IOM ZIMBABWE
COVID-19 STRATEGIC
PREPAREDNESS AND
RESPONSE PLAN (SPRP)

FEBRUARY - DECEMBER 2020
SITUATION OVERVIEW

On 31 December 2019, a cluster of pneumonia of unknown origin was reported in Wuhan City, Hubei Province of the People’s Republic of China. On 11 March, the Emergency Committee of the World Health Organization (WHO) officially declared the illness known as Coronavirus Disease 2019 (COVID-19) a pandemic. As of 29 April 2020, confirmed cases of COVID-19 stood at a total globally of 3,018,952 and 207,973 deaths were reported from more than 185 countries globally. In Africa, 53 countries had reported a total of 23,254 confirmed cases and 903 deaths. Countries affected in Africa include at least eight Southern Africa Development Community (SADC) member states namely, South Africa, Zambia, Eswatini, Namibia, Tanzania, Seychelles, the Democratic Republic of Congo (DRC) and Zimbabwe. On 30 March, the Ministry of Health and Child Care (MOHCC) in Zimbabwe reported 40 confirmed COVID-19 cases, from the 7,642 tested for COVID-19. IOM Strategic Preparedness and Response Plan in Zimbabwe is aligned with IOM regional response to contain and interrupt the virus from spreading and save lives at risk, particularly migrants, displaced persons and host communities, which is structure under 4 propriety strategic objectives:

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Under this 4 strategic objectives IOM Zimbabwe will focus on twelve pillars: 1) Coordination and partnership. 2) Tracking mobility impacts. 3) Risk communication and Community engagement (RCCE). 4) Disease surveillance. 5) Point of entry (POE). 6) National Laboratory Systems. 7) Infection Prevention and control (IPC). 8) Logistics, Procurement and Supply management. 9) Case management and continuation of essential service. 10) Camp coordination and camp management. 11) Protection. 12) Addressing socio-economic impact for the crisis.

Funding required
$5.5 MILLION
IOM will actively participate in the overall coordination mechanism at national and will support cross border coordination through:

- Regular coordination with Government authorities, at provincial and district level UN agencies, humanitarian and development partners and other relevant actors as NGOs and CSOs, to contribute towards the overall coordination mechanisms in response to the COVID-19.
- Engaging and supporting inter-agency efforts in the development of preparedness, response, and recovery plans.
- Supporting national governments to facilitate access to emergency health care for undocumented migrants, including identifying temporary legal solutions for access to medical care and coordinating temporary measures regarding visas and consular support.
- Supporting coordination within countries and across borders to ensure timely care and referrals in line with International Health Rights (IHR 2005).

**COORDINATION AND PARTNERSHIP**

**SRATEGIC PRIORITY 1:** Ensure a well-coordinated, informed and timely response through mobility tracking systems and strengthening partnership and coordination structures established at the community, national and regional levels.

**Funding required**

$200,000

**TRAKING MOBILITY IMPACTS**

IOM will support the government by providing a comprehensive understanding of the effect of COVID-19 on mobility at country and cross-border level through systematic data collection analysis. This will be done by building on the IOM Displacement tracking matrix (DTM) methodology already rolled out at some border post. This intervention will include:

- Map country travel restrictions, visa changes, airline suspensions and health-dependent mobility restrictions imposed by the government.
- Track presence of stranded migrants and vulnerable populations in border areas and locations in country.
- Conduct assessment in the most vulnerable and affected communities to track the socio-economic and stability impacts on displaced populations.
- Track, monitor and analyse the impact of COVID-19 on displaced persons capitalizing the existing Displacement Tracking Matrix (DTM) network of key informants at camp and community level.

**Funding required**

$400,000

**SRATEGIC PRIORITY 2:** Contribute to regional, national and community preparedness and response efforts for COVID-19 to reduce associated morbidity and mortality.

**RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)**

IOM will advocate to ensure mobility, age and gender is taken into account in public health messaging, and that migrants, displaced persons and communities have access to timely and correct information by providing the following activities:

- Conducting community awareness campaigns, and mainstream good hygiene practices and feedback culturally and linguistically tailored along mobility corridors, displacement sites, and Point of Entry (POEs) as well as at the community level.

**Funding required**

$700,000
- Promotion of community engagement activities and placement of awareness posters and provision of IEC materials to users of POEs and host communities.
- Capacity building to health workers and relevant actors on psychological first aid, risk and crisis management, use and communication and referral mechanism, and screening to conduct preliminary assessment of health risks, and receive health information, documents, and/or reports from conveyance operators regarding ill travellers and provide advice on measures to contain and control the risk accordingly.
- Disseminate updated community-based plans for disaster risk reduction actions, targeted to protect displaced people and communities impacted by COVID-19 and vulnerable to other disaster and climate-related risks.
- Develop Community Based Planning (CBP) networks, building the capacity of local community actors, prioritize and evaluate the community needs and established focal point on host communities.
- Strengthen accountability through civic dialogue and participatory planning to mitigate the likelihood of emergent social tensions or localized conflict.

### DISEASE SURVEILLANCE

IOM will enhance existing national level disease surveillance and accurate information of mobile and vulnerable migrant population systems through:

- Engaged Environmental Health Practitioners (EHPs) to support the screening phase at POEs and conduct a Participatory mapping exercise, Population mobility mapping (PMM) at cross border points to detect high-risk transmission mobility corridors, hot spots and conduct health assessments to mobile population that could be at risk.
- Strengthening Community Event-Based Surveillance by linking mobility information to surveillance data, particularly among border communities, Points of Entry (PoE), and migrant dense areas.

### POINTS OF ENTRY (POE)

Increased capacity of border officials and health workers in management of COVID-19 response plan at Points of entry (POEs) by conducting the following activities:

- Support active surveillance, health screening, referral and data collection at POE.
- Support the development of Standard Operating Procedures (SOP) and referral mechanisms for detection, notification, and isolation, including the development of training curricula and manuals.
- Establish and maintain in collaboration with Government authorities a POE public health emergency contingency plan, for better coordination and communication among POEs health authorities and transport sector officials on suspected COVID-19 cases.
- Improving points of entry infrastructure, including the establishment of isolation and quarantine facilities, the provision of equipment, personal protective equipment (PPE) and supplies.
**NATIONAL LABORATORY SYSTEM**

IOM will support enhanced national capacity for detection through the provision of training and operational support for the packaging and transfer of laboratory samples, including support for the packaging and transfer of laboratory samples. This specific intervention will include:

- Provision of trainings and operational support for the packaging and transfer of laboratory samples, including cross-border support to transport samples for laboratory confirmation.

**Funding required**

$260,000

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**INFECTION PREVENTION AND CONTROL**

IOM will support enhanced national capacity for infection prevention and control with specific focus on POEs, border communities and displacement settings. Specific interventions will include:

- Enhancing provision of water, sanitation and hygiene (WASH) services at surrounding border post communities and displacement sites, ensuring their alignment with context-relevant IPC measures.
- Support the development of protocols for handwashing and waste disposal that are fit for purpose for the needs of migrants, displaced populations and related communities.

**Funding required**

$460,000

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**LOGISTICS PROCUREMENT AND SUPPLY MANAGEMENT**

IOM will engage with national authorities and UN partners to support the procurement, storage and distribution of critical supplies in response to COVID-19. Specific intervention include:

- Engaging with national authorities and UN partners to support the procurement, storage and distribution of critical supplies.
- Supporting Supply Chain Management with shelter and Non-Food Items (NFI) operational capacities.

**Funding required**

$300,000

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**STRATEGIC PRIORITY 3: Ensure access of affected people to basic services and commodities, including health care, and protection and social services.**

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**CASE MANAGEMENT AND CONTINUITY OF SERVICES**

IOM will support governments with the provision of technical and operational support through improvement of infrastructure, especially in humanitarian settings. Existing programmes working supporting migrants with TB and SRH testing, care and treatment will also be strengthened and ensure continuum of care. Specific intervention will include:

- Provision of life-saving primary health care and procurement of critical medicines and medical supplies, improvement of infrastructure, especially in displacement sites.

**Funding required**

$410,000
IOM will continue to enhance capacities to ensure the protection and access to services of all migrants, travelers, displaced population and local communities. Specific interventions include:

- Conduct an analysis of the impact of COVID-19 on the protection mechanisms and response, including risks of gender-based violence (GBV) (including sexual exploitation and abuse (SEA) or intimate partner violence (IPV)); family separation; persons with disabilities (PWD), children, older persons, and barriers to accessing health services and information.

- Increase Mental Health and Psychosocial Support (MHPSS) and counselling services, including deployment of psychosocial mobile teams linguistically and culturally capable to serve displaced population and host communities.

- Strengthen existing protection mechanisms and social services, including cross-borders, and support updating of referral mechanisms, to support persons in need of care or protection and refer them to appropriate services, including stranded migrants, displaced persons and other people in a vulnerable situation.

- Strengthening mainstreaming of protection across the other sectors’ activities, including monitoring and/or strengthening of accountability of affected populations (AAP) and protection against sexual exploitation and abuse (PSEA) mechanisms.

## CAMP COORDINATION AND CAMP MANAGEMENT

IOM will support the Government to ensure continuation of services in existing camps, by:

- Developing SOPs for camps management and camp settings according to new COVID-19 standards and requirements.

  - Capacity building of community leaders to assess health condition in the camps and the identification of any suspected signs and symptoms.
  
  - Improving displacement sites to ensure site safety, and livelihoods sustainability.
  
  - Support site assessment for high risk groups, to understand specific local vulnerabilities for a target shelter approached in camps, and access availability of suitable land to reduce density, assess additional space for quarantine zones and health facilities.
  
  - Manage settlements exit/entry points for enhanced visitor screening as well as introducing additional disinfectant measures.

  - Prioritize social support, counselling and establishment of positive coping mechanisms in case health provision is limited.
ADDRESSING SOCIO-ECONOMIC IMPACT

- Promote South to South cooperation for labour market (i.e. Partnerships with national platforms, Ministries of Labour, Foreign Affairs, etc) to leverage migration to address the skills need and gaps to address post COVID recovery socio-economic needs).
- Leverage diaspora, human, social and cultural capitals (i.e. Transfer of Qualified Nationals (TRQN), youth diaspora volunteerism, social cohesion, building transboundary and transnational networks).
- Leverage partnerships and coordination to transition into Post-Crisis and to link to the socio-economic needs and gaps, social protection, social cohesion, and aligning to the humanitarian-development-peace nexus.
- Identify programmes that can be adapted to recover lost livelihoods opportunities during restrictions, including new livelihood opportunities that could result of COVID-19 demands as production of mask, and other PPE materials.
- Conduct livelihood training and mentoring for the production of high demand products (sanitation, PPE etc.)
- Held education and skills development capacity building activities (such as online marketing and innovative supply chain developments)
- Identify good practices and potential models to facilitate investment and savings.
- Start-up capital packages that will contribute towards livelihoods restoration.
- Provide financial and technical support through income generating grants, to Micro-, Small- and Medium-Sized Enterprises, targeting strategic economic sectors, to rapidly resume operations and create job opportunities as conditions allow.

Funding required
$300,000