



Zimbabwe Crisis Response Plan 2020 - 2021

2020

Funding Required

\$29,473,000

People In Need

6,800,000

Target Beneficiaries

859,879

IOM Vision

In this dynamic context, IOM seeks to ensure humanitarian protection and assistance needs are met through the provision of timely, multi-sector interventions, while simultaneously addressing the root causes of vulnerability related to natural hazards and food insecurity, thereby building resilience to future risks in Zimbabwe. Addressing and facilitating rights-based service delivery and building capacity of local authorities and other key stakeholders as well as impacted communities will be critical across IOM's work.

Context Analysis

IOM Zimbabwe is part of a dynamic region characterized by significant cross-border movements of populations. The fundamental cause of large-scale migration from Zimbabwe is political instability, which spawned social and economic instability, creating a combination of factors that have destroyed people's livelihoods. Zimbabwe is also extremely vulnerable to a wide range of natural and man-made disasters. In the past years, floods, tropical storms, cyclones, and long periods of droughts have deteriorated the capacity of resilience of its population, impacting the most vulnerable rural regions of the country and exacerbating acute needs, resulting in severe food insecurity.

Zimbabwe continues to experience a major scale crisis due to man-made and natural hazards. Cyclone Idai, consecutive failed rainy seasons, droughts, floods and other environmental effects, compounded by currency instability and an economic crisis, are impacting the most vulnerable in particular. The country's inflation rate spiked to more than 200 per cent in recent months. Since August 2019, the poor rainy season and long-lasting drought have significantly reduced crop harvests and access to clean and safe water, resulting in internal displacement and limited household food stocks from the previous consumption year. These climate shocks have resulted in food insecurity, loss of livelihoods and lower-income levels. The prices of commodities have increased beyond the reach of most rural households, thereby limiting access to food. It is reported that 25 per cent of the rural population is estimated to be in crisis or emergency, and face moderate to large food consumption gaps, or are only marginally able to meet minimum food needs by depleting essential assets or employing crisis or emergency coping strategies (Zimbabwe Vulnerability Assessment Committee – [ZimVac 2019](#)).

The intensification of the food security crisis, unemployment, and lack of resources to cope with the situation has triggered waves of displacement and migration, from rural to urban areas, and across borders into neighbouring countries. This has resulted in a multifaceted mobility environment which is characterized by an increase of substantial internal and cross-border movements, requiring continuous monitoring within the affected districts and at key border points.

Ten months after Cyclone Idai hit the country, the government is yet to implement a permanent relocation plan and as a result, many internally displaced persons (IDPs) remain in temporary camps. Emergency shelters, initially provided to last up to six months, are worn out and there is an urgent need to upgrade camp infrastructure (toilets, bathrooms, water supply systems, cooking areas and safe spaces for children and youth), improve coordination and service delivery. Shelter support needs for IDPs and for affected and displaced people who are still accommodated in host communities are still overwhelming. This continues to increase economic and social pressure creating further distress to affected households. Since September 2019, camp coordination and camp management (CCCM) activities ended due to lack of funding. It is essential to resume CCCM activities to address the issues of protection and accountability to affected persons (AAP), the implementation of a camp exit strategy and technical support to the government to operationalize a relocation plan. Recognizing that IDP relocation from camps is not feasible in the short term, it is anticipated that IDPs will remain in camps for a further six to twelve months.

Furthermore, the rising needs are forcing families to move and at times adopt negative coping mechanisms, increasing protection risks faced by women and children in particular. While moving from one place to the other, women and children are especially vulnerable, facing risks of exploitation and harassment, which can include sexual assault and other forms of gender-based violence (GBV), in particular trafficking in persons (TiP), and lead to acute and longer-term consequences on the health and well-being of individuals and their communities. Mental health and psychosocial problems are additional challenges faced by IDPs as potential consequences of family separation and challenges, and at times denial, of access to services during a crisis.

IOM is supporting the government of Zimbabwe in undertaking emergency response across six sectors: Shelter and Non-Food Items (S/NFI), CCCM, Displacement Tracking Matrix (DTM), Protection (GBV and Child Protection), Mental Health and Psychosocial Support (MHPSS), and Early Recovery. According to the September 2019 [DTM assessment reports](#), the primary needs are food, shelter, infrastructure, health and sanitation, drinking water, protection and legal assistance. IOM acts in coordination with the government in tracking mobility, vulnerabilities and needs within the country and at key border points, continuously monitoring the crisis through the DTM information tool. DTM serves as a primary source of reliable and accurate data on population movement, as well as their living conditions, thus strengthening the coordinated efforts of all crisis action.

IOM aims to save lives among vulnerable populations displaced by conflict, crises or natural hazards, in partnership with other humanitarian actors. IOM continues to work with agencies, departments and organizations at all levels to build national institutional capacity in emergency preparedness and response, working in close coordination with UN partners, local NGOs, civil society and community leaders. Currently, IOM co-leads the Shelter/NFI/CCCM Cluster with the government.

IOM Capacity

IOM maintains a strong field-level presence in Zimbabwe, and the Mission operates in a number of spheres, addressing key strategic objectives conceptualized to guide programming over the forthcoming periods. IOM Zimbabwe has operational presence in 26 of the country's 59 districts, across all the country's provinces. With its head office in Harare, and sub-offices in Mutare and Beitbridge, IOM Zimbabwe has been providing technical assistance on migration management, emergency response, HIV interventions, health management, protection of migrants' rights, and dissemination of safe migration information.

IOM Zimbabwe has emerged as one of the largest humanitarian actors within the country, with large-scale relief operations underway in virtually every major crisis setting. IOM uses its extensive expertise and experience to provide support to the Government, directly to individuals and communities affected by crises, and to actively contribute to the efforts of the international community to identify ways to more effectively address future challenges related to natural hazards and displacements. To this end, IOM actively engages at the country, regional and global levels, contributing to major developments in the humanitarian field.

IOM's approach effectively integrates humanitarian response with recovery efforts, bridging the gap between humanitarian and development assistance to ensure the sustainability of implemented interventions and in supporting the socio-economic recovery of affected individuals and their communities. IOM's response also integrates wider migration crisis issues under the framework of [IOM's Migration Crisis Operational Framework \(MCOF\)](#) and the [Progressive Resolution of Displacement Situations \(PRDS\)](#). IOM is strongly committed to continuing to complement Government response efforts through a country-wide needs-based response that applies a flexible and cost-effective approach to all its interventions.

IOM has been actively involved in the cyclone-affected areas as Shelter/NFI/CCCM Cluster lead since March 2019 and, in collaboration with the Government of Zimbabwe, has established

four IDPs camps that have provided shelter to 224 households and 830 individuals. To date, IOM has distributed more than 20,000 shelter and NFI items to over 5,000 households.

IOM has the capacity, through its multi-sector approach, to reach vulnerable populations, providing life-saving interventions in the areas of CCCM, shelter, NFIs, mental health and psychosocial support, protection and GBV interventions to the most affected communities.

IOM focuses on promoting social cohesion and enhancing the participation of communities, including the most vulnerable, in coming up with development priorities in the reconstruction of their communities through a Community Based Planning (CBP) approach. IOM provides the technical capacity to implement CBP processes that aim to improve the quality of programming by making recovery and development plans people-centred. This is done by drawing from strengths and opportunities instead of problems, taking a holistic perspective and covering all sectors that address the reality of people's lives, including the most vulnerable. Above all, the process increases community action and reduces dependency by enabling people to be active and involved in managing their own development, in claiming their rights and in exercising their responsibilities for self-reliance and sustainability.

Objective

Saving lives and protecting people on the move

\$18,973,000

Funding Required

859,879

Target Beneficiaries

IDPs in camps and in host communities, migrants, those most at risk due to social-economic conditions, those affected and in need of mental health and psychosocial support, as well as those affected in their capacity for self-recovery.

Camp coordination and camp management

Funding Required

\$950,000

IOM, as the Shelter and CCCM Cluster lead, has been leading emergency humanitarian response interventions for the Cyclone Idai affected population. In collaboration with the Government of Zimbabwe, IOM has established four IDPs camps, providing shelter to 224 households and 953 individuals. IOM has held bi-monthly meetings at the provincial level to discuss the conditions under which the relocation of IDPs from camps to temporary displacement sites may be able to occur and reviewing progress made by the government on permanent relocations. IOM, through its DTM teams, conducts monthly multisectoral assessments in camps to ensure a consultative displacement management process with affected populations. IOM as the CCCM cluster lead conducted activities in the camps until the end of August 2019. Government has taken over the management of the camps from October 2019.

Twelve months after Cyclone Idai, the conditions in the camps have deteriorated leaving IDPs in increased vulnerability. After the rainy season (November to March), the emergency shelters that were provided in the first stage of the emergency, prepared to last three to six months, have worn out and WASH infrastructure is no longer viable. There is an urgent need of new infrastructure and upgrade of emergency shelter. Organization and security committees in the camps created by IDPs have dissolved and protection issues are increasing. CCCM is still indispensable to ensure accountability to affected persons (AAP), the implementation of a camp exit strategy and technical support to the government to operationalize a relocation plan are essential. The possibility of the relocation of IDPs in camps is not feasible in the short term and it is anticipated that IDPs will remain in the camps for between six to twelve months more. For this reason, IOM will continue providing technical assistance through the following activities:

- CCCM service delivery, monitoring of standards and implementation of referrals;
- Information management through day-to-day site monitoring and coordination meetings with IDPs committees, partners and local authorities;
- Providing support to closed sites, including infrastructure decommissioning and transportation for the most vulnerable to return or relocate, when and as appropriate, in accordance with international standards;
- Technical support to stakeholders at the site level and local authorities;
- Capacity building for government and community actors;
- Supporting community-based site management interventions/programmes and contingency/preparedness structures and plans;
- Supporting inclusive community mobilization and capacity building activities to enable local management and the improvement of camps, and discussions on intentions regarding returns;
- Providing mental health and psychosocial support, through local partners, to individuals and families staying in camps, as well as during the relocation process;
- Establishing complaints and feedback mechanisms;
- Providing technical support to the government on the development and operationalization of an exit strategy and relocation plan.
- Decommissioning of worn out infrastructure and establishment of new WASH facilities.
- Provision of new emergency shelter tents/tarpaulins.

Mental health and psychosocial support in humanitarian response

Funding Required

\$500,000

The loss of homes and belongings, mounting physical insecurity and possible violent experiences, as well as the overall devastation caused by Cyclone Idai, has left affected communities in distress. Displacement has challenged the usual social networks that individuals and families normally use to cope with distress and has resulted in the acute need for dedicated mental health and psychosocial support (MHPSS).

IOM, in partnership with the Counselling Services Unit (CSU), has been working to strengthen the capacity of communities to cope with the impact of the disaster through MHPSS direct service provision. This is done through psychosocial mobile teams (PMTs) who perform house

visits in communities, as part of a Whole Recovery Action Plan (WRAP), to respond to the MHPSS needs of displaced populations.

These psychosocial mobile teams (PMTs) provide multidisciplinary psychosocial support to deliver community-based comprehensive care to individuals, families and groups. These include members of the concerned communities that have been trained. Their mobility allows for flexibility of programming (sites, responses, timing), which is an essential component when dealing with emergencies and allows outreach and proximity to the communities over time and displacement phases.

The teams have three distinct visions of action: continuous home visits; daily stay with people in acute conditions and one-off interventions in crisis situations; as well as psycho-education and psychological first aid. In addition, IOM will work to support protection and health referral pathways to ensure that services are provided in a coordinated and complementary way to those in need.

Protection

Funding Required

\$2,243,000

Over the past two decades, Zimbabwe has experienced macroeconomic challenges and has witnessed multiple and complex migrations characterized by high levels of cross-border mobility, brain drain, irregular migration, human trafficking and mixed migration flows. With vulnerabilities increasing as a result of Cyclone Idai and the food crisis, protection has been consistently identified as a major gap. IOM's response aims to promote the protection of IDPs, returnees and host communities in different areas of Zimbabwe, assisting vulnerable populations, including victims and potential victims of GBV, as well as other persons at risk of violence, abuse and exploitation.

IOM aims to support the implementation of activities to:

- Increase awareness of risks of trafficking in persons and GBV in specific emergency situations;
- Support the establishment of safe reporting mechanisms (such as hotlines) and safe spaces/shelters, focusing in vulnerable areas, such as displacement camps;
- Facilitate access to services responding to individual needs of crisis-affected persons, including survivors of GBV;
- Strengthen measures that aim to mitigate risks of and prevent GBV in emergency settings;
- Improve advocacy and protection of unaccompanied migrant children to avoid coping mechanisms that could put their safety at risk;
- Provide MHPSS services to vulnerable protection cases.

As a key part of any humanitarian response, protection mainstreaming and IOM's GBViC Framework's (2018) guiding principles will be incorporated in all of IOM's crisis-related activities. As such, IOM ensures the "Do No Harm" principle, while promoting non-discrimination, meaningful access, safety, dignity, participation, empowerment and accountability measures are an integral part of its crisis response.

Displacement Tracking for Humanitarian Response

Funding Required

\$5,500,000

Information on affected and displaced populations has been a key gap of the emergency response in Zimbabwe due to the rural nature of the affected districts. In order to ensure a more robust and targeted response for the humanitarian community, IOM is implementing its Displacement Tracking Matrix (DTM) tool to provide key information and critical insights into the situation of internally displaced and affected persons in Zimbabwe. The DTM comprises a set of information management tools which are used to collect primary data and disseminate regular and accurate information to humanitarian partners.

Specifically, a scaled-up DTM intervention will provide humanitarian stakeholders with a mapping of displacement sites, demographics of those most affected, mobility tracking as populations move to and from sites towards return and relocation, as well as detailed inter-sectorial information on all assessed sites to support strategic decision making around resource allocation. The DTM products will include maps, dashboards, narrative reports and raw data, which will be shared with humanitarian partners on a regular basis. It will also include detailed inter-sectorial information on all assessed sites to support strategic decision making around resource allocations. Collected data will be disaggregated by sex and age, as well as disabilities and other vulnerabilities.

Similar data is currently being collected for Mozambique and Malawi, ensuring a regional perspective is integrated into the data analysis, including assessment of cross border needs and linkages in the movements of affected persons.

Shelter and settlements

Funding Required

\$8,780,000

Shelter support is vital to the return and recovery of displaced populations. Shelter needs remain high across all affected districts, as 128,270 people have been affected by Cyclone Idai. Out of the 12 districts, the districts of Chimanimani, Chipinge, Buhera and Mutare are the most affected, with a total number of 104,270 individuals still in need of assistance. The majority of IDPs (97 per cent) are residing with host communities, with a small proportion (three per cent) currently seeking shelter in four established IDPs camps. Shelter assistance has so far focused primarily on Chipinge and Chimanimani districts, but there are significant shelter damages reported in Buhera and Mutare, other low-lying areas of Masvingo and Manicaland Province, where many IDPs have been able to seek shelter with relatives and community members, creating a risk that hosting arrangements will add significant stress to hosting households. It is against this background that IOM has recognized the necessity to continue its humanitarian response as part of a comprehensive multisectoral intervention.

With only 18 per cent of the affected population having received emergency shelter support, there is a need for further construction of emergency and transitional shelters for IDPs in camps and host communities. Despite the desire of IDPs to return to rebuild their homes and

resume their lives, there are significant risks associated with rebuilding in flood-prone areas. It is critical to mitigate the risk of floods and storms destroying hastily repaired or reconstructed homes and causing secondary displacements. IOM, as the lead of the Shelter/CCCM Cluster, will work with cluster partners and affected communities to improve shelter conditions in host communities and improve living conditions in, and management of, displacement sites.

The aim of shelter assistance programmes is to ensure that families have adequate, appropriate and safe shelter to support their transition towards permanent and durable housing, prioritizing the needs of the most vulnerable, ensuring participation, freedom of choice, and access to basic services to ensure a life of dignity through the following activities:

- Assessment of damaged infrastructure;
- Conducting meetings at the district level to set up guidelines for beneficiaries' selection criteria and registration;
- Assessment of suppliers to coordinate the procurement of building materials (market assessment);
- The mobilization of materials;
- Capacity building for local community builders;
- Construction and rehabilitation of emergency and transitional shelter structures according to Sphere standards;
- Ensuring protection issues are observed throughout construction, including partitions and door locks to better protect women and girls, particularly single women and female-headed households;
- Mainstream MHPSS services in all shelter activities and advocate for the right post-traumatic stress interventions;
- Post distribution monitoring assessment;
- Cluster coordination meetings.

Health Support

Funding Required

\$1,000,000

The humanitarian crisis has resulted in the weakening of social networks leading to a resurgence in HIV and other diseases in populations now socially marginalised" or "the humanitarian crisis has resulted in the weakening of institutions and national capacity to contain, manage, and treat HIV and other diseases. Over the last decade, IOM has implemented HIV/AIDS-related projects in partnership with governments, international organizations and civil society for mobile populations in crisis settings, including IDPs, families and partners of migrants, and victims of sexual and GBV and trafficking in persons.

IOM plans to address HIV/AIDS risks and vulnerabilities at all phases of the emergency, including activities on prevention and research. IOM will implement activities such as:

- Providing direct services including voluntary testing, counselling and treatment services, including antiretroviral therapy.
- Strengthening the capacity of government partners in coordinating HIV responses;
- Supporting the training of emergency responders;
- Empowering emergency actors to include HIV services in their contingency plans;

- Supporting the development of national guidelines for HIV response in emergency settings.

IOM will work closely with policymakers on a range of issues related to HIV/AIDS in emergencies and population mobility, including access to health services, regional and cross-border cooperation, and discriminatory legislation and practices, such as mandatory HIV testing.

Multi-sectoral support

Funding Required

\$0

Includes funding which supports multi-sectoral interventions or cannot be attributed to a specific activity area.

Objective

Driving solutions to displacement

\$7,000,000	43,352
Funding Required	Target Beneficiaries

Cyclone Idai displaced and affected population in Manicaland and Masvingo Provinces.

Community stabilization

Funding Required

\$3,500,000

The protracted displacement situation in Zimbabwe is not only a highly destabilizing experience for the affected populations but also poses a significant nationwide development challenge, leaving IDPs in continued deprivation, without the prospect of a durable solution. It is both a humanitarian concern as well as an obstacle to long-term peace, recovery and reconstruction.

IOM will look to provide longer-term support to affected communities leveraging its emergency support provided through CCCM, S/NFI and Protection sectors to inform and assess key needs and priorities with communities post-disaster. Humanitarian emergencies such as natural disasters and migration crises make it difficult for individuals and communities to exercise empathy. This is particularly true in cases of displacement, which often result in tensions between the displaced and host communities. MHPSS can help affected individuals and communities restore empathy with one another, promote non-violent behaviour, humanize their relationships and encourage creative problem-solving. IOM will promote MHPSS and social cohesion, integrated into livelihood activities to ensure community stabilization.

IOM's CCCM teams will support early recovery actors with key information on the community's intentions post-disaster as well as leading in relocation operations if needed, while S-NFI teams will carry out return/relocation site assessments and planning. Additionally, in order to initiate early recovery processes in cyclone-affected areas, IOM will leverage IOM Zimbabwe's 10-year experience in the field of recovery and resilience building. This includes working through local

District Administrator's office staff that have been trained in the program methodology to undertake the community-based planning (CBP) approach adopted by the Government of Zimbabwe as a standard approach to post-crisis recovery and durable solutions to displacement. The CBP will ensure District Administrators and ward counsellors are able to convene disaster-affected communities to plan, prioritize and organize populations to define and drive recovery processes, mainly on livelihood restoration. IOM's approach will ensure communities are at the centre of defining and leading their own recovery processes, whilst "building back better" to reduce risks of future shocks.

IOM will improve human security by providing various assistance to individuals and communities affected by recurrent natural and man-made crisis in Masvingo and Manicaland Provinces and strengthen their resilience to future crises by implementing:

- Livelihoods diversification activities;
- Rehabilitation of water harvesting structures, including irrigation support;
- Rehabilitation of dip-tanks;
- Provision of farming inputs targeting nutrition gardens and smallholder farmers, and productive assets creation like fisheries and conservation farming;
- Supporting market linkages.

Displacement Tracking for Recovery and Crisis Prevention

Funding Required

\$1,000,000

Besides being used during emergency response, IOM's Displacement Tracking Matrix (DTM) has also proven to be a highly beneficial component of preparedness and recovery activities. Information outputs from DTM can vary from raw data sharing to comprehensive DTM analysis reports tailored specifically to provide timely and accurate information regularly during recovery operations.

Through analysis of IOM's DTM data, IOM will be able to improve planning and assistance both at the place of origin and the area of displacement resulting in more effective reintegration strategies and coping mechanisms for displaced populations. IOM DTM will allow tailoring of programmatic activities to the needs of the displaced population, increasing the efforts to end displacement and support durable solutions by providing communities with the tools to accelerate recovery, transition and socio-economic development.

Durable Solutions

Funding Required

\$2,500,000

The specific vulnerabilities created by displacement have been intensified with time due to a lack of durable solutions, while resilience and the ability of communities to rebuild their lives even while displaced is starting to weaken since this has not been sufficiently supported. Displacement in the country also has serious economic, political and security implications. The presence of large numbers of displaced persons is causing stress on host communities, public

infrastructure and social services and potentially jeopardizing development gains. IOM is thus focusing on ending displacement in protracted crisis situations by implementing a strategy supporting durable solutions for IDPs and monitoring progress towards that end.

IOM promotes the rights of IDPs whether through voluntary return and reintegration, local integration or relocation. Durable solutions to displacement are indispensable for national, regional, and international peace and security and in order to create stable and secure conditions essential for achieving sustainable development goals.

IOM will continue providing technical support to government authorities through meetings, capacity building, trainings, and informational tools on how to develop and operationalize relocation plans and exit strategies in the case of camps. The Organization will also aid in supporting the implementation of durable solutions, through supporting livelihoods, sustainable development, good governance, the rule of law, social cohesion, and capacity-strengthening of national and local authorities as well as local NGOs working in early recovery.

Objective

Strengthen preparedness and reduce disaster risk

\$3,500,000

Funding Required

90,000

Target Beneficiaries

District and provincial administration officers, members of the District Civil Protection Units (DCPU), and at-risk communities.

Emergency preparedness - rename

Funding Required

\$1,500,000

IOM Zimbabwe uses its extensive expertise and experience to identify ways to more effectively address future humanitarian challenges related to natural hazards and disasters, ensure preparedness and enable a more effective operational response to crises. Zimbabwe faces a number of challenges: the country is prone to sudden natural disasters, including floods, storms and cyclones, as well as general droughts, resulting in large numbers of IDPs who require durable and sustainable solutions. Political uncertainty combined with this natural hazard-prone environment, compounded by the impacts of climate change, elevates the importance of preparedness measures.

In this regard, IOM will seek to provide preemptive interventions in support of Government and community resilience to prepare for new crises and displacements caused by human or natural disasters. IOM will support the creation and operationalization of an emergency response strategy, working in close partnership with, and promoting synergies between, relevant government and non-governmental stakeholders.

Displacement Tracking for Preparedness and Risk Reduction

Funding Required

\$800,000

Large-scale and protracted displacement situations triggered by disaster, environmental degradation and the effects of climate change constitute the main risks that IOM Zimbabwe is facing currently and will likely continue to deal with in the coming years and beyond. National and international actors are confronted with multi-variate factors that propel the forced migration of highly vulnerable populations. The growing complexity of crises in the country results in increasingly protracted displacement situations, with a seemingly insufficient political will to resolve many of the current crises. The reality highlights some key challenges for IOM which are likely to continue into the future and will be addressed by monitoring the displacement situation and ensuring a solid evidence-base to inform preparedness and risk reductions activities.

IOM's [Displacement Tracking Matrix \(DTM\)](#) data can inform not only the immediate response but also efforts to better prepare for future contingencies. IOM's plans to use the DTM to support building the resilience of communities by providing data on the mobility patterns of vulnerable groups from high-risk areas, analyzing their needs and challenges. This will also include assessing the conditions of certain areas prone to disasters.

Disaster Prevention

Funding Required

\$1,200,000

Natural hazards in Zimbabwe frequently result in large-scale population movements, within and across borders, which reduce access to essential services and increase exposure to violence, impacting the health and well-being of both displaced populations and host communities. Disasters and environmental degradation also threaten to hamper progress towards the Sustainable Development Goals (SDGs), especially for a low-income country such as Zimbabwe. As environmental degradation and climate change are expected to increase the frequency and intensity of sudden-onset hazards and to worsen the impacts of slow-onset hazards, the implications with respect to human mobility will be significant.

To mitigate and prepare for such hazards, the Government of Zimbabwe enacted the Civil Protection Act as its national disaster legislation and created several institutions, such as the Department of Civil Protection, which is charged with the coordination and management of disasters and hazards. However, due to economic, social and political crises in the last years in the country, the low level of investment in development and a lack of resources has led these institutions to face severe challenges in executing their mandate, resulting in the increase of disaster impacts.

Zimbabwe has established a Disaster Risk Reduction (DRR) policy, but has a limited and constrained capacity to support these practices on the ground. There is a clear need for interventions that can provide technical support and train the institutions involved in DRR to effectively execute their mandates, create a culture of resilience to hazards, and establish concise preparedness plans to intervene in case of future crises. IOM will work in close coordination with the Government of Zimbabwe to establish a National Support Hub in Harare, as a coordination office for capacity building, as a disaster preparedness measure. This office

will aim to strengthen the disaster risk management in Zimbabwe and to include public health risk reduction activities such as preparedness for disease outbreaks (including cholera).

IOM aims to mobilize stakeholders at all levels to pay increasing attention to Disaster Risk Management (DRM) as part of their wider development agendas, and more crucially, to recognize the cross-cutting and central role of capacity development in the task of creating a culture of resilience to hazards. The systematic process of DRM uses administrative directives, operational skills and capacities to implement strategies, policies and improved coping capacities in order to lessen the adverse impacts of hazards and the possibility of disaster. Building DRM capacity is part of IOM's efforts to strengthen the competencies and skills of government officials, groups and communities to support more durable solutions.

OPERATIONAL PRESENCE

5	and	29	3
International staff and affiliated work force		National staff and affiliated work force	IOM Field Offices

2021

Funding Required

\$33,900,000

People In Need

6,800,000

Target Beneficiaries

1,719,758

IOM Vision

In this dynamic context, IOM seeks to ensure humanitarian protection and assistance needs are met through the provision of timely, multi-sector interventions, while simultaneously addressing the root causes of vulnerability related to natural hazards and food insecurity, thereby building resilience to future risks in Zimbabwe. Addressing and facilitating rights-based service delivery and building capacity of local authorities and other key stakeholders as well as impacted communities will be critical across IOM's work.

Context Analysis

COVID-19 has caused unprecedented economic and social disruption all over the world. The outbreak of COVID-19 in the country has further exacerbated the need for assistance to most of the population as the pandemic adds another significant shock to the economy, increasing poverty and inequalities, resulting from economic hardships, food crisis, a protracted crisis caused by natural disasters and social conflicts. According to the [October 2020 DTM assessment reports](#), the primary needs of the affected population are food, shelter, infrastructure, health and sanitation, drinking water, protection and legal assistance.

COVID-19 pandemic poses a profound risk for communities in fragile or crisis-affected contexts, particularly for internally displaced persons (IDPs) and host communities, and other vulnerable and at-risk groups, such as stranded migrants.

Over 170,000 migrants have returned to the country since the onset of the pandemic. In response, IOM and partners have assisted the government through multi-sectoral initiatives with a focus on strengthening public health measures at points of entry (PoEs) and along major mobility pathways. There is an expected need to strengthen COVID-19 preparedness and response capacities well into 2021, until treatment or a vaccine is made widely available, with the threat of recurring outbreaks likely to continue. Mental health and psychosocial support services (MHPSS) are a necessary part of this response as affected populations suffer the many negative impacts of the pandemic which include job losses, financial hardship, interrupted education, the loss of loved ones, stigma and isolation. Migrants are among the most affected groups within this complex mobility environment characterised by an increase of substantial internal and external displacement and associated challenges amidst the ongoing crisis, as the country remains highly affected by economic, political and social distress.

The key humanitarian needs across the population of Zimbabwe range from protection, access to health and basic needs services such as food, safe drinking water, shelter and non-food items (NFIs).

Coordination

IOM acts in coordination with the government in tracking mobility, vulnerabilities and needs within the country and at key border points, continuously monitoring the crisis through the DTM information tool. DTM serves as a primary source of reliable and accurate data on population movements, as well as their living conditions, thus strengthening coordination efforts.

IOM has been working as a key partner of the National COVID-19 task force, to strengthen the capacity of national border control agencies and civil society on COVID-19 and pandemic preparedness, to contain and interrupt the transmission of COVID-19, particularly with reference to migrants and mobile vulnerable populations.

Furthermore, IOM has been co-leading the POE working group, to strengthening capacities at POE's to respond to the health pandemic, improve surveillance and preparedness. IOM has been collaborating with WHO and the Ministry of Health and Child Care (MOHCC) leading the response to improve the management of quarantine and isolation facilities and ensuring migrants rights and dignity is respected, accessing to basic protection services. IOM has coordinated a POE working group with UN agencies and other local partners to communicate gaps and needs and work together to solve gaps and address challenges.

IOM aims to save lives among vulnerable populations displaced by conflict, crises or natural hazards, in partnership with other humanitarian actors. IOM continues to work with agencies, departments and organizations at all levels to build the national institutional capacity in emergency preparedness and response, working in close coordination with UN partners, local NGOs, civil society and community leaders. Currently, IOM co-leads the Shelter/NFI/CCCM Cluster with the government.

IOM works to strengthen the capacities of the government to perform its core functions while bringing together relevant government entities and community leaders in a way that increases participatory decision-making, strengthens mutual trust and builds accountability.

IOM Capacity

IOM maintains a strong field-level presence in all the districts of the country through sub-offices and staff working in the field. IOM Zimbabwe undertakes technical assistance on migration management, emergency response, health management, protection of migrants' rights, and dissemination of safe migration information.

IOM Zimbabwe has emerged as one of the largest humanitarian actors within the country, with large-scale relief operations underway in every major humanitarian setting. IOM uses its extensive expertise and experience to provide support to the government, directly to individuals and communities affected by crises, and to actively contribute to the efforts of the international community to identify ways to more effectively address future humanitarian challenges related to natural hazards and displacements.

During 2020, IOM provided assistance to over 30,000 returning migrants affected by the socio-economic impacts of COVID-19, through screening and registration, health support, cash-based interventions, and different reintegration packages, NFI kits, agricultural kits, hygiene kits and dignity kits for women and girls, to assist migrants returning to the country empty-handed, and ensure a smooth reintegration into receiving communities, avoiding stigmatization and improving social cohesion.

IOM has scaled up operations and expanded to eight POEs and targeted border communities with health promotion, mental health and psychosocial support and improved coordination mechanisms to ensure the proper management of migratory flows according to COVID-19 guidelines. IOM Zimbabwe aligned its activities to IOM's COVID-19 Strategic Preparedness and Response Plan (SPRP) to support the country's readiness, contingency and response operations for mobile populations and cross-border dynamics.

IOM has been actively involved in the cyclone-affected areas of Zimbabwe as Shelter/NFI/CCCM Cluster lead since March 2019 and continues to work in the area to operationalize a relocation plan, in collaboration with the Government of Zimbabwe. IOM has the capacity to reach vulnerable populations, providing life-saving interventions and focusing on promoting social cohesion.

IOM's approach effectively integrates humanitarian response with recovery efforts, bridging the gap between humanitarian and development assistance to ensure the sustainability of implemented interventions to support the socio-economic recovery of affected individuals and their communities. IOM's response also integrates wider migration crisis issues under the framework of IOM's Migration Crisis Operational Framework ([MCOF](#)) and the Progressive Resolution of Displacement Situations ([PRDS](#)) and in the recent months including a strong focus on IOM's Health, Border and Mobility Management Framework (HBMM) approach due to the identified need for migration and population mobility sensitive responses to the COVID-19 pandemic. IOM is strongly committed to continuing complementing the governments' efforts through a country-wide needs-based response that applies a flexible, adjustable and cost-effective approach to its interventions.

Objective

Saving lives and protecting people on the move

\$12,000,000

Funding Required

425,045

Target Beneficiaries

IDPs in camps and in host communities, migrants, those most at risk due to social-economic conditions, vulnerable population affected and in need of mental health and psychosocial support, as well as those affected in their capacity for self-recovery.

Camp coordination and camp management

Funding Required

\$1,500,000

To improve living conditions and the wellbeing of displacement-affected individuals in targeted IDP camps and camp-like settings in Chimanimani, Binga, Chiredzi and Hwange and to strengthen the capacity of IDPs in camps and actors involved in emergency preparedness and response, and risk reduction in camps, IOM will continue providing assistance as CCCM cluster lead through the following activities:

- Support CCCM service delivery, monitoring of standards and implementation of referrals;
- Support information management through day-to-day site monitoring and coordination meetings with IDPs committees, partners and local authorities;
- Provide support to closed sites, including infrastructure decommissioning and transportation for the most vulnerable to return or relocate, when and as appropriate, in accordance with international standards;
- Provide technical support to stakeholders at the site level and local authorities;
- Build the capacity in camp management and camp coordination of government and community actors;
- Support community-based site management interventions/programmes and contingency/preparedness structures and plans;
- Support inclusive community mobilization and capacity building activities to enable local management and the improvement of camps, and discussions on intentions regarding returns;
- Provide mental health and psychosocial support, through local partners, to individuals and families staying in camps, as well as during the relocation process;
- Establish complaints and feedback mechanisms;
- Provide technical support to the government on the development and operationalization of an exit strategy and relocation plan.

Mental health and psychosocial support in humanitarian response

Funding Required

\$500,000

The loss of homes and belongings, mounting physical insecurity and possible violent experiences, as well as the overall devastation caused by Cyclone Idai, has left affected communities in distress. Displacement has challenged the usual social networks that individuals and families normally use to cope with distress and has resulted in the acute need for dedicated mental health and psychosocial support (MHPSS). To add to the protracted crisis from natural disasters, COVID-19 has caused unprecedented economic and social disruption, over 30,000 migrants have returned to the country since the onset of the pandemic. In response IOM will:

- Implement rapid assessments at POE, screening of MHPSS needs for migrant returnees.
- Provide mental health and psychosocial support services on a one to one basis for those that need particular assistance.
- Create and/or improve referral pathways for those arriving and receiving assistance with community MHPSS support networks in the communities of destinations.
- Create MHPSS networks at the community level through health workers and local social welfare counsellors that will direct activities to reduce psychosocial vulnerabilities and promote community resilience.
- Provide MHPSS services to promote and support the well-being of frontline staff.

Protection

Funding Required

\$3,500,000

To promote the protection of IDPs, returnees and host communities in different areas of Zimbabwe, assisting vulnerable populations, including survivors and those at risk of GBV, as well as other persons at risk of violence, abuse and exploitation, IOM will implement the following activities:

- Increase awareness of risks of trafficking in persons and GBV in specific emergency situations;
- Build mission staff capacity on protection issues.
- Support the establishment of safe reporting mechanisms (such as hotlines).
- Support the establishment of safe spaces based on needs assessments focusing on women and girls.
- Facilitate access to services responding to individual needs of crisis-affected persons, including survivors of GBV.
- Strengthen measures that aim to mitigate risks of and prevent GBV in emergency settings, through information dissemination, capacity building of local authorities and community mobilizers, etc.
- Improve advocacy and protection of unaccompanied migrants that are potentially at risk to be trafficked, used as forced labour or abuse, by using the referral mechanisms in place in the country, integrated by social welfare and UN partners.

As a key part of any humanitarian response, protection mainstreaming and IOM's Institutional Framework for Addressing Gender-Based Violence in Crises (GBViC Framework, 2018) guiding principles will be incorporated in all of IOM's crisis-related activities. As such, IOM ensures the "Do No Harm" principle, while promoting non-discrimination, meaningful access, safety, dignity, participation, empowerment and accountability measures are an integral part of its crisis

response.

Shelter and settlements

Funding Required

\$6,500,000

Shelter support is vital to the return and recovery of displaced populations. IOM, as the lead of the Shelter/NFI and CCCM Cluster, will work with cluster partners and the affected communities to improve shelter conditions in host communities and to improve living conditions and the management of the displacement sites.

The aim of shelter assistance programmes is to ensure that families have adequate, appropriate and safe shelter to support their transition towards permanent and durable housing, prioritizing the needs of the most vulnerable, ensuring participation, freedom of choice, and access to basic services to ensure a life of dignity through the following activities:

- Assess and rehabilitate damaged infrastructure.
- Upgrade infrastructure in host displacement sites according to the needs.
- Conduct meetings at the district level to set up guidelines for beneficiaries' selection criteria and registration.
- Assess suppliers to coordinate the procurement of building materials (market assessment).
- Procure and mobilize materials.
- Build the capacity of local community builders.
- Construct and rehabilitate emergency and transitional shelter structures according to Sphere standards, and in reference to national cluster/sector standards/guidance.
- Ensure protection issues are observed throughout construction, including partitions and door locks to better protect women and girls, particularly single women and female-headed households.
- Procure, distribute and stockpile NFIs.
- Conduct post-distribution monitoring assessment;
- Conduct cluster coordination meetings.

Multi-sectoral support

Funding Required

\$0

Includes funding which supports multi-sectoral interventions or cannot be attributed to a specific activity area.

Objective

Driving solutions to displacement

\$7,000,000

43,352

Funding Required

Target Beneficiaries

Cyclone Idai displaced and affected population in Manicaland and Masvingo Provinces and migrant returnees vulnerable due to the socio-economic impact of the pandemic

Community stabilization

Funding Required

\$1,500,000

Community stabilization seeks to support governments, states and communities undergoing significant socioeconomic and political changes during and following a crisis, in order to (re)establish stability and security, prevent further forced migration, restore trust among community members, vulnerable populations and local authorities and lay the foundations for durable solutions, lasting peace and sustainable development.

IOM will look to provide longer-term support to affected communities leveraging its emergency support provided through the following activities:

- Restore basic rights and dignity of migrant returnees and affected population through access to promoting equitable access to basic and protection services.
- Promote social cohesion avoiding stigmatization and social tension, through community based approaches.
- Build capacity for inclusive state and local governance.
- Promote non-violent political processes and civic education.
- Support social policy development.
- Support inclusive economic recovery.
- Promote socio-economic reintegration through self-employment and community income projects and livelihood activities to ensure community stabilization.
- Provide farming inputs targeting nutrition gardens and smallholder farmers, and productive assets creation like conservation farming and supporting market linkages.
- Undertake interventions identified through a community-based planning (CBP) approach to support post-crisis recovery and durable solutions.

Durable Solutions

Funding Required

\$1,500,000

The specific vulnerabilities created by displacement have been intensified with time due to a lack of durable solutions, lack of resilience and the ability of communities to rebuild their lives as a result of protracted crisis. IOM is focusing on ending displacement in protracted crisis situations by implementing a strategy supporting durable solutions and monitoring progress towards that end, in line with IOM's Progressive Resolution of Displacement Situations. IOM will:

- Provide technical support and capacity-strengthening to government national and local authorities as well as local NGOs through trainings, and informational tools on how to

develop and operationalize different strategies to end displacement.

- Improve access to livelihoods and basic services ensuring an adequate standard of living, including access to adequate food, water, housing, health services and education.
- Support policy development that aims and promotes good governance and social cohesion.
- Research new strategies to improve employment and support programmatic activities to end displacement.

Address the Socio-economic Impacts of Health Crises

Funding Required

\$3,500,000

Epidemics increase economic stress and social fragility in communities already experiencing chronic vulnerability. Addressing the socio-economic impacts of the health crisis requires enhanced support to prevent the disease from deepening levels of crisis and vulnerability. IOM is seeking to urgently mitigate the deteriorating food security and livelihoods situation of returned migrants and their communities of origin through the provision of agricultural inputs support and livestock rearing support in a way that builds their resilience to future shocks, prevents and stem negative coping strategies. All activities, in particular those related to farming and rearing, will be guided by a gender analysis to take into account the gendered division of labour within households. Priority activities will include the following:

- Provide cash or voucher transfers to safeguard food security and access to basic services for individuals not covered by existing social protection schemes
- Implement livelihoods training in the creation of high demand products (e.g. PPE, sanitation products).
- Provide cash-for-work prioritizing critical infrastructure.
- Support small to medium-sized enterprises to recover lost livelihoods (e.g. to match skills to essential services).
- Provide agro-inputs drought-tolerant seeds and fertilisers to address interruptions in supply chains and a disrupted planting/harvest season.
- Provide training on good agricultural practices with an emphasis on climate-smart agriculture and a gender-based approach analysis since a majority of farming practices are conducted by women head of households.
- Provide start-up livestock to crisis affected population and their households as a way of creating households assets
- Provide training on good agricultural practices with an emphasis on climate-smart agriculture.

Mental health and psychosocial support in transition and recovery

Funding Required

\$500,000

IOM assists crisis-affected populations, governments, and host communities to strengthen and re-establish primary health-care systems. IOM's emergency health programming includes the provision of direct health-care services, health promotion, mental health and psychosocial

support (MHPSS), as well as outbreak preparedness and response.

Mental wellbeing is crucial to poverty reduction, peacebuilding, addressing gender-based violence and reconstruction of affected areas and economies. Even providing basic assistance, such as shelter, water and sanitation, food and medical aid, is more effective when combined with psychosocial programmes. Uncoordinated, stand-alone MHPSS programmes, however, can increase the risk of social stigma. To support MHPSS in crisis recovery and prevention, IOM will:

- Create sustainable referral mechanisms at the community level to existing mental health services, while building the capacity of the health sector to respond to the mental health needs of IDPs, migrants and other crisis affected populations.
- Support mechanisms to restore the social and political fibre of society adapted to the needs of each particular community.
- Support post-crisis justice and reconciliation mechanisms integrating MHPSS structures.

Objective

Strengthen preparedness and reduce disaster risk

\$9,400,000

Funding Required

90,000

Target Beneficiaries

District and provincial administration officers, members of the District Civil Protection Units (DCPU), IDPs and at-risk communities.

Emergency preparedness - rename

Funding Required

\$1,500,000

IOM Zimbabwe uses its extensive expertise and experience to identify ways to more effectively address future humanitarian challenges related to natural hazards and disasters, ensure preparedness and enable a more effective operational response to crises. Zimbabwe faces a number of challenges: the country is prone to sudden natural disasters, including floods, storms and cyclones, as well as general droughts, resulting in large numbers of IDPs in need of support to foster resilience. Political uncertainty combined with this natural hazard-prone environment, compounded by the impacts of climate change, elevates the importance of preparedness measures. In this regard, IOM will:

- Provide community based interventions in support of the government and community resilience to prepare for new crises and displacements caused by human or natural disasters.
- Support the creation and operationalization of an emergency response strategy, working in close partnership with, and promoting synergies between, relevant government and non-governmental stakeholders.

Disaster Prevention

Funding Required

\$1,200,000

Natural hazards in Zimbabwe frequently result in large-scale population movements, within and across borders, which reduce access to essential services and increase exposure to violence, impacting the health and well-being of both displaced populations and host communities. Disasters and environmental degradation also threaten to hamper progress towards the Sustainable Development Goals (SDGs), especially for a low-income country such as Zimbabwe.

Zimbabwe has established a Disaster Risk Reduction (DRR) policy, but has a limited capacity to support these practices on the ground. There is a clear need for interventions that can provide technical support and train the institutions involved in DRR to effectively execute their mandates, create a culture of resilience to hazards, and establish concise preparedness plans to intervene in case of future crises. In this regard, IOM will:

- Establish a National Support Hub in Harare, as a prevention measure, to strengthen the disaster risk management in Zimbabwe and to include public health risk reduction activities such as preparedness mitigation measures for disease outbreaks.
- Mobilize stakeholders at all levels to pay increasing attention to Disaster Risk Management (DRM) as part of their wider development agendas, and more crucially, to recognize the cross-cutting and central role of capacity development in the task of creating a culture of resilience to hazards.
- Build DRM capacity to strengthen the competencies and skills of government officials, groups and communities to support more durable solutions.
- Educate and include communities in the preparedness efforts through community-based early warning tools, development of community-based plans, working with local authorities and community leaders to develop localized approaches to preparedness.

Health components of preparedness and risk reduction

Funding Required

\$2,000,000

Recent experiences during the COVID-19 pandemic have highlighted the need for information on migration trends and mobility to be able to track returning residents, improve surveillance and follow up to limit the spread of the disease, as well as identify other disease outbreak that might affect the population, cross border communities and vulnerable population. With migration and human mobility at the core of the organization's mandate, IOM's approach to responding to disease outbreaks and preparing for future public health threats is particularly anchored on human mobility, notably through its Health, Border and Mobility Management (HBMM) framework. Among the key activities, IOM will:

- Analyze mobility dynamics through Population Mobility Mapping (PMM) and flow monitoring for public health purposes.

- Strengthen community events-based disease surveillance in migration affected communities.
- Contribute to the development of public health interventions to prevent, detect and respond to public health emergencies and international health threats along the mobility continuum.
- Support the implementation of the International Health Regulations (IHR 2005).
- Support health facilities at the main cross border points around Zimbabwe.
- Support the response and direct assistance to affected cross-border communities in the event of an outbreak of communicable and non-communicable diseases affect the population including HIV, TB and Malaria.
- Advocate for universal health coverage (UHC) among migrants and IDPs.

| Points of Entry

Funding Required

\$3,500,000

IOM will continue to strengthen, in line with International Health Regulations (IHR 2005), core capacities at Points of Entry (PoE), with a particular focus on ground crossings, working closely with both health and non-health border officials. Activities will include:

- Support the periodic review of Standard Operating Procedures tailored to the specific PoE needs, aimed at improving detection, notification, isolation and referral of ill passengers.
- Improve cross border coordination mechanisms.
- Establish and maintain a PoE public health emergency contingency plan, including the nomination of a coordinator and contact points for relevant PoE, to communicate alerts of suspected COVID-19 cases between PoE health authorities and transport sector officials, through joint committees and inter-agency meetings currently in place.
- Support capacity building in active surveillance, health screening, referral and data collection at PoE.
- Support government and inter-agency coordination on reporting on data dissemination for the purposes of public health interventions and advocacy.
- Strengthen Environmental Health Practitioners (EHP) at PoEs to conduct surveillance and contact tracing at the border and follow up in coordination with EHPs at the province level considering previous travel history based on interviews/passport entries and available border data.
- Increase information sharing through Health Promotion Officers (HPO) in prevention advice and advice on when/how to seek health care for travellers, and the risk of irregular migration.
- Assist in the provision of needed personal protective equipment (PPE) and supplies for border officials and health workers.
- Assist at border areas and border crossing to improve isolation facilities and equipment at PoE sites.
- Improve hygiene practices at PoE sites, through dissemination of handwashing protocols and provision of resources.
- Increase risk communication and health promotion campaigns for travellers/PoE users and border communities.

- Continue emergency support to returned vulnerable migrants impacted by COVID-19 measures.

As a result of these activities, border officials and health-care providers at PoE will have the appropriate equipment, knowledge, skills and Standard Operating Procedures in place to respond to COVID-19 and any other diseases of epidemic potential, as well as improved integrated border management procedures and capacities.

System strengthening for mental health and psychosocial support

Funding Required

\$1,200,000

The displacement crisis has challenged the usual social networks that individuals and families normally use to cope. The loss of homes and belongings, mounting physical insecurity and possible violent experiences, as well as the overall devastation caused by different crises, results in distress for the affected communities and creates the acute need for dedicated mental health and psychosocial support (MHPSS).

Within a MHPSS response, IOM, in collaboration with the Ministry of Health and health sector partners, has a shared responsibility to facilitate community mobilisation and support, through community participation, understanding local power structures and working with different sub-groups. To enable crisis-affected populations to regain some self-control over their situation, an integrated MHPSS response is essential. IOM, in partnership with the Counselling Services Unit (CSU), has been working to strengthen the capacity of communities to cope with the impact of the disaster through MHPSS direct service provision. IOM will:

- Create a Whole Recovery Action Plan (WRAP) through mobile teams that support the process of recovery for people with MHPSS challenges at the state level, and who perform house visit in the communities.
- Strengthen Mental and Psychosocial support networks at the community level, by involving health professionals counsellors, front line workers, community leaders, community health professionals, fostering participation in coordination bodies and community dialogues.
- Utilize a MHPSS programme for emergencies with a standardized approach: psychosocial mobile teams (PMTs) that will offer services in a community-based fashion.
- Promote and ensure community self-help and social support identifying naturally occurring sources of coping mechanism and resilience through participatory methods.
- Support existing community initiatives, especially encouraging those that promote family and community support for all emergency-affected community members, including people at greatest risk of MHPSS problems.
- Support community's own spontaneous initiatives, considering specifically people at the greatest risk.
- Facilitate communal healing and support for very young children.
- Promote community psychosocial and social cohesion between returned migrants and receiving communities.

Objective

Contribute to an evidence-based and efficient crisis response system

\$5,500,000

Funding Required

1,719,758

Target Beneficiaries

Within the new health context, and the COVID-19 outbreak, information on migration trends and mobility needs to be further enhanced to be able to track returning residents, improve surveillance and follow up to limit the spread of the disease, as well as to inform partners about the need and vulnerabilities, gaps and mobility trends, to inform their programmatic activities, such as government counterparts, UN partners, NGOs, and others.

Displacement tracking - rename

Funding Required

\$5,500,000

IOM will continue to implement its Displacement Tracking Matrix (DTM), comprising of a set of information management tools that are used to collect primary sex-age-disability disaggregated data, to track mobility and provide key information on vulnerabilities and needs of internally displaced and affected persons in Zimbabwe as well as migrants returnees, mobility trends and other mobile populations.

Within the new health context, and the COVID-19 outbreak, information on migration trends and mobility needs to be further enhanced to be able to track returning residents, improve surveillance and limit the spread of the disease.

The following two important components will be utilized to reinforce data for disease surveillance, preparedness and information to feed into programmatic activities:

- Flow Monitoring (FM) is one of the components of the DTM and is used to derive qualitative information and quantitative estimates of the flows and profiles of individuals crossing a transit point. The purpose of FM is to collect data on movements and needs of groups of individuals, in line with governments needs and priorities, to identify the principal transit points and routes taken by migrants, and to define priority areas for migrant assistance along migration routes. It is envisaged as a complementary tool to existing migration data in the region for further analysis of migration trends as well as the needs and vulnerabilities of the migrant population.
- Population Mobility Mapping (PMM) aims to provide outbreak preparedness and response actors with information to prevent the introduction or to limit the spread of an infectious disease. This approach informs priority locations and areas for public health interventions through an analysis of the dynamics and characteristics of population mobility.

In the context of COVID-19, information collected through PMM may be used to inform capacity-building efforts to prepare points of entry and other priority locations (including community-level interventions) to prevent, detect and respond to COVID-19 while travel restrictions remain in place, based on prevailing mobility patterns during the period of restrictions, and for when travel restrictions are lifted based on common mobility patterns and routes. Additionally, it may be

used to understand the impacts of travel restrictions on mobility dynamics, including on movement patterns and routes, access to services and impacts on specific groups or communities.

OPERATIONAL PRESENCE

7 International staff and affiliated work force	59 National staff and affiliated work force	3 IOM Field Offices
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