



IOM VISION

UPDATED: 26 FEB 2021

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.

\$68,373,000
Funding Required

2,579,637
People Targeted

14
Entities Targeted

IOM PROPOSED RESPONSE

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PRIMARY TARGET GROUPS

1. Internal migrant
2. Internally displaced person
3. Local population / community
4. International migrant

OBJECTIVE

FUNDING REQUIRED

PEOPLE TARGETED

| | | |
|--|------------|-----------|
| Save lives and respond to needs through humanitarian assistance and protection | 35,973,000 | 1,052,345 |
| Strengthen preparedness and reduce disaster risk | 12,900,000 | 140,000 |
| Address the drivers and longer term impacts of crises and displacement through investments in recovery and crisis prevention | 14,000,000 | 203,352 |
| Contribute to an Evidence Based and Efficient Crisis Response System | 5,500,000 | 0 |

SUMMARY OF PROPOSED RESPONSE 2020 - 2021

| TITLE | FUNDING REQUIRED (USD) 2020 | FUNDING REQUIRED (USD) 2021 |
|---|-----------------------------|-----------------------------|
| Save lives and respond to needs through humanitarian assistance and protection | | |
| Camp Coordination and Camp Management | 950,000 | 6,500,000 |
| Mental Health and Psychosocial Support in Humanitarian Response | 500,000 | 500,000 |
| Protection | 2,243,000 | 3,500,000 |
| Displacement Tracking for Humanitarian Response | 5,500,000 | |
| Shelter, Settlements and Non-Food Items | 8,780,000 | 6,500,000 |
| Health Support | 1,000,000 | |
| Address the drivers and longer term impacts of crises and displacement through investments in recovery and crisis prevention | | |
| Community stabilization | 3,500,000 | 1,500,000 |
| Displacement Tracking for Recovery and Crisis Prevention | 1,000,000 | |
| Durable Solutions | 2,500,000 | 1,500,000 |
| Address the Socio-economic Impacts of Health Crises | 3,500,000 | |
| Mental Health and Psychosocial Support: Dialogue and Social Cohesion towards Recovery and Crisis Prevention | 500,000 | |
| Strengthen preparedness and reduce disaster risk | | |
| Emergency Preparedness | 1,500,000 | 1,500,000 |
| Displacement Tracking for Preparedness and Risk Reduction | 800,000 | |
| Disaster Prevention | 1,200,000 | 1,200,000 |
| Health Components of Preparedness and Risk Reduction | 2,000,000 | |
| Points of Entry | 3,500,000 | |
| System Strengthening for Mental Health and Psychosocial Support | 1,200,000 | |
| Contribute to an Evidence Based and Efficient Crisis Response System | | |
| Displacement Tracking | 5,500,000 | |
| Total Funding Required | | 68,373,000 |

2021 - Zimbabwe Crisis Response Plan 2020 - 2021

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.

SAVE LIVES AND RESPOND TO NEEDS THROUGH HUMANITARIAN ASSISTANCE AND PROTECTION

Funding Required

\$17,000,000

People Targeted

192,466

People Targeted Description

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

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;

Funding Required
\$6,500,000



- 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

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:

Funding Required
\$500,000



- 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

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:

Funding Required
\$3,500,000



- 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, SETTLEMENTS AND NON-FOOD ITEMS

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:

Funding Required
\$6,500,000



- 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.

ADDRESS THE DRIVERS AND LONGER TERM IMPACTS OF CRISES AND DISPLACEMENT THROUGH INVESTMENTS IN RECOVERY AND CRISIS PREVENTION

Funding Required
\$7,000,000

People Targeted
160,000

People Targeted Description

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

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:

Funding Required
\$1,500,000



- 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

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.

Funding Required
\$1,500,000



ADDRESS THE SOCIO-ECONOMIC IMPACTS OF HEALTH CRISES

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-

Funding Required
\$3,500,000





MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT: DIALOGUE AND SOCIAL COHESION TOWARDS RECOVERY AND CRISIS PREVENTION

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:

Funding Required
\$500,000



- 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.

STRENGTHEN PREPAREDNESS AND REDUCE DISASTER RISK

Funding Required
\$9,400,000

People Targeted
50,000

People Targeted Description

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



EMERGENCY PREPAREDNESS

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:

Funding Required
\$1,500,000



- 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

Natural hazards in Zimbabwe frequently result in large-scale population movements,

Funding Required

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:

\$1,200,000



- 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

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:

**Funding Required
\$2,000,000**



- 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

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:

**Funding Required
\$3,500,000**



- 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

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

Funding Required
\$1,200,000



- 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.

CONTRIBUTE TO AN EVIDENCE BASED AND EFFICIENT CRISIS RESPONSE SYSTEM

Funding Required
\$5,500,000

People Targeted Description

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

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:

Funding Required
\$5,500,000



- 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.