HUMANITARIAN RESPONSE PLAN
ZIMBABWE

HUMANITARIAN PROGRAMME CYCLE
2021

FEBRUARY 2021

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Overview of Severity, People in Need & Targeted

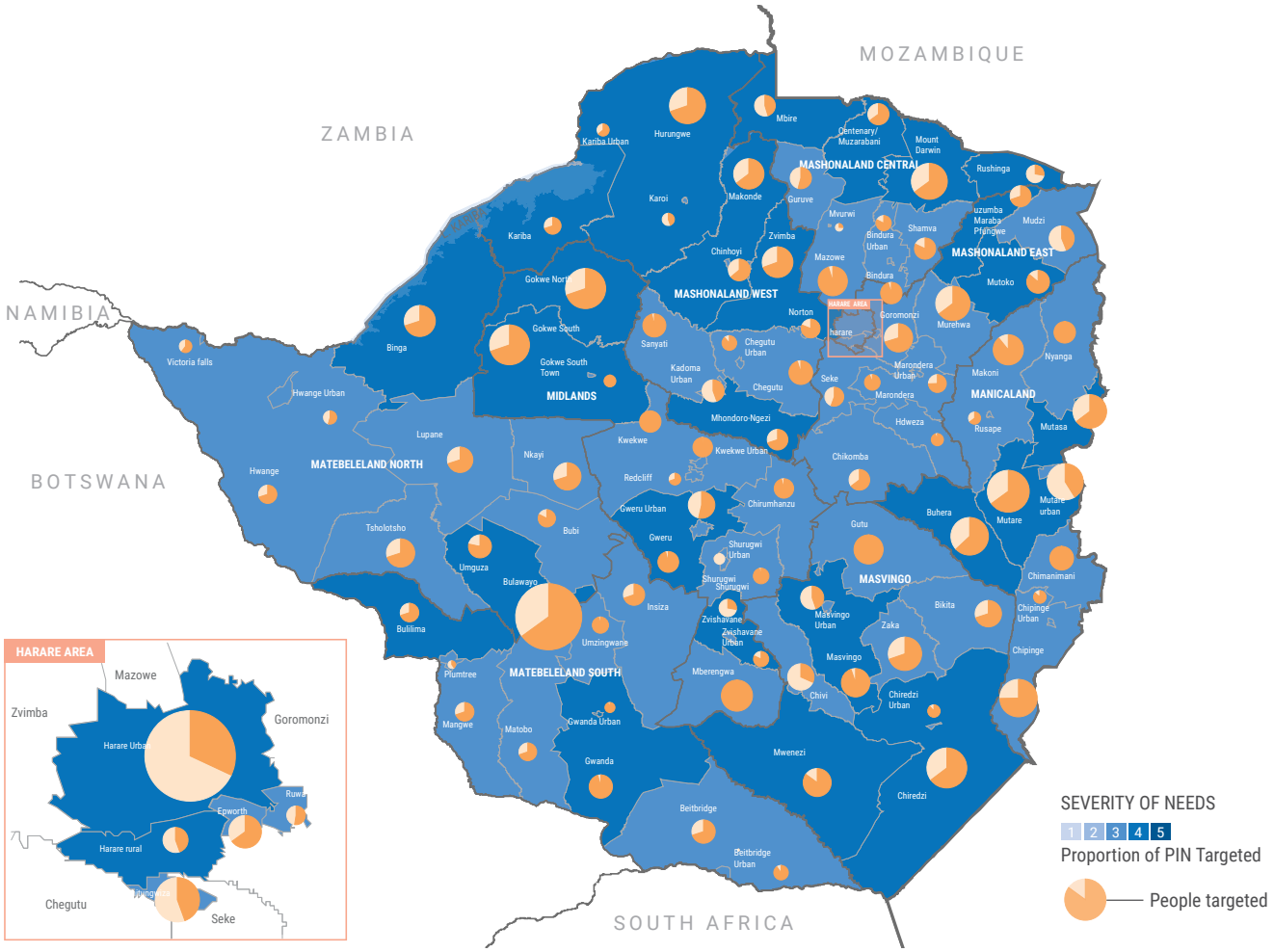

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PHOTO ON COVER

A woman uses a megaphone during a community outreach on COVID-19 prevention as part of a week-long mask-up campaign in Chitungwiza, Harare. Photo: WHO

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Joint Foreword by the Minister of Local Government and Public Works and the Humanitarian Coordinator

As Zimbabwe enters 2021, climatic shocks, economic challenges and the COVID-19 pandemic and containment measures have left an estimated 6.8 million people in need of humanitarian assistance.

While 2020 began with prospects of a better harvest due to improved rainfall, the COVID-19 pandemic and associated containment measures in March 2020, had major consequences for the most vulnerable people across the country. In rural areas, the restrictions imposed to halt the pandemic impacted critical livelihoods, such as casual labour, the selling of livestock, and remittances and the suspension of school feeding exacerbated nutrition and protection challenges faced by children, especially in remote locations. In densely populated urban areas, people—who are used to buying essential items from daily earnings—faced sharp price increases. As economic pressures rose, so did family tensions and other risks, with women reporting a rise in gender-based violence and concerns regarding children's wellbeing. Health services, which were already stretched prior to the arrival of COVID-19 have been further strained.

In 2020, with the generous support of donors, who contributed nearly US$212 million to the humanitarian response, partners were able to reach close to 4.2 million women, men and children with critical and life-saving interventions by the end of November, in support of the Government-led response: nearly 4.1 million people received food assistance, an estimated 743,000 people were provided with clean water and safe sanitation; 1.5 million people were supported to access essential health services; and over 224,000 boys and girls were covered by child protection services.

Yet, as we enter a new year challenged by a deadly global pandemic, the macroeconomic situation and widespread flooding, much more must be done to assist people in need across the country. In June 2020, the Government introduced a market-driven foreign exchange auction system which assisted in the stabilization of the local currency and helped bring about a marked stabilization of prices for goods and services. In 2021, the Government plans to provide food assistance to at least 5.5 million people. The food security situation is, however, likely to improve given the prospects of the 2020/2021 season.

Recognizing the breadth and depth of humanitarian needs in Zimbabwe, this Humanitarian Response Plan has been robustly prioritized to meet the most urgent life-saving and life-sustaining needs of people in both rural and urban areas, in complement to the Government's response. It responds to the unique needs of women, men, boys and girls, as well as older people, people living with disabilities and people living with HIV. The plan is evidence-based and principled, with the response strictly targeted, based on needs, to assist and protect the most vulnerable people. Humanitarian partners have made all efforts to ensure value-for-money, with full accountability to people affected.

If fully funded, this plan will provide urgently needed relief and respite to people facing dire circumstances across the country. As humanitarian partners and Government strive to save and sustain lives and livelihoods, development partners continue to complement Government's efforts in addressing the root causes of vulnerability. We therefore implore the international community to support Zimbabweans at this critical juncture.

Hon. July Moyo
Minister of Local Government and Public Works

Maria Ribeiro
United Nations Resident & Humanitarian Coordinator for Zimbabwe

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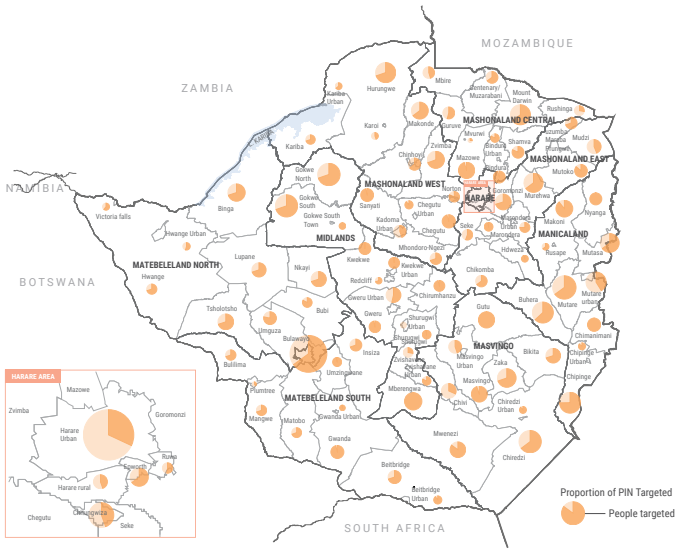
Response Plan At a Glance

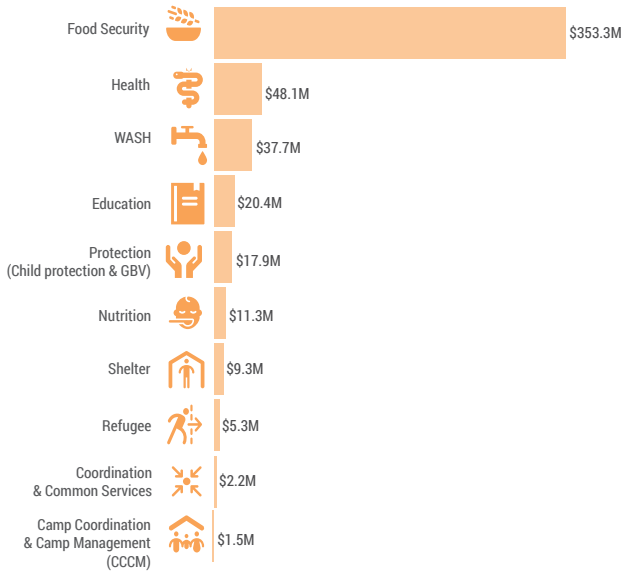
PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	OPERATIONAL PARTNERS
6.8M	4.5M	$507M	44

WOMEN & GIRLS	CHILDREN	WITH DISABILITY	WITH HIV (15-45YEARS)
56%	41%	7%	12.8%

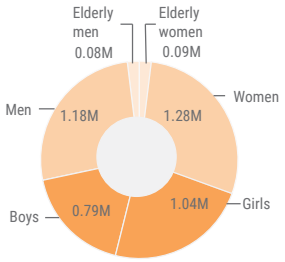
Proportion of People in Need Targeted by District



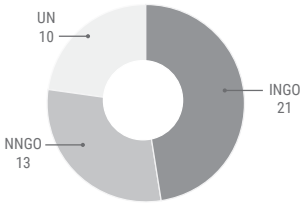
Financial Requirements by Cluster *(in millions US$)*



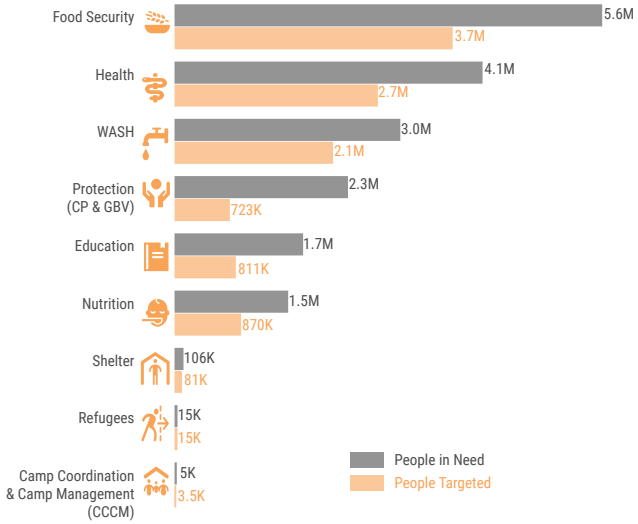
People Targeted by Gender and Age



Operational Partners by Type



People in Need and Targeted by Clusters



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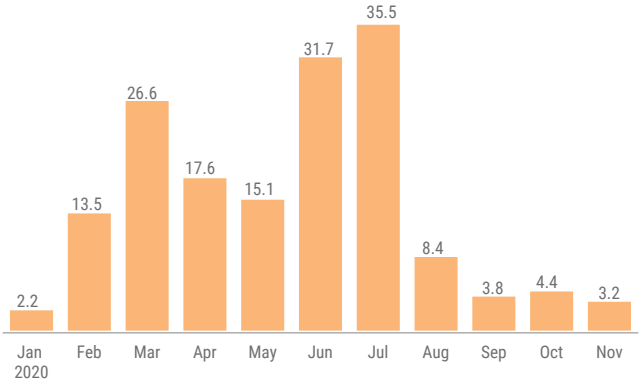
Crisis Context and Impact

In 2021, 6.8 million people will need humanitarian assistance in Zimbabwe[1], primarily due to climatic shocks and prevailing macro-economic challenges, compounded by the COVID-19 pandemic. Over the past year, the cost of basic commodities has significantly increased. Extreme poverty levels—using the national poverty line of purchasing power parity (PPP) US$1.8 per day—are projected to have risen to 50 percent of people (8 million) in 2020, up from 42 percent (6.6 million people) in 2019, according to the World Bank. Women, who constitute 65 per cent of the informal sector, are disproportionately affected by the prevailing economic environment.

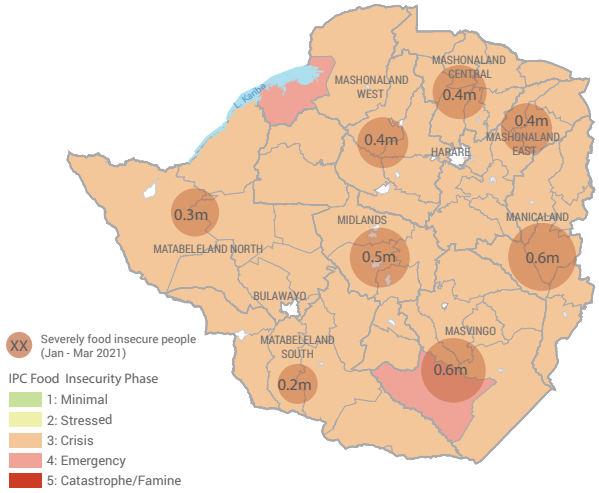
Monthly inflation rate



Source: Reserve bank of Zimbabwe

Following relatively good 2019/2020 seasonal rains, a major scale-up in food assistance, crop production supported through a number of input schemes by Government, including the Pfumvudza/Intwasa program, there was a reduction in severe food insecurity from 2019 to 2020. As a result, nearly 3.4 million people in rural areas are projected to be in need of humanitarian assistance as they will be food insecure (IPC, 2020 Report Phase 3) as was projected for the 2020/2021 lean season (January-March), and 2.3 million people in urban communities are projected to be food insecure in 2021. Households saw an average 51.5 per cent reduction in income sources in 2020 compared to 2019, according to the ZimVAC. An estimated 1.2 million people in IPC Phase 2 (Stressed) would be at least one phase worse were it not for ongoing assistance; it is vital that this assistance be continued throughout the 2020/2021 lean season.

Food Insecurity (Jan- Mar 2021)



Source: IPC Technical Working Group and ZIMVAC

Zimbabwe saw a sharp increase in protection concerns, including gender-based violence, in 2020. From January to September 2020, 5,507 GBV cases were reported through the National GBV Hotline, indicating a 200 per cent increase compared with the same timeframe in 2019. It is critical to support GBV survivors to access essential services.

Children have been uniquely impacted by the prevailing humanitarian situation. Over 4.6 million children lost access to education and referral mechanisms provided in schools, while over 1.7 million children lost access to school feeding programmes. The humanitarian situation in Zimbabwe has caused a decrease in quality dietary habits, while access to nutrition services has been disrupted. Distressed households have reported increased use of negative coping mechanisms including child labour, early marriage and transactional sex, while economic challenges are creating barriers for children's return to education, especially for girls.

> *For a detailed analysis of the humanitarian situation in Zimbabwe, including the data sources used to capture the humanitarian needs, see the 2021 Zimbabwe Humanitarian Needs Overview.*

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Part 1:

Strategic Response Priorities

CHIPINGE DISTRICT, MANICALAND PROVINCE
People receive food aid in Manzwire village in February 2020, as the country was experiencing a severe drought. For two consecutive seasons farmers were hardly able to plant crops.
Photo: UNICEF/Prinsloo

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1.1 Scope & Objectives of Humanitarian Response Plan

The 2021 Humanitarian Response Plan (HRP) for Zimbabwe prioritizes response to the effects of floods, drought, COVID-19-related restrictions and the prevailing economic situation. Building on lessons learned by Government of Zimbabwe and Humanitarian partners from 2020, the 2021 Zimbabwe HRP portfolio of projects has been robustly prioritized to target the most acute life-saving and life-sustaining needs through a two-step process:

- **first, clusters undertook intensive sectoral reviews of planned activities** against the severity of needs and partner capacity;
- **second, clusters came together to review each other's proposals,** ensure that there would be no duplication in planned response activities, promote complementarity and synergies across clusters in tackling critical issues which require action by multiple sectors (e.g. gender-based violence, malnutrition, disease outbreaks etc), and ensure that cross-cutting issues are tackled effectively and collectively, including the centrality of protection, gender-, age- and disability-sensitive response and protection against sexual exploitation and abuse.

Under the 2021 HRP, 44 humanitarian partners will target nearly 4.5 million people with humanitarian assistance across all 60 rural districts and 32 urban centres in Zimbabwe. The highest priority will be given to people facing extreme needs, based on the multisectoral analysis undertaken for the 2021 Zimbabwe Humanitarian Needs Overview:

Under Strategic Objective 1 (Life-Saving) 2.4 million people—out of 2.5 million in need—faced with extreme humanitarian needs will be targeted with life-saving assistance to survive, including due to Emergency food insecurity, severe acute malnutrition, and the risk of maternal mortality (critical health and well-being issues). This includes people in the two districts of Mwenezi and Kariba that will face Emergency (IPC phase 4) food insecurity from January to March 202. People targeted under this Strategic Objective were those identified to be in extreme need (severity 4) through the inter-sectoral analysis carried out for the HNO.

Under Strategic Objective 2 (Life-Sustaining) almost 2.1 million people—out of 4.3 million in need—faced with severe humanitarian needs will be targeted with life-sustaining assistance to counter-act the consequences of drought, COVID-19 and economic challenges (critical living standard issues). This includes people facing Severe (IPC Phase 3) food insecurity, children without access to a Minimum Acceptable Diet, and people facing critical challenges in accessing essential services, including basic healthcare (especially for people living with HIV), appropriate water, sanitation and hygiene (WASH), education, and protection support. It also includes people impacted by Cyclone Idai who are still recovering nearly two years on and refugees and asylum seekers who require international assistance and protection. People targeted under this Strategic Objective were those identified to be in severe need (severity 3) through the inter-sectoral analysis carried out for the HNO.

The needs addressed in this HRP have been identified in consultation with affected communities, with the unique needs of women, men, boys, girls, people living with disabilities and people living with HIV reflected throughout. In accordance with the HNO multisectoral analysis, five groups of people will receive particular attention in the 2021 humanitarian response in Zimbabwe: people in drought-prone areas; people in densely populated urban areas; women and girls (including victims/survivors of gender-based violence); people living with disabilities; and people living with HIV. Protection has been reflected as a cross-cutting issue throughout the development of this plan.

> *For further information on the unique needs of these groups, please see the Zimbabwe Humanitarian Needs Overview pp. 17-19.*

Humanitarian partners require US$507 million to implement the activities contained in this HRP. The reduction in financial requirements from 2020 ($715 million to 2021 ($507 million) reflects the rigorous and inclusive process undertaken to identify the most critical projects for inclusion in the 2021 HRP, rather than a reduction in the scale of the crisis.

The plan is focused on meeting needs that will not be covered by the Government's planned response, which will target approximately 7.8 million people with food assistance in 2021. It also reflects an intensive effort, undertaken in close coordination with development actors, to determine which activities will go into the HRP, versus those that will be incorporated into longer-term development planning frameworks, including the new United Nations Strategic Development Cooperation Framework.

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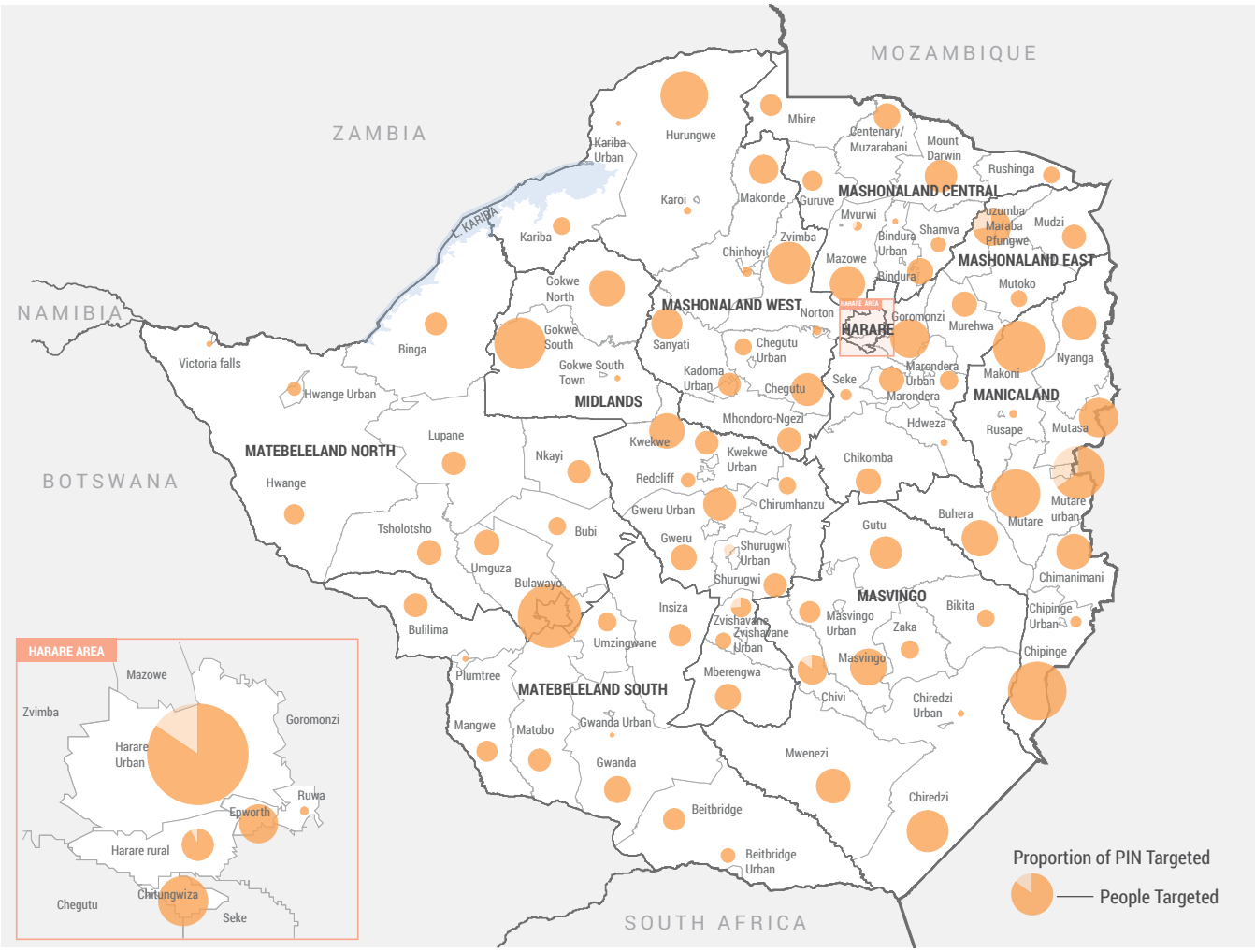
Strategic Objective 1 - Life-Saving

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

This Strategic Objective aims to reduce excess death and disease in Zimbabwe through strictly prioritized multisectoral response in areas where needs are most severe. Under this Strategic Objective, 2.5 million people will be targeted with life-saving interventions by the end- 2021.

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN & GIRLS	CHILDREN	WITH DISABILITY
2.5M	2.4M	56%	41%	7%



Rationale and intended outcome

The inter-locking challenges of drought, floods, COVID-19 and the prevailing economic situation have left an estimated 2.5 million people facing extreme humanitarian needs in Zimbabwe in 2021. The most life-threatening consequences of the situation include: Emergency (IPC phase 4) food insecurity; severe acute malnutrition; heightened exposure to deadly communicable disease outbreaks; and increased risk of maternal mortality.

Under this Strategic Objective, humanitarian partners aim to reduce excess mortality and morbidity in Zimbabwe through strictly prioritized, protection-centred, multisectoral assistance for 2.4 million people. The most pressing priority is humanitarian response to save lives and alleviate suffering during the peak lean season (January to April 2021) and upcoming lean season (October to November 2021). To this end, partners will work to: stabilize the situation of communities in two districts (Mwenezi and Kariba) facing Emergency (IPC phase 4) food insecurity; improve the status of severely acutely malnourished children; and lower the risk of maternal mortality.

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Specific Objectives and Coordinated Response Approaches

Under the life-saving objective the humanitarian community has prioritized three main specific objectives for the response:

Specific Objective 1.1: Reduce the number of people facing Emergency food insecurity (IPC phase 4) by the end of 2021.

An estimated 768,595 people in Zimbabwe will be in Emergency food insecurity (IPC Phase 4) from January to March 2021[2], with Mwenezi and Kariba districts classified as IPC Phase 4. A further 413,000 people in urban areas estimated to be facing extreme food insecurity. Under this objective, humanitarian partners will provide unconditional food and cash assistance, as well as nutritional support, to the most severely food insecure rural households, and targeted cash interventions for the most vulnerable urban households. Targeted rural households will receive the standardized lean season assistance food basket containing 7.5 kg cereals, 1.5 kg of pulses and 0.75 kg of oil per person per month from January to April and October to December.

Specific Objective 1.2: Reduce the prevalence of severe acute malnutrition (SAM) in hardest-hit areas by the end of 2021.

The national prevalence of Severe Acute Malnutrition (SAM) in Zimbabwe was 2.1 per cent in 2020 and at least 38,425 children in rural areas are likely to be severely malnourished in 2021. Under this objective, humanitarian partners will provide life-saving support for children facing severe acute malnutrition through a continuum of care from the community for case identification, screening and referrals to health facility level for treatment. Nutrition partners will work closely with other sectors—especially Health and WASH—to ensure holistic support is provided.

Specific Objective 1.3: Reduce maternal mortality rates by 20 per cent in 60 priority districts by the end of 2021.

The challenges faced by pregnant women in Zimbabwe have been exacerbated by the prevailing economic situation and COVID-19, and maternal health indicators dropped significantly in 2020, including in priority districts. It is estimated that 133,000 pregnant women[3] in Zimbabwe will deliver with limited access to essential maternal health services such as lack of access to a skilled birth attendant in 2021. Women and girls considered at high-risk for maternal complications include: pregnant adolescents; pregnant women with disabilities; and those with a prior history of obstetric complications, including previous caesarean section. Under this objective, humanitarian partners will carry-out life-saving interventions focused on the Minimum Initial Service Package (MISP) for reproductive health in humanitarian situations. This includes: strengthening access to basic and comprehensive emergency obstetric and neonatal care; clinical management of GBV; preventing sexually transmitted infections (STI), including HIV prevention and management; and family planning services.

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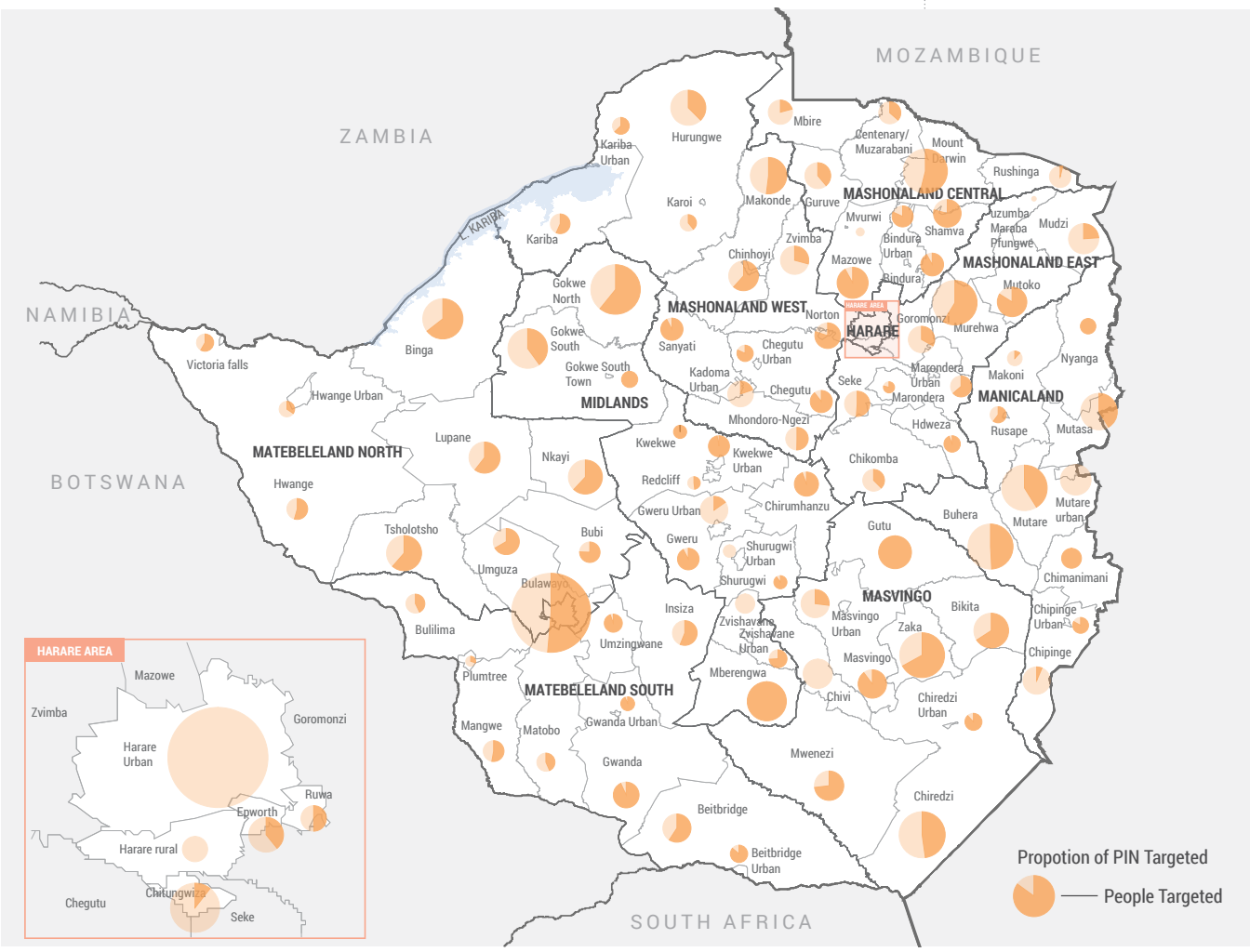
Strategic Objective 2 - Life-Sustaining

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

This Strategic Objective aims to sustain the lives and livelihoods of those hardest hit by the humanitarian situation in Zimbabwe by ensuring access to vital basic services for 2 million people by the end of 2021

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN & GIRLS	CHILDREN	WITH DISABILITY
4.3M	2.1M	56%	41%	7%



Rationale and intended outcome

The prevailing economic situation, COVID-19 pandemic and containment measures, and climatic shocks in Zimbabwe have left 4.3 million people in Zimbabwe—including internally displaced people and refugees—in urgent need of life-sustaining support to address critical living standards issues. This includes: people facing Crisis (IPC Phase 3) food insecurity in urban and rural areas; restore the productive capacity of drought-affected small holder farmers, and contribute to enhancing their resilience to future shocks; assist moderately acutely malnourished and chronically malnourished children and pregnant and lactating women; people who have lost access to—or face significant challenges accessing—essential services; those at risk of gender-based violence or child protection risks; and people forcibly displaced internally, as well as refugees hosted in Zimbabwe.

Under this Strategic Objective, humanitarian partners aim to sustain lives and livelihoods by ensuring safe, equitable, gender-, age- and disability-sensitive and dignified access to vital assistance and basic services for nearly 2 million people by the end of 2021. To this end, partners will work to: improve the food security and nutrition status of households in Crisis (IPC phase 3) households, considering the specific needs of women-headed households, children, older people and people with disabilities; ensure access to essential services for the most vulnerable; and increase the protective environment, especially for women and children.

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Specific Objectives and Coordinated Response Approaches

Under the life-sustaining objective the humanitarian community has prioritized four main specific objectives for the response:

Specific Objective 2.1: Reduce the number of people facing Crisis food insecurity (IPC phase 3), and provide emergency livelihoods support to the most vulnerable, by the end of 2021.

In addition to people facing IPC Phase 4, more than 2.6 million people across rural Zimbabwe are projected to be in Crisis Phase (IPC Phase 3) food insecurity from January to March 2021, at the peak of the 2020/2021 lean season, and a further 2.2 million people in urban areas are facing severe food insecurity. Under this objective, humanitarian partners will undertake life-sustaining food security and livelihoods interventions to help restore people's ability to meet their basic food needs and avoid falling into Emergency (IPC phase 4). Priority actions will include: unconditional food assistance and nutritional support for households classified in IPC Phase 3; and targeted agricultural and livelihoods interventions to enhance household's food basket and their productive livestock assets. In addition, at least 1.2 million additional people who received food assistance from the World Food Programme in 2020 are not included in these figures, as they are currently in Stressed Phase (IPC Phase 2). However, these people require ongoing assistance which will be delivered outside of the HRP.

Specific Objective 2.2: Increase the number of people with access to life-sustaining essential services by the end of 2021.

The prevailing economic situation, COVID-19 pandemic and containment measures, and climatic shocks have impacted delivery of essential services in both rural and urban areas in Zimbabwe. Under this objective, humanitarian partners will target at least 2.7 million of the hardest-hit people with WASH, health, nutrition and education services:

- **At least 2.1 million people will be targeted with life-sustaining WASH support.** Priority actions include: restoring access to sufficient water of appropriate quality and quantity to fulfil basic needs; improving awareness of safe hygiene and sanitation practices among children and women, with a focus on participatory health and hygiene education; providing access to critical WASH-related hygiene kits; strengthening water quality monitoring at the local-level; and supporting the health system to reduce the risk of hospital-associated infections.

- **The health response will target 2.7 million people in 60 priority districts.** The key priorities will include: strengthening emergency preparedness and response to epidemic prone diseases including cholera, typhoid and COVID-19; and strengthening provision of essential health services to affected communities, including immunization of children.

- **More than to 596,100 children under age 5 and nearly 274,300 pregnant and lactating women at risk of malnutrition will be targeted with nutrition interventions in 30 rural and 8 urban locations.** Eleven districts have GAM rates above 5 per cent, with one district above 10 per cent, while pellagra cases are rising. Priority actions include: activities to promote, protect and support optimal Infant and Young Child Feeding among pregnant and lactating women, putting in place mechanisms for behavioural change as part of the package to prevent malnutrition; strengthening health and nutrition surveillance/early warning and response systems; strengthening community-based management of acute malnutrition, diarrhoeal diseases and preventive health services in priority geographical areas; and ensuring continued and sustained access to HIV treatment with proper nutrition for good adherence, for pregnant women, children and adolescents who are on anti-retroviral treatment.

- **To maintain children's access to and participation in school, education partners will target more than 811,000 school-age children (50 per cent girls, 50 per cent boys) in 1,234 schools across 13 priority districts.** This will include 17,697 children with disabilities (7,834 girls and 9,863 boys). Priority actions include: ensuring that the most vulnerable

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children, including adolescent girls and boys, children with disabilities, orphans and vulnerable children, and disadvantaged children in rural, peri-urban and high-density urban areas have continued access to school and learning opportunities, access to improved drinking water sources and school feeding.

In addition, displaced people—both internally displaced persons (IDPs) and refugees—will be supported. About 3,500 people impacted by Cyclone Idai and other emergencies will be targeted for shelter and non-food item support, while 21,951 refugees will be targeted with multisectoral assistance, including access to safety; reception, registration, status determination and documentation; advocacy for maintaining the humanitarian and civilian character of asylum; and addressing the specific needs of children, women at risk and survivors of gender-based violence (GBV).

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

The COVID-19 pandemic has significantly exacerbated the protection risks associated with climatic shocks and the macro-economic situation. As a result, at least 1.3 million children are in urgent need of protection support, while 2.2 million people—mostly women and girls—are at risk of gender-based violence. There was a sharp rise in domestic violence in 2020, especially during the COVID-19 lockdown, and communities consulted in the preparation of the Humanitarian Needs Overview reported an increase in negative coping mechanisms, including early marriage and trafficking, and there are reports of increased sex work by girls. Extended school closures and loss of livelihoods due to COVID-19 have placed new stressors on parents and caregivers, in turn making children more vulnerable to various forms of abuse. Children with disabilities face neglect as parents are pre-occupied with activities that generate income and food at the expense of care giving.

Under this objective, over 1 million vulnerable children, women and girls will be targeted with protection assistance, including:

- **422,000 children targeted with child protection action in 80 districts, including 20 urban centres**. Priority groups for child protection include: separated and unaccompanied children, including those at risk of separation and in need of alternative care; children living with HIV; children living with disabilities; children on the move, including those at risk of child trafficking; and extremely vulnerable adolescent girls and young mothers, including survivors of sexual assault (child marriages and pregnant teenagers and those involved in transactional sex). The priority will be to ensure that these vulnerable children have the needed support to mitigate the impact of the crisis by ensuring access to basic education, healthcare and protection services.

- **Nearly 671,200 people (74 per cent women and girls, 26 per cent men and boys) aged between 15 and 49 years targeted with life-saving GBV risk mitigation and response services in 51 prioritized districts.** The focus is on people most vulnerable to GBV risks in remote areas, and those whose capacity to access GBV life-saving services is critically constrained. Of those targeted, 75 per cent are in rural areas, 25 per cent are in high-density urban areas and 7 per cent have disabilities. Priority activities include: the scale-up of GBV survivor-centred services to provide clinical management of rape, psychosocial support and referrals to legal aid for GBV survivors in remote and hard-to-reach areas, including survivors with disabilities; procurement of post rape kits for utilization at district health facilities; strengthening community-based mechanisms for GBV risk mitigation and protection from sexual exploitation and abuse (SEA); and establishment of safe spaces for vulnerable women and girls, including the provision of psychosocial support services and dignity kits to restore dignity and protect women and girls from GBV exposure. Given the challenges in accessing healthcare facilities, the strengthening of referral mechanisms for multisectoral GBV services through GBV surveillance and community outreach, and timely dissemination of life-saving information on the referral pathway, remain priorities.

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Spotlight on Response for Groups Hardest Hit by the Situation

A. People in drought-prone rural areas, especially the most remote areas and border lands

This Humanitarian Response Plan places a strong focus on responding in rural areas, where people, especially those in border lands, face heightened needs and unique challenges accessing assistance and services. In 2021, most sectors will implement the majority of their activities in rural areas, including food (more than 70 per cent response in rural areas), Health (70 per cent); Gender-Based Violence (75 per cent) WASH (80 per cent). Ensuring that people in hard-to-reach rural areas are assisted will be a particular emphasis, and multiple sectors will use mobile response teams to this end, including: mobile nutrition and health outreach teams to improve coverage of integrated management of acute malnutrition; the provision of life-saving services for victims/survivors of gender-based violence through roving, mobile, disability-friendly One Stop centres and clinics; mobile civil status documentation issuance and or replacement exercises; and joint mobile service delivery in hard to reach areas.

B. People in densely populated urban areas

Under the Humanitarian Response Plan, tailored approaches will be implemented to support the most acutely vulnerable people in densely populated urban areas which have been hard-hit by the COVID-19 containment measures and economic challenges. Humanitarian partners will implement tailor-made programmes that will have optimal impact in urban areas, including the use of cash transfers in sectors such as food security and education, as well as protection-oriented services, including for victims/survivors of gender-based violence and children at risk of abuse and neglect. People in urban and peri-urban areas at-risk of eviction will be focus for advocacy and assistance by humanitarian partners, as they are at risk of displacement and increased vulnerability.

C. Women and girls, including victims/survivors of gender-based violence

The 2021 Zimbabwe Humanitarian Response Plan emphasizes the importance of a gender-sensitive approach, given the disproportionate impact of the humanitarian situation on women and girls. Consultations with women and girls have informed the identification of humanitarian needs and will also inform response planning and interventions. All projects included in this plan have implemented the Inter-Agency Standing Committee (IASC) Gender with Age Marker[4], while clusters and the inter-cluster review paid dedicated attention to how each sector would respond to the unique needs of women and girls. Gender-based violence is a key area of focus under the plan, as highlighted both through the dedicated GBV response and through efforts to mainstream the prevention of GBV under other sectors, especially WASH, Health and Shelter.

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D. People Living with Disabilities

Humanitarian partners will implement both dedicated and cross-cutting efforts to respond to the specific protection risks and challenges to accessing services and assistance that people with disabilities face in Zimbabwe. The response implemented under this plan will focus on ensuring accessibility for people with disabilities to critical assistance and protection, including: targeting 17,697 children with disabilities with education support; providing disability-friendly One Stop centres and clinics for victims/survivors of gender-based violence with disabilities; and engaging organizations working with people with disabilities in order to better identify their needs and ensure that shelter interventions are tailored to meet them. These efforts will complement the work of the Government of Zimbabwe to support people living with disabilities, through the Ministry of Public Service Labour and Social Welfare's department of Disability Affairs.

E. People Living with HIV

Under the Humanitarian Response Plan, partners will tailor interventions for people living with HIV, who have faced major consequences during the COVID-19 pandemic and economic challenges, including disruptions to antiretroviral treatment. This will include: ensuring access to HIV treatment, accompanied by proper nutrition to support good adherence, for pregnant women, children and adolescents who are HIV positive; reaching children living with HIV with protection services; incorporating prevention of HIV into sexual and reproductive healthcare interventions, which is particularly critical given that women and girls aged 15 to 49 who are among those most at-risk of contracting HIV; raising awareness of HIV, including through disseminating key messages at health facilities and in strategic community locations; and training HIV community network workers on integration of HIV responses into emergency response. . These efforts will complement the work of the Government of Zimbabwe to combat HIV, including through the National AIDS council.

For further information on the unique needs of these groups, please see the Zimbabwe Humanitarian Needs Overview pp. 17-19.

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1.2 Community Engagement & Accountability to Affected People

The voices of communities impacted by the humanitarian situation in Zimbabwe were integrated into the process through interviews, radio dialogues and focus group discussions with women, men, boys, girls, pregnant and lactating women and people with disabilities. These discussions fed into the development of the 2020 Zimbabwe Humanitarian Needs Overview and enabled humanitarian partners to understand the needs and priorities of affected people. This, in turn, informed the prioritization of clusters as they developed their Response Strategies for 2021.

To ensure two-way communication and accountability to affected people during the implementation of the 2021 Humanitarian Response Plan, a number of complaints and feedback mechanisms (CFMs) are in place in Zimbabwe. Communities are encouraged to share feedback and concerns through a variety of means, including suggestion boxes, helpdesks, toll free hotlines, child care workers (CCWs) and school development committees (SDCs). In addition, question-and-answer sessions, face to face dialogues and focus group discussions will be regularly conducted to ensure that people affected by the crisis are well informed of the response and are given the opportunity to share their feedback. Participation of affected people—including community leaders, representatives of people with disabilities, and women representatives—is envisaged by partners under this response plan in programme inception, implementation and evaluation to ensure alignment of strategic interventions to the specific needs of affected communities. Humanitarian partners will also engage local radio stations to develop local content for appropriate radio messaging with affected communities, aligned with the preferred languages, age, gender and disability.

There is, however, a recognition that there is a need for more cohesive and streamlined approach to ensuring that the participation, feedback and perceptions of affected people are systematically integrated across sectors and the humanitarian programme cycle in Zimbabwe. To this end, discussions will continue in 2021 with respect to the potential utility of a common feedback mechanism that promotes greater accountability to affected people (AAP).

1.3 Protection against Sexual Exploitation and Abuse (PSEA)

Protection against Sexual Exploitation and Abuse (PSEA) has been established as a core priority of Zimbabwe's 2021 Humanitarian Response Plan. Under the leadership of the Humanitarian Coordinator and with the technical support of a dedicated PSEA Coordinator, the Humanitarian Country Team has ensured that PSEA is incorporated throughout all stages of the planning process. This includes in the inter-cluster review process, plus a review of critical projects by the PSEA Coordinator. Recognizing that PSEA needs to be implemented rapidly and effectively, the 2021 HRP includes a dedicated inter-agency PSEA project to ensure that resources are available for collective PSEA initiatives. This builds on the activation and training of Zimbabwe's PSEA Steering Committee and PSEA Network, as well as the roll-out of sexual exploitation and abuse reporting Standard Operating Procedures (SOPs).

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1.4 Response Modalities, Phases & Approach

Response Modalities, including Cash-Based Programming

Given the then prevailing economic environment in Zimbabwe cash-based programming is difficult to implement. Macro-economic challenges—including inflation, high external debt levels, unemployment and underemployment and low foreign currency reserves—have been compounded by COVID-19 containment measures.[5] However, in June 2020 the Government introduced a market-driven foreign exchange auction system which assisted in the stabilization of the local currency resulting as well in a marked stabilization of prices of goods and services.

Due to the prevailing economic situation, much of the response under this HRP is therefore planned to be delivered through in-kind assistance. However, sectors will continue to explore the possibility of using cash transfer programmes, particularly for vulnerable households in urban and peri-urban settings, including by looking at lessons learned from past or current programming such as the "cash and care" programme supported by UNICEF through the Child Protection Fund and the WFP Urban Social Assistance programme, which reached nearly 300,000 people in 2020, using cash-based transfers delivered via e-voucher and remittance modalities.[6] At the same time, it is important to acknowledge that the introduction of mobile payment modalities (e.g. Ecocash) to counterbalance local currency inflation may generate additional risks of sexual exploitation and abuse for those who lack access to bank accounts and cash.

Phases & Seasonality

The multisectoral humanitarian response under this plan will be implemented in three main phases:

1. **Phase 1 (January-April 2021): response to the peak of the 2020/2021 lean season and annual cyclone season.** During this period, critical multisectoral interventions—including Food Security, Nutrition, Health, WASH and Protection—will focus on preventing loss of life and livelihoods, especially in districts facing IPC Phase 3 or 4. These interventions will be accompanied by ongoing efforts to ensure access to essential services. As the peak of the lean season coincides with the annual cyclone season in the South-West Indian Ocean, this period will also likely see sporadic responses to new sudden-onset emergencies in Zimbabwe, including flooding in urban and rural areas.

2. **Phase 2 (May-September 2021): focus on access to critical services and livelihoods**. During this period, humanitarian partners will continue to implement a multi-pronged set of activities to ramp-up access to essential services, including Education, Nutrition, Protection and WASH, while focusing on livelihoods support to prepare for the next lean season.

3. **Phase 3 (October-December 2021): response to the onset of the 2021/2022 lean season** and annual cyclone season. During this period, humanitarian partners will provide assistance—scale to be determined by the 2021 harvests—to ensure the most vulnerable are able to survive the next lean season, while also responding to any new sudden-onset emergencies caused by the cyclone season.

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Multisectoral Approach

The response plan includes a strong focus on complementary responses to the most pressing humanitarian needs in Zimbabwe, which will be undertaken in close consultation with Government counterparts at all levels. For example:

- to ensure optimal support to families facing severe food insecurity, humanitarian partners will work across all sectors to provide wrap-around services in areas where food security interventions are taking place;
- to respond to gender-based violence, Protection and Health partners will work closely together, to ensure that victims/survivors receive a holistic package of services, including clinical management of rape, where required;
- to respond to acute malnutrition, Nutrition partners will work closely with Health and WASH counterparts to ensure that factors exacerbating malnutrition such as lack of access to clean water are addressed, and implement a comprehensive response, including treatment by health professionals for children with complicated cases of severe acute malnutrition;
- to leverage and protect schools as safe spaces, the Education cluster will: work with the Protection cluster to provide psychosocial support and establish referral pathways for children at risk; partner with the WASH cluster to enhance access to clean water and sanitation and promote hygiene practices; and work with the Food Security and Nutrition clusters to deliver school feeding programmes.

Planned Response

CLUSTER	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	OPERATIONAL PARTNERS	NUMBER PROJECTS
Coordination and Camp Management	5K	3.5K	**1.5M**	1	1
Education	1.7M	811K	**20.4M**	7	7
Food Security	5.6M	3.7M	**353.3M**	23	23
Health	4.1M	2.7M	**48.1M**	6	6
Nutrition	1.5M	870K	**11.3M**	9	9
Protection	2.3M	723K	**17.9M**	15	16
Shelter	107K	81K	**9.3M**	4	5
WASH	3M	2.1M	**37.7M**	19	19
Coordination & Common Services	-	-	**2.2M**	2	3
Refugees	21.9K	15.4K	**5.3M**	3	3
Total	**6.8M**	**4.5M**	**507M**	**44**	**89**

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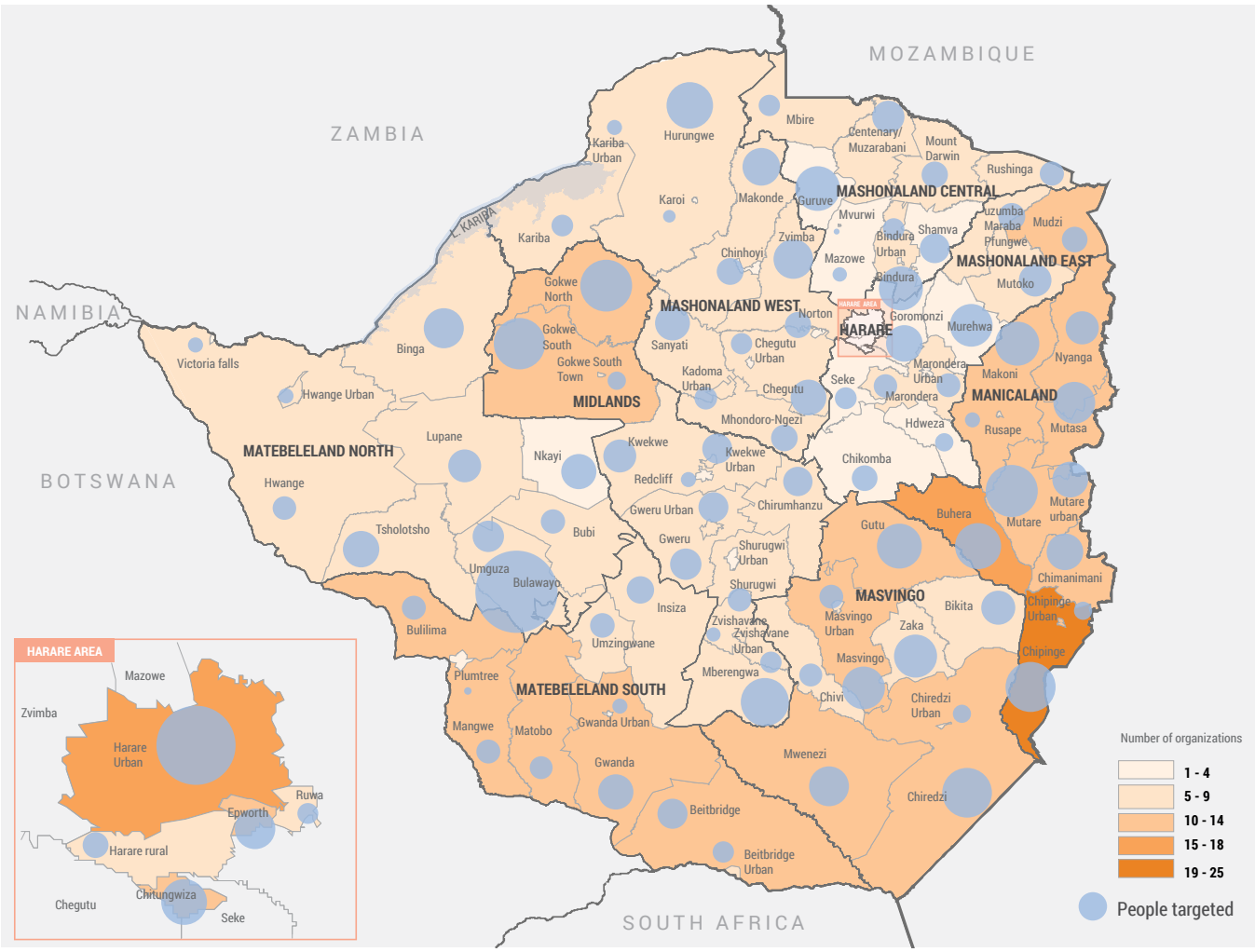
1.5
Operational Capacity Access & Feasibility

The humanitarian situation in Zimbabwe is taking place within a challenging economic environment. However, with humanitarian partners having significantly scaled-up their work in Zimbabwe in 2020 to respond to the devastating 2018/2019 drought, many key systems and processes are now in place to ensure timely and efficient delivery of humanitarian assistance and protection in 2021 in coordination with the Government of Zimbabwe.

Capacity

The actions outlined in this plan are intended to complement the Government of Zimbabwe's response to the humanitarian situation in its country. Each of the humanitarian clusters have taken into account the planned activities by Government in their responses. For example, the Government aims to provide 5.5 million people with food security assistance and the Food Security Cluster has acknowledged this in its response planning.

Under this response plan, 44 humanitarian partners—including 13 national NGOs, 21 international NGOs and 10 UN entities—will implement activities nationally, in support of the Government-led response. This represents an important shift from 2020, when there were less national NGOs (9) and more international NGOs (29) engaged in the response, and highlights the important role played by local actors in humanitarian action in Zimbabwe. The organizations included in the HRP have well-established presences in Zimbabwe and will coordinate closely with other



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humanitarian actors that are delivering support outside of the response plan, including MSF and the Red Cross/Red Crescent movement.

Access

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

The COVID-19 pandemic has impacted freedom of movement in Zimbabwe, including through the imposition of lockdowns during peaks in cases. While humanitarian partners have, for the most part, been able to negotiate the continuation of their activities under the classification of "essential services", some sectors have not received full approvals to operate. At the same time, humanitarian partners have identified innovative ways to do work remotely and ensure that, when they do travel to meet affected communities, they apply all relevant COVID-19 preventive measures.

Feasibility

During the implementation of the Humanitarian Response Plan, economic issues may affect commodity availability, access and pricing on the local market, as well as availability of fuel. However, humanitarian partners are engaging with the Government on these issues to ensure the continued ability of partners to implement projects included in the response plan.

Despite facing challenges, the humanitarian community is confident in its ability to implement the planned activities under the HRP. As noted above, humanitarian partners significantly increased their programming in 2020 in response to the 2018/2019 drought and in the aftermath of Cyclone Idai and this provides a solid foundation for the 2021 humanitarian response.

1.6 Costing Methodology

The 2021 Zimbabwe HRP used project-based costing. In order to ensure rigorous prioritization, clusters first reviewed the submission of projects through a multi-partner review process, utilizing a score-card for prioritization of each project. Clusters then presented their cluster portfolio, including all prioritized projects to the inter-cluster through for review and discussion, after which further adjustments were made. Clusters also engaged with their Government counterparts to present and discussed their planned humanitarian response activities in 2021. The final portfolio of prioritized projects and cluster envelopes were then discussed and endorsed by the Zimbabwe Humanitarian Country Team (HCT).

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1.7 Prioritization

CLUSTER	1-25% FUNDING TOP PRIORITY ACTIVITIES	26-50% FUNDING ADDITIONAL ACTIVITIES	51-75% FUNDING ADDITIONAL ACTIVITIES	76-100% FUNDING ADDITIONAL ACTIVITIES
	· Land assessment and site planning for new camp set/Binga (Mat. North), Rusape (Manicaland) and Chiredzi (Masvingo).	· Establishment, improvement, maintenance and rehabilitation of damaged infra-structures (e.g. lightning, latrines) in the existing four camps (Chimanimani)	· Develop community-based disaster risk management (DRM) plans and support implementation for the camps/camp-like settings and surrounding communities/ Manicaland, Mat. North and Hwange	· Development and operationalization of exit strategy and relocation plan
	· Provide education materials for teaching and learning, safe learning spaces, nutritional supplements and direct educational services; build human resource and sector capacity to effectively respond to emergencies.			
	· Provide assistance to the most severely food insecure households (IPC3 and IPC4). Numbers and locations depending on funding levels.			
	· Provide essential health services, sexual and reproductive health services and child health services to those in most urgent need.			
	· Life-saving screening and treatment of acute malnutrition, capacity building for health workers on delivering screening and treatment, counselling for mothers and care givers of children, and procurement and distribution of essential nutrition commodities. SMART Surveys in urban and rural areas would be prioritized.	· Procurement and distribution of essential nutrition commodities for prevention of malnutrition, micronutrient supplementation, as well as supplementary feeding for pregnant and lactating women (PLW).	· Support to data quality assurance activities for community and health facility level workers would be prioritized, in addition to the activities already outlined	· Ensure total implementation at scale of the continuum of care, including cash based interventions and SMART surveys conducted at scale for all districts with high levels of vulnerability (severity 3 and 4 according to the GAM priority ranking).
	· Focus on Family Tracing and Reunification, support to children in contact with the law and specialist child protection services to survivors of violence.	· Prioritize birth registration support and psychosocial support.		· Focus on critical dissemination of protection messaging.
	· Prioritize projects with a strong focus on GBV essential life-saving service provision for hard to reach targets.	· Focus on mitigation measures, including safe spaces, community surveillance and dignity kits distribution.		· Focus on emergency related capacity building (protection and inter-cluster actors on Gender Based Violence in Emergency and PSEA) interventions
	· Prioritize the provision of transitional shelter/Binga (Mat. North).	· Undertake stockpiling and distribution of emergency shelter/ NFIs to support 10,000 individuals during the 2021 peak rainy season (January to March).	· Rehabilitate severely damaged households or provide transitional shelter in Manicaland.	· Rehabilitate severely damaged households or provide transitional shelter in Masvingo.
	· Prioritize restoring access to safe water and hygiene awareness in districts in severity 4.	· Prioritize restoring access to safe water and hygiene awareness and delivery of hygiene kits in districts in severity 4 and districts in severity 3 which are cholera/typhoid hotspots.	· Prioritize restoring access to safe water and hygiene awareness and delivery of hygiene kits in districts in severity 4, districts in severity 3 which are cholera/typhoid hotspots and districts in severity 3 that are flood-prone.	· Prioritize restoring access to safe `water and hygiene awareness and delivery of hygiene kits across all prioritized district, as well as strengthening coordination.
	· Preserve unhindered access for refugees and asylum seekers while ensuring fair and efficient asylum procedures; promote the full enjoyment of rights for refugees and asylum seekers.			

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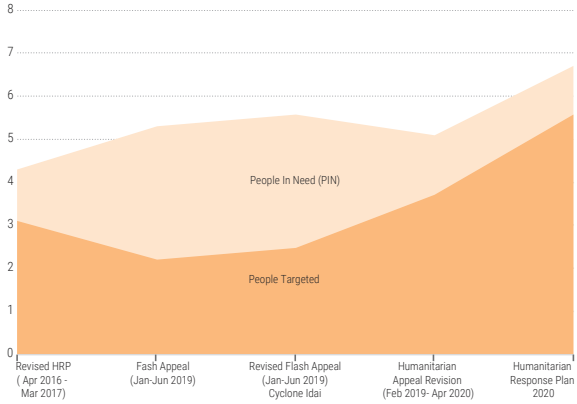
1.8 Historic Trend

Over the past five years, the humanitarian community has developed five appeals for international assistance for Zimbabwe, in support of Government-led responses. The first was a Humanitarian Response Plan launched in April 2016, following the declaration of a state of disaster by the Government of Zimbabwe due to the unprecedented drought caused by the El Niño phenomenon. The HRP (April 2016 to March 2017) called for US$360 million to target 1.86 million people with vital, life-saving assistance. The second was a Flash Appeal launched in January 2019 in response to the severe 2018-2019 drought, which called for $234 million to respond to the most urgent needs of 2.2 million people from January to June 2019. This appeal was then revised twice: first, following the impact of the Cyclone Idai weather system on Zimbabwe in March 2019; second, following the release of new data on the escalating food insecurity situation in mid-2019. Under the last revision of the appeal, 3.7 million people were targeted—and nearly 2 million people were reached—with assistance and protection. In 2020, a Humanitarian Response Plan was launched, appealing for $715 million to target 5.6 million people. This plan was revised following the onset of the global COVID-19 pandemic: a COVID-19 Addendum was added that called for $84.9 million to target 5.9 million people with COVID-19 related interventions. By November 2020 humanitarian partners had reached 4.2 million people with assistance and protection.

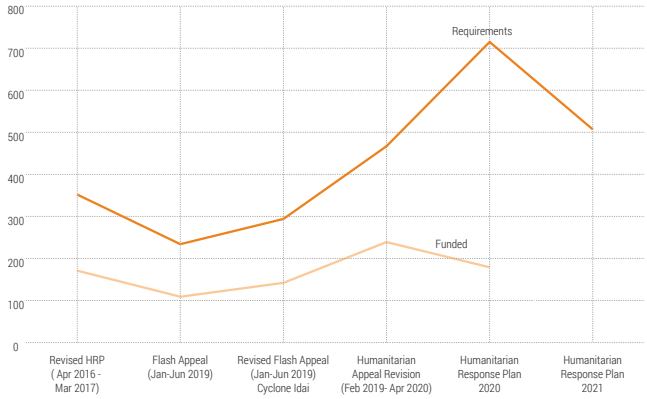
Humanitarian Response (2016 - 2021)

In millions of people



Financial Requirements (2016 - 2021)

In millions of US$



Response reach under 2020 HRP

SECTOR	REQUIREMENTS (US$)	PEOPLE IN NEED	PEOPLE TARGETED	PEOPLE REACHED (2020)
Education	**$53.2M**	4.6M	3.5M	**913K**
Food Security & Livelihoods	**$498.4M**	6M	4.6M	**4.1M**
Health	**$99.6M**	4.3M	3M	**1.5M**
Nutrition	**$24.6M**	1M	606K	**256K**
Protection	**$27.8M**	2.3M	1M	**270K**
Shelter	**$12.1M**	128K	91K	**6K**
Water, Sanitation & Hygiene	**$74.5M**	7.3M	2.7M	**743K**
Refugees	**$4.5M**	14K	14K	**-**

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Part 2:

Response Monitoring

CHIPINGE DISTRICT, MANICALAND PROVINCE

Patience Mahlatini, a resident of Mundanda Muchaendepi Village, receives health assistance as part of the WHO community outreach services in Chipinge and Chimanimani under the Zimbabwe Idai Recovery Programme (ZIRP). "I am so happy today, got tested for malaria and got some medication all in one place near my house. I did not have to travel 45km to the nearest hospital to visit a doctor and pay for medication which I cannot afford," explains Patience. Photo: WHO/ Tatenda Chimbwanda.

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2.1 Monitoring

Response Monitoring

In 2020, humanitarian partners will monitor the response implemented under this plan to ensure that it remains timely, efficient, fit-for-purpose and at the required scale, as follows:

- Overall progress against the HRP will be discussed at the Humanitarian Country Team and during regular meetings between the Government and the Humanitarian Coordinator.

- Inter-sectoral outcome indicators and operational presence data will be monitored through the Inter-Cluster Working Group and the Information Management Working Group, which will track progress against output indicators in order to update the Humanitarian Coordinator, Humanitarian Country Team and Government of Zimbabwe. Response achievement data will be reported at district level and disaggregated by population group (refugees, internally displaced people and residents), sex and age. In addition, clusters have committed to strengthen reporting on people living with disabilities and/or HIV.

- Cluster response monitoring will be undertaken through sectoral monitoring tools, in collaboration with respective line Ministries. Each cluster has defined its objectives, linked to the overarching strategic and specific objectives, disaggregated to district level, as well as demographically, with a focus on the most vulnerable groups as identified by each cluster. All clusters will report progress against selected indicators through the 5Ws mapping tool (Who does What, Where, For Whom and When) on a monthly basis.

Various information products and analysis will be produced on a regular basis to provide updates on the response, such as Humanitarian Dashboards, Funding Overviews and Operational Presence maps.

Monitoring of Needs

Monitoring of humanitarian needs in Zimbabwe will be undertaken throughout the year to assess risks and changes in context and any implications for response operations and strategy.

Multiple sources of data (ZIMVAC, IPC Food Security and Nutrition Monitoring System (FSNMS), WFP Weekly Market Assessments reports and Food Security Outlooks, IOM Displacement Tracking Matrix, inter-agency rapid assessments, sectoral rapid assessments and risk monitoring tools etc.) will be used to understand changes in the humanitarian context.

As further vulnerability information becomes available (Rapid Lean Season Assessment, 1st and 2nd round Crop and Livestock Assessment, IPC and ZIMVAC), the HRP may be reviewed if there are significant changes in the severity of the needs that might require a shift in the response strategy.

Humanitarian Programme Cycle Timeline

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

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Part 3:

Cluster/Sector Objectives and Response

HARARE RURAL, HARARE PROVINCE
Oppah Kanongara at her home has a small garden to grow vegetables in Hopley, one of Harare's over-crowded suburb. Photo: WFP/Claire Nevill.

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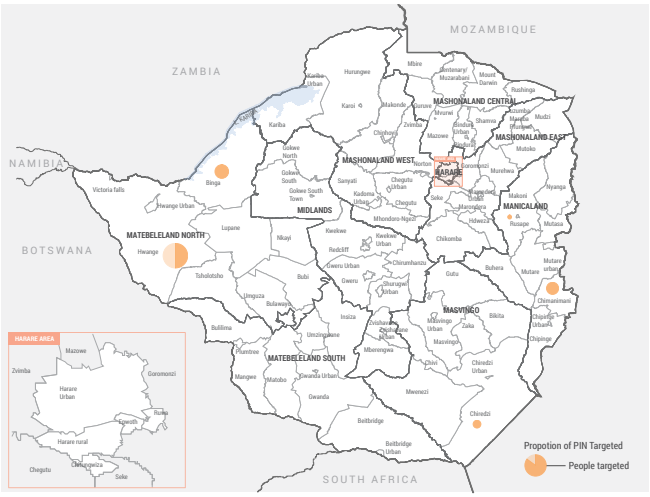
3.1

Camp Coordination & Camp Management (CCCM)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
5K	3.5K	$1.5M	1	1



People Targeted

The CCCM cluster has identified 5,032 internally displaced people in need of assistance in Manicaland, Masvingo and Matabeleland North and aims to provide CCCM support to 3,532 of them in 2021. This includes 871 people displaced by Cyclone Idai in March 2019 who are staying in four camps in Nyamatanda, Garikai, Aboretum and Kopa, which were initially designed to house people for six months.

Response Strategy

In 2021, the Camp Coordination and Camp Management (CCCM) Cluster will prioritize support to people living in camp and camp-like settings in Zimbabwe, with a focus on people who remain displaced by Cyclone Idai nearly two years since the disaster occurred in March 2019.

The four IDP camps for Cyclone Idai-displaced people in Chimanimani require urgent improvements, especially as the COVID-19 pandemic has made people living in camps more vulnerable. While the Government has identified a potential new relocation site for these people, it is unlikely that the relocation process will take place before or during the 2020/2021 rainy season and the internally displaced people will therefore likely remain in camps. There are also people living in camp-like settings due to flooding between January and March 2020 (e.g. districts of Mutasa and Binga) and new land evictions are creating additional displacements and camp-like settings which need CCCM support (e.g. evictions in Chiredzi left 300 people without houses).

The La Niña forecasted during the 2020/2021 rainfall season is likely to bring above-average rains from January to March 2021, increasing the urgency of supporting internally displaced people in camps until constructions in the permanent relocation site are finalized. The 2020/2021 season will likely increase the number of IDPs in different areas of the country, with the CCCM cluster estimating that at least 10,000 people could be newly displaced.[7]

- **Key activities to be implemented by the CCCM Cluster include:** Provision of basic services in camps, to be established in close consultation with IDP committees, community leadership members and local authorities for both existing camps and for any new camp or camp-like settings that may need to be established; and
- Improving Disaster Risk Management (DRM) among displaced people in camps to mitigate, prevent, prepare, respond and recover from disasters, including through training of DRM committees in camps and local authorities, and subsequent support to develop community-based disaster risk management (DRM) plans for the camps and surrounding communities.

Partners will address the unique needs of men, women, boys and girls, based on the Gender and Age Marker (GAM), through active beneficiary engagement with all affected groups (not only community leaders), disaggregated data and monitoring indicators and analysis. Through periodic assessments (e.g. IOM Displacement Tracking Matrix (DTM)), the CCCM Cluster will ensure that affected women and girls are consulted in addition to, and separately from, men and boys, about shelter design, and settlement location and layout (e.g. what non-food items (NFIs) are required, the lighting available, the location of latrines, and the location of the settlement). Whenever possible, CCCM will ensure that consultations with women and girls are undertaken by female staff.

Enumerators (for all assessments), camp managers and assistants will be trained on protection issues and on how to respond to protection concerns, including basic understanding of key concepts such as PSEA, human trafficking and GBV, knowledge of "Do no harm" and other guiding principles, basic psychological first aid and how to safely respond to a disclosure of a protection violation, principles of assistance to victims of human trafficking, and protection referral pathways).

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CCCM will strengthen partnerships and capacity building with organizations working with people with disabilities in order to better identify their needs and ensure data is disaggregated and that shelter interventions are tailored to any specific needs identified.

Selection of households for distributions in camps will be carried out on the basis of agreed vulnerability criteria, considering, among others: female-headed and child-headed households; households with pregnant and lactating women; widows; households with and/or headed by older people (> 60), households with people with disabilities; households with people with chronic diseases/serious medical conditions; and chronically poor households.

In the context of COVID-19, CCCM will adapt standard community participation activities to focus on Risk Communication, in close coordination with Health and WASH partners.

Response Modalities

The CCCM response will be in-kind and community-based and will include the following key actions:

- Camp/site improvement in the four existing camps in Chimanimani will include drainage improvement, repair of communal kitchens, improvement of toilets and bathrooms and rubbish disposal pits and so forth. This will improve the living conditions of displaced people and provide them with a healthier, safer and more dignified environment.
- Scale-up of support to the establishment of new camps or camp-like settings in areas affected by natural disasters (flooding) and evictions (Binga and Hwange in Mat. North, Chiredzi rural in Masvingo, Rusape in Manicaland).
- Implementation of site maintenance activities, such as organizing clean-up efforts, fire safety awareness campaigns, and debris removal and management, using a community participatory approach through existing (or newly-established, if required) IDP camp committees, composed of IDPs and host communities' representatives.
- Training of camp communities to identify protection issues and raise them through the appropriate channels or feedback mechanisms in order to protect vulnerable people and ensure their rights, dignity and safety are upheld.

In coordination with the Shelter/NFI cluster, distribution of emergency shelter and NFI kits, if available, and where needed, will be conducted. This will be in complement of the Government's construction of permanent shelters for displaced people in Chimanimani.

Cost & Prioritization of the Response

The estimated cost of the CCCM response is $1.5 million for one cluster partner.

The main factors considered in prioritizing activities for inclusion in the 2021 HRP were: recent displacements due to natural disasters (flooding) and evictions where communities have not yet received any CCCM support (e.g Binga, Rusape, Mwenezi); improvement, maintenance and rehabilitation of damaged infrastructure (e.g. lighting, latrines) in the four existing camps for Cyclone Idai-displaced people (Chimanimani) to withstand the upcoming rainy season and until a permanent resettlement plan is in place.

The cluster has prioritized the response as follows:

- **If only 25 per cent of the cluster envelope is received,** the cluster would prioritize Land Assessment and Site planning for new camp set/Binga (Mat. North), Rusape (Manicaland) and Mwenezi (Masvingo) to be supported.
- **If 26-50 per cent of the cluster envelope is received,** the cluster would prioritize establishment, improvement, maintenance and rehabilitation of damaged infra-structures (e.g. lighting, latrines) in the four existing camps (Chimanimani).
- **If 51-75 per cent of the cluster envelope is received,** develop community-based disaster risk management (DRM) plans and support implementation for the camps/camp-like settings and surrounding communities/Manicaland, Mat. North and Hwange to be supported.
- **If 76-100 per cent of the cluster envelope is received,** development and operationalization of exit strategy and relocation plan.

Community Engagement & Accountability to Affected People

National, subnational and local stakeholders as well as affected people will be involved in CCCM activities to ensure effective accountability, and people receiving assistance will be provided with adequate information in terms of the materials to be received, quantities, etc to empower beneficiaries to provide effective feedback. Camp structures will be put in place together with complaints and feedback mechanisms to ensure timely communication of IDP issues for timely redress. Feedback mechanisms will include suggestion boxes and use of toll-free numbers, along with information on referral pathways and service providers.

Protection against Sexual Exploitation & Abuse

People receiving CCCM assistance will be provided with information on PSEA, including that humanitarian assistance is provided free of charge. Enumerators (for all assessments), camp managers and assistants will be trained on core concepts related to PSEA, as noted above under the Response Strategy, and a monitoring system will be in place.

Whenever possible, consultations with women and girls will be undertaken by female staff and gender-balanced teams will be used. By ensuring a gender-balanced team (during distribution of materials in particular), the risks of SEA and GBV are mitigated.

Response Monitoring

Service mapping and monitoring mechanisms will be put in place to regularly identify critical gaps in service provision and facilitate multisectoral responses in the camps/sites. Site profiles containing this information will be developed and disseminated to relevant stakeholders for action.

Information management at camp/site level, including up-to-date information on communities in camps and camp-like settings and how to access services (contact list of service providers, referral pathways

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etc.), will also be in place. Information boards will be displayed to ensure displaced people, camp committees and government appointed camp managers have access to relevant information to access or provide services as well as to refer vulnerable people to specialized agencies. Camp/site level coordination meetings with displaced community members, local authorities and partners will be held in relevant collective sites and surrounding host communities to listen to affected communities' feedback and make adjustments accordingly.

The Displacement Tracking Monitoring (DTM), which IOM conducts regularly in crisis affected communities in Zimbabwe, will provide information on intentions of IDPs and affected communities as well as their priority needs to recover.

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

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
CCCM Objective 1: Camp management and coordination mechanisms are established and maintained, ensuring a timely and coordinated delivery of humanitarian assistance.	Percentage of the camp population have access to basic services (water, food, health, psychosocial support)	5,032	3,532
Relates to Strategic Objective 2: (Specific Objective 2.2)	Number of monthly meetings held to enable an exit strategy and relocation plan.	12	8
	Percentage of IDPs committee members participating in basic trainings on and camp management and coordination	100%	70%
CCCM Objective 2: Improved protection and coordination mechanisms in the camps	Number of IDPs using the complaint and feedback mechanisms.	5,032	3,532
Relates to Strategic Objective 2: (Specific Objective 2.2 & 2.3)	Number of information products disseminated to IDPs.	3,500	2,480
	Number of engagement meetings held with IDPs committees, partners and local authorities.	12	10

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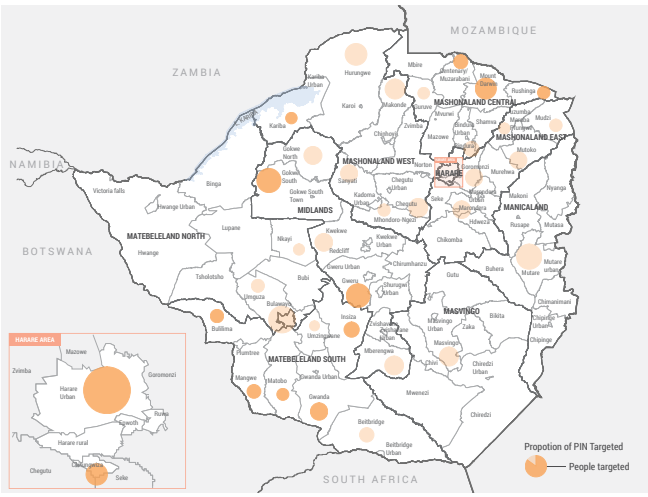
3.2 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
1.7M	811K	$20.4M	7	7



People Targeted

In 2021, Education partners will target 811,002 (405,501 girls and 405,501 boys) school age children (3 to 18 years) in 1,234 schools in 13 priority districts, including 17,697 children living with disabilities (7,834 girls and 9,863 boys). The 13 districts—Bulilima, Chitungwiza, Gokwe South, Gwanda, Gweru, Harare, Insiza, Kariba, Mangwe, Matobo, Mount Darwin, Muzarabani and Rushinga—were identified as having the most immediate and acute education needs through the Cluster's severity analysis.

Response Strategy

The Education Cluster has prioritized ensuring that the most vulnerable children—including adolescent girls and boys, children with disabilities, orphans and vulnerable children, and disadvantaged children in rural, peri-urban and high-density urban areas—have continued access to school and learning opportunities, access to improved drinking water sources and school feeding in 2021.

The Cluster will seek to facilitate access to quality education through an integrated approach and close collaboration with other clusters, leveraging their interventions and building on the capacities of the Ministry of Primary and Secondary Education (MoPSE), parents and communities to sustainably address the complex humanitarian needs. The Education Cluster will work with the Protection Cluster to provide psychosocial support and establish referral pathways for children at risk. Partnerships with the WASH cluster will enhance access to clean water and sanitation and promote hygiene practices. The Health, Food Security and Nutrition clusters will support Infection Prevention and Control and the management of school feeding programmes in schools.

The Cluster will integrate gender, age and disability-sensitive analysis in project implementation, monitoring and reporting, ensuring that interventions are tailored to the unique needs of girls and boys of different ages. The Cluster will support trainings of MoPSE personnel and partners on child safeguarding, protection from sexual exploitation and abuse (PSEA), Disaster Risk Reduction and Resilience and other topics to help strengthen the sector's capacity for coordination and enhance efficient and effective delivery of quality education services.

The Cluster's HRP 2021 targets are lower than 2020 (811,002 children in 1,234 schools in 13 districts vs 853,032 children in 2,715 schools in 33 districts), this does not reflect an improved humanitarian situation. On the contrary, teacher and learner absences, the prevailing economic situation and hazards will continue the complexity of the humanitarian situation in 2021, and there is overwhelming evidence that the COVID-19 pandemic is exacerbating pre-existing education disparities and threatening the physical, mental health and psycho-social well-being of learners, teachers and school communities. Within this context, the reduction in the Cluster's targets reflects a robust prioritization exercise (as outlined below) to ensure that the most vulnerable receive education assistance.

Response Modalities

Programme sector partners have identified various implementation modalities for use, driven by the diversity and complexity of situations in which the responses will take place, as well as different needs and circumstances:

- Partners will mostly use direct project implementation to deliver services. This will apply to situations where partners have to handle distributions (e.g. of teaching and learning materials, food packs, etc). Some trainings will also use this modality, although there is usually collaboration with relevant Government departments.
- The Education Cluster will also utilize a partnership modality, recognizing the efficiencies and merits that come with collaboration. This may include leveraging the expertise of partners—including government departments, other partners across sectors and community-based organizations for service delivery—as well as taking advantage of different partners' knowledge and insight in specific operational areas.

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- One of the cluster partners has opted to use a cash transfer modality. This will be availed in the form of block grants to schools for various purposes: repair of school facilities; distribution of learning materials and subsidies (school fees/ levies, uniforms, dignity packs for girls); and to curb dropouts and sustain retention of learners.

The Cluster will utilize every opportunity to advocate for all children around issues of building back better, with priority attention to special learner groups such as girls and those with disabilities.

Where financially feasible, the Cluster will procure locally made goods and services to reduce the carbon footprint associated with transporting offshore goods and support the local economy.

Cost & Prioritization of the Response

The Education Cluster is requesting just over $20.4 million to meet the emergency education needs of children affected by the humanitarian situation. This amount will cover the direct and indirect costs of providing education materials for teaching and learning, safe learning spaces, nutritional supplements and direct educational services, as well as building human resource and sector capacity to effectively respond to emergencies. The estimated cost is based on the prioritized activities proposed by members of the Education Cluster, to meet the needs of learners and educators, in support of the MoPSE.

The sector will leverage resources already available in the system. In addition, the integrated approach with Child Protection and WASH as well as joint programming in areas such as training, assessments, monitoring and evaluation will minimize duplication and enhance efficiency in service delivery. The coordinated bulk purchasing of supplies will also help achieve economies of scale and enhance value for money, ultimately increasing benefits for children.

Community Engagement & Accountability to Affected People

Education Cluster partners will be conscientiously encouraged to deliver a response that is anchored in a rights-based approach that puts affected children at the centre of decisions that affect their lives.

Given the importance of community engagement, the MoPSE, with support from development partners, developed a Community Engagement Handbook, which defines the process of community engagement. This Handbook helps to enhance the capacity of communities and education personnel to create partnerships that will ensure equity and inclusion in and through education. The Education Cluster will ensure availability of the Handbook and training on the same, including to facilitate community engagement initiatives to raise awareness on and address the needs of out of school children, including those at Early Childhood Development level and learners with disability.

The Cluster will also:

- Share information in local languages and formats that enhance engagement of communities;
- work through and strengthen existing mechanisms, such as School Development Committees, to promote two-way communication in the education response;
- Take a consultative approach and engage children and communities during activity implementation, monitoring and evaluation to empower them on decision making and to enable them to own the project interventions.

Protection against Sexual Exploitation & Abuse

Protection mainstreaming is critical to safeguard children from any form of abuse and/or exploitation during humanitarian response. To this end, the Cluster will ensure that partners invest in training (service providers) and awareness-building (of communities and beneficiaries), using existing mechanisms to report any form of abuse and/or exploitation.

The following specific measures will be taken across all Education partners responding to the humanitarian situation:

- Each responding agency will have an updated child protection policy in place which all employees and those associated with its activities will sign and be held accountable for upholding as confirmation and commitment towards prevention of child abuse.
- Project staff in all partner organizations will be tasked to sensitize families on child protection risks associated with children during emergencies and provide recommendations on how to prevent them.
- Each partner will be encouraged to have child protection committees that are learner led, which will receive and convey safety, protection and child safeguarding issues to other learners
- All partners and others associated with the response process will be specifically trained in PSEA as pre-requisite to community sensitization on PSEA and its reporting mechanisms.
- Projects will guard against discrimination and ensure participation of child-led as well as adult-led protection structures, families and community members. This will ultimately strengthen protection mechanisms within schools and communities.
- Mechanisms for complaints and feedback will be made available in a variety of formats, including suggestion boxes, WhatsApp platforms and others.

Response Monitoring

For 2021, the Education Cluster has prioritized three response indicators: the number of children who are not attending school due to the humanitarian situation; the number of children without access to an improved water source; and the number of children not benefiting from school feeding.

These indicators will be tracked continually using the Rapid-Pro application. This will enable the Cluster to understand how the response is evolving and whether these indicators are moving in the right direction. The Education Cluster will also conduct response monitoring to identify strengths and shortcomings in the delivery of planned humanitarian services, and to enhance accountability to affected people and other stakeholders. In partnership with MoPSE, the Cluster will develop monitoring tools to measure progress against performance benchmarks and targets. To that end, the Cluster will include specific indicators to be tracked, with sensitivity to issues of access and participation by age, gender and disability status.

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Education Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Education Objective 1: A 60% decrease in the number of school-aged children not attending school during humanitarian emergency in 13 priority districts. Relates to Strategic Objective 2: (Specific Objective 2.2 & 2.3)	Percentage of children not attending school	1.7M	811K
	Percentage of children without access to improved water source	1.7M	811K
	Percentage of children not receiving school feeding	1.7M	657K
Education Objective 2: A 60% decrease in the number of boys and girls (3 to 18 years) among the target of 811,002 not attending school during humanitarian emergency in 13 priority districts in Zimbabwe by December 2021 Relates to SO1: Ability of affected people to access basic services by the end of 2021	Percentage of children not attending school	811K	811K
Education Objective 3: A 60% decrease in the number of boys and girls (3 to 18 years) without access to an improved water source during humanitarian emergencies in 13 priority districts in Zimbabwe by December 2021 Relates to SO1: Ability of affected people to access basic services by the end of 2021	Percentage of children without access to improved water source	811K	811K
Education Objective 4: A 60% decrease in the number of boys and girls (3 to 18 years) not receiving school feeding during humanitarian emergencies in 13 priority districts in Zimbabwe by December 2021 Relates to SO1: Ability of affected people to access basic services by the end of 2021	Percentage of children not receiving school feeding	811K	657K

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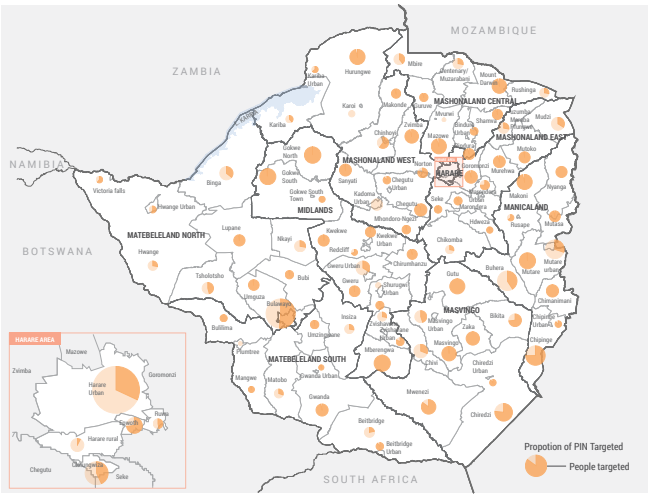
3.3 Food Security

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
5.6M	3.7M	$353.3M	23	23



People Targeted

The Food Security and Livelihoods Cluster will target 3.7 million people in 2021, including just over 1 million in urban areas and nearly 2.7 million in rural areas. The targeting of the response has been primarily guided by the identification and definition of vulnerabilities and needs elaborated within the HNO, which itself was informed by a series of assessments and analysis such as the Zimbabwe Vulnerability Assessment Committee (ZimVAC) results for 2020 for rural areas, Integrated Phase Classification (IPC), and available data come from the Consolidated Approach for Reporting Indicators (CARI,[3] by WFP. Priority has been given to people assessed to be in IPC phase 3 or 4 according to the categorization provided by the Integrated Food Security Phase Classification (IPC) exercise,[4] referring to the period October to December 2020. The overall Food Security and Livelihoods Cluster target is driven by the food assistance target, with agricultural support being provided to a subset (approximately 50 per cent) of people assisted with food assistance.

The Food Security and Livelihoods Cluster's targeting is summarized in the following table:

	Life-Saving (Severity 4)	Life-Sustaining (Severity 3)	Total	% of PIN Targeted
Urban	413,000	617,841.00	1,030,841	45%
Rural	768,595	1,907,811	2,676,406	79%
Total	**1,181,595**	**2,525,652**	**3,707,247**	**65%**

Response Strategy

Food Security and Livelihoods (FSL) Cluster partners will continue to assist the most severely food insecure people in Zimbabwe in 2021, targeting 3.7 million people in IPC phases 3 and 4, through projects implemented by 23 partners, including local NGOs, international NGOs, and UN agencies. This target represents only one component of the overall food assistance being delivered in Zimbabwe. In addition, approximately 5.5 million people are expected to be assisted by the Government, and a further 1.2 million people who are currently in IPC Phase 2 will be assisted by FSL Cluster partners. The HRP therefore focuses on the unserved severely and extremely food insecure population.

Two main streams of actions will be implemented under the HRP in order to decrease food gaps at household level, and protect and save lives and livelihoods, in line with the previous year's approach:

1. Ensuring direct access to food through in-kind and cash-based assistance;
2. Provision of emergency agricultural support.

The proposed target represents 65 percent of the overall food insecure population in need (79 percent for rural areas, and 45 percent in urban areas). The assistance will be delivered in both urban and rural areas, with people in rural areas representing 72 percent of the overall target. The food security response planned under the HRP is complementary to the Government's planned food assistance. The gap between the target population and the people in need (PiN) derives from a strong prioritization exercise for humanitarian assistance, based on the assumption of continued support by the Government of Zimbabwe, both in terms of food assistance and agricultural inputs and services.

FSL Cluster partners are committed to a gender-, age- and disability-sensitive response, including undertaking targeted support for children under 5, older people, lactating women, people with disabilities, chronically ill persons, people affected by COVID-19, refugees and IDPs. This will be achieved by both implementing ad-hoc interventions to address the needs of these groups, and through the adoption of dedicated modalities to differentiate and adapt projects' deliverables according to people's needs.

Projects developed by FSL Cluster partners will work in coordination with line ministries to ensure synergy with Government actions addressing humanitarian needs. The HRP plan of action will be shared with the Government, so that it is coordinated with social protection programmes of Ministry of Public Service, Labour and Social Welfare (Food Deficit

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Mitigation), and Harmonized Social Cash Transfer. Efforts to harmonize transfer values will continue through the National Cash Working Group (NCWG). The FSL Cluster will also continue to engage and collaborate with the Nutrition, WASH and Health sectors, in particular, to maximize the humanitarian response by leveraging cross-cutting interventions.

Response Modalities

Considering the latest market assessments from 10 districts and given the poor market performance and cash shortage, cash and voucher approaches are not encouraged in rural areas for the peak of the lean season i.e. January to April 2021. In urban and peri-urban areas, cash-based support remains the preferred approach. The standard food in-kind assistance is based on a food basket to be provided to rural households consisting of 7.5 kg cereals, 1.5 kg of pulses and 0.75 kg of oil per person per month during the lean season (January-April and October-December). The cash transfer to people living in urban areas consists of $12 per person per month, throughout the year. The standard food assistance household ration will be combined with the distribution of nutritional support for children under age 5, pregnant and lactating women and will provide a platform for nutrition complementary activities.

Actions developed by agriculture partners will focus on improving access to basic crops, livestock, gardens, by restoring the productive capacity of drought-affected small holder farmers and contributing to enhancing their resilience to future shocks. To address immediate humanitarian needs and to improve links with resilience-building programmes, support to the restoration of vulnerable livelihoods and households' agricultural production will be closely integrated with activities such as crop pest management, livestock disease surveillance and reduction of post-harvest losses. The response includes emergency rehabilitation of agriculture infrastructure and other urgently needed interventions designed to mitigate the effects of a poor rainfall season. Community nutrition gardens with access to water are encouraged as is the provision of drought tolerant seeds and fertilizer.

Cost & Prioritization of the Response

The FSL Cluster response plan requires $351 million to be fully implemented and achieve its expected results. Approximately 90 per cent of the overall budget will be used to ensure direct access to food, whether by in-kind food distribution or via cash-based transfers.

The cluster financial envelope reflects the aggregated budgets from all prioritized projects included in the plan, submitted by 23 partners. Each project has been evaluated and vetted according to agreed criteria which identified projects that addressed FSC priorities and complied with core coordination criteria such as avoiding overlapping and being part of the coordination architecture. A strategic response framework has been elaborated through a participatory process. The prioritization exercise has been driven by the analytical framework defined by the HNO: 100 percent of affected people falling under the severity grade 4 (IPC phase 4), and 32 per cent and 73 per cent of severity 3 (IPC phase 3) for urban and rural areas PiN respectively, are targeted by the plan.

Community Engagement & Accountability to Affected People

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

- Information provision will be achieved through various means, including posters, banners, pre-registration and pre-distribution addresses and community sensitization meetings, in-person if COVID-19 restrictions allow it or remotely. Information delivered includes, but is not limited to, selection criteria, entitlements, duration of assistance and feedback channels. During monitoring, progress is tracked to establish effectiveness of information dissemination strategies through determining the level of knowledge among assisted households.
- Consultations are employed to enhance the appropriateness and effectiveness of programmes by ensuring that needs are correctly identified and that programmes support households' capacities. Engagement with targeted communities is conducted through consultations with affected people, for example through community-based targeting and selection processes, and participation in programme design and implementation. Information on the level of community participation and engagement is tracked through post-distribution monitoring. In the case of agriculture and livelihoods projects, comprehensive stakeholder engagement is required at the project inception phase to ensure the needs of targeted communities are fully examined, evaluated and validated, in consultation with local authorities, stakeholders and members of targeted communities. Specific AAP considerations will be made, such as ensuring the appropriate type of assistance is given to targeted populations, taking into account the agro-ecological regions and main livelihood activities.
- Complaints and feedback mechanisms (CFMs) provide a channel through which affected people can voice their needs and concerns. Available mechanisms include help desks, suggestion boxes and a toll-free hotline. All CFMs should have procedures for recording, referring, taking action and providing feedback to the complainant.

Protection against Sexual Exploitation & Abuse

To help protect communities against sexual exploitation and abuse, FSC partners will comply with specific guidelines and will put in place dedicated tools, including training of field personnel, sensitization of concerned beneficiaries, as well as the continued implementation and strengthening of complaints and feedback mechanisms. The FSC will promote the knowledge and adoption of the Zimbabwe SEA Reporting Mechanism, including the Standard Operating Procedures (SOPs) for Reporting & Processing SEA Complaints. In addition, dedicated updates and information meetings will be held, where experts of specialized organizations inform FSC partners about best practices to address issues related to PSEA with reference to programmes' implementation.

Response Monitoring

FSL partners have developed dedicated monitoring tools to regularly report on the progress of their activities. In this regard, FSL partners will maximize community engagement, including suggestion boxes, help

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

FSC will monitor output level indicators through a well established monthly 5W reporting system, and according to the agreed monitoring framework under the HRP response plan, including the number of people receiving food assistance, agricultural livelihood support and trainings,

Funding to projects will be reported to the Financial Tracking System.

Food Security & Livelihoods Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
FSL Objective 1: Save lives through support to food access to meet basic food requirements for people facing Emergency food insecurity (IPC4) during severe seasonal shocks or other disruptions Relates to Strategic Objective 1: (Specific Objective 1.1)	Number of women, men, boys and girls benefitting from food assistance (in-kind or cash transfer)	1.2M	1.2M
FSL Objective 2: Protect lives of acutely food insecure population, by providing food assistance to people facing Crisis food insecurity (IPC phase 3), as well as emergency agricultural support Relates to Strategic Objective 2: (Specific Objective 2.1)	Number of women, men, boys and girls benefitting from Food assistance in-kind or cash transfer	4.5M	2.5M
	Number of households receiving nutrition and season-sensitive emergency crop and livestock input assistance	550k HHS (2.7M Individuals)	334k HHs 1.7M (Individuals)
	Number of vulnerable small holder farmers receiving extension and advisory services to improve yields, manage crop pests and livestock diseases	550k farmers (2.7M Individuals)	319k farmers 1.6M (Individuals)
	Number of women, men, boys and girls benefitting from food assistance (in kind or CBT) in rural areas whilst working on assets rehabilitation / construction	XXX	135k individuals
	Number of individuals benefitting from rehabilitated critical community assets	XXX	264K individuals

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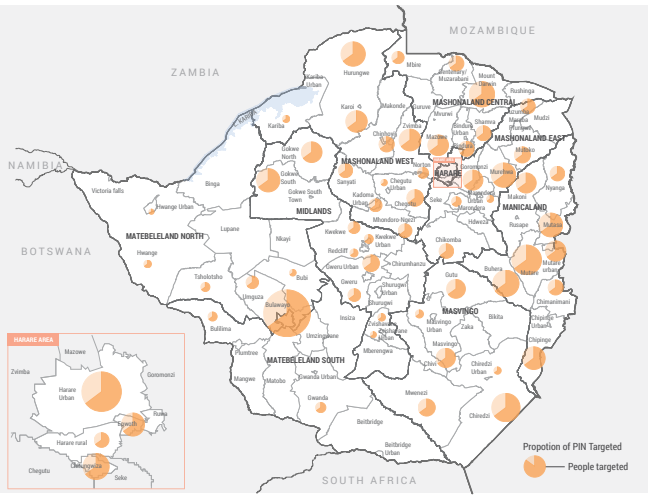
3.4 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
4.1M	2.7M	$48.1M	6	6



People Targeted

In 2021, the Health Cluster will target 2.7 million people—including boys and girls, men and women—residing in 60 priority districts that were selected through the HNO needs analysis process. The provision of essential health services will cover the largest population. Regarding sexual and reproductive health, the Health Cluster will mainly target women of child-bearing age in the affected districts. The Cluster will also seek to engage men to ensure that they have meaningful participation in maternal health services. The Child Health component of the response will mainly target men and women who are parents and children will be targeted for immunization.

Response Strategy

The response strategy for 2021 builds on the 2020 HRP, but—in the face of rising needs—is robustly prioritized to focus on the most urgent life-saving and life-sustaining needs. The key priorities that will be pursued during the implementation of the HRP are:

- Strengthening emergency preparedness and response to epidemic prone diseases, including cholera, typhoid and COVID-19;
- Strengthening maternal health interventions in priority districts, in accordance with the Minimum Initial Service package for sexual and reproductive health services;
- Providing emergency immunization coverage for children in priority districts; and
- Strengthening provision of essential health services for affected communities.

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

The Health Cluster will ensure that partners implement a gender-, age- and disability-sensitive response, and that the specific needs of people living with HIV are addressed. The cluster will continue to embrace diversity and inclusion by ensuring that vulnerable groups, including people with disabilities, have equal access to emergency health services and will promote the centrality of protection in health activities. The health sector response will be aligned with health policies and norms of the country and global standards, such as the Core Humanitarian Standards on quality and accountability, and will adhere to the essential Health Care standards for communicable diseases, child health as well as sexual and reproductive health.

Response Modalities

The health response will be implemented through a combination of static and mobile response. Six key health partners will implement activities, including UNFPA, UNICEF, Moriti oa Sechaba Trust, World Vision and WHO, and most of the activities will be undertaken in close collaboration with the Ministry of Health and Childcare. The health partners will work collaboratively to ensure that the WHO Model on Essential Medicine is attained and the Minimum Initial Service Package for reproductive health is implemented. Implementation of activities will also seek to adhere to the Essential Health Package, which includes a list of key health services that guarantee the minimum health care to be provided to affected communities.

Cost & Prioritization of the Response

The Health Cluster requires $48 Million to respond in 60 priority districts in 2021. The cluster envelope was derived from an analysis of Health Sector needs which was also compared with available funding sources. Should resources mobilized for the response be inadequate, the sector anticipates reducing its target districts to those identified to be in severity ranking 4 and above through the HNO.

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Community Engagement & Accountability to Affected People

To ensure accountability to affected people, the Health Cluster will work closely with community structures, including community meetings and Health Centre committees, to promote participation and inclusion of affected communities. Health partners will ensure representation of men, women, girls and boys in these platforms so that communities have a voice in the type of health intervention they receive, the way it is delivered, and the quality of service rendered. During programme implementation, health partners will ensure that community leadership structures are consulted in priority setting. To foster knowledge development, brokering and networking, health partners will also hold meetings to share good practices on accountability to affected people (AAP) with the aim of developing integrated approaches. All health partners will strive to collectively provide effective and quality programming that recognizes the community's dignity, capacity and right to participate in decisions that affect them.

Protection against Sexual Exploitation & Abuse

As part of preventing sexual exploitation and abuse, the Health Cluster will identify risks and integrate protection from sexual exploitation and abuse strategies into cluster workplans. Further, the cluster will require all cluster members to put in place appropriate mechanisms to deal with any issues of sexual exploitation and abuse. On a regular basis, the Health Cluster Coordinator will ensure that PSEA is part of the agenda items in the Cluster meetings.

Response Monitoring

The Health Sector will mainly use data from District Health Information Software 2 (DHIS2) to monitor the situation and response. DHIS2 is an open source, web-based health management information system (HMIS) platform used by the Ministry of Health and Child Care. Indicators on immunization coverage for key antigens, maternal health, outpatient department, and epidemic prone diseases will be analysed on weekly and monthly basis to measure the performance of the response. The Health Cluster will also use Integrated Disease Surveillance and response strategy to monitor epidemic prone diseases.

In addition to the above, the Health Cluster will continue to receive and act on feedback obtained from the Health Centre Committees at facility level. Health Cluster partners will also get feedback through their established complaints and feedback mechanisms. Outcomes from community engagement sessions with communities will be analysed so that needs, and preferences are adequately addressed. Health Cluster partners will receive feedback from the district, provincial and national levels as part of response monitoring.

Health Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Health Objective 1: Excess maternal mortality rates are reduced by 20 per cent in 60 priority districts by the end of 2021. Relates to Strategic Objective 1: (Specific Objective 1.4)	Number of women receiving antenatal care	2.1M	1.4M
	Number of institutional deliveries (NVDs and caesarian sections)		
	Number of women supported in maternity waiting homes		
	Number of maternal deaths		
Health Objective 2: Incidence of key epidemic prone diseases especially cholera and COVID-19 is below emergency thresholds throughout 2021. Relates to Strategic Objective 2: (Specific Objective 2.2)	Number of people protected against diarrhoeal diseases and COVID-19	3.9M	2.5M
Health Objective 3: The delivery of basic services are extended to 4.1million people in 60 districts. Relates to Strategic Objective 2: (Specific Objective 2.2)	Number of people accessing health services	4.1M	2.7M
	Number of people accessing NCD medication	1.5M	1.1M
	Number of people receiving mental health support	200K	200K

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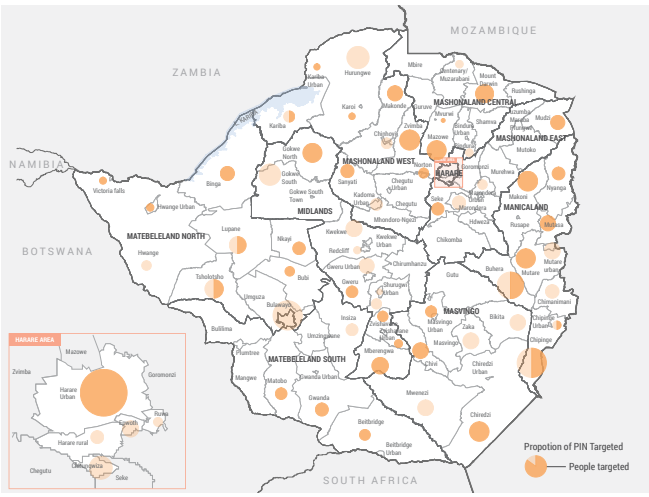
3.5 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
1.5M	870K	$11.3M	9	9



People Targeted

In 2021, the Nutrition Cluster aims to provide life-saving and life-sustaining nutrition support to 596,157 children affected by acute malnutrition and 274,281 vulnerable pregnant and lactating women in 32 rural and 8 urban locations in the country. A multi-dimensional analysis of causes of poor nutrition status was conducted to determine geographical priorities, activities, vulnerable groups and programmatic priorities. Global acute malnutrition (GAM) was used as a first level for determining district vulnerabilities, using an adapted ranking of GAM prevalence observed in the 2020 Rural ZimVAC results as well as the 2019 Urban ZimVAC results. An overall 11 districts had GAM levels above 5 per cent, with one district above 10 per cent. Dietary practices amongst children aged 6-23 months—measured using the Minimum Acceptable Diet (MAD)—was then considered to determine the most vulnerable children in the selected districts, with only 2.1 per cent having the minimum acceptable diet (MAD). The Minimum dietary diversity for women (W-MDD) was used to determine the most vulnerable women in the selected districts, with only 19 per cent having the minimum dietary diversity. Women as the primary care givers of young children are disproportionately affected by the deteriorating situation compounded by COVID-19 pandemic with limited access to health facilities attributed to the distances as some facilities are not fully functional.

Response Strategy

The elevated nutrition needs in Zimbabwe require a multipronged/multisectoral approach intervening to address acute malnutrition and improving knowledge and access to affordable nutritious foods. Within this context, the nutrition sector aims to provide life-saving nutrition treatment to all children and women affected by acute malnutrition in 30 rural and 8 urban locations in the country. This is an increase from the 23 rural and 2 urban districts targeted in 2020, reflecting increased urban vulnerabilities due to the prevailing socio-economic situation, increasing cases of pellagra, and disrupted continuity of nutrition and health services compounded by the effects of COVID-19 lockdowns in the country.

The HRP aims to improve coverage of integrated management of acute malnutrition through integrated mobile nutrition and health outreach teams and to close capacity gaps in the quality of care in nutrition interventions. As the Ministry of Health and Child Care is at the centre of nutrition interventions, efforts to strengthen capacities will be targeted at the health workforce, particularly village health workers and health facility staff at primary health centres. The response will prioritize early identification of acute malnutrition (screening), treatment of acute malnutrition amongst children (SAM and MAM), and counselling, information and education for care givers on acceptable dietary practices, including through Infant and Young Child Feeding (IYFC) counselling and support. Micronutrient supplementation to women and children will be an integral intervention provided during wellness health facility visits.

Analysis of the nutrition situation will be disaggregated by sex, age and vulnerable groups to target interventions based on these groups' distinct needs. It is well recognized in the analysis that women and children are disproportionately affected by the drivers of nutrition problems; hence, interventions will be tailormade to protect the well-being of these groups. The 2021 strategy will also support strengthening of the nutrition information through improved data collection, analysis and use.

Nutrition activities will be closely coordinated with Health Cluster partners. In 2020, restrictions imposed to contained the spread of COVID-19, such as lockdowns, disrupted health services and reduced capacity of the Ministry of Health and Child Care to provide nutrition and health services which resulted in less than expected admission of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) cases. The increase in adult pellagra cases in urban areas was also not matched by appropriate interventions, and there was generalized diminished quality of care and coverage of nutrition services. The nutrition and health information system has also had observed gaps in quality and completeness of reporting. Addressing these challenges in close collaboration with the Health Cluster will therefore be a key priority for 2021.

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Response Modalities

The Nutrition Cluster will support the continuum of care from the community for case identification, screening and referrals to the health facility level for treatment of severe acute malnutrition. The primary location for delivering treatment are static health facilities, which will be complemented by mobile outreach activities for areas with limited access to health facilities. Nutrition activities will be closely integrated with health services, and hence will utilize platforms that include immunization campaigns, well-baby visits and antenatal care visits to deliver interventions. At community level, village health workers are a key contact point with the community and hence will support screening, case identification and referrals for acute malnutrition. The advent of COVID-19 has brought about innovations in screening of children, with mothers and care givers playing a more prominent role through mother led Mid-Upper Arm Circumference (MUAC) measurements.

Cost & Prioritization of the Response

The Nutrition Cluster requires more than $11.3 million for the implementation of prioritized projects by nine humanitarian partners. Historical activity-based budgeting as proposed by partners was used in the final determination of the envelope. The partners' response will support the government's own response, mainly through the Ministry of Health and Child Care (MoHCC).

The cluster has prioritized the response as follows:

- **If only 25 per cent of the cluster envelope is received,** the cluster will prioritize the life-saving screening and treatment of acute malnutrition, capacity building for health workers on delivering screening and treatment, counselling for mothers and care givers of children, and procurement and distribution of essential nutrition commodities for treatment of acute malnutrition. Information management is key in determining the nutrition situation and SMART Surveys in urban and rural areas would therefore be prioritized.
- **If 26-50 per cent of the cluster envelope is received**, the cluster would prioritize procurement and distribution of essential nutrition commodities for prevention of malnutrition, micronutrient supplementation (provision of Vitamin A supplementation to children 6-59 months, provision of Iron and Folic Acid supplements to pregnant women), as well as supplementary feeding for pregnant and lactating women (PLW). These second-tier activities have been prioritized so as to provide additional support over and above the routine programme.
- **If 51-75 per cent of the cluster envelope is received,** support to data quality assurance activities for community and health facility level workers would be prioritized, in addition to the activities already outlined.
- **If 76-100 per cent of the cluster envelope is received,** the cluster would be able to ensure total implementation at scale of the continuum of care, including cash based interventions and SMART surveys conducted at scale for all districts with high levels of vulnerability (severity 3 and 4 according to the GAM priority ranking).

Community Engagement & Accountability to Affected People

Feedback from communities during the implementation of 2019/2020 humanitarian action has shown that communities need health and nutrition services closer to them, hence the need for outreach services to augment static health facility services. Mothers and caregivers of children under age 5 have shown interest in conducting mother-led screening and growth monitoring activities and this has led the Cluster to highlight the need to strengthen their ability to do this to ensure early detection of growth faltering. In 2021, Nutrition partners will ensure that both women and men are involved in consultations before, during and after program implementation to ensure that their voices inform programming. During monitoring and evaluations, Nutrition partners will assess the level of satisfaction of people assisted to ensure their full participation within the whole project cycle.

Protection against Sexual Exploitation & Abuse

Nutrition partners will ensure that their proposed projects limit exposure of vulnerable people—especially women and girls—to sexual exploitation and abuse, including through selection of safe environments for outreach programmes and timely starting and finishing of activities. Projects participants (community leaders, authorities, beneficiaries, suppliers) will be informed of the different channels to report any observed misconduct within the community. Training on PSEA is a pre-requisite for all UN partners, whilst Nutrition partners have been active members of the recently formed PSEA Network in Zimbabwe. Awareness will be raised amongst targeted communities on PSEA, to ensure proper understanding of PSEA and referrals for any arising issues.

Response Monitoring

The nutrition cluster will monitor access to services through the established Ministry of Health and Child Care routine health information (DHIS2), and near real time monitoring using the RapidPRO platform. Standardized partner project reports and monitoring systems have been put in place for community engagement initiatives to be reported by partners through the national and sub-national cluster mechanisms. Efforts will also be made to fully integrate nutrition assessments into the existing ZimVAC to monitor changes in the nutrition outcomes (wasting and dietary practices) as well as to undertake SMART surveys to understand changes in the nutrition situation and guide interventions.

To monitor coverage and quality of nutrition services, the Cluster will track the: percentage of children screened for acute malnutrition; percentage of children identified as malnourished that present to treatment sites; and number of children admitted for SAM and MAM treatment, including cure and death rates as they relate to Global standards. The number of children 6-59 months receiving Vitamin A supplementation, proportion of pregnant women receiving Iron and Folic Acid supplements, proportion of children 6-23 months receiving micro-nutrient powders (MNPs) and proportion of women receiving supplementary feeding will also be tracked. Monitoring nutrition promotion will include the proportion of caregivers for children aged 6 to 23 months reached with IYCF-e counselling, and numbers of health workers trained on IYCF.

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Nutrition Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Nutrition Objective 1: To ensure life-saving nutrition treatment reaches all vulnerable women children affected by acute malnutrition in 30 priority rural and 8 urban districts locations in the country Relates to Strategic Objective 1: (Specific Objective 1.2)	No of health workers sensitized on nutrition emergency response (IYCF-e, IMAM, Active screening, Micronutrient Supplementation, AAP)	2,733	911
	Children <5 years screened for acute malnutrition	596,157	417,310
	Children identified as malnourished that present to treatment sites	47,955 (22,175 SAM, 25,780 MAM)	47,955 (22,175 SAM, 25,780 MAM)
	Cure rates	47,955 (22,175 SAM, 25,780 MAM)	75% cure rate
	Death rates	47,955 (22,175 SAM, 25,780 MAM)	<5% death rate
Nutrition Objective 2: To improve the knowledge of caregivers of children below 2 years on appropriate Infant and Young Child Feeding practices in priority locations Relates to Strategic Objective 1: (Specific Objective 1.2)	Proportion of caregivers for children 6-23 months reached with IYCF-e counselling	596,157	417,310
Nutrition Objective 3: To protect women and children from deterioration of their nutritional status linked with lack of access to diversified diets Relates to Strategic Objective 1: (Specific Objective 1.2)	Number of children 6-59 months receiving Vitamin A supplementation (VAS)	596,157	476,926
	Proportion of pregnant Women who received Iron and Folic Acid	68,570	54,856
	Proportion of children 6-23 months receiving MNPs	596,157	357,694
	Proportion of children 6-23 months receiving MNPs	596,157	357,694

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CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Nutrition Objective 4: To ensure timely availability of essential nutrition commodities in the priority districts Relates to Strategic Objective 1: (Specific Objective 1.2)	No. of health facilities in 38 targeted districts		95% of HFs with no stock outs of RUTF
	No. of facilities in 38 targeted districts		95% of facilities with at least 3months stock levels (Iron and Folic Acid, Vitamin A stock levels, Super cereal
Nutrition Objective 5: To improve decision making and effective nutrition response through strengthened data collection, reporting and information systems at all levels from community, health facility, district, provincial and national level across the country. Relates to Strategic Objective 1 & 2: (Specific Objective 1.2 & 2.1)	No. of SMART assessments conducted in Urban and Rural areas		6 (3 urban and 3 district SMART surveys)
	Completeness of reports from VHWs	No. of village health workers from priority districts	80%
	Completeness of reports from health facilities in the 38 priority districts	No. of health facilities	80%
Nutrition Objective 6: To provide leadership for a coordinated nutrition response to women and children affected by multiple hazards Relates to Strategic Objective 2: (Specific Objective 2.1)	Availability of Integrated workplans at subnational level (Government and partners)	1 National level and 10 provincial plans for the 38 priority districts	1 National plan 10 provincial, 38 districts
	Number of sector coordination meetings (National and Sub-national)	2/month	1/month at each level (national province/ district)
	Integrated monitoring visits conducted	1/month	1/quarter at each level (national province/ district)

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CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Nutrition Objective 7: To ensure accountability to affected people (AAP), especially the vulnerable women, children, persons with disability in priority districts Relates to Strategic Objective 1 & 2: (Specific Objective 1.2 & 2.1)	AAP Plan for the sector is available developed and implemented.	National and 10 Provinces	Availability of a sectoral AAP Plan
	Number and type of Information and feedback service centers/ facilities in place	All health facilities in targeted districts	Availability of a Functional feedback system with complaints/ feedback responded to
	Number of feedback reports received	Weekly feedback reports	Availability of weekly feedback reports
	Proportion of feedbacks responded to	All weekly feedback reports submitted	100%

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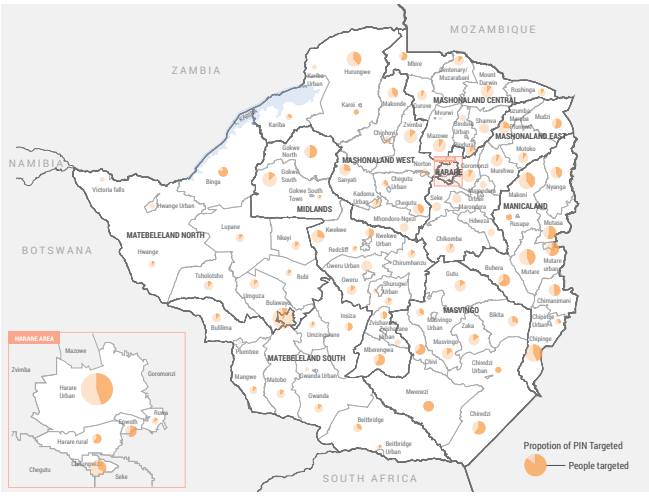
3.6 Protection

	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
PROTECTION	2.3M	723K	$17.9M	15*	16**
GENDER-BASED VIOLENCE	2.3M	671K	$12.1M	7	9
CHILD PROTECTION	1.3M	160K	$4.8M	7	6

*includes 7 GBV, 7 CP and 1 general protection partner
**Includes 9 GBV, 6 CP and 1 general protection project



General Protection

People Targeted

In 2021, at least 2.3 million people need protection services, including women, men, boys and girls in the most food insecure districts. The humanitarian needs analysis for Zimbabwe underscored: protection risks faced by women and girls due to climate change and economic hardships; challenges adversely affecting women and girls with disabilities; the need for protection monitoring and durable solutions for people displaced by Cyclone Idai; the need for access to civil registration services for undocumented children and other individuals; protection concerns linked to COVID-19 containment measures; and challenges faced by people likely to be evicted in 2021. Mainstreaming protection across all clusters remains critical, including for people displaced by Cyclone Idai in March 2019, who do not yet have durable solutions.

Response Strategy

The General Protection focus in 2021 will be on protection mainstreaming, mobile civil status documentation issuance and or replacement exercises, protection monitoring within sites, continuous community consultations to ensure accountability to affected populations, reporting and referral of people with special needs, PSEA, and coordination and trainings of service providers to mitigate protection risks.

Response Modalities

The Protection Cluster working with the government will use a range of modalities to deliver support in 2021, including static and mobile programming, as follows:

- Implementing protection mainstreaming across clusters including and not limited to working with protection focal points across clusters;
- Working closely with the PSEA Network on SEA mitigation;
- Supporting community engagement, including on community perception on services provided;
- Collecting and analysing protection information;
- Carrying-out trainings on human rights, protection legal frameworks, principles and standards for local authorities and traditional leaders;
- Establishing protection presence and monitoring in IDP sites for timely identification and referral, dissemination of information on available services via multiple channels;
- Mobile civil status documentation issuance and or replacement following sensitization sessions on importance of civil documentation.

Cost & Prioritization of the Response

The total estimated response cost for the Protection Cluster is $16.8 million, while the cost of the general protection (GP) component is $1 million. The general protection project will be under direct implementation by one partner (UNHCR).

Community Engagement & Accountability to Affected People

Community engagement by the Protection Cluster will include participatory assessments with feedback sessions, Focus Group Discussions and key informant interviews, among others. Various leadership structures for women, men, youth will be utilised for communicating with communities. Participation of people with disabilities will be ensured throughout the implementation of the HRP. Leadership structures will play key roles during the information dissemination sessions on civil registration. Community consultations will also provide opportunity to receive complaints and in collaboration with other clusters ensure that feedback is provided to the affected populations.

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Child Protection

People Targeted

The Child Protection Sub-Cluster estimates that about 1.3 million children in Zimbabwe will need child protection services in 2021, of whom the Sub-Cluster will target 164,544 (57,604 boys, 106,980 girls). The calculation of children in need was informed by the ZIMVAC 2020 report and Education Sector data on children missing school. In order to determine its target for 2021, the Child Protection Sub-Cluster focused exclusively on children in need of lifesaving and critical child protection in emergencies services, with the understanding that the rest of the children in need of protection could be assisted through ongoing/ developmental child protection interventions.

Response Strategy

The Child Protection Sub-Cluster, informed by the multiple hazards facing Zimbabwe, including drought, floods, COVID-19, and economic challenges, has identified 13 priority intervention districts—based on the HNO severity analysis—that will be provided with critical, life-saving Child Protection in Emergencies (CPiE) services. Should additional funding be made available, the Sub-Cluster's reach could be extended to 43 districts.

The Sub-Cluster will focus on preventing exposure to increased child protection risks and responding to child protection violations guided by the Child Protection Minimum Standards in Humanitarian Action. Priority activities will include: child protection in emergencies service delivery; case identification and referrals; and capacity building for other clusters to be able to identify and appropriately respond to child protection violations. PSEA, child safeguarding and accountability to affected people will be enforced through training of all child protection partners.

Response Modalities

The Child Protection sub-cluster will deliver services through multiple modalities in 2021, including:

- Building the capacity of community-based volunteers to identify, respond and refer protection cases, thereby increasing community surveillance and response;
- Layering child protection activities to accompany other humanitarian interventions, such as cash transfers and food distributions;
- In appropriate instances, delivering services through virtual means using mobile phones, building on lessons learned during COVID-19;
- Implementing joint mobile service delivery to ensure hard to reach areas and those without means to seek services are able to access protection assistance;
- Building on existing protection systems, including linkages with the Education and Health clusters, as well as the justice sector, to ensure comprehensive response through appropriate referrals.

Cost & Prioritization of the Response

The Child Protection Sub-Cluster requires nearly $4.8 million to reach 164,584 children with critical child protection in emergencies interventions. The average cost for service delivery is $30/child.

The Sub-Cluster has prioritized its response as follows:

- **If only 25 per cent of the Sub-Cluster envelope is received, t**he Sub-Cluster will focus on Family Tracing and Reunification, support to children in contact with the law and specialist child protection services to survivors of violence.
- **If 26-75 per cent of the Sub-Cluster envelope is received**, the Sub-Cluster would prioritize birth registration support and psychosocial support.
- **If 76-100 per cent of the Sub-Cluster envelope is received,** the cluster would focus on critical dissemination of protection messaging.

Community Engagement & Accountability to Affected People

The Child Protection Sub-Cluster will conduct training for Child Protection partners in Accountability to Affected People (AAP). Building on the training, all the partners will report on community engagement from design, delivery and monitoring of their interventions. The cluster will also, through the protection working group, devise a community-based feedback mechanism that can be universally applied, prioritize analysis of feedback received and discuss amendments to programmes based on community feedback. The key delivery modality through community volunteers will also result in the training the volunteers in accountability and creation of tangible feedback loops. From the pool of community volunteers, a pool of accountability focal persons will be identified and trained. These will assist with collection of issues, submission to duty bearers, tracking feedback and providing same to the community.

Gender-Based Violence

People Targeted

In 2021, Gender-Based Violence Sub-Cluster partners will target 671,191 people (74 per cent female, 26 per cent male) in 51 prioritized target districts, with 100 per cent of the target population between 15 and 49 years old. Some 75 per cent of the target population resides in rural areas, and 25 per cent in high density urban areas; 1 per cent are IDPs (Cyclone affected districts) and 0.5 per cent are returnees; and 7 per cent are people with disabilities. The target group represents 30 per cent of the total people in need. It was defined on the basis of the HNO severity analysis, including the triangulation of severity data. The Sub-Cluster will prioritize the provision of GBV risk mitigation and response services for the most vulnerable women and girls, men and boys in remote and hard to reach areas within 51 prioritized drought affected districts, among those with the highest food insecurity rates (IPC Phase 3 through IPC Phase 4), and with a concomitant lower access to GBV services (ZIMVAC 2020). The target also reflects the Gender-Based Violence Sub-Cluster partners' capacity to scale up response in 2021.

Response Strategy

The Gender-Based Violence Sub-Cluster strategy focuses on three main objectives:

- Ensuring accessibility of life-saving gender-based violence services;
- Strengthening gender-based violence risk mitigation; and
- Enhancing capacity of Protection and inter-cluster actors to integrate gender-based violence risk mitigation into sector specific interventions.

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The focus of partners' interventions will also be informed by a number of qualitative factors in identified hotspots—such as remote and hard to reach rural areas, highly dense urban districts, mining areas, bordering towns and districts with specific religious-cultural connotations—which are highly likely to cause situation-specific protection risks.

Response Modalities

Sub-Cluster partners will scale up gender-based violence risk mitigation and response efforts by ensuring continuous complementarity of geographic targets and strategic interventions.

Emphasis will be put on scaling up mobile gender-based violence life-saving service provision, based on the increased demand recorded during the 2020 HRP implementation and demonstrated effectiveness of mobile service delivery models in remote areas for timely reporting. To that end, multisectoral services availability and accessibility will be increased, through:

1. The provision of life-saving GBV services through roving, mobile, disable friendly One Stop centres and clinics, in remote and hard to reach areas;
2. The provision of remote GBV services through expanded GBV hotlines capacity.

In addition, community-based GBV risk mitigation systems will be reinforced, through:

1. The scale up of safe spaces for women and girls, and psychosocial support interventions;
2. Distribution of dignity kits;
3. The scale up of community mechanisms for GBV surveillance and referrals to life-saving GBV services.

Capacity of both GBV specialized service providers, protection partners and humanitarian actors will be strengthened through:

1. Promotion of GBV integration across clusters operations;
2. Technical support for the establishment of PSEA community-based complaints mechanisms, in line with the IASC guidelines and the Zimbabwe Inter-agency PSEA framework.

Cost & Prioritization of the Response

The GBV Sub-Cluster requires $12.1 million to reach the total target of 671,191 women and girls, men and boys in need of GBV risk mitigation and life-saving response services, through the support of 7 GBV partners and their respective projects. The Cluster envelope was determined based on GBV SC partners programmatic and operational capacity in the prioritized 51 districts. The average unit cost per person assisted amounts to $20.77.

The Sub-Cluster has prioritized its response as follows:

- **If only 25 per cent of the Sub-Cluster envelope is received,** the Sub-Cluster will prioritize projects with a strong focus on GBV essential life-saving service provision for hard to reach targets.
- **If 26-75 per cent of the Sub-Cluster envelope is received,** the Sub-Cluster will focus on mitigation measures, including safe spaces, community surveillance and dignity kits distribution.
- **If 76-100per cent of the Sub-Cluster envelope is received,** the cluster would focus on emergency related capacity building (protection and inter-cluster actors on GBViE and PSEA) interventions.

Community Engagement & Accountability to Affected People

The GBV Sub-Cluster strategic interventions were tailored on the basis of context-specific needs in the targeted districts and refined on the basis of the information received through focus group discussions and community members' engagement. Key community stakeholders were engaged throughout the definition of the strategic interventions, including Traditional Chiefs and village headmen, community members and volunteers, to ensure that activities within safe spaces, mobile one-stop centres, NFI distribution schedules and other community-based programs are in line with locally acceptable socialization patterns and routines, and as a way to ensure community buy in towards transformative results. Mobile GBV services will be provided through coordinated efforts of the multisectoral teams on the ground, in close consultation with community volunteers and cadres (Behaviour change facilitators, Ward coordinators, Village health workers) in order to improve mobilization of community members and enhance service uptake in the areas that are hardest to reach. The engagement of local communities will continue to play a critical role during implementation, as district-specific interventions will be designed through a co-creation model, which entails design of activities at safe spaces by the clients themselves, as opposed to a one size fits all approach.

Protection against Sexual Exploitation & Abuse

PSEA is a strict requirement for all Protection cluster partners, including through mandatory training of all partners on PSEA (In line with code of conduct compliance) and roll out of PSEA assessments to all partners before sub-granting. The standard assessment is meant to review PSEA capacity, including prevention and response capacity, and to ensure effectiveness of PSEA mechanisms. Protection partners will conduct direct capacity building sessions service providers and communities, in order to enhance awareness of PSEA, and will promote existing reporting mechanisms as well as co-creation of accessible reporting platforms. PSEA awareness will also involve wide dissemination of child and disability friendly referral pathways. Protection Cluster partners will further engage with inter-cluster humanitarian actors, to enhance their capacity on PSEA. Building on the newly developed inter-agency SEA reporting mechanisms as well as PSEA Network, Protection Cluster partners will work closely with the PSEA Advisor and the PSEA focal points across agencies.

Response Monitoring

Existing community-based surveillance mechanisms will be leveraged to ensure continuous monitoring of programme interventions, to collect constant feedback from communities on appropriateness of interventions and needs for adjustments, and to apply timely adaptation of the response in line with the evolving needs, while ensuring effectiveness and avoiding harm to people in need. Protection assessments, in collaboration with affected communities and partners, will also identify security risks facing communities. Using the 3W and 5W template, Protection Cluster partners will report as per determined timelines. The use of common agreed sector objectives and indicators will ensure easy sector consolidation and reporting.

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

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Protection Objective 1: Increase availability and accessibility of multisectoral protection services, for survivors of violence, including GBV, sexual exploitation and abuse and separated and unaccompanied children. Relates to Strategic Objective 2: (Specific Objective 2.1 & 2.2)	Number of unaccompanied and separated girls and boys identified, documented, and receiving family tracing services (CP)	13,355 (CP)	1,646 (CP)
	Number of girls and boys in contact with the law accessing child sensitive justice services (CP)	3000 (CP)	1000 (CP)
	Number of survivors of violence, including GBV and SEA, accessing multisectoral services (clinical care, psychosocial support, police and legal assistance, case management, including at mobile OSCs and Community-based shelters, hotlines and other remote PSS and legal services) (GBV and CP)	763K (GBV) 100K (CP)	103K (GBV) 10K (CP)
	Number of undocumented individuals assisted with civil registration services (Protection)	23K (CP) 24K (protection)	3K (CP) 24K (Protection)
	Number of civil status documents issued	24K (protection)	24K (protection)
Protection Objective 2: Strengthen capacity of most vulnerable women and girls, men and boys, to mitigate their risk of exposure to protection violations,[5] including GBV, SEA and Child Protection Relates to Strategic Objective 2: (Specific Objective 2.2	Number of vulnerable women and children reached with community-based PSS interventions, including through distribution of NFIs (dignity kits, recreational kits, MHM supplies), child friendly spaces and women/ girls safe spaces (GBV and CP)	1.7M (GBV) 668 (CP)	129K (GBV) 100K (CP)
	Number of individuals reached with community-based outreach and surveillance on GBViE risk mitigation, PSEA and CPiE (GBV and CP)	2.3M (GBV) 1.3M (CP)	650K (GBV) 164K (CP0
	Number of wards supported to establish community based feedback mechanisms for accountability to affected population	1,260	349 (GBV) 126 (CP)
	Number of Protection monitoring visits conducted to identify security related risks while communicating with affected populations	12 (Protection)	12 (Protection)

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CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Protection Objective 3: Enhance capacity of Protection actors and humanitarian actors across clusters to prevent, mitigate and respond to protection violations, including GBV, SEA and CP Relates to Strategic Objective 2: (Specific Objective 2.2)	Number of Inter-cluster Humanitarian actors trained to integrate protection, GBViE and CPiE interventions	10K (GBV) 10K (CP)	720 (GBV) 720 (CP)
	Number of inter-cluster humanitarian actors trained on PSEA	10K (GBV) 10K (CP) 120 (Protection)	620 (GBV) 500 9CP) 120 (Protection)
	Number of Protection Actors (including GBV and CP service providers and community cadres, local and traditional leaders) trained in Protection (Human Rights, protection legal frameworks, principles and standards), GBV and CP in emergencies response	30K (GBV) 10K (CP) 450 (Protection)	20K (GBV) 4K (CP) 450 (Protection)

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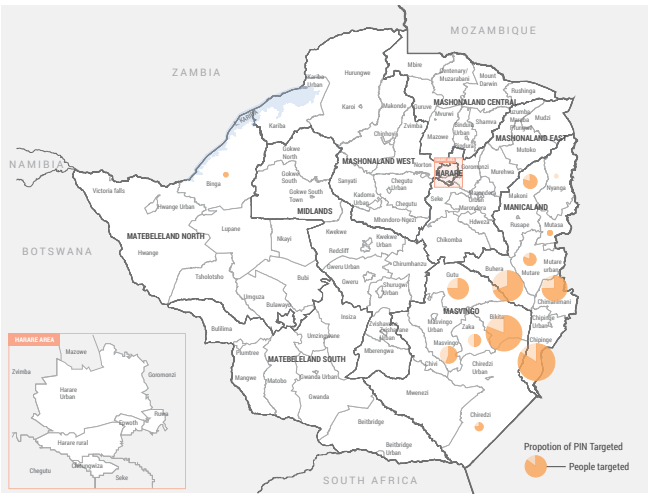
3.7 Shelter & NFIs

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
107K	81K	$9.3M	4	5



People Targeted

Under the 2021 Humanitarian Response Plan, Shelter/NFI partners will target 81,700 people (16,340 households) with assistance, out of nearly 107,000 in need. The main needs considered to prioritize the target areas and response were: activities targeting rehabilitation and transitional shelter for displaced people (especially women- and child-headed households, households with people with disabilities and older people) who have not yet received any support after Cyclone Idai; vulnerable households in areas prone to flooding and at-risk due to concerns regarding shelter inadequacy to withstand severe weather conditions; stockpiling of emergency shelters and NFIs to support potential flood and cyclone responses during the 2021 season (January to April); and support for people displaced as a result of evictions.

Response Strategy

Shelter/NFI Cluster partners will scale up efforts to provide assistance in 12 priority districts: 6 in Manicaland (Buhera, Chimanimani, Chipinge Rural, Makoni, Mutare Rural and Mutasa); 5 in Masvingo (Bikita, Chiredzi Rural, Gutu, Masvingo, Zaka); and 1 in Matabeleland North (Binga). The aim of the Cluster will be to provide construction of transitional shelter, rehabilitation of heavily damaged households and distribution of emergency shelter and NFI to households affected by new displacements. Prepositioning of emergency shelter (tarpaulins) and NFIs will be in place, targeting 10,000 people, as heavy rains are expected throughout January to March 2021.

Beneficiary selection criteria will be conducted considering vulnerability criteria and beneficiary identification will be done in close consultation with IDP committees, community leadership members and local authorities. When distributions are targeted, the selection of households will also be done on agreed vulnerability criteria, considering, among others: female-headed and child-headed households; households with pregnant and lactating women; widows; households with and/or headed by older people (> 60), households with people with disabilities; households with people with chronic diseases/serious medical conditions; and chronically poor households.

Partners will address the unique needs of men, women, boys and girls, based on the Gender and Age Marker (GAM), through active beneficiary engagement with all affected groups (not only community leaders), disaggregated data and monitoring indicators and analysis. Through periodic assessments (e.g. IOM Displacement Tracking Matrix (DTM)), the NFI/Shelter Cluster will ensure that affected women and girls are consulted in addition to, and separately from, men and boys, about shelter design, and settlement location and layout (e.g. what non-food items (NFIs) are required, the lighting available, the location of latrines, and the location of the settlement). Whenever possible, NFI/Shelter partners will ensure that consultations with women and girls are undertaken by female staff.

Enumerators (for all assessments), camp managers and assistants will be trained on protection issues and on how to respond to protection concerns, including basic understanding of key concepts such as PSEA, human trafficking and GBV, knowledge of "Do no harm" and other guiding principles, basic psychological first aid and how to safely respond to a disclosure of a protection violation, principles of assistance to victims of human trafficking, and protection referral pathways).

NFI/Shelter will strengthen partnerships and capacity building with organizations working with people with disabilities in order to better identify their needs and ensure data is disaggregated and that shelter interventions are tailored to any specific needs identified.

Selection of households for distributions in camps will be carried out on the basis of agreed vulnerability criteria, considering, among others: female-headed and child-headed households; households with pregnant and lactating women; widows; households with and/or headed by older people (> 60), households with people with disabilities; households with people with chronic diseases/serious medical conditions; and chronically poor households.

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While assessing construction sites (including temporary and transitional), environmental concerns will be considered. Ecologically sensitive areas will be avoided (e.g. wetlands, lagoons, lakes, animal migratory routes, parks, wildlife refuge and protected areas or areas inhabited by rare or endangered animals). Landslide and erosion prone sites will also be avoided during site assessment and constructions. If not possible, natural vegetation should be maintained in the landslide-vulnerable slopes and throughout the site, the site should be terraced to limit run-off, and structures should not build on landslide-prone slopes.

Response Modalities

Shelter/NFI Cluster partners are proposing construction of transitional shelter; rehabilitation of heavily damaged shelters; and prepositioning/distribution of emergency shelter kits in affected communities.

The design of the transitional shelters and rehabilitations will follow in-country and province-specific guidelines which consider the availability of resources, the local context, security and access challenges and land availability. Transitional shelters and rehabilitation building materials will be provided in kind, due to the prevailing economic situation in the country. Efforts will be made to procure the shelter kits and all building materials from the nearest suppliers to support the local economy.

Cost & Prioritization of the Response

The Shelter/NFI Cluster requires $9.3 million and four cluster partners are appealing with four projects.

The estimated cost of the response for the Shelter/NFI cluster is based on updated Bill of Quantities and cluster approved transitional shelter designs. Shelter partners will conduct a market assessment to identify, engage and access the best and most economic local suppliers and dealer's hardware shops with the capacity to supply construction materials and provide accessible cost and transportation in strategic areas. This aims to resuscitate local business who have also been affected by recurrent shocks.

The Cluster has prioritized its response as follows:

- **If only 25 per cent of the Cluster envelope is received,** the Cluster will prioritize the provision of transitional shelter/Binga (Mat. North).
- **If 26-50 per cent of the Cluster envelope is received,** the Cluster will undertake stockpiling and distribution of emergency shelter/NFIs to support 10,000 individuals during the 2021 peak rainy season (January to March).
- **If 51-75 per cent of the Cluster envelope is received,** the Cluster will rehabilitate severely damaged households or provide transitional shelter in Manicaland.
- **If 76-100 per cent of the Cluster envelope is received,** the cluster will rehabilitate severely damaged households or provide transitional shelter in Masvingo.

Community Engagement & Accountability to Affected People

During the design and implementation of cluster projects, a consultative methodology will be used through which: a feasibility study is recommended to first establish the priorities, capacities and recommendations of the prospective communities and families; and the community will establish committees responsible for collaboration in every day running of the projects including, among others, facilitation of distributions, in close collaboration with project teams, and resolving disputes as they arise with the support of community leaders.

A community participatory approach will be put in place with selection of local community builders. Selected households will contribute to the construction of transitional shelters and rehabilitations. Community members will be given the necessary training and empowered to monitor construction quality on a regular basis.

A complaints desk will be established during implementation of project activities, such as distribution of materials, to receive any complaints and feedback. Periodic community meetings with people assisted and traditional leadership will provide an opportunity for feedback concerning project implementation, and will be complemented by hotline, helpdesk and suggestions box.

Protection against Sexual Exploitation & Abuse

People receiving NFI/Shelter assistance will be provided with information on PSEA, including that humanitarian assistance is provided free of charge. All partners will be trained on core concepts related to PSEA, as noted above under the Response Strategy, and a monitoring system will be in place.

Whenever possible, consultations with women and girls will be undertaken by female staff and gender-balanced teams will be used. By ensuring a gender-balanced team (during distribution of materials in particular), the risks of SEA and GBV are mitigated.

Response Monitoring

The Displacement Tracking Monitoring (DTM), which IOM conducts regularly in crisis affected communities in Zimbabwe, gathers information on intentions of affected communities and what the affected communities consider shelter priority needs for them to recover from the effects of the disaster. Besides regular Shelter/NFI Cluster coordination meetings, periodic community meetings with people assisted and traditional leadership will be a platform to get feedback concerning implementation. The NFI/Shelter Cluster will also report regularly via the 5W on progress against indicators.

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Shelter Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Shelter Objective 1: Enables better coordination among all shelter actors, including local and national governments more effectively by strengthening leadership, coordination, and accountability in the humanitarian shelter sector Relates to Strategic Objective 2: (Specific Objective 2.2)	Number of Coordination Meeting held by cluster.	12	12
	4W is consolidated in a weekly basis.	12	12
Shelter Objective 2: Affected population living in damaged or destroyed houses are provided with short-term safe and adequate shelter solutions which complies with SPHERE standards. Relates to Strategic Objective 2: (Specific Objective 2.2)	Number of displaced households (IDPs) provided with emergency shelter	10,000	10,000
	Number of affected households supported with transitional shelters meeting shelter standards	11,210	8,679
	Number of affected households supported with partial shelter rehabilitation kits	10,088	7,661
Shelter Objective 3: Ensure immediate and appropriate service of Shelter and NFIs is delivered through assessment, prepositioning, distribution and post-distribution monitoring. Relates to Strategic Objective 2: (Specific Objective 2.2)	Number of assessments done to mainstream Age, Gender and Diversity and identify vulnerable people (including female- headed HHs, unaccompanied minors, and PWD).	6	4
	Number of emergency shelter kits prepositioned and distributed per affected districts	10,000	10,000
	Number of NFI kits prepositioned and distributed in per affected district.	10,000	10,000

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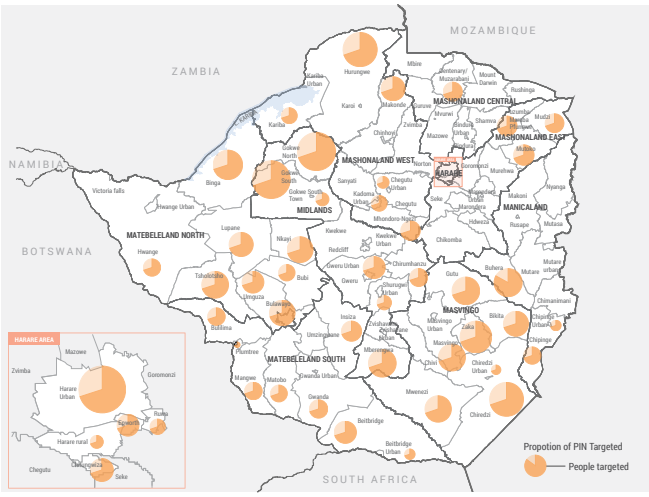
3.8 Water, Sanitation & Hygiene (WASH)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
3M	2.1M	$37.7M	19	19



People Targeted

The WASH Cluster will target more than 2.1 million people in 2021, being about 70 per cent of the people in need in the sector. The remaining 30 per cent will be absorbed through ongoing government interventions. People in need and people targeted are derived from the WASH severity ranking and identified through two key indicators relating to access to safe water and access to improved sanitation within the households. Districts falling within severity 3 and 4 were prioritized for humanitarian response. Within the targeted population, 52 per cent are children less than 8 years old, while 44 per cent are adults (males and females) between 19 and 64 years old and 4 per cent are older people. Eighty per cent of the people targeted are in rural areas, while 20 per cent are in urban areas. The actual people reached with the response will be further disaggregated by gender, age and disability.

Response Strategy

WASH interventions will cover key communities and institutions (schools and health facilities) with key activities, including:

- Restoring access to sufficient water of appropriate quality and quantity to fulfil the basic needs of children and women.
- Improving awareness among children and women of safe hygiene and proper solid waste management and sanitation practices, with a focus on community engagement, participatory health and hygiene education (PHHE) and water conservation.
- Providing access to critical WASH-related hygiene kits, with a focus on the most vulnerable families in the targeted areas, including pre-positioning of emergency WASH supplies in critical provinces.
- Strengthening water quality monitoring at the local level during the peak-period so that appropriate action can be taken early before an outbreak.
- Supporting the Health system to reduce the risk of hospital-associated infections and enhance infection, prevention and control (IPC) through WASH support to health facilities.
- Strengthening coordination and surveillance mechanisms at national and sub-national level, with links to other cluster coordination arrangements on critical inter-sectoral issues.
- Mainstreaming Accountability to Affected Populations, Protection of Sexual Exploitation and Abuse, gender, age and disability.

Response Modalities

WASH partners will use a combination of interventions targeting vulnerable communities and households for the response. The WASH market for goods and services has been severely affected by the COVID-19 restrictions and national and sub-national levels; with some of the services and goods having to be imported. As such, WASH interventions will be delivered through direct interventions by partners working in close collaboration with government counterparts at both national and sub-national level to ensure standardization and quality delivery.

Cost & Prioritization of the Response

The WASH Cluster requires $37.7 million for 19 partners to reach the targeted 2.1 million people. Cluster costs were based on overall unit costs for delivering a holistic WASH response focusing on key humanitarian activities. Individual partner budgets were derived based on this and the overall summation of the partner estimates for interventions required at district and sub-district levels. The per capita cost estimates vary across projects between $15 and $25, depending on the setting, the scale of hardware needs and other factors. The Cluster minimized overlap and duplication by ensuring coordination and discussion among partners on targeted districts, based on their strengths, geographical presence and absorption capacity. Cost efficiency measures are ensured by strong coordination across project interventions in the different areas by partners through the established platforms from sub-district to national levels. Standard approaches are used in terms of hygiene kit design, IEC messaging and water point rehabilitation.

The Cluster has prioritized its response as follows:

- **If only 25% of the Cluster envelope is received,** the Cluster will prioritize restoring access to safe water and hygiene awareness in districts in severity 4.
- **If 26-50% of the Cluster envelope is received,** the Cluster prioritize restoring access to safe water and hygiene awareness

and delivery of hygiene kits in districts in severity 4 and districts in severity 3 which are cholera/typhoid hotspots.

- **If 51-75% of the Cluster envelope is received,** the Cluster will prioritize restoring access to safe water and hygiene awareness and delivery of hygiene kits in districts in severity 4, districts in severity 3 which are cholera/typhoid hotspots and districts in severity 3 that are flood-prone.
- **If 76-100% of the Cluster envelope is received,** the cluster will prioritize restoring access to safe water and hygiene awareness and delivery of hygiene kits across all prioritized district, as well as strengthening coordination.

Community Engagement & Accountability to Affected People

WASH Cluster partners will leverage existing local mechanisms such as the District Water Supply and Sanitation Committee, Village Water and Sanitation Sub Committees, Ward Water and Sanitation Committees, local leaders to reinforce engaging with local communities affected by the humanitarian situation. Through these mechanisms, women and men, girls and boys, will be consulted during planning, and priorities for interventions will be developed based on information from the local communities. The local communities will be involved during repair of water points through provision of local materials and labour. Communities will also establish Operation and Maintenance committees of the water points and take ownership of WASH facilities.

Throughout the interventions, AAP will be mainstreamed into WASH Cluster activities in a manner that ensures the affected people are at the centre of our work, including the following measures:

1. Communities participate in a safe and appropriate manner that ensures equal opportunities for all including the vulnerable.
2. Communication and information with the targeted communities will be shared in a two-way communication channel that ensures the communities are aware of their rights in the project and the obligations of the Partner while working in their community. Community dialogues and inception meetings will be utilized from District level down to ward level and even village level as the project progresses will be some of the tools.
3. Feedback and complaint mechanisms will be established and utilised throughout the project, to get feedback on experiences and perspectives of the project implementation. Mechanisms such as help desks, suggestion boxes and suggestion boxes feedback sessions will be implemented at a frequency to be determined by communities. All feedback received will be recorded and adequately addressed in a manner that also safeguards the communities.
4. The WASH Partners will also work with other existing Cluster partners in the Districts to ensure that communities are not overburdened, and efforts are also not duplicated.

Protection against Sexual Exploitation & Abuse

Most WASH Cluster partners have Protection against Exploitation and Abuse (PSEA) policies that guide them in carrying out interventions. During the course of 2020, the Cluster partners received a PSEA and GBV mainstreaming training in emergencies and have worked closely with protection sector to refer of cases identified during household visits to Social Workers and Protection partners. Additionally, the Cluster allocated a focal agency to oversee PSEA and gender for all cluster interventions. Another refresher training on PSEA will be planned for the first quarter of 2021 to ensure all new personnel are equipped appropriately. As part of the efforts to ensure that all incidences of PSEA are reported, partners will set up complaints and feedback mechanisms that communities can use to submit feedback/ complaints relating to the project. Issues raised will be reported and referred in accordance with the Zimbabwe SEA Reporting Mechanism, including the Standard Operating Procedures (SOPs) for Reporting and Processing SEA Complaints.

Response Monitoring

WASH Cluster results are tracked, monitored and disaggregated across gender and disability. Post-distribution monitoring will be conducted on hygiene kits to solicit feedback on the effectiveness of the distribution as well as to gauge if the kits are being used for the intended purpose. Partners will regularly report on the online 5W matrix on HRP implementation progress; which will be summarized and shared as a dashboard.

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

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
WASH Objective 1: People affected by a humanitarian crisis have access to safe water of appropriate quantity to fulfill basic needs Relates to Strategic Objective 2: (Specific Objective 2.2)	Number of people reached with safe water	1.5M	1.1M
WASH Objective 2: People affected by a humanitarian crisis have access to critical WASH related Hygiene kits and improved awareness of safe hygiene and sanitation practices Relates to Strategic Objective 2: (Specific Objective 2.2)	Number of people reached with key sanitation and hygiene messages.	3.7M	2.7M
	Number of people reached with WASH hygiene kits.	3M	40K

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Coordination & Common Services

REQUIREMENTS (US$)	PARTNERS	PROJECTS
$2.2M	2	3

Overview

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

Targets and Response Priorities

Coordination and Common Services Sector will directly benefit the 43 humanitarian organizations included in this appeal, and will indirectly support the 4.5 million people targeted for assistance. OCHA, through its Zimbabwe Humanitarian Advisory Team (HAT), will support and facilitate inter-sectoral prioritization of areas with the highest concentration of people facing the most severe needs, as well as promoting a gender- and disability-sensitive response.

Response strategies and modalities

In 2021, the following Coordination and Common Services activities will be prioritized:

- Ensuring safe and accessible channels for reporting of Sexual Exploitation and Abuse in Zimbabwe;
- Finalization of a rapid needs assessment tool and coordination of rapid field assessments in response to sudden-onset emergencies, as well as ongoing consolidation of secondary data, to identify the most urgent humanitarian needs and ensure humanitarian decision making is based on common situational awareness;
- Timely dissemination of key information to all stakeholders, including to affected communities and in local languages;
- Regular needs, response and gaps analysis, including through information products such as the Dashboard and 5W;
- Operational coordination of humanitarian delivery, through coordination mechanisms adapted to the context that support the effective and coherent delivery of humanitarian assistance;
- Joint strategic response planning based on prioritized needs;
- Advocacy and coordination to ensure that people in emergencies are protected from harm and have access to assistance;
- Community engagement, protection, gender, age and disability sensitivity of the humanitarian response.

Cost & Prioritization of the Response

Approximately $2.2 million is required to support coordination and common services in 2021, with the following two priorities:

- Protection against sexual exploitation and abuse - $340,314
- Strategic and operational coordination of the response - $344,636
- Displacement tracking Matrix - $1,500,000

Displacement Tracking Matrix (DTM)

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

Community Engagement & Accountability to Affected People

Beyond the cluster-specific measures planned to enhance community engagement and accountability to affected people, OCHA will promote a more joined-up approach to this issue, including through promoting common feedback and complaints mechanisms. OCHA will also work with partners to develop relevant materials in local languages.

Protection against Sexual Exploitation & Abuse

Protection against Sexual Exploitation and Abuse (PSEA) has been established as a core priority of Zimbabwe's 2021 Humanitarian Response Plan. Under the leadership of the Humanitarian Coordinator and with the technical support of a dedicated PSEA Coordinator, OCHA, in support of the Humanitarian Country Team, has ensured that PSEA is incorporated throughout all stages of the planning process. This includes in the inter-cluster review process, plus a review of critical projects by the PSEA Coordinator. Recognizing that PSEA needs to be implemented rapidly and effectively, the 2021 HRP includes a dedicated inter-agency PSEA project to ensure that resources are available for collective PSEA initiatives, which is included under this Coordination and Common Services segment of the HRP and would be implemented by three partners (OCHA, GOAL and Musasa). This builds on the activation and training of Zimbabwe's PSEA Steering Committee and PSEA Network, as well as the roll-out of sexual exploitation and abuse reporting standard operating procedures.

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Response Monitoring

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

Coordination & Common Services Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
CCS Objective 1: Ensure safe and accessible channels for reporting of Sexual Exploitation and Abuse in Zimbabwe Relates to Strategic Objective 1:	Percentage of affected population (disaggregated by age and sex) reached with awareness-raising activities on how to report SEA complaints (ProMobile Trucks approach).		
CCS Objective 2: Ensure effective, principled and well-coordinated humanitarian aid to ensure equal access for women, girls, boys and men Relates to Strategic Objective1:	Percentage of project's financial requirement to this cluster objective (totaling 100% with other selected cluster objectives)		
CCS Objective 3: Provide timely and relevant information to the population and humanitarian partners, to ensure a common understanding of humanitarian needs and to enable more informed decision making. Relates to Strategic Objective 2:	Number of information products produced and disseminated		

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Refugees Response Plan

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)	PARTNERS	PROJECTS
21.9K	15.4K	$5.3M	3	3

People Targeted

The 2021 response will target the overall refugee population living in camps and camp-like settings, which, based on the population projection, is estimated to be some 15,405 refugees and asylum seekers. In addition to the provision of life-saving humanitarian assistance, the response will cover the areas of access to territory, reception, registration, refugee status determination and documentation; access to justice, and access to quality education for refugee children.

Response Strategy

The Refugee Response Strategy for Zimbabwe focuses on preserving unhindered access to territory to refugees and asylum seekers while ensuring fair and efficient asylum procedures. Response activities will promote the full enjoyment of rights for refugees and asylum seekers, ensuring provision of support to the Government for protection of refugees and asylum seekers in Zimbabwe. Multisectoral assistance and essential services will be provided to refugees and asylum seekers with particular attention to the most vulnerable individuals, and resilience and self-reliance will be strengthened among refugees and host communities. This will ensure that refugees and asylum seekers are self-reliant and improve in terms of their dietary ad nutritional requirements.

With the negative impact of COVID and the overcrowding prevalent in the refugee camp, health needs of refugees will be prioritized. This will ensure that refugees have access to basic health care services. As preventative measures, WASH in the Tongogara refugee camp will be strengthened through provision of adequate water per persons per day, construction of latrines to reduce the impact of open defecation and promote hygienic practices for refugees and asylum seekers. Education remains a key protection measure for refugees ensuring that refugee children of school going age have access to quality education. Despite the impact of COVID-19 which have left many learners out of school, there is need to strengthen innovative e-learning opportunities for school going children.

The capacities of national institutions will also be strengthened including supporting the government in creating conducive conditions for sustainable solutions in areas of refugee returns, in collaboration with humanitarian and development actors, as one of the key areas.

In comparison to 2020, the 2021 response has included more sectors, such as health, nutrition and livelihoods, which were not previously included in the 2020 plan. This has been necessitated largely by the impact of COVID on these key sectors. Comprehensive needs assessments have been conducted for the refugee population which have identified the gaps in these sectors.

Response Modalities

UNHCR and partners maintain a static presence in the refugee camp. The response will be continued to be delivered through already existing structures which are permanent in the Tongogara refugee camp. To a limited extent, cash assistance will be provided given that refugees and asylum seekers do not access to financial services and the markets have been negatively impacted by COVID.

Cost & Prioritization of the Response

The overall cost of the refugee response included in the Humanitarian Response Plan is $5.3 million for two projects by two partners. The partners already have an operational presence in the refugee camp and wards surrounding the refugee camp. The refugee response envelope was determined after a high level of prioritization of needs ensuring that here is no duplication in the activities proposed for implementation. Mapping of key activities was agreed upon by various stakeholders which the led to a prioritization exercise in consultation with refugees and asylum seekers. This ensured that the highest priorities were submitted through the projects.

Community Engagement & Accountability to Affected People

Throughout refugee response, AAP will be mainstreamed into the activities in a manner that ensures the affected people are at the centre of our work, and this will be achieved by ensuring the following;

- Communities participate in the project in a safe and appropriate manner that ensures equal opportunities for all including the vulnerable.
- Communication and information with the affected populations will be shared in a two-way communication channel that ensures the targeted communities are aware of their rights in the project and the obligations of the Partner while working in their community. Community dialogues and inception meetings from District level down to camp and ward level will be some of the tools to be utilized.
- Feedback and complaint mechanisms will be established and utilized throughout the project, to get feedback on experiences and perspectives of the project implementation. Mechanisms such as help desks, suggestion boxes and suggestion boxes feedback sessions will be implemented at a frequency to be determined by communities. All feedback received will be recorded and adequately addressed in a manner that also safeguards the communities.

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Protection against Sexual Exploitation & Abuse

Partners will be engaged in signing a code of conduct highlighting the issues on PSEA and UNHCR Zero tolerance towards sexual exploitation and abuse. Trainings on PSEA will be central to the work of partners and all programmes will identify the risk of SEA in all activities and come up with proactive and reactive risk mitigation measures. The refugees and asylum seekers will also be informed through various forums on zero tolerance to SEA. Reporting mechanism for suspected cases of SEA will be communicated to all stakeholder in line with established guidelines.

Response Monitoring

Monitoring and reporting will be central in all activities implemented under the refugee chapter. At the onset of the projects, monitoring plans will be developed through a multi-functions team identify the activities to be monitored, data to be collected and the frequency of monitoring. Where possible monitoring and evaluation specialists will be assigned to project to ensure quality collection of data. Refugee and asylum seekers will be integrated in the monitoring process as part of the AAP. In line with established monitoring plans, monitoring reports will be kept to allow follow ups and rectification identified weaknesses that might affected achievement of the project targets.

Refugee Objectives, Indicators and Targets

CLUSTER OBJECTIVE	INDICATOR	IN NEED	TARGETED
Refugees Objective 1: Provision of protection and assistance to refugees and asylum seekers in Zimbabwe. related to Strategic Objective 2: (Specific Objective 2.2)	Number of people accessing health services	15,405	15,405
	Number of households receiving equipment and training to improve agricultural practices as well as soil and water conservation a. Climate-smart agriculture b. Post-harvest handling, storage and processing	2,000	2,000
	Percentage of children not attending school	4,000	4,000
	Proportion of women receiving supplementary feeding	8,000	8,000
	Number of children aged 6-59 months receiving supplementary food.	1,248	1,248
	Number of people (disaggregated by gender, disability & age) provided with access to safe drinking water through water supply interventions	15,405	15,405
	Number of emergency shelter kits prepositioned and distributed in districts	1,500	1,500

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Part 4:

Annexes

EPWORTH DISTRICT, HARARE PROVINCE
A nurse administers an oral cholera vaccine to a boy during a cholera vaccine campaign in Epworth. Photo: WHO/ Wendy Julius

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4.1 Participating Organizations

ORGANIZATION	REQUIREMENTS (US$)	SECTORS	PROJECTS
ACT Alliance / Christian Aid UK	1,250,000	Food Security, Shelter	2
ACT Alliance / Christian Aid UK, ACT Alliance / Christian Aid	404,470	Shelter	1
ACT Alliance / Christian Care	2,365,500	WASH	1
ACT Alliance / DanChurchAid	34,088,762	Food Security, Protection	2
Action Contre la Faim	13,772,160	Food Security, Nutrition, WASH	3
ActionAid International Zimbabwe	1,247,970	Food Security, Protection	2
Adventist Development and Relief Agency	2,476,956	Nutrition, WASH	2
Africa AHEAD (Applied Health Education and Development)	520,630	WASH	1
CARE International	3,688,036	Education, Food Security, Protection, WASH	4
CARITAS	97,968	WASH	1
Catholic Agency for Overseas Development	2,835,649	Food Security, Protection, WASH	3
Catholic Relief Services	1,524,437	Food Security, Protection, Shelter	3
Child Protection Society	300,000	Education	1
Deutsche Welthungerhilfe e.V. (German Agro Action)	3,999,999	Food Security, WASH	2
Farm Community Trust of Zimbabwe	1,226,586	WASH	1
Farm Orphan Support Trust of Zimbabwe	400,000	Education	1
Food & Agriculture Organization of the United Nations	19,992,062	Food Security	1
GOAL	3,010,325	Nutrition, WASH	2
Help - Hilfe zur Selbsthilfe e.V.	3,244,490	Food Security, Shelter, WASH	3
International Medical Corps UK	186,408	Nutrition	1
International Organization for Migration	12,746,660	CCCM, Food Security, Protection, Shelter, Coordination and common services	5
International Rescue Committee	4,510,000	Food Security, Protection, WASH	3
Linkages for Economic Advancement of the Disadvantaged (LEAD)	1,290,615	Food Security	1

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ORGANIZATION	REQUIREMENTS (US$)	SECTORS	PROJECTS
Mercy Corps Scotland	2,793,849	Food Security, WASH	2
Moriti oa Sechaba Trust	787,437	Health, WASH	2
Mvuramanzi Trust	1,355,953	WASH	1
Office for the Coordination of Humanitarian Affairs	694,636	Coordination and Common Services	2
Organization of Public Health Interventions and Development	622,810	Nutrition	1
OXFAM GB	6,800,489	Food Security, Refugee Response, WASH	3
Pentecostal Assemblies of Zimbabwe	562,128	Food Security	1
Plan International	10,470,000	Education, Food Security, protection	3
Save the Children	15,358,542	Education, Food Security, Health, Nutrition, WASH	5
SAYWHAT	180,000	Protection	1
Trocaire	4,846,924	Food Security, Protection	2
UN Women	573,911	Protection	1
United Nations Children's Fund	47,242,245	Education, Health, Nutrition, Protection, WASH	5
United Nations High Commissioner for Refugees	5,300,076	Protection, Refugee Response	2
United Nations Population Fund	12,200,803	Health, Protection	2
World Food Programme	249,837,855	Food Security, Nutrition	2
World Health Organization	20,291,529	Health	1
World Vision Zimbabwe	8,213,691	Education, Food Security, Health, Nutrition	4
Zimbabwe Council of Churches	2,193,900	Food Security, WASH	2
Zimbabwe Project Trust	1,165,000	Food Security	1
Zimbabwe Red Cross	300,000	Refugee response	1

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4.2
Planning Figures

PROVINCE	PEOPLE IN NEED	PEOPLE TARGETED	OPERATIONAL PARTNERS	NUMBER PROJECTS
Bulawayo	458K	298K	2	8
Harare	1.2M	469K	19	41
Manicaland	969K	674K	34	105
Mashonaland Central	523K	365K	17	48
Mashonaland East	566K	380K	20	48
Mashonaland West	710K	509K	17	57
Masvingo	757K	543K	24	61
Matebeleland North	486K	345K	23	57
Matebeleland South	332K	260K	22	80
Midlands	805K	622K	26	89
Total	**6.8M**	**4.5M**	**44**	**90**

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4.3 Acronyms

AAP	Accountability to affected populations
AIDS	Acquired immunodeficiency syndrome
CARI	Consolidated Approach for Reporting Indicators
CCCM	Camp Coordination and Camp Management
CCW	Child care worker
CFM	Complaints and feedback mechanism
COVID-19	coronavirus disease 2019
CP	Child Protection
DHIS2	District Health Information System
DTM	Displacement Tracking Matrix
DRM	Disaster risk management
FSC	Food Security Cluster
FSNWG	Food Security & Nutrition Working Group
GAM	Global acute malnutrition
GAM	Gender and Age Marker
GBV	Gender-Based Violence
GP	General Protection
HAT	Humanitarian Advisory Team
HCT	Humanitarian Country Team
HIV	Human immunodeficiency virus
HMIS	Health Management Information Systems
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IDP	Internally displaced person
IMAM	Integrated management of acute malnutrition
IOM	International Organization for Migration
IPC	Infection Prevention and Control
IPC	Integrated Food Security Phase Classification
IYCF	Infant and Young Child Feeding
MAD	Minimum Acceptable Diet
MAM	Moderate acute malnutrition
MISP	Minimum Initial Service Package
MNP	Micro-nutrient powders
MOHCC	Ministry of Health and Child Care
MOPSE	Ministry of Primary and Secondary Education
MSF	Médecins Sans Frontières
NCD	Non-communicable diseases
NFI	Non-Food Items
NGOs	Non-Governmental Organization
NVD	normal vaginal delivery
PHHE	participatory health and hygiene education
PiN	People in Need
PLW	Pregnant and Lactating Women
PPP	purchasing power parity
PSEA	Prevention against Sexual Exploitation and Abuse
OCHA	Office for the Coordination of Humanitarian Affairs
SAM	Severe acute malnutrition
SDC	School development committee
SEA	Sexual Exploitation and Abuse
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SOP	Standard Operating Procedures
STI	Sexually transmitted infections
UN	United Nations
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
US$	United States Dollar
VAS	Vitamin A supplementation
VHW	Village heath workers
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WFP	World Food Programme
ZimVAC	Zimbabwe Vulnerability Assessment Committee
3W	Who does what, where
5W	Who does what, where, when and for whom

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4.4
End Notes

1. The 6.8 million people in need of humanitarian assistance referred to in this plan was determined on the basis of an inter-sectoral analysis carried out in accordance with the global Joint Inter-sectoral Analysis Framework (JIAF), as detailed in the Humanitarian Needs Overview. This figure only includes people in urgent need of life-saving or life-sustaining assistance, and does not include people who are facing less severe needs, but still require support, which is why it is lower than the Zimbabwe Vulnerability Assessment Committee (ZimVAC) figure of 7.8 million.
2. IPC: http://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1152928/
3. The figure of 133,000 was obtained from calculating Total population * Crude Birth Rate * % without skilled birth access. Thus it becomes = 16152764 * 0.033* 0.25 = 133,260 i.e. approx 133,000
4. https://www.iascgenderwithagemarker.com/en/home/
5. http://pubdocs.worldbank.org/en/750841492188177908/mpo-zwe.pdf
6. https://reliefweb.int/sites/reliefweb.int/files/resources/WFP%20Zimbabwe%20CSP%20Update%2042%20-%2015%20January%202021.pdf
7. This projection is based on: 1) the 2020/21 rainfall season meteorological forecast; and 2) evictions due to the implementation of the Global Compensation Agreement.

How to Contribute

Contribute towards Zimbabwe Humanitarian Response Plan
Donors can contribute directly to aid organizations participating in the international humanitarian coordination mechanisms in Zimbabwe, as identified in this Humanitarian Response Plan.

Contribute through the Central Emergency Response Fund
CERF is a fast and effective way to support rapid humanitarian response. CERF provides immediate funding for life-saving humanitarian action at the onset of emergencies and for crises that have not attracted sufficient funding. Contributions are received year-round.

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About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis. It is based on, and responds to, evidence of needs described in the Humanitarian Needs Overview.

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OCHA coordinates humanitarian action to ensure crisis-affected people receive the assistance and protection they need. It works to overcome obstacles that impede humanitarian assistance from reaching people affected by crises, and provides leadership in mobilizing assistance and resources on behalf of the humanitarian system.
www.unocha.org/rosea
twitter: @unocha_rosea

Humanitarian RESPONSE

Humanitarian Response aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.
www.humanitarianresponse.info/operations/zimbabwe

Humanitarian InSight

Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.
www.hum-insight.info

fts Financial Tracking Service

The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.
https://fts.unocha.org/

HUMANITARIAN RESPONSE PLAN
ZIMBABWE

FEBRUARY 2021