Highlights

- Of the 13,800 children targeted for treatment of severe wasting, in the 32 districts, 11,079 children (6,226 girls and 4,853 boys), i.e., 80%, were admitted and treated.

- Between January and December 2021, a total of 2,530,879 women and children were reached with primary health care services against an annual target of 2.7 million.

- 809,208 people (428,886 females and 373,024 males including 7,298 people with disabilities) were reached with safe water, exceeding the annual target of 610,057.

- UNICEF reached a total of 23,197 (61% female and 125% of the target) survivors of GBV with post GBV services against the annual target of 18,500.

- 9,851 households (comprising over 41,650 people including 18,870 children) against an operational target of 8,250 households benefitted from emergency cash transfers in Highfields, Gutu and Mufakose districts.

UNICEF’s Response and Funding Status

COVID-19 Situation in Numbers as of December 31, 2021

- 213,258 cumulative COVID-19 cases
- 180,570 total recoveries
- 5,004 deaths
- 746,594 PCR tests conducted
- 27,684 active cases

Source: Zimbabwe COVID-19 Daily Sitrep 31/12/2021, Ministry of Health and Child Care

UNICEF Appeal 2021
US$ 65.8 million
Funding Overview and Partnerships

UNICEF appealed for US$ 65.8 million to meet the humanitarian needs in the country in 2021 as a result of the multiple hazards of residual impacts of Cyclone Idai and floods, COVID-19 and diarrheal disease outbreaks, and the economic crisis. As of 31 December 2021, funds totalling US$ 18,435,953 (28 per cent of the total 2021 funding requirement) had been received from various donors that include China, ECHO, Germany, Japan, US Fund for UNICEF, CDC, USA (OFDA), FCDO, SIDA, Denmark, Danish Committee for UNICEF and UNICEF Global Thematic Humanitarian. Other donors, including, the Health Development Fund group (FCDO, Irish Aid, EU, SIDA, GAVI), as well as the Education Development Fund, including GPE have approved reprogramming of the development funds amounting to over US$ 18.4 million to support the COVID-19 response.

Situation Overview & Humanitarian Needs

In 2021, Zimbabwe continued to face multiple hazards dominated by two waves of the COVID-19 outbreak. Containment measures introduced in 2021, which included lockdowns, school shutdowns, and curfews severely affected business operations and had deleterious impacts on industry, and the informal sector and eroded the fragile livelihoods of the vulnerable population of Zimbabwe. Economic challenges manifested in increased prices of goods and services fueled by year-on-year inflation of 60.7% in December 2021. The urban population was more impacted by the economic challenges with 2.4 million people in urban areas becoming food insecure (ZIMVAC, 2021). Despite a good harvest in the 2020 – 2021 agricultural season, some rural populations were also facing food insecurity, particularly during the lean season starting in October 2021. In the short term, therefore, given the economic impact of COVID-19, the economic outlook is hinged on public health and the evolution of the COVID-19 vaccination process.

As of 31 December 2021, Zimbabwe had recorded 213,258 COVID-19 cases1 up from 134,625 recorded a month earlier. The epidemiological trend showed a sharp increase in infections, which was triggered by the fourth Omicron variant. A total of 5,004 deaths had been recorded by 31 December. Harare continued to have the highest incidence per capita at 2,117, followed by Matabeleland North with 2,202 cases and Matabeleland South province at 2,031 cases per 100,000. The Government of Zimbabwe re-opened schools on 30 August beginning with examination classes with the rest of the classes reopening on 8 September 2021. In October, schools experienced a surge in COVID-19 infections with 2,882 school children (1,127 males; 755 females) & 204 teachers (78 males and 126 females) having tested positive cumulatively. More than 50% of the new cases were driven by 2.56% of the schools in the country. There was 1 death, 1,043 recoveries and 2,042 active cases.

The national COVID-19 vaccination campaign has continued to progress steadily between January and December 2021 with UNICEF at the forefront of support to the government. By 31 December, a total of 4,124,102 people had received first doses of the vaccine while 3,135,175 people had received the second dose, and 5,195 had received the third ‘booster’ dose of the COVID-19 vaccine. Towards the end of 2021, with the general lax by the public to abide by the COVID-19 mitigation protocols, there is the need to continue to reinforce the general COVID-19 safety measures and intensify the national vaccination campaign.

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1 Ministry of Health and Child Care Daily Sitrep, 31 December 2021
Summary Analysis of Programme Response

The Nutrition Sector under the leadership of UNICEF and with co-leadership from GOAL has transitioned from Cluster to Nutrition Sector coordination with the Nutrition Department in the Ministry of Health and Child Care taking an increased leadership role in coordination at both national and subnational levels. At national level the sector now meets monthly as the Nutrition Technical Working Group (NTWG) where both emergency and development programming issues are discussed. At subnational level, existing inter-sectoral provincial and district food and nutrition security committees are chaired by government coordinate nutrition sector activities and report to the government development structures and send monthly updates to the NTWG. UNICEF provided technical and financial support in the 32 selected emergency response districts for community-level screening of children under the age of five years for early detection and referral of children with wasting to health facilities for treatment throughout 2021. A monthly average of 293,145 children aged 6-59 months (149,504 girls and 143,641 boys) were screened for wasting.

Of the 13,800 children targeted for treatment of severe wasting, in the 32 districts, 11,079 children (6,226 girls and 4,853 boys) -i.e.,80%, were admitted and treated. (DHIS 2). Less children than targeted were reached because of the challenges of movement restrictions due to COVID-19 lockdown. The COVID-19 emergency also impacted the overall quality of the programme as caregivers often presented to the health facility late leading to poor treatment outcomes. Emergency nutrition commodities were pre-positioned to all health facilities and 95% of the health facilities had no stock-outs of RUTF throughout the year. Efforts to improve programme quality through mentorship of health workers in the 32 districts resulted in the cure rate increasing from 69 to 73%, and the defaulter rate reducing from 14 to 12%, and death rate reducing from 5 to 4% for children admitted for treatment in 2021.

UNICEF provided technical, financial and commodity support for vitamin A supplementation, resulting in 398,047 (83% of the 476,926 target) children aged 6-59 months receiving vitamin A supplements in the 32 emergency response districts. Village health workers were supported to provide community-based counselling and messages to improve infant and young child feeding in emergencies (IYCF-e) reaching 596,157 caregivers of children less than 2 years old reaching over 100% of the targeted caregivers.

UNICEF contributed to the nutrition emergency preparedness and response planning for 2022 and participated in the lean season response over the period October to December 2021 by prepositioning therapeutic feeding supplies at health facilities in the affected districts and maintaining a robust surveillance system for early detection and treatment of children with wasting. UNICEF will continue in 2022 to strengthen government leadership and ownership for nutrition preparedness, planning, response and coordination.
Between January and December 2021, UNICEF, in coordination with WHO, other UN agencies and the Ministry of Health and Child Care (MOHCC), prioritized implementation of emergency response activities in response to the second, third and fourth COVID-19 waves. UNICEF supported technically and financially the Coordination, Risk Communication and Community Engagement (RCCE), Infection Prevention and Control (IPC), Case Management and the Logistics and Procurement response pillars. UNICEF distributed IPC supplies (Soap bars, liquid soap and disinfectants) and PPE to health facilities and most affected schools across 9 provinces.

Furthermore, at least 2 million people accessed hand washing facilities supported by UNICEF in COVID-19 hotspots and through support from VHWs. The cumulative number of people accessing hand washing facilities supported by UNICEF since July 2021 is 4.5 million against a target of 5 million. As part of strengthening COVID-19 response in schools, Health distributed IPC supplies in support of safe return to school. UNICEF also supported both supply and demand creation activities for COVID-19 vaccination across all the 63 districts. UNICEF conducted a U-report poll between September and October to gather perceptions of teachers on COVID-19 vaccines and prevention in schools. Key highlights indicate that 93% of the respondents were vaccinated while the main reasons for not getting vaccinated were access (33%) and lack of trust in the vaccine (15%). The findings point to the need to address pockets of vaccine hesitancy amongst objectors and the need to strengthen IPC in schools. As of 31 December, 3,135,175 people had received their second dose (33.4% coverage).

Refresher trainings were also conducted for 14,449 VHWs on integrated community-based management of cases. The trained cadres contributed to improving results for women and children reached with primary health care service. Since January 2021, a total of 2,530,879 women and children (1,888,059 females; 642,820 males) have been reached with primary health care services against an annual target of 2.7 million (94% reach). UNICEF will continue to prioritise strengthening preparedness activities in preparation for emergencies prevalent during the rainy season and community engagement activities to promote resilience to the multi-hazard shocks. Mass media, advocacy, and social behaviour change campaign to increase COVID-19 IPC practices and vaccine uptake will be prioritized in 63 districts during the next reporting period.

Water, Sanitation and Hygiene (WASH)

During 2021, UNICEF supported strong WASH sector coordination through Emergency Strategic Advisory Group (ESAG) platform, which updated the WASH contingency plans in line with the projected normal-to-above-normal rainfall season often associated with flooding and subsequent increase in diarrheal diseases in addition to responding to the fourth wave of COVID-19 during the festive season. Through UNICEF support, 27 solar powered piped water systems were commissioned, 1,025 boreholes were repaired, 26 new boreholes were drilled, 5 gravity fed water systems were established, and 3 springs were upgraded. These interventions reached a total of 809,208 people (428,886 females; 373,024 males; including 7,298 people with disabilities) with safe water, surpassing the annual target of 610,057. The targeted water points (boreholes and piped water schemes) served more people than those estimated using the SPHERE standards, especially in urban areas where there is a high concentration of people per unit area thus contributing to an overachievement of the planned target.

A total of 2,737,243 people (1,423,366 females, 1,313,877 males including 35,654 people with disabilities) out of a targeted 1,479,245 people were reached with key health and hygiene messages on the prevention of COVID-19 and water borne diseases. This was achieved through conducting 10,957 hygiene sessions, establishing 1,061 community health clubs, and training of 1,716 community health workers as well as through hygiene behaviour change communication using mobile trucks and radio messaging with private sector partners. In addition, 22,133 WASH hygiene kits\(^2\) were distributed to vulnerable households, reaching 359,012 people (186,686 females, 172,326 males) in vulnerable districts within Harare, Bulawayo, Manicaland, Midlands, Masvingo, Matebeleland South and North and Mashonaland East, and Mashonaland West provinces. A total of 18,500 menstrual hygiene management (MHM) kits

\(^2\) Each kit comprises: 20L buckets with tap and lid, 20L jerrycans, 1kg bars of all-purpose soap, household water treatment chemicals and IEC materials.
were distributed to adolescent girls and vulnerable women. Furthermore, 17 public toilets were rehabilitated in high-risk urban areas. Five of these were converted into pay-toilets that are manned by community health clubs, serving an average of 200 people per day per toilet block.

A total of 340 schools (100% of the target) benefitted from group handwashing stations and girl-friendly latrines since January 2021 with 107 schools equipped with new boreholes and 233 schools through borehole rehabilitation. A total of 946 schools benefitted through the WASH School Improvement Grant mechanism, resulting in repairs, and upgrading of water points. Through these interventions, a total of 189,040 (98,300 males, 90,740 females) learners and teachers were reached. Furthermore, a total of 66 health care facilities (HCFs) were supported with improved WASH and Infection Prevention and Control (IPC) services among which 17 benefitted from repaired water points, 12 with improvements in sanitation facilities and 37 received cleaning materials and disinfectants. These HCFs serve a monthly average of 450 people. Healthcare staff at 100 HCFs in 7 districts (Harare, Bulawayo, Chitungwiza, Chimanimani, Chipinge, Mutare, Beitbridge) were trained on the Water and Sanitation for Health Facility Improvement Tool3 (WASHFIT) followed by data collection to enable WASH/IPC improvements in 2022. A trial on cash/voucher-based support for hygiene supplies benefiting vulnerable households was conducted in targeted suburbs in Harare with lessons learned to be utilized for further replication and upscaling.

### Education

In the period January to December 2021, UNICEF continued to co-lead the Education in Emergencies cluster with Save the Children and convened bi-weekly meetings to enhance the coordination of the national response to the effects of COVID-19 in the education sector. UNICEF financially and technically supported the Ministry of Primary and Secondary Education (MoPSE) to develop and successfully broadcast 1022 lessons in 2021. Radio lessons were uploaded in 3,000 flash drives and distributed to disadvantaged schools. In addition, forty (40) Television lessons were developed and broadcast as part of alternative learning interventions to ensure continued learning throughout the year. To enhance access to the radio lessons, UNICEF procured and distributed 3,167 solar radio sets to support learners in 2,600 disadvantaged schools and 567 communities. Radio learning is estimated to have reached 1,700,000 learners in the targeted disadvantaged schools and communities surpassing the target of 409,716 learners. A total of 5,484 Primary schools received teaching and learning materials which included workbooks, study guides and modules reaching 324,241 learners (162,345 males and 161,896 females). To address the needs of learners with disability, UNICEF also supported procurement of screening and diagnostic equipment, and assistive devices, including walking canes, hearing aids and hearing aid batteries, and 5,874 face shields. The devices are expected to make a difference in the lives of about 12,278 learners with disabilities.

To enhance access to education during the COVID-19 outbreak, UNICEF and the MoPSE officially launched the Zimbabwe Learning passport on the 11th of March 2021. This digital platform, which serves as a repository of educational materials for primary and secondary school learners, was developed through a partnership between UNICEF, Cambridge and Microsoft. Since its launch, the Learning Passport has registered 80,034 users and uploaded 4,147 lessons. To improve its utility and increase access for learners, UNICEF facilitated access to an offline version of the Zimbabwe Learning Passport. In response to the COVID-19 outbreak, UNICEF procured and distributed to 3,733 schools, materials such as liquid soap, soft and hard brooms, stands for buckets and other IPC materials such as face masks for teachers, soaps, chlorine solution, gumboots, buckets, knapsack sprayers, handwashing liquid soap and overalls. Post distribution monitoring on utilization of the materials indicated that these materials have had a positive impact on benefiting schools. To support school feeding, UNICEF procured and distributed school feeding plates and cups to 100 beneficiary schools in Gokwe North, Masvingo and Makoni districts. Furthermore, UNICEF disbursed a total of $300,000 through the School Improvement Grants (SIG) cash transfer modality to support school feeding in 100 schools in Makoni, Gokwe North and Masvingo districts.

In April 2021, the Ministries of Primary and Secondary Education (MoPSE) and (MoHCC) Health and Child Care, with support from UNICEF and WHO, successfully convened an Infection Prevention and Control (IPC) training attended by 39 participants, including Provincial Heads of both Ministries and partners. The training culminated in the development of Joint Provincial Operational Plans to strengthen the preparedness and response to COVID-19 in learning institutions. In 2022, UNICEF will support the MoPSE to operationalise both the Joint Operational Plan for the Coordinated Prevention and Management of the COVID-19 pandemic at all learning institutions in Zimbabwe, and the Disaster Risk

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3 https://washfit.org/#/
Management (DRM) and Resilience Plan for the Education Sector. While the Joint Operational Plan is intended to improve the coordination and response to the COVID-19 pandemic, the DRM Plan is intended to enhance the education system’s future response capacity to disasters and any other humanitarian emergencies.

Child Protection

In 2021, UNICEF led the Child Protection Sub-cluster under the broad coordination of the Protection Cluster. Through the subcluster, which was later transitioned into the Child Protection Working Group (CPWG) joint planning, resource mobilization, implementation, and monitoring, the COVID-19 response plan was developed and implemented a contingency plan was development for floods in the 2021 – 2022 rainfall season. A total of 132,243 children (55% female with 10% being children with disabilities) received mental health and psychosocial support services. This reach represented 147% of the target. UNICEF supported partners and reached a total of 23,197 people (61% female, and 125% of the target) with gender-based violence risk mitigation, prevention, and response services. Through UNICEF leadership and coordination, in close working relationship with Government and CSO’s, the working group exceeded the set targets.

In response to birth registration backlog that emanated from the COVID-19 situation, UNICEF working with the Registrar General’s Office and the Department of Social Development reached a total of 6,645 Children under 16 years with birth registration assistance in Bikita and Tsholotsho. A total of 10,047 children (69% girls) accessed justice legal and case management services. Through a partnership with Child Protection Society (CPS), UNICEF supported 1,146 unaccompanied and separated children (UASC) (60% girls) with family tracing and reunification services. As part of the Leave No One Behind agenda (LNoB), JF Kapnek rolled out Gender Based Violence (GBV) and prevention of Violence Against Children (VAC) awareness targeting children with disabilities (CWD) who are at increased risk of abuse during humanitarian situations. A total of 1,854 CWD (52% male) were reached through the expanded GBV prevention awareness. In addition, UNICEF reached a total of 7,106 (89% women) with GBV and VAC protection information through its partnership with Musasa Project.

In December 2021, in line with guidance from the HCT, the CPWG discussed modalities for transitioning from the cluster system to the sector approach+, as the country is moving into 2022 does not have a declared emergency. While the Protection Cluster was deemed crucial and recommended to stay activated, UNICEF engaged the CPWG and reviewed and updated the programmatic scope of the group. In 2022 the Terms of Reference of the CPWG will be focus on fostering strong humanitarian/development nexus. Emergency preparedness will still be prioritized but scope will be expanded to deal with topical child protection issues such as drug abuse, mental health, teen pregnancies and other priorities as will be deemed by the group. UNICEF will support the activation of subgroups/committees on data, evidence generation and learning and ensuring that all group members, government, CSO’s and the UN contribute to continued functionality and relevance of the group in addressing VAC and GBV issues in Zimbabwe. In 2022, the working group will focus on emergency preparedness, implementation of the revised terms of reference of the working group and promote learning and evidence generation within the Child Protection Sector.

HIV and AIDS

Through UNICEF support, 44,376 (30,521 females and 13,855 males) out of the target of 60,000 children, adolescents, pregnant and lactating women continued to be reached HIV services and treatment in 2021. Activities that contributed included information dissemination using informercials on HIV and COVID-19 and promoting vaccination in adolescents and in pregnancy. Community based workers, including those who are part of networks of people living with HIV were instrumental in the dissemination of information on how to access HIV services during the lockdown including promoting COVID-19 prevention and vaccination. A total of 400 cadres (298 females) were trained and 485 community leaders (340 females) were orientated. These trained cadres reached 84,488 community members and 20291 children and adolescents. Peer support mechanisms via Community adolescent treatment supporters (CATS) and young mentor mothers (YMM) were helpful in supporting adherence in children, adolescents, pregnant and lactating women living with HIV and their continued access to medicines during the lockdowns. In the last quarter of 2021, a survey was conducted to determine the knowledge and practices including vaccination on COVID-19 among adolescents and young people reached by the various channels. The findings include lower levels of awareness in rural communities, whose main source of information were peers and the radio. Vaccination hesitancy remains significant as adolescents are not convinced that the vaccine is safe.
Social Protection

In 2021, UNICEF in partnership with GOAL Zimbabwe continued the implementation of the Emergency Social Cash Transfer Programme (ESCT) in the three districts of Highfields, Gutu and Mufakose in Harare, directly benefitting a total of 9,851 beneficiary households (comprising over 41,650 people including 18,870 children) against an operational target of 8,250 households. The programme introduced disability top ups in households with persons living with disability as from its June payment cycle, providing these households with an additional $15 of support. A total of 2,282 households have received disability top ups for seven months in 2021.

The programme is also providing complementary child protection and nutrition support services. Cases of child abuse and protection were identified on a routine basis and handled by dedicated officers with close link to the National Child Protection Case Management System. For all the reported child protection cases in the three targeted districts, we have managed to meet our 100% target of all reported cases by providing all services as per case plan.

In 2022 the programme will be enrolling a further 18,000 households in the five districts of Chitungwiza, Beitbridge, Bulawayo, Lupane and Binga. This expansion is being carried out in partnership with GOAL and World Vision. A large number of the beneficiaries during the expansion period will receive their first payment during the January 2022 payment cycle. During 2022 UNICEF will also be working closely with the Ministry of Public Service, Labour and Social Welfare to support with transitioning the ESCT beneficiaries from Gutu and Highfields to Government’s Harmonised Social Cash Transfer Programme.

Communications for Development (C4D), Community Engagement & Accountability

Between January and December 2021, UNICEF provided technical support to the Ministry of Health and Child Care (MOHCC) on the coordination of the COVID-19 Risk Communication and Community Engagement (RCCE) pillar. UNICEF and partners collaborated with the Ministry of Health and Child Care (MOHCC) Health Promotions team to strengthen RCCE targeting schools and communities. UNICEF conducted 6 perception surveys utilizing the Internet of Good Things (IoGT) and U-Report to generate evidence and insights, to inform RCCE strategies and messaging. As part of social listening and media reporting UNICEF with the assistance of Media Monitoring Zimbabwe and Meltwater Agency generated a total of 12 monthly social listening reports sharing with ESARO office.

The Apostolic Women Empowerment Trust (AWET) coordinated the Interfaith COVID-19 Social Behaviour Change campaign in 52 districts, which trained 3,744 Behaviour Change Facilitators (BCFs), 1,650 faith and community leaders to drive the prevention and vaccination campaign. During the reporting period AWET reached 13.2 million people (6.4 million males and 6.8 million females) with lifesaving key messages out of the targeted 5 million. More than 700,000 people have shared feedback through established community feedback platforms (AWET hotline, WhatsApp groups administered by BCFs and community meetings).

UNICEF, through GOAL Zimbabwe scaled-up COVID-19 prevention and continuity of essential services campaign through mobile trucks roadshows. From September 2021, the mobile awareness campaign intensified RCCE in schools and targeted demand creation for vaccination uptake in hotspot areas and interpersonal communication to address misinformation and myths that hinder vaccine uptake. By December, the GOAL Zimbabwe campaign reached 4.4 million people across the 10 provinces of Zimbabwe, out of the targeted 4.5 million. In August, UNICEF, in partnership with Vuka Africa Performing Arts rolled out a COVID-19 Social Behaviour Change Communication campaign in targeted five urban border districts of Beitbridge, Masvingo, Gwanda, Bulilima and Chiredzi. A total of 2.5 million people (1.2 million males, 1.3 million females) out of the targeted 2 million were reached and 20,000 people (8,000 school children and 12,000 youth) shared their feedback on access to information and essential services.

In December, UNICEF and RCCE partners (Vuka, AWET and GOAL Zimbabwe) supported the MoHCC-led accelerated vaccination campaign reaching 300,000 migrant populations and communities in 7 border districts. In addition, AWET coordinated an interfaith festive season social media campaign under the theme Travel Safe, Celebrate Safe, Stay Safe and reached more than 1.5 million people with messages on COVID-19 safety and prevention measures during the festive season.
Through the ‘The Live Well Zimbabwe cross sectoral radio campaign’ which kicked off in October, a total of 980 Public Service Announcements were flighted on average 2-3 times across 5 radio stations and 34 radio sessions were broadcast, in three local languages reaching 1.5 million listeners repeatedly. The campaign seeks to empower communities with knowledge and foster positive behaviours across Health, Nutrition, WASH, Child Protection and HIV and adolescent development programmes. UNICEF will continue to support communication for development, community engagement and accountability across the sectors of health, nutrition, WASH and education and coordinating with the Ministry of Health and Child Care on COVID-19 response. Using the socio ecological model, C4D initiatives will continue to equip individual, family, community, organizations and policy makers with behaviour change information as well as vaccination promotion targeted at village communities through interpersonal activities as well as interactive digital and mass multimedia targeted at the general population with an emphasis on amplifying community voices especially inclusive of children voices.

**Strategy**

UNICEF with its partners is working in collaboration with the Government to respond to the complex multi-hazard situation compounded by the COVID-19 outbreak in Zimbabwe. To address the increased risk of natural disasters and disease outbreaks and the ongoing economic challenges, UNICEF is scaling up its support to government-led national and district coordination structures to provide multi-sectoral life-saving services to affected communities, including interventions to prevent cholera outbreaks and acute malnutrition and to contain the COVID-19 outbreak, including system strengthening on preparedness such as capacity building for the civil protection system. This includes expanding outreach for emergency multi-sectoral services, including essential and life-saving health care, nutrition, and antiretroviral therapy, for crisis-affected children, adolescents and pregnant and lactating women, including those living with HIV and those with disabilities. UNICEF is also scaling up education, child protection, WASH, and social protection interventions for the most affected populations. UNICEF leads and co-leads the WASH, Nutrition, and Education clusters as well as the Child Protection sub-cluster. UNICEF is also actively engaged in six4 of the eight response pillars of the COVID-19 response, providing support to overall coordination leveraging of partnerships and focused interventions in identified hotspots.

**Human Interest Stories and External Media**

As part of UNICEF global recognition of World Children’s Day, UNICEF Zimbabwe celebrated under the global theme “Go Blue” World Children’s Day & UNICEF@75 #GoBlue in Victoria Falls: https://www.youtube.com/watch?v=Lei0_czvDb4

Additional stories can be found on UNICEF’s website and social media channels:
UNICEF Zimbabwe stories: https://www.unicef.org/zimbabwe/stories

**Multisectoral COVID-19 messaging campaign improving prevention and vaccine uptake in Zimbabwe | UNICEF Zimbabwe**

**UNICEF Zimbabwe scaling up WASH in schools: Pilots innovative group handwashing station | UNICEF Zimbabwe**

**UNICEF Zimbabwe Humanitarian Action for Children Appeal: www.unicef.org/appeals/zimbabwe**

**UNICEF Zimbabwe Social Media:** Facebook, Twitter, LinkedIn

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4 Coordination, Case Management, Infection Prevention and Control, Risk Communication and Community Engagement, Points of Entry and Supply and Logistics.
## Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Cluster/Sector Response*</th>
<th>UNICEF and IPs</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children aged 6 to 59 months affected by SAM and moderate acute malnutrition admitted to community-based treatment programmes</td>
<td>22,176</td>
<td>8,610</td>
<td>▲1,594</td>
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<tr>
<td># of children aged 6-59 months receiving Vitamin A supplementation</td>
<td>476,926</td>
<td>774,610</td>
<td>▲388,764</td>
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<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td># of children and women accessing primary health care in UNICEF-supported facilities</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>WASH</strong></td>
<td></td>
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<td></td>
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<tr>
<td># of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene</td>
<td>1,141,007</td>
<td>938,646</td>
<td>▲54,629</td>
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<tr>
<td># of people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services</td>
<td>125,000</td>
<td>359,012</td>
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<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children and caregivers accessing mental health and psychosocial support</td>
<td>160,000</td>
<td>177,393</td>
<td>▲77,995</td>
</tr>
<tr>
<td># of women, girls and boys accessing gender-based violence risk mitigation, prevention or responses interventions</td>
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<td></td>
<td></td>
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<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children accessing formal or non-formal education including early learning</td>
<td>811,002</td>
<td>2,321,145</td>
<td>▲752,683</td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td># of pregnant and breastfeeding women, children and adolescents living with HIV who continue to receive prevention of mother-to-child transmission and treatment services</td>
<td></td>
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</tr>
<tr>
<td><strong>Social Protection</strong></td>
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<td></td>
<td></td>
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<tr>
<td># of vulnerable households receiving cash transfers to support access to basic services</td>
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<tr>
<td><strong>C4D</strong></td>
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</tr>
<tr>
<td># of people reached with messages on access to services</td>
<td></td>
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</tr>
</tbody>
</table>

*Compilation of cluster response figures for Nutrition, WASH, Child Protection and Education under finalization. PLWD – People living with disabilities.
# Annex B

## Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements for 2021</th>
<th>Funds Available</th>
<th>Funding Gap</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Received Current Year</td>
<td>Carry Over</td>
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<tr>
<td>Nutrition</td>
<td>6,692,031</td>
<td>306,722</td>
<td>1,283,331</td>
</tr>
<tr>
<td>Health</td>
<td>10,200,000</td>
<td>3,712,411</td>
<td>982,190</td>
</tr>
<tr>
<td>WASH</td>
<td>14,848,252</td>
<td>5,963,054</td>
<td>1,320,278</td>
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<tr>
<td>Child Protection</td>
<td>2,700,000</td>
<td>1,119,132</td>
<td>1,193,543</td>
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<tr>
<td>Education</td>
<td>9,650,108</td>
<td>287,295</td>
<td>310,521</td>
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<tr>
<td>HIV &amp; AIDS</td>
<td>600,000</td>
<td>253,758</td>
<td>184,769</td>
</tr>
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<td>C4D</td>
<td>1,600,000</td>
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<td>363,691</td>
</tr>
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<td>Social Protection</td>
<td>18,917,977</td>
<td>132,271</td>
<td>248,327</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>65,208,368</strong></td>
<td><strong>12,549,303</strong></td>
<td><strong>5,886,650</strong></td>
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