UNITED NATIONS
ZIMBABWE

IMMEDIATE SOCIO-ECONOMIC RESPONSE TO COVID-19 IN ZIMBABWE

A Framework for Integrated Policy Analysis and Support

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01 Preface

by the UN Resident / Humanitarian Coordinator

On 30 January, 2020, the Director General of the World Health Organization declared the outbreak of the coronavirus disease 2019 (COVID-19) as a Public Health Emergency of International Concern. Globally, hundreds of thousands of people have been infected and thousands have lost their lives.

Here in Zimbabwe, the first case was recorded on the 20 March, 2020. Since then, the number of cases has been rising steadily. Though the outbreak is still evolving in Zimbabwe, the potential impact of intense community transmission remains high. The pandemic is the biggest health crisis facing the world today and its social and economic impacts are threatening to undermine development gains and progress towards the Sustainable Development Goals (SDGs).

In Zimbabwe the COVID-19 pandemic is evolving against the backdrop of a difficult macro-economic environment, climatic shocks (cyclone Idai and drought). The preliminary impacts show that the country's healthcare system is likely to be stretched further. In addition, the public health response measures to contain the pandemic have shown that, while necessary, they have also led to a disruption of economic activities and livelihoods resulting in increased poverty and vulnerability. More crucially, the pandemic is affecting socio-economic and gender groups differently with women, children, poor households, persons with disabilities and people living with HIV and AIDS most adversely affected. Without urgent collective responses to address the social and economic impacts of the COVID-19 pandemic, suffering will escalate, endangering lives and livelihoods for years to come.

In April 2020, the United Nations Secretary General launched a global strategic framework to support countries' paths to social and economic recovery in response to the COVID-19 pandemic. It is one of three critical components of the UN's

Without urgent collective responses to address the social and economic impacts of the COVID-19 pandemic, suffering will escalate, endangering lives and livelihoods for years to come.

Credit: UNDP

efforts to save lives, protect people, and rebuild better, alongside the health response and the humanitarian response.

This current socio-economic framework seeks to support Government efforts in Zimbabwe to urgently respond while at the same time assessing the impact and developing an appropriate recovery strategy. The framework describes a coherent UN-wide approach to support the national efforts of addressing COVID-19 and its secondary impacts in the socio-economic spheres. The Framework is complementary to the Humanitarian Response Plan 2020 and support for the COVID-19 Preparedness and Response Plan. Its timing coincides with the preparation of the National Development Strategy (NDS) which presents an opportunity for integrating socio-economic recovery as part of the National Strategy.

The design of this framework has been guided by key principles including national leadership and ownership, integrated policy solutions, gender equality, building back better, protection of human rights and ensuring that no one is left behind and those furthest behind are reached first. As the pandemic evolves, the framework will inevitably require adaptation and review but nonetheless, it is conceived as a veritable platform for, and testament of our collective commitment as the UN to accompany the government and people of Zimbabwe as they respond to and recover from the pandemic.

None of this will be possible without strong partnership and complementarity with partners such as the World Bank (WB), the Africa Development Bank (AfDB) and other bilateral and multilateral partners. In rolling out the framework, a coordinated response with the UN Economic Commission for Africa will be pursued to maximize impact of our efforts.

Finally, the UN in Zimbabwe hopes that this framework will contribute to ensuring that Zimbabweans continue the journey towards the SDGs and Vision 2030 for a more prosperous and empowered people.

Ms. Maria Ribeiro
UN Resident Coordination and Humanitarian Coordinator

02 Contextualizing the UN Global Framework in Zimbabwe

Based on the call from the United Nations Secretary General[1], UN teams covering 162 countries and territories have been asked to develop and roll out a socio-economic response framework, under the leadership of UN Resident Coordinators (RC), supported by a network of global and regional expertise. As the technical lead in the socio-economic recovery efforts, the UN Development Programme (UNDP) will support RCs, with UN teams working as one across all aspects of the response. It is one of three critical components of the UN's efforts to save lives, protect people, and rebuild better, alongside the health response, led by the World Health Organization (WHO), and the humanitarian response, led by UN Office for the Coordination of Humanitarian Affairs (OCHA).

"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," the UN Secretary General said. The framework sets the way United Nations entities will support Member States to deliver this vision on the ground.

While the Global Framework provides the overall strategic direction of the UN's response, a clarion call was made to ensure each framework is appropriately contextualized for each country. It is important to note that the objective of the framework in Zimbabwe is to organize a coherent and comprehensive UN-wide offer to the national efforts of addressing COVID-19 and, in particular, the secondary impacts in the socio-economic spheres, while noting complementarity with

1 https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19

Credit: UNDP

both the humanitarian and health responses. As such, the framework will recognize and build on the substantive collaboration with international financial institutions (IFIs), notably AfDB, IMF and the WB, which has been carried forward over the past years within the framework of the 2008 Joint Declaration for Crisis Assessments and Response.

Noting that existing socio-economic assessments, notably the Joint Needs Assessment for Zimbabwe[2] (JNAZ) carried out by a consortium of the AfDB, UN and the WB, have contributed to the Government-led Transitional Stabilization Plan (TSP 2018-2020) – and thus underpin the NDS 2021 – 2025, the strategic framework for Zimbabwe will complement and support this ongoing work. Rather than undertaking a parallel effort, it will support the elaboration of the socio-economic pillars identified for the NDS and outline the technical and analytic support that can be provided by the UN for the COVID-19 response and recovery alongside that of IFI partners supporting the NDS and immediate economic recovery. Collaboration at the regional level, in particular with the UN Economic Commission for Africa, will be equally important to promote a coordinated response from the UN System at large. Applying the Global framework to the Zimbabwe context in this way would enable a coherent offer of UN and IFI support for the national COVID-19 recovery strategy to be elaborated in the NDS, without disrupting or displacing the nationally led recovery and development planning process.

As agreed among the AfDB-UN-WB consortium and confirmed during the recent UN Interagency Mission (March 2020), the analytical component of this framework will build on the results from the JNAZ which provides an overview of needs, as well as appropriate policy reforms and investment requirements to be supported over a five-year period. JNAZ partners have already agreed to engage the thematic working groups to update the analyses to reflect recent developments in support of the approach paper prepared for the NDS. This update will need to reflect important contextual changes, including the various shocks and stressors that Zimbabwe was subject to in the past years, including recurrent droughts, Cyclone Idai, uneven economic reforms and COVID-19. Consultations with Government are ongoing to ensure that these analytical updates form part of a broader, and more optimal and consultative process of preparing the NDS with other stakeholders. Government and partners are discussing the conceptual framework and objectives of the NDS based on the Cabinet-approved approach paper that will be the foundation for this support. As such, it will be

2 http://documents.worldbank.org/curated/en/720171564060102008/pdf/Joint-Needs-Assessment-for-Zimbabwe-Identifying-Challenges-and-Needs.pdf

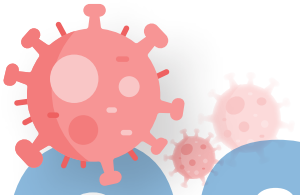
important that the UN socio-economic not create a parallel process that bypasses or overrides earlier agreements and ongoing discussions, thereby risking a significant distraction both to Government and to the international partnership to support the NDS – which is already behind schedule (due to COVID-19).

In summary, the response pillars used in the strategic framework for Zimbabwe are aligned to the Global Framework to promote global coherence and facilitate consolidation. This does not imply that the UN is suggesting that separate coordination structures or processes will be established. On the contrary, at the national level, the UN will use the framework to inform its support through the existing national structures of the COVID response (including its eight pillars) and the working groups to be established to guide the preparation of the NDS.

This strategic framework has been developed against the backdrop of the realisation that the pandemic is ever evolving and thus emphasises the need for flexibility and adaptability. Recent studies suggest that the country is yet to experience the worst in terms of the effects of the pandemic, especially on the fragile health system, as the epidemic is only expected to peak between August and October 2020[3]. Other models[4] suggest that the Africa region's unique socioecological context is contributing to reductions in the number of cases, with infections spread over a longer time period. Consequently, the strategic framework document does not identify specific national programmes nor direct national budget expenditures at this stage. The allocation of any funding or financing will need to be defined based on the process of prioritization of needs within a macro-economic framework and 5-year programmatic budgeting framework that is determined through the NDS process. In line with global requirements set out by the UN Secretary-General, the second component of the framework describes immediate to short-term programmatic interventions by the UN system to support ongoing COVID-19 needs, including repurposing existing development funding and identifying gaps.

3 See, for instance, Modelling local transmission and the burden of the COVID-19 epidemic in African countries Report 2.0, v1.0 (April 2020) by MOBS Laboratory, Northeastern University, Boston; Center for Inference and Dynamics of Infectious Diseases (CIDID); and Fred Hutchinson Cancer Research Center, Seattle; World Bank, Imperial College London and Zimbabwe College of Physicians and National Institute of Health ongoing modelling work.

4 https://gh.bmj.com/content/5/5/e002647



03 Preliminary Impact of COVID-19 in Zimbabwe

The pandemic and response measures in perspective

Across the globe, governments have responded to the crisis in different ways. The most common response measures, however, have been the implementation of fiscal stimulus packages, complete or partial lockdowns and movement restrictions, and the enforcement of basic hygiene practices such as regular hand washing and social distancing.

Since the onset of the pandemic, the Government of Zimbabwe has instituted a number of policy, institutional and operational measures to combat and contain the pandemic and reduce its negative impact, especially on the poor and vulnerable members of society.[1] Zimbabwe has a projected population of 16.2 million, 52 percent of whom are female and 67 percent live in rural areas[2]. Nine percent of the population has a disability while life expectancy was estimated at 60 years in 2017[3]. The population is young with about 67 percent below the age of 35, with the 15-24 age group accounting for approximately 36 percent of the population, and the under 15 year olds accounting for 77 percent of the population. This raises concern on the impact of the pandemic on youth employment and access to services. As per the Zimbabwe demographic profile, sex and age disaggregated data would be required to identify the most vulnerable population groups, including those in institutions.

1 The policies and operational measures are deposited Ministry of Health and Child Care (2020): Zimbabwe Preparedness and Response Plan – COVID -2019.
2 ZIMSTAT (2019) "Updated 2012 population census projections report".
3 ZIMSTAT (2017) "Inter-Censal Demographic Survey, 2017".

Credit: UNICEF

On 21 March, 2020 Zimbabwe began a 21-day national lockdown in a bid to combat the spread of the coronavirus. This resulted in the shutting down of all activities and services except those that weere defined as essential such as health care and law enforcement. This initial lockdown was subsequently extended by an additional two weeks. Subsequent to that, on 3 May, 2020, the lockdown was further extended by another two weeks, but with more relaxed provisions. This allowed people to ease back into business while maintaining the recommended safety guidelines including mandatory wearing of face masks and maintaining social distancing. The informal sector, however, where a large proportion of women operate was and is still not open. On 16 May, 2020, this status of affairs, that is relaxation of lockdown measures, was extended indefinitely with a proviso for government review every fortnight.

On 4 May, 2020, the Government announced an ambitious ZWL$ 18 billion (approximately US$ 720 million or nine per cent of Gross Domestic Product) economic stimulus package aimed at providing liquidity support to the productive sectors of manufacturing, agriculture, mining and tourism, while also targeting employment protection; recovery of micro, small and medium enterprises (MSMEs); strengthening and expansion of existing social safety nets, including direct income support for vulnerable groups and individuals; improvement of financial inclusion through banks and micro-finance institutions; and upscaling investments in economic and social infrastructure, while building the resilience of affected communities.[4] This ambitious package represented an improvement from an earlier package unveiled in April 2020 of ZWL$ 500 million (approx. US$ 20,000,000) to help fight the pandemic and ZWL$ 50 million (US$ 2,000,000) for medical aid, mostly for civil servants on the frontline of the response. The earlier measures also included expenditure restructuring away from capital projects to health-related expenditures; ring-fencing of the 2 percent money transfer tax for social protection and other pandemic related expenditures; ZWL$ 50 million (US$ 2 million) for urgent and immediate importation of health-related supplies; immediate hiring of over 4000 health personnel; ZWL$ 200 million (US$ 8 million) per month for a period of three months as cash transfers to an estimated one million vulnerable households; expeditious processing of value-added and corporate tax refunds; suspension of customs duty chargeable on COVID-19 medical supplies; review of procurement rules to expedite purchase of COVID- 19 supplies; and support for local industries with capacity to produce basic food stuffs and pharmaceuticals.

Zimbabwe aspires to become a prosperous and empowered upper middle-income country (Upper MIC) by 2030.[5] The Vision is to be realised through the implementation of three successive Strategic Programmes: a Transitional

4 For details see Government of Zimbabwe (2020): Details on the COVID -19 Economic Recovery and Stimulus Package
5 This aspiration is deposited in the Vision 2030 - See "Government of Zimbabwe (2018): Towards an Upper Middle-Income Economy by 2030 – New Dispensation Core Values". Available at http://www.veritaszim.net/sites/veritas_d/files/GoZ%20Presentation%20DC%20-%2019-4-2018.pdf

Stabilisation Programme (TSP) covering the period October 2018 to December 2020; and two successive Five-Year Development Strategies (NDSs) covering the periods 2021-2025 and 2026-2030. As the TSP draws to a close, the Government has embarked on the development of the first NDS for the 2021 – 2025 period. To date National Priorities for the period 2021-2025,[6] as well as the National Development Results Framework and Sectoral Development Results Framework are under consultation. The NDS formulation process was officially launched in April 2020 setting in motion the process for further development and fine tuning of the Draft National Priorities crafted by Government Technical Working Group; establishment of Sector Specific Thematic Working Groups in line with National Priorities for NDS; and carrying out National Consultations and drafting of NDS, which is targeted to be finalized by the 4th Quarter of 2020.[7]

Credit: UN Women

A Summary of Effects of COVID-19 Pandemic on Zimbabwe

The pandemic is likely to affect every sector of the Zimbabwean economy and all segments of society but with differential impacts depending on age group, gender, disabilities, socio-economic status, geographic location etc. In fact, pre-COVID-19, a large proportion of the population (2.2 million people or 76 percent, many of whom are youths) were employed in the informal economy. With thelockdown and resulting job losses, we can anticipate that the informal sector will grow even larger. The need to ensure that this group is targeted for support is crucial, as an asset for the development of the country.

In an attempt to understand the potential impact of the pandemic on Zimbabwe, it is instructive to note that although it is primarily a health crisis, it nonetheless has far-reaching public governance, socio-political and economic ramifications.

The AfDB-UN-WB consortium agreed to engage working groups to update the previously conducted Joint Needs Assessment to reflect recent developments in support of the approach paper prepared for the National Development Strategy. Hence, the UN socio-economic framework for Zimbabwe will not include a separate in-depth socio-economic assessment. However, at the outset of this framework, it is

6 Tentatively, the following have been identified as the National Priority Areas: sustainable economic growth; food security and nutrition; governance; inclusive growth and poverty reduction; moving the economy up the value chain; quality of life; human capital development; environmental sustainability; national unity; country image and standing regionally and internationally; and safe and secure nation.

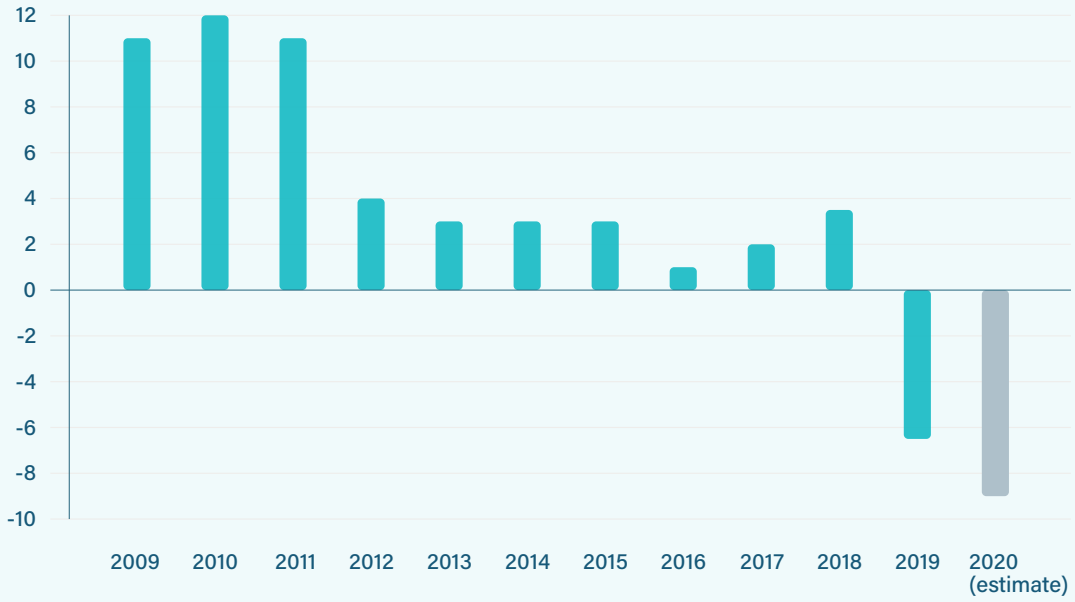
7 For details refer to Government of Zimbabwe (2020): A Concept Note on The National Development Strategy 2021-2025 (NDS 2025): A successor to the Transitional Stabilisation Programme (TSP)

useful to reflect on a preliminary assessment of the impact of the pandemic on the Zimbabwean economy.

Growth is likely to be depressed further: A stable macro-economic environment is a sine qua non for economic growth, investments, job creation and poverty reduction.[8] The IMF currently estimates that Zimbabwe's real GDP will contract by 7.4 percent in 2020.[9] For a country whose economy contracted by an estimated 6.5 percent in 2019, continued contraction of this magnitude, more so given the fragility of the economy, would be disastrous, disproportionately affecting the poor and vulnerable, youth and young entrepreneurs, small and informal businesses, as well as small scale agricultural producers.

Delayed imports of goods, especially from China and South Africa, have led to shortages of basic consumer and intermediate goods thus fuelling inflationary pressures in the country. Zimbabwe's National Statistics Agency (ZIMSTAT)[10] in its April 2020 prices survey highlights that, in the twelve months to April 2020, average prices went up by 766 percent, the cost of food increased by 985 percent, while health costs rose by 1049 percent. However, other sub-categories as education and housing, water and electricity recorded low increases at 233 percent and 457 percent respectively and therefore weighing down on the overall consumer price index (CPI). Meanwhile, month-on-month inflation eased to 17.6 percent down from 26.6 percent in March 2020.

Consecutive years of drought did not only affect levels of food security, it impeded economic activities which rely on hydropower, production of which dropped to unprecedented levels.



Zimbabwe GDP growth rates 2009 -2020 (actual and projected figures) %

Source: Zimbabwe Statistical Agency (2020) and IMF estimates

8 See for instance, Bleamey, M.F (1996): Macroeconomic stability, investment and growth in developing countries. Available at https://www.sciencedirect.com/science/article/abs/pii/0304387895000496
9 See https://www.imf.org/en/Countries/ZWE
10 http://www.zimstat.co.zw/

Credit: ILO

Although foreign lending opportunities may be limited, Zimbabwe is likely to see a worsening debt situation as GDP shrinks and debt-to-GDP ratio worsens.

Effects of lower oil prices are likely to be offset by declining Forex earnings: Zimbabwe relies heavily on fuel imports to meet her total energy demand.[11] Crude oil Brent prices have declined sharply from US$ 69.6 per barrel on January 5, 2020 to the current (May 6, 2020) price of US$ 25.52 per barrel, a 63 percent decline.[12]

Exports of goods, mainly primary commodities, which accounted for an estimated 22 percent of GDP in 2018 are expected to be adversely affected by direct and indirect linkages with the global economy, mainly China and European Union (EU) countries. China remains an important destination for Zimbabwean exports, especially tobacco, which is likely to be adversely affected by economic slowdown in that country.[13] The 2020 tobacco season, which has recently started trading is therefore, expected to see reduced revenue this year. China is also an important source of intermediate goods for South Africa, Zimbabwe's main trading partner. Any slowdown in economic activity in China will also affect the country indirectly via reduced trade with South Africa.

Meanwhile, the Chamber of Mines of Zimbabwe estimated that mineral production could decline by 60 percent in the first quarter of 2020 alone, as companies reduce output due to disruptions in the supply chain and logistics. This could lead to a loss of US$ 400 million in revenues for the country. Depressed activities in the mining sector will also adversely affect Forex revenue since minerals account for at least one third of the country's forex earnings.

Decline in tourism and remittances will lead to reduced Forex earnings, job losses and access to basic services: Tourism is a key sector for Zimbabwe's economy, generating an estimated US$1.4 billion (3.3 percent of GDP) in revenue in 2018. Currently, most of Zimbabwe's tourism source countries have issued travel restrictions or are still in lockdown, resulting in the suspension of tourism activity. Following the start of Zimbabwe's lockdown, hotels and tourist attractions shut down altogether leading to loss of income, which will, inevitably, translate into job losses. The Zimbabwe National Chamber of Commerce (ZNCC) estimates that the tourism sector will shed almost 25 percent of total jobs as a result of the pandemic[14].

Zimbabwe also receives an estimated US$1 billion in remittances from its diaspora community annually. Remittances are expected to decline as countries hosting significant numbers of Zimbabwe's diaspora community, such as South Africa, are affected due to the current lockdown. The WB has projected a 20 percent decline in global remittances in 2020,

11 In 2017, the country spent some $74.4 million on importation of refined petroleum products, making it the fifth most important import, by value.
12 Following an initial increase, fuel prices in Zimbabwe have since also declined in response but scarcity persists further slowing down economic activities.
13 In 2017, China was the top destination market for Zimbabwean export, followed by South Africa, United Kingdom, India and Zambia.
14 https://zncc.co.zw/index.php/news/item/25-sustainable-and-flexible-economic-interventions-to-address-covid-19

with Sub-Saharan Africa estimated to record a 23.1 percent (US$ 37 billion) decline.[15] Given the important role of remittances in sustaining livelihoods in Zimbabwe, a reduction will further compromise access to basic social services, and thereby increase poverty and vulnerability for many households.

Household food insecurity is likely to worsen as a result of a decline in the economy, a breakdown in supply chains and climate change: The agricultural sector remains the backbone of the Zimbabwean economy in terms of Forex earnings, employment, and importantly, food security at the household level. Due to a combination of adverse climate conditions and poor agronomic practices, combined with policy uncertainty and negative impact of monetary policies, agricultural production and productivity have been on the decline in the recent past. As a consequence, a large number of Zimbabweans lack access to adequate food and have to rely on humanitarian assistance.[16] An estimated 59 percent of the total population are food insecure and in need of immediate food assistance, which in the short-run can only be met through imports and, to a lesser extent and when possible, increased local production. If the economic downturn continues, more Zimbabweans will lose income and therefore access to food.

The slowdown of global supply chains and lack of foreign currency as well as physical barriers to movement of goods across borders will negatively affect food imports needed to meet domestic demand.

Credit: UNICEF

Zimbabwe's fragile healthcare system will be stretched further in the short run but could emerge stronger in the medium- to long- term: Zimbabwe's health system is facing a plethora of challenges, including a lack of resources, mostly financial, as well as a host of institutional and governance issues all of which render service delivery problematic. The health system is beset by periodic strikes by health workers over remuneration, low morale among the workers and poor working conditions.

The government has put in place several preventative measures aimed at flattening the curve, including adapted measures to ensure continuation of life-saving interventions such as ART for people living with HIV[17][18] and – with support from private sector and development partners – the Government shored up some

15 https://www.worldbank.org/en/news/press-release/2020/04/22/world-bank-predicts-sharpest-decline-of-remittances-in-recent-history
16 An estimated 4.34 million people in Integrated Food Security Phase Classification (IPC) phase 3 and 4 in rural areas will be requiring food assistance between February and June 2020
17 MoHCC (2020) Rapid guidance on HIV service delivery in COVID-19 context (Harare: MoHCC).
18 See Jewell et al (2020) accessible at: https://doi.org/10.6084/m9.figshare.12279914.v1, https://doi.org/10.6084/m9.figshare.12279932.v1

Credit: UNDP

of the health infrastructure. Despite these improvements, it is expected that the health system will be overstretched should the pandemic escalate beyond the current level, peaking around July-August 2020 as some models predict.[19] The over-burdened health system threatens more than those who fall ill with COVID-19. Children and women in need of basic yet essential services are at risk of not receiving them due to reduced access. The costs of the pandemic for children are immediate and, if unaddressed, may persist throughout their lives. Recent analyses suggest that hard won development gains could be reversed, such as on the HIV front[20]. However, the pandemic has also led to unprecedented collaborative effort between the government, the private sector, development partners and other stakeholders to mobilise resources for the health sector, especially those health facilities designated as isolation and treatment centres. Such investment to strengthen the health system are likely to have a positive impact beyond COVID.

Human capital formation will be adversely affected with rural areas and low-income households most affected: One positive asset of Zimbabwe is the high enrolment rate in lower secondary school in the country, that rose from 74% in 2003 to 92% in 2013, and youth literacy rate (15-24 years) is at 91.75%, making the youth one of the most educated youth in Africa[21]. In an effort to curb the spread of the disease, however, the government announced, on 24 March 2020, the indefinite closure of all schools and other institutions of learning, which coincided, in part with the planned school holidays. While the new school term was scheduled to start on May 5, 2020, Government announced a delayed opening as it was deemed unsafe for children to return to school. Despite the delayed physical opening of educational institutions, some schools were able to restart classes using digital platforms. However, it is predominantly urban and middle-class households who are able to access this e-learning, with many in low income rural and high-density urban and peri-urban areas being currently left behind due to lack of digital equipment and support structures. If this situation of skewed access to education continues for a lengthy period of time, it could exacerbate inequalities in education outcomes, poverty reduction and ultimately, human development. Efforts to extend affordable, accessible digital infrastructure coupled with digital skills to rural and remote areas for universal digital access will have positive impacts beyond the pandemic.

While children and adolescents do not suffer from the health complications of COVID-19 nearly as frequently as the elderly and people with underlying health conditions, they are disproportionately affected by the unintended

19 The pandemic has exposed the latent fragilities of even some of the most developed health care systems in the world.
20 NAC, ZNPP+ and UNAIDS (2020). Rapid community survey on the impacts of the COVID-19 pandemic outbreak on PLHIV in Zimbabwe (Harare: NAC)
21 UNESCO, Youth and Changing Realities: Perspectives from Southern Africa, 2019, https://unesdoc.unesco.org/ark:/48223/pf0000370912

consequences of the pandemic response and its socio-economic impact, threatening their well-being as a result of malnutrition, poor health outcomes, disruption to learning, threats to their safety, and reduced capacity of their caregivers.

Women and girls likely to be more adversely affected: It is premature to say whether more women than men are likely to die in Zimbabwe as a result of the pandemic, although, on the global scale, some researchers have posited that more men than women are dying, potentially due to sex-based immunological or gendered differences, such as patterns and prevalence of smoking.[22] Anecdotal evidence from developing countries like Zimbabwe however, suggests that women are likely to suffer disproportionate effects of such pandemics as women mostly bear the burden of care work, especially during school closures and lock downs or when some family members are undergoing quarantine or isolation. Moreover, women, especially nurses and community social workers[23] are often at the frontline of national response against pandemics such as this COVID-19 and, even if sufficient PPE was available, are more likely to be exposed than men.

Women and girls are also more likely to suffer from sexual and gender-based violence during crises like the current pandemic, especially during periods of lockdown and restricted movement. Additionally, women's and especially adolescent girls' reproductive rights are likely to remain unmet as the government re-prioritizes expenditures, including health sector expenditures, towards the fight against the pandemic. In addition, the resultant economic stress on families due to the pandemic is likely to give rise to negative coping mechanisms.

Credit: UNDP

The anticipated economic fallout of COVID-19 could result in more child or early marriages, transactional sex, child labour and gender-based violence as a coping strategy to financial and food insecurity.

Young people as affected population and as agents of change: Young people are affected by the pandemic in a multitude of ways. Their access to formal and non-formal education opportunities is severely hampered, which deprives them from their right to education as well as from social engagement with their peers and educators. The prolonged closure of educational institutions is likely to decrease the probability of youth returning once the situation improves. Prolonged periods of closures and movement restrictions may lead to additional emotional unrest and anxieties.

Young people also make up the majority of the informal economy and are therefore more likely to be affected by the lockdown measures and

22 See, for example, Wenham, Smith and Morgan, 2020 – available at https://www.cgdev.org/blog/how-will-covid-19-affect-women-and-girls-low-and-middle-income-countries.
23 According the Zimbabwe Labour Force Survey (2019), an estimated 62.8 percent of women are employed in human health and social work industries.

the long-term impacts of the pandemic on the economy in Zimbabwe.

In the volatile socio-economic environment, youth are already facing many challenges, which will likely be intensified by COVID-19: high unemployment, limited civic space for effective participation in economic and political spaces, drug abuse, forced migration due to limited economic opportunities especially in rural areas, lack of clear frameworks for youth, lack of access to health care, child marriages and sexual abuse of young women[24].

However, young people also represent a valuable resource and network during this pandemic. With the right training on the disease and its transmission, young people can contribute to breaking the chain of infection and play a crucial role in economic recovery of the country. Building back better will require efforts to build youth's trust in the national institutions, to support their social innovation, and to develop their skills. It is estimated that approximately 300,000 young people are released from the secondary education system annually and only about 20 percent find their way to acquiring requisite skills for employment due to technological advancements and curriculum lags in local universities and other skills training institutions[25].

Regional dimensions and return migration: With part of Zimbabwe's diaspora losing jobs in and/or being deported from neighbouring countries especially South Africa and Botswana as part of their COVID-19 containment measures, there has been an influx of citizens returning to the country. This movement of large numbers of people across borders, through regular and irregular points of entry, presents an increased risk of spread of infection, while also further straining the health system, social protection structures, and ultimately the fiscal space as the quarantine of returnees has been at Government's expense.

In addition, many of the returning citizens had emigrated for economic reasons and were the bread winners for families back in Zimbabwe. The loss of income associated with returning citizens is likely to exacerbate the already high incidence of poverty and food insecurity as well as access to basic services such as health and education. Moreover, movement restrictions as well as reduced merchandise trade between Zimbabwe and its neighbours, are also likely

Credit: UNDP

24 Survey conducted by Zimbabwe Youth Task Force and coordinated by National Association of Youth Organizations (NAYO) in 2017, in partnership with the African Union (AU) and European Union (EU) for the AU-EU Heads of States Meeting in Abidjan, quoted in Zimbabwe Human Rights Commission (ZHRC), OHCHR Study On Youth And Human Rights: Youth In Zimbabwe, http://nangozim.org/sites/default/files/publications/Study%20on%20youth%20and%20human%20rights%20Youth%20in%20Zimbabwe%20%20by%20ZHRC.pdf

25 UNESCO, Youth and Changing Realities: Perspectives from Southern Africa, 2019, https://unesdoc.unesco.org/ark:/48223/pf0000370912

Credit: UNDP

to affect small scale traders, especially women since they rely on unfettered movement of merchandise goods across and within national borders. Enhancement of digital skills and innovation for returning residents to create jobs will be helpful.

Governance challenges likely to persist: Despite efforts to extend consultations with various stakeholders on the COVID-19 response and addressing the broad socio-economic challenges, attention is needed to build confidence towards a shared national socio-economic vision and an inclusive social contract.

Previous history between the security forces and citizens during times of unrest has led to scepticism among some members of the pubic with regards to the security forces' respect for human rights. According to a report by the Zimbabwe Human Rights Forum[26], there have been several reported incidents perpetrated by the security forces against civilians during the lockdown period. Following an urgent chamber application, the High Court on 14 April 2020, ruled that security forces must respect human rights while enforcing the 21-day lockdown. On the political front, at the onset of the pandemic both the President and the opposition leader urged Zimbabweans to act in unity and adopt a nationwide campaign to fight the pandemic. However, during the lockdown, a Supreme Court judgement[27] on the validity of the leadership of the opposition party compromised that initial unity of purpose as intra- and inter-party rivalries dominated and polarisation intensified.

Macro-economic reforms gathered momentum in 2019. However, these were undertaken without sufficient mitigating measures and consequently disproportionally impacted the poor and increased vulnerabilities and social divisions. Moreover, while the pace in economic reforms is recognized, governance and political reforms remain largely pending. Urgent governance reforms include but are not limited to: an inclusive political dialogue, electoral reforms and genuine anti-corruption efforts at all levels. This dichotomy in progress on reform, and recurring human rights challenges, contribute to strained relations with many development partners, leading to a critical financing and funding gap with most partners focusing on humanitarian needs supporting the most immediate requirements of the people of Zimbabwe directly.

26 http://kubatana.net/source/hrforum/
27 https://zimlii.org/zw/judgment/files/supreme-court-zimbabwe/2020/56/2020-zwsc-56.pdf

Labour market governance also remains a challenge on the back of poor economic outcomes for many workers and lack of consistency in tripartite dialogue and actions.

Likely reversal in past human development gains: Across the globe, for the first time since the human development concept was applied and human development index computed in 1990, we expect to see a decline in human development with fragile medium and low human development countries like Zimbabwe being most adversely affected by COVID-19. The situation is likely to worsen towards the end of the year, especially if effective mitigation measures are not put in place. It should be noted that between 2005 and 2018, the country registered a 32 percent increase in the Human Development Index, with progress registered across all the three dimensions of human development – long and healthy lives, access to knowledge and decent standards of living. Specifically, life expectancy increased from 43.2 years to 61.2 years; expected years of schooling increased from 9.5 to 10.5, mean years of schooling increased from 6.8 to 8.3 while per

Level of preparedness

High Medium Low

Human Development			Health system				Connectivity	
Human development index (HDI) (value), 2018	Inequality adjusted HDI (IHDI) (value), 2018	Inequality in HDI (percent), 2018	Physicians (per 10,000 people), 2010-18	Nurses and midwifes (per 10,000 people), 2010-18	Hospital beds (per 10,000 people), 2010-18	Current health expenditure (% of GDP), 2016	Mobile phone subscription (per 100 people), 2017-18	Fixed broadband subscriptions (per 100 people), 2017-18
0.563	0.435	22.8	0.8	12	17	9.4	89.4	1.4

Zimbabwe's preparedness to respond to COVID-19

Data source: http://hdr.undp.org/sites/default/files/preparedness_vulnerability_dashboards_12.xlsx

Level of vulnerability

Low Medium High

		Population living below income powerty line			Immediate economic vulnerability			
Population in multi dimensional poverty (%), 2009-18	Population vulnerable to multi dimensional poverty	PPP $1.90 a day (%), 2010-18	National poverty line (%), 2010-18	Working poor at PPP $3.20 a day (% of total employment), 2018	Social protection and labour programs (% of population without any), 2007-16	Remittances, inflows (% of GDP), 2018	Net official development assistance received (% of GNI), 2017	Inbound tourism expenditure (% of GDP), 2016-18
31.8	27.4	33.9	70.0	42.9	70.4	5.99	3.5	0.7

Zimbabwe's vulnerability to pandemics

Data source: http://hdr.undp.org/sites/default/files/preparedness_vulnerability_dashboards_12.xlsx

capita income increased from US$ 1,853 to US$ 2,661 during this period.

In addition to slowing progress towards gender equality with women being most adversely affected, the existing digital divide at the global level and within countries will lead to a widening of the gap in educational attainment. An estimated 86 percent of children in fragile medium and low human development countries are not accessing education compared to 20 percent of children in high human development countries as a result of the pandemic. Moreover, the pandemic could lead to increased tensions not only between and within societies as a result of widening inequalities in income and access to basic services, especially health, water and sanitation and education but also between people and planet as countries and societies put in place measures to recover.

International support: Zimbabwe continues to benefit from sustained levels of international support. However, as mentioned herein, however, this is often humanitarian in nature and predominantly targeting the social sectors. Globally IFIs are the main financing sources to help address the secondary impact of COVID-19. Zimbabwe, however, does not have access to loans or substantial grants due to its arrear situation.

Furthermore, with the COVID-19 pandemic engendering a global economic downturn, it can be expected that Overseas Development Assistance (ODA) levels will recede. Domestic pressure related to the recovery may see countries reneging on the commitment to dedicate 0.7 percent of gross national income to ODA. Even for countries that continue to comply with this norm, their total contribution to ODA is likely to be lower as gross national incomes (GNI) will have dropped. From a fiscal space perspective, therefore, the outlook on ODA is negative and this will impact social development indicators that rely on external financing (e.g. health and education sector in Zimbabwe). Domestic financing, enhanced transparency and accountability, and leveraging of the private sector will be important mitigating measures.

04 Guiding Principles

The immediate socio-economic response captured in this framework is guided by the following foundational principles:

- **National ownership and leadership**

The response is to be nationally owned and government-led and aligned to the national long-term vision[1] and medium-term development objectives as outlined in the Transitional Stabilization Programme (TSP) and the upcoming National Development Strategy 2021-2025. This will need to draw on the resources and expertise of a wide array of national and sub-national stakeholders including CSOs, workers' organisations and the private sector, communities, the academia and research institutions. Particular consideration will be given to including youth organisations, women's organisations, and organisations of persons with disabilities.

- **Integrated Policy Solutions:**

The framework is aimed at offering a suite of integrated policy options[2] which are coherent and multidimensional, recognising the interdependence of the SDGs; analysing impact, managing trade-offs and addressing bottlenecks in support of the country's efforts to respond to the pandemic and stay the course on the 2030 Agenda.[3]

- **Human Rights-Based Approach**

The UN System Common Understanding of a Human Rights Based Approach to Development Coordination (2003) was instrumental in elaborating on what this means: (1) All programmes of development co-operation, policies and technical assistance should further the realisation of human rights as laid down in the Universal Declaration of Human Rights and other international human rights instruments,

1 Zimbabwe aspires to become a prosperous and empowered upper middle-income country (Upper MIC) by 2030. For details see "Government of Zimbabwe (2018): Towards an Upper Middle-Income Economy by 2030 – New Dispensation Core Values". Available at http://www.veritaszim.net/sites/veritas_d/files/GoZ%20Presentation%20DC%20-%2019-4-2018.pdf

2 Solutions that, for instance, address poverty reduction, strengthen governance, build resilience, provide innovative energy solutions, climate action, reduce inequalities, advance gender equality and so on

3 See Para 32 of General Assembly Resolution 72/279 of May 2019 which calls on UNDP to serve as the support platform by providing an integrator function. Available at https://undocs.org/A/RES/72/279

(2) Human rights standards contained in, and principles derived from, the Universal Declaration of Human Rights and other international human rights instruments guide all development cooperation and programming in all sectors and in all phases of the programming process; (3) Development cooperation contributes to the development of the capacities of 'duty-bearers' to meet their obligations and/or of 'rights-holders' to claim their rights.

Credit: UNDP

- **Protection of Human Rights**

At the same time, it is evident that the restrictive measures around COVID-19 – at times – have clashed with human rights. Hence, this framework is intended to enhance human rights standards and when needed, set up specific interventions in relation to building back from the impacts of COVID-19. It is of particular importance to abide by the international human rights norms when dealing with emergency in an uncharted territory. As stated by the UN Secretary General, human rights norms essentially embed ethical dimensions of doing-no-harm.[4]

- **Leave No One Behind (LNOB):**

The response should consolidate and safeguard the progress made towards the SDGs while ensuring that the country makes significant progress on the goals where it is stagnating or regressing. Also, the response should ensure that there is equality and equity in participation, access, ownership and utilization of resources and the benefits of development, with the principle that the furthest behind are reached first and those at risk, do not fall behind. This can only be achieved where there is adequate data and information and deeper and granular analyses carried out. Particular attention will be given to identify and include often neglected groups such as youth, persons with disabilities, etc. especially those living in marginalised areas.

- **A Nexus Approach:**

The depth and coverage as well as the multifaceted nature of the effects of the pandemic and the response measures calls for a nexus approach. That is, the response should comprise policy interventions and programmatic actions which straddle the continuum of inter-connections and inter-relationships between immediate humanitarian response, stabilization, and long-term sustainable peace and development. Ultimately, the response should lay a firm foundation for a more inclusive and sustainable socio-economic recovery in the country. Such an endeavour also calls for strong international cooperation, solidarity, and multilateralism.[5]

4 United Nations, COVID-19 and Human Rights: We are All in this Together, April 2020, p.3, https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_human_rights_and_covid_23_april_2020.pdf

5 STATEMENT ON COVID-19: ETHICAL CONSIDERATIONS FROM A GLOBAL PERSPECTIVE, Statement by the UNESCO International Bioethics Committee (IBC) and the UNESCO World Commission on the Ethics of Scientific Knowledge and Technology (COMEST), 26 March 2020, https://unesdoc.unesco.org/ark:/48223/pf0000373115

- **Gender responsive:**

Gender inequality, the result of gender discrimination, is the central pivot of all forms of societal and structural inequalities experienced by women and girls. Gender discrimination intersects with other forms of structural inequalities based on class, education, poverty, geographical location (rural -urban divide) etc, situating women and girls within overlapping forms of subordination. This results in countries registering development deficits, deepening forms of discrimination and worsening governance challenges. The differential impact of the COVID-19 pandemic on women and girls further illustrates the multiple forms of discrimination women and girls experience, which results in deepening poverty, loss of livelihoods and increases their social burdens and regresses gains of development and equality. This socio-economic framework is premised on the principles of non-discrimination and respect for human rights, which call for interventions that address gender and other forms of inequalities, not as hierarchies, but as indivisible development challenges that must be removed to achieve the SDGs. Through this approach, building back better becomes a national project that as the UN Secretary General says, leads to "a more equal world that is more resilient to future crises (April 2020)".

- **Building Back Better**

Despite the postponement of the COP 26[6], the global commitment to strengthen resilience and cut greenhouse gas emissions to limit global temperature rise to 1.5 degrees remains. As economic activity reopens, carbon emissions and the pressure on the natural ecosystems is likely to re-bounce hence Zimbabwe should keep its focus on the climate action and sustainable environment and biological diversity management ambitions. The COVID-19 recovery phase presents profound opportunity for Zimbabwe to steer development on a path that tackles climate change, protects the environment, reverses biodiversity loss and ensures the long-term health and security of its people. Such an opportunity of building back better, calls for a shared ethical responsibility towards the future generations and should encourage all partners

Credit: UNDP

6 https://sdg.iisd.org/events/2020-un-climate-change-conference-unfccc-cop-26/

Credit: UNDP

to involve youth more actively on environmental sustainability[7]. Preparation of the NDS provides a unique opportunity to integrate Zimbabwe's Low Emission Development Strategy[8] fully into national plans. Advocating for low-carbon investments, promoting a circular economy and seizing green investment opportunities in key sectors such as transport, energy, industrial production and processes, tourism, mining and agriculture, whilst attending to just transition measures, can accelerate the pathways to sustainable economic recovery.

- **Cross border considerations**

Closure of borders, restrictions to free movement and barriers to trade will also render cross-border traders and value chains in key products more vulnerable. In the immediate term, preparedness and response plans need to be responsive to population mobility and cross-border dynamics[9], especially related to a majority of youth who have been forced to migrate for economic reasons. The response should support the continued facilitation of legal/regular cross-border movements of essential goods and persons (e.g. medical staff, law enforcement, security forces) when the border crossing point is officially closed for the large majority of migrants and travellers. At border areas, border crossing points and transport corridor routes, supporting efforts in health screening, provision of health information for travellers and improving hygiene infrastructure and equipment remains critical.

- **Transparency and Accountability**

Due to the urgent need to deal with the COVID-19 crisis, some countries have relaxed safeguards on compliance, oversight and accountability. Evidence from the Ebola epidemic show that corruption played a key role in the outbreak, spread, and slow containment. Consequently, there is need to integrate transparency and accountability measures into the COVID-19 response (such as transparency on fund management, procurement, distribution and use of goods etc.). Risk assessments should include governance-related risks including corruption, fraud and embezzlement. A whole-of government approach should be adopted, with a clear role for audit and oversight institutions, combined with a whole-of-society approach, where citizens and civil society can constructively engage and participate.

7 UNESCO, Declaration of Ethical Principles in relation to Climate Change, 2017, https://unesdoc.unesco.org/ark:/48223/pf0000260889#page=127
8 https://www.uncclearn.org/sites/default/files/inventory/background_report_zimbabwe_final.pdf
9 Covid-19 Crisis: Focus on IOM's Response in the thematic Area of Immigration and Border Management (IBM)

05 Planning for Recovery

One of the most important questions that policy and decision makers are currently grappling with is “Why think about the long-term in the middle of the COVID-19 crisis?” The strategic approach proposed herein is founded on the premise that building the foundation for long-term economic recovery and growth, beyond the emergency, is critical for sustainable development, peace, social cohesion and security.

At the macro level, a pivotal element of the socio-economic response is deeper research and analysis of the impact of the pandemic and the various response measures on the Zimbabwean economy, especially the poor, women and the marginalized. It is important to note that this analytical work is not done in isolation of the national planning processes – in fact, the timing is opportune to use the framework to organize and consolidate UN support to the preparation of the National Development Strategy (2021-2025).

As indicated in the contextualisation of the socio-economic framework for Zimbabwe, AfDB, UN and WB (i.e. JNAZ partners) are in consultation with Government to develop a joint approach to providing analytical, recovery- and development planning support in preparation of the NDS. As these consultations are ongoing, this current framework will not prescribe a set approach or strategy to ensure coherent support from the UN agencies to the assessment and analytical work, and support to the NDS. There are, however, several important components that might be useful to consider as part of the joint work. Though presented in sequential order and as distinct components, there are opportunities to consolidate, re-sequence and deploy components in parallel. It is expected that a result of the NDS partner consultations will be a definitive roadmap of support and hence the below is included as an input to those consultations and not as a final product.

1. **Review pre-pandemic and current socio-economic situation:** The analytical work will need to be founded on a clear understanding of the national development context based on an analysis of the socio-economic conditions obtaining prior to the

pandemic. This initial review is necessary as it will help in delineating the socio-economic challenges that existed prior to the pandemic and are thus not attributable to the pandemic per se, and/or those which may have been exacerbated by the pandemic. The idea is not simply to delineate the pre-existing challenges but rather to utilize the opportunity presented by the proposed response to address such challenges in a holistic manner. For the JNAZ partners, this work could be constituted by the proposed update of the Joint Needs Assessment for Zimbabwe in support of the NDS technical working groups. Furthermore, several national institutions, including government ministries, agencies and departments as well as UN Agencies and development partners are already engaged in analytical work supporting the response. This on-going and/or completed work provides a useful entry point for information gathering or deepening collaboration and partnership.

2. **Analysis of the socio-economic effects of the COVID -19 pandemic and response measures:** A meaningful assessment of the COVID-19 impact can only be conducted when the trajectory of the virus and its impact has materialized. It will be necessary to assess the impact of reduced access to essential social services on vulnerable populations, especially children, and conduct an in-depth study to determine, scientifically and objectively, the impact of the pandemic and the response measures on different sectors of the economy, socio-economic and age and gender groups as well as geographic areas of the country. If deemed appropriate, existing UN-WB protocols (e.g. Rapid Impact Needs Assessment or other similar tool) could be used to conduct a comprehensive joint assessment. An integral part of such an analysis would be a determination of the impact transmission channels, source and nature of vulnerabilities that afflict various groups, including persons with disabilities1, youth and specific geographic areas. A complementary strand of analytical work could be a perspective analysis to gauge people's perceptions of the pandemic and its impact on their livelihoods. Using the different innovation and Acceleration Labs in the agencies, the UN will crowdsource solutions and solicit inputs and perspectives under the banner of "Re-imagining society in post-COVID Zimbabwe".

3. **A comprehensive assessment of the effects of the COVID-19 pandemic and response measures on women and girls:** In addition to the analysis on the socio-economic effects of the COVID-19 pandemic and response measures, a comprehensive study on how the pandemic and response

Credit: UNESCO

1 One such specific assessment is being conducted by the UN (June-July 2020) on the preliminary impact of COVID-19 on persons with disabilities https://www.unjobnet.org/jobs/detail/14101442

measures have specifically impacted women and girls in the Zimbabwean context should be considered. This analysis will complement the overall impact assessment with a deeper analytical framework and study that illustrates the multiple and intersecting forms of discrimination experienced by women and girls. In this regard, this assessment will probe deeper into the specific impact and effects on adolescent girls, elderly women, women and girls with disabilities, women and girls in impoverished settlements, women returnees from neighbouring countries, women living with HIV, among other marginalized groups of women and girls. The specific focus of this study will capture not only the similar, but unique experiences of each of these groups of women and girls for the development of meaningful and targeted response and recovery policies, strategies, measures and programmes that address the specific needs of the most marginalized.

This assessment will further aid in the identification of the specific risks and vulnerabilities women and girls face; provide a better understanding of whether response services and initiatives are available and accessible to **ALL** women and girls; provide insights into women's and girls' coping behaviour and strategies; and highlight any medium-term risks that may be emerging in both the recovery and post-recovery periods.

4. **Support for sectoral policy analyses in the context of NDS and sectoral strategies and policies:** Zimbabwe has a long history of preparing good policies. The challenge, however, remains a lack of effective implementation of the same. As part of the NDS formulation process, the government has established Thematic Working Groups (TWGs) to undertake analytical work around key sectors and thematic areas. In a joint effort with AfDB and WBG, the UN will support these TWGs to analyse existing gaps, identify factors hampering policy implementation, and importantly, evolve strategies for addressing such impediments.

Credit: UNDP

5. **Scenario analysis to identify the plausible policy responses:** Based on an assessment of the socio-economic impacts of the pandemic and the national development objectives, a scenario analysis can help to identify public policies and programmes needed for recovery from the pandemic. Such a scenario analysis will review the impact of various policy interventions, in isolation and in combination, their synergies, trade-offs and their associated costs.

It is conceivable that the analysis could proceed on two distinct but mutually reinforcing fronts: one **based on the eventual intensity** of the epidemic and national response measures; and the other **based on national policy development ambition.**

Credit: UNDP

Regarding the former, it is conceivable that there would be three scenarios:

- Scenario 1: low disease intensity accompanied by short-term and limited restrictions to movement;
- Scenario 2: intermediate disease intensity accompanied by intermediate restrictions to movement; and
- Scenario 3: high disease intensity accompanied by prolonged lockdown.

Regarding the second strand of analysis, it is also conceivable that at least three scenarios would be identified, namely:

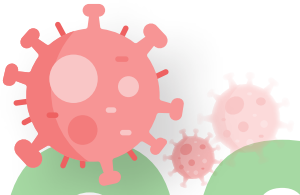
- Scenario 1: Business as Usual (BAU) which describes the possible scenario of recovery from the pandemic at the current level of investments and programme implementation;
- Scenario 2: Scenario associated with modest increase in investments and programmatic interventions needed to meet the NDS targets; and
- Scenario 3: Vision 2030/SDG scenario associated with a higher level of ambition characterised by significant investments and programmatic interventions.

6. **Integrate policy responses into the national and sectoral development policies and plans:** As the response is to be nationally owned and government led, recovery will be integrated into and aligned to the NDS, which is aligned to the SDGs. In this way, the recovery will be part of the national policy formulation, planning, implementation and monitoring processes. It follows, logically, from the foregoing that the implementation, monitoring and reporting of progress, or the lack of it, towards the socio-economic recovery will be embedded in the national planning, monitoring and evaluation framework and system and will not require an additional structure or institutional arrangement.

7. **Partnership strengthening and capacity development:** As aforementioned, support to recovery planning and the preparation of the NDS will be undertaken in close collaboration with AfDB and WB. Furthermore, an important success factor will be effective engagement with all stakeholders, especially the ministries, departments and agencies of government as well as the Independent Commissions; development partners; the private sector, labour, workers' organizations; civil society organizations; faith-based organizations; academia, policy research entities and national and regional centres of excellence; but also affected populations, especially women; the poor and marginalized, persons with disabilities; migrants; refugees; stateless and internally displaced persons; people living with HIV and AIDS. The continuity of public, multi-stakeholder, and multi-disciplinary dialogue and consultations, confronting the normative frameworks to

the reality of the emergency, will be key in ensuring fairness, social justice and respect for human dignity.

In terms of laying the foundation and financing an effective response to the pandemic, it is instructive to note that whereas many developing countries have benefitted from IFI support for their recovery efforts, Zimbabwe is not eligible for this support at scale due to outstanding arrears. In the absence of such support, domestic resource mobilization will be essential, as will effective and transparent management of the country's natural resources as a means of development funding. Public-private and other partnerships will also be key to success, as will strengthened partnerships with development partners. Meanwhile remittances – if maintained - constitute over US$ 1 billion (54 percent) of the country's Forex inflows and hold great promise for development financing, particularly considering the fact that they outstrip ODA.



06 Initial UN Recovery Response

While the first component of this socio-economic framework focuses on supporting the national efforts on recovery planning, this second component recognizes that immediate programmatic support is required and will be delivered in parallel to stem the impact of the virus.

As such, the framework goes beyond the usual development approach based on sequential policy, planning and implementation by recognizing the urgency with which immediate programmatic interventions must be made in order to mitigate the adverse effects of the pandemic.

Beyond the planning pillar, the global framework recognizes four additional pillars aimed at *inter alia*, protecting the rights of people adversely affected by the pandemic, with particular focus on the differential impacts on the most vulnerable groups and those at risk of being left behind:

1. Health First: Protecting Health Services and Systems during the Crisis

2. Protecting People: Social Protection and Basic Services

3. Economic Response and Recovery: Protecting Jobs, Small and Medium-Sized Enterprises, and Informal Sector Workers

4. Social Cohesion and Community Resilience

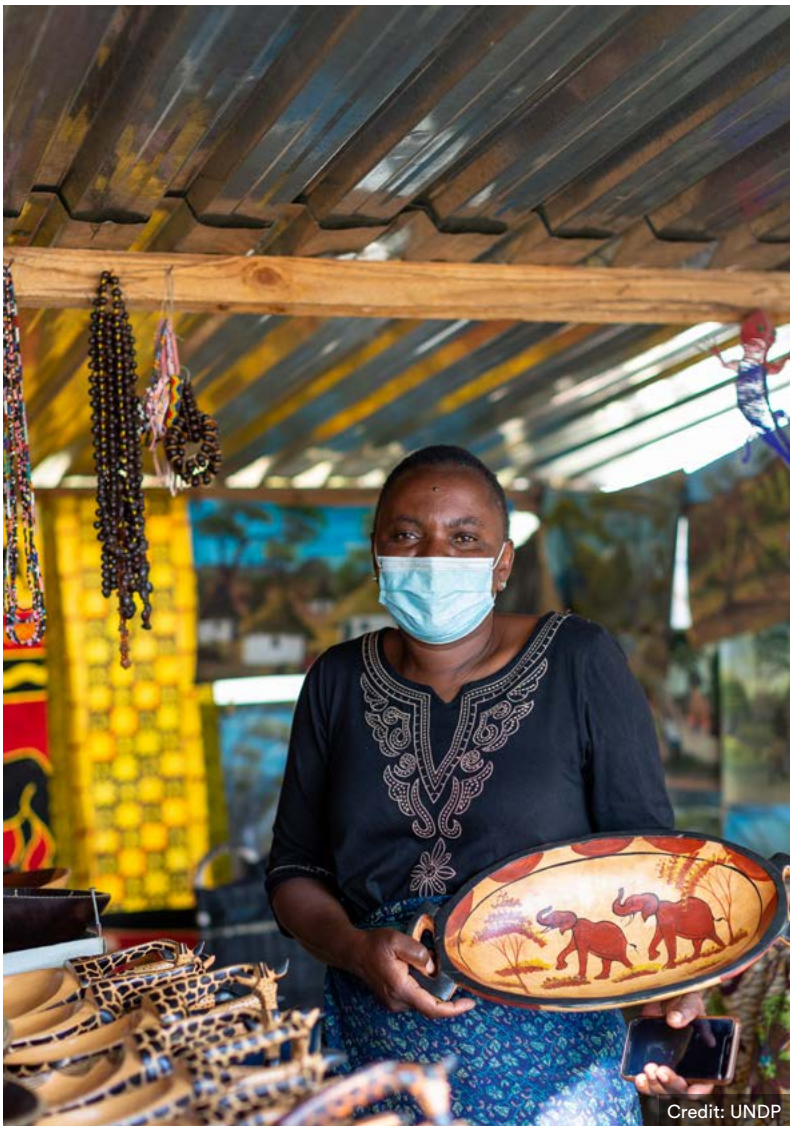
The immediate programmatic recovery response from the UN system in Zimbabwe is organized in alignment with the Global Framework pillars to promote global coherence and facilitate consolidation. This does not imply that the UN is suggesting that separate coordination structures or processes will be established. On the contrary, at the national level, the UN will use the framework to inform its support through the existing national structures of the COVID

response (eight pillars) and the working groups to be established to guide the preparation of the NDS.

Emerging evidence on the impact of COVID-19 shows that the pandemic is deepening pre-existing inequalities, including gender inequalities. The pandemic has also exposed or exacerbated the structural inequalities in the social, political and economic domains, further marginalizing women and girls facing intersecting forms of discrimination such as women living with HIV, women and girls with disabilities, and elderly women amongst others. It is for this reason that the UN system in Zimbabwe has decided to include a fifth component in the initial UN recovery response, focused on Addressing Gender Inequalities – Building a More Equal and Resilient Society.

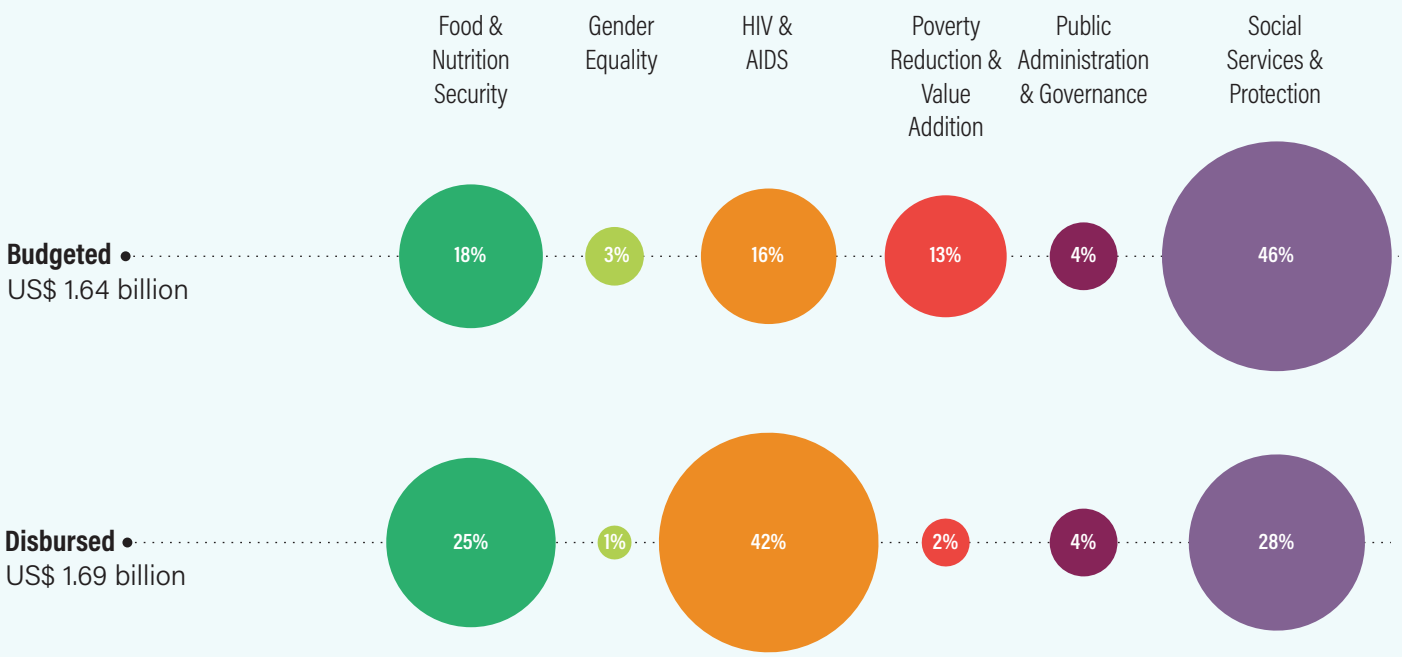
It is important to note at the outset that the programmatic responses below summarizes the current status of re-programming of existing development support channelled through the UN as well as the identification of initial gaps. Given the uncertainty around the impact of the virus, this is neither comprehensive nor complete and needs to be informed by analyses and assessments. Furthermore, the below represents a UN programmatic framework and does not describe comprehensive national needs for recovery and development.

The initial recovery response highlighted below operates within the Humanitarian – Development Nexus and hence, important linkages are made between the Zimbabwe Humanitarian Response Plan (HRP 2020)[1] – and the COVID-19 annex to the same. The initial recovery response does not duplicate requirements listed in the HRP, rather it builds on the humanitarian work to start laying the foundation for a more inclusive and sustainable socio-economic recovery in the country. Existing coordination mechanisms within the UN system in Zimbabwe will ensure continued information sharing and leveraging of both the HRP and this socio-economic framework in support of the initial recovery response.


Credit: UNDP

Finally, it is important to note that UN programming is not happening in a vacuum. The UN system is in its fifth year of implementation of the Zimbabwe United Nations Development Assistance Framework (ZUNDAF 2016-2020). While COVID-19 is an unprecedented challenge,

1 https://reliefweb.int/sites/reliefweb.int/files/resources/Zimbabwe_HumanitarianResponsePlan_2020.pdf



Comparison of amounts budgeted vs disbursed by focus area of the 2016 - 2020 Zimbabwe United Nations Development Framework

a historic perspective on UN programming in Zimbabwe does provide guidance both in terms of strengths of the existing programme and preference of development partners funding UN assistance.

Thanks to strong support from development partners, the total development expenditure in the ZUNDAF at US$ 1.69 billion is ahead of the target of US$ 1.64 billion at the end of 2020. A closer look at the six outcomes, however, shows a large discrepancy. with HIV & AIDS at US$ 703 million, a factor of 2.7 larger than planned – and food security at US$ 416 million, a factor of 1.4 larger than planned. Conversely, poverty reduction and value addition is only spending US$ 28 million (or 13 percent of the target) and gender equality with US$ 15 million expenditures is at 33 percent of the target.

From this data it is evident that the UN is strategically positioned in supporting the social sectors (health, education, food security) but has a smaller footprint in economic growth and gender. This seems also reflective of strategies from the development partners in Zimbabwe which are more inclined towards investments in the social sectors.

Global response to the secondary impacts from COVID has largely (in US$ terms) been carried by the International Financial Institutions through either debt relief or significant loans. Zimbabwe remains in arrears and, as a result, does not have access to these traditional financial mechanisms nor does it have the fiscal space to invest significant domestic resources.

This is of particular importance as it is evident that recovery from the secondary impact of COVID-19 requires investments in economic recovery, protecting jobs in the informal sector and shielding women from the heavy burden the pandemic poses. It is therefore anticipated that this socio-economic framework will assist in highlighting the needs across the development spectrum and that additional resources may be mobilized in support of broad-based recovery.

Credit: UNDP

RESPONSE AREA

Health First

REQUIREMENTS (US$)	REPURPOSED (US$)	GAP (US$)
96.65 million	20.94 million	75.35 million

Context

The COVID-19 pandemic poses and additional strain to a health sector already grappling with a constrained macro-economic environment that has negatively impacted both the supply side (health sector wages, PPE, equipment medication) and demand side (ability of people to invest in healthy lives). The combined impact of these crises is putting the country at risk of failing to meet its SDG 3 targets. it is critical that we do not forget the gendered dimensions. Gender is a major determinant of health status, and as such should be properly understood1.

The low investment in health system strengthening has resulted in shortages of essential health commodities, equipment, lack of reliable power and water supply and low disposable income for the health workforce amongst others. Findings from the MICS2019[2] indicates low performance of some key

1 The World Health Organization (WHO, 2010) recognizes that gender is an important determinant of health in two dimensions: 1) gender inequality leads to health risks for women and girls; and 2) addressing gender norms and roles leads to a better understanding of how the unbalanced power relations between men and women affect the risks, health-seeking behavior and health outcomes of men and women in different age and social groups.

2 https://www.unicef.org/zimbabwe/reports/zimbabwe-2019-mics-survey-findings-report

indicators including: a still unacceptably high maternal mortality rate of 465/100,000; 1 in 4 children under 5 stunted (26 percent rural vs 19 percent urban) and at risk of impaired physical and cognitive growth which is still ranked 'High' according to the WHO thresholds for prevalence of stunting. Slightly above 6 in 10 of the population had basic drinking water services (92 percent in urban areas and 51 percent in rural areas). Of the households without water on premises, 87 percent in urban areas, on average, spent up to 30 minutes fetching water per day while in rural areas, 54 percent spent between 31 minutes to 3 hours. Only 37 percent of the population used basic sanitation facilities (urban 43 percent vs rural 34 percent). Women in the poorest wealth quintile have twice more children than those in the richest (5.3 vs 2.6).

The poor health indicators, declining health worker morale and continued incapacitation poses a high risk to the delivery of quality health services to the population of Zimbabwe especially women, children, and other vulnerable populations. Furthermore, as was evident during the Ebola crisis in West Africa, the COVID-19 pandemic will have a negative impact on both supply (health workers reluctant to treat patients without proper PPE) and demand side (patients either not able to travel due to lockdown restrictions or afraid of going to clinics for fear of getting infected with the virus or transferred to isolation centres). An important new study3 from Imperial College on the potential impact of the COVID-19 on HIV, TB and Malaria in LMICs concludes that in high burden settings, HIV, TB and malaria related deaths over 5 years may be increased by up to 10 percent, 20 percent and

Credit: UNDP

36 percent, respectively, compared to if there was no COVID-19 epidemic. As evidence that this is a real threat, Zimbabwe is facing a Malaria outbreak which has already claimed more lives during the first quarter of 2020 than the same period in 2019.

In recognition of these health system challenges and to ensure adequate response to the pandemic, the Government of Zimbabwe through the Ministry of Health and Child Care (MOHCC) has led the development of a US$ 312 million, National COVID-19 Preparedness and Response Plan covering 8 pillars namely; Coordination, planning and monitoring, Risk communication and community engagement, Surveillance, rapid response and case investigation, Points of entry, National laboratory system, Infection prevention and control, Case management, Logistics, procurement and supply management.

3 https://www.imperial.ac.uk/media/imperial-college/medicine/mrc-gida/2020-05-01-COVID19-Report-19.pdf

Initial recovery response

As the country intensifies efforts towards COVID-19 preparedness and response, the delivery of essential health services for the prevention, care and treatment of non COVID-19 related conditions – including sexual and reproductive health (SRH) – should be continued to mitigate against an increase in none COVID-19 related morbidity and mortality. This is especially important for the most vulnerable populations: the elderly, persons with disabilities, people with chronic illness including non-communicable diseases, pregnant and lactating mothers, new-borns, children, adolescents and people living with HIV, migrants, refugees, stateless and internally displaced persons, persons in detention or in institutionalized settings. The UN Secretary General has underlined the spectacular difficulties we are facing today in combating COVID-19, and in recovering from it, and posits that this stems from "long-standing public policies and practices that have been harmful for people and their human rights".[4]

The impact of the COVID-19 pandemic on primary health care and other diseases has been noticeable, primarily because of difficulties in accessing care due to lockdown restrictions and due to scaling down of routine services as facilities focus more on the COVID-19 response. There is low turnout for routine services like immunizations, antenatal care, family planning services and HIV Treatment and Care services. Equipment used to test TB has now been deployed to administer COVID-19 PCR tests. Malaria outbreaks have been reported across the country, with the largest reported number of cases in three years (236,865) reported from week one to 17 of 2020 against 137,843 for the same period in 2019. Going forward, interventions to control these outbreaks and attend to the affected communities should be given priority. This should be in addition to continued provision of other essential health services at health facilities with the appropriate infection prevention and control measures including provision of the essential PPEs to all health care workers.

As the COVID-19 pandemic is much more than a global health crisis, the recovery process will profoundly transform the societies we are living

Credit: UNDP

4 United Nations, COVID-19 and Human Rights: We are All in this Together, April 2020, p.21, https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_human_rights_and_covid_23_april_2020.pdf

Credit: WHO

in today, leading to fundamental questions of how we envisage the world of tomorrow. In such an endeavour, it is vital to place the international ethical frameworks and standards at the core of the re-configuration of our health, economic, social protection, and ecological systems. Much like the Ebola and Zika outbreaks before it, COVID-19, shows that infectious diseases can magnify existing inequalities, particularly with respect to gender. In supporting Zimbabwe to build back a robust resilient and sustainable health system in the recovery, it will be essential to foster interdisciplinary dialogue among scientific, ethical, political actors and citizens- adopting a whole-of-government and a whole-of-society approach to ensure an inclusive, consultative process in defining the gaps and proposing sustainable solutions. The ethics/ bioethics instances shall play an important role in developing holistic understanding and responses to the manifold crisis and its consequences on the health system. Such an approach nurtures trust between citizens and their institutions and ensures collective responsibilities to protect the most vulnerable and to create necessary conditions for recovery. Overall, other social determinants of health will need to be addressed, calling for a multi-sectoral approach to the response.

Six main strategic responses and related actions will be prioritised in the coming 12-18 months, through an inclusive lens:

1. **Maintaining essential health services and systems during and post COVID-19 response:** This starts with a clear definition of priority services for continued care and the challenges and gaps to availing the required services at each level. In terms of driving solutions, decisions can be made in terms of shifting service delivery points – including offering outreach services, community-based services, and re-purposing of certain health facilities for "COVID-19' and "non-COVID-19". Promotion of innovative service delivery and capacity development models e.g. use of telemedicine and online training will be considered. Subsequently, adequate and skilled human resources, essential supplies and equipment, technical support and supervision, and data management are required to maintain services at the agreed levels.

   Strengthening health systems for diagnostics, procurement and supply chain management, equipping facilities with solar power, will form a critical part of this support.

   Specific attention will need to be paid to the provision of pre-departure health assessment services and community-based interventions, including community screening and active case finding, strengthening of referral mechanisms and outreach in highly mobile communities, including at border areas and transport corridor communities.

   The process will include a gender analysis of the health care services and systems, including who has access to what services (and identifying barriers and opportunities for strengthening).

   Lastly, this component will look at addressing gender and other social determinants of health.

Credit: UNAIDS

2. **Ensuring financial and other barriers to accessing services are addressed:** several measures will be advocated for and their adoption and implementation will be supported. This includes safeguarding policies that address financial barriers (e.g. user fees policy), promote the integration of services where possible for efficient use of resources, accelerate access to medicines and vaccines through equitable distribution and putting in place measures to absorb costs for those seeking care in private facilities (provision of defined supplies to private sector, tax rebates). Joined up support with the Ministry of Finance and Economic Development in this aspect will be critical. In addition, there is an evident need for better access for health care workers and caregivers to women-friendly personal protective equipment and menstrual hygiene products. Marginalised youth groups living in urban areas will also need specific attention and their access to healthcare services will have to be ensured.

3. **Ensuring the continuity of services for vulnerable populations:** Community engagement to improve health information and access to essential services – including SRMNCAH5 – particularly for adolescents and young people, pregnant women and women caring for new-borns and young children, survivors of gender-based violence, women in need of family planning services, women with disabilities and women living with HIV/AIDS, migrants and internally displaced persons and those with cultural or language barriers.

4. **Ensuring the country is prepared for health emergencies:** First, conduct regular preparedness assessments, put in place and maintain an early warning system (or support national level efforts for improved disaster preparedness and response), and support rapid response coordination mechanisms. Second, promote a coordinated approach by local authorities at either side of the border along land borders, which see high volumes of daily cross-border traffic and are part of complex circular migratory paths. A documentation of current lessons learnt and good practices is essential to institutionalize emergency response capability.

5. **Supporting the recovery efforts with public deliberations on Global Health Ethics and bioethics:** "During a crisis situation with many unknowns, an open dialogue between politics, science, ethics and law is especially necessary." [6] To this end, it will be key to set up a National Ethics/Bioethics Committee – either as a standalone institution or under existing institutions such as the Zimbabwe Human Rights Commission, or the Task Force on COVID-19 – to ensure that the ethical frameworks are addressed in advising

5 Sexual, reproductive, maternal, newborn, child and adolescent health
6 UNESCO, Statement on COVID-19: Ethical Considerations from a Global Perspective, Statement of the UNESCO International Bioethics Committee (IBC) and the UNESCO World Commission on the Ethics of Scientific Knowledge and Technology (COMEST), 26 March 2020, article 1, https://unesdoc.unesco.org/ark:/48223/pf0000373115; and WHO: https://www.who.int/ethics/topics/outbreaks-emergencies/covid-19/en/index1.html

policy makers on enhancing health services and systems. It will also be crucial to set up multidisciplinary and multi-stakeholder ethics committees within hospitals to accompany healthcare professionals in dealing with difficult ethical questions and in protecting the most vulnerable. Such mechanisms shall allow the country to open new avenues of strategic reflections on emerging issues: use of digital technologies in contact tracing in the recovery phases; preventive medicines and healthy livelihood; pandemics prevention and environmental ethics; and develop Community and media engagement programmes on Global Health Ethics.

6. **Ensure women´s leadership and decision-making in the health sector response strategies:** Women make up 62.8 percent of human health and social work industry. As such, it is vital to facilitate participation of women in policy reviews and improvements and strategy development and support women's leadership and decision-making in community health structures.

Target

- 2,500,000.00 people living with **non-communicable diseases** (diabetes mellitus, hypertension, cancers)
- 350,000 **pregnant women** and **new-born babies**
- 1,600,000 **women and girls of reproductive age**
- 500,000 children with **acute and chronic malnutrition**
- 1,100,000 **people living with HIV**
- 1,500,000 **young people**
- 150,000 persons with **disabilities**
- 150,000 **mobile vulnerable populations**

Partners

Government, Health (and other) Development Partners, NGOs, Academia, Private Sector, CSOs

Credit: WFP

RESPONSE AREA

Protecting People

REQUIREMENTS (US$)	REPURPOSED (US$)	GAP (US$)
182.75 million	20.94 million	160.81 million

Context:

The COVID-19 pandemic poses a significant challenge for the people of Zimbabwe who are already faced with a worsening food security and nutrition situation caused by a combination of persistent droughts, climate change and persistent economic challenges. According to the Humanitarian Response Plan[1] (HRP 2020), 7 million people, including 3.2 million children are in urgent need of humanitarian assistance; 2.2 million of these are in urban areas.

For women, this extends far beyond disruption of social services only, to vulnerabilities to gender-based violence and sexual exploitation that have increased as a result of the lockdown measures. Lessons from the Ebola pandemic have demonstrated that multiple forms of violence are exacerbated within crisis contexts, placing women, girls and individuals belonging to marginalized, minority or vulnerable groups at greater risk of exploitation and sexual violence. In addition, as unpaid care and domestic work

1 https://reliefweb.int/sites/reliefweb.int/files/resources/Zimbabwe_HumanitarianResponsePlan_2020.pdf

Credit: UNICEF

remain stubbornly feminized the world over, it means challenges in accessing WASH services will affect women the hardest. More families, including women and children are potentially now cut off from safe water or lack access to facilities because of the additional challenges posed by COVID-19, including increased queuing time at water points for women or decreased ability to pay for services. Climate change and environmental sustainability issues are already placing additional pressures on top of the daily challenges that people in Zimbabwe are facing.

In the education sector, the COVID-19 pandemic and the resultant national lockdown has had a disproportionately negative impact on both the demand and supply of education services. There is a need to ensure access to continued learning for children, especially those with pre-existing vulnerabilities such as girls and those with disabilities - many of whom who are staying at home have an increased risk of hunger, exposure to violence including sexual violence, child labour and early and forced marriage. The closure of schools has also further exacerbated the burden of unpaid care work on women and girls, who have absorbed additional work of caring for children. As shown from experiences in countries facing conflict, war, and diseases like Ebola, many children will likely not return to schools even when they open, with girls facing a higher risk of this than boys. The COVID-19 pandemic also puts increased pressures on families, increasing demands for child protection services. Persons with disabilities are also especially hard hit when disasters and disease outbreaks happen, with access especially restricted for children and women with disabilities, in institutions, quarantine and isolation facilities. Even where basic essential services are maintained, a collapse in a coordinated response between different sectors, i.e. health, police and justice and social services response, and social distancing will mean that sectors will be challenged in the provision of meaningful and relevant support to those most in need.

Additionally, the lockdown has further affected the informal sector which supports 76 percent[2] of the working Zimbabweans, thus reducing basic incomes and coping mechanisms. The situation is also affecting a significant number of Zimbabwean migrants within the region and internationally, who are unable to meet their needs and that of their families back home. With limited access to livelihoods, they are increasingly becoming destitute and in need of urgent humanitarian assistance as well as protection services. As they return home; they place additional strain and difficulties on an already struggling economy with women and children likely to suffer the most.

2 According the Zimbabwe Labour Force Survey - LFCLS (2019)

Credit: UNICEF

Initial Recovery Response

The UN´s initial response in the field of social protection and basic services builds on the approved sectoral COVID-19 response plans and is aligned with the COVID-19 response addendum of the Humanitarian Response Plan. The socio-economic framework offers an unprecedented opportunity to enhance the humanitarian-development and peace nexus by using emergency response as a springboard to help address longer-term recovery goals at scale. In this pillar, efforts will support the continuation, adaptation, extension and scale-up of services to build back better and achieve the following eight results through the identified priority actions for the coming 12-18 months:

1. **Social Protection:** Increased numbers of people benefit from social protection support. The focus for social protection will be on system strengthening and capacity enhancement, to complement the HRP response, developing a system that is able to take on a larger caseload in the future and can better respond to crises directly and in coordination with other actors, and that is gender responsive and includes women as participants and decision-makers, not only as beneficiaries. The recovery strategy will support programmatic responses of Government directly (e.g. through revision and expansion of Harmonized Social Cash Transfer Programme and the Food Deficit Mitigation Strategy) as well as through expansion of the existing emergency programmes that are closely aligned with Government programmes.

Identified priority actions include:

- Strengthened planning, targeting and delivery of scaled-up programmatic assistance with a specific focus on the most vulnerable people,

including young children, pregnant and lactating women, persons with disabilities, people living with HIV, migrants, refugees and internally displaced persons marginalised and excluded youth, and the elderly. Target assistance to women including female front-line workers and business owners.

- Social protection systems strengthening, including programme review and assessment; revitalising the National Social Protection Steering Committee and updating of the National Social Protection Policy Framework; providing technical assistance to enhance national capacity; and supporting social protection management systems, including the development of common core design features (e.g. targeting, enrolment, payments, grievance mechanisms, monitoring and evaluation, etc.) and enhancing their inter-operability with other sectoral systems.
- Promote public works including utilizing cash for work and job placement programmes to provide unconditional cash transfers to the vulnerable especially female headed households.
- Develop a sustainable financing plan for the social protection sector including detailed sectoral costings and fiscal sustainability analysis, prioritised investments and advocacy to mobilize resources.

2. **Food Security and Nutrition:** Improved food and nutrition security, self-reliance and resilience to climate shocks and threats for vulnerable groups. Closely interlinked with the Social Protection response component and building on the current humanitarian response and the principle of gender inclusion, the UN will support both rural and urban resilience through a community-led approach of capacity building, livelihoods promotion, and socio-economic empowerment. A key approach is to help build capacities and support communities and women as food managers, with essential skillsets to help build household resilience. Particular emphasis will be given to interventions, such as, preventing the spread of COVID-19, dietary diversification, strengthening agriculture value chains, climate smart agriculture and post-harvest loss reduction. Another key strategy will be providing 'in kind' food assistance that is sensitive to the COVID-19 environment and appropriate for women, younger adults, children, returning migrants and persons with disabilities. In line with social protection and the 'leave no-one behind' principles, cash transfer work will be up-scaled, and integrated with other sectors, such as support to school feeding and school gardens, increasing access to water for communities and nutritious food production, nutrition promotion for pregnant and lactating women, caregivers at the household level, impoverished female headed households and young children.

Credit: UNICEF

Identified priority actions include:

- Scale-up and support resilience building and COVID-19 recovery activities, in the context of existing humanitarian and social assistance actions and the Government's response programming in rural and urban areas.
- Undertake and support the Rapid Food Security risk and gender sensitive assessment for rural and urban food/farmer markets, the ZIMVAC food and nutrition assessments for the 2020/2021 seasons as well as other sectoral assessments (i.e. crop and livestock) as required.
- Scale-up integrated nutrition support, including support to the school feeding programme, school gardens (now part of the national curriculum), and to young children (6 to 23 months) and pregnant and lactating women (including those living with HIV) through supplementary food rations and other targeted food security and nutrition assistance.
- Provide selected agricultural inputs, with priority on drought tolerant and bio-fortified seeds, to farmers affected by input market collapse.
- Intensify advocacy and communication through mid and mass media support to most affected people to support knowledge and practice changes and demand for services related to food and nutrition.
- Provide climate-responsive water solutions for urban food/farmer markets and for livelihoods and nutrition gardens.
- Support sustainable reintegration assistance to provide livelihood and income to returning migrants and their communities.

3. **WASH:** Increased utilization of sustainable and resilient climate-sensitive water, sanitation and hygiene services. This approach entails that the Zimbabwe WASH Sector integrate climate change adaptation (CCA) and disaster risk reduction (DRR) into WASH programmes and service delivery. A key element will be strengthening risk assessment as a vital tool for anticipating both sudden hazard events, as well as gradual changes that are undermining sustainable development. Another element will be strengthening the capacity of local communities, including women and groups representing the most vulnerable, to assess and manage risks to the efficient functioning of local water supply and sanitation services. Sustainable water, sanitation and hygiene services in 45 rural districts under the rural WASH programme (2012-2020) will be scaled up; an urban resilience roadmap, with improved and sustainable WASH services at its core, will be developed and implemented. Focus will also be on expanding access to water and sanitation by increasing geographical reach and reducing the burden of time spent in accessing water. Finally, climate-friendly water and hygiene improvement in schools will be enhanced.

Credit: UNICEF

Credit: UNICEF

Identified priority actions include:

- Develop and utilize evidence to support programme adaptation and integration of CCA and DRR elements into WASH programme design and implementation.
- Conduct inclusive and gender sensitive risk assessments to strengthen WASH programme design and implementation and inform other sectoral programming and planning.
- Develop key advocacy messaging and communication, informed by evidence and risk assessment to support WASH sector investment and strategic action.
- Develop a comprehensive WASH resilience model, including developing tools and approaches for implementation, informed by experiences and consultations with the primary managers and users of WASH.
- Scale up climate-resilient WASH services to urban and rural populations, including through use of rapid response teams and using existing coordination mechanisms (e.g. the ESAG) and information systems (RWIMS), and enhance community capacity including supporting local health clubs and school health clubs. Support use of renewable energy and innovative approaches such as solarized boreholes and water kiosks.

4. **Education:** Increased numbers of children benefiting from remote and alternative learning modalities. This will entail the development and strengthening of the implementation of remote interactive radio learning to support the most marginalized, rural and out of school children. The second approach is to strengthen the technical and adaptive capacities of teachers to effectively deliver alternative and distance learning approaches and support children's continued learning using media at home. This will involve strengthening the system through revamping and reviving the existing radio facilities, including procuring digital recording equipment to produce and broadcast radio lessons as well as national on-line learning platforms. Focusing on remote and alternative learning modalities offers an important opportunity to strengthen the education system in the longer term and for the Government to ensure quality education for a wider breadth of children including out-of-school children during the COVID-19 response and in the aftermath, paving the way for a more inclusive and resilient education system.

Identified priority actions include:

- Strengthen the pedagogical, adaptive and technical capacities of teachers to support children's learning using the radio, digital and print materials at home. This will include technical assistance for content development, procurement of broadcasting and radio supplies, and capacity development of teachers on new digital approaches, gender issues, and how to support families conducting schooling at home.
- Support the successful reintegration of learners back to school, as it becomes safe, with special attention to children at risk and in difficult situations. Support will be given to assessing and ensuring the readiness of

the education system. Re-opening support will include enhancing teachers' capacity to contribute to behaviour changes that can sustain good health practices, to identify learners at risk including returning migrants and where possible, providing mentorship or referrals for support, and training on PSEA[3] and gender based violence (GBV).

- Support for tertiary education and maximizing its contribution to Zimbabwe's socio-economic recovery, supporting the sector to benefit from ICTs and connectivity, and to implement extensive reforms to policy, administrative, and institutional frameworks.

5. **Child Protection:** Increased numbers of children benefiting from a strong and resilient child protection system. The approach will be to strengthen the national case management system to deliver child protection prevention and response services through a coordinated referral pathway, further linked up with other protection mechanisms such as victim-friendly justice services, GBV and social protection interventions. Another area is to strengthen interventions for children on the move (COTM). A focus will be on strengthening collaboration between government and partners around the establishment of alternatives to detention, access to places of safety and family care for COTM and strengthened Identification, Documentation, Tracing and Reunification. Another intervention will be scaling up accessible psycho-social support of vulnerable children and adolescents. Finally, a key emphasis will be to support efforts on the prevention of violence against children, particularly strengthening parent and caregiver capacity and creating a protective community setting and an enabling environment that values protection. These interventions will include implementation of laws and policies, social norms change interventions, parent (caregiver) support programmes, linkages with cash (social protection programmes), support to functional response and support services and linkages with education and life skills programmes.

Identified priority actions include:

- Support child protection, GBV, and mental health and psychosocial support service delivery continuation and scale up and violence against children prevention, adapting in-person contact to ensure the wellbeing of staff and clients and providing user-friendly remote services as possible.
- Support training for health staff and teachers to recognize signs of violence, abuse and other protection issues and equip them to make referrals to adequate support services.
- Reduce risk of exposure to harmful online content by deploying online safety solutions, safeguards on remote learning devices and Media and Information Literacy Programmes.
- Review and update of National

Credit: UNESCO

3 Prevention of Sexual Exploitation and Abuse

Case Management tools to ensure comprehensiveness.

- Develop laws and policies that plug current gaps in coordinated service delivery and gaps in protective capacity.
- Strengthen the management information system, looking across sectors for referral tracking and coordinated care.

6. **Gender-Based Violence (GBV):** Increased numbers of affected people benefit from GBV prevention and response services. This will be achieved through scaling up prevention and response services to women and girls most left behind, with extra precautions taken to protect the space and enable personnel to work in COVID-19 conditions and during recovery. The approach will also entail supporting national policies to address GBV, including prevention and response services, with a specific focus on women and girls with disabilities. To support this work, the inter-agency Spotlight Initiative will be adapted to not only increase service delivery by expanding shelters, hotlines and distributing knowledge on GBV services and information, but also increase advocacy and media campaigns to prevent violence against women. Partners will be trained in Prevention of Sexual Exploitation and Abuse and the appropriate referral pathways for reporting and response to any cases. In addition to supporting national policies and expanding services, the Spotlight Initiative will continue to focus on strengthening institutions to implement GBV/SGBV laws and policies, to ensure access to justice, and to ensure accountability to GBV and gender commitments. The UN will also ensure continued and scaled-up support to promote the rights of women and girls living with HIV.

Credit: WHO

Identified priority actions include:

- Support GBV service delivery scale-up for women, girls, persons with disabilities, people living with HIV, migrants, and internally displaced persons and scale-up of virtual services (where possible) as well as mobile GBV services, including strengthening referral pathways.
- Support integration of protection services with other basic social services, including livelihoods strategies and targeted cash transfers.
- Build capacity of staff across sectors, communities, and teachers to play a role in safely identifying, referring, and mitigating against GBV risk.
- Share updated information on available GBV services accessible to women, girls and persons with disabilities. Develop prevention messages focusing on GBV risks, including in disability-accessible formats.
- Strengthen appropriate collection and analysis of sex, age and disability, disaggregated data.
- Strengthen safe, accessible and responsive community-based feedback and complaint mechanisms for GBV and SEA.
- To prevent and respond to VAWG[4], conduct advocacy and media campaigns, including targeting men, mobilize communities and

4 Violence Against Women and Girls

support women's groups to participate in the decision-making and planning processes.
- Integrate strategic and fiscal approaches to address GBV in national COVID-19 policy frameworks.
- Scale up social mobilization and communications to promote equal sharing of care and domestic work.

7. **Persons with disabilities:** Increased numbers of persons with disabilities access services and information. The UN will improve the access of persons with disabilities (especially women) to information, health services, and social welfare and social protection support. Another focus will be to ensure that distribution of food and PPE reaches persons with disabilities and all services integrate the needs of persons with disabilities. The UN will work with partners to address the needs of children with disabilities in particular to care, protection and justice services. Further a focus will be to engage the community media and online media practitioners in disability reporting and ensuring access to disability-friendly COVID-19 information. The UN will also support policy dialogues between the Inter-Ministerial Task Force, Chapter 12 Commissions, and the Disabled Persons Organizations (DPOs) and disability advocates in designing disability inclusive national planning, including for the recovery phase.

Identified priority actions include:
- Support dedicated targeting by all clusters of services to children and adults with disabilities.
- Produce sensitization and prevention materials in accessible formats.
- Conduct a campaign on disability rights and needs.
- Systematically integrating disability inclusion and rights in the COVID-19 response and recovery measures and in the Crisis management committees. Work with DPOs to assess the needs of persons with disabilities, including children. With the support of the UN Partnership for the Rights of Persons with Disabilities (UNPRPD), the UN will integrate the disability rights and inclusion in its planning mechanism and accountability framework.
- Provide dedicated remote or 'live' home visitation to households with a member with a disability to understand needs and refer for assistance.

8. **Migrant, refugees and asylum seekers Protection and Assistance:** Increased numbers of migrants benefit from reintegration programmes. A critical immediate strategy is to strengthen

Credit: WFP

quarantine facilities and processes including food, water, sanitation, and other rights as well as provision of materials and information on stress management and on self-care during quarantine and provision of transport services to migrants' communities of origin.

In the medium term, for many Zimbabwean migrants working in neighbouring countries and their families left behind, the impact of the lockdown and border closures has weakened income, livelihood, and social coping mechanisms, with the potential to lead to further outward migration. To ensure that migrant returnees are able to rapidly recover and to prevent them falling further into the crisis there is an urgent need to support their appropriate reinsertion programmes to foster community cohesion, whilst avoiding further pressure in host communities and whilst minimizing risk of violence, including gender-based violence.

At points of entry, access to asylum should be ensured while also protecting public health. Asylum seekers also have a right to seek international protection at border areas and may not be returned – either directly or indirectly – to a country of persecution or danger. Measures at border areas such as health screening, testing, quarantine to manage health risks while also respecting the principle of non-refoulement will be advocated for. Specific actions should be taken to protect the health of migrants living in homeless shelters, informal settlements, camp situations, slums or inadequate housing.

For migrants or workers and tourists stranded in quarantine there is a need to facilitate contact with embassies, consulate services; translation of information on the situation in the countries (transit and habitual residence)

Credit: UN Women

to help relieve stress. Migrants who are returning to countries of origin, especially those who are returning from countries with high infection rates, must be included in the national response, social protection and recovery strategies without discrimination, and should be protected against stigma and exclusion in the private and public sphere.

Identified priority actions include

- Support for the increased number of returning migrants, including reception, profiling and transportation assistance including post-arrival assistance through provision of services, materials, and information.
- Strengthen the technical capacity of provincial/ district quarantine facilities to support returning migrants.
- Support migrant returnees with access to reinsertion and immediate life-saving livelihood assistance including food, income, and livelihood support, as well as promoting reduction in stigmatization and social tensions, especially among youth.
- Support national efforts in understanding mobility dynamics through data collection and analysis, including Points of Entry

monitoring, population mobility tracking and flow monitoring to inform both relevant programming and policy development.
- Identify and target with support measures, migrants, vulnerable households and their families left behind who have been relying on financial transfers from abroad in the form of migrants' remittances and savings.
- Support efforts to ensure access, reception, registration and relocation of asylum seekers to Tongogara refugee camp as well as provide necessary information on asylum procedures. This will be achieved through sensitisation of border and immigration officials

Targets

- **Social Protection:** urban school feeding targets 70,000 beneficiaries, water source development project targets 20 schools, 1,000 urban based refugees and asylum
- **Nutrition:** 353,000 pregnant and lactating women and children under five, 70,000 households (350,000 beneficiaries) targeted under resilience building activities
- **WASH:** 6 million people including 14,500 refugees and asylum seekers
- **Education:** 2,963,793 students (Female: 1,470,832; Male: 1,492,961); Schools: 6,039
- **Child protection:** 35,000 children
- **Gender Based Violence:** 375 000 women, girls, men and boys (56,250 women and girls with disabilities).
- **Disabilities:** 1 million persons with disabilities
- **Migrant, refugees and asylum seekers:** 4,500 Zimbabwean migrants, 1,200 Refugees and asylum seekers

Partners

Government, Development Partners, Civil Society. Education, WASH, Protection (Gender based Violence) and Child Protection cluster partners; Child Protection Fund partners and partners involved in MHPSS programming; Organisations of key populations, persons with disabilities and women's organisations.

Credit: ILO

RESPONSE AREA

Protecting Jobs, SMEs & Informal Sector Workers

REQUIREMENTS (US$)	REPURPOSED (US$)	GAP (US$)
39.25 million	1 million	38.25 million

Context:

The COVID-19 pandemic, has transformed from a health emergency into an economic and labour market shock, impacting not only supply (production and distribution of goods and services) but also demand (consumption and investment). It is not possible at this stage to properly assess the impact of COVID-19, nor does this framework intend to conduct this assessment in isolation. In fact, as per the first component of the framework, the UN will build on the existing partnership with AfDB and WB to support the government in a comprehensive impact assessment and identification of policy options to be captured in the new National Development Strategy. Consultations with the Government are ongoing with regards to the exact arrangements for this support. Distinct from this joint AfDB/UN/WB support to economic recovery and development planning, this section of the framework focuses on support from the UN system to promoting and supporting social dialogue for institutional, policy reforms and sustainable solutions to protect jobs, small and medium enterprises and informal sector workers from the main damaging impacts of COVID-19.

Credit: UNAIDS

The pandemic has affected[1] enterprises[2], jobs[3] and incomes[4] and the most vulnerable across the globe. Zimbabwe's economy had already been suffering from long standing macro-economic challenges including a significant domestic and external debt burden, currency instability, inflation, low productivity, low investment and policy inconsistencies. The economy has also suffered from the effects of climate change that have seen erratic water and energy supplies; due to droughts and flooding that affected agricultural and manufacturing sectors. Mining and agriculture have remained the mainstay of the economy but with decreasing productivity and contributions to jobs. 76 percent of total employment is in the informal economy (ZIMSTAT, 2019) with the sector estimated to be contributing to over 60 percent (IMF, 2018) of gross national output. Poverty[5] and other structural inequalities exacerbate the dire situation for women[6], youth, persons with disabilities, people living with HIV and the elderly in both rural and urban settings.

Disruptions to production, have now spread to supply chains across the country with all businesses, regardless of size and sector[7] experiencing significant declines in revenue, insolvencies and job losses. On average, 35 percent of enterprises surveyed[8] projected a loss of more than ZWL$ 3 million in revenue as a direct effect of the extension of the initial 21-day lockdown and only 28 percent of enterprises had maintained operations during the initial lockdown period. Initial estimates are that 25 percent of permanent formal jobs will be lost and 75 percent of casual/temporary formal jobs will be lost as businesses lay off workers given the sharp contraction in many sectors. The tourism sector will be the hardest hit as it is expected to shed almost 25 percent of the total formal sector employment followed by the manufacturing sector.[9]

Sustaining business operations will be particularly difficult for Small and Medium Enterprises (SMEs) especially those in the informal economy. Industrial capacity utilization has remained very low reaching 36.4 percent in 2019 due to rolling power cuts and lack of new investment to retool. It's projected to dip below 30 percent

1 https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_743146.pdf
2 436 million enterprises in wholesale and retail, manufacturing, accommodation and food services and real estate and other business activities face high risks of serious disruptions.
3 Decline in working hours up to June 2020 is expected to be equivalent to a loss of 305 million full-time jobs (assuming a 48-hour working week)
4 Global labour income could be reduced by US$3.4 trillion
5 Over 70 percent (over 10 million) of the population live in poverty (ZIMSTAT PICES, 2017), extreme poverty is over 30 percent in rural areas and rising in urban areas; over 8 million people need food assistance.
6 The burden of unpaid labour falls largely on women as they dominate the informal and rural economies wherein there is little or no remuneration.
7 The worst affected include those in the aviation, services incl. informal economy, tourism and hospitality industries.
8 (https://zncc.co.zw/index.php/news/item/25-sustainable-and-flexible-economic-interventions-to-address-covid-19
9 ZNCC Report – Sustainable and Flexible economic intervention to address COVID 19 April 2020

Credit: UNDP

in 2020 and prospects for the economy as well as the quantity and quality of employment are deteriorating rapidly. Foreign direct investment dropped to US$ 260 million in 2019. Exports are projected at US$ 3.5 billion for 2020 compared to US$ 4.5 billion in 2019 while merchandise imports will contract to US$ 4.5 billion from US$ 4.8 billion in 2019 due to COVID-19 supply chain effects[10].

Most businesses will find it difficult to resume operations as they can't meet the requirements for Occupational Safety and Health (OSH) workplace measures including testing of workers who remain at risk especially in the informal economy and essential services.

Several countries have been able to repurpose their local industrial manufacturing capabilities and capacities to meet COVID 19 related medical needs (PPE, medication). Zimbabwe has initiated implementing this strategy and the UN system has been requested to support these initiatives.

Significant vulnerability is hidden in the over-representation of labour in the informal economy where decent work deficits dominate, including limited coverage of social protection systems and safety nets. Wages, pensions and health insurances have been wiped-off by inflation increasing poverty levels.

Lockdown and quarantine measures, have seen informal and casually employed workers being unable to move to their places of work or carry out their jobs, which has incomes in the informal economy cut down by 81 percent on average in most African countries due to the pandemic and the lockdown measures[11]. Some of the over 2.2 million workers in the informal economy have also been affected by the destruction of their informal workspaces (predominantly markets) to enhance public health measures. This has increased the vulnerability of women and youth who are over-represented in the informal sector. A Survey by the International Labour Organization (ILO)[12] has revealed that youths in Zimbabwe are among the world's poorest,

10 https://zncc.co.zw/index.php/about-us/14-sample-data-articles
11 https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_743146.pdf
12 ILO, World Employment and Social Outlook 2016: Trends for Youth

as they are living in an extremely difficult environment. These are youths earning less than US$ 2 per day. It is estimated that 20 percent of youths in the 18 to 24 age group are never able to secure employment. Independent researchers have revealed that the general unemployment rate stands at more than 80 percent with many youth graduates resorting to vending and cross border trade activities to support livelihoods outside of the mainstream economy.[13] Persons with disabilities also disproportionately suffer in terms of job losses and if they access the job market, they often do so in precarious conditions of work. The return of migrants to countries of origin and the reduction of remittances sent home will likely surpass the capacity of the formal and informal sectors in those countries to absorb large numbers of returnees or additional local job seekers in the local labour market due to reduced remittances.

Credit: World Bank

Initial Recovery Response

The health, humanitarian and socio-economic policies adopted by countries will determine the speed and strength of the recovery. Swift and coordinated policy responses are needed at national and sectoral level, to limit the direct health effects of COVID-19 on workers and their families, while mitigating the indirect economic and social fallout across the economy and broader society. Addressing the economic, employment and social consequences of this crisis entails an informed policy sequencing: (i) fiscal packages needed to stimulate the economy and employment; (ii) support to small enterprises, jobs and incomes; (iii) protection of workers in the workplace and (iv) rely on social dialogue for solutions. As mentioned before, for the purpose of this framework, it is understood that the policy related to stimulus packages and broader support to economic growth will be incorporated in the joint AfDB/UN/WBG analytical support to recovery and development planning. The response in this section, therefore, focuses on the other three elements through the identified priority actions for the coming 12-18 months:

1. **Support enterprises including informal economy for business continuity and job creation:** Broad policy measures are needed for a medium to long-term recovery of jobs and incomes, including supporting employment creation in strategic sectors, restoring a conducive business environment and reinvigorating productivity growth

13 https://www.ohchr.org/Documents/Issues/Youth/ZimbabweHRCommission.pdf

Credit: FAO

and exports, diversifying the economy; supporting young entrepreneurs and youth's social innovation; repurposing industry for the response and the future and structural transformation towards a green economy, and making best use of technological advancement.

This includes local economic development, employment intensive interventions and investments in health and key sectors such as construction and integrating SMEs in local manufacturing of COVID-19 medical supplies and basic household commodities. Construction of workspaces for the informal economy can be both a productive response to create jobs, increase productivity and 'build back better' as well as a social protection measure to inject incomes in local communities. Specific policy and corporate measures will be needed to fight discrimination against migrants and returnees and persons with disability in accessing employment and decent livelihoods.

As economic activity reopens, greenhouse gas emissions are likely to re-bounce. The COVID-19 recovery phase presents a profound opportunity for Zimbabwe to steer development on a path that tackles climate change, protects the environment, reverses biodiversity loss and ensures the long-term health and security of its people. The response to re-boot the economy following the crisis should be mutually reinforcing with climate action goals and make the Low Emission Development Strategy[14] (LEDS) and climate resilient growth deliver a clean, green, safe, and just transition. In particular, the depressed activity in the tourism and supporting industries will increase challenges in covering costs for protection of wildlife and other biodiversity.

Identified priority actions include:

- Mainstream jobs and productivity in fiscal and monetary policies targeting support to hard-hit sectors including financial/tax relief, bailouts, bridging loans and grants to retain jobs and create demand in the economy.
- Support for youth and women-owned enterprises and young entrepreneurs.
- Supporting and accompanying youth's social innovations that can lead to self-employment.
- Boost the private sector, through technical assistance to enterprises to boost competitiveness (skills, finance & product development), and facilitate access to local, regional and international markets.
- Based on a rapid assessment of the impact of COVID-19 on industry (manufacturing) and global and local value chains, identify potential for local production of COVID-19 medicines and supplies.
- Enhance climate action, environment and biodiversity interventions to promote green economy initiatives at policy and programme levels.

14 https://www.uncclearn.org/sites/default/files/inventory/background_report_zimbabwe_final.pdf

- Facilitate well-managed circular or seasonal migration as an adaptation strategy for communities fragile to climate change impacts.

2. **Protecting Workers;** strengthen social protection, Prevent Discrimination and Exclusion: Protecting workers and their families from the risk of infection, based on their situation and experience of the pandemic, needs to be a top priority during and post the lockdown measures. Demand-side measures to support enterprises, jobs and incomes because of infection or reduced economic activity are critical to stimulating job-rich economic recovery and building resilience through robust and universal social protection systems that can act as automatic economic and social stabilizers in the face of crises. In the emergency phase it is important to strengthen the health sector while mitigating the impact on economies and labour markets through financial relief for enterprises (esp. SMEs) income and occupational safety and health (OSH) support measures for workers and enterprises. Specific policy and corporate measures will be needed to fight discrimination against young people, people living with HIV, migrants and returnees and persons with disabilities in accessing employment and decent livelihoods.

Identified priority actions include:

- Strengthen OSH measures and promote implementation of public health measures at workplaces; adapt work arrangements; prevent sexual exploitation and abuse in the workplace environment and gender-based violence, discrimination and exclusion; including against persons with disabilities and those recovering from or suspected of COVID-19 infection and ensure access to health for all.
-
- Extend coverage of social protection systems in the workplace and social safety net programmes to the most vulnerable workers including job retention schemes.
- Build capacity for the engagement of the culture- and creative- industries in the COVID-19 response. This refers to the broader creative industries, including the development of skills to support innovations in digital creative production, distribution, and consumption of content such as film, music, TV, theatre, dance, video games, as well as publishing (e-books), and the marketing of such platforms for the benefit of creators.
- Support to re-build a sustainable Eco- and Cultural- tourism sector
- Build resilience for future shocks, especially of young people and women, by strengthening their livelihood skills through vocational training, career guidance, entrepreneurship and life skills training.

3. **Promote and support social dialogue for institutional, policy reforms and sustainable solutions:** Building reliance on inclusive and multi-stakeholder social dialogue for solutions is key for deeper

Credit: UNDP

institutional and policy reforms at all levels of government and to rebuild trust in institutions and governments. Through dialogue and concerted action by governments and all key stakeholders' policies and programmes can be designed and implemented to deal with the immediate health crisis and to mitigate the effects of some of these measures on employment and incomes. These actions can ensure safety and health (ensuring safe return to work), extend social protection coverage, help enterprises (including SMEs) adapt for the future of work, avoid bankruptcy and keep workers in their jobs and secure people's incomes. This will in turn foster demand and economic recovery.

Social dialogue will play an important role as Zimbabwe moves from efforts to suppress transmission of the virus to the next stages of response to the crisis: planning the resumption of economic activities, extending support measures and promoting a sustained and robust economic recovery. Social dialogue can help reach collective solutions that consider the needs of the macro-economy, enterprises and workers; it also promotes stability and public confidence; building commitment for social cohesion.

Identified priority actions include:

- Strengthening the capacity and resilience of key stakeholders to engage in the COVID-19 national and sectoral responses; creating an enabling environment for business and sound labour relations.
- Mainstream demand-led employment strategy for a medium to longer-term job-rich recovery: Supporting employment creation in strategic sectors, restoring a conducive business environment for trade and reinvigorating productivity growth, diversifying the economy and spurring structural transformation, making best use of technological advancement

Target

National level, 3 million people in the **informal economy**

Partners

Government, Development Partners, Employers and Workers Organizations, Business Member Organizations, Civil Society Organizations.

Credit: UNDP

RESPONSE AREA

Social Cohesion & Community Resilience

REQUIREMENTS (US$)	REPURPOSED (US$)	GAP (US$)
34.75 million	7.2 million	27.55 million

Context

The global outbreak of COVID-19 has the potential to trigger social and political tensions. As has been demonstrated the world over, COVID-19 has tested the emergency preparedness and response systems of all countries including the so-called developed nations and found them wanting. The overall weak capacity for DRR response is more pronounced in developing countries, including those experiencing recurring natural disasters like Zimbabwe. Lessons learnt from the Ebola outbreak in 2014 is that, unless a holistic approach is taken to respond to this pandemic, the COVID-19 crisis can potentially exacerbate longstanding grievances, mistrust, and sense of injustice over equitable access to basic services and reverse the gains made in strengthening resilience of communities and systems to withstand shocks and crises. Involving communities, business, labour, and citizens at large in the response and recovery is a key ingredient for the success of the undertaking. Similarly, the involvement of women, visible and in leadership positions in the national response is of paramount importance. Also, to ensure social cohesion, the recovery phases necessitate strong mechanisms to advise national stakeholders

on complex ethical dimensions of prevention, access to cure, contact tracing, and scientific research.

COVID-19 presents an additional challenge to Zimbabwe's existing political and socio-economic dynamics, including a development trajectory beleaguered by deep rooted historical conflicts that flare up at the slightest trigger, with women and girls often most affected. Deep political polarization has created a culture of mistrust and fear. This is further exacerbated by incidences of excessive use of force by security forces. Emerging lessons from the COVID-19 response globally, have highlighted the importance of adherence to the rule of law and dialogue in emergency situations. Finding a balance between the public health imperatives and protecting and promoting human rights of individuals requires due consideration. Engagement with the security sector on accountability, human rights training etc. is critical, as is the role of independent institutions and other statutory bodies – such as the Chapter 12 Commissions in Zimbabwe.

As is the case with similar crises, the pandemic has created wide-ranging opportunities for corruption to thrive in many countries. Due to the urgent need to deal with the crisis, some countries have relaxed safeguards on compliance, oversight and accountability e.g. relaxing safeguards on trading compliance, procurement processes, limiting open access to data, etc. To counter corruption risks, governments are urged to exercise vigilance and strengthen transparency, accountability and oversight throughout the response and recovery period.

The pandemic has also exposed infrastructural and institutional gaps across the various arms of the government. COVID-19 response measures including lockdown, social distancing etc. affected the normal functioning of the Executive,

Credit: UNDP

Judiciary and Legislative arms of government, including the Chapter 12 Commissions due to lack of digital technological infrastructure for remote working and provision of electronic services to the public. For example, due to these challenges, parliament suspended sitting for two months, thereby effectively foregoing oversight over the COVID-19 response and other, regular Government business. The rules and regulations on parliamentary business, as contained in the Constitution and Standing Orders, require urgent review to allow virtual conduct of sessions and voting in response to emergency. The Zimbabwe Electoral Commission has had to suspend by-elections and routine voter registration due to social distancing requirements. Chapter 12 Commissions in general also experienced some gaps and delays in responding to human rights issues due to the lockdown. The new reality, therefore, demands that innovative approaches be considered, including the use of technology and automated systems that allows for continuity of key aspects of the democratic processes. This presents an opportunity for the provision of electronic services (eGovernance) which will have the added benefit of increasing service delivery and performance, provided the right investments can be made.

It is evident that communities will bear the brunt of the socio-economic impact of

COVID-19 and, as such, recovery should be tailored to incorporate inclusive social dialogue, advocacy, and political engagement.[1] Thus, in order to contribute to building a cohesive, resilient society there is need for continued strengthening of national capacities inclusive dialogue, consensus-building, inter-disciplinary deliberations, national healing and reconciliation as well as accountability mechanisms for inclusive stakeholder and citizen (including youth and women) participation in the recovery processes. According to a study conducted by Afrobarometer in 16 African countries, including Zimbabwe, youth interest in civic affairs declined from 81 percent in the period 2002/2003 to just 58 percent 2014/2015.[2] Such a characteristic reflects a continental challenge: young people are marginalized in formal governance and political systems as voters, candidates, and members of local or national government. This marginalization is due partly to a lack of social capital such as trust and respect because of their age; and to political systems that are reflections of the larger societies in which they are situated.[3]

Furthermore, the UNSG Policy Brief on the Impact of COVID-19 on Women [4] points out that "*women will be the hardest hit by this pandemic, but they will also be the backbone of recovery in communities*". With the necessary targeted support, women can play a lead role in rebuilding livelihoods, preventing conflict, promoting social cohesion, and facilitating social accountability for much needed quality social services that have further been compromised by the impact of COVID-19.

Initial Recovery Response

The initial support from the UN system seeks to achieve two main results through the identified priority actions for the coming 12-18 months:

1. **Enhanced Community Resilience:** proposed interventions will build on ongoing (rural and urban) resilience building work that contributes to increased capacities of communities to protect development gains and achieve improved well-being outcomes in the face of shocks and stresses, enabling them to contribute to economic growth. The proposed strategies include:

Credit: UNDP

1 https://unsdg.un.org/sites/default/files/2020-04/UN-framework-for-the-immediate-socio-economic-response-to-COVID-19.pdf
2 The Conversation August 18, 2016 Apathy among young people stands in the way of Africa's demographic dividend http://theconversation.com/apathy-among-young-people-stands-in-the-way-of-africas-demographic-dividend-64065
3 United Nations Economic Commission for Africa. 2017, Africa's youth and prospects for inclusive development. Regional situation analysis report
4 https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406

creating a body of evidence to inform policy-making, application of targeted resilience interventions, strengthening systems for early warning and response, strengthen inclusive community development and peace structures, building resilience of smallholder farmers to climate related shocks, support to household and community asset creation that helps stabilize and restore land, reduce disaster risks, increase food productivity, promote livelihoods and empower women and girls.

Other strategies include support for micro-enterprises and vendors and access to gender- sensitive safe markets, undertake activities to enhance the natural resource base at watershed level and support a weather index insurance cover which protects target communities against major drought events and incentivizes them to engage in high-risk, high-return investments, strengthening of Village Savings and Loans (VSLs) groups and access to micro credit for IGAs[5] with the aim of increasing productivity and income and promote conservation agricultural practices, support to accessing markets for smallholder farmers.

Similarly, resilience building interventions in the urban settings will be pursued to focus on making vulnerable urban communities resilient to economic and climate shocks through a community-led approach of capacity building, livelihoods promotion, and socio-economic empowerment.

Identified priority actions include:

- Expand the scope of gender sensitive hazard analyses, multi-hazard vulnerability assessments with increased focus on health-related hazards, DRR and contingency planning that incorporate emerging hazards and broader climatic, economic, and social protection interventions.
- Build evidence to improve the policy environment and stimulate gender sensitive service provision to enhance household and community resilience. Women's groups have been critical players in community-led solutions in responding to social and economic shocks. Women will continue to be capacitated to provide life-saving services, and to play a lead role in data collection and monitoring of impacts to inform community led responses.
- Increase the absorptive, adaptive and transformative capacities of communities to face shocks and the effects of climate change in vulnerable communities frequently exposed to multiple hazards.
- Set up a risk financing mechanism which will provide appropriate, predictable, coordinated and timely response to risk and shocks from inclusivity and resilience perspectives.
- Expansion of micro-insurance, financial education trainings, access to financial services and markets.
- Strengthen financial services for remittance

Credit: UNDP

5 Income Generating Activities

Credit: UNDP

receiving households, grants, and short-term bridge loans to micro and small businesses, and digital payments of emergency funds to individuals and households, negotiating the reduction/ subsidizing remittance fee costs.

- Creation and rehabilitation of household and community assets focused on the most vulnerable.
- Support agripreneurs, based on an inclusive criterion, through provision of pilot grants and capacity building to enhance localized agricultural production, processing, and market connectivity.
- Promotion of appropriate agricultural practices (for crops and livestock) and improved seeds.
- Scale up linkages to markets, food value chain and links with the private sector, particularly for those most left behind.
- Scale up micro-enterprise, market infrastructure, rural-rural and rural-urban linkages (including food supply chain) with attention to young entrepreneurs, and youth social innovation.
- Promote community health systems, promoting social distancing, rehabilitating boreholes, and adapt social enterprises to be part of the COVID-19 response e.g. by producing washable masks and assist in educating communities.
- Community mapping exercise and establishment of community networks to identify sectors or zones, which have been most affected by the returned migrants and provide relevant support to these communities.

2. **Improved governance and social cohesion:** if we are to "build back better" then priority must be given to conflict prevention, peace promotion, and the deepening support towards access to justice across the justice value chain for vulnerable segments of society during times of stress. Core governance functions should be resilient to crises and shocks and able to deliver services to the citizens in a COVID-19 and post-COVID-19 environment in which social distancing will remain prevalent.

In the response and aftermath of the pandemic, care must be taken to ensure all our interventions are inclusive, universal and equitable, while ensuring that emerging human rights and access to justice concerns for those most impacted by the socio-economic shocks are fully addressed. Those most impacted include: poor workers, persons with disabilities, people living with HIV, women and youth. Applying a human rights-based approach will ensure that active engagement with citizens to determine their needs and involve them in solution definition is an integral part of the response. Particular efforts will be undertaken to increase youths' civic engagement and promote spaces for civic participation.

Identified priority actions include:

- Strengthen eGovernance systems across all branches of government (executive, legislative and judicial) to ensure business

Credit: UNDP

continuity and provide online services that limit physical contact and promote service delivery performance. This support should encompass the Independent Commissions (Chapter 12) including the digitisation of complaints handling and resolution of cases.

- Facilitate compliance with human rights standards and principles, as well as human rights obligations including through UPR and treaty body reporting, high level dialogues and mainstreaming of human rights considerations.
- Developing and operationalising accountability mechanisms e.g. the Independent complaints mechanism.
- Strengthen capacity for investigation and ensure access to justice for survivors of human trafficking, SGBV & SEA; strengthen the associated referral pathways for uninterrupted and effective justice delivery.
- Strengthen the gender responsive role of Chapter 12 institutions in advancing good governance and ensure inclusion and meaningful participation of women leaders, activists in processes aimed at achieving peace and national development in Zimbabwe – including at local level.
- Developing strong mechanisms to advise national stakeholders on complex ethical dimensions of prevention, access to cure, contact tracing, community engagement, and scientific research, in the different phases of recovery.
- Support institutional capacity building to integrate sector-specific anti-corruption measures. Leveraging technology to promote transparency, accountability and integrity in selected sectors.
- Support social accountability, inclusion and participation of a wide spectrum of Zimbabweans in imagining a post-COVID society (communities, business, labour, academia, citizens, youth, faith-based organizations, diaspora, civic organizations etc.).
- Support the Risk Communication and Community Engagement (RCCE) work, in coordination with the national and sub national Task Forces – including through (social) media campaigns, community dialogues etc.
- Strengthening of social cohesion of communities (Psychosocial Awareness and Coping Skills) and empowerment of vulnerable groups especially women and persons with disabilities through improved agency, leadership and capacity building.
- Strengthen the Tripartite Negotiating Forum (TNF) and National Employment Councils (NECs) to broaden social dialogue and labour market governance towards an inclusive social contract.

Target

- **Community resilience at urban level**: at least 30 percent of 2.2 million (according to ZIMVAC 2019 number of urban poor communities)
- **Rural resilience** through the Zimbabwe Resilience Building Fund: 873,331 people with resilience building activities, of which 505,426 women
- All other interventions: nationwide.

Partners

Government, Development Partners, Private Sector and Labour Bodies, CSOs, NGOs, Independent Commissions, Academia, Media, Ethics Committees

Credit: UNDP

RESPONSE AREA

Addressing Gender Equalities

REQUIREMENTS (US$)	REPURPOSED (US$)	GAP (US$)
6.44 million	0.2 million	6.24 million

Context

The gender component is anchored on the Global Action Plan ''Healthy Lives and Well-Being for All' launched in September 2019 at the fourth Session of the UN General Assembly (UNGA 74). The COVID-19 crisis response presents an opportunity under Accelerator 4 (determinants of health) to not only develop gender-responsive strategies that consider gender norms, roles, inequality and take active measures to reduce their harmful effects, but also expand collaborations within and beyond the health sector: including water, sanitation and education thus ensuring concrete impact at country level.[1]

Emerging evidence on the impact of COVID-19 shows that the pandemic is deepening pre-existing inequalities, including gender inequalities. The pandemic has also exposed or exacerbated the structural inequalities in the social, political and economic domains, further marginalizing women and girls facing intersecting

1 https://reliefweb.int/sites/reliefweb.int/files/resources/9789241516433-eng.pdf

forms of discrimination such as women living with HIV, women and girls with disabilities, migrant women, elderly women amongst others. As the lockdown measures and mitigating laws and rules stay in place, many women have lost their livelihoods. Those struggling to support their families face various forms of violence and harassment in their workspaces and at home. With the burden of managing household needs such as food, access to water and energy remaining on women's shoulders; the pandemic further worsens the social-economic conditions. A strained health system and disruptions in services result in additional burden on women as mothers or given additional homebased care for sick family members. Data from Zimbabwe's 2014 Labour Force Survey[2] showed that women spent an average of 17 hours per week in unpaid work caring for children under five years in their own households compared to about 7 hours among men. Women also spent an average of 14 hours per week caring for the sick, disabled, and elderly. In terms of housekeeping and other home duties, women spent about 18 hours and men an average of 8 hours. These and other situation reports on the impacts of the pandemic on women and girls in Zimbabwe give credence to the UN Secretary General's observation in his recent policy brief on women and COVID-19, that "across every sphere, from health to the economy, security to social protection, the impacts of COVID-19 are exacerbated for women and girls simply by virtue of their sex". The experiences of the COVID-19 pandemic are not unique and have been documented in previous epidemics such as the HIV, Zika and Ebola outbreaks, as well as climatic and economic shocks over time. The present pandemic therefore calls for a fundamental shift towards inclusive gender transformative policies, strategies, systems and practices underpinned by a cross sectoral approach with specific gender interventions to ensure women's access, protection and benefits of development, leadership and decision-making are realized.

Initial Recovery Response

In addition to gender specific actions that are mainstreamed in all components of the UN socio-economic framework, the initial support from the UN system seeks to achieve the following four main gender results through the identified priority actions for the coming 12-18 months:

Credit: UNDP

1. **Economic engagement and protection:** The deepening economic crisis precipitated by the pandemic has resulted in multiple gender

2 http://www.zimstat.co.zw/sites/default/files/img/publications/Employment/Labour_Force_Report_2014.pdf

impacts that require specific attention. It has brought into sharp focus the vulnerabilities within the formal and informal care economy where women are over-represented in jobs that are either low paid or unpaid. Many women in the informal economy have lost their means of earning a living. With limited or no savings, and no social security or safety nets, women are faced with more extreme levels of poverty. The pandemic has further increased the burden of women's unpaid care work (and girl child labour), due to heightened family needs. Time spent doing tasks (caring for the sick, fetching water and firewood), has exponentially increased with the advent of COVID-19. Despite the value of this work, it is commonly left out of policy agendas due to a common misperception that, unlike standard market work measures, it is too difficult to measure and less relevant for policies. Yet, neglecting unpaid care work leads to incorrect inferences about levels and changes in individuals' well-being and the value of time, which in turn limit policy effectiveness across a range of socio-economic areas, notably, gender inequalities in employment and other empowerment areas. Estimates made of the value of unpaid care work as a percentage of GDP were as high as 39 percent in India (1998/9), and 35 percent in Tanzania (2006).[3] In the COVID-19 era, where the burden of unpaid care work has increased, necessary investments and special attention to this is critical. To this end, for an effective policy response, gender evidence of time use is key, including knowledge by critical stakeholders in the response on how to address this challenge. Immediate measures include strengthening community and household-based support services to reduce the burden and facilitate women' and girls' access to livelihood opportunities that will propel them towards decent work and economic security.

Credit: UNDP

Identified priority actions include:

- Produce a national gender profile that documents women's status and informs forward looking national development blueprints and processes, including the NDS.
- Promote advocacy and communications on social norms and sharing the burden of unpaid care work.
- Ensure policy responses that support measures to cushion women's vulnerabilities in the care economy, paid and unpaid.
- Conduct a time use survey to measure the burden of unpaid care work.
- Support a gender review of the public procurement policy and law to ensure benefit by women owned enterprises.
- Engage financial institutions to adopt gender policies and innovative financing for women.
- Orientation and knowledge products for policy makers and stakeholders on unpaid care work, violence and harassment.

3 (ibid) citing Budlender (2008)

- Social mobilization, including leveraging UN Women's HeForShe network, to promote messaging on redistribution and recognition of unpaid care and domestic work.

2. **Health Inclusion:** Socio-economic, political, and environmental conditions have a huge bearing on women's health outcomes. Within the context of COVID-19; factors deeply interconnected with socio-economic contexts found throughout a woman's lifecycle ranging from, limited available resources and access to health services to harmful social norms, become even more critical. The COVID-19 response has led many governments to reallocate resources and shift priorities towards the pandemic, including focusing on addressing the 'supply side' factors without comprehensively understanding and addressing the 'demand side' barriers for health. Hard-fought gains for women's health rights are under threat. Building back better requires specific attention to not only improve access to health services, but also to strategies and measures that address the socio-economic determinants of women's health and livelihoods. This specifically underscores the need to maintain services such as Sexual Reproductive, Maternal Neonatal, Child and Adolescent Health (SRMNCAH) in Zimbabwe as lifesaving.

Identified priority actions include:

- Undertake a comprehensive gender analysis of the impact of COVID-19 to inform response programmes, policy reviews and strategies, including a focus on the needs of girls and women with disabilities.
- Provide gender sensitive PPEs and psychosocial support for health workers and frontline responders.
- Targeted support to reduce the burden of unpaid home-based care work.

3. **Safety and security of women:** The implications of COVID-19 on women's safety and security in the home and the community are visible in its core pillars of protection, prevention, participation, relief, and recovery. This has generated wider impacts for social cohesion and women's safety in private and public spaces. The security sector deployment to accompany the response to public health risks has led to increased involvement of security sector actors in local communities. This calls for increased engagement and capacity building to strengthen the compliance of the response of the security sector and Chapter 12 institutions with human rights standards. Community networks established during local peacebuilding and community mobilization efforts are critical in shaping the design and implementation of community engagement around COVID-19. The current emergency has presented challenges in women's participation in peace processes and community mobilisation due to the lockdown restrictions where the ability to monitor accountability for gender-based violence in all its forms is critical. The pandemic and the ensuing restrictions have depleted coping mechanisms, eroded the resilience of women traders and entrepreneurs and thus undermined their capacity to identify

Credit: UNDP

Credit: UNDP

alternative livelihood options. The harsh operating environment due to worsening inflationary pressures has further worsened their vulnerability and economic insecurity. To this end it is imperative to build the resilience and safety of the trading and market system before, during and after shocks fostering economic empowerment for women thus ensuring economic as well as personal security. A Safe Markets Model will promote and contribute to protecting gender equality and foster social and economic empowerment of women market vendors.

Addressing socio-economic private and public safety and security challenges remains key, for meaningful participation of women and girls as community stakeholders and agents of change of communities including organisations and local authorities.

Identified priority actions include:

- Advocacy and media campaigns, including in local languages, to cover personal security and reach the widest possible audience to prevent VAWG.
- Develop a programme to engage young men to fight against gender stereotypes and VAWG, thus advancing positive masculinities.
- Scale up and expand the work on safe markets.
- Support CSOs to promote access to justice for women through flexible funding.
- Support women-led community processes and mechanisms for conflict resolution and peacebuilding in all provinces.
- Support community-based initiatives by traditional and religious leaders to ensure safety and security of women and other marginalised groups.
- Scale up support to Chapter 12 Commissions to promote and protect safety and security of women.

4. **Leadership and decision-making:** Without a holistic focus on addressing gender inequalities in the national response, as a potentially transformative approach and strategy in managing emergencies, recovery and resilience efforts are bound to be inadequate. The strategic approach to address gender inequalities and close gender gaps shall respond to the principle of LNOB and integration of women's rights. The emphasis is on a response that takes cognisance of addressing the micro context as equal as the macro context. Investing in community and household level dynamics and challenges equally, as the national COVID-19 Response invests at the State and corporate levels, enables deeper holistic development within the pandemic. Of importance is women's voice, equal representation, and participation in leadership in the national response across all sectors and at all levels. This includes strengthening the role of women's organisations and institutions with a gender mandate and of women leaders at national and community levels. As the UN SG pointed out in his policy brief on the impact of COVID-19 on women, that even though "women will be the hardest hit by this pandemic, they will also be the backbone of its recovery in communities

and nations"[4]. The empowerment of girls and women with disabilities to strengthen their social movements (under Disabled Persons' Organisations) will be key to allow them to voice their concerns and thus fight against social norms and stereotypes in their regard.[5]

Identified priority actions include:

- Support women's participation, leadership and decision-making in the planning, response, and recovery efforts.
- Strengthen the capacity and resilience of women's organizations, gender activists, women leaders, and decision-makers to engage and participate in the COVID-19 national, subnational and community level responses.
- Create an enabling environment for women's leadership and decision-making – facilitating participation and creating platforms for women to engage.
- Support girls and women with disabilities to strengthen their advocacy and social movements claiming for their rights.

Target

- women and girls facing intersecting forms of discrimination such as **women living with HIV, women and girls with disability, elderly women** amongst others.
- 200 **policy makers** and stakeholders
- 5 **Financial Institutions**
- 10% of **health work force** and **first line responders**
- **Advocacy and media** campaign reach – 100,000
- 5 satellite **safe markets**
- 100,000 direct and indirect beneficiaries
- 100 **traditional and religious leaders**

Partners

Government, Development Partners, local authorities, legislature, CSOs, community organisations, academia, private sector, Chapter 12 Institutions and the media.

4 SG Policy Brief: The Impact of COVID-19 on Women; April 2020
5 UNESCO, Aspirations, needs and concerns of women and girls with disabilities in Zimbabwe - Abridged qualitative study, 2019, https://unesdoc.unesco.org/ark:/48223/pf0000372503

12 Monitoring and evaluation

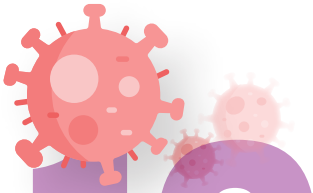
In the current context where COVID-19 cases are increasing in the country there is an urgent need for real-time data and analyses to inform the responses to the pandemic, policy frameworks and decisions related to mitigating its further spread in Zimbabwe. This makes monitoring and evaluation more important than ever, utilizing adaptive approaches and tools to inform the situation.

During COVID-19 any monitoring and evaluation activities should add value and provide timely decision-making information to policy makers and technocrats to make data-driven decisions. All monitoring and evaluation process within this framework should be undertaken with the Do No Harm principle in mind, ensuring that when formal and informal data is collated and analysed to inform decision making it should not cause any harm to the affected populations in Zimbabwe, and that the health and safety of communities remains a top priority when undertaking research, monitoring and adaptation activities.

It is also critical that data collected is disaggregated by sex, age, geographical location, disability and other demographical characteristics to ensure that the most vulnerable are continuously identified and not left behind in the responses to the pandemic, policy frameworks and mitigation strategies.

This framework and its outcomes will not be in isolation from the focus and intentions of the new National Development Strategy, which is currently being developed, riding on the National Monitoring and Evaluation policy which was recently revised in 2019. This framework will therefore contribute towards the tracking of progress or lack of it, in the implementation of the SDGs.

Various existing methods of monitoring and evaluation will be implemented to track progress, including existing assessment tools such as ZIMVAC, management systems such as the District Health Information Software (DHIS), Health, UReport, monitoring visits etc.



13 Annexes

Pillar 1: Health First

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
				Pillar 1 total	**75.35 million**
	UNESCO Health First / Global Health Ethics and Bioethics	**Supporting the recovery efforts with public deliberations on Global Health Ethics and Bioethics** To ensure that the ethical frameworks are addressed in advising policy makers on enhancing the health services and systems.	• Set up multidisciplinary and multi-stakeholder ethics committees within hospitals to accompany healthcare professionals in dealing with difficult ethical questions and in protecting the most vulnerable. Such mechanisms shall allow the country to open new avenues of strategic reflections on emerging issues: use of digital technologies in contact tracing in the recovery phases; preventive medicines and healthy livelihood; pandemics prevention and environmental ethics; and develop Community and media engagement programmes on Global Health Ethics • Organise Capacity-building interventions to train the members of the above-mentioned committees on policy advise on ethics and bioethics. • Producing and disseminating Ethics education, sensitisation, and advocacy materials and resources.	• Healthcare professionals; • Policy-makers; • COVID-19 Task Force; • Media; • Ethicists; • Human Rights Advisors.	**Total**: 2.505mil **Repurposed**: 5k **Gap**: 2.5mil
	UNFPA Health First	**Supporting the recovery efforts for the health of pregnant women, newbon babies and women with reproductive health cancers in the context of COVID-19** To support essential health services and systems strengthening for the health of pregnant women, newbon babies and women with reproductive health cancers	• Build health worker capacity to deliver integrated RMNCAHN services including provision of reproductive health services in emergencies • Procurement of essential supplies and equipment for effective reproductive, maternal, adolescent health services delivery • Provide technical support and supervision, and data management to maintain services at the agreed levels • Promotion of innovative service delivery and capacity development models e.g. use of telemedicine and online training, outreach • Support capacity building and implementation of the Minimum Initial Service Package for Reproductive health in emergencies and crisis situation	• 350,000 pregnant women and newborn babies • 1,500,000 young people • 10,000 women with reproductive health cancers • 1,5 million of reproductive age group in need of SRH services including family planning	**Total** 25.04mil **Repurposed** 40k **Gap** 25mil

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
	UNICEF Health First	Supporting the recovery efforts for the health of women, newbon babies and children in the context of COVID-19 To support essential health services and systems strengthening for the health of pregnant women, newbon babies, malnourished children and children living with disabilities	• Build health worker capacity to deliver integrated RMNCAHN services • Procurement of essential supplies and equipment for effective RMNCAHN service delivery • Provide technical support and supervision, and data management to maintain services at the agreed levels • Promotion of innovative service delivery and capacity development models e.g. use of telemedicine and online training • Identify and address barriers that prevent safe access to health • Ensure that sanitation and washing facilities are accessible and affordable, including in health facilities, schools, Early Childhood Development facilities, and public spaces • Ensure that mental health and psychosocial support (MHPSS) mechanisms are accessible to persons with disabilities, including those living in care facilities	• 350,000 pregnant women and newborn babies • 1,500,000 young people, including Young Girls Living with HIV • 10,000 women with reproductive health cancers • 500,000 children with acute and chronic malnutrition”	**Total** 37.81mil **Repurposed** 7.81mil **Gap** 30mil
	WHO Health First	**Supporting the recovery efforts for the health in the context of COVID-19** To support essential health services and systems strengthening for the health of older persons, PLWHIV, pregnant women, newbon babies, malnourished children and children living with disabilities	• Build health worker capacity to deliver integrated RMNCAHN services • Build health worker capacity on Integrated Care for Older Persons • Procurement of essential supplies and equipment for effective RMNCAHN service delivery • Provide technical support and supervision, and data management to maintain services at the agreed levels • Promotion of innovative service delivery and capacity development models e.g. use of telemedicine and online training • Identify and address barriers that prevent safe access to health older persons and children with disabilities • Ensure that mental health and psychosocial support (MHPSS) mechanisms are accessible to persons with disabilities, including those living in care facilities	• 2,375,000.00 people living with non-communicable diseases (diabetes mellitus, hypertension, cancers) • 125,00 older persons • 350,000 pregnant women and newborn babies • 500,000 children with acute and chronic malnutrition • 1,100,000 PLHIV • 1,500,000 young people • 150,000 persons with disability	**Total** 18.5mil **Repurposed** 3.5mil **Gap** 15mil

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
	UN Women Health	Women's leadership and participation in the Health sector response Ensure gender is mainstreamed in the COVID health sector response	• Gender analysis of health care services • Strengthening women's leadership and participation	Women leaders and women front line health workers	**Total** 1.63mil **Repurposed** 130k **Gap** 1.5mil
	UNAIDS Health First	**Continuity of HIV and AIDS services in the context of COVID-19** To support essential HIV & AIDS services and systems strengthening for the health including community systems for Key Populations at higher risk, AGYW, Youth, PLWHIV, pregnant women & newbon babies	• Mobilise resources to mitigate disruption of HIV and AIDS services due to the COVID-19 pandemic • Advocacy and technical guidance for adoption of guidelines and innovations that address continuity of HIV and AIDS services in the context of COVID-19 • Coordination of partners with communication and information for community engagement for HIV and AIDS services • Strategic information generation and use for addressing continuity of HIV and AIDS services	• 350,000 pregnant women and newborn • 1,100,000 PLHIV • 1,500,000 young people including AGYW • 100,000 Key affected Persons with risk of HIV	**Total** 1.1mil **Repurposed** 101k **Gap** 1mil

Pillar 2: Protecting People

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
				Pillar 2 total	**182.75 million**
2.1	**UNESCO** Protecting People / Disability Rights and Inclusion	**Advancing Disability Rights and Inclusion in the COVID-19 Recovery** To improve persons with disabilities' access to services and information, and participation and inclusion in the design and implementation of COVID-19 Recovery	• Support dedicated targeting by all clusters of services to children and adults with disabilities, in collaboration with UNICEF. • Produce sensitization and prevention materials in accessible formats. • Conduct national campaigns on disability rights and needs, with professional and community media. • Train Healthcare professional, the COVID-19 Task Force, the Humanitarian actors, on Disability Rights and Inclusion Standards. • Systematically integrating disability inclusion and rights in the COVID-19 response and recovery measures and in the Crisis management committees. Work with OPDs to assess the needs of persons with disabilities, including children. With the support of the UN Partnership for the Rights of Persons with Disabilities (UNPRPD), the UN will integrate the disability rights and inclusion in its planning mechanism and accountability framework. • Provide dedicated remote or 'live' home visitation to households living with a member with a disability or mental illness to understand needs and refer for assistance, in collaboration with UNICEF.	• 1,000,000 persons with disabilities, including Girls and women with disabilities • Organisations of Persons with Disabilities; • Healthcare professionals; Policy-makers; • COVID-19 Task Force • Media.	**Total:** 3.5mil **Repurposed** 50k **Gap** 3.45mil
2.2	**UNESCO** Social Protection / Education	**Provision of digital learning, audio and visual education programming and broadcasting for learners in COVID-19 recovery and beyond** To strengthen digital learning, audio and visual education programming and broadcasting for learners	• Provision of audio and visual programming and braodcasting equipment, with an all inclusive approach • Training of MoPSE management staff and teachers for auio and visual programming and broadcasting equipment • Supporting MoPSE CDTS staff to digitalise curriculum materials and uploading to the digital platform • Compiling and distributing digital learning materials for use where there is internet and where there is no internet • Networking with other e-learning platforms and linking to MoPSE digital portal • Revision of Teacher Education Curriculum to include Morden Teaching Methods (online teaching methods), through MoPSE. • Training of Teachers to include the Design and Development of OER's and content repurposing. • Rapid up skilling training for teachers to teach online, starting with KFIT trained teachers. • Strengthen open and distance learning in Higher Education and TVET institutions • Monitoring and Evaluation of the project activities and improving to achieve the desired results	Teachers and Learners	**Total** 4.5mil **Repurposed** 570k **Gap** 3.93mil

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
2.3	**UNESCO** Education for health and well-being/health First	**Health Education in Formal Education Settings During and Post-COVID-19 in Zimbabwe** • Promote healthy lifestyles among girls, boys, young women, and young men through skills-based education in formal educational settings. • Ensure that all children benefit from good quality comprehensive sexuality education that includes information on COVID-19 prevention and control. • Ensure that all children and young people have access to safe, inclusive, health-promoting learning environments, including through remoting learning on disease prevention	• Support development and dissemination of key messages on COVID-19 using multi-media platforms (mass media – TV, community radio) including classroom delivery to ensure clear and consistent public health messaging • Support Back-to-School Initiatives to ensure the safe return to quality learning for teachers, learners and school communities • Support teacher capacity development on psychosocial support and COVID-19 disease prevention.	4.6 Million learners in primary and secondary schools & 150,000 students in higher and tertiary education institutions, teachers and lecturers	**Total** 250k **Repurposed** 0 **Gap** 250k
2.4	**UN Women** Gender Based Violence	**COVID-19 and Ending Violence Against Women and Girls** Stepping up efforts to address and respond to GBV	• Social mobilization to address unpaid care work • Mobilize communities and support women's groups to end violence against women and girls • Capacity building of security sector actors, community GBV champions and communities to play a role in safely identifying, referring, and mitigating against GBV risk • Integrating GBV response with livelihoods strategies • Mobilize communities to prevent GBV	Women and girls	**Total** 3.5mil **Repurposed** 263k **Gap** 3.2mil
	UN Women Social Protection	**Strengthening social protection for women and girls** To build resilience and reduce dependence through strengthened and gender responsive social systems	• Supporting social protection packages targetting women including female front-line health care workers and vulnerable girls and women; • Promoting public works including utilizing cash for work and job placement programmes for female headed households; • Social mobilization measures, including leveraging UN Women's HeForShe network to promote messaging on redistribution and recognition of unpaid care and domestic work.	Women and girls	**Total** 500k **Repurposed** 20k **Gap** 480k

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
	UNHCR WASH	**Protection and assistance to refugees and asylum seekers** Supply of potable water increased or maintained	• Construction of a water pipeline to ensure adequate access of water to refugees, asylum seekers and host communities	14,500	**Total** 150k **Repurposed** 50k **Gap** 100k
	UNHCR Social protection	**Protection and assistance to refugees and asylum seekers** Services for persons with specific needs strengthened	• Support urban based refugees and asylum seekers affected by demolitions in main cities through provision of protection and assistance, including psychosocial support • Self reliance and livelihoods improved	1,000	**Total** 150k **Repurposed** 0 **Gap** 150k
	UNHCR Education	**Protection and assistance to refugees and asylum seekers** Population has optimal access to education	• Construction of additional classrooms for refugees and asylum seekers to reduce overcrowding in school • IPC measure in school in teh refugee camps and host community	3,500	**Total** 346k **Repurposed** 0 **Gap** 346k
	UNHCR Migrant / refugee & asylum seekers Protection and Assistance	**Protection and assistance to refugees and asylum seekers** Access to the territory improved and risk of refoulement reduced	• Strengthen IPC measures at PoE • Advocasy to reduce risk if refoulement at PoE	1,500	**Total** 20k **Repurposed** 0 **Gap** 20k

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
	UNFPA Protecting People / GBV	**Strengthening community resilience to prevent and mitigate against Gender Based Violence** • To build community capacity to prevent and mitigate against Gender Based Violence • Improve access to availability of Gender Based Violence services • To create an enabling environment for women,, girls, men and boys that transforms harmful practises and norms that perpetuate Gender Based Violence • Strengthen health systems response for Gender Based Violence.	• Strengthening data collection and coordination for Gender Based Violence Address barriers impeding women, girls and people with disabilities to access GBV service by providing virtual services where possible, mobile GBV services, safe spaces, shelters and transport services for survivors. • Procure and equip GBV service provision centres with dignity kits to ensure access to menstrual and hygiene for women, girls and people with disabilities. • Continuously review and adapt modalities for GBV case management including remote assistance, reinforce staffing for GBV hotlines. UNFPA is also considering integrating urgent cash assistance interventions for women and girls at risk and GBV services into case management programmes. • Training and capacity development of community GBV champions on GBV (based on the GBV pocket guide) to ensure understanding of their roles and responsibilities and on protection monitoring. • Update referral pathways and disseminate to all sectors. Constantly share updated information on available GBV service including in disability accessible formats. • Develop prevention messages focussing on intimate partner violence, sexual exploitation and other GBV risks in the country, including in disability accessible formats. Ensure regular contextualised information is developed and disseminated in a manner that is accessible to women, girls and people with disabilities, and that addresses the needs, priorities and concerns of women, girls and people with disabilities concerning COVID-19. • Strengthening coordination and Setting up and supporting accessible and two-way communication as well as safe, accessible and responsive community-based feedback and complaint mechanisms for GBV and SEA. • Promote the integration of GBV risks mitigation actions (as outlined in the Inter-Agency Standing Committee GBV guidelines) in the interventions related to COVID-19 implemented by other sectors(clusters). In particular, it is important to ensure that GBV risk mitigation measures are in place in quarantine facilities. • Deliberate targeting of male perpetrators and boys –transforming negative male masculinities	Women, girls , men and boys, including women and girls with disabilities	**Total** 3.75mil **Repurposed** 262.5k **Gap** 3.49mil
	UNICEF (and with cluster/ sector partners) Child Protection	**Child protection service provision** Strengthen the continued delivery of Violence Aginst Children (VAC) prevention and response services.	• Strengthen the capacity of social welfare workforce at the district and community level to deliver quality VAC and GBV services. (Case Identification, assessments, referrals (including child justice services and emergency health support), Family Tracing and Reunification, provision of MHPSS services including in Quarantine Centres and parenting/caregiver support to achieve wellness and prevengtion of VAC). • Training of Child Protection Actors (formal and community based) on PSEA. • Support Coordination in the provision of VAC services through the Child Protection Work Group Sub-Cluster.	35,000	**Total** 14.8mil **Repurposed** 1.9mil **Gap** 12.9mil

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
	UNICEF Education	**COVID 19 preparedness and response in education** • Children, teachers, parents and community members are aware of and conduct their behaviours based on key infection prevention control (IPC) information and standards issued by appropriate authorities • Children continue learning and accessing alternative quality education resources at home during school closures and gradual re-opening of schools, especially those in rural, hard-to-reach, areas with challenging digital connectivity • To ensure Schools' safe reopening for all learners, including children with disabilities, to prevent COVID-19 infection within schools • Children have access to adequate, safe nutritious school feeding to continue quality learning and development	• Provide support to the following activities led by MoPSE. • Development and distribution of IEC materials. • Development and dissemination of radio programme. • Development and dissemination of digital education programme. • Distribution of Printed Education Materials. • Development and dissemination of Back-to-School Guidelines. • Provision of safe learning space and improved access to WASH. • Provision of teaching & learning materials, temporary learning space and School Improvement Grant. • Development and provision of remedial and catch-up programme. • Development of Home Grown School Feeding Programme. • Provision of School Nutrition Programme.	2,963,793 students Female: 1,470,832 Male: 1,492,961	**Total** 4.3mil **Repurposed** 800k **Gap** 3.5mil
	UNICEF Nutrition	**Nutrition services** Improve nutrition services for vulnerable groups.	• Scale-up integrated nutrition support, including to the school feeding programme, and to young children (6 to 23 months) and pregnant and lactating women (including those living with HIV) through supplementary food rations and other targeted food security and nutrition assistance. • Intensify advocacy and interpersonal, mid and mass media support to most affected people to support knowledge and practice changes and demand for services related to food and nutrition.	353,000 pregnant and lactating women and children under five	**Total** 4mil **Repurposed** 1.3mil **Gap** 2.7mil
	UNICEF Disability	**Protection services for persons with disabilities** Provide protection services for persons with disabilities	• Prevention and response to violence against children living with disabilities. • Advocacy and technical support in the development of the disability related legislation and policies- Persons with disabilities Bill and National Disability Policy) • Institutional strengthening of the newly instituted Department of Disability Affairs in the Ministry of Public Service Labour and Social Welfare.	20,000 (Social Norms Change, Parenting Justice, Places of Safety, Social Protection Intervention, MHPSS, Birth Registration)	**Total** 2mil **Repurposed** 200k **Gap** 1.8mil

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
	UNICEF GBV	**GBV service provision** To provide key GBV services to vulnerable women and children	• Support GBV service delivery scale-up for women, girls, people with disabilities, people living with HIV, and scale-up of virtual services (where possible) as well as mobile GBV services, including strengthening referral pathways. • Build capacity of staff across sectors, communities, and teachers to play a role in safely identifying, referring, and mitigating against GBV risk. • Integrate strategic and fiscal approaches to address GBV in national COVID-19 policy frameworks.	15,000 children	**Total** 2.8mil **Repurposed** 700k **Gap** 2.1mil
	UNICEF Social protection	**Social protection service provision** To provide social protection services to families, with an emphasis on vulnerable women and children	• Strengthened planning, targeting and delivery of scaled-up programmatic assistance with a specific focus on the most vulnerable people, including young children, pregnant and lactating women, persons with disability, people living with HIV, migrants, refugees and internally displaced persons and the elderly. • Social protection systems strengthening, including programme review and assessment; revitalising the National Social Protection Steering Committee and updating of the National Social Protection Policy Framework; • Providing technical assistance to enhance Ministry capacity; and supporting social protection management systems, including the development of common core design features (e.g. targeting, enrolment, payments, grievance mechanisms, monitoring and evaluation, etc.) and enhancing their inter-operability with other sectoral systems. • Develop a sustainable financing plan for the social protection sector	Households below food poverty and those with other underlying vulnerabilities (6 million individuals estimated to be below food poverty line)	**Total** 3mil **Repurposed** 95k **Gap** 2.91mil
	International Organization for **Migration (IOM)** Migrant Protection and Assistance	**Assuring a Rights-Based Approach to COVID-19 Responses For Migrants, IDPs and Returnees** To ensure that migrants, IDPs and returnees' needs are addressed in COVID-19 responses, in order to protect their rights, to promote livelihood, to avoid fueling xenophobia, and placing additional burden on society as a whole.	• Monitor, document and report COVID-19 related human rights violations against migrants and mobile population, by officials capacity, acts of physical violence, and partisan access to vital resources and supports (e.g. medical care, access to water and food distribution); • Strenghten existing protection mechanisms and social services, including cross-border mechanisms on referral, to identify and support migrants, IDPs, and returnees; • Support the development of operational guidance and assistance for ongoing emergency consular and visa issuance activities; • 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.	4500 migrants including returnees, host communities and vulnerable population in Zimbabwe.	**Total** 17.25mil **Repurposed** 500k **Gap** 16.75mil

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
	WFP Food Security and Nutrition	**Enhance resilience in the context of the Covid-19 pandemic** Improve resilience among food-insecure households	• WFP will undertake nutrition-sensitive resilience building complementary activities targeting the households assisted through the lean season assistance programme	Vulnerable food-insecure households	**Total** 5.9mil **Repurposed** 1.2mil **Gap** 4.7mil
	WFP Social Protection	**School feeding** Improve food and nutrition security for vulnerable groups.	• WFP will undertake school feeding activities and water source development	Children attending schools	**Total** 2.3mil **Repurposed** 300k **Gap** 2mil
	FAO Agriculture	**Zimbabwe Idai Recovery Project** COVID 19 Response for cyclone Idai affected populations	• Provision of crop and livestock inputs (maize, sorghumcowpeas seed, supplementary stock feed), dipping chemicals rehabilitation of livestock infrastructure	280,000	**Total** 2.5mil **Repurposed** 300k **Gap** 2.2mil
	FAO Agriculture	**Support to farming communities at risk of being impacted by COVID 19 in Zimbabwe** Improved food security and resilience for rural households in IPC Phase 4 and affected by COVID-19	• Distribution of crop and livestock inputs (seeds, stock feed)	16,300	**Total** 4mil **Repurposed** 0 **Gap** 4mil
	FAO Agriculture	**Emergency Response to drought affected farmers in Zimbabwe** Improve food and nutrition security of drought affected food insecure small-holder farming households	• Distribution of crop and livestock inputs (vegetable seeds, watering cans and Stock feed)	50,000	**Total** 1mil **Repurposed** 0 **Gap** 1mil
				Pillar 2 total	**182.75 million**

Pillar 3: Protecting Jobs, SME & Informal Sector Workers

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
				Pillar 3 total	**39.25 million**
2.1	**UNESCO** Protecting Jobs, SME & informal sector workers / Youth Social Innovation	**Supporting, upscaling, and sustaining Youth's Social Innovation in Building Back Better after the COVID-19** To strenthen the skills and partnership building capacities of Youth organsations in piloting and scaling up social innovations initiatives that could lead to self-employment and community benefits in COVID-19 recovery.	• Modeling youth's social innovations in respnse to COVID-19 on a e-platform and building youth networks • Advocacy for partnership building with the national authorities and the private sector, for upscaling and investment • Suppor 2 Innovation Hubs in national Universities to become incubation entres for youth organisations	• Youth • Youth organisaitons • Policy-makers • Students and Faculties of National Universities and Innovation Hubs • COVID-19 Task Force • Media • Persons with disabilities.	**Total** 1mil **Repurposed** 0 **Gap** 1mil
2.2	**UNIDO** Manufacturing (Industrial - processing) Sector	**Assessing the impact of COVID 19 pandemic on Zimbabwe's Industry and stakeholder engagement for responsive strategy/policies**	• Fundraising • Undertake rapid survey • Undertake stakeholder engagement for informed strategy recommendations	Teachers and Learners	**Total** 50k **Repuposed** 0 **Gap** 50k
	UNIDO Manufacturing Sector (Health: production of medicines and medical supplies)	**Boosting local production of medicines and mediacl supplies for COVID 19 and related pandemics (HIV/AIDS, TB & Malaria)**	• Fundraising • Adjusting the Pharma Sector project to include COVID 19 and produciton of supplies • Project implementation	Nationwide (15m +)	**Total** 4.7mil **Repurposed** 0 **Gap** 4.7mil
	UNIDO Manufacturing Sector (Informal clothing and leather manufacturing sectors)	**Improved job retention and livelihoods for Women/youths in targetted informal clothing and leather manufacturing clusters in Zim**.	• Project scoping • Selection of project partners - both public & private sector • Project development • Project implementation	5.000 informal sector businesses employing approximately 20,000 persons	**Total** 4mil **Repurposed** 0 **Gap** 4mil

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
	ILO Protecting Jobs, SME & informal sector workers/Promote and support social dialogue	**Labour Market Governance** Promote and support social dialogue	• Support establishment of Independent TNF Secretariat • Strengthen TNF technical capacity and influence by setting up of working groups, research and a communication strategy	Government, Employers and Workers and their organisations	**Total** 1.5mil **Repurposed** 0 **Gap** 1.5mil
	UNFPA/UNESCO Protecting Jobs, SME & informal sector workers	**To protect workers, prevent discrimination and exclusion**	• Install mechanisms to prevent PSEA and sexual harassment at the workplace in all activities being implemented under the economic recovery group • Facilitating the employment, job retention and return-to-work including for persons with disabilities • Explore and/or scale-up partnerships with networks of People Living with HIV (PLHIV) in developing PLHIV specific needs during recovery • Increase capacity of workers and employers organizations to strengthen policies and strategies to promote and ensure equal opportunities, participation and treatment between women and men	• Workers • PWDs • PLHIV • DPOs • Employers and Workers Organisations	**Total** 1mil **Repurposed** 0 **Gap** 1mil
	UNESCO/ILO Protecting Jobs, SME & informal sector workers / Disabilities, TVET and employment	Ending stigma and discrimination, breaking the cycle of poverty and marginalization of Persons with Disabilities	• Supporting the access of persons with disabilities to TVET and internship programmes, to improve their professional skills • Systematizing (Self-)Advocacy to deconstruct myths and stereotypes on “Un-productive” persons with disabilities • Institutionalizing procedures and mechanisms to allow peer-learning and need-matching between TVET institutions and Employers	• Persons with disabilities • TVET Institutions • DPOs	**Total** 500k **Repurposed** 0 **Gap** 500k
	UN Women Protecting Jobs, SME & informal sector workers	**Strengthening resiliance of women market vendors to COVID-19 through safe markets** To create safe and conducive working environment for women vendors through setting up of appropriate , gender sensitive infrastracture To strengthen resiliance and improve economic security of women market vendors To increase voice and agency of women market vendors in local level development and markets	• Support the establishment of gender sensitive safe markets to provide an enabling business environment in mass markets/vending sites • Construction gender sensitive markert infrastructure that faciliate reduction in risk disease transimission and violence aganisnt women • Economic empowerment of market vendors through expanding their economic opportunties. • Increase voice and agency of women market vendors by faciliating inclusing and effective representation of women in local level development and decision making structures in the market places	Women informal traders and entreprenurs	**Total** 1.5mil **Repurposed** 0 **Gap** 1.5mil

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
	UN Women Protecting Jobs, SME & informal sector workers / Youth Social Innovation	**Protecting women in the world of work** Protecting and preventing female from exclusion	• Strengthening social and economic safety net programmes – where possible to consider cash transfers, paid sick leave, subsidized health service coverage, financial risk protection for households and individuals without health insurance. • Expanded social safety net programmes to include most vulnerable i.e female-headed households, women and young people pre-disposed to risks and vulnerabilities of job loss, reduced wages, limited financial inclusion and savings, persons with disabilities and pre-existing conditions. • Provide policy guidance on reduction of burden of unpaid care work, and promotion of women economic empowerment • Other economic support actions include governments incentives to ensure sufficient food reserves of basic foods items to safeguard food security and nutritional status of the population • Operationalize Statutory Instrument 50 of 2018 which provides for the establishment by the Authority of the following three voluntary schemes for the informal sector - Pension, Survivors, invalidity and funeral benefits, Health Insurance and Maternity protection	Women in the world of work	**Total** 500k **Repurposed** 0 **Gap** 500k
	ITC Protecting Jobs, SME & informal sector workers	**Market Access and Linkages Project** To increase competitiveness of enterprises as well as market linkages while strengthening also the local sector, business, trade and investment support Institutions.	• Technical assistance to MSMEs in key selected value chains for access to finance towards revitalizing their cash flow through adapting their business plans and connecting them to relevant sources of finance and capital / investment • Provide technical assistance in areas of quality compliance, packaging and branding. Support MSMEs in accessing local and regional markets for selected Agri-food value chains in order to save jobs while at the same time ensuring food security • Identify market outlets for and support women-owned enterprises and youth-owned enterprises through, for example, mainstreaming gender in public contracts for the provision of specific goods and services • Strengthening Trade and Investment Support Institutions (TISIs)(including selected sector associations) through building institutional managerial/ operational capacity of TISIs for delivering effective trade and investment support services in the targeted value chains for MSMEs who are at the moment clients in severe distress	• 100 enterprises • 15 Institutions	**Total** 2.5mil **Repurposed** 0 **Gap** 2.5mil
	FAO Protecting Jobs, SME & informal sector workers	**Zimbabwe Livelihoods and Food Security Programme** Repurse current support to respond to COVID-19 pandemic	• Provision of PPE and communication of COVID-19 messages to communities through ICT Platforms • Policy Support to MLAWRR on building resilience food supply chain in response to COVID-19 including digitalisation of permits and grain markets • WASH interventions i.e. Borehole drilling and rehabilitation including portable water supply	Rural Farmers	**Total** 500k **Repurposed** 0 **Gap** 500k

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
	FAO Protecting Jobs, SME & informal sector workers	**Provision of post-harvest technologies (metal silos, improved granaries and hermetic bags)** Reduce postharvest losses	• Provide household with metallic silos/improved granaries and training on their maintenance • Provide hermetic grain bags for grain storage to vulnerable households	Rural Households	**Total** 100k **Repurposed** 0 **Gap** 100k
	UNFPA Protecting Jobs, SME & informal sector workers / Youth economic and entrepreneurship empowerment	**Youth life skill and economic empowerment** To promote good sexual and reproductive health with a focus on adolescent girls and young women through establishing economic development, promoting skills development and youth economic empowerment for self-employment	• Integrated SRHR/HIV/GBV life skills empowerment for vulnerable youth Vocational training for vulnerable youth in the fields of ICT, dress making, leather work, catering and cake baking, and interior decoration in collaboration with City of Harare Vocational Training Centers • Provide career guidance, entrepreneurship training and other capacity building workshops	Young people	**Total** 100k **Repurposed** 0 **Gap** 100k
	UNESCO Protecting Jobs, SME & informal sector workers/Support to re-build a sustainable Eco and Cultural tourism sector:	**Interactive Museums Online Zimbabwe** Digitization of Cultural Content in Zimbabwe, Mapping Digital Cultural Heritage through online Museums	• Training for upskilling and professional development of arts organisations and practitioners, designing programmes to aid the dissemination of creative activities or the presentation of their effects in electronic communication channels, primarily on the Internet. • Support actions for the artists and groups most affected by the suspension of the different activities that are sources of income as well compensation of operational losses and support of new production, and innovations. • Capacity building for the Digitization of Arts and Culture Content to support arts and cultural institutions, organizations and practitioners to present works digitally, offer new experiences for audiences, and create new economic opportunities	National Museums and Galleries in Zimbabwe	**Total** 10mil **Repurposed** 0 **Gap** 10mil
	UNESCO Protecting Jobs, SME & informal sector workers / Creative Cultural Industries and Artists	**Harnessing Zimbabwe's Culture and Creative Industry as a lever in curbing the spread of COVID19** Utilizing the skills set and expertise of the culture and creative industry in Zimbabwe to support the country's response to the spread of COVID19 in local communities	• Building on current activities being implemented by the Ministry of Youth, Sports, Arts and Culture through their platform United Partnership of Artists and Artisans in Zimbabwe (UPAZIM) • Leveraging on the skills of artists and artisans in building awareness on COVID19 for community outreach • Repurposing skills of the textile industry specifically from fashion to producing protective clothing for the under-privileged communities and community hospitals.	• Creative and Cultural Artisans and Artists (including music, art, film) • Textile Industry	**Total** 7.5mil **Repurposed** 0 **Gap** 7.5mil

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
	UNDP Protecting Jobs, SME & informal sector workers / Youth economic and entrepreneurship empowerment	**Youth Connekt Zimbabwe** To contribute to the realization of the demographic dividend by providing youth with skills for employment, job creation and enterprise.	• Grant-scheme for innovative business proposal of young people in both rural and urban settings • Continued investment in youth business regardless of sector, to strengthen economic outcomes and ultimate collective prosperity of the nation from increased local production. • Promote innovation and support youth businesses with linkages and skills to participate in export market • Facilitate the setting up of co-working spaces for young entrepreneurs to facilitate access to markets, resources including IT equipment & software and entrepreneurship training • Support, scale-up, and sustain existing youth's social innovation initiatives to turn them into viable economic models.	Youth Nationally	**Total** 450k **Repurposed** 0 **Gap** 450k
	UNDP Protecting Jobs, SME & informal sector workers	**Establishment and operationalization of resilient food supply chains that are safe and fully functional during the Covid-19 outbreak and beyond**	• Safe markets: Safe market infrastructure that complies with Covid-19 and other infectious diseases. Establish occupational safety and health (OSH) management systems at markets to prevent and mitigate COVID-19. • Market Reorganisation: A decongested supply system that has a sufficiently aggregated product supply for easy logistics and storage and fully decentralised marketing systems that serves consumers in high density areas, rapidly urbanizing towns and growth points. • Institutional Capacity: Enabling policy framework and capacitated institutions responsible for administration, regulating and monitoring food supply systems in place. • Inclusive E-solutions for safe markets: A robust and functional e-platform for coordinating supply, demand and distribution. Co-creation of innovative local financing models e.g. provision of credit guarantees to informal economy entrepreneurs through rotating savings and credit associations (ROSCAs), locally known as Mikando	The informal sector in the four provinces listed below	**Total** 1.5mil **Repurposed** 500k **Gap** 1mil

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
	UNDP Protecting Jobs, SME & informal sector workers	**Enhanced Climate Action, Environment and Biodiversity** Addressing the impact of climate change and promoting green economy	• The revised NDC and the LEDS should be enhanced under the Climate Promise to include the Health sector. • Support the development of the National Energy Efficiency Policy and Minimum Energy Performance standards for the country • Conduct a circular economy technical and feasibility assessment with a focus on Waste Management, Energy and Agriculture sectors to inform the new (green) economy for the long term • Accelerate climate action under COVID recovery and renewable energy based sustainable water supply for household use. • Upscale the deployment of Climate Smart Packages in selected most vulnerable communities • Supporting distributed energy generation in poorer communities for domestic and productive use as well as creating jobs for the poor in renewable energy. • This could focus on women or youth lead renewable energy enterprises. • Advocate for and support low-carbon investments in transport and energy which can deliver more jobs per dollar spent than fossil fuels; seizing these investments can accelerate the transition. • Invest in technologies (e.g. drones) for surveillance of the Parks estate and other protected areas. • Reduction in inbound tourist post COVID require stimulation of domestic tourism and diversification of livelihoods in tourism dependent communities.	Nationally	**Total** 2.35mil **Repurposed** 350k **Gap** 2mil
				Pillar 3 total	**39.25 million**

Pillar 4: Social Cohesion & Community Resilience

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
				Pillar 4 total	**27.55 million**
	UNDP Social Cohesion	**Deepening foundations for Peace, Dialogue, Human Rights and Social Cohesion in Zimbabwe** To strengthen conflict prevention, promote good goverance, peace and access to justice for all.	• Facilitate citizen engagement in the 'National Development Strategy' development process with emphasis on promoting the meaningful engagement of women and youth and other marginalized groups. • Improve dispute resolution services and social protection systems design in marginalized and at-risk communities. • Support the National Peace and Reconciliation Commission to partner with State institutions, CSOs, FBOs, Women and Youth Organisations in the implementation of its 5-year strategic plan- National healing and reconciliation strategy. • Promote Inter-Party Political Dialogues, accountability and access to Justice.	National	**Total** 3.5mil **Repurposed** 500k **Gap** 3mil
	UNDP Community Resilience	**Building resilience of the vulnerable rural and urban communities** • To build evidence for improvin the policy environment and stimulate service provision to enhance household and community resilience. • To strengten absorptive, adaptive and transformative capacities of targeted vulnerable rural and urban communities improved.	• Promotion of appropriate agricultural practices (for crops and livestock) and improved seeds. • Scale up linkages to markets, food value chain and links with the private sector, particularly for those most left behind. • Scale up micro-enterprise, market infrastructure, rural-rural and rural-urban linkages (including food supply chain) with attention to young entrepreneurs, women and youth social innovation.	• 900k rural (at least 25% women) • 660k urban (at least 25% women)	**Total** 11.72mil **Repurposed** 7.2ml **Gap** 4.52mil
	UN Women Social Cohesion and Community Resilience	**Strengthening capacities for gender, peace, social cohesion and community resilience in Zimbabwe** Strengthen accountability and build trust through engagement with security sector & communities	• Facilitate compliance of human rights standards and principles on gender and peacebuilding, developing and operationalising accountability mechanisms, strengthen gender responsive role of Chapter 12 institutions, strengthen of social cohesion in communities and empowerment of vulnerable groups especially women and persons with disabilities through improved agency, leadership and capacity building	10,000 direct and indirect	**Total** 1.5mil **Repurposed** 0 **Gap** 1.5mil

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
	UNESCO Social Cohesion	**Promoting positive masculinities and advancing the rigths of girls and women with disabilities in COVID-19 Recovery.** To change the social norms and mindsets on gender norms and disability when rebuilding back better after COVID-19.	• Initiate Gender Studies in 2 national Universities, aimed at training students on gender norms and positive maculinities. • Promote exchange of practices and experiences on Gender Studies between the Southern African countries (South Africa, Botswana, Namibia), and articulate the interface between universities and CSOs on Gender Equality advocacy. • Support girls and women with disabilities to strengthen their advocacy and social movements claiming for their rights and inclusion in the recovery programmes.	• Policy-makers • Students and Faculties of National Universities • COVID-19 Task Force • Media • Persons with disabilities • Girls and women with disabilities • Organsations of Persons with Disabilities • Healthcare professionals • Human rights advisors	**Total** 1.5mil **Repurposed** 0 **Gap** 1.5mil
	UNESCO Social Cohesion & Community Resilience / Human Rights and Ethics	**Strenthening the Ethics and Bioethics Infrastructures of Zimbabwe for a human rights-based recovery and prevention.** To advise the national stakeholders on complex ethical dimensions of pandemics, and bioethics issues.	• Set up a National Ethics/Bioethics Committee (NBC) – either as a standalone institution or under existing institutions such as the Zimbabwe Human Rights Commission, or the Task Force on COVID-19. • Train the national institutions on the standard of work and provision for an independant NBC. • Organise capacity-building interventions to develop national expertise on policy advice in relation to complex ethical dimensions of prevention, access to cure, contact tracing, community engagement, and scientific research, in the different phases of recovery. • Conduct public sensitisation and debates on the important and relevance of ethics and bioethics in a modern society.	• Policy-makers • Human Rights Advisors and ZHRC • COVID-19 Task Force • Media • Ethicists; Persons with disabilities • Girls and women with disabilities • Healthcare professionals.	**Total** 800k **Repurposed** 0 **Gap** 800k
	UNESCO Social Cohesion & Community Resilience / RCCE	**Media for an Inclusive COVID-19 Recovery** To train the media professionals on inclusive, transparent, and evidence-based RCCE	• Train the Media houses and professionals and journslists on inclusive, transparent, and evidence-based RCCE • Train the national stakeholders and institutions on efficient and transparent communicaiton with the media on pandemic and recovery operations • Conduct national campaigns on the importance and the technics of fact-checking for reliable communication • Faciliate a systematic dialogue between the COVID-19 Task Force and the Media on the recovery efforts and programmes • Facilitate and support RCCE operations at the community level, to be inclusive and participatory with all relevant actors (DPOs, women organisations, local authorities, community radios, etc.)	• Media houses and professionals • Journslists • Minsitry of Information; Policy-makers • COVID-19 Task Force	**Total** 1.5mil **Repurposed** 0 **Gap** 1.5mil

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
	WFP Enhanced community resilience	**Enhance resilience and food-security of urban populations** Strengthen urban resilience of communities by improving their food-security and resilience to economic and climate shocks through a community-led approach of capacity building, livelihoods promotion, and socio-economic empowerment	WFP undertakes urban resilience building activities	Vulnerable food-insecure urban households	**Total** 4.5mil **Repurposed** 0 **Gap** 4.5mil
	WFP Enhanced community resilience	**Improved resilience of vulnerable households and communities** Increased capacities of communities to respond to shocks and stresses by enhancing the households food-security status and improving natural resource base in the context of Covid-19.	WFP undertakes food assistance for asset creation activities	Vulnerable food-insecure households and communities	**Total** 3.8mil **Repurposed** 0 **Gap** 3.8mil
	WFP Enhanced community resilience	**Improve food-security and risk management approaches to climate shocks in the context of Covid-19** Protect communities against major shocks and risks such as drought, increase households capacity against those shocks, diversify income, and build a financial base through microcredit and savings.	• WFP supports a weather index insurance cover for targeted communities that incentivizes them to engage in high-risk high-return investments • Facilitate creation of Village Savings and Loans (VSLs) groups and access to small micro credit for IGAs from their VSLs with the aim of increasing productivity and income • Promote conservation agriculture practices, support to accessing markets for Smallholder farmers.	Vulnerable rural households and smallholder farmers	0
				Pillar 4 total	**27.55 million**

Pillar 5: Addressing Gender Equalities

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
				Pillar 4 total	**6.24 million**
	UN Women Economic sector	**Addressing gender inequalities in the economic sector** Addressing gender inequalities in the economic sector	• Production of national gender profile; time use survey to measure burden of unpaid care work • Engaging financial sector for gender inclusive policies and innovative financing for women • Promoting advocacy and communications on social norms and sharing the burden of unpaid care work • Supporting a gender review of public procurement policy and law to ensure benefit by women owned enterprises	Women and girls financial institutions	**Total** 1.8mil **Repurposed** 0 **Gap** 1.8mil
	UN Women Health	**Impact of COVID-19 on women's health** To strengthen and ensure a gender responsive health sector response to COVID-19; increase women's agency and address socio-economic determinants of health	• Gender analysis of the impact of COVID-19 • Provision of gender sensitive PPEs and psychosocial support for health workers and frontline responders and targeted support to reduce the burden of unpaid home-based care work	Women and girls facing intersecting forms of discrimination and 10% of female health workers and first line responders	**Total** 2.35mil **Repurposed** 0 **Gap** 2.35mil
	UN Women Security sector	**Ensuring women's safety and security in a time of crisis: case of COVID-19** Addressing socio-economic private and public safety and security challenges for women; strengthening meaningful participation of women and girls as community stakeholders and agents of change of communities including organisations and local authorities.	• Scaling up and expanding the work on safe markets; supporting CSOs to promote access to justice for women through flexible funding • Supporting women-led community processes and mechanisms for conflict resolution and peacebuilding in all provinces and supporting community-based initiatives by traditional and religious leaders to ensure safety and security of women and other marginalised groups • Advocacy and media campaigns to cover personal security • Scale up support to Chapter 12 Commissions to promote and protect safety and security of women.	100 000 direct and indirect beneficiaries	**Total** 2.085mil **Repurposed** 0 **Gap** 2.085mil

No.	**Agency** Sector	**Project** Objectives	Activities	Target	Budget (USD)
	UN Women Leadership and Decision-making	**Strengthening Women's leadership and participation across all sectors and at all levels for a transformative response to COVID-19** To support and ensure women's participation, leadership and decision-making in the planning, response, and recovery efforts across all sectors and at all levels; addressing gender inequalities in the national response, as a potentially transformative approach and strategy in managing emergencies, recovery and resilience efforts	• Strengthen the capacity and resilience of women's organizations, gender activists, women leaders, and decision-makers to engage and participate in the COVID-19 national, subnational and community level responses • Create an enabling environment for women's leadership and decision-making – facilitating participation and creating platforms for women to engage.	200 policy makers and stakeholders and 5 Financial Institutions	**Total** 2.95mil **Repurposed** 0 **Gap** 2.09mil

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NATIONS
ZIMBABWE

United Nations in Zimbabwe
Resident Coordinator's Office
Block 10, Arundel Office Park, Mt. Pleasant,
Harare, Zimbabwe

+263 242 33 88 36 - 44
www.zimbabwe.un.org