, a mother of five in Shamva district, says COVID-19 has come at a time when drought was already affecting her family and now, life is even more difficult. "A combination of this pandemic and hunger is a double blow for me. We need to stay healthy, but we also need food," she said.

The United Nations provides life-saving food assistance to 3.7 million people like Rebecca each month and plays a critical role in Zimbabwe's humanitarian response to the COVID-19 pandemic.

As of 31 March 2020, WFP revised its Standard Operating Procedures for food distributions to align with the National Public Health Emergency Preparedness Plan in response to COVID-19. These measures seek to minimize the risk of exposure of personnel, partners, stakeholders and beneficiaries.

The on-going operations continue to deliver at full capacity, while ensuring that all health and safety mechanisms, as advised by the WHO and the Ministry of Health and Child Care, are in place at each food distribution point. Social distancing protocol, handwashing facilities and the sensitization of beneficiaries on the risks of and preventative measures for COVID-19 have been enacted.

WFP's extensive footprint at food distribution points across Zimbabwe mean these critical health and safety messages reach millions of people far and wide. Also, health officials are onsite to conduct health screenings and body temperature checks when necessary.



US\$130 million urgently needed to cover the immediate food needs of Zimbabwe's most food insecure population up until August 2020

Revamping COVID-19 quarantine centre



The International Organisation for Migration (IOM) has donated 380 tarpaulins that are used to make tents and 50 sets of non-food items to the National Social Security Authority (NSSA) Hotel in Beitbridge which is being used as a quarantine and isolation centre for returnees from South Africa.

The hotel can accommodate up to 280 people and plans are underway to modify its casino to accommodate an additional 100 people.

A total of 24 people are quarantined at the hotel and the Zimbabwe Consulate in South Africa is still working on modalities to repatriate those who have volunteered to return home. So far 3,055 people have registered with the consulate seeking help with various issues including food and repatriation.

IOM's project assistant for

Beitbridge, Mr Nhamo Muleya said the sets of donations to revamp the quarantine center was part of the United Nations' contribution to ongoing efforts by the Government to curtail the spread of the Covid-19 pandemic.

"As an organisation we have decided to capacitate the Civil Protection Unit (CPU) so that they may effectively operate the quarantine centre," said Mr Muleya.

"Each tent can accommodate a family of six people and in addition, we have brought 50 sets of non-food items to be used by distressed returnees.

"The non-food item kits include two pots, six plates, six mugs, one washing basin, two mosquito nets, one spoon, 30 aqua tabs for water purification, two packets of sanitary pads, one plastic bucket, four adult female pants, two child

female panties, one laminated China bag and six bars of soap.

"We are aware that among the returnees some will be vulnerable without resources, and these non-food item kits will come in handy."

He said IOM will continue working with other stakeholders to minimise the effects of the Covid-19 pandemic.

Beitbridge Civil Protection chairperson, Mrs Skhangazile Mafu-Moyo said the gesture by the humanitarian organisation was a boost to the district. "It is also pleasing to note that some corporates, commercial farmers and non-governmental organisations are coming on board."

The donation comes a few days after Government procured food to feed 100 people at the NSSA quarantine centre.



UN at the forefront supporting the National response to curtail Covid-19, providing humanitarian assistance and working towards better social-economic recovery

Providing services to survivors of gender-based violence during COVID-19



“Our work with Spotlight Initiative, supported by European Union to end violence against women and advancing women’s rights is not stopping during the COVID-19 pandemic. Instead, our contribution to the fight against the COVID-19 is to ensure that we continuously monitor and bring forward cases of gender-based violence through our members,” said Director of Zimbabwe Women’s Bureau, Ronika Mumbire.

Women are largely affected both physically and emotionally while they are also at higher risk of infection as they respond to the crisis. Data from previous outbreaks’ emergency response efforts often divert resources from essential services, exacerbating ordinary lack of access to services, including pre- and post-natal health care,

as well as contraceptives. UN Women Country Representative, Delphine Serumaga maintains that it is essential to address the immediate needs of women.

“Everybody thinks that the world stops just because we have Covid-19 amongst us. No! That is not true. All other essential services must continue. It is imperative to ensure that women have an escape route when they are faced with abusive situations, while other individuals who are witnessing abuse must have adequate knowledge to advise or report such situations,” she said.

Life-saving services for survivors of gender-based violence continue to be offered during Zimbabwe’s COVID-19-related lockdown, such as those offered by Bubi Shelter in Bubi district. This provides, not only shelter for survivors, but has

also helps improve the reporting of cases.

As part of the nation’s COVID-19 response efforts, UNFPA Zimbabwe is working closely with civil society organizations and the Ministry of Women’s Affairs Community and Small to Medium Enterprises Development (MWACSMED) to ensure the continuation of GBV services.

CSO partners include Musasa Project, Adult Rape Clinic, Family AIDS Counselling Trust, Family Support Trust, FACT, ZAPSO, ZICHIRE and World Vision.

These efforts include equipping all supported GBV facilities – static and mobile one-stop centres, shelters and safe spaces – with COVID-19 infection, prevention and control (IPC) supplies. IPC supplies include masks, gloves,



**Gender-based violence
toll-free hotlines available
24 hours:**

**Musasa Project: 08080074
Zimbabwe Women
Lawyers Association
(ZWLA): 08080131**

thermometers, temporary isolation tents for GBV survivors with suspicious symptoms, and extra transport support as alternatives to limited availability of public transport for survivors being referred to higher levels of care. These measures are critical to ensure that survivors receive the services they need, while also mitigating against the risk of exposure to COVID-19.

As a safe haven, Bubi shelter has become a beacon of hope in the community. It shows what can be achieved when there is solidarity against the crime of violence against women and girls. The facility brings together religious leaders, councillors, and men and women from the community to discuss how to end GBV against women and girls in the community, explained Ward Councillor Mbizo Siwela.

We are very happy and grateful for the shelter as it is doing a good job in checking and suppressing GBV.

“The shelter has helped bring to light the plight of the girl child through community forum meetings, where issues relating to prevention of and response to gender-based violence are

shared,” he said. “We are very happy and grateful for the shelter as it is doing a good job in checking and suppressing GBV. The shelter has helped improve reporting of GBV cases.”

Currently housing 15 survivors and 4 accompanying minors, the facility shelters women and girls who have experienced GBV, mostly at the hands of those who are supposed to love and protect them.

“Enduring this type of violence is not an easy experience,” said Dr. Julitta Onabanjo, UNFPA Regional Director for East and Southern Africa, during a recent visit to the shelter.

“We must ensure that perpetrators are prosecuted and that this leads to convictions. We must never allow this to happen as a community. We must also ensure that perpetrators are prosecuted and that this leads to convictions,” she said.

The majority of GBV cases registered at Bubi shelter involve adolescent girls. The facility has also emerged as a strong link in the referral system, ensuring that survivors get a comprehensive package of care. Bubi equips the survivors with skills and knowledge on how to deal with GBV, thus training them to become community ambassadors ready to help others who might potentially experience violence.

The Covid-19 pandemic has had a tremendous effect on gender-based violence due to resultant socio-economic stresses. Cases of gender-based violence have been on the rise globally, as well as in Zimbabwe.

In a normal month, the Musasa

Project Call Center receives approximately 500 calls from survivors of sexual and gender-based violence. Within a week of the lockdown being enforced in Zimbabwe, however, we have received 592 calls from women and girls experiencing GBV.”

This increase in GBV cases is worrisome, but organizations such as Musasa Project are working tirelessly to ensure that women and girls receive the help and services they require to overcome abuse. For instance, Musasa Project has continued to provide safe spaces to survivors of GBV who need to seek shelter away from their abusive homes.

Through the joint global Spotlight Initiative of European Union and the United Nations is providing assistance to organizations such as Musasa Project to ensure survivors of GBV have access to quality GBV services. This support will prove to be even more critical as cases of GBV rise rapidly due to the pressures of the COVID-19 pandemic.

To report for sexual and gender-based violence, contact immediately the following toll-free hotlines available 24 hours:

Musasa Project: 08080074
Zimbabwe Women Lawyers Association (ZWLA): 08080131



**15% increase in calls from
women and girls
experiencing GBV during the
lockdown period**

Working to protect vulnerable persons in the fight against COVID-19



Noting that there was currently no clear evidence that people living with HIV are at an increased risk of acquiring COVID-19 or of becoming more ill from it, Mr. Martin Odiit, UNAIDS Country Director in Zimbabwe said that many people living with HIV were ageing and/or have other health conditions that makes them more susceptible to COVID-19.

The conditions that people living with HIV cope with include Tuberculosis, heart disease or lung disease, which are known to make people more vulnerable to severe COVID-19 disease. In addition, there are still people living with HIV who are not on antiretroviral therapy which may compromise their immune systems.

UNAIDS and partners are encouraging people living with HIV to take precautions to reduce exposure to COVID-19 and to reach out to their health-care providers

to ensure they have adequate stocks of essential medicines.

Government and stakeholders are responding to the challenges brought about by COVID-19. The Ministry of Health and Child Care has sent out rapid guidance on HIV and AIDS services including >3 to 6 multi-month dispensation of ARVs to reduce the requirements of frequent visits to the health facilities. The National AIDS Council and Ministry of Health and Child Care continue to disseminate messages on HIV and COVID-19 with UNAIDS providing Information Education and Communications materials on People Living with HIV and COVID 19.

Mr Odiit said, these efforts will contribute to reducing the risk of COVID-19 among target populations of the HIV and AIDS programmes and ensure continuity of life saving services. However, given the ever evolving

COVID 19 situation, it is important to collect information on the peculiar needs of the target populations including people living with HIV (PLHIV) to inform ongoing efforts against COVID-19.

UNIADS facilitated a study through a web-based survey monkey and a WhatsApp link. As of the 9th of April 2020, a total of 130 respondents had completed the WhatsApp and 40 had completed the Survey monkey. Most respondents flagged out the issue of food shortages as PLHIV who were making a living through vending and cross boarder trading among other things had their livelihoods severely affected by the lockdown due to COVID 19.

PLHIV expressed concerns on how and where they are to collect their resupplies, as their usual pick-up points such as Beatrice Infections hospital have been turned to be COVID 19 emergence centres.

Concerns were also raised by some people living with HIV over COVID induced stigma, the rising fear of contracting COVID 19 from clients among health workers who do not have proper personal protecting equipment resulting in some of PLHIV leaving health facilities without getting their medicines.

There is still a huge gap in information for people living with HIV on COVID 19 and its implications with regard to their health and wellbeing. Positive living tips are causing discomfort among PLHIV as they are misconstrued to mean added risk associated with PLHIV which has not been scientifically proven.



Health-care facilities stocks essential medicines to reduce exposure to COVID-19 for people living with double vulnerability

There were also worries on how the PLHIV, persons with disabilities and people living in remote and hard to reach areas will be reached with COVID 19 information so that they are not left behind.

United Nations in partnership with Persons with Disabilities Organizations produced awareness-raising videos in sign language, Shona, and Ndebele, as well as Advocacy videos by famous Zimbabwean Disability Advocates. Available [HERE](#)

Meanwhile, on 26 March 2020, UNESCO’s International Bioethics Committee (IBC) and World Commission on the Ethics of Scientific Knowledge and Technology (COMEST) issued a joint statement highlighting the importance of adhering to international ethical principles that are rooted in human rights in the preparedness and mitigation efforts of COVID-19 pandemic.

Protecting the most vulnerable is of utmost importance, addressing the double vulnerability of those affected by poverty, discrimination, violence, pre-existing illness, age, disability, migration and the specific difficulties faced by refugees and stateless persons.

The Ethical Principles that should guide COVID-19 Response include notably Solidarity, Justice, Autonomy, Informed Consent, Transparency, Privacy, Autonomy, and Non-discrimination. Policy advice resources are available [HERE](#)

Ensuring human rights compliance in the response to COVID-19

The world is facing an unprecedented crisis. At its core a global public health emergency on a scale not seen for a century requiring a global response with far-reaching consequences on economy , social and political spheres.

Human rights are key in shaping the COVID-19 pandemic response, both for the public health emergency and the broader impact on people’s lives and livelihoods. Human rights put people centre-stage.

In his policy brief published in April 2020, the UN Secretary General Mr. Antonio Guterres said,“Responses that are shaped by and respect human rights result in better outcomes in beating the COVID19 pandemic and preserving human dignity.”

“But they also focus our attention on who is suffering most, why, and what can be done about it.”

Upholding and protecting human rights prepare the ground now for emerging from this crisis with more equitable and sustainable societies, development and peace.

Meanwhile the priority is to save lives. In view of the exceptional situation and to preserve life, countries have no choice but to adopt extraordinary measures. Extensive lockdowns, adopted to slow transmission of the virus restrict by necessity freedom of movement and, in the process freedom to enjoy many other human rights.

In response, the United Nations in Zimbabwe has developed

and disseminated human rights compliance measures that need to be taken in to consideration in the prevention and mitigation of such unintended consequences.

The human rights compliance in the response to COVID-19 covers the rights to participation, access information, health, food, education, state of emergency and emergency legislation, freedom of movement and people living in institutions, discrimination, leaving no one behind and do no harm, children, women and persons with disabilities: Available [HERE](#)

Reorienting hygiene clubs to promote prevention against COVID-19

#LearningNeverStops



Due to COVID-19 pandemic more than 1.5 billion students across the planet including 4.56m Zimbabwean students are affected by school closures due to the COVID-19 outbreak.

To facilitate inclusive learning opportunities for children and youth during this period of sudden and unprecedented educational disruption, the UN is spearheading global education coalition to ensure learning never stops.

UN Deputy Secretary General Amina Mohamed expressed the UN's full commitment to the Coalition, warning that "for millions of children and youth from disadvantaged backgrounds, school closures could mean the loss of a vital safety net – of nutrition, protection and emotional support."

In Zimbabwe, the education emergency cluster has developed a COVID 19 response strategy with three objectives:

- Prevent spread and transmission of coronavirus among teachers, learners and school communities
- Mitigate the impact of the coronavirus emergency on learning and wellbeing of teachers, learners and school communities through key interventions
- Ensure safe return to quality learning for teachers, learners and school communities

Angela Mudzokora, 11, and members of her school's Health Club at Kushinga Primary School in Zimbabwe's Chimanimani District, have been on hygiene awareness activities together with their teachers since end of March

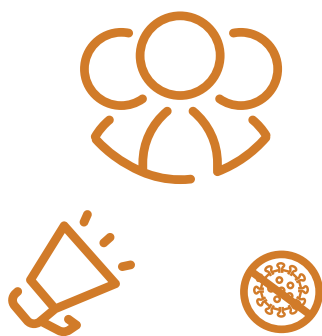
2020.

"You should always wash your hands with soap under running water for at least 20 seconds, no more handshaking, try to stand one metre apart, and don't touch your face," she says, demonstrating to a group of pupils gathered for a lesson about COVID-19.

The 60-member club was formed



Zimbabwean students are active in disseminating Covid-19 precautionary messages to their fellow students and communities



UN actively supporting national communication and country engagement to raise awareness on preventing and mitigating COVID 19

last year to raise awareness on hygienic issues amid fears of an outbreak of waterborne diseases, such as cholera and typhoid following Cyclone Idai that devastated the region in early 2019.

The club has now turned its focus to ensuring that fellow pupils – and people in the surrounding community – are equipped with information on preventing and protecting themselves and others against COVID-19.

“We cannot repeat the same mistakes. We have the power to act... we now understand the power of information. It can save lives,” Angela says.

Mathew Tonha, the school Health Coordinator, said the school established the club to promote peer to peer health education in August 2019.

“After the trauma the children suffered after Cyclone Idai, we thought that apart from professional counselling, the children would be able to comfort each other and also share information among themselves,” he said, as he supervised the

mounting of COVID-19 awareness posters around the school grounds.

The posters developed through resources from the Health Development Fund, a multi-donor pooled fund supported by the United Kingdom’s UKAID; the European Union, Irish Aid; the Swedish Government and GAVI, were distributed, with other materials across Zimbabwe. This is part of a national prevention and awareness campaign to mitigate against the spread of the corona virus.

Before the lockdown, UNICEF teams were visiting Kushinga and surrounding schools in Chipinge and Chimanimani Districts, distributing Teachers’ Guides on key messages and actions for COVID-19 prevention and control, and posters to schools.

“Teachers talk about coronavirus during the morning assembly, but the health club members are ‘more effective’ because they engage in more intimate formal and informal sessions among fellow pupils,” says Mr. Tonha.

“Using the Guides and key messages, I am able to train the students to share the information effectively with their classmates and their families at home.”

The impact of their messages is noticeable. “Everyone now washes their hands with soap at home after I told them about coronavirus,” says 10-year old Doust Toma.

Despite the commendable efforts by the Kushinga School Health Club, the need for increased awareness is visible in the surrounding community where cultural norms that might spread

the virus are still being practised.

“It’s a challenge to raise awareness about an illness that the villagers have never seen or heard of in their lives,” said Mr. Tonha. “But it’s critical that we begin to inform and educate the community about the symptoms and preventative measures before it’s too late. It is working well with the students and I am sure the villagers will also heed the call.”

Meanwhile, in April 2020, Prof Hubert Gijzen, UNESCO Regional Director signed an agreement with the Executive Secretary of SADC to launch the joint initiative on #LearningNeverStops.

Noting that the agreement was part of an ongoing efforts to replicate the global coalition on #LearningNeverStops at regional and country level, Prof Gijzen said that the initiative brings together multitude of partners, including UN agencies (UNICEF, ITU, WB and others), NGOs, Private sector partners like Microsoft, Huawei, GSMA, Weidong, Google, Facebook, Zoom, KPMG, non-profit organizations such as Khan Academy, Dubai Cares, Profuturo, Sesame Street and others.



UN teams distributing teachers guides on key messages and actions for COVID 19 prevention and control, and posters to schools in Chipinge and Chimanimani districts



Partnering with media in the fight against COVID-19

“The COVID-19 is a serious health crisis,” says Dr. Alex Gasasira, WHO Representative in Zimbabwe “And in a crisis, people get scared, they seek out information to stay safe. At the same time, a lot of rumours and half-truths get spread around. That is why we see false messages and videos circulating on social media, and unfounded theories about how the virus is transmitted. All of this misinformation can be deadly. We’re facing not only a health crisis, but potentially an information crisis.”

As in any country, rumour, innuendo, lies, and half-truths spread rapidly in Zimbabwe. Roughly two weeks ago, for example, a press release reportedly from the Office of the President made the rounds on social media, announcing that the national lockdown on COVID-19 had been extended. Countless people had seen or heard the so-called news before the press release was revealed as a forgery.

As of 30 April, four people had died of COVID-19 in Zimbabwe. “Thankfully, that number is low right now,” says Dr. Gasasira. “But it could rise fast, especially if misinformation spreads fast.” To contain the spread of the disease, the United Nations and partners are working with media to boost their role in reporting accurately on the coronavirus so that audiences can stay safe.

A two-day online workshop convened by the UN Communications Group, comprising all 25 UN entities, brought together 250 journalists from nationwide with 50 government officials, youth leaders, and others on the frontlines of the response to COVID-19. Journalists in the training came from the country’s 55 registered outlets in print, radio, digital, and other media, as well as from the corps of “citizen journalists” that has arisen around the edges of official media.

The level of public knowledge about coronavirus is low, and even some journalists are just getting up to speed. “There were a lot of things about COVID-19 that became clear in the workshop,”



25 UN entities, brought together 250 journalists from nationwide with 50 government officials and youth leaders to formulate a COVID-19 strategy

says Columbus Mavhunga, a multimedia journalist. “For example, the difference between coronavirus and COVID-19—I now know that the former causes the latter.” Mavhunga said the workshop also cleared up



myths about the pandemic and covered the ethical dimensions of reporting on COVID-19.

The training also played an important practical role, connecting journalists with government officials, who can serve as sources for reporters. “People always improvise when there is an information gap,” adds Lynette Manzini, another journalist who attended the training. “The workshop helped to bridge the gap between Ministry officials and journalists and suffocate the grapevine.”

If journalists have a role to play in sharing safety information, they sometimes face obstacles in putting it into practice. So says Abigail Tembo, a reporter with Zimbabwe Broadcasting Corporation, the only broadcast station in this nation of 14 million people. “Viewers want audible audio. They want human connection. That means I have to pin a microphone to a lapel. I

have to record the emotions and get good quality story,” she says. The problem is, like many other countries, Zimbabwe is facing a dire shortage of face masks and other protection. Even many health care workers are lacking personal protective equipment; reporters have even less.

“We don’t live in a vacuum. We have to go back to our families,” says Tembo. “Yet we don’t even know what we are exposing them to because every day we talk to various people. If you get a cough or a slight headache you think you have the coronavirus. We live in fear and anxiety.”

Speaking during the training, Dr. Anywhere Mutambudzi from the Ministry of Information said journalists should receive protective equipment from their employers. He added that TV journalists should ensure that their interviewees are wearing protective gear in the proper way “so that we don’t only protect

ourselves but so that we can be role models to viewers.”

The burden of any health crisis is not borne equally throughout society, says Dr. Angela Muriithi, Plan International Country Director in Zimbabwe, who spoke at the workshop. “The most vulnerable populations—children, women and adolescent girls, youth, persons with disabilities and the elderly — are often much more adversely affected. Media practitioners should design more content specifically for the needs of these groups.”

“People are hungry for information,” says Hubert Gijzen, UNESCO Regional Director for Southern Africa, who addressed journalists in the workshop. “The people of Zimbabwe need you in this work. We need you to share facts and dispel myths. Accurate reporting is one of the best tools we have to stop this disease. In a very real sense, you, journalists, are on the front lines of this fight.”



COVID-19 pandemic reveals investment in development reaps rewards during crisis

Cricensia Tshu, one of the nurses at Sipepa Rural Hospital, takes out the insulated case of vaccines from the refrigerator to prepare for the day. As with other days, Cricensia prepares to receive mothers as they bring their infants for their vaccination shots.

Two years ago, this routine activity would not have been guaranteed. Unreliable power supply, which has affected Zimbabwe and most Southern African countries, created inconsistencies in the availability of vaccines which need to maintain a cold chain from the central pharmacies in Harare to Sipepa, over 550 km away.

UNDP with support from the Global Fund and in partnership with Ministry of Health and Child Care, and the Ministry of Local Government, Rural and Urban Development, equipped 405 health facilities across the country with solar systems of varying capacity. These systems provide primary power for critical operations including in

maternal theatres and wards; pharmacies for medicines and vaccine refrigeration; information systems; and night lighting in the facilities.

“The experience from our partnership with the Ministry of Health and Child Care, and Global Fund provides a platform to continuously invest in a robust health system that can adequately absorb the demand on health facilities” said UNDP Resident Representative, Georges van Montfort.

As Zimbabwe prepares for a potential surge in COVID-19 cases, the investment in 405 health facilities with solar grids will play a critical role in response to the disease. Power for medical devices, information systems and lighting will be important to contain the spread of the virus, provide care for patients and for real-time reporting of incidents across the country.

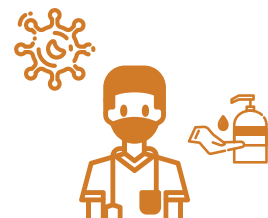
Through the Global Fund, the

UN has supported the National Response Plan to COVID-19 through the procurement of Personal Protective Equipment (PPE) for frontline health workers with US\$4.1 million. UNDP is partnering with the Government, other UN agencies and the private sector to engage communities on information dissemination; support youth-led business working on the COVID-19 response, and to support the informal sector. Further, options for Global Fund support to the COVID response by the health sector are also being considered.



405 health facilities across the country equipped with solar systems

The partnership between Government, Global Fund and UNDP to strengthen national health systems is supporting the country towards achievement of SDGs 3, 7, 8, 13 and 17: Good health and well-being, Affordable and clean energy, Decent work, Climate action and partnerships.



UN procures Personal Protective Equipment (PPE) for frontline health workers worth US\$4.1 million

Advancing human centred policy to protect the safety, wellbeing of workers



“COVID-19 and the world of work”, the International Labour Organization’s (ILO) preliminary assessment held in March 2020 noted that the world of work is being profoundly affected by the global virus pandemic. In addition to the threat to public health, the economic and social disruption threatens the long-term livelihoods and wellbeing of millions.

The ILO notes that COVID-19 will transcend the urgent concerns about the health of workers and their families, the virus and the subsequent economic shocks will impact the world of work across three key dimensions: 1) The quantity of jobs (both unemployment and underemployment); 2) The quality of work (e.g. wages and access to social protection); and 3) Effects on specific groups who are more vulnerable to adverse labour market outcomes.

The sectors most at risk include accommodation and food services, manufacturing, retail, and business and administrative activities that employ about 1.25 billion workers.

The Report further says 81 per cent of the global workforce of 3.3 billion are currently affected by full or partial workplace closures resulting in layoffs and reductions in wages.

The challenge in the world of work in Zimbabwe is quite complex due to the high levels of informality (76% of employment) and absence of social safety nets especially health insurance with only about 7% of the population covered. The absence of comprehensive social protection makes workers and the families vulnerable, disproportionately increasing women’s burden due to their care work roles.

The ILO proposes human-centred

policy measures informed by international labour standards focusing on four pillars: protecting workers in the workplace; supporting enterprises, employment and incomes; stimulating the economy and jobs; and using social dialogue between government, workers and employers to find solutions.

In these initial phases of the response it is important to prioritise the safety and health of frontline and essential service workers through provision of adequate personal protective equipment (PPE); adjusting working arrangements (social distancing, including telework and staggered hours were possible; minimise losses of jobs and incomes; and ensure effective access to paid sick leave and support for working parents as well as prevent discrimination and exclusion.

Cyclone Idai recovery programme may lend a lesson to recovering better from COVID-19



how the two have defied old age to focus on agriculture production.

The couple, Dingane and Nancy Sithole who live in Chipinge, eastern parts of Zimbabwe, fell victim to Cyclone Idai which hit Malawi, Mozambique and Zimbabwe mid March 2019.

The two are working hard to shrug off the 'victim' tag and are charting a way for a better future.

"The time the cyclone hit was the most devastating moment in my life," says Nancy. "We were caught unawares, and this was worsened by the fact that the rains pounded without ceasing during the night. Houses were flooded, some walls gave in while roofs were blown off. It was very terrifying."

In response to Cyclone Idai, which hit Zimbabwe in March 2019, the UN Office for Project Services (UNOPS) with US\$72 million funding from World Bank established Zimbabwe Idai Recovery Project, a major multi-sectoral recovery project, implemented by FAO, IOM, UNICEF, WHO and WFP.

The four-year Zimbabwe Idai Recovery Project (ZIRP) aims not simply to restore what was lost, but to build back better and smarter to mitigate future impacts.

ZIRP is assisting disaster-affected communities to recover their means of subsistence. To address the immediate recovery needs WFP and FAO are supporting the affected communities by providing food assistance and agricultural inputs. Some beneficiaries are already harvesting crops thanks to the inputs received. FAO has

also provided training to the beneficiaries on crop production, climate smart agriculture, agronomy, and on stock feed utilisation.

Additionally, WHO and UNICEF are cooperating to accelerate the revitalization of basic health services. To date, more than 25,000 people have been reached with health services in ZIRP targeted areas.

Supporting the early recovery with food assistance, WFP food for asset programme has allowed the rehabilitation of watersheds, check dams, stone bunds, terracing and dams linked to nutrition gardens or irrigation schemes.

They are an elderly couple, the husband is aged 95 while the wife is 17 years younger, but the lush green maize in their field is a testimony of

Nancy says they woke up to see their house destroyed. This is where they had stored their harvest from the previous season and had anticipated to pull through to the next harvest without incident.

"I looked at my field and it was so distressing to note that the promising crop had been destroyed. The runoff had levelled the field and uprooted some of the crops. Imagine, we had a good crop, then suddenly we had an empty field greeting us the following morning," she adds.

The couple stays with four orphaned grandchildren of school going age. Nancy says the thought of providing for the four, given her advanced age, troubled her greatly.

"There was a swift response as different organisations started assisting us. I must be honest with



you, I had never received food or clothing handouts in my life. For me it was embarrassing but we had no choice. I felt like I was disabled, and I was longing for a time when we will be able to feed ourselves,” adds Nancy.

ZIRP works towards assisting the affected communities with medium-term recovery with an emphasis on building resilience. To this effect, FAO and UNOPS are collaborating to reconstruct key community irrigation schemes. UNOPS is also reconstructing damaged schools, roads and

bridges to ensure access to markets and services.

As the approach of ZIRP is to harmonize project activities across sectors, UNICEF is rehabilitating communal WASH services and providing educational materials to community schools. Providing technical assistance for greater quality data on internally displaced people (IDPs), IOM has conducted a Return Intention

“I am glad that I was selected as one of the beneficiaries under this project. I was not sure how I would

have managed to plant for the current season as I was struggling to feed my grandchildren and would not have managed to buy seed and fertiliser,” adds Nancy.



25,000 people reached with health services in ZIRP targeted areas

