Zimbabwe

HIGHLIGHTS

- In 2022, an estimated 4.3 million people, including 2.2 million children, are projected to be in urgent need of humanitarian assistance in Zimbabwe due to multiple hazards, including floods and storms, the COVID-19 pandemic and the economic crisis.

- A total of 4.3 million people, including 2.2 million children, will be in need of life-saving health, HIV and nutrition services. More than 21,000 children with severe acute malnutrition (SAM) will be in need of treatment.

- A total of 2.5 million people will require safe water and sanitation. Close to 1.9 million children will need education assistance.

- UNICEF will intensify its support to Government-led national and district coordination structures to enable the provision of multi-sectoral life-saving services and efforts to respond and contain the COVID-19 pandemic.

- UNICEF requires US$54.7 million to meet humanitarian needs in Zimbabwe in 2022, including 15 per cent of the total appeal allocated to gender equality.

KEY PLANNED TARGETS

- **3 million** children and women accessing health care
- **100,000** women and children accessing gender-based violence mitigation, prevention, response
- **1.3 million** people accessing a sufficient quantity of safe water
- **367,525** children accessing educational services
- **4.3 million** IN NEED
- **2.2 million** children
- **3 million** TO BE REACHED
- **1.1 million** children
- **US$ 54.7 million** FUNDING REQUIREMENTS
HUMANITARIAN SITUATION AND NEEDS

The second round of the Crop and Livestock Assessment 2020/2021 Season conducted in April 2021 predicted significantly improved cereal security in Zimbabwe as a result of an anticipated increase in maize yield in 2021. However, pockets of food insecurity are anticipated during 2022, particularly during the lean season (October-March), when poor households in some deficit producing southern and extreme-northern areas will be market-reliant with lower purchasing power due to volatile macroeconomic conditions, and up to 2.5 million people will face nutritional crisis (IPC Phase 3) outcomes. According to the ZIMSTATS 2020 Rapid Poverty, Income, Consumption and Expenditure Survey (PICES) phone survey conducted from December 2020 to 10 March 2021, a significant share of households continued to report reduced income from various sources in the aftermath of the second wave of the COVID-19 outbreak.

Access to health continues to favor urban areas compared to rural areas, and lack of money is cited as the primary reason for not being able to access medical treatment, as reported by 78 percent of households in the PICES survey. While the year-on-year inflation rate has continued to decline from 571 per cent in October 2020 to 50.2 per cent in August 2021, the prices of basic goods and services on the domestic market have continued to rise, driven by the month-on-month inflation rate which has remained unstable. This has particularly affected the urban population, mainly due to the economic impact of COVID-19.

The 2021-2022 rainfall seasonal forecast predicts above-normal rainfall, particularly during the first quarter of 2022, underscoring the risk of flooding and the accompanying waterborne disease outbreaks. More than 4 million Zimbabweans, predominantly vulnerable children and women, including people living with HIV and disabilities, will need access to primary health care and nutrition services in the context of the COVID-19 pandemic. UNICEF is requesting US$54.7 million to respond to the multi-hazards in 2022. This funding will enable UNICEF to provide critical services to respond to the impacts of potential flooding, epidemics, including COVID-19, and the economic crisis. An estimated 1,250,000 people directly affected by floods and other natural disasters will be reached with WASH services to mitigate the risk of diarrhoeal diseases. In addition, UNICEF will respond to increased child protection risks and heightened vulnerabilities of gender-based violence (GBV) with over 200,000 people projected to be affected, and provide targeted intervention for girls’ learning and education.

SECTOR NEEDS

- **21,142** Children with severe acute malnutrition
- **4.3 million** people in need of health assistance
- **2.5 million** people lack access to safe water
- **200,000** Children in need of child protection services
- **1.9 million** children in need of education support

STORY FROM THE FIELD

To provide children the best chance to grow and develop to their full potential, Pediatrics Association of Zimbabwe (PAZ) together with the staff at the hospital, with support from UNICEF and co-funded by European Union Humanitarian Aid, are supporting the setting up of a malnutrition Centre of Excellence at Sally Mugabe Children’s Hospital’s Malnutrition Unit. The Malnutrition Unit has become the core site for training of malnutrition management to capacitate other stabilization centres around Zimbabwe on how to best manage malnutrition cases and to improve outcomes of children admitted with severe acute malnutrition.

Read more about this story here
UNICEF’s humanitarian strategy is anchored on core humanitarian principles of humanity, impartiality, neutrality and independence. The strategy has four dimensions, namely, strengthening coordination, increasing response capacity, social and behaviour change communication, and evidence-based monitoring. To address the impending risk of floods, disease outbreaks and the deepening economic crisis, UNICEF is strengthening government-led national and district coordination structures’ emergency preparedness and response capacity. This will entail using its convening powers to bring Government and NGO partners together in regular cluster and sector coordination meetings, and providing capacity for strong coordination. Working with humanitarian partners, UNICEF will also strengthen coordination structures for the prevention of sexual exploitation and abuse (SEA) to ensure that crisis-affected populations have access to appropriate prevention and response interventions.

UNICEF will expand outreach for multi-sectoral emergency response services, including continuity of health and nutrition services in the context of COVID-19, water and sanitation, education, child protection and emergency social cash transfers for affected children, adolescents and pregnant and lactating women and girls, including those living with HIV and disabilities. In line with the Grand Bargain commitments, UNICEF’s social protection response will focus on expanding the existing Emergency Social Cash Transfer programme into new urban domains to address the increasing vulnerabilities in urban areas. Provision of mental health and psychosocial support; GBV risk mitigation, prevention and response measures; prevention of sexual exploitation and abuse (PSEA) and accountability to affected populations (AAP) with equitable representation of women and adolescent girls in all community feedback and complaints mechanisms will be among the key strategies. UNICEF will also expand its support for formal and non-formal education to compensate for learning losses during the COVID-19 lockdowns, while also strengthening implementation of safe school protocols in order to ensure schools stay safe and open for in-person learning and prevent renewed closures.

Social and behavior change communication (SBCC) will be integrated across all sectoral programmes and will comprise of a combination of community engagements through interpersonal communication and outreach through mass media, digital platforms and data generation. GBV risk mitigation will be mainstreamed across the response. UNICEF will ensure that the needs of people with disabilities are taken into account during the planning and implementation of interventions.

Last but not least, working with sector members, including Government counterparts, UNICEF will strengthen evidence-based monitoring by increasing capacity for consistent data collection, analysis, visualization and use as part of enhanced humanitarian performance monitoring.

Progress against the latest programme targets is available in the humanitarian situation reports: https://www.unicef.org/za/reports/zimbabwe/situation-reports

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.
UNICEF is requesting US$54.7 million to respond to the impacts of potential flooding, health epidemics, including COVID-19, and the economic crisis. Of the total request, 15 per cent of the appeal is allocated to gender mainstreaming. In addition, US$5.6 million will allow UNICEF to respond to the increasing urban poverty, which is affecting over 2 million people, by providing gap-filling support to 6,350 of the 25,000 households in need of cash transfers. In 2022, there is a significant need for increased funding to provide critical WASH services for children and families, in response to the impacts of potential flooding and waterborne diseases.

Without sufficient and timely funding, 4.3 million people, including 2.2 million children, are at risk of life-threatening multiple hazards triggered by the country’s unfolding humanitarian crises.

*This includes costs from other sectors/interventions: Child protection and GBViE (4.1%), Cross-sectoral (HCT, C4D, RCCE and AAP) (2.9%), HIV and AIDS (1.1%).

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1. UNICEF’s public health and socioeconomic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.

2. District Health Information System (DHIS) 2.

3. Ibid.

4. Ibid.

5. Ibid.


7. Ibid.

8. Calculated based on data from the District Health Information System 2 (routine data trends of the past three years). This figure is largely based on health sector needs, which are not expected to significantly decline in 2022 due to COVID-19 and anticipated cholera and other diarrhoeal diseases outbreaks due to expected flooding. Of this figure, 2,210,000 will be women (based on the 2012 Census which estimates 52 per cent of the population to be women), and 297,500 (7 per cent) will be living with disabilities.

9. Based on the child population rate as per Zimbabwe Census (2012). Of this figure, 1,149,200 will be girls (based on the 2012 Census which estimates 52 per cent of the population to be women), and 154,700 (7 per cent) will be living with disabilities.

10. Calculated using the highest coverage programme target for health. This includes 1,565,000 women/ girls (52 per cent) and 1,440,000 men/boys (4 per cent). This also includes 210,000 people with disabilities (7 per cent) according to the 2013 National Survey on Living Conditions among Persons with Disabilities in Zimbabwe. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.

11. Calculated using the highest coverage programme target of children under 5 years to be reached with nutrition services and school-aged children to be reached with school feeding (to avoid double counting). 52 per cent are girls and 48 per cent are boys. Children with disabilities represent 7 per cent of the child population or 74,900 children (including 38,948 girls), according to the 2013 National Survey on Living Conditions among Persons with Disabilities in Zimbabwe.


14. The Zimbabwe National Statistics Agency (ZIMSTAT) supported by the World Bank is currently implementing the Rapid PICES Monitoring Telephone Survey (RPMTS) 2020. This is a high-frequency telephone survey to track the social, economic, and pandemic welfare impact of the COVID-19 pandemic on households.


16. ZIMSTATS, August 2021.

17. ZimVAC Rural Livelihoods assessment report (2021), and ZimVAC Urban Livelihoods assessment (2020)

18. Ibid.

19. Calculated based on data from the District Health Information System 2 (routine data trends of the past three years). This figure is largely based on health sector needs, which are not expected to significantly decline in 2022 due to COVID-19 and anticipated cholera and other diarrhoeal diseases outbreaks due to expected flooding. Of this figure, 2,210,000 will be women (based on the 2012 Census which estimates 52 per cent of the population to be women), and 297,500 (7 per cent) will be living with disabilities.

20. ZimVAC Rural Livelihoods assessment report (2021). From the SACOF: 2021 - 2022 Seasonal Forecast, the country expects normal to above-normal rainfall from October 2021 to March 2022. Hence, a potential increase in the number of vulnerable people affected by emergencies requiring WASH services. Also, there is potential for a fourth and fifth wave for COVID-19 in 2022 that will require a rapid response. Of this figure, 1,300,000 will be women (based on the 2012 Census which estimates 52 per cent of the population to be women), 1,275,000 will be children (603,000 girls and 612,000 boys); and 175,000 (7 per cent) will be people with disabilities.

21. ZimVAC Rural Livelihoods assessment report (2021). Of this figure, 120,000 will be girls, 14,000 (7 per cent) will be children with disabilities.

22. ZimVAC Urban Livelihoods assessment report (2021). The proportion of children in the drought-prone districts was used to calculate the need for school feeding. Of this figure, 1,131,095 will be girls, 131,961 (7 per cent) will be children with disabilities.

23. The Grand Bargain is a unique agreement between some of the largest donors and humanitarian organizations, who have committed to getting more means into the hands of people in need and improving the effectiveness and efficiency of humanitarian action.

24. Nutrition cluster partners, including GOAL, World Vision, Nutrition Action Zimbabwe, ADRA, IMC. Save the Children, will work with government to monitor implementation and report on the remaining 27 districts not targeted by UNICEF. UNICEF procures all nutrition commodities required for treatment of wasting nationally. This includes commodities for districts outside the 36 UNICEF prioritized districts. So while UNICEF is responsible for all procurement of all nutrition commodities through the harmonized supply chain pipelines, and MOHCC does all the treatment through the health services at facilities and community levels, UNICEF monitoring and reporting will focus on the 36 targeted districts. The remaining districts are covered by MOHCC and other nutrition partners but still using commodities procured by UNICEF.

25. Nutrition cluster partners, including GOAL, World Vision, Nutrition Action Zimbabwe, ADRA, IMC. Save the Children, will work with the Ministry of Primary and Secondary Education and other Education cluster members.

26. This will cover the coverage gap. The total caseload will be 25,000 of which 18,650 is already funded under regular programming.

27. The increase in target from 5,000 in 2021 to 10,000 in 2022 is due to increased outreach due to expanded use of mass media and digital platforms, which is projected to more than double the achievement of the target in the 2021 HAC.

28. The population targeted is higher than the total number of people/children to be reached because the target includes under-five outreach. This will include 45,000 women, 30,000 men and 5,250 children with disabilities.

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