Zimbabwe is currently experiencing a drought following below average rainfall during the 2014/2015 season. Based on the Zimbabwe Vulnerability Assessment Committee (ZimVAC) results of 2015, approximately 16% of rural households, and almost 1.5 million people are reported to be food insecure during the current peak hunger season running from January-March 2016, representing a rise of 160 per cent compared to the 2013–2014 peak hunger season.

The current El Niño event is negatively impacting the agricultural season in the country as it has caused significant deficits in cumulative rainfall between October and January. As of late January most of the country had not received any significant rains and dry conditions were persisting. This will result in a protracted food and nutrition insecurity situation.

According to a national assessment conducted in May 2015, severe acute malnutrition among children under five years varied from 0.8 % to 5.5 % per province with the national average being 2.3 %, up from 1.5 % in 2014.

In 2015, UNICEF received Emergency funding of US$ 1,732,576 from the Central Emergency Relief Fund (CERF) to implement drought response interventions in highly food insecure districts. The interventions are reaching 65,000 people with WASH services and 33,012 pregnant and lactating women and children under five through the provision of lifesaving nutrition interventions and care.

Situation Overview & Humanitarian Needs

Zimbabwe is currently experiencing a drought following a low seasonal rainfall and a second year of failed rains in most locations. Based on the results of the Zimbabwe Vulnerability Assessment Committee (ZimVAC) of 2015, approximately 16% of rural households and almost 1.5 million people are reported to be food insecure during the current peak hunger season (January-March, 2016). The current El Niño event is negatively influencing the rainfall and agricultural season. As of late January, most of the country had not received any significant rains and dry conditions were persisting. The impact on agriculture is likely to be severe, particularly following from last year’s poor season. The eroded productive capacity of vulnerable farming households and the low national cereal stocks will result in a significant increase in food and nutrition insecurity, including the probability of even higher rates of malnutrition especially in the most food insecure districts. In May 2015, the Food and Nutrition Council of the Government of Zimbabwe carried out the Zimbabwe Vulnerability Assessment. The results
showed that severe acute malnutrition (SAM) among children under five years varied from 0.8 % to 5.5 % per province with the national average being 2.3 %, up from 1.5% last year (Fig. 1). Only Midlands, Mashonaland Central and Masvingo provinces had a reduction in SAM. However, Midlands and Masvingo provinces still remain at risk of SAM due to the prevalence of food insecurity in the provinces. There is therefore a critical need to manage increased cases of severe acute malnutrition among children aged 6-59 months in the most affected districts to save lives.

The current drought situation has resulted in reduced water yields from the few functioning boreholes, exacerbating the risk to water-borne diseases especially diarrhoea and cholera. According to statistical information available from the past 3 years\(^1\), in the provinces of Matabeleland South, Matabeleland North, Midlands, Manicaland, Masvingo and Mashonaland Central where the 10 most food insecure districts are located, access to improved water sources ranged from 63% - 74%. However, information on the status of water sources in 6 of the most food insecure districts collected weekly through RapidPro shows a decline in functional water sources (attributed to drying up and other faults) from 62% in April 2015 to 51% in January 2016.

Government departments, UN Agencies and NGO Partners are conducting a multi-sectoral rapid assessment in all the 60 rural districts of the country under the leadership of the Food and Nutrition Council (FNC). The main objective of this assessment is to determine the current impact of the drought so as to inform ongoing and planned interventions. UNICEF is providing technical, logistical and financial support, which is aimed at facilitating nutrition assessments targeted at children under five. The multi-sectoral rapid assessment will focus on drought impact on the following sectors: Agriculture and Food Security, Health and Nutrition, WASH, Education, Social Protection and Child Protection.

Humanitarian leadership and coordination

A Humanitarian Country Team (HCT) comprising of 5 UN Agencies, 3 International NGOs, 1 Local NGO, 1 Red Cross Movement and 2 Donors (DFID and USAID) was established in November 2015. Its primary objective is to provide guidance to the humanitarian response to the food and nutrition situation. UNICEF’s emergency response is focusing on supporting the government to respond to the rapid deterioration in food and nutrition security by focusing on women and children in line with the Core Commitments for Children in Humanitarian Action (CCCs). UNICEF and the government continue to provide sector coordination leadership for the WASH, nutrition and education sectors. UNICEF is leveraging on the already existing sector coordination structures to promote a coordinated response to the drought.

The WASH sector coordination and information forum is acting as a platform for appraising stakeholders on the situation and coordinating responses. The nutrition sector is being coordinated through the Nutrition Working Group (NWG) under the leadership of the Ministry of Health and Child Care, with support from UNICEF.

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\(^1\) Zimbabwe National Census 2012, Rural WASH Project 2013 and ZIM-VAC 2014

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![Prevalence of SAM in Zimbabwe over 2014 and 2015](image)
is also a strategic partner and member of the Inter-Agency Coordination Committee on Health (IACCH) and is using this platform to champion health and nutrition interventions for affected women and children. Regular drought coordination meetings at district and provincial levels are taking place under the leadership of District and Provincial Administrators.

A high level multi-sectoral food insecurity consultative meeting was convened during the 2nd week of January. The forum reviewed the current drought response and initiated inter-sectoral planning, implementation and monitoring of the ongoing response, including support for a more coordinated approach. Key participants included Permanent Secretaries, UN Representatives, Donors and NGO Representatives. An action plan from the meeting included strengthening the following areas:

- Timely finalization of the ongoing Crop and Livestock and ZimVAC Rapid Assessments to enable a timely response;
- Improved sector level coordination efforts;
- Finalization of the planned update/revision of the interagency food insecurity response plan;
- Ensuring regular/monthly updates and meetings at policy, sectoral and functional levels;
- Strengthening sectoral coordination and monitoring, including the active involvement of the private sector;
- Initiation of regional level logistics planning by the government considering the regional nature of the food insecurity situation; and
- Continued provision of humanitarian responses that build resilience and ensure a linkage with development programmes.

The government, NGOs and UN agencies are working on an interagency contingency plan to be finalized by mid-February. The contingency planning process has so far finalized the advanced preparedness actions for the drought response. The contingency plan will form the basis of the drought response interventions for the 2016-2017 consumption year. UNICEF is leading the interagency contingency planning process in the Nutrition, WASH, Education and Child Protection sectors.

**Humanitarian Strategy**

UNICEF is working with 4 implementing partners to implement WASH interventions in 6 districts, namely World Vision (Lupane district), Plan International (Tsholotsho and Umguza districts), Mvuramanzi Trust (Binga and Hwange districts) and German Agro Action (Umzingwane district). In the emergency nutrition response, UNICEF is working with 3 NGO Partners namely World Vision (Buhera district), Save the Children (Binga district) and International Medical Corps (Tsholotsho district). The NGO partners are implementing response interventions in 3 districts and the Ministry of Health and Child Care is implementing interventions in Lupane District. The Government’s National Coordination Unit for WASH, the National Nutrition Department and the National Action Committee (NAC) are supporting the response at the national level. Provincial and district level water and sanitation committees are supporting the WASH response at provincial and district levels respectively. The Ministry of Health is supporting nutrition interventions at national and sub-national levels including the support to food and nutrition security committees at sub-national levels.

**Summary Analysis of Programme response**

**Nutrition:**

Nationally, between January and November 2015, 16,614 severely malnourished children received critical and lifesaving treatment. Of this number, 1,139 children under 5 with SAM in the four most affected nutrition emergency districts received lifesaving treatment during 2015 (DHIS, 2015). A detailed breakdown by gender is shown in Fig.1 below.  

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2 DHIS data from January to November 2015
During the month of December, 86 health workers were trained (using updated tools and global guidance) in Integrated Management of Acute Malnutrition for outpatients. Facility-based health workers that were trained consisted of Registered General Nurses. In these same districts 1,282 village health workers and volunteers were trained in active nutrition screening and were equipped with MUAC tapes, registers, referral forms and summary guidelines for screening. Screening is now underway in all 4 districts; so far 23,418 children under five have been screened for acute malnutrition.

According to the Health Information System (HIS), by the end of June 2015, 57% of children between the ages of 6 to 11 months had received vitamin A supplementation along with routine immunization in the four nutrition emergency supported districts. A national immunization campaign achieved an 89% coverage for the whole country. Fourth quarter nutrition mentorship visits results for 2015 showed that 73% of pregnant women in Binga received iron and folate (IFA) supplementation while 73% of these were recorded as having taken the tablets. In Tsholotsho 100% of pregnant women received iron and folate, while 94% were recorded as actually having taken the tablets. In Lupane, 72% (220 out of 306) of pregnant women received iron and folate, while 86% (24 out of 28) were recorded as actually having taken the tablets. In Buhera 87% (563 out of 645) of pregnant women received iron and folate, while 68% (439 out of 645) were recorded as actually having taken the tablets.

To strengthen multi-sectoral coordination and collaboration, sensitisation meetings were conducted with District Food and Nutrition Security Committees (DFNSC) in the four emergency response districts. More than 40 DFNSC members in the four districts were sensitised on the monthly active nutrition screening process as well as the referral of children with management of acute malnutrition (MAM) and (SAM) to health facilities for therapeutic care. They were also sensitised on the need to ensure that all children are up to date on Vitamin A supplementation and the need for all pregnant mothers to register with health facilities to enable them to access preventive and curative services including accessing Iron and Folate supplementation.

**WASH:**

UNICEF, the government, and 4 NGO partners are implementing emergency activities aimed to restore access to safe water and improve hygiene practices in 6 of the most food insecure districts in Zimbabwe, namely in Binga, Hwange, Lupane, Tsholotsho, Umguza and Umzingwane. The main interventions include: hygiene promotion and capacity building, rehabilitation of water sources and distribution of Non-Food Items (NFI) and supporting sub-national coordination mechanisms.

To date, technical assessments to determine the needs for borehole repairs have been carried out in all six districts and borehole rehabilitation is ongoing. To date, 2,000 children, women and men have access to safe water through boreholes that were repaired in January. In addition, two piped water schemes are also in the process of being rehabilitated. It is expected that 4,360 people will have access to safe water when the rehabilitation is complete.

Across all six districts, 159 Community Health Workers/Hygiene Promoters have received a refresher training on Participatory Health and Hygiene Education (PHHE) and 28,771 people have been reached with key hygiene promotion messages through mass communication and interpersonal communication. Non-Food Items including water treatment tablets, water containers and soap have been distributed to 1,100 families among the most vulnerable families identified within the targeted districts. Together with the hygiene promotion activities, this is helping families to maintain water safety at household levels and practice good hygiene.
The WASH sector is monitoring the functionality of water sources using RapidPro, together with the Rural WASH Information Management system (RWIMS). Comparing information from the two monitoring systems, as of April 2015, RWIMS revealed a water source functionality of 62% in the 6 targeted districts and RapidPro revealed that water source functionality was reduced to 51% in the same affected districts in December 2015 (fig 3). Responses are targeting vulnerable areas where water sources are non-functional due to drying up or other mechanical faults.

![Bar chart showing water source functionality in 6 affected districts.](image)

**Fig 3: Water source functionality in 6 affected districts.**

Local authorities and government departments at district level continue to play an important role in coordinating and supporting field level implementation of the response. Through the District Water and Sanitation Sub-Committee (DWSSC), regular support visits have been made to the project area to ensure the smooth implementation of all response efforts. The provincial and district water and sanitation committees are also supporting implementing partners in planning, implementing and monitoring the response.

**Communications for Development (C4D)**

In a bid to prevent an upsurge in diarrhoeal diseases in the affected districts due to the unavailability of safe water and hygiene practices, UNICEF and implementing partners have distributed diarrhoeal prevention IEC materials to over 1,100 people and trained health workers to conduct door-to-door diarrhoeal prevention campaigns focusing on key prevention messages. NFI distribution sites are being used as mass communication platforms to disseminate health and hygiene information through lectures, dramas and poetry. The communication interventions are targeting 65,000 people. Key health and hygiene messages in local languages will also be disseminated through SMS using RapidPro.

**Supply and Logistics**

To respond to the current drought and potential future emergencies in a timely manner, UNICEF has pre-positioned WASH supplies in 6 of the most food insecure districts. The stocks include water containers, water treatment tablets, soap and IEC materials sufficient to reach 65,000 women, children and men. The government has received 2,000 cartons boxes of Ready-To-Use Therapeutic Food (RUTF) and distribution is ongoing in 81 health facilities in four targeted districts. A total of 2,000 cartons of Ready-To-Use Supplementary Food (RUSF) has also been purchased for the 81 health facilities in the four targeted districts for the management of moderate acute malnutrition (MAM).

**Funding**

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<th>Available/ Rolled over funds*</th>
<th>Funding gap</th>
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<td>Education</td>
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<td>Health and nutrition</td>
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*Funding Requirements (as defined in UNICEF’s Humanitarian Action for Children Appeal of Jan 2016 for a period of 12 months)*

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Next SitRep: 29/02/2016


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