FUNDING

PROPOSAL

Zim Against Covid-19

Contact persons

| Advo. Fadzayi Mahere (Zimbabwe):	Cheryl Dawe (Zimbabwe):	Dr Eddie Mahembe, PhD (South Africa):
Tel & WhatsApp +263 77 475 1446	Tel & WhatsApp +263 77 237 2673	Tel & WhatsApp (+27 60 532 8754

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1. INTRODUCTION AND BACKGROUND

1.1 World Overview

A new disease, later named *coronavirus disease (COVID-19)* by the World Health Organisation (WHO), was first reported by health care workers from Wuhan, China in November 2019. Researchers from China later reported around December 2019, that the disease was caused by a novel coronavirus. The WHO declared **coronaviru**s as a pandemic on the 11th of March 2020.

As of 18:00 on 30 March 2020, just 3 months after its discovery, COVID-19 has spread to 202 countries and territories affecting 697 243 individuals (confirmed cases) and leading to 33 257 deaths. The numbers are still increasing, with Europe and the United States being reported as the new epicentres of the *coronavirus*.

Figure 1: Coronavirus disease (COVID-19) Situation Dashboard
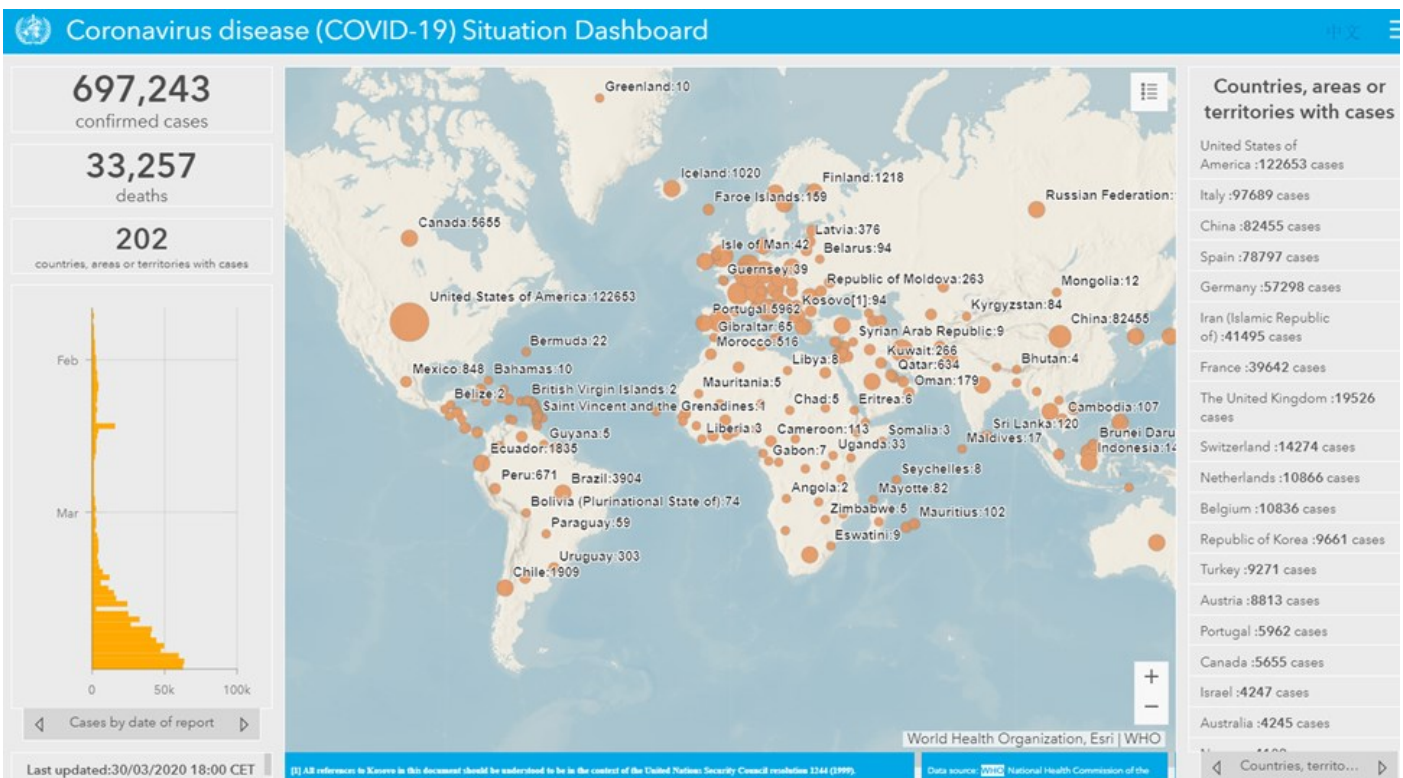
Source: WHO (30 March 2020)

In his address to the G20 Leaders, Dr Tedros Adhanom Ghebreyesus, Director-General of the WHO said, in reference to *coronavirus*:

> *"You have come together to confront the defining health crisis of our time: We are at war with a virus that threatens to tear us apart - if we let it….This is a global crisis that requires a global response… Fight, unite, ignite"*. (WHO, 26 March 2020).

Furthermore, the WHO has stressed that COVID-19 pandemic is straining health systems worldwide and that the rapidly increasing demand on health facilities and health care workers threatens to leave some health systems overstretched and unable to operate effectively.

To help countries navigate through these challenges, the WHO has issued operational planning guidelines*, aimed at helping countries to balance the demands of responding directly to COVID-19 while maintaining essential health service delivery, and mitigating the risk of system collapse. This includes a set of targeted immediate actions that countries should consider at national, regional, and local level to reorganize and maintain access to high-quality essential health services for all.

- From these operational planning guidelines, countries are strongly encouraged to:
- Identify essential services that will be prioritized in their efforts to maintain continuity of service delivery and make strategic shifts to ensure that increasingly limited resources provide maximum benefit for the population.
- Comply with the highest standard in precautions, especially in hygiene practices, and the provision of adequate supplies including personal protective equipment.

- Ensure robust planning and coordinated actions between governments and health facilities and their managers.

1.2 Overview of Africa

According estimations from WHO, Johns Hopkins and nCoV, a total of 5 368 Covid-19 cases were confirmed in in the African region and more than 60 deaths were recorded by 30 March 2020. The highest number of cases were recorded in South Africa, which currently have 1 326 confirmed Covid-19 infections and 3 deaths. Egypt is the second highest in terms of confirmed cases, standing at 656 followed by Algeria with around 584 and Morocco with 574.

Figure 2: Confirmed Covid-19 Cases in Africa over Time
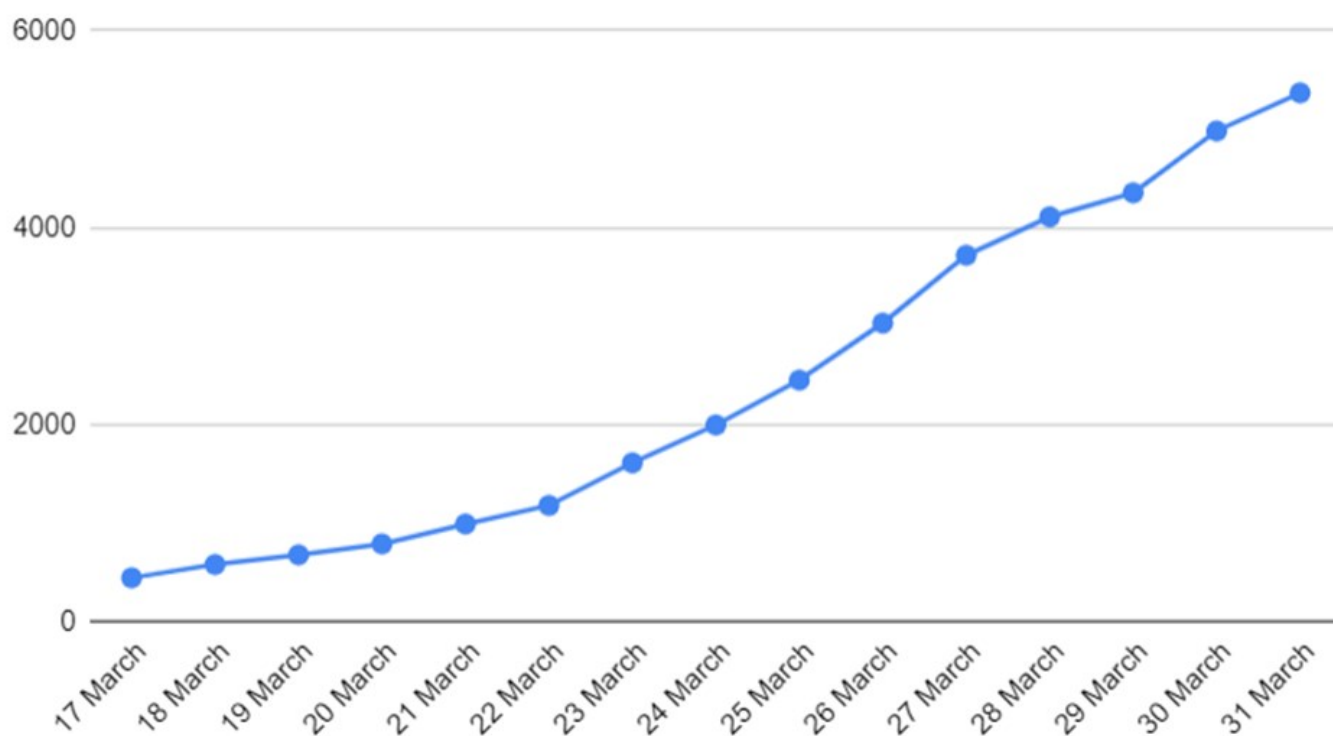
Source: Aggregated from WHO; Johns Hopkins; nCoV (31 March 2020)

Based on the analysis of the current confirmed Covid-19 Cases in Africa, it can be noted that:
- Africa is just at the initial phase, with the first cases reported in the middle of March 2020.
- North Africa currently has the highest number of confirmed cases.
- South Africa is the hardest in Southern Africa. However, this could be a result of the country's advanced health system with more testing centres.
- South Africa and Zimbabwe share one of the busiest land borders in Africa. Before the lockdown in both countries, a number of Zimbabweans travelled home from South Africa and other countries.

1.3 Overview of Zimbabwe

Zimbabwe reported its first case of Covid-19 on 20 of March 2020 and the first coronavirus death was recorded on 23 March 2020, when only 2 cases had been confirmed. According to the statistics from the Ministry of Health and Child Care, the county had conducted 241 tests by 30 March 2020. Of these tests, 8 were positive and the rest were negative. Of major concern to the authorities is the fact that, of the confirmed cases, 4 are due to contact with an infected individual locally. This provides unequivocal evidence that local transmission in Zimbabwe is ongoing.

Figure 3: Cumulative Covid-19 Tests in Zimbabwe

Source: Ministry of Heathy and Child Care

Figure 3: Cumulative Covid-19 Tests in Zimbabwe

Source: Ministry of Heathy and Child Care

President Emmerson Mnangagwa first declared a state of disaster over Covid-19 and banned public gathering and has now escalated the fight to a total lockdown for 21 days, starting on Monday 30 Mar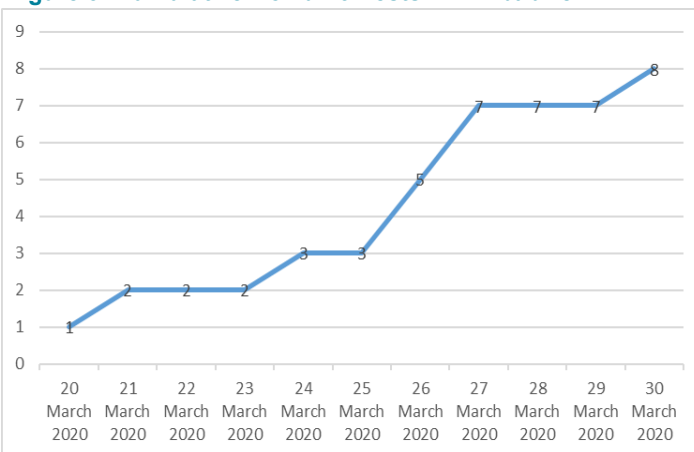ch 2020. However, overcrowding is still common as most people rely on informal jobs and vending at congested markets due to high unemployment. Another fear is that with social safety nets, especially in a country with high poverty rates and economic crises, many people might be forced to disobey the lockdown.

Government authorities estimate that before lockdown, 16 032 Zimbabweans entered the country. Some were coming from high risk or countries with confirmed Covid-19 cases, but they were 'screened and put on surveillance'. Secondly, it was widely recorded that on both mainstream and social media that the majority of urban dwellers went to their rural areas just before lockdown.

These two incidences might suggest that:

(i) there are a number of individuals with corona virus which are still to develop symptoms and or be tested and

(ii) the virus has spread to rural areas. In fact, the Ministry of Health and Childcare reported on the 29th of March that out of the 9 Coronavirus tests conducted in Mashonaland East, 3 of them came back positive, and all of the positive cases were found in Ruwa Growth Point (which is largely a rural area).

2. ZIMBABWE'S STATE OF RESPONSE TO COVID-19

2.1 Introduction

We estimate here, at a high and rudimentary level, the potential impact of Covid19 to the Zimbabwean population and medical facilities. We adopted the assumptions such as infection rates, percentage of people needing hospitalisation, and percentage of people needing critical care from the experiences of other countries such as China, USA, UK, Italy and South Africa. We forecasted two main estimates, the best case and worst-case scenarios.

Table 1: Forecast of Potential Impact of Covid-19 in Zimbabwe (Best Case Scenario)

Description	Percentage (%)	Number	Total
Total population		14 862 924	14 862 924
Infection rate (30- 70%)	30%	4 458 877	4 458 877
No. of Covid-19 patients needing hospitalisation	15%	668 832	668 832
No. of hospitals in Zimbabwe		25 300	100
No. of Covid-19 patients likely to need critical care	5%	222 944	222 944
No. of critical care beds in Zimbabwe		45	45
No. of Covid-19 patients likely to need critical care (six month average)		37 157	37 157
Average critical care patient per bed		826	826
Death rate (0.5-2%)	**0.5%**	**22 294**	**22 294**

Source: Own Calculations Based Global Covid-19 Trends.

The Zimbabwean population is currently estimated to be around 14.9 million people. In our best-case scenarios, it is assumed that around 30% of the Zimbabwe population would be infected. Other European countries and South Africa forecasted an infection rate of 60-70%. However, given that the economy of Zimbabwe is not as globalised as that of South Africa and EU countries and the fact that the world is literally on lockdown, the infection rate could be lower. Secondly, the country has already declared a lockdown with only 7 confirmed cases. However, it's important to note that even with this conservative estimate:

- Around 4.5 million people (30%) are projected to be infected by the corona virus.
- Of this 4.5 million, 668 832 (15%) might need hospitalisation. Current estimates indicated that Zimbabwe has around 25 300 normal hospital beds.

- Of the confirmed cases, it is estimated that (222 944) 5% would need critical care. Zimbabwe is estimated to have a total of 100 critical care beds, of these beds around 45 have been identified for Covid-19 patents. It's not clear how many more Covid-19 patents beds are being made available through the current renovations of some facilities. Based on the best-case scenario of 100 Covid beds, it's estimated that only one 1 out of 372 critical patients would get a admitted in ICU. This is might lead to a situation where doctors have to make a choice on who to give a critical care bed. Unfortunately, this has been happening in Italy, as the system got overwhelmed, leading to massive deaths.
- On average, around 0.5-2% of confirmed cases die. Using the best-case scenario, the number of Covid-19 related deaths is estimated at 22 294 (0.5%).

Table 1: Forecast of Potential Impact of Covid-19 in Zimbabwe (Worst Case Scenario)

Description	Percentage (%)	Number	Total
Total population		14 862 924	14 862 924
Infection rate (30- 70%)	70%	10 404 047	10 404 047
No. of Covid-19 patients needing hospitalisation	20%	2 080 809	2 080 809
No. of hospitals in Zimbabwe		25 300	25 300
No. of Covid-19 patients likely to need critical care	5%	520 202	520 202
No. of critical care beds in Zimbabwe		45	45
No. of Covid-19 patients likely to need critical care (six month average)		86 700	86 700
Average critical care patient per bed		1 927	1 927
Death rate (0.5-2%)	**2.0%**	**208 081**	**208 081**

Source: Own Calculations Based Global Covid-19 Trends.

The worst-case scenario assumes that 70% of the Zimbabwe population would be infected. Based on this, it is estimated that:

- More than 10 million people (70%) will be infected by the corona virus.
- Around 2 million people (20%) will need hospitalisation. This is against a total bed count of 25 300.
- Around 520 000 people (5%) would need critical care. This is against a critical care total bed count of 45. Even if we spread the number of patients over a 6 months period, a ratio of 1:1 927 clearly indicates that the country would not have capacity.

It is important to note that the 30 to 70% infection rates used in our forecasts are fairly in line with the National Physicians Association of Zimbabwe estimates, which is between 5-10 million individuals. Based on this analysis, it can be argued that Zimbabwe's current hospital infrastructure (even before discounting current shortages caused by the economic crisis), does not have the capacity to handle an infection rate of 30% of the population. The majority of the resources should therefore be channelled towards initiatives to prevent the further spread of the virus. However, as has been learnt from other countries, the transmission from few confirmed cases to full Covid-19 outbreak could be in a matter of days. Therefore, continual monitoring of the situation is very important.

2.2 Mitigation

Even with best prevention efforts, a highly infectious virus like SARS-COV-2 will infect some and the country has to be ready to mitigate impact. As per the WHO guidelines, and given Zimbabwe's current situations, the following have to be prioritised:

- Identify essential services that will be prioritized in their

efforts to maintain continuity of service delivery and make strategic shifts to ensure that increasingly limited resources provide maximum benefit for the population.
- Comply with the highest standard in precautions, especially in hygiene practices, and the provision of adequate supplies including personal protective equipment.
- Ensure robust planning and coordinated actions between governments and health facilities and their managers.

As part of mitigation, the Government of Zimbabwe would need support in strengthening the following:

- Facilities of treating known cases to prevent complications
- Scaling up screening to allow targeting of prevention efforts to hotspot areas and activities,
- Improve the effectiveness of lockdown, social distancing and other prevention messages so that the country can quickly begin to "flatten the curve". This implies trying as much as possible to delay spread to allow health system to cope with cases as they arise.

2.3 Managing the Covid-19 Information and Communication

What we have learnt from other countries is that wrong information can cause a lot of harm. It's critical the Government agencies, the entire healthy system and the media are spreading accurate and timely information. If this is not done properly social media might dominate, leading to the spread of inaccurate or 'fake news'. Therefore, information management and dissemination are key to the fight against Covid-19.

3. PROPOSED ACTIONABLE GOALS

3.1 Introduction

At a strategic Zim Against Covid-19 Trust identified that Zimbabwe not only has a weak health system but was running behind in terms of it's preparedness for the Covid-19 outbreak. We also noted that a majority of Zimbabweans are aware that the system has meagre resources and have begun to mobilise themselves and engage in fundraising activities. Though these initiatives are commendable, they seem to be uncoordinated and a duplication of activities, which might lead to wastage of

- this involves actions at a broader population and community level to prevent transmission (and this is the same basis for border restrictions, social distancing and now discussion on a national lockdown)
- also involves contact tracing and isolation

3.2 Mitigation

1. We now have unequivocal evidence that local transmission in Zimbabwe is ongoing. The results of tests from today identified 3 patients with no travel history who picked up COVID-19 from contact with previously known cases.
- in many ways, this is a very crucial milestone and basically completely changes the matrix of our public health efforts. We can no longer rely on border containment (in any event other interventions have largely curtailed cross border travel) and we must now direct prevention to our own communities. It is this development which has triggered the next big development.

3.3 Implication of the Lockdown on Zimbabwe

2. The state will soon be entering a 21-day period of mandatory lockdown. This will test our resilience and there are widespread fears about how we can survive this
- many are informally employed and live from hand to mouth
 Where will their meals come from? With a broken health system, if I start to feel ill what do I do? Can we trust the state to turn up on our doorsteps as a savior or are they merely condemning us to die in our homes?
- Never has the demand for action been bigger

3.4 Proposed Actionable Goals

The following are the most urgent and important focal points on the fights against Covid-19 in Zimbabwe:
- Capacitate and support front line staff (medical personnel)
- Expansion and capacitation of testing services
- Capacitate the Covid-19 identified facilities (hospitals)
- Dissemination of timely and correct information
- Advocacy for socio-economic support for the vulnerable members of society, , and
- Fund raising.

3.4.1 Capacitate and support medical personnel

It is important, at this stage devote our attention and channels our resources towards the capacitation of our nurses, environmental health technicians and doctors who are our last stand. They will need to turn up on a big way, identify the sick amongst us, provide care with compassion and more crucially remain healthy themselves to continue to work. The Zimbabwean situation is compounded by the fact that the nurses and doctors have been in prolonged strikes and have recently downed tools, demanding the provision of personal protective equipment (PPE), corona risk allowance and water; which might imply that the morale is not currently high among the medical staff. Therefore, for the country to successfully fight against Covid-19, the medical staff need to be provided with resources, love, support and encouragement.

Very soon, these medical personnel will be asked to leave their homes and take refuge in Covid-19 identified facilities and tents away from their families and turn up repeatedly to assist cases. Based on lessons from other countries, this call up is similar to a military deployment. The medical personnel must be prepared before being sent in harm's way.

The following need to be addressed urgently:
- Provision of personal protective equipment (PPE)
- Mental preparation of medical personnel before deployment.
- Prayer for our all our health workers.

3.4.2 Expansion and capacitation of testing services

Given the current evidence that local transmission is currently ongoing in Zimbabwe, there is an urgent need to expand testing services. It's crucial to quickly to identify those with the disease and decide who needs treatment. Given the faster rate corona virus spreads, it's possible that there are currently hundreds, possibly thousands, who could be infected but they don't have an idea. The country needs to identify them and sent them to isolation centres before they spread the disease to even more people.

The following need to be addressed urgently:
- Provision of testing kits
- Rollout of testing centres (services) across the country

3.4.3 Capacitate Covid-19 identified facilities (hospitals)

The death of a Covid-19 patient at Wilkins Infectious Diseases Hospital in Harare and the subsequent media reports revealed that Zimbabwe was not prepared for the outbreak of Covid-19.

These centres would need food for patients and staff, laundry stuff, PPE for staff, medications among other essentials.

3.4.4 Dissemination of timely and correct information

The Latin phrase "scientia potentia est" which means "knowledge is power" cannot be over emphasised in this war against a highly infectious such as Covid-19. Zimbabwe is currently polarised, and this is playing out on both mainstream and social media. Some Zimbabwean don't trust public media houses, and situation is worsened by the fact that the country only has one television station. Lessons from other countries have taught us that the public need to be updated regularly with accurate, current and useful information. This will help in behavioural change, which is crucial in the fight against Covid-19.

The following need to be addressed urgently:
⇒ Setting up a website which offers timely and accurate information, advocacy and responsible reporting on the progress in the fight against Covid-19. The website can also include:
  • Location of testing centres
  • List of Covid-19 identified facilities (hospitals), etc.
⇒ Setting up a Call Centre (or Project Office)
  • Recruitment of 2-3 call centre volunteers (with experience)
  • Set up call centre infrastructure, including interactive WhatsApp
⇒ Creating content and developing of video clips, podcasts, banners, etc. around:
  • Stories from the people on the frontline
  • Interviews with Covid-19 patients
  • Explaining and deconstructing key terms such as:
    i. Corona Virus and Covid-19
    ii. Social distancing
    iii. State of disaster
    iv. Lockdown
    v. Self-isolation
    vi. Quarantine,
    vii. Flatten the curve, etc.

3.4.5 Advocacy for socio-economic support for the vulnerable members of society.

Zimbabwe is currently in the middle of a 2-decade old economic crises, which characterised by shortages of cash, fuel, electricity, water, food, medicine, and other necessities. Recently, the World Food Programme (WFP) listed Zimbabwe among the 15 global hotspots that face hunger in 2020, while the country has also been grouped among three other crisis-ridden nations in Sub-Saharan Africa. Furthermore, Economist Intelligence Unit (EIU) has predicted the country not only facing a third consecutive drought in 2020, but that the economy was likely to shrink by 13%. These predictions were made before the outbreak of Covid-19 and the subsequent country lockdown.

As part of the economic response to the Covid-19 pandemic, the government allowed people to use US dollars (USD) again, reversing last year's ban on foreign currencies - a move aimed at supporting the already struggling economy against the effects of coronavirus. Though it is too early to estimate the impact of this policy reversal on the overall fight against Covid-19, it's important to note that the majority of Zimbabweans do not have USD savings and therefore they will struggle to buy necessities. The situation is worsened by the fact that the remittances: arguably the main source of livelihoods for the majority of families, especially the elderly, is likely to be affected by the global lockdown. Many of the Zimbabweans Diaspora are located in countries such as South Africa, United Kingdom and United States of America (USA) which are virtually on lockdown, affecting diaspora earnings.

In recent days, we have seen a wave of panic buying which is harmful as more people spend time in queues. Prices have been escalating rapidly, confirming that the country was under hyperinflation. What we have learnt from other countries is that a comprehensive fight against Covid-19 should have both the health and socio-economic components. The socio-economic component, which largely vary from country to country, normally consist of (i) social safety net for the poor and most vulnerable members of society, (ii) financial support or relief for small medium enterprises (SMEs), and (iii) economic stimulus package for the entire economy.

The following need to be addressed urgently:
⇒ Advocate that the government:
  • In consultation with key stakeholders, urgently craft a broad socio-economic package in line with the 21-day lockdown. There is an urgent need for social safety net for the poor and most vulnerable members of society, especially to cater for food and other necessities.
  • Communicates clearly on which industries will be closed and which ones open. It is important to communicate that there will be time allowed during the lockdown for shopping, trips to pharmacy to buy medications and a few other things. The public need to know that it's okay to stock up but it's equally important for people to know they will continue to have access to shops, though in a controlled way. Furthermore, our elderly and infirm will need to still shop. The time will be limited, queues may be crazy. We will all need to look out for them in our communities and be prepared to volunteer to do errands for them in time set aside for this.
⇒ Mobilise the diaspora community and encourage them to contribute towards the social safety net fund.

3.4.6 Fund Raising

Many of the brilliant ideas in this document require funding. Therefore, fund raising remains one of the most important pillars to the success of our fight against Covid-19. Our fundraising pillar is anchored on two vehicles, namely (i) wholesale and (ii) retail fund raising strategy. The wholesale fund raising strategy target international and national donors, corporates, NGOs, etc. The retail fund raising strategy, on the other hand, appeals for funding from the general public through crowdfunding, EcoCash, etc. The main target market for the later vehicle is the diaspora community.

The following need to be addressed urgently:
i. Opening of the Trust bank account
ii. Registering the Trust for EcoCash and other crowdfunding platforms
iii. Finalise the drafting and approval of the Trust Fund Raising Proposal
iv. Set up a structure for management and disbursement of funds:
v. Consolidate our fundraising efforts and have a responsible person for deployment of resources to the frontline. Weekly disbursements have been suggested.
vi. Set up a structure for procurement of products/material and logistics.

4. PROPOSED BUDGET AND HIGH LEVEL WORKPLAN

4.1 High Level Workplan

It is estimated that this programme will be rolled over for six (6) months, starting in April and ending around September 2020. These dates are however dependant on the dynamics around how the world at large and the country manages the fight against Covid-19.

Below is a high level workplan, which includes the programme closure, through an end of programme independent evaluation study.

Table 3: High Level Workplan

Phase/ Activities	Duration (days)	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Phase 1: Programme Planning and team mobilisation							
Team mobilisation and work allocation	1	█					
Defining the purpose, vision and mission	2	█					
Registration of Trust and account opening	5	█					
Development of logo and flyer templates	3	█					
Development of working document/ proposal	6	█					
Phase 2: Fund Raising and Programme Awareness							
Identification of potential partners/ funders	5	█					
Programme awareness and introduction to key stakeholders	10	█					
Fund raising	Ongoing	█	█	█	█	█	█
Phase 3: Programme Implementation							
Capacitation and support to medical personnel	20	█	█	█			
Expansion and capacitation of testing services	20	█	█	█			
Capacitate identified Covid-19 facilities (hospitals)	30	█	█	█			
Dissemination of timely and correct information	Ongoing	█	█	█	█	█	█
Advocacy for socio-economic support for the vulnerable members of society	Ongoing	█	█	█	█	█	█
Phase 4: Transparency, Monitoring and Evaluation							
Transparency	Ongoing	█	█	█	█	█	█
Monitoring	Ongoing	█	█	█	█	█	█
Evaluation	20					█	█

4.2 Estimated budget

Table 3: Estimated High Level Budget

Phase/ Activities	Number of items	Cost per item	Total
Phase 1: Programme Planning and team mobilisation			
Team mobilisation and work allocation			
Defining the purpose, vision and mission			
Registration of Trust and account opening			
Development of logo and flyer templates			
Development of working document/ proposal			
Phase 2: Fund Raising and Programme Awareness			
Identification of potential partners/ funders			
Programme awareness and introduction to key stakeholders			
Fund raising			
Phase 3: Programme Implementation			
Capacitation and support to medical personnel			
Expansion and capacitation of testing services			
Capacitate identified Covid-19 facilities (hospitals)			
Dissemination of timely and correct information			
Advocacy for socio-economic support for the vulnerable members of society			
Phase 4: Transparency, Monitoring and Evaluation			
Transparency			
Monitoring			
Evaluation			

5. ABOUT THE TRUST

5.1 Purpose, Vision and Mission

Purpose: The main purpose of the #ZimAgainstCovi-19 Trust is to provide Zimbabwean citizens (both at home and in the diaspora), corporates, and donors and well-wishers an efficient, inspiring, hope-filled vehicle for supporting initiatives aimed at preventing and fight against Covid-19 in Zimbabwe.

Vision: To mitigate the loss of life and limit suffering on Zimbabweans during the outbreak of Covid-19.
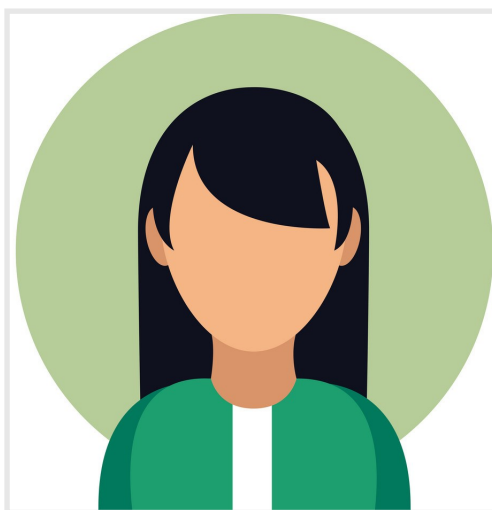
Mission: To crowdsource financial, material and manpower support for the COVID19 response in Zimbabwe.

5.2 Profiles of Trustees

5.2.1 Chairperson

FADZAYI MAHERE (Fadzie) is a lawyer practicing as an advocate at the Harare Bar, having held roles in at commercial law firms, the International Criminal Court, and the United Nations. She has worked at the Office of the Prosecutor at the International Criminal Court in the Hague and for the United Nations International Criminal Tribunal for Rwanda. She was awarded a Pegasus Fellowship from the Honourable Society of the Inner Temple in London, which enabled her to work in various Chambers in London, including Essex Court Chambers and Doughty Street Chambers. In addition to her practice as an advocate, Fadzie was a lecturer in administrative law and property law at the University of Zimbabwe.

In addition to her professional spokesperson and a leading movement between 2016 and campaign against top government Reserve Bank of Zimbabwe. African development and has Development Conference 2017 Zimbabwe Society. She regularly civic engagement by young people of Member of Parliament for Mt contested as an independent since joined Zimbabwe's main Democratic Change, where she for Education, Sport and Culture. commitments, Fadzie was the political activist in the #ThisFlag citizens' 2017, where she led a political activism officials including the Governor of the Fadzie is also an international speaker on spoken at the Harvard African and the University of Cape Town gives talks at schools on the importance of and women's rights. She ran for the post Pleasant Constituency where she candidate in the 2018 election. Fadzie has opposition party, the Movement for has been appointed the Shadow Secretary

Fadzie holds a master's degree in International Law from the University of Cambridge and a Bachelor of Laws from the University of Zimbabwe. She recently received the Hubert H. Humphrey Distinguished Leader Award and was invited by the British Foreign and Commonwealth Office to participate in the International Leaders Programme. She is part of the inaugural cohort of political leaders selected to participate in the Amujae Initiative run by Ellen Johnson Sirleaf's Presidential Centre for Women and Development.

5.2.1 Other Trustees

TINASHE GEDE (Doctor Tinashe) is a specialist physician, public health expert and immunologist. He is currently serving as the Chairperson of the Parirenyatwa Hospital COVID-19 Response Expert Committee and Co-Chair of the National Physicians Association of Zimbabwe Covid-19 Case Management Guideline Development Committee. Doctor Tinashe is mainly responsible for the public health aspect on the Zim Against Covid-19 Programme.

TINASHE MURAPATA (Cde Tin) entrepreneur in financial services and an economist. He is the founder and Chief Executive of Leon Africa. Passionate about start-ups, he has successfully promoted and grown all of the initial business units under Leon Africa. Before becoming an entrepreneur, hee was a banker employed by Barclays Bank PLC in their London office. He was educated at UZ, WBS, HEC (Paris). Cde Tin is mainly responsible for the administration, logistics and ICT on the Zim Against Covid -19 Programme.
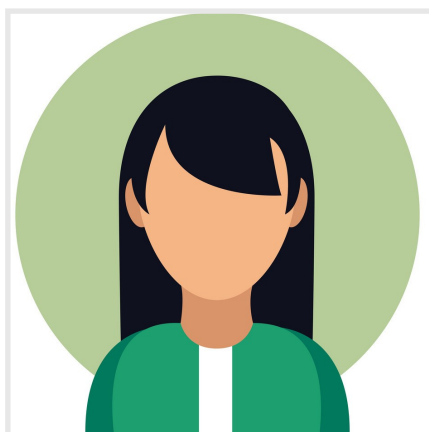
CHERYL DAWE (Chez) is a 34-year-old preschool teacher and owner. She is currently setting up a new business for the youth of Zimbabwe. Chez went to school at Gateway Primary and Dominican Convent High School. She is blessed with two daughters, Tori and Lexi, who keep her constantly both busy and content! In Chez's own words *"I'm committed to helping my country and its people, with whatever it takes. I believe that alone we can do so little, together we can do so much"*. Chez is mainly responsible for the fundraising and disbursement of resources to Covid-19 facilities and frontline staff.

EDMORE MAHEMBE (Eddie) is a pastor, development economist, researcher, entrepreneur, education activist and a development advocate. He holds a Doctorate Degree (PhD) in Development Economics and MCom in Economics both from the University of South Africa (Unisa), a BCom Honours in Econometrics from the University of Pretoria (UP), BSc Honours Degree in Economics from the University of Zimbabwe (UZ), and a Certificate in Banking. He has twenty (20) accumulative years of experience in banking, development consulting, economic research and surveys. He is an active member of the following professional bodies: The Institute of Directors in Southern Africa (IoDSA), Econometric Society (International), South African Monitoring and Evaluation Association (SAMEA), Economic Society of South Africa (ESSA), and Zimbabwe Economic Society (ZES). Eddie is mainly responsible for the finance, international fundraising and of resource mobilisation on the Zim Against Covid-19 Programme. He is the only trustee based outside Zimbabwe.

6. ACCOUNTABILITY, MONITORING AND EVALUATION

6.1 Accountability and Transparency

Purpose: The main purpose of the #ZimAgainstCovi-19 Trust is to provide Zimbabwean citizens (both at home and in the diaspora), corporates, and donors and well-wishers an efficient, inspiring, hope-filled vehicle

6.2 Monitoring and Evaluation

Purpose: The main purpose of the #ZimAgainstCovi-19 Trust is to provide Zimbabwean citizens (both at home and in the diaspora), corporates, and donors and well-wishers an efficient, inspiring, hope-filled vehicle