Highlights

- Zimbabwe’s food insecure population at the current peak of the hunger season has increased from 1.5 million people to 2.8 million people based on the results of a rapid assessment that was conducted by the Zimbabwe Vulnerability Assessment Committee (ZimVAC) in January 2016. This translates into approximately 30% of the rural population, representing a rise of 87% from the May 2015 projections. UNICEF and partners are scaling up efforts to respond to the increased humanitarian needs.

- In response to the dire food and nutrition situation, the government declared a state of drought disaster on 4th February 2016 and presented a Humanitarian Appeal of US $1.5 billion for food and nutrition, agriculture, water, education, and health sectors.

- The ZimVAC Rapid Assessment revealed a global acute malnutrition (GAM) rate of 5.7%, a level that has never before reached in the country in the last 15 years.

- UNICEF continues to respond to the drought through the US $1,732,576 grant from the Central Emergency Relief Fund (CERF). WASH services are reaching 65,000 people and 33,012 pregnant and lactating women and children under five are being provided with lifesaving nutrition interventions and care. Regular programmes are also addressing the needs of women and children and helping to build the resilience of the affected populations.

UNICEF’s Results with Partners 2016

<table>
<thead>
<tr>
<th></th>
<th>UNICEF Target</th>
<th>UNICEF Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people provided with access to water (7.5-15L per person per day)</td>
<td>130,000</td>
<td>6,250</td>
</tr>
<tr>
<td># of people reached with critical WASH related information to prevent child illness</td>
<td>161,000</td>
<td>98,000</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children with diarrheal diseases accessing life-saving curative interventions, including oral rehydration therapy and zinc</td>
<td>25,000</td>
<td>5,238</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children 6-59 months with Severe Acute Malnutrition admitted to therapeutic care</td>
<td>20,400</td>
<td>3,932</td>
</tr>
<tr>
<td># of children under 5 years provided with micronutrient supplementation</td>
<td>104,863</td>
<td>9,834</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of vulnerable children provided with child protection services</td>
<td>10,000</td>
<td>5,458</td>
</tr>
</tbody>
</table>
Situation Overview & Humanitarian Needs

In response to the food and nutrition insecurity in the country, the government declared a state of drought disaster on 4th February 2016 and presented a Humanitarian Appeal of US $ 1.5 billion for food and nutrition, agriculture, water, education, and health sectors. Based on the Zimbabwe Vulnerability Assessment Committee (ZimVAC) rapid assessment of February 2016, approximately 30% of rural households, or almost 2.8 million people, are reported to be food insecure during the current peak hunger season running from January-March 2016. While the drought has impacted the entire country, the provinces of Matabeleland North and South, Midlands and Masvingo are the most affected as shown in Fig 1. These provinces have the highest prevalence of food insecurity: Matabeleland North (43%), Midlands (33%), Masvingo (32%), Mashonaland West (30%) and Matabeleland South (28%).

The ZimVAC rapid assessment reported that severe acute malnutrition (SAM) in children under the age of five years was 2.1%, which is above the global WHO threshold for emergency response, and the Global Acute Malnutrition (GAM) rate was 5.7% (figure 2). According to the National Health Information System (NHIS) weekly SMS frontline report for week 7, the cumulative number of children being treated for SAM increased from 91 in 2015 to 153 in 2016 as reported by health facilities in 14 districts with the highest food insecurity prevalence. There is a critical need to manage increased cases of severe acute malnutrition among children aged 6-59 months in the most affected districts in order to save lives remains.
The current drought is reducing water yields from the few functioning boreholes and exacerbating the risk of water-borne diseases especially diarrhoea, cholera and typhoid. There has been an increase in typhoid cases since the beginning of the year. According to the Ministry of Health and Child Care’s Epidemiological Bulletin #5 of 2016, 219 suspected cases of typhoid and 1 death have been recorded. The increase in typhoid cases has been attributed to poor water and sanitation infrastructure, inadequate water supplies and sewer blockages. UNICEF and several Health and WASH partners, under the guidance of the Ministry of Health and WHO, are responding to the current typhoid outbreak.

Humanitarian leadership and coordination
The Humanitarian Country Team (HCT) met on 24th February to discuss the current situation and provide guidance to the overall humanitarian response. As part of the ongoing Inter-Agency Contingency Planning exercise, a humanitarian needs overview (HNO) workshop was conducted on 24th February. Seven sectors have developed their draft humanitarian needs overviews, namely Education, WASH, Nutrition and Child Protection led by UNICEF, Food Security led by WFP, Agriculture led by FAO and Health led by WHO. UNICEF and the Government continue to provide sector coordination leadership for the WASH, Nutrition, Education and Child Protection sub-sectors. The UNICEF led sectors met in February and discussed ongoing and planned drought response interventions.

The WASH Sector Coordination and Information Forum (WSCIF) has activated the Emergency Strategic Advisory Group (E-SAG) that coordinates WASH emergency programmes to support the inter-agency contingency planning exercise and coordinate humanitarian programmes. The Nutrition Technical Working Group chaired by the Ministry of Health and Child Care with support from UNICEF has established the Nutrition Emergency Response Working Group. The working group includes members from Ministry of Health, FAO, WFP and UNICEF, Save the Children, World Vision, AWIDE and Goal. The working group meets on a weekly basis and provides overall coordination and guidance to the nutrition emergency response. The Child Protection Working Group is supporting the humanitarian needs overview exercise and coordinating a rapid child protection assessment being carried out in all districts. UNICEF is an active member of the Inter-Agency Coordination Committee on Health (IACCH) that is chaired by the Ministry of Health with secretariat support from WHO. The IACCH met twice in February to discuss the ongoing typhoid response and prepare the humanitarian needs overview for the health sector.

Humanitarian Strategy
Guided by sectoral assessments and the ZimVAC Rapid Assessment, UNICEF has revised its drought response plan and is scaling up its emergency response in a bid to implement multi-sectoral humanitarian interventions in additional food insecure districts. Ongoing field assessments, real-time monitoring and the inter-agency contingency planning exercise facilitated the prioritization of target areas for implementing additional humanitarian interventions. Fifteen highly food insecure districts have been identified for scaling up the nutrition response. Other sectors are also scaling up their geographical and targeting reach.

UNICEF’s response aims to provide humanitarian assistance that enhances the resilience of communities. Interventions will improve access to critical services, reduce morbidity and mortality, and promote access to social safety nets for women and children while building the capacity of Government systems to mitigate the impact of food and nutrition shocks. UNICEF’s WASH implementing partners include World Vision (Lupane district), Plan International (Tsholotsho and Umguza districts), Mvuramanzi Trust (Binga and Hwange districts) and German Agro Action (Umzingwane district). However, the scaled up response will increase geographical coverage through additional partners. In nutrition, UNICEF is working with World Vision (Buhera district), Save the Children (Binga district) and International Medical Corps (Tsholotsho district).

Summary Analysis of Programme response

Nutrition

As a result of capacity building of 1,282 village health workers and volunteers on active screening, a total of 23,416 and 55,175 children were screened for acute malnutrition in December 2015 and January 2016 respectively. A total of 3,932 cases of Severe Acute Malnutrition (SAM) and 1434 Moderate Acute Malnutrition cases (MAM) were identified and referred to health facilities for appropriate management. The detailed breakdown of children screened in the four districts is shown in Fig.3 below.
Over 2,218 pregnant women in the four districts are receiving and taking iron and folic acid tablets daily. In the last two months, 9,834 children under five received vitamin A supplementation during routine visits to health facilities in the affected districts. Partners involved in the nutrition response are mobilising extra resources as well as integrating the response into programmes they are implementing. IMC has expanded its programme by distributing monthly food rations to children aged 6-59 months and pregnant and lactating women.

Health workers that were recruited under an ongoing IMC and Amalima nutrition programme and trained in active screening using Mid Upper Arm Circumference (MUAC) and oedema began active screening of children under two at Amalima food distribution sites in February 2016. Children that are being identified with acute malnutrition or growth faltering are referred to health facilities. IMC also plans to capacitate nurses in Gwanda, Bulilima and Mangwe districts on the Integrated Management of Acute Malnutrition in Outpatient Therapeutic Program sites, and train volunteers on active screening at food distribution sites. Training materials and tools for use by Village Health Workers and volunteers have been adopted from the UNICEF supported CERF project in Tsholotsho. Save the Children is mobilizing resources for drought relief. The agency’s planned program will focus on children under five, pregnant and lactating women and people living with HIV. The new program will complement the UNICEF supported programme in Binga.

**WASH**

In February 2016, UNICEF, the Government, and 4 NGO partners implementing emergency interventions aimed at restoring access to safe water and improve hygiene practices in 6 of the most food insecure districts reached 69,224 people with critical lifesaving WASH messages. To date, over 98,000 people have been reached with hygiene promotion interventions. A total of 13,000 households (approx. 65,000 people) have benefited from the distribution of NFI kits which comprised a bucket, a jerry can, soap and IEC materials. Over 6,250 people are accessing safe water through the rehabilitation of 29 boreholes in water stressed areas.

The WASH Emergency programme plans to rehabilitate 270 boreholes by the end of April 2016. The rehabilitation of 3 solar powered piped water schemes is also ongoing and is expected to benefit 4,300. A total of 897 community health workers received a refresher training on Participatory Health and Hygiene Promotion. The health workers are conducting door-to-door hygiene promotion. Additional outreach activities are planned for March-April 2016. A Training of Trainers for Provincial Water and Sanitation Services Committee (PWSCC) members on Disaster Risk Reduction was completed in February 2016. The trained PWSCC members will cascade the training to districts in March.

**Education**

The drought could negatively impact on learning achievement, especially among disadvantaged children in hardest hit areas. To continuously monitor the situation, UNICEF deployed RapidPro in January and February. Based on feedback from 1,400 schools, it was noted that there is a correlation between attendance and the level of food insecurity, with some of the most affected districts reporting attendance rates of just 70 per cent while the national average is almost 90 per cent as shown below.
Findings from field visits and interviews at school, community and district levels are continuing to show that drought is impacting on school-going children in terms of attendance and learning, hence the need to continue monitoring attendance and implementing interventions that will ensure attendance and learning are not affected during the lean season.

**Health**

In response to the increase in typhoid cases during the period 1 January to 15 February 2016 (fig 5), health promotion interventions were intensified in new and unplanned settlements in Harare City which is the epicentre of the outbreak. The drivers of the epidemic include unsafe refuse disposal and management practices, inadequate water supply and poor hygiene practices. Health promotion messages on the prevention and management of typhoid were disseminated using mass media, SMS based systems and volunteers. Through advocacy from the health development partners, Harare City Council suspended a planned shutdown of water to affected areas. UNICEF and other UN and NGO partners provided the Council with antibiotics, NFIs, including IEC materials and point-of-use water treatment tablets. The Ministry of Health Epidemiology and Disease Control Unit is advocating with the Council to improve refuse disposal and collection and curb roadside selling of cooked food. Disease surveillance has also been intensified in drought-affected districts.

**Child Protection**

Eight districts identified as food-insecure during the ZimVAC assessment are currently implementing the Harmonized Social Cash Transfer programme and reaching 25,789 households, including 63,561 children. This programme is addressing food needs at household level. The Child Protection sub-cluster piloted a Rapid Assessment tool in Zvishavane in January 2016, which was further reviewed and is currently being administered by officers from the Department of Child Welfare and Protection Services (DCWPS) in all the 65 districts. Data compilation and analysis is expected to take place in the first week of March. An early-stage Child Protection
Rapid Assessment for El Nino affected countries in Southern Africa, a regional initiative, is also planned for implementation by members of the Child Protection sub-cluster in March. A practitioner's interview tool for child protection practitioners at district and ward levels has been developed. Nationally a total of 5,458 (2,955 females and 2,503 males) cases of child protection violations were reported in the national case management system in January 2016. UNICEF will continue to strengthen the capacity of national and sub-national child protection systems to provide timely and appropriate responses.

Communication for Development (C4D)
In a bid to prevent an upsurge in typhoid cases in Harare due to the unavailability of safe water and unsafe hygiene practices, UNICEF and implementing partners have distributed diarrhoeal prevention IEC materials to Harare City Council. In the drought affected districts, over 1,100 volunteers and trained health workers continued to conduct door-to-door diarrhoeal prevention campaigns focusing on key prevention messages in the month of February. The awareness interventions reached over 69,224 people. NFI distribution sites were used as mass communication platforms to disseminate health and hygiene information through lectures, dramas and poetry. Key health and hygiene messages in local languages were also disseminated through SMS using RapidPro and reached out to 3,279 people. During the month of January, 686 village health workers in the four nutrition emergency response districts were equipped with knowledge and skills to do community-based Infant and Young Child Feeding Counselling (cIYCF). Village health workers supported pregnant women and mother and baby pairs in optimal breastfeeding practices and the provision of age appropriate complementary foods in their communities. Over 550 women in the four nutrition emergency supported districts have been counselled and referred for iron and folate (IFA) supplementation by health workers.

Supply and Logistics
UNICEF has pre-positioned additional WASH supplies in the form of borehole rehabilitation material (GI rods) in 6 of the most food insecure districts. The borehole rehabilitation materials will assist in expediting the ongoing borehole rehabilitation exercise. UNICEF has distributed 6,000 cartons of RUTF to health facilities and purchased an additional 6,856 cartons. In order to respond to the expected national caseload of children with SAM for 2016, which is estimated at 32,258 cases, UNICEF will need an estimated 19,833 boxes of RUTF at a cost of US$1,204,313.00. To date, all of the 81 health facilities in 4 nutrition emergency response districts have adequate RUTF to treat children. More than 50% of health facilities have received RUTF in the last week after clearance for use by the Government Laboratories. In 15% of the facilities, there was a gap in stocks of iron and folic acid (IFA) and Vitamin A. District nutritionists are currently following up on replenishment with NatPharm.

Funding
In 2016, UNICEF is appealing for US $12,176,545 to meet the humanitarian needs of women and children affected by food and nutrition insecurity in Zimbabwe. This funding will facilitate the scale up and continuity of ongoing response interventions targeted at the most vulnerable populations and contribute to building resilience in the face of future shocks. Continued donor support is critical to maintaining and scaling up the response. UNICEF encourages un-earmarked, emergency and longer term funding to be able to strengthen emergency response and resilience building interventions.

<table>
<thead>
<tr>
<th>Funding Requirements (as defined in UNICEF’s Humanitarian Action for Children Appeal of Jan 2016 for a period of 12 months)</th>
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<tbody>
<tr>
<td>Appeal Sector</td>
</tr>
<tr>
<td>WASH</td>
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<tr>
<td>Education</td>
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<tr>
<td>Health and nutrition</td>
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<td>Child Protection</td>
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<tr>
<td>Social Protection</td>
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<tr>
<td>Sector Coordination</td>
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<td>Total</td>
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</tbody>
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Next SitRep: 29/03/2016

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A revised humanitarian appeal is being finalized, early indications are that the funding needs for the current response will increase.
Who to contact for further information:

Dr. Jane Muita  
OIC-Representative  
Zimbabwe  
Tel: +263 4 703941-2  
Fax: +263 4 791163  
Email: jmuita@unicef.org

Peter De-Vries  
OIC-Deputy Representative  
Zimbabwe  
Tel: +263 4 703941-2  
Fax: +263 4 791163  
Email: jmuita@unicef.org

Victor Chinyama  
Chief of Communication  
Zimbabwe  
Tel: +263 4 703941-2  
Fax: +263 4 791163  
Email: vchinyama@unicef.org