**THE DANISH EMERGENCY RELIEF FUND**

Intervention APPLICATION FORM: COVID19 priority countries

**X** Yes: reference no.: 19-446-OC Financial ceiling: 5 mill/year

No – if no, an OCA application must be submitted together with the intervention application.

Has your organization prequalified for DERF funding?

|  |  |
| --- | --- |
| **Do you plan to submit more than two applications under this call?** Applicants who intend to submit more than two applications in totalfor COVID19 funding under the currently open Calls, must submit all applications at the same time. | **X No**   * **Yes. If yes, how many:** |

## The humanitarian intervention

* **What sectors will the proposed interventions most relate to (please tick ALL boxes that apply)?**

**X WASH (Water, Sanitation & Hygiene)**

* **Health**
* **Shelter**
* **Nutrition**
* **Camp Management**
* **Education**

**X Protection**

**X Emergency FSL (Food Security and Livelihoods)**

* **Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **The overall purpose in short, including the objectives, activities, expected results and indicators to be applied.**

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| --- | --- |
| ***Assisting Vulnerable Communities’ Efforts to Reduce Transmission of COVID-19 and Decrease the Deterioration of Livelihoods in Kwekwe, Zimbabwe*** | |
| **Overall Objective:**  Reduce the transmission of COVID-19 and decrease the deterioration of immediate human assets and rights, social cohesion and livelihoods needs of the 5 communities of Kwekwe District, Zimbabwe.  **Key outputs:**   1. Unconditional Cash Transfer to 5,000 vulnerable people (1,560 women, 1,440 men, 1,040 Girls and 960 boys) from an estimated 1,190 households. 2. WASH & Dignity Kits distributed to a total of 1,964 households (8,250 people) from 5 communities. 3. 40 Handwashing Facilities established at frequented public places serving 16,000 people. 4. Secure timely, gender and age responsive child protection services for 12,000 people during the COVID-19 emergency. 5. 8,250 people capacitated in COVID-19 and prevention of its transition. | |
| **Outcomes and activities** | **Indicators** |
| **Outcome 1:** Support 5,000 food insecure individuals with cash to improve food needs and livelihoods during COVID-19 lockdown in Kwekwe district.  **Activity 1.1** Identify and register beneficiaries to receive unconditional cash transfer in the 5 communities as per the Plan International and Ministry of Health and Child Care (MoHCC) guidelines for safe delivery of humanitarian assistance.  **Activity 1.2** Conduct 2 cash distribution of @$9 to 5,000 (1,560 women, 1,440 men, 1, 040 Girls and 960 boys**)**  beneficiaries (1,190 households) through Cash-In-Transit (CIT) to meet basic needs food requirements (e.g. cereal, pulses and vegetable oil etc.) during lockdown.  **Activity 1.3** Procurement and distribution of Personal Protection Equipment (PPE) for all staff and partners to use during field distribution.  **Activity 1.4** Raise awareness about COVID-19 during the distributions.  **Activity 1.5** Conduct Post-Distribution Monitoring through mobile technology i.e. calling randomly sampled 10% or at least 10 households per community across the 5 communities. | #, Number, of deserving beneficiaries registered for unconditional Cash Transfer.  #, Number, of registered beneficiaries who receive cash as per the planned distribution lists.  #, Number, of distribution cycles done as per the drafted humanitarian and COVIN 19 response Standard Operational Procedure (Distribution points with handwashing, sanitisers, not more than 50 at a distribution point and staff in complete PPE).  #, Number, of people reached out to with awareness sessions on COVID 19 during food distribution.  Percentage, %ge, of target people purchasing food requirements and reporting improved food security at household level |
| **Outcome 2:** Assist 16,000 people access essential WASH material and facilities for good hygiene practices and use of improved, gender-responsive water and sanitation among the 5 targeted communities of Kwekwe district.  **Activity 2.1** Identification of 1,964 households (8,250 persons) to receive WASH NFI kits.  **Activity 2.2** Procurement and distribution of WASH NFI and dignity kits to 1,964 households in Kwekwe District. Kits per HH compose of 2\*20L water containers, 3 washing soaps, 2 tablets of bath soap, 500 ml water guard (purification tablets), and 2 packets of menstrual pads.  **Activity 2.3** Assessment and identification of frequently visited public places (e.g. business centres, health facilities and local primary and secondary schools) requiring sanitation and hygiene facilities.  **Activity 2.4** Purchase and distribution of required hand washing facilities for the 40 frequently visited public places in Kwekwe district (30 in kwekwe urban and 10 in rural Kwekwe) to assist 16,000 people access clean water at public places like market centres.  **Activity 2.5** IEC production on proper hygiene and sanitation practices to minimise COVID-19 transmission. | #, Number, of households registered and its demographic structure.  #, Number, of registered households which received the WASH and dignity Kits against planned  #, Number, of public places equipped with handwashing facilities#, Number, of people reached out with hygiene practices capacitation through IEC material at public places.  Percentage (%ge) of people with improved WASH and hygiene practices to reduce transmission of COVID 19. |
| **Output 3:** Strengthened provision of timely, gender and age responsive child protection services for 12,000 people in Kwekwe communities during drought and COVID-19 disaster.  **Activity 3.1** Development and dissemination of prevention key messages on COVID-19, child protection in emergencies (CPiE), GBV and positive parenting.  **Activity 3.2** Support district community awareness with key messages on CPiE, GBV and positive parenting in targeted communities during public addresses of cash distribution to 1,190 households.  **Activity 3.3** Regularly update mapping of referral pathway for GBV and protection services during COVID-19 with 30 members of District Child Protection Committees (DCPCs) through virtual meetings.  **Activity 3.4** Conduct monthly virtual meetings with 35 CP committees’ members (7 from each of the 5 DCPCs) through Group WhatsApp Calls or Skype calls where possible. Meetings will include sensitising them on the referral pathway and Toll-Free tip-off lines and positive parenting information during the COVID-19 emergency. Connected through data distribution.  **Activity 3.5** Provide 35 members of Child Protection committees (CPC) with Monthly Allowances for airtime, data and transport to enable them to respond to child protection concerns even during the lockdown, cascading of information received from DCPC including positive parenting.  **Activity 3.6** Child Protection committees (CPC) to conduct meetings (in person or online depending on public health containment measures) to disseminate information and raise awareness to prevent abuse and exploitation and support caregivers to cope with children and caregiver stress while promoting positive parenting messages. | #, Number, of people receiving key messages (SMSes) on CPiE, GBV and positive parenting through the bulky SMses dissemination.  #, Number, of CPCs capacitated in CPiE and able to offer due service.  #, Number, of CPC with risk assessment and Action Plan with respect to prevailing disasters.  #, Number, of people especially children with GBV and protection issues assisted with satisfaction. |
| **Outcome 4:** Targeted girls, boys, men and women are satisfied with the humanitarian response provided by Plan International Zimbabwe.  **Activity 4.1** Establish age, gender and social inclusive complaints/feedback mechanisms at a community and/or Child Friendly Spaces in consultation with children and adults, in a child-friendly, gender appropriate and socially inclusive way.  **Activity 4.2** Awareness-raising of targeted communities on feedback and complaints mechanism during cash and WASH NFI distributions.  **Activity 4.3** Register and respond to complaints/feedback from children and adults from the affected communities on a regular basis to close the feedback loop. | #, Number, of communities with gender and social inclusive feedback mechanisms (help desks) during distributions.  Percentage (%ge) of beneficiaries with knowledge of the Plan humanitarian toll free number for any feedback.  #, Number, of feedback messages received and solved conclusively. |

* **How does your selected response consider the specific context within which you plan to implement an intervention? How does your selected response consider the strategic priorities and the immediate objectives of the Global Humanitarian Response Plan (GHRP)? Is the intervention appropriate and relevant (CHS 1) effective and timely (CHS 2) and are the resources managed and used in an effective, efficient and ethical manner (CHS 9)?**

This project will contribute to two of the strategic priorities of UN’s COVID19 Global HRP:

1. Contain the spread of the COVID19 epidemic and decrease morbidity and mortality;

2. Decrease the deterioration of human assets and rights, social cohesion and livelihoods;

The UN Global HRP COVID-19 (April – December 2020) May addition highlights that Zimbabwe is one of the nine countries considered as priority in the GHRP because of the existing shocks or stresses, such as food insecurity, displacement, a high number of migrants in-country or in transit and low-income country status among other factors[[1]](#footnote-1). According to the same report, assistance in Zimbabwe is required to complement the Government’s with a main focus on public health programming, risk communication and community engagement, as well as infection control and prevention and availability of water supply and heightened hygiene and sanitation intervention, ensuring continuity of life-saving essential services and humanitarian action especially in the food and nutrition aspects following the existing drought disaster. Plan International Zimbabwe (PIZ) will in this project closely coordinate through the district COVID-19 Response Task Force, the District Drought Relief Committee (DDRC) to ensure efficient targeting of the beneficiaries. Community leaders will play a crucial role in community mobilisation. Beneficiary selection will be done at village assembly points guided by the Standard Operation Procedures including limiting the numbers of people assembled to almost 50 and complemented by health and sanitation recommendations. A community based ranking is aimed at eradicating inclusion and exclusion errors by ensuring that all members of the communities are reached out to including child-led households and people living with disabilities.

The 2nd of April 2020, an updated 2020 Humanitarian Response Plan (HRP) for Zimbabwe was released with a COVID-19 annex[[2]](#footnote-2), which indicated that protection risks are being compounded by successive crisis, where violence and discrimination related to natural disasters and economic shocks have exacerbated pre-existing gender and social inequalities. According to this HRP, 7 million people are in need of humanitarian assistance (HRP, p. 5). It further indicates that 670,000 people in the Midlands province which houses Kwekwe district (p. 44) are targeted for humanitarian assistance across different sectors.

The Zimbabwe HRP includes an appeal for response to the COVID-19 outbreak, which aims to target the whole country with priority given to those provinces/districts with reported cases of COVID-19 and key Points of Entry (PoEs). With COVID-19 transmission confirmed in the country, including in the densely populated urban city like Kwekwe, the first priority of Health Cluster partners is the population in those parts of the country where COVID-19 transmission has been confirmed. According to the Zimbabwe Ministry of Health SITREP report of 27 May 2020, 132 cases has been confirmed in nationwide, with 4 of them in Kwekwe district of Midlands province.

* **How you will start your activities within 7 days of the Danish CSO receiving the first transfer?**

The project which is classified as a Rapid Response will be implemented guided by the Plan Zimbabwe COVID-19 Response Plan and government initiated Rapid Response Teams which ensures that the implementation is instant upon approval. Led by the Disaster Response Manager, staff within the national disaster response network will ensure that the inception of activities are implemented within 7 days. Recruitment of staff will be informed by the Disaster response strategy which ensures that internal staff that possess skill in line with the designed project are quickly identified. The project will ride on the ongoing disaster response projects in the district like the Food for Assets which could not reach out to all the vulnerable people as the rate of vulnerability grow with time. The project activities which were designed in line with the national Preparedness Plan will complement the ongoing strategies and already existing coordination structures like the food security cluster and child protection cluster in addressing the existing gaps instantly.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Planned target population** (direct target group only) | | | | | | | |
| Type of Activity | **Female** (by age) | | | **Male** (by age) | | | Total |
| Under  18 | Between  18-50 | Over  50 | Under  18 | Between  18-50 | Over  50 |  |
| **Output 1:** Unconditional Cash Transfer | 1,040 | 1,120 | 440 | 960 | 1,078 | 362 | 5,000 |
| **Output 2:** WASH Kit distribution | 1,716 | 1,848 | 726 | 1,584 | 1,779 | 597 | 8,250 |
| **Output 3:** WASH Facilities at Frequently visited public places | 3,328 | 4,148 | 844 | 3072 | 3,820 | 788 | 16,000 |
| **Output 4:**  gender, age responsive & child protection services | 4,156 | 3509 |  | 3836 | 1,249 |  | 12,000 |
| **Output 5:** COVID-19 capacitated | 1,716 | 1848 | 726 | 1,584 | 1,779 | 597 | 8,250 |
| Total: | 11.956 | 12.473 | 2.736 | 11.036 | 9.705 | 2.344 | 50,250 |
| Total adjusted for double counting\*: | 3.328 | 4.148 | 844 | 3.072 | 3.820 | 788 | 16,000 |
| Total vulnerable persons of the above | 1.040 | 1.120 | 440 | 960 | 1.078 | 362 | 5,000 |

\*correct the number if the same persons are listed in more than one activity. Each person can only be counted once.

* **How do you calculate the number of people who shall be assisted through the various activities?**

According to the March 2020 IPC report, 5% of the population is under phase 4. This translate to 5,000 people out of the population of 100,455 (according to the last Zimbabwe Census Report, 2012). Guided by this and ward ranking by the Dstrict Drought Relief Committee, the project will target a total of 5,000 persons (1,560 women, 1,440 men, 1,040 Girls and 960 boys), who is food insecure under phase 4 of the Integrated Phase Classification (IPC). These translate to and 1,190 households as per the Inter Censual Demographic Survey which estimates there is 4.2 persons per household. The disaggregation per household will be depended on the household structure which is estimated to be 52%[[3]](#footnote-3) female nationally. 40% of the population of Zimbabwe is also estimated to be below the age of 18. Protection activities will target children and women, who are more at risk that other social groups in the communities. These food insecure people will be targeting for both WASH Kits and unconditional Cash transfer as they lack livelihood resources to meet households need. The public WASH hand washing facilities will target the 16,000 people who are served by the 40 most frequented public places in Kwekwe district.

* **Which vulnerable groups are you specifically targeting? *(****Note that you can include budget for additional vulnerability assessments as relevant in the application to DERF)*? *Please explain*

As specified elsewhere, especially food insecure persons, children, girls and women.

* **Source of goods: Briefly explain how you plan to source your goods and tick the boxes that apply.**

**X In country / locally- Locally**

All goods and services to be used by the action will be sourced in Zimbabwe by the Logistics and procurement department following the procurement in emergency guideline for timeous delivery.

* **Does the intervention include cash-based programming?**

**X Yes – Yes**

The project will provide an unconditional cash transfer to two months out of the six months of project implementation. The cash will be targeted and purchasing food need during the lockdown period when household in informal activities will not be able to carry out their livelihood activities that support income to meet food expenditures. Cash distribution will be done through a Cash in Transit Modality following the National Cash Working group guidelines*.*

* **Financial localization of the intervention** *Take the following two figures from your budget format:*

**% of DERF intervention funding which is spent by local or national partner CSOs, from the intervention budget: 90 %**

**% Funding spent on activities & goods for crisis affected persons, from intervention budget: 74%**

## The implementing organization

* **What is the capacity, experience and expertise of the proposed partner organisation(s) (CHS 8) undertaking the proposed intervention substantiating whether the humanitarian response can be delivered up to standard and to the needs of particularly vulnerable persons?**

Plan International Zimbabwe (PIZ) has been present in Zimbabwe since 1986 with ongoing child sponsorship and grants programmes. PIZ is experienced in responding to emergencies, which include flood response in Tokwe Mukosi Disaster in 2014, Sipepa floods in 2017 and the latest Cyclone Idai in 2019. During these emergencies, PIZ has continued programming in Child Protection in Emergencies (CPiE) and WASH, streamlining gender and disability inclusion.

Plan International Zimbabwe currently operates guided by the Country Strategy where it commits to contribute to the global strategy of reaching out to *100 million Girls* by responding to their needs including in emergencies. Plan International is well recognised for its competence in Gender Transformative programming in both development and humanitarian work covering Child Protection, Quality and Inclusive Education, Youth Economic Empowerment and Sexual Reproductive Health Rights. Operating at a nation average budget of US$ 21 million, of which US$3 million is under humanitarian response, Plan Financial system are managed through the SAP system This is a corporate system that enables efficient monitoring and tracking of financial transaction ensuring stakeholders updating and complaints.

**Responding to the current HRP,** Plan is implementing non-conditional Cash Transfer for draught response projects in Tsholotsho district, Epworth, Stoneridge and Mutasa district while implementing conditional cash transfer in Kwekwe and Chiredzi districts. Plan was also assisting through schools feeding in Mutoko and Bulilima district complementing the government’s Home Grown School Based Feeding Program. PIZ has a long-standing relation with the national District and Civil Protection Units and in the targeted communities, having worked with them for a long period.

A multi-disciplinary team will provide support in project implementation to ensure that disaster risk management (DRM), Child Protection, WASH, Gender & Inclusion and M&E are well streamlined in all interventions through for instance participating in the virtual meetings. PIZ's Communication Specialist will ensure that the disaster response communication strategies are effective and in line with the organisation's mandate and principles by keeping contact with the MoHCC to ensure messages are approved. A project coordinator will lead the implementation of the program in the targeted areas and be supported by Program Facilitators.

* **Is the Danish CSO proposing to self-implement?**

**X Yes.** If yes,

**-how often have you been self-implementing with DERF grants in this country before: \_0\_**

* **Partnership:**
* **Kindly explain whether you have entered into partnership agreement, the main features of this agreement(s) and whether this agreement(s) was developed with the local partner**.
* **Describe the contributions, roles and areas of responsibilities of all partners (including the Danish CSO) within this intervention**

Plan international Zimbabwe is not entering any partnership agreement with any other CSO, but will manage the project directly through its Kwekwe office in close collaboration with the government line Ministries and supporting the government in the response That include the District Administrator’s Office, Ministry of Social Welfare ( Protection and Food Security activities) and the Ministry of Health and Child Care ( WASH activities. The project will work with volunteers to establish the Commodities Distribution Committees who spear head the coordination of the community based activities including channels of mobilisation for activities implementation. Previously established structures such as the CPCs will be strengthened to offer services in the current disaster situations that they have not experienced before. Help desks will be established to assist handling of the beneficiaries complaints during distributions and these will be composed of a balanced gender structures and age groups to ensure representation of all.

Plan Denmark will ensure contracts are done and implemented as per the donor requirements, as well ensure that the funds are transferred and used as appropriately. Plan Denmark will also carry out monitoring visits and provide technical support for both programme and financial management. Plan International Kenya and Plan International Denmark will sign an agreement that will cover donor requirements, expected results, the implementation period and cash flow modalities.

## Local strengthening

* **How does the intervention strengthen local capacities and avoid negative effects (CHS 3)?**

Plan International Zimbabwe (PIZ) will work with the community structures who play a key role in beneficiaries selection by defining the vulnerability criteria of the IPC category 4 households as they know their communities. An 80% quorum attendance for the registration process will be observed to ensure participation of all during registration. Plan will ensure that local social structure representing different social groups in the communities play their part in beneficiaries targeting and participation in all activities. Community based structures like the CPCs will be central in project delivery and capacitated for sustainability purposes to ensure continuity at project handover to ensure they that they are able to serve the communities in the even of similar disasters. The community leadership will be entry points into communities and play an important role in mobilization of communities to ensure that all intervention are in line with the local positive norms Commodities Distribution Committees will be established in an inclusive and gender informed manner and trained on how to coordinate distributions as per the humanitarian standards.

* **How are the local actors including the target group informed and involved (CHS 4)?**

The local actors and target groups will be involved throughout project implementation. The local leadership will be entry points and assist in mobilisation and moderation of beneficiaries targeting. With facilitation from the DDRC, the community target groups will participant in setting up the vulnerability criteria and ranking of the communities for targeting. To ensure that all social groups are involved, the project will work with different Community Based Organisations representing them. After registrations, a Commodity Distribution Committee which will be set up from the beneficiaries will be central for mobilisation through the telephone and social media set up like the WhatsApp. Throughout the project delivery, public addresses will be done to inform the target group of any developments about the project, objectives and expected outcomes. A toll free line which is always available throughout the project lifetime will be shared during project delivery and follow up done using the complaint and feedback guidelines to ensure all are satisfied.

* **How are you applying a do-no harm approach, or, if your intervention focuses on prevention and mitigation a no regret approach in the unexpected event that the anticipated crisis does not arise?**

The project will complement government and local structures that include the local leadership and the Food Distribution Committees. Trainings to avoid the transmission will be done for all activities and provision of PPE will be done to ensure safety at all times. Food Distribution Committees will be trained to ensure that they are in line with the sphere humanitarian standards. Local structures like the Child Protection Committees will be capacitated to ensure their functionality during the disasters such as COVID 19 and ensure that service is rendered even during the disasters. Feedback and complain mechanism will be established through an independent audit company who will handle the feedback process independently. Plan Staff, partners and associates will go through a Child Protection and safeguarding young people training by the Technical thematic Lead before signing for a policy as well as the code of conduct guiding adherence to ensure no harm is done.

## M&E, LEARNING AND ACCOUNTABILITY

* **How are risk management systems applied in the appropriate context?**
* **How do the implementing partners apply monitoring, feedback and accountability systems (CHS 5), including a complaint mechanism that works in the specific context?**
* **How will learning and reflection be applied in terms of improving humanitarian action (CHS 7)?**

The project will have a dedicated M&E and Data Management staff, who will be supported by the Country Monitoring Evaluation and Research (MERL) Manager. Regular monitoring of project activities will be carried out on an ongoing basis. Plan International Zimbabwe (PIZ) already has a good understanding of demographics (sex, age and disability) and gender relations in areas implementing programs. A gender analysis will be done in order to tailor the response to the different needs of girls, boys, women and men. The response will use tools to help us generate sex and age disaggregated data as per the SPHERE guidelines.

PIZ response will focus on quality information management and community engagement with a key focus on accountability to communities and ensuring that community feedback is well integrated into the response. All distributions will be carried out following consultation with government and district authorities. PIZ will ensure that all materials that will be procured will meet WHO and MoHCC minimum standards or sector specific Sphere standards, while awareness messages will be certified by the MoHCC health promotion department. Reports will be produced at agreed intervals which can be fortnightly or monthly due to the nature of the emergency which has potential to change rapidly. Due to the nature of the emergency, PIZ’s response will use non-contact feedback and accountability mechanisms such as toll-free lines from the services of the audit company, Deloitte and Touche.

**a)** **Process Monitoring** - to monitor the timeliness, reach, efficiency, quantities, quality and effectiveness of the cash distribution processes, NFI distribution, protection issues and handling of complaints. This is aimed at ensuring that beneficiaries get their entitlements in right quantities at the right time and in the recommended atmosphere taking into consideration the Standard Operation Procedures of COVID-19 response.

**b)** **Post distribution monitoring** - to monitor the adequacy and efficiency of Plan International Zimbabwe targeting, relevance and reach. Beneficiary satisfaction indexes will also be used to measure the quality of service delivery. Key lessons will be extracted aimed at enhancing operational efficiency. Where applicable, stories of significance change will be documented and shared with other stakeholders. Post-Distribution Monitoring will inform the household preferences to meet the children’s needs and how they are copying to the COVID emergencies. This will inform the protection response needed as well as awareness message packaging.

**c) Overall Routine Project Monitoring.** At operational level, monthly, quarterly and annual systematic reviews, reflection and reporting processes provide regular feedback to inform Plan International Zimbabwe management and staff, stakeholders, partners and donors on progress made against planned activities and outputs. The reports will analyse challenges, achievements and lessons learnt from programme implementation. Plan International’s MERL system is anchored on the MERL Policy, standards and Programme & Influence Quality Policy and Procedures (PIQP). The PIQP will provide the basis for a consistent approach to managing programme quality across the project implementation ensuring that staff have appropriate skills and knowledge on planning, monitoring, evaluation, reflection, and reporting. This will be backed by a comprehensive M&E system (database) for collating data on these key indicators. The projects will contribute to the core indicators through relevant project indicators

**Monitoring and Assessments will include assessment of:** (1) effectiveness, (2) sustainability, (3) relevance (4) efficiency (5) child rights, gender and social inclusion (the extent to which the project or programme applied gender and inclusion sensitive approaches and explicitly aimed for results that improve the rights of children and young people and gender equality).

## Coordination

* **Are the implementing organisations involved in a coordination mechanism?**

**X Yes**

* **How does the intervention contribute towards coordination and complementarity of humanitarian assistance (CHS 6)?**

The project will be coordinated through the government led Food security and Health Cluster whose priority is the population in those parts of the country where COVID-19 transmission has been confirmed, and other parts of the country where transmission is spreading to population movements within the country. Implemented at district level, the project will be aligning itself with the COVID-19 response task force composed of all the Civil Protection Unit members and chaired by the Ministry of Health. The District Child Protection Committees (DCPC) will ensure that protection outputs are realised as pursued through the COVID-19 task force. WASH services will be coordinated through the WASH cluster which aims to restore access to sufficient water of appropriate quality and quantity to fulfil the basic needs of children and women while improving awareness among children and women on safe hygiene, proper solid waste management and sanitation practices, At district level, the District Water and Sanitation Services Committee (DWSSC) will spearhead project implementation. All sub-clusters, advised to take note of the COVID-19 recommendations, that PIZ is a part of are: Health, WASH, Education, Protection, Food Security & Livelihoods and Nutrition.

1. See UN Global HRP COVID-19 (April – December 2020), p. 20 [↑](#footnote-ref-1)
2. <https://reliefweb.int/sites/reliefweb.int/files/resources/Zimbabwe_HumanitarianResponsePlan_2020.pdf>. [↑](#footnote-ref-2)
3. Zimbabwe Inter-Censal Demographic Survey, 2017 [↑](#footnote-ref-3)