UNICEF Zimbabwe Situation Report  
Date: January to September 2013

**Highlights**

**A successful constitution referendum and ushering in of a new Government:** Zimbabwe held a successful constitution referendum on the 16th of March with a new constitution in May 2013. Peaceful harmonised general elections were conducted on the 31st July 2013 and the outcome marked the end of the Government of national unity in place since February 2009.

**Worsening food insecurity, acute malnutrition still below the national threshold:** Zimbabwe Vulnerability Assessment Committee (ZimVAC) food security appraisal released on the 15th of August 2013 estimates that 25 per cent of rural households will be in need of food assistance by the peak of the 2013/2014 lean season (March 2013). ZimVAC results show that the prevalence of acute malnutrition in all provinces remains below the national threshold of 7 per cent. Overall 0.8 per cent of the measured children between six and 59 months had severe acute malnutrition (SAM) while 2.6 per cent were moderately malnourished. UNICEF’s nutrition program is emphasising routine screening of children for acute malnutrition in communities to ensure access to treatment for those in need.

**Floods and Hailstorm damage result in three deaths and affects more than 20,120 women, men and children:** Protection Cluster reports show that since January 2013 altogether 20,120 individuals (12,672 women and 7,448 men) from 15 districts were affected by floods, hail and wind storms and received assistance from Government and humanitarian partners including UNICEF. Assistance constituted provision of blankets to 16,380 individuals; non-food items to 15,560 individuals; hygiene water sanitation and hygiene promotion (WASH) kits to 11,260 individuals and the construction of temporary shelters for 13,603 individuals.

**Disease outbreaks of Cholera, Typhoid and Malaria curbed:** Only six cholera cases have been reported by the Ministry of Health and Child Care since the beginning of the year and there is a marked reduction in incidence of Malaria and Typhoid cases which had spilled into 2013. Epidemiological reports confirmed an outbreak from January predominantly in Manicaland Province and the response emanated from health partners working with the National Malaria Control Programme (NMCP) to identify appropriate measures to curb the outbreak.

**Situation Overview & Humanitarian Needs**

Zimbabwe continued to make steady progress towards recovery and development from January to August 2013. On the political front, a referendum ushered in a new Constitution in May and peaceful elections in July marked the end of a Government of National Unity (GNU) which had been in place since 2009. According to the recent 2013 Zimbabwe Humanitarian Gaps mid-year review, IOM in collaboration with UNICEF, JICA, OCHA, EHA and the Zimbabwe Red Cross, assisted 20,120 individuals (12,672 females and 7,448 male) affected by floods, hailstorms and wind storms since January 2013 in 15 districts of Zimbabwe. Between the 3rd and the 22nd of April 2013, Provincial authorities reported that wind, hail and heavy rains fell in the districts of Gwanda, Mwenezi, Chiredzi, Mangwe, Mberengwa, Matobo, Mzababani and Marange. Initial assessments by District Civil Protection Committees reflected main impacts as three deaths, some injuries and extensive damage to property, infrastructure, livestock and crops. After the hailstorm response, a total of 15 post assistance monitoring missions were conducted by multiple agencies. Observations were that there was limited linkage between emergency assistance and early recovery interventions. Psychosocial support for affected communities was noted as a missing component in all the affected areas. The areas affected were not traditional disaster sites that were targeted during pre-season awareness campaign and the nature of the hazard was new hence the communities were not adequately prepared. Early warning mechanisms were not effective and most communities were caught by surprise.

On the disease front, Malaria cases in Zimbabwe generally began to rise in February and peak in April and May. Epidemiological reports confirmed a Malaria outbreak from January predominantly in Manicaland Province. Health partners worked with the National Malaria Control Programme (NMCP) to identify and implement appropriate measures to curb the outbreak. UNICEF and humanitarian partners continued their response to waterborne disease outbreaks, namely cholera, typhoid and Diarrhoea. Given existing water,
sanitation and hygiene promotion challenges and delays in the introduction of the Rotavirus vaccine especially with respect to reduced incidence of diarrhea these are anticipated to continue to persist. Graphs below show a decreasing trend in Malaria and Diarrhea cases since January.

The weekly report on epidemic prone diseases, deaths and public health events week number 35 of 2013 (week ending 01-09-13) show a cumulative figure for cholera of only six confirmed cases (last cholera case reported during week 18).

According to the findings of the Zimbabwe Vulnerability Assessment Committee (ZimVAC) appraisal, 2.2 million people will need food assistance at the peak of the 2013/2014 lean season. Communities remain vulnerable to potential nutrition situation given the projected food insecurity, past flooding, storm damage and armyworm infestation in some areas and erratic rainfall in parts of the country in the 2012/2013 agricultural season. Disease outbreaks and the remaining needs of asylum seekers and migrants form residual humanitarian needs. The adult prevalence rate of 15 per cent observed in 2010-2011 contributes to challenges of improved well-being. The Government and humanitarian community in a mid-year review of the co-ordinated appeal have agreed that the broad strategic objectives set in the Zimbabwe humanitarian gaps appeal for 2013 at the beginning of the year are still relevant. The humanitarian community will continue to respond to the identified needs under two broad strategic objectives listed below.

**Strategic objective 1:** To maintain a minimum and coordinated response capacity in the Food, Health, Protection and WASH Clusters to address the most urgent residual humanitarian needs in the country which need resolution in 2013, and for which organizations have the capacity to respond.

**Strategic objective 2:** To assist in strengthening Government and other local capacity to coordinate, prepare for and respond to ongoing and future emergency situations.

The recent mid-year review also identified change in financial requirements for all Clusters except for Food and Health. The appeal's revised requirements amount to US$147,275,808 an increase of 12% from the original requirements. The funding so far received is US$90 million, leaving unmet requirements of US$57,275,808. The September Humanitarian Country Team (HCT) meeting agreed that there would be no consolidated appeals process (CAP) in 2014.

**Humanitarian leadership and coordination**

The humanitarian community early in 2013 agreed to and has maintained a minimum co-ordinated response capacity in the Food, Health, WASH and Protection clusters throughout 2013. This is alongside strengthening capacity of the Government to respond to ongoing and future emergencies and to broader recovery efforts. The UNICEF led humanitarian WASH cluster continues to collaborate with the Health cluster in co-ordinating continued response by partners to cases of water born disease outbreak. The WASH cluster’s Environmental Health Alliance (EHA) framework of pre-identified WASH and health cluster emergency preparedness and response partners assisted government’s response to water borne disease. Nationally, there is a unique momentum and movement towards food and nutrition security in Zimbabwe, following the approval of a progressive multi-sectoral national Food and Nutrition Security Policy (FNSP) by the cabinet of ministers, on the 24th of July 2012. One of the key implementation structures for the policy is the sub-national multi-sectoral Food and Nutrition Security Committees (FNSCs) at provincial, district and sub-district level. FNSCs are responsible for the co-ordination and prioritizing of food and nutrition security responses in line with the FNSP

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1 The Environmental health alliance (EHA) Programme Management Unit (PMU) – GAA (Coordination), Save the Children (Health) and Mercy Corps (WASH). INGO partners – Goal, ACF, IMC, IRC, Merlin, Oxfam, MdM, WVI and Johanitter. UN Agencies – UNICEF, IOM and WHO.
and strategy; monitoring allocation of resources and gaps; monitoring the implementation of programmes; providing technical advice to lower-level structures. The Food and Nutrition Council (FNC), with support from UNICEF and FAO, has developed guidelines and is leading preparations to establish eight provincial and 10 district FNSCs in chronically food insecure areas.

The September joint Humanitarian Country Team and Donor meeting largely endorsed the closure of the remaining clusters at the end of 2013 and implementation of proposed transition co-ordination arrangements in Food-aid, WASH, Health and Protection. UN sector lead agencies will continue to be responsible for follow-up co-ordination with support from UNOCHA during the transition.

**UNICEF Programme response**

**Nutrition**

WFP, UNICEF, WHO and FAO supported the development of the Food and Nutrition Security Policy for Zimbabwe. The policy prioritizes evidence based emergency preparedness, response and mitigation as one of the seven key commitments. With support from UNICEF, the MoHCC and FNC have also initiated the development of a national nutrition strategy and a costed action plan with an emphasis on early warning, disaster risk mitigation and response.

The results of the Zimbabwe vulnerability assessment committee (ZIMVAC) appraisal that was conducted in 2012 and May 2013 reported that a significant proportion of households in Zimbabwe are facing transient (for the lean season of October – March) food insecurity; with a deteriorating trend. The effect of such periodic food insecurity on nutritional status of young children has been explored during the lean season of 2012 – 2013 through a pre and post national status survey in worst affected regions. The result of the survey revealed the prevalence of acute malnutrition remained below national threshold (7%) with no significant difference before and after the lean period. Furthermore, ZIMVAC 2013, conducted in April 2013 shows similar levels of acute malnutrition for all sampled rural districts with a national average (rural) of 3.4% with the highest being recorded in Mashonaland West province (GAM of 5.6%). While the acute malnutrition at this point of time is not alarming, it is appreciated that the community at large has been exposed to repeated shocks and remain vulnerable. Broader recovery programming in Health, Nutrition, WASH and social welfare play a great role to protect nutritional status of children in Zimbabwe and thereby contribute to the resilience of the population.

In response to the ZimVAC appraisal, WFP and 15 implementing partner’s implemented complementary interventions on cash/food assistance for assets projects reaching 183,652 food beneficiaries and 39,362 workers in 22 districts. A planned intervention would potentially target 1.8 million people, about 82 per cent of those in need in the next Seasonal Targeted Assistance (STA) programme scheduled to run from October 2013 to March 2014. WFP and UNICEF are working together to synchronise the STA and the Harmonised Social Cash Transfer (HSCT) under the Ministry of Labour and Social Services, which UNICEF is currently supporting to reach more than 30,000 of the country’s poorest households.

**Results Status**

<table>
<thead>
<tr>
<th>Estimated #/% coverage</th>
<th>UNICEF</th>
<th>Sector / Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
<td>Cumulative results</td>
</tr>
<tr>
<td>Women and children receiving appropriate infant and young child feeding (IYCF) (mother-infant pairs) in high risk districts. (Source: Program Monitoring Data)</td>
<td>50,000 pairs</td>
<td>39,000 pairs</td>
</tr>
<tr>
<td>% of health facilities providing CMAM services (Source VMAHSS)</td>
<td>100%</td>
<td>77.9%</td>
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<tr>
<td>% of health facilities with RUTF stock out in the last 3 months (source VMAHSS)</td>
<td>0%</td>
<td>28.9%</td>
</tr>
</tbody>
</table>

*This activity is over a three month period.*

UNICEF Supported partners contributing to above UNICEF Results: Ministry of Health and Child Welfare
Results
Management of acute malnutrition services continued to be provided as part of health services, with 77.9 per cent of the health facilities providing the service routinely (Vital Medicines and Health Services Survey, Round 15 (Jan-March 2013)). However, there is need to strengthen the quality of the programme and integrate it into both the service delivery and health information system.

WASH

The weekly report on epidemic prone diseases, deaths and public health events week Number 35 of 2013 (Week Ending 01-09-13) show that while the cumulative figure for cholera is 6 confirmed cases (last cholera case reported during week 18). The total Diarrhea cases reported in the week are 10, 135 cases and 9 deaths. Of the reported cases 5,557 (54.8%) and 7 deaths were from the under five years of age. The cumulative figure for diarrhea is 358,019 and 346 deaths (CFR 0.09%). Health and WASH partners have remained concerned about the continued high number of diarrhea cases being reported countrywide. Generally cases exceed those reported during the same period in 2012, with children under five years increasingly affected. This may be due to rotavirus infection whose incidence increases in the colder months of the year. This trend in Diarrhoea is expected to change with the planned introduction of the Rotavirus vaccine. MoHCC report shows that the total Diarrhea cases reported in the week are 11,643 cases and 19 deaths. Of the reported cases 7,270 (62.4%) and 9 deaths were from the under five years of age. The deaths were reported from Harare Central Hospital (2), Parirenyatwa Group of Hospitals (7), Mpilo Central Hospital (3), Chitungwiza Central Hospital (1), Buhera District (3), and Nyanga District (1), both in Manicaland Province, Hurungwe District (1) and Kariba District (1) both in Mashonaland West Province. The provinces which reported the highest number of diarrhoea cases are Manicaland (1,799) and Masvingo (1,707). The cumulative figure for diarrhoea is 300,217 and 283 deaths (CFR 0.09%).

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<td>Target</td>
<td>Cumulative results (#)</td>
</tr>
<tr>
<td>Emergency WASH support to populations at risk of water-borne (\text{Source: UNICEF Zimbabwe MYR 2013})</td>
<td>250,000 (130,000 female)</td>
<td>27,714 (14,411 female)</td>
</tr>
</tbody>
</table>

UNICEF Supported partners contributing to above UNICEF Results: German Agro Action (GAA), Oxfam, Mercy Corps, Action Contre la Faim (ACF), International Organization for Migration (IOM)

Results

The WASH cluster with support from ECHO, maintained minimum and coordinated response through the partnership of the Environmental Health Alliance. The Environmental Health Alliance (EHA) WASH partners have responded to 25 emergencies between September 2012 and June 2013. The emergencies included typhoid outbreaks, diarrheal diseases outbreaks, suspected cholera outbreaks and floods in 12 rural settings and 6 urban localities of 6 provinces. The response to these emergencies ranged from participatory health and hygiene education, hygiene non-food item distribution, information, education and communication material, borehole drilling and rehabilitation and sewer unblocking. Response process included key stakeholders in the sector at national and sub-national levels to facilitate institutions prioritization of emergency WASH. UNICEF direct support with WASH services reached more than 27,000 people affected by emergencies. The financial tracking system shows that proposed interventions for the WASH cluster in 2013 are currently 72% funded. While UNICEF utilized warehoused stocks to respond to emergencies since January, there is clearly over-reliance on one donor for most of the emergency work. With respect to disease outbreaks, the UNICEF supported Health Transition Fund (HTF) supports nationally the access of women and children to functional health services which include the management of HIV and AIDS and are very complementary to the prevention and treatment of water-borne diseases such as Typhoid and Diarrhea.
Child Protection

Zimbabwe’s House of Assembly on 16 May ratified the African Union (AU) Convention on Protection and Assistance to Internally Displaced Persons in Africa, also known as the Kampala Convention. The Convention came into force as of 6 December 2012 and tackles internal displacement from various factors while reaffirming that national authorities have the primary responsibility to provide assistance to internally displaced people. Zimbabwe’s ratification process is still to be formally concluded through depositing of the instrument of ratification with the AU Secretariat, while adoption of national legislation is yet to begin. UNHCR, as the Cluster Lead agency has been and will continue to work with the Government and Parliament of Zimbabwe in efforts towards ratification of the Convention. In November 2012, a dialogue with Senators took place as part of efforts to support the ratification process.

Zimbabwe’s monthly humanitarian bulletin reports that the Protection Cluster partners continue to assist forcibly returned migrants from neighboring Botswana and South Africa, with mixed trends being reflected. Altogether 4,115 returned migrants from both countries received assistance in August. Migrants forcibly returned from South Africa who received assistance through Beitbridge Reception and Support Centre in August increased by 11 per cent compared to July 2013, while unaccompanied minors increased by 91 per cent. The spike in unaccompanied minors has been attributed to the school holidays when some Zimbabweans based in South Africa try to send their children into the neighboring country for the school holidays, often at risks to children’s health and well-being. Identified children were assisted with interim care including psychosocial support, family tracing and reunification. Partners also continue to provide protection and humanitarian assistance to stranded third country nationals (TCN) coming to Zimbabwe. Males remain the majority of the migrants at 89.26 per cent compared to the 10.74 per cent females. Those above 25 years constitute the majority at 43.39 per cent, followed by the 18 to 24 age group at 40.08 per cent, while children comprise 16.53 per cent.

UNICEF is supporting specialized partnerships with civil society and Government to support separated and unaccompanied children, particularly those in institutional care. At the same time, UNICEF is investing heavily in national social protection efforts at the poorest and most vulnerable families to prevent unsafe migration and separation.

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<tr>
<td><strong>UNICEF Target</strong></td>
<td><strong>Cumulative results (#)</strong></td>
</tr>
<tr>
<td>Number of vulnerable families including those living in disaster prone areas benefiting from social cash transfers through the Government social protection framework by head of household</td>
<td>80,000</td>
</tr>
</tbody>
</table>

The humanitarian needs in child protection are largely unfunded although being addressed to a large extent through development and recovery programming. The National Action Plan for Orphans and Vulnerable Children, Phase II (NAP II - 2011-2015) supported by UNICEF and a variety of civil society and donor partners provides a framework for coordinated action to ensure that about one million orphans, vulnerable children and their families, benefit from enhanced social and child protection services. The intervention has facilitated regular, predictable, bi-monthly cash disbursements amounting to approximately 3 million US$ in 2013 for a total of 31,045 households (benefiting 92,868 children). The majority of these households are headed by the elderly and by women. Qualitative assessments indicate that the health, food, poverty and protection status of children living in these households is improving and preventing unsafe coping strategies such as child labor and irregular migration. UNICEF, in partnership with the MoLSS, has supported more than 50,000 children at risk of or exposed to violence, exploitation and abuse with quality child protection services. 78 per cent of these children are reported increased psychosocial well-being.

The Child Protection Network (CPN) is a gender sensitive platform for co-ordinating monitoring, reporting and responding to violence, exploitation and abuse of girls and boys in emergencies. The CPN continues to meet regularly chaired by Save the Children which, together with the MoLSS, launched the International Child Protection in Emergencies standards in 2013. A UNICEF preparedness plan has been developed, in line with the core commitments for humanitarian action (CCGs). To promote preparedness, there is ongoing collaboration with UNICEF’s Eastern Southern Africa Regional Office (ESARO) and UNICEF South Africa.
Country Office to share information on children crossing the border. UNICEF also continues to work closely and in complementarity with the national Protection Cluster, the internally displaced persons (IDP) sub-cluster and the Gender Based Violence (GBV) Sub-Cluster. UNICEF is working closely with UN Women to implement a national gender-based violence initiative, especially focused on empowering adolescent girls.

**Supply and Logistics**

No new supplies were procured in the country office for emergency response. Supplies for emergency response were monitored to ensure maintenance of minimum stock levels (in order to mitigate storage risks of spoiling, obsolescence and high costs to the office) as per International Public Sector Accounting Standards (IPSAS) and good stock management practices. Since January 2013, about USD788, 701 worth of shelter, WASH, health and communication supplies have been released by UNICEF to urban municipalities and partners with stand-by agreements for emergency preparedness and response. Contingency stock valued at USD326, 237 is currently maintained at the UNICEF distribution centre for emergency preparedness and response.

**Funding**

<table>
<thead>
<tr>
<th>Sector</th>
<th>HAC 2013 revised requirements (US$)</th>
<th>Funded (US$)</th>
<th>% Funded</th>
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<tbody>
<tr>
<td>Health and nutrition</td>
<td>1,990,000</td>
<td>638,570</td>
<td>32%</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>1,000,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Child protection</td>
<td>1,500,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>WASH cluster coordination</td>
<td>100,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>4,590,000</td>
<td>638,570</td>
<td>14%</td>
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Funding against UNICEF’s Humanitarian Action for Children (HAC) to support UNICEF’s humanitarian work in Zimbabwe is critically low, with only 14 per cent of funds received to date. The Zimbabwe country office requires funding support for a number of residual humanitarian risks and needs which remain to be addressed or prepared for; including nutritional effects of food insecurity and sporadic outbreaks of waterborne disease.

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