Reporting period (Monthly)

**Highlights**

- **Rapid Nutrition Survey as Zimbabwe lean season approaches**
  The Food and Nutrition Council and Ministry of Health and Child Welfare led a rapid nutrition survey in ten most food insecure areas and the findings of this baseline suggest that, at the beginning of the lean season, the nutritional status of children less than 5 years remains lower than the national emergency threshold of 7%.

- **Typhoid Outbreak in Harare and Chitungwiza Towns**
  The country has continued to experience high rates of diarrheal disease over the past year with resurgence in cases of Typhoid. Of note is that women, men and children remain largely at high risk of contracting water borne disease as a result of limited water, sanitation and hygiene and health services.

- **Humanitarian Gaps and Contingency Planning for 2013**
  The 2013 appeal is aimed at ensuring that all the remaining humanitarian needs in the country are addressed while at the same time consolidating the gains that the country has made towards recovery and development through the appropriate mechanisms. Agreed reforms include continuation of the WASH cluster while Nutrition and Education will be largely addressed through recovery and development mechanisms.

**Humanitarian Needs**

Partners are providing food and agricultural assistance as Zimbabwe’s lean season approaches and more people become food insecure. Weather conditions for the upcoming rain season are difficult to predict, but forecasts suggest drought conditions may persist making the situation for food and nutrition security critical. With funding from the Department of International Development (DFID), and under the leadership of the Ministry of Health and Child Welfare (MoHCW) and the Food and Nutrition Council (FNC), cluster partners have embarked upon a series of rapid assessments to monitor nutrition trends over the course of the upcoming hunger period. The first assessment, intended to establish a baseline in hot spot areas, was conducted late in October, 2012. In addition to high levels of food insecurity, the country has continued to experience high rates of diarrheal disease over the past year with resurgence in cases of Typhoid. Contingency planning has been initiated at national level for 2013 and key hazards prioritized include hydro-meteorological – comprising floods and droughts; epidemiological – focusing on current waterborne disease outbreaks; and technological – focusing mainly on road traffic accidents.

1. **Rapid Nutrition Survey as Zimbabwe Lean Season Approaches**

Results of the Zimbabwe Vulnerability Assessment Committee (ZimVAC) rural livelihoods assessment, released in July 2012, projected about 1,668,000 people – 60% more than last year, food insecure in the peak hunger season from January to March 2013. Following these reports of the alarming effects of erratic rainfall on food production, livestock and rural livelihoods in general, a baseline nutrition assessment led by the Food and Nutrition Council (FNC), the Ministry of Health and Child Welfare (MoHCW) and various partners was conducted in 10 most affected livelihood zones at the start of the lean season from 29 October to 4 November. Assessment results showed a low global acute malnutrition (GAM) rate below 3% in five of the zones; four zones had a GAM rate of 3% to 4%; and one livelihood zone (Agro-fisheries) had slightly higher rates of GAM at 5.2%.

The findings suggest that, at the beginning of the lean season, the nutritional status of children less than 5 years remains lower than the national emergency threshold of 7%. It is important to note that phase one was intended to establish a baseline prior to the advent of the hunger season. A follow-on survey will be conducted in early January - rates in this survey will be compared to the baseline to understand whether rates have remained static, or have increased over time. Should drought conditions persist, a third survey could be carried out in March 2013 to further monitor the evolution of the nutrition situation.

This calls for continuous efforts to prevent deterioration of nutritional status, through appropriate food, livestock and health interventions. Further, primary health services in affected areas should be urgently strengthened and
preparing for better identification and treatment of acute malnutrition, should the situation deteriorate. The assessment will be repeated at end of January or February 2013, which is the middle of the lean season, to further assess the impact of the food crisis, effectiveness of current interventions and the population’s own coping mechanism on nutritional outcome. Over 77% of the health facilities in Zimbabwe report treatment of Severe Acute Malnutrition (SAM) is available as one of the routine services, according to recent Vital Medicines and Health Services Survey\(^1\), with about 70% reporting available stocks of ready-to-use therapeutic foods (RUTF) and anthropometric equipment. However, major challenges remain in terms of quality and coverage of the SAM treatment service. Further strengthening the coverage and quality of services, through the existing structure, is considered a critical emergency preparedness strategy for addressing acute malnutrition in Zimbabwe.

The UNOCHA monthly humanitarian bulletin for November 2012 reports that the Seasonal Targeted Assistance (STA) programme in response to the deteriorating food security is expected to reach 1.6 million people in 39 districts, while other programmes cater for the remnant 100,000 people. World Food Programme (WFP) will cover 38 of these districts while Christian Care caters for Matobo district in Matabeleland South through the Canadian Grain Bank pipeline. The Government of Zimbabwe (GoZ) and World Food Programme (WFP) continued implementing the joint food assistance programme as part of the ongoing STA, in an arrangement where WFP provides logistical support to move grain allocated from Government’s Strategic Grain Reserve to vulnerable people in 10 priority districts. Beneficiaries either receive assistance in kind or as an alternative to in-kind food, to purchase cereals from local markets. This affords them more flexibility and choice while strengthening local markets. The OCHA-managed Central Emergency Response Fund (CERF) has contributed US$2 million to boost WFP food assistance programmes.

2. **Typhoid Outbreak Reported in Harare and Chitungwiza Towns.**

Health and WASH partners reported a spike in diarrheal diseases at the beginning of November, a situation that is expected to worsen with the onset of the rainy season coupled with erratic water supplies. Since 10 October 2011, Harare City experienced an outbreak of typhoid fever. The disease spread to Chitungwiza City, Mashonaland Central (Bindura district), Mashonaland West (Zvimb and Chegutu districts), Midlands (Chirumanzu district) and Mashonaland East (Marondera) Provinces. The most recent cases were from Chitungwiza. The World Health Organization and Ministry of Health and Child Welfare epidemiological update of week ending 11 November 2012 reports that the typhoid outbreak in Chitungwiza continues since it was first reported on 16 June 2012. Harare still reports some cases from 10 October 2011 when an outbreak of typhoid was initially reported. The disease has also been reported in Chegutu District, Chitungwiza and Parirenyatwa Central Hospitals. Twenty-two (22) new suspected typhoid cases were reported in the week ending 11 November. The cases were reported from Chegutu District in Mashonaland West Province (5), Parirenyatwa group of Hospitals (13) and Chitungwiza Central Hospital (4). The cumulative figure for typhoid since October 2011 is 4,984 suspected cases, 80 confirmed and 3 deaths (Case Fatality Rate (CFR) 0.06%). With respect to common diarrhea, total cases reported this week are 10,599 and 9 deaths (CFR 0.08%). Of the reported cases, 5,200 (49.1%) and 3 deaths were reported from children under five years of age. The deaths were reported from Parirenyatwa Group of Hospitals (4), Chitungwiza Central Hospital (2), Harare Central Hospital (1), Sanyati District in Mashonaland West Province (1) and Mudzi District in Mashonaland East Province (1). The provinces which reported the highest numbers of diarrhoea cases were Mashonaland East (1,868) and Mashonaland Central (1,414). The cumulative figures for common diarrhoea are 408,083 and 252 deaths (CFR 0.06%).

**Response actions in Chitungwiza Town**

- Regular coordination meetings including partners and stakeholders are held at municipal level since July 2012.
- Rapid assessments on health and water, sanitation and hygiene promotion by German Agro Action (GAA) and GOAL.
- Multiple partners (GAA in collaboration with UNICEF, International medical Corps (IMC) and GOAL) engaged in household and community Health Promotion, schools hygiene promotion as well as workplace health promotion.
- WHO supported with medical supplies and sundries to support case management.
- Five new boreholes were drilled and commissioned (by GAA and National Healthcare Trust Zimbabwe)
- A total of 62 health personnel were trained in case management by GOAL Zimbabwe.

---

\(^1\) Vital Medicines and Health Services Survey July to August 2012.
• Ministry of Health and Child Welfare (MoHCW) Environmental Health Officers are continuing with community hygiene promotion and contact tracing and active case finding.
• Global Hand-washing Day was successfully commemorated in Chitungwiza town in October 2012.

3. **Humanitarian Gaps and Contingency Planning for 2013**

**Humanitarian Gaps 2013**
The present appeal for 2013 for Zimbabwe contains ten high-priority humanitarian projects valued at US$131,419,709 in the areas of food, health (including nutrition), WASH and protection. More than 80% of this appeal will be for the Food Cluster. These projects have been prioritized based on strict criteria arrived at after extensive consultations with all the relevant stakeholders. A modest Emergency Response Fund (ERF) managed by OCHA on behalf of the humanitarian community will be in place to provide timely and predictable funding to unforeseen humanitarian needs. The approach that the humanitarian community adopted in the current appeal is aimed at ensuring that all the remaining humanitarian needs in the country are addressed while at the same time consolidating the gains that the country has made towards recovery and development through the appropriate mechanisms. The Government and the humanitarian community have agreed to continue addressing residual humanitarian needs through humanitarian coordination and resource mobilization mechanisms for food, health, WASH and protection. At the same time, other needs that were previously being addressed through humanitarian structures will be addressed through recovery and development mechanisms (agriculture, education, nutrition, livelihoods and institutional capacity-building and infrastructure).

**Contingency Plan 2013**
The UNOCHA Humanitarian Bulletin for November 2012 highlights Government and humanitarian partners’ joint development of a national Contingency Plan to reduce the impact of disasters in Zimbabwe. The process began with consultations of key stakeholders from Government, United Nations agencies and non-governmental organizations (NGO), culminating in a Contingency Planning workshop on 22 November. The workshop sought to: Review and agree on a National Contingency Planning Framework; Priority hazards likely to cause disasters during the next 12 months; Raise awareness on existing Government coordination structures and how support agencies fit in; and develop a road map for contingency planning process for the next 12 months. Based on experience and projections, partners categorized the hazards Zimbabwe is prone to as hydro-meteorological – comprising floods and droughts; epidemiological – focusing on current waterborne disease outbreaks; and technological – focusing mainly on road traffic accidents. Following the workshop, partners are to develop elaborate response plans for identified hazards and mobilise resources to operationalize the Contingency Plan. It is anticipated that all these combined efforts will enhance Zimbabwe’s capacity to prepare for and effectively respond to disasters.

**Inter-Agency Collaboration, Coordination, Cluster Leadership and Key Partnerships**

*The Nutrition Cluster* supported the design and implementation of the rapid nutrition assessment led by the Food and Nutrition Council and the Ministry of health and Child Welfare’s National Nutrition Department. The cluster’s technical Emergency Nutrition Technical Working Group of which is UNICEF is a member co-ordinated the assessment process and will continue to support the second and possibly third phases of the assessment. As per agreed reforms by the Humanitarian country team on addressing humanitarian gaps in 2013, the last nutrition cluster meeting will be in December of 2012.

*The WASH Cluster’s* Environmental Health Alliance (EHA) framework of pre-identified WASH and health cluster partners maintained emergency preparedness and response capacity.

**UNICEF Response**

*Typhoid Response in Chitungwiza Town*
- UNICEF activated its contingency PCA with GAA to support intervention in the town. Activities undertaken include support to borehole drilling and equipping and hygiene promotion activities.
- About 100,000L of water per day were delivered to provide approximately 5l/day/person drinking water for about 20,000 women, men and children (due to the high population requiring water, and resource constraints, the recommended 15l/person/day cannot be met). GAA had a capacity to deliver about 15-20,000L per day and UNICEF supported with provision of 80,000L day.
- Distribution of a minimum of 20,000 jerry cans facilitated household water storage. UNICEF also supported with supplies of information, education and communication (IEC) materials.
Response with Nutrition to the Food Crisis

UNICEF in the context of the Food and Nutrition Security (FNS) policy is providing technical contributions to design of the response to the food crisis through the UN flagship program. With the Humanitarian Country Team’s decision to cease operations of the Nutrition cluster in 2013, UNICEF will be supporting the initiation of a sector co-ordination mechanism based on a key strategic objective within the recently developed Food and Nutrition Security Policy implementation framework to strengthen nutrition co-ordination as an integral component within the health sector and also reinforce co-ordination structures that facilitate multi-sectoral analysis and response to problems of malnutrition and nutrition insecurity. UNICEF will specifically support the development of a comprehensive nutrition strategy that integrates and mainstems nutrition within MOHCW and other sectors as well as the definition and implementation of an effective nutrition coordination mechanism, by first quarter of 2013. Other contributions to the nutrition response are as follows:

- Integrated management of nutrition and childhood illnesses (IMNCI) has incorporated treatment of acute malnutrition as an integral part of treatment. National training rolled out and tools standardized.
- UNICEF has strengthening food and nutrition security committees in in 17 districts, at least a third in drought affected areas. These committees are the inter-sectoral institutions key for co-ordination, response monitoring, and mobilisation of support in such situations as the current food crisis.
- Community infant and young child feeding (IYCF) is ensuring support and skill-based counselling availability to at least 25,000 mother infant pairs in 17 districts some of which are in high risk areas. Furthermore, facilities in these districts are strengthened by enforcement of baby friendly hospital initiative (BFHI) and enforcement of the code for marketing of breast milk substitutes. This will contribute to capacity to control use of breast-milk substitutes as food aid donations.
- Continued support and expansion of the coverage of treatment of acute malnutrition through the provision of supplies, training and equipment. Facilities (63%) equipped with all equipment for anthropometric assessment and 69% of facilities with ready to use therapeutic food (RUTF) supplied.
- UNICEF is supporting the integration of nutrition in the health information system and will be rolling out software that will enable effective tracking of the intervention.

UNICEF ZIMBABWE FUNDING REQUIREMENTS

<table>
<thead>
<tr>
<th>Sector</th>
<th>Revised HAC requirements (Sept 2012)</th>
<th>Funds received</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>700,000</td>
<td>0</td>
<td>700,000</td>
</tr>
<tr>
<td>Health</td>
<td>4,301,400</td>
<td>4,301,400</td>
<td>0</td>
</tr>
<tr>
<td>Water, Sanitation &amp; Hygiene</td>
<td>995,000</td>
<td>0</td>
<td>995,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td>1,000,000</td>
<td>498,600</td>
<td>501,400</td>
</tr>
<tr>
<td>Education</td>
<td>600,000</td>
<td>0</td>
<td>600,000</td>
</tr>
<tr>
<td>Cluster/Sector coordination</td>
<td>750,000</td>
<td>0</td>
<td>750,000</td>
</tr>
<tr>
<td>Total</td>
<td>8,496,400</td>
<td>4,800,000</td>
<td>3,696,400</td>
</tr>
</tbody>
</table>

Next steps

- Support to Rapid nutrition assessment next phase.
- Date of the next Sitrep – 31st December 2012

For further information, please contact:

Dr Gianni Murzi
Representative a.i.
Zimbabwe Country Office
Harare, Zimbabwe
Telephone: +2634 703941/2
Mobile/Cell: +263 772 266 172
E-mail: gmurzi@unicef.org

Boiketho Murima
Emergency Specialist
Zimbabwe Country Office
Harare, Zimbabwe
Mobile/Cell: +263 775 288 438
E-mail: bmurima@unicef.org

Victor Chinyama
Chief Communication
Zimbabwe Country Office
Harare, Zimbabwe
Telephone: +2634 703941/2
Mobile/Cell: + 263 772 124 268
E-mail: vchinyama@unicef.org