Zimbabwe

The humanitarian situation in Zimbabwe has continued to deteriorate due to multiple natural hazards, including drought and related food insecurity,\(^1\) flooding and the risk of epidemic/disease outbreaks. In addition, the continuing socio-economic downturn, characterized by hyperinflation (481 per cent in the first quarter of 2020), is limiting the provision of and access to basic services. Some 6.7 million people, including 3.2 million children, are in urgent need of humanitarian assistance.\(^2\) Nationally, the severe acute malnutrition (SAM) rate rose from 0.2 per cent in 2018 to 1.4 per cent in 2019,\(^3\) with further increases expected in 2020. The protracted health worker strike has significantly affected health service provision. The risk of of cholera remains high given the water and sanitation situation and electricity shortages; and by the end of 2019, there were 6,187 suspected typhoid cases, with 165 confirmed cases and 12 deaths.\(^4\) Children are increasingly exposed to violence, abuse, mental stress, school drop-out and exploitation, and support for their education, protection and access to protective environments must be scaled up.\(^5\) Gender-based violence remains a serious concern for crisis-affected children and women.

Humanitarian strategy

UNICEF and partners are working with the Government to respond to the complex situation in Zimbabwe. In response to the drought, cyclone and diarrhoeal disease risks, UNICEF is scaling up its support to government-led national and district coordination structures to provide multi-sectoral life-saving services to affected communities, including interventions to prevent cholera outbreaks and acute malnutrition. The social protection programme is being expanded into the most drought-affected areas. This includes cash transfers in urban areas. Services are being continued for crisis-affected children, adolescents and pregnant and breastfeeding women receiving antiretroviral therapy through expanded outreach services. Child protection services are being scaled up for children experiencing violence, abuse and exploitation, including children who are victims/survivors of gender-based violence. UNICEF is supporting partners to improve access to quality education for children and adolescents in formal and non-formal settings. All programmes have a communication for development (C4D) component to support awareness and accountability to affected populations. UNICEF is supporting sectoral coordination and leading the water, sanitation and hygiene (WASH), nutrition, education and child protection sectors. With partners, UNICEF is also strengthening coordination structures for the prevention of sexual exploitation and abuse to ensure that crisis-affected populations have access to appropriate interventions.

Results from 2019

As of 31 December, UNICEF had US$11.8 million available against the US$23.7 million appeal (50 per cent funded).\(^6\) Preparedness efforts, including the pre- positioning of supplies, enabled UNICEF to immediately provide life-saving assistance to people in areas affected by Cyclone Idai. Throughout the country, UNICEF facilitated community- and facility-based multi-sectoral risk assessments, focusing on the risk of drought, flooding and epidemics (cholera and typhoid). More than 1.2 million children and caregivers received life-saving messages through C4D interventions. The Government received technical support on cholera prevention, case management and surveillance strengthening in all cholera hotspots in the country. By the end of 2019, nearly 18,000 children aged 6 to 59 months had been treated for acute malnutrition with UNICEF support. UNICEF also reached over 1.3 million people with access to safe drinking water through water supply interventions (e.g., the rehabilitation of piped water schemes and boreholes) and point of use water treatment. In addition, over 1.2 million people accessed health services for common diseases with UNICEF support. Over 75,000 children received psychosocial support and other critical child protection services in areas most affected by drought and the cyclone, and nearly 78,000 crisis-affected children accessed education.

Humanitarian Action for Children

<table>
<thead>
<tr>
<th>Total people in need</th>
<th>6.7 million(^7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total children (&lt;18) in need</td>
<td>3.2 million(^8)</td>
</tr>
<tr>
<td>Total people to be reached</td>
<td>3.04 million</td>
</tr>
<tr>
<td>Total children to be reached</td>
<td>1.48 million(^10)</td>
</tr>
</tbody>
</table>

2020 programme targets

Nutrition
- 36,039 children aged 6 to 59 months affected by SAM and moderate acute malnutrition admitted to community-based treatment programmes
- 991,168 children and women receiving micronutrient supplementation
- 3,042,251 children, women and men accessing health services
- 1,200,000 people accessing safe water
- 35,000 households provided with hygiene kits

Child protection
- 50,600 vulnerable children reached with community-based psychosocial support interventions, including at child safe spaces
- 2,300 unaccompanied and separated boys and girls identified, documented and receiving family tracing and reunification services
- 16,150 survivors of violence, including gender-based violence, accessing multisectoral services (clinical care, psychosocial support, police and legal assistance, case management, etc.)

Education
- 333,841 boys and girls aged 3 to 12 years accessing quality formal or non-formal education (including early childhood development and primary education)

HIV and AIDS
- 60,000 pregnant and lactating women, children and adolescents living with HIV who continue to receive prevention of mother-to-child transmission of HIV and treatment services

Social protection
- 30,000 vulnerable households receiving cash transfers to support access to basic services

Communication for development
- 1,600,000 people reached with life-saving messages
NUTRITION

Children aged 6 to 59 months with SAM admitted to community-based treatment programmes: 33,894
Children aged 6 to 59 months receiving vitamin A supplementation: 231,988

HEALTH

Children, women and men accessing health services for common diseases: 1,464,685
Children aged 6 to 59 months in humanitarian situations who are vaccinated against measles: 575,195

WATER, SANITATION AND HYGIENE

People in affected areas provided with access to safe water and personal hygiene: 1,990,000
People provided with critical WASH-related information to prevent waterborne diseases: 1,990,000

CHILD PROTECTION

Vulnerable boys, girls and adolescents in humanitarian situations provided with critical child protection services: 100,000
Unaccompanied children affected by humanitarian situations accessing appropriate care and child protection services: 5,000

EDUCATION

Children and adolescents accessing formal and non-formal education: 228,800
Schools in targeted areas that receive non-food items: 119

HIV AND AIDS

Pregnant and breastfeeding women, children and adolescents living with HIV who continued to receive prevention of mother-to-child transmission of HIV and treatment services: 32,000

SOCIAL PROTECTION

Vulnerable households affected by floods supported with expanded social cash transfers: 10,500

COMMUNICATION FOR DEVELOPMENT

People reached with behaviour change or life-saving messages: 3,200,000

Funding requirements

UNICEF is requesting US$101.6 million to meet increased humanitarian needs in Zimbabwe in 2020. In line with the Humanitarian Response Plan, this represents a significant increase compared with 2019, due to multiple natural hazards, including drought, flooding and epidemics, all of which are compounded by the economic downturn. Without adequate and flexible funding, UNICEF will be unable to continue to respond to multiple hazards with critical health, nutrition, WASH, education, HIV and AIDS and child protection services. Interventions will continue to focus on supporting vulnerable and disadvantaged children and women to withstand, adapt to and recover from devastating humanitarian situations.

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1 The target caseload also includes moderate acute malnutrition cases, with children who are acutely malnourished targeted for treatment in lieu of applying the integrated approach to wasting. The indicator should have been reworded to include both severe and moderate acute malnutrition cases. The result reported only covers SAM cases, which is a portion of the overall caseload.

2 Vitamin A supplementation has been integrated into routine Expanded Programme on Immunization services and provided at the health facility level with immunization, which accounts for the high level of outreach and coverage. Nationally, over 828,000 children aged 6 to 59 months (401,803 boys and 426,358 girls) received vitamin A supplementation.

3 A national measles campaign was conducted in the last quarter of 2019 as part of the routine immunization programme, and thus the target for emergency measles vaccination in 25 priority districts was no longer relevant. The result achieved reflects the emergency measles vaccination campaign conducted in the cyclone-affected districts only. Thus, the percentage of results achieved against the target is not applicable given that the target was no longer relevant. As this happened after the appeal was approved, the target and indicator were not changed.

4 The results exceed the targets because some other resources regular/regular resources funds were re-allocated to support humanitarian interventions.

5 UNICEF did not get any funding to support social cash transfers and therefore could not implement the intervention.

6 Although C4D faced a 100 per cent funding gap, these interventions were covered with funding from other programmatic sections. C4D interventions across sections such as health, WASH and nutrition were taken into account to streamline reporting and avoid duplication. This had not been done exhaustively in the previous reports. The C4D results reported have been validated internally and with partners and exclude double counting, using this highest number of beneficiaries reached.

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