Zimbabwe

During the second half of 2018, Zimbabwe experienced a significant increase in the number of people in need of humanitarian assistance due to outbreaks of diarrhoeal diseases, rising food insecurity and multiple hydro-meteorological hazards, including drought and flooding. Since September 2018, the country has been experiencing a new cholera outbreak in Harare and 17 other districts, with more than 10,000 cases reported as of 9 November. Estimates suggest that 1 million people are at risk of cholera nationally, and 200,000 people are at risk in the urban outbreak epicentre. In addition, the food security situation is deteriorating ahead of the peak hunger season. The start of the 2018-2019 rainy season is delayed and rains remain erratic, with rainfall levels below the normal long-term average across most of the country. Towards the end of 2018, poor rainfall and associated impacts have left 2.4 million people food insecure, including 1.2 million children. Food insecurity is exacerbating the effects of HIV for people living with the virus and hastening the progression of AIDS-related illnesses. The deteriorating economic situation, coupled with food and nutrition insecurity, continues to increase the vulnerability of women and children in urban and rural Zimbabwe.

Humanitarian strategy

In response to the cholera outbreak and rising food insecurity, UNICEF and partners are supporting the Ministry of Health and Child Care to provide life-saving essential water, sanitation and hygiene (WASH) services to affected children, focusing on the early detection of malnutrition, nutrition surveillance and access to timely health care. UNICEF is also supporting preventive programming to prevent diarrhoeal diseases, including the provision of critical WASH services at the community level and in institutions such as schools and health facilities. UNICEF will reach crisis-affected children, adolescents and pregnant and lactating women on antiretroviral therapy with enhanced treatment and prevention outreach services. The existing social protection programme will be expanded and the provision of psychosocial support will be scaled up through child-friendly spaces, home visits, social support for kinship/foster care placement and documentation, tracing and reunification of orphans and unaccompanied and separated children. The Ministry of Primary and Secondary Education will be supported to enhance coordination, improve data management and strengthen capacities for key WASH-in-schools interventions. Communication for development will be mainstreamed in all programme sectors. UNICEF will continue to support sectoral coordination and leadership in the WASH, nutrition, education and child protection sectors.

Results from 2018

As of 31 October 2018, UNICEF had received US$3.5 million to scale up the cholera outbreak response. Over the course of the year, UNICEF supported the Ministry of Health to conduct diarrhoea case management trainings for frontline health workers and provided essential medicines and supplies for cholera case management through the National Pharmaceutical Company of Zimbabwe. The UNICEF humanitarian response used a two-pronged approach, including preventing further cholera transmission in affected areas and supporting prevention and preparedness interventions in at-risk areas. In addition, UNICEF facilitated community- and facility-based WASH risk assessments, hygiene promotion interventions through interpersonal and mass communication channels, distribution of hygiene kits, the provision of safe water, water quality monitoring and emergency sanitation services at cholera treatment centres. UNICEF also supported the availability of nutrition commodities in cholera treatment centres and intends to scale up active screening in affected and at-risk communities. Work is ongoing to build the capacities of community-based child protection cadres and mainstream child protection into other sectors, in line with the Minimum Standards for Child Protection in Humanitarian Action.

2019 programme targets:

Nutrition
- 15,000 children aged 6 to 59 months with severe acute malnutrition (SAM) admitted for treatment
- 50,000 caregivers of children reached with infant and young child feeding counselling

WASH
- 84,706 people accessing the agreed quantity of water for drinking, cooking and personal hygiene
- 235,294 people reached with handwashing behaviour change programmes, including information to prevent acute watery diarrhoea

Child protection
- 50,000 vulnerable boys, girls and adolescents provided with critical child protection services
- 1,000 registered unaccompanied and separated children supported with reunification services and/or placed in appropriate alternative care

Education
- 81,136 children accessing formal or non-formal early learning, pre-primary, primary or secondary education

HIV and AIDS
- 25,000 people living with HIV provided with critical information to prevent the transmission of HIV

Cash-based transfer
- 17,000 vulnerable households receiving cash transfers to support access to basic services
Funding requirements

UNICEF is requesting US$7 million to meet the humanitarian needs of children affected by and at risk due to drought and epidemic-prone diseases in Zimbabwe in 2019. Without additional funding, UNICEF will be unable to continue to respond to the ongoing cholera outbreak with critical health, nutrition, WASH, education, HIV and AIDS and child protection services. Interventions will focus on supporting vulnerable and disadvantaged women and children to withstand, adapt to and recover from diarrhoeal disease outbreaks.

Results are through 31 October and are for the cholera response only. There was no standalone 2018 Humanitarian Action for Children appeal and there were no situation reports for Zimbabwe for humanitarian situations other than the cholera response.

1 The number of children treated for SAM was low because the response was mainly in urban areas, which have a low SAM caseload.

2 The child protection results reported are low because they were only for two months into the response (September and October 2018).

<table>
<thead>
<tr>
<th>Sector</th>
<th>2019 requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>1,850,000</td>
</tr>
<tr>
<td>Health</td>
<td>710,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Child protection</td>
<td>500,000</td>
</tr>
<tr>
<td>Education</td>
<td>600,000</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>250,000</td>
</tr>
<tr>
<td>Cash-based transfer</td>
<td>1,090,000</td>
</tr>
<tr>
<td>Total</td>
<td>7,000,000</td>
</tr>
</tbody>
</table>

1 This includes 9,791 suspected and 269 confirmed cases, with 55 deaths and a case fatality rate of 0.55 per cent.

2 Government of Zimbabwe Ministry of Health and Child Care, November 2018.

3 Ibid. The epicentre is in the Glen View and Budiriro suburbs of Harare.


5 Ibid.

6 With a prevalence rate of 13.7 percent in 2017 (UNAIDS), Zimbabwe is one of the countries hardest hit by HIV and AIDS globally, and the epidemic still has a devastating impact on people’s lives and the socio-economic development of the country. Adults living with HIV have 10 to 30 per cent higher energy requirements than adults without HIV, and children living with HIV have 50 to 100 per cent higher than normal requirements. Food availability and good nutrition are thus essential to keeping people living with HIV healthy for longer.

7 Including the dissemination of information, education and communication materials on HIV prevention, care and treatment.

8 In 2018, Zimbabwe did not have a standalone Humanitarian Action for Children appeal and was part of the regional appeal for Eastern and Southern Africa. Available funds include US$3.5 million humanitarian funds (other resources-emergency). In addition to humanitarian funds received in 2018, other resources were reprogrammed to support the cholera outbreak response.

9 The number of people in need is based on ‘Zimbabwe: Vulnerability assessment committee results 2018’, which shows that over 2.4 million people will be at risk of food and nutrition insecurity during the peak hunger season (January to March 2019). The districts affected by food insecurity are also at risk of diarrhoeal diseases, hence the population figures are based on the hazard that affects the largest number of people.

10 The number of children in need is based on 48 per cent of the total population in need. This is based on population estimates by the national census.

11 The number of people to be reached was calculated based on the current severity mapping matrix for the flash appeal. Overall, UNICEF will reach 450,000 women, children and men (20 to 50 per cent of the population in need depending on the sector). The severity matrix highlights that 702,056 people are targeted in the health sector, 392,670 are targeted in the WASH sector, 49,353 are targeted in the nutrition sector, 338,388 are targeted in the education sector and 378,349 are targeted in the child protection sector.

12 The number of children to be reached is 48 per cent of 450,000 people (216,000), based on national census population estimates for children under age 18.

13 The targets were generated from the cholera response plans (September 2018) prepared by the Government, United Nations agencies, non-governmental organizations and key donors.

14 The current target for social protection is based on the target for the most vulnerable, food insecure and labour-constrained households in the most drought-affected districts that will benefit from a shock-responsive increase in their monthly entitlement.

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