In 2022, an estimated 2.6 million people, including 1.9 million children, are projected to be in urgent need of humanitarian assistance in Zimbabwe due to multiple hazards, including residual impacts of floods, drought and food and nutrition security crisis, the COVID-19 pandemic and the economic crisis.

About 1.35 million people, including about 652,000 children, will be in need of life-saving health, HIV and nutrition services. More than 53,000 children with severe wasting will be in need of treatment.

Over 650,000 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 to the food and nutrition security crisis, the measles outbreak and continue to respond to the COVID-19 pandemic.

UNICEF requires US$34.2 million to meet humanitarian needs in Zimbabwe in 2022, including 15 per cent of the total appeal allocated to gender equality.

12,685 children 6-59 months with severe wasting admitted for treatment

460,000 people accessing a sufficient quantity of safe water

70,000 women and children accessing gender-based violence mitigation, prevention, response

367,525 children accessing educational services

Zimbabwe does not have a HRP hence the revisions are based on ZIMVAC 2022 and Health sector assessments for COVID-19
HUMANITARIAN SITUATION AND NEEDS

While generally, the COVID-19 situation has greatly improved in the country, the 2022 Rural Livelihoods Assessment conducted in the first half of 2022 reports an unfolding nutrition security crisis with an increased global wasting rate of 5.7% by Mid-Upper Arm Circumference (MUAC), which constitutes an increase of one third compared to 2020 and the first-time wasting has been above 5% since 2005, with a steady upwards trend since pre-COVID-19. Some provinces such as Matabeleland South and Manicaland are among the most affected with wasting rates of well over 10 per cent. The ZIMVAC (Zimbabwe Vulnerability Assessment Committee) 2022 results project that 30 per cent of households nationally will be cereal insecure during the third quarter of 2022 and that 38 per cent of the rural households will be cereal insecure at the peak of the lean season (October to December 2022), this is an increase from 27 per cent projected in 2021.

To compound the situation further, average household income has declined compared to last year, from 75 USD per month in 2021 to 57 USD per month in 2022. Currently, 22% of households are engaging in either stress, crisis or emergency livelihood coping strategies compared to 17% in 2021. Prices of basic goods have spiked, both in USD and local currency. Inflation is rapidly increasing with Month-on-Month (MoM) Consumer Price Index (CPI) inflation rate increasing by 9.7 percentage points from 21% in May 2022 to 30.7% in June 2022.

This crisis is occurring within other public health crises, including open defecation which is at 29%, while 23% of households still do not have access to safe water. The measles outbreak which commenced in April 2022, has continued to spread with 1,244 cases recorded so far with a fatality rate of 6.5%. In addition to the measles outbreak, the country also faces the threat of a polio outbreak. The ZIMVAC 2022 also reports that nationally, about only 83.8% of the children of school going age were in school at the time of the assessment and about 51.8% of the children were reported to have been turned away from school for non-payment of school fees during the first term of 2022. Other issues that affect access to education for girls are related to menstrual hygiene, underscoring the need for targeted interventions for girls’ learning and education. Protection issues remain, with ZIMVAC 2022 reporting that at least 2.9% of the respondents experienced Gender Based Violence in the form of physical abuse and about 6.6% of respondents experienced emotional abuse.

SECTOR NEEDS

<table>
<thead>
<tr>
<th>Sector Need</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in need of SAM treatment</td>
<td>21,142</td>
</tr>
<tr>
<td>People in need of health assistance</td>
<td>1.4 million</td>
</tr>
<tr>
<td>People in need of access to safe water</td>
<td>653,855</td>
</tr>
<tr>
<td>Children in need of child protection services</td>
<td>70,000</td>
</tr>
<tr>
<td>Children in need of education support</td>
<td>730,000</td>
</tr>
</tbody>
</table>

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
HUMANITARIAN STRATEGY

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 (PSEA) 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/appeals/zimbabwe/situation-reports](https://www.unicef.org/appeals/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.

2022 PROGRAMME TARGETS

**Nutrition**
- 1,113,281 children aged 6 to 59 months screened for wasting
- 551,074 primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling
- 670,748 children aged 6 to 59 months receiving vitamin A supplementation
- 12,685 children 6-59 months with severe wasting admitted for treatment

**Health**
- 504,900 children aged 6 to 59 months vaccinated against measles
- 1,358,712 children and women accessing primary health care in UNICEF-supported facilities

**Water, sanitation and hygiene**
- 460,000 people accessing a sufficient quantity of safe water for drinking and domestic needs
- 250,000 people reached with critical WASH supplies

**Child protection and GBVIE**
- 45,000 children accessing community-based mental health and psychosocial support
- 70,000 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- 500 unaccompanied and separated children accessing family-based care or a suitable alternative
- 60,000 people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers

**Education**
- 367,525 children accessing formal or non-formal education, including early learning

**Social protection**
- 18,000 households reached with UNICEF funded multi-purpose humanitarian cash transfers

**HIV and AIDS**
- 70,000 pregnant and lactating women living with HIV receiving antiretroviral therapy

**Cross-sectoral (HCT, C4D, RCCE and AAP)**
- 7,500,000 people reached through messaging on prevention and access to services
- 2,500,000 people with access to established accountability mechanisms
UNICEF is revising its funding requirements to US$34.2 million to meet the needs of over 2.6 million people across Zimbabwe, including over one million children. Building on UNICEF’s progress on system strengthening and capacity-building carried out in the country, UNICEF is decreasing its funding requirements for Health, Child Protection, and Education. The Appeal revision is necessary to respond to the impacts of drought, alongside food and nutrition insecurity. Of the total request, 15% of the funding ask will be allocated to gender mainstreaming. Further, UNICEF Zimbabwe is faced with an urgent need to provide critical WASH services for children and families in response to the impacts of potential flooding and waterborne diseases in the period October to December. Without sufficient and timely funding for nutrition, UNICEF will be unable to reach the most vulnerable communities through screening for wasting and feeding counselling.

![Funding Requirements Chart](chart.png)

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### Appeal sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>Revised 2022 HAC requirement (US$)</th>
<th>Funds available (US$)</th>
<th>Funding gap (US$)</th>
<th>2022 funding gap (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>6,760,000</td>
<td>369,727</td>
<td>6,390,273</td>
<td>94.5%</td>
</tr>
<tr>
<td>Health</td>
<td>11,300,000</td>
<td>2,729,489</td>
<td>3,332,703</td>
<td>55.0%</td>
</tr>
<tr>
<td>WASH</td>
<td>19,800,000</td>
<td>5,159,498</td>
<td>3,423,002</td>
<td>39.9%</td>
</tr>
<tr>
<td>Child protection and GBViE</td>
<td>2,244,000</td>
<td>893,519</td>
<td>506,481</td>
<td>36.2%</td>
</tr>
<tr>
<td>Education</td>
<td>6,821,857</td>
<td>156,081</td>
<td>2,327,235</td>
<td>93.7%</td>
</tr>
<tr>
<td>Social protection</td>
<td>5,600,000</td>
<td>6,739,486</td>
<td>-</td>
<td>0.0%</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>600,000</td>
<td>67,063</td>
<td>532,937</td>
<td>88.8%</td>
</tr>
<tr>
<td>Cross-sectoral</td>
<td>1,600,000</td>
<td>1,238,677</td>
<td>361,323</td>
<td>22.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>54,725,857</strong></td>
<td><strong>17,353,540</strong></td>
<td><strong>16,873,954</strong></td>
<td><strong>49.3%</strong></td>
</tr>
</tbody>
</table>
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. PIN has been reduced due to the decreasing number of COVID-19 cases recorded as the pandemic gets under control. The revised figure is based on a projected need for Health and Nutrition sectors. Health needs are derived from the MoHCC disease surveillance data while the nutrition needs are derived from ZIMVAC 2022 which projects a GAM rate of 7.2%, global wasting at national level and a peak hunger cereal insecurity of 38%.
3. Based on the ZIMVAC 2022 projection of children of school going age affected by food insecurity.
4. Calculated using the highest programme target for health and nutrition. This includes 832,000 women/girls (52 per cent) and 768,000 men/boys (48 per cent). This also includes 112,000 people with disabilities (7 per cent), according to the 2013 National Survey on Living Conditions among Persons with Disabilities in Zimbabwe.
5. Calculated using the highest programme target for 6-59 months old children and highest target for children accessing formal and non formal education (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 72,660 children (including 37,783 girls), according to the 2013 National Survey on Living Conditions among Persons with Disabilities in Zimbabwe.
6. Ibid.
7. 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.
8. Based on revised WASH sector needs as reflected in ZIMVAC 2022 and also the improved COVID-19 situation in the country as per COVID-19 Sitrep of 30 August 2022.
9. ZimVAC Rural Livelihoods assessment report (2021). Of this figure, 120,000 will be girls, 14,000 (7 per cent) will be children with disabilities.
10. ZimVAC Rural 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, 1,131,096 will be girls, 131,961 (7 per cent) will be children with disabilities.
11. Nutrition cluster partners will cover the balance.
12. 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 report 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.
13. This will include 262,548 girls, 242,352 boys, and 35,343 people with disabilities.
14. This is for both COVID-19 and non COVID-19 activities. The balance will be covered by the Ministry of Health and other cluster members. This includes 1,560,000 women/girls (52 per cent) and 1,440,000 men/boys (48 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.
15. This figure has been reduced downwards in line in line with the reduction in PIN from 2,500,000 to 835,855.
16. The total figure includes 130,000 women (52 per cent),127,500 children (66,300 girls) and 17,500 people with disabilities (7 per cent).
17. This will include 42,000 girls, 28,000 boys and 4,900 children with disabilities.
18. This will include 60,000 women, 40,000 men, 51,000 children (30,600 girls and 20,400 boys) and 7,000 people with disabilities.
19. This will include 900 girls, 600 boys and 105 children with disabilities.
20. This will include 45,000 women, 30,000 men and 5,250 children with disabilities.
21. The balance will be reached by the Ministry of Primary and Secondary Education and other Education cluster members.
22. This will cover the coverage gap. The total caseload will be 25,000 of which 18,650 is already funded under regular programming.
23. The original projection was based on anticipated COVID-19 situation. With reduction in COVID-19 cases the target has been reduced to focus on Measles hotspots.
24. This target will cover SBC activities for COVID-19, Measles and Polio.
25. This will include 1,300,000 women, 51,000 children (612,000 girls), and 175,000 people with disabilities.
26. Although the target for health has decreased, the budget has increased due to an increased demand for high cost IPC and case management supplies for COVID-19.
27. Budget has been reduced in line with the reduced sectoral target.
28. Budget has been reduced in line with the reduced sectoral target.
29. The reduction in the CP budget is linked to a reduction in the target for number of unaccompanied and separated children accessing family-based care or a suitable alternative. The sector is also building on previous investments which include strengthening of systems for alternative care whereby each district now has a pool of foster care parents, identified, screened and trained for placement and care of children in need of care including separated and unaccompanied minors. In addition, the cost of delivery reduces as districts stakeholders have been trained and community cadres have benefited from CPIE training and tools of trade. This budget includes US$300,000 dedicated to PSEA activities.
30. Budget has been reduced in line with the reduced sectoral target.
31. The funding requirement significantly decreased mainly because the children are now back in school. In 2021, all children were out of school due to COVID-19 and the programme was focusing on distance/home-based learning. With the safe return to school, the scope totally changes and most of the activities in schools are under development programming, not emergency, hence the decrease.
32. Budget has been reduced in line with the reduced sectoral target.
33. US$24 million needed to cover 25,000 households; US$18.3 is already funded under resilience funding, leaving a funding requirement of US$5.6 million covering the balance of 6,350 households.
34. This funding requirement is for the period May to December 2022.
35. Due to use of more efficient digital communication platforms, the C4D sector will reach more people with the same budget as of 2021.
36. Budget includes cost of essential nutrition commodities, early identification for acute malnutrition support, support to health facilities in managing malnutrition and quality improvement of the IMAM programme. Also included is cost for buying the vitamin A supplements, distribution and technical support to health facilities. Therefore, while the target for SAN has been reduced, the cost is still high.
37. Though the target for health has decreased, the budget has increased due to an increased demand for high cost IPC and case management supplies for COVID-19.
38. The reduction in the CP budget is linked to a reduction in the target for number of unaccompanied and separated children accessing family-based care or a suitable alternative. The sector is also building on previous investments which include strengthening of systems for alternative care whereby each district now has a pool of foster care parents, identified, screened and trained for placement and care of children in need of care including separated and unaccompanied minors. In addition, the cost of delivery reduces as districts stakeholders have been trained and community cadres have benefited from CPIE training and tools of trade. This budget includes US$300,000 dedicated to PSEA activities.
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40. US$24 million needed to cover 25,000 households; US$18.3 is already funded under resilience funding, leaving a funding requirement of US$5.6 million covering the balance of 6,350 households.
41. Due to use of more efficient digital communication platforms, the C4D sector will reach more people with the same budget as of 2021.