HIGHLIGHTS

- In 2023, an estimated 3 million people, including 2 million children, are projected to be in urgent need of humanitarian assistance in Zimbabwe due to the impact of food and nutrition crises induced by such natural hazards as drought, floods and disease outbreaks. A total of 1.5 million people (972,000 females and 528,000 males), including 1.1 million children (572,000 girls and 528,000 boys), will need life-saving health, HIV and nutrition services.

- UNICEF will intensify support for multisectoral life-saving services and for efforts to contain the measles outbreak. Social and behavioural change, accountability to affected populations, gender equality, gender-based violence risk mitigation and prevention of sexual exploitation and abuse will be integrated across the interventions.

- UNICEF requires US$47.8 million to meet humanitarian needs in 2023, in (among other sectors) health, nutrition, water, sanitation and hygiene (WASH) and social protection. UNICEF is aiming to dedicate 15 per cent of the total appeal to gender equality.

KEY PLANNED TARGETS

- 1.6 million children and women accessing primary healthcare
- 300,000 primary caregivers receiving infant and young child feeding counselling
- 314,100 children accessing formal or non-formal education, including early learning
- 495,000 people accessing a sufficient quantity and quality of water
HUMANITARIAN SITUATION AND NEEDS

The humanitarian context of Zimbabwe is fragile. People chronically grapple with natural hazards (including floods and drought) that are exacerbated by climate change and economic instability. Disease outbreaks, including measles and diarrhoea, affect the southern parts of the country and the risk of cholera remains high. The disruption of vaccination activities by the coronavirus disease 2019 (COVID-19) pandemic has increased the risk of disease outbreaks. In addition, Malawi and Mozambique have reported confirmed polio cases, posing the risk of importation to Zimbabwe, and the region, due to high cross-border movement.

Zimbabwe has recorded an increased prevalence of wasting at 7.2 per cent, with global wasting at the national level soaring above the 5 per cent threshold into the alert phase for the first time since 2006, and almost doubling compared with a 2021 vulnerability assessment. Cereal insecurity is at 38 per cent this year compared with 27 per cent in 2021 and the situation is expected to deteriorate from now until the peak of the hunger gap (January-March), when up to 3.8 million people are projected to become food insecure. Average household income has declined from US$75 per month in 2021 to US$57 per month in 2022.

An estimated 16 per cent of households travel more than 1 kilometre to fetch water from the nearest main water source, with 29 per cent traveling more than 500 metres, which is still too far according to the Sphere standard. The erosion of the capacity of families to procure critical hygiene items has resulted in households and communities compromising safe sanitation and hygiene practices, thereby increasing the risk of WASH-related disease outbreaks. Women and girls have to walk long distances to the nearest water point, making them more vulnerable to protection risks, including rape and other forms of sexual and gender-based violence.

The increased vulnerability triggered by climatic shocks has seriously compromised access to education, with 51.8 per cent of children in rural areas reportedly turned away from school for non-payment of school fees during the first term of 2022. Out-of-school children are at high risk of child protection violations, including child marriage, teenage pregnancy and sexual and gender-based violence. The heightened vulnerability to shocks has also increased the risk of families resorting to such negative coping strategies as pulling children (particularly girls) out of school, along with child marriage and child labour.

SECTOR NEEDS

- 1.6 million people in need of health assistance
- 1.1 million people in need of nutrition assistance
- 100,000 children in need of protection services
- 900,000 children in need of access to school
- 700,000 people lack access to safe water

STORY FROM THE FIELD

Martha*, a mother of three, woke up just after midnight to pray and remained awake thereafter. The rain had persisted for two days in her area of Nyanga District, in mountainous eastern Zimbabwe. At around 2 a.m., one of the bedroom walls collapsed, falling inward, but Martha managed to escape. Her children (aged 23, 16 and 9) were in a separate room, and just as she managed to wake them up, two walls collapsed, and they escaped through the front. After 30 minutes, the roof totally collapsed, leaving the house in rubble.

*Not her real name

Read more about this story here
HUMANITARIAN STRATEGY

To adequately respond to the hazards affecting Zimbabwe, UNICEF’s humanitarian strategy aims to strengthen cluster and sector coordination mechanisms; engage and partner with local civil society organizations to provide life-saving humanitarian assistance; and strengthen community-based response mechanisms, while also strengthening mechanisms for protection from sexual exploitation and abuse, accountability to affected populations and social and behavioural change.

UNICEF will strengthen the Nutrition Cluster and sectoral coordination and support the Ministry of Health and Child Care to deliver life-saving nutrition services through the care-group approach. Support will target pregnant women and mothers of children under age 2. The goal is to improve infant and young child feeding practices to prevent acute malnutrition, while also identifying and referring children with acute malnutrition for early treatment. UNICEF will also ensure linkages with agricultural support interventions to improve access to nutritious foods strengthening the humanitarian-development nexus.

UNICEF will support the Ministry of Health and Child Care in emergency preparedness and response, at both the national and subnational levels, as well as at the community level. Key activities will include mapping zero-dose children (those who have not received any routine vaccine), supporting integrated outreach for primary care, including vaccination for vaccine-preventable diseases; scale-up of case management and infection prevention and control during outbreaks; event and community-based surveillance; and coordination. UNICEF will also work to promote HIV prevention, testing and treatment as cross-cutting interventions integrated with programming for gender-based violence (including sexual assault) and adolescent reproductive health services.

As WASH Sector Working Group co-chair, UNICEF will continue strengthening coordination, preparedness and surveillance mechanisms at national and subnational levels, including through the country’s Emergency Strategic Advisory Group, and through linking with the Health Cluster on intersectoral issues. UNICEF will also support the delivery of life-saving water and sanitation services in the affected communities, health facilities and schools.

UNICEF will support the Ministry of Primary and Secondary Education and the Education Cluster and sector through the ‘Whole of School Approach’, which strengthens school communities to prepare for, adapt to and recover from various hazards. This helps to ensure resilient and uninterrupted education before, during and after disasters, strengthening the humanitarian-development nexus. This includes, among other things, the implementation of disaster risk management and resilience plans at the school level. UNICEF will also target out-of-school children with tailored educational support to facilitate their return to school. In child protection, UNICEF will strengthen community-based child protection structures and the social service workforce.

2023 PROGRAMME TARGETS

<table>
<thead>
<tr>
<th>Sector</th>
<th>Target</th>
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<tbody>
<tr>
<td>Health</td>
<td>450,000 children vaccinated against measles</td>
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<td></td>
<td>1,559,735 children and women accessing primary healthcare in UNICEF-supported facilities</td>
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<tr>
<td>HIV/AIDS</td>
<td>50,000 pregnant and lactating women living with HIV receiving antiretroviral therapy</td>
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<td>Nutrition</td>
<td>12,700 children 6-59 months with severe wasting admitted for treatment</td>
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<td>848,000 children 6-59 months screened for wasting</td>
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<td></td>
<td>300,000 primary caregivers of children 0-23 months receiving infant and young child feeding counselling</td>
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<td>565,400 children 6-59 months receiving Vitamin A supplementation</td>
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<td>Child protection, GBVIE and PSEA</td>
<td>40,000 children, adolescents and caregivers accessing community-based mental health and psychosocial support</td>
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<td>70,000 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions</td>
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<td></td>
<td>60,000 people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations</td>
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<td></td>
<td>500 unaccompanied and separated children provided with alternative care and/or reunified</td>
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<tr>
<td>Education</td>
<td>314,100 children accessing formal or non-formal education, including early learning</td>
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<td>Water, sanitation and hygiene</td>
<td>495,000 people accessing a sufficient quantity and quality of water for drinking and domestic needs</td>
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<td>275,000 people reached with critical WASH supplies</td>
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<td>Social protection</td>
<td>25,000 households reached with UNICEF-funded humanitarian cash transfers</td>
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<tr>
<td>Cross-sectoral (HCT, SBC, RCCE and AAP)</td>
<td>7,500,000 people reached through messaging on prevention and access to services</td>
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<td>2,500,000 people sharing their concerns and asking questions through established feedback mechanisms</td>
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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.

Programme targets are provisional and subject to change upon finalization of country multisectoral assessments.
FUNDING REQUIREMENTS IN 2023

UNICEF is requesting US$47.8 million to respond in Zimbabwe to the impacts of food insecurity, potential flooding and health epidemics, including the measles outbreak.

UNICEF’s funding requirement is slightly reduced compared with 2022, because most COVID-19-related activities have been integrated into regular programming and because the estimated number of people in need is lower. However, children in Zimbabwe will still require support to cope with the ongoing measles outbreak and increased malnutrition and wasting, which has nearly doubled compared with last year’s vulnerability assessment. In 2023 UNICEF will also scale up social protection and nutrition activities, while delivering essential life-saving responses in WASH, health and education.

Without sufficient funding, 1.6 million people in need of health assistance and 1.1 million people in need of nutrition assistance, including children, will miss out on critical multisectoral interventions covering health, nutrition, social protection and other needs.

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This includes costs from other sectors/interventions: Child protection, GBViE and PSEA (4.2%), Cross-sectoral (HCT, SBC, RCCE and AAP) (2.1%), HIV/AIDS (<1%).
3. There has been a significant increase in the target number for this indicator because more people will be able to provide feedback in 2023 through expanded reporting feedback mechanisms, including digital platforms.

4. The strategy targets both cluster and sector coordination structures because both structures operate concurrently and are often linked in Zimbabwe. Clusters are more active during the peak of emergencies and sectors take over soon after the peak within the same year. Strengthening both structures ensures a smooth transition from emergency to development and strengthens the humanitarian-development nexus.


6. Projected from district-level children in need of nutrition services (1,130,000, DHIS2 2022) and out-of-school-children (900,000, ZIMVAC 2022).

7. 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.

8. Based on ZIMVAC 2022.

9. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.

10. The difference between the UNICEF programme target and the number of people in need (700,000) will be reached by other WASH Cluster and sector members, including the Government and nongovernmental organizations.

11. In 2022, 18,650 of the 25,000 households targeted with the humanitarian cash transfers came under development funding. In 2023, all 25,000 households target for humanitarian cash transfers will be funded by humanitarian funding through the Humanitarian Action for Children appeal, hence the significant increase in the target number.

12. There has been a significant increase in the target number for this indicator because more people will be able to provide feedback in 2023 through expanded reporting feedback mechanisms, including digital platforms.

13. This figure is based on the projected level of assistance required until the end of the lean season in 2023.