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Zimbabwe

Humanitarian Situation Report No.9

Multi-hazard Situation End- Year Report (January – December 2024)

Highlights

- Zimbabwe is facing one of the worst droughts in 40 years, affecting an estimated 50 per cent of the population (7.6 million people) including 3.5 million children.
- According to the 2024 Zimbabwe Livelihoods Assessment Committee (ZimLAC), the prevalence of child wasting increased from 4.1 per cent in 2023 to 4.9 per cent in 2024.
- The protracted 2023-2024 cholera outbreak ended in June 2024, resulting in a cumulative 34,550 cholera cases and 719 deaths with case fatality ratio (CFR) of 2.1 per cent and a resurgence occurring in November 2024 having a cumulative 228 cholera cases and two deaths (CFR of 0.8 per cent) reported by 31 December 2024.
- On 13 October 2024, Zimbabwe reported two confirmed Mpox cases with no new cases reported by 31 December 2024.
- In 2024, UNICEF reached a total of 466,610 people with safe water, including 259,320 females, 208,281 males and 135 persons with disabilities.

Situation in Numbers

1,700,000
children in need of humanitarian assistance (HAC 2024)

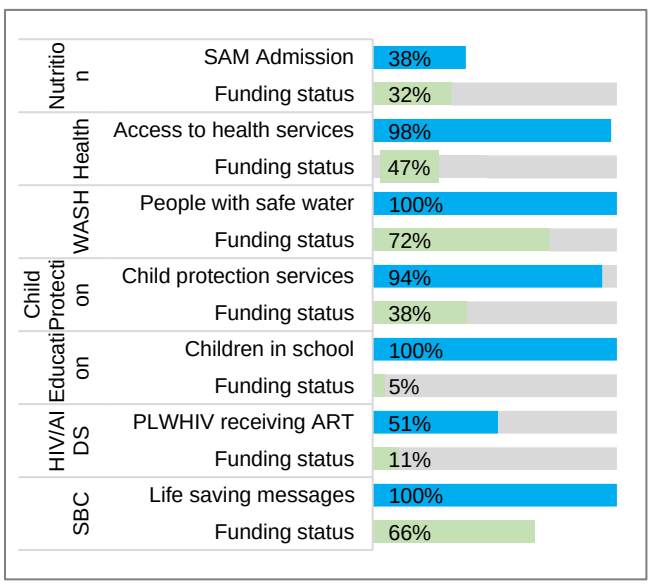
2,600,000
people in need of humanitarian assistance (HAC 2024)

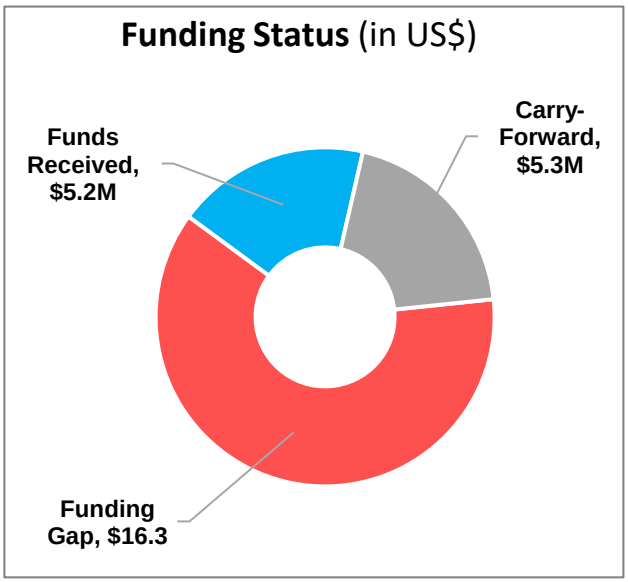
2,000,000
People to be reached. (HAC 2024)

978,611
Children to be reached. (HAC 2024)

UNICEF HAC appeal 2024 US$ 26.8 Million

UNICEF's Response and Funding Status





Funding Overview and Partnerships

In 2024, UNICEF Zimbabwe launched a Humanitarian Action for Children (HAC) appeal for US$26.8 million to address the urgent humanitarian needs of affected populations, aiming to provide critical support and protection to the most vulnerable communities impacted by different crises including the El Niño induced drought, protracted cholera outbreak, polio outbreak, the potential risk of measles and Mpox outbreaks compounded with an ongoing economic crisis. The funding appeal sought to deliver critical humanitarian assistance to 2 million people including 978,611 children in the most affected areas across the country.

UNICEF Zimbabwe received a total of US$10.5 million (39 per cent of the total funding requirement) from various donors. These include the European Civil Protection and Humanitarian Aid Operations (ECHO), the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), Central Emergency Response Fund (CERF), the Government of Japan, Centers for Disease Control and Prevention (CDC) and UNICEF Global Humanitarian Thematic Funds. Funding has also been received through the Health Resilience Fund (HRF) - funded by the European Union, the Governments of Ireland, the United Kingdom, and Gavi, the Vaccine Alliance. Additionally, private sector partners such as Alliance Media and JCDecaux provided valuable in-kind support through digital billboard space for critical messaging, while Universal Postal Services (UPS) provided essential cash-in-kind logistics support for essential commodities including intravenous fluids, infusion sets and oral rehydration salts. The funding has been utilized to reach a total of 2.9 million people including 1.4 million children with interventions in WASH, Health, Nutrition, Child Protection, Education, Social Protection as well as Risk Communication and Community Engagement (RCCE).

Situation Overview and Humanitarian Needs

Throughout 2024, Zimbabwe faced a multifaceted humanitarian crisis, driven by climate related El Niño-induced drought, multiple public health emergencies, including cholera, polio, measles and Mpox outbreaks exacerbated by economic instability. The country experienced one of the worst droughts in 40 years impacting the lives of an estimated 50 per cent of the population (7.6 million people) including 3.5 million children. Out of the 7.6 million people, 5.9 million live in rural areas and 1.7 million live in urban and peri-urban areas, and the impact of the drought will continue during the peak hunger period of January to March 2025 (ZimLAC Report, 2024). The projected food-insecure population during the 2025 peak hunger period, is expected to double compared to the food-insecure population during 2024 peak hunger period up from 4.1 million people in 2024 to 7.6 million people in 2025 (ZimLAC 2023 and 2024).

The 2024 ZimLAC Rural report results showed an increase in child wasting from 4.1 per cent to 4.9 per cent between 2023 and 2024. Proportion of households accessing basic water services decreased from 60 per cent to 52 per cent, social assistance from 74 per cent to 48 per cent, and household monthly income from US$116 to US$88 compared to 2023. Additionally, households adopting negative coping strategies increased from 39 per cent in 2023 to 53 per cent in 2024, the highest level recorded in the last five years; 22.3 per cent of school-age children are out of school while drug and substance abuse is reported to be at 57.6 per cent and is one of the major challenges affecting youths.[1]

Similarly, the 2024 ZimLAC Urban findings revealed an increase in child wasting from 3 per cent to 5.6 per cent between 2023 and 2024 respectively, indicating a deteriorating nutrition situation. In addition, only 6.1 per cent of children (4-19 years) were receiving hot meals at school nationwide, 50.3 per cent of urban households had access to limited sanitation services and 3.3 per cent of the households still practice open defecation.[2] Furthermore, the 2023-2024 El Niño induced drought resulted in massive crop failure and depletion of water resources and pastures in Zimbabwe. The El Niño induced drought compounded humanitarian consequences on food security, nutrition, health, water sanitation and hygiene (WASH), education, social protection, shelter, agriculture, energy, infrastructure, and cross-cutting issues including gender inequality and child rights violation.

[1] ZimLAC-2024_Rural_Livelihoods-Assessment-Technical-Report-2024

[2] ZimLAC-2024_Urban-Livelihoods-Assessment-Technical-Report.pdf.pdf (unicef.org)

The impacts of the El Niño drought continued to worsen up to early 2025, leading to increased moderate and life-threatening severe malnutrition, disease outbreaks, and health issues among children. Furthermore, food insecurity exacerbates poverty, vulnerability and risks of school dropouts, gender-based violence, and exploitation of children.

Due to the growing humanitarian needs driven by El Niño, UNICEF Zimbabwe developed a comprehensive multisectoral El Niño response plan requiring US$84.9 million to provide lifesaving assistance through the non-food coordination response, to 1.34 million people including 866,072 children. The plan focuses on delivering integrated services across key sectors, including Health, Nutrition, Water and Sanitation, Child Protection, Education, and Social Protection. However, the office only secured US$4 million (5 per cent) from the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) Central Emergency Response Fund (CERF) and UNICEF Global Humanitarian Thematic Funds (GHTF)[3]. This significant funding gap severely limited UNICEF's ability to adequately support the most vulnerable communities, particularly children, who are disproportionately affected.

A protracted cholera outbreak that began in February 2023, reached a peak in January 2024 following the 2023 festive season and opening of schools in January 2024. The 2023/2024 cholera outbreak eventually ended in June 2024, with a cumulative 34,550 cases and 719 cholera deaths (CFR 2.1 per cent) reported, affecting 63 districts across the 10 provinces in the country. A resurgence of cholera then occurred in November 2024, with sporadic cases reported across five provinces (Manicaland, Masvingo, Mashonaland West, Harare and Mashonaland Central), and a cumulative 228 cholera cases and two deaths (CFR of 0.8 per cent) were reported by 31 December 2024.The resurgence of cholera in the last quarter of 2024 was mainly in informal settlements (fishing, farming, and mining) that had limited WASH infrastructure.

From January to December 2024, Zimbabwe responded to a polio outbreak due to circulating vaccine derived polio virus type 2 (cVDPV2), detected from environmental surveillance in September 2023. As of 31 December 2024, 12 circulating vaccine-derived poliovirus type 2 (cVDPV2), five vaccine derived polio virus type 2 (VDPV2) and one vaccine derived polio virus type 1 (VDPV1) had been detected from environmental surveillance sites, with one human case reported in a 10-year-old girl during the year. The Government with the support of UNICEF successfully implemented three rounds of polio supplementary immunization activities (SIA) with novel oral polio vaccine (nOPV2) as part of outbreak response targeting 4.2 million children under 10 years old in each round.

In October 2024, Zimbabwe recorded two confirmed Mpox cases in an 11-year-old boy and 24-year-old man, both of whom had a history of travel to South Africa and Tanzania respectively. The Ministry of Health and Child Care (MoHCC) activated the Mpox incident management system (IMS) at national level, in collaboration with UNICEF, WHO, Africa CDC, and other partners, supporting development of an Mpox incident management plan. Following the two confirmed Mpox cases, no additional cases have been detected.

As projected by the Southern Africa Regional and National Climate Outlook Forums for the 2024-2025 rainfall season, Zimbabwe experienced normal to below-normal rainfall from October to December 2024 and is expected to face above-normal rainfall from January to March 2025. In response, UN agencies, in collaboration with the Government of Zimbabwe, developed a Humanitarian Country Team (HCT) Contingency Plan to strengthen preparedness and reduce the impact of the weather events on high-risk communities. UNICEF played a key role in this effort by providing technical expertise for the development of the National Contingency Plan, focusing on the Education, WASH, Nutrition clusters, and Child Protection sub-cluster. Additionally, UNICEF supported affected schools with essential supplies to ensure uninterrupted education, demonstrating its commitment to protecting vulnerable populations during climate-related challenges.

[3] Response to El Nino emergency in Zimbabwe | UNICEF Zimbabwe

Summary Analysis of Programme Response

Health

In 2024, UNICEF provided technical, financial, and in-kind support to the Ministry of Health and Childcare (MoHCC) for prevention, preparedness, and response to public health emergencies (PHE), including vaccine-preventable diseases (VPDs) in collaboration with the World Health Organization and other health partners. Key areas of support included coordination, vaccine management, surveillance, case management, infection prevention and control (IPC), risk communication and community engagement (RCCE) and reactive outbreak vaccination campaigns.

UNICEF contributed to a multisectoral cholera outbreak response resulting in the end of a protracted cholera outbreak that resulted in 34,550 cumulative cholera cases and 719 deaths (case fatality rate of 2.1 per cent) being reported. Through procurement and prepositioning of emergency supplies, UNICEF ensured adequate emergency supplies stocks in 100 per cent hotspot districts across the eight rural and two urban provinces affected by cholera. To ensure a fully-fledged outbreak response, UNICEF facilitated procurement and prepositioning of cholera emergency commodities and supplies, including cholera beds, high performance tents, oral rehydration solutions (ORS,) intravenous fluids, antibiotics, and disinfectants, reaching all health facilities across the country, with 100 per cent of health facilities in hotspots adequately stocked, against a target of 90 per cent. UNICEF also provided technical and financial support for 63 district rapid response teams during cholera response.

Through capacity building support in surveillance, case management and infection prevention and control (IPC), UNICEF trained and equipped 2,088 facility-based and 3,189 community-based health workers who managed 126 cholera treatment centers and 121 oral rehydration points. These efforts provided essential skills and knowledge, contributing to improved quality of care, a reduction in institutional deaths and control of the outbreak by end of June 2024. Additionally, UNICEF provided technical and financial support to the Government of Zimbabwe to conduct cholera intra and after-action reviews. Lessons learned from these reviews will be utilized to strengthen public health emergency prevention, preparedness, and response to future outbreaks.

To reduce vaccine-preventable disease outbreaks, UNICEF played a critical role in supporting vaccine logistics management and immunization campaigns in 2024. In response to cholera outbreaks, UNICEF facilitated reactive oral cholera vaccine (OCV) campaigns targeting selected wards in cholera hotspot districts. As a result, 2,126,125 individuals, including 49.8 per cent of children under 15 years of age, received a single dose of OCV during the campaign conducted in January and February 2024. Similarly, to combat the polio outbreak, UNICEF ensured the distribution of 15,077,500 doses of nOPV2 for three supplementary immunization activities (SIAs) conducted in February, March, and November 2024. Alongside providing technical and financial support, UNICEF implemented a door-to-door strategy that ensured inclusive access to services for persons with disabilities. A total of 4,265,483 children under 10 years of age (2,218,051 girls and 2,047,432 boys) were vaccinated, achieving coverage rates of 108, 114 and 108 per cent coverages for round one, two and three respectively. These combined efforts highlight UNICEF's commitment to reducing the burden of vaccine-preventable diseases and ensuring equitable access to lifesaving immunizations.

Additionally, UNICEF provided technical support for routine immunization (RI) vaccine distribution planning, including updates on routine immunization (RI) stock status and a comprehensive inventory of cold chain equipment. These efforts strengthened routine immunization programming through the Expanded Programme on Immunization (EPI), as part of the overall strategy for prevention and preparedness measures for vaccine-preventable diseases. UNICEF also supported the Government to implement intensive social and behavior change (SBC) initiatives, complemented by integrated facility-based outreach services, which led to high vaccination coverages for measles and rubella (MR). Notably, 440,308 children (219,305 girls and 221,003 boys) received the MR2 vaccine whilst 323,252 children (78 per cent of the target population) received the MR1 vaccine as of December 2024.

UNICEF, in collaboration with WHO, Africa CDC and other partners, supported the MoHCC in developing the national Mpox preparedness and response plan. Financial and technical support was also provided to respond to the two confirmed Mpox cases reported in October 2024. To strengthen the response, UNICEF integrated Mpox into cholera capacity-building interventions for facility-based and community health workers across five provinces and ports of entry. As a result, a total of 675 health workers (389 female and 286 male) were trained in cholera and Mpox surveillance, case management, and Infection Prevention and Control (IPC).

As of 31 December 2024, 2.7 million people (1.9 million females and 744,963 males) accessed essential primary health care services in UNICEF-supported facilities from the total target of 1.7 million people. UNICEF's support included technical assistance, the provision of essential supplies and commodities, capacity-building initiatives, and coordination efforts to ensure the continuity of services at health facilities.

Nutrition

Throughout 2024, UNICEF and the Ministry of Health and Child Care (MoHCC) co-led monthly nutrition sector coordination meetings to enhance nutrition emergency preparedness and response. Additionally, the 2024 Cluster Coordination Performance Monitoring (CCPM) exercise was conducted and is now awaiting validation by the nutrition sector. This country-led self-assessment, guided by the Global Nutrition Cluster, enables country clusters/sectors to evaluate their performance against six core cluster functions and their accountability to affected populations.

UNICEF also collaborated closely with World Food Programme (WFP) to strengthen the integration of social protection interventions under the WFP Lean Season Assistance programme with nutrition initiatives, such as Care Groups and mid-upper arm circumference (MUAC) screening for children under five years of age. Furthermore, UNICEF supported the Food and Nutrition Council (FNC) in data collection for the 2024 rural and urban Zimbabwe Livelihoods Assessment Committee (ZIMLAC). The ZIMLAC results highlighted a significant increase in food insecurity from 26 per cent to 57 per cent and child wasting from 4.1 per cent to 4.9 per cent in 2023 and 2024 respectively particularly in rural areas.

In 2024, the integration of nutrition into cholera and Mpox preparedness and response initiatives was strengthened including the production of training materials and administration of training on breastfeeding protection and child wasting screening for facility and community-based health workers. This effort aimed to enhance provincial and district-level preparedness and ensure effective response. Intensified MUAC screening for wasting among children aged 6-59 months was implemented in 29 high-priority districts for early identification and treatment of wasting. Surveillance data from these districts indicated low proxy Global Acute Malnutrition (GAM) prevalence overall. However, a steady increase in GAM prevalence was observed in some districts, particularly those without scaled-up drought response efforts. This demonstrates the critical need for continued monitoring and strengthened intervention in affected areas to mitigate further deterioration. Furthermore, scaling up of Care Group activities continued in eight districts serving as a vital strategy to combat all forms of malnutrition. These Care Groups are integrated with other interventions such as agriculture, WASH, and social protection for improved nutrition knowledge, practices, and outcomes for vulnerable groups like children, and pregnant and breastfeeding women.

With funding from the Health Resilience Fund (HRF), UNICEF ensured a steady national pipeline of ready to use therapeutic food (RUTF) for treatment of wasting, without any pipeline breaks. A total of 14,600 cartons of RUTF were procured and distributed across the country. In order to estimate the coverage of Integrated Management of Acute Malnutrition (IMAM) treatment services, UNICEF and the MoHCC with technical support from Action Against Hunger UK, carried a coverage survey, which revealed a low prevalence of wasting (1.5 per cent in urban and 1 per cent in rural districts and low coverage (<20 percent) for treatment services of children with wasting in both rural and urban context.

In 2024, over 3.1 million children (1.7 million girls and 1.4 boys) aged between 6-59 months were screened with MUAC for wasting and 15,155 children 6-59 months (8,375 girls and 6,780 boys) were referred and treated for wasting (District Health Information System, DHIS2), against the annual target of 848,093. Additionally, 1,726,973 children (893,041 girls and 833,932 boys) aged 6-59 months were reached with a 2 dose Vitamin A Supplementation (VAS) through health facilities and community-level platforms out of the targeted 961,171 per each dose. Furthermore, 1,038,853 primary

caregivers of children aged 0-23 months received infant and young child feeding counselling (IYCF) services (out of the annual target of 380,195).

HIV/AIDS and Adolescent Development and Participation

UNICEF in collaboration with the Government of Zimbabwe continued to monitor access to health services for vulnerable populations, including children, adolescents, and pregnant and lactating women living with HIV in districts affected and at risk of disease outbreaks and food insecurity due to the El Niño induced drought in 2024. A total of 31,438 pregnant and lactating women and children (6,270 pregnant and lactating women and 15,168 children living with HIV aged 0 to 14 years (8,030 girls and 7,138 boys), continued antiretroviral therapy (ART) in the UNICEF targeted districts, surpassing the annual target of 30,000

Between January and December 2024, UNICEF utilized the U-Report rebranding launch to sensitize adolescents and young people on disease outbreaks such as cholera and Mpox as well as drought related messages. A total of 14 (8 female and 6 male) adolescents were trained as U-Reporters and to act as social mobilizers in their communities to disseminate information on hygiene and access to cholera treatment centres as well as social media content creation and sharing. Similarly, following the detection of Mpox in neighbouring countries and confirmation of two Mpox cases in Zimbabwe on 13 October 2024, a U-Report poll was conducted to gauge awareness levels among adolescents and youth. The results highlighted a significant knowledge gap regarding Mpox among adolescents and young people, with 52 per cent of respondents lacking knowledge of Mpox. The findings helped to identify strategies for targeted awareness to address this demographic group about Mpox and address the various misconceptions about the disease.

UNICEF also trained 40 adolescents and young people (24 females, 16 males) aged 17-24 from high-risk El Niño and cholera hotspot districts across Zimbabwe. The training equipped them with knowledge to address issues such as cholera outbreaks, food insecurity, and climate change. These youth advocates played a key role in engaging their peers and working with community structures, health facilities, and local organizations to disseminate critical information. The initiative proved impactful, as demonstrated by a young advocate from Mangwe district, who mobilized 72 peers (42 females) to share vital information on cholera, hand hygiene, and the impact of drought on children, youth, and vulnerable communities.

Water, Sanitation and Hygiene (WASH)

In 2024, UNICEF continued to co-lead the WASH sector and supported the coordination of the WASH sector with the Government at national and sub-national levels to ensure effectiveness and efficiency of WASH interventions in public health emergencies and El Niño responses. UNICEF was nominated to co-lead the Water and WASH sub-committee under the Drought Action Committee, coordinated by the Ministry of Lands, Agriculture, Fisheries, Water, and Rural Development, in response to the El Niño induced drought. To improve information management, UNICEF supported the development of a National WASH dashboard to capture activities and achievements made in the cholera response. Additionally, UNICEF trained provincial water and sanitation sub-committee chairpersons and WASH focal persons from all 10 provinces in data management to improve the accuracy and timely reporting of WASH activities during emergencies.

Between January and December 2024, UNICEF and partners reached a total of 466,710 people (259,399 female and 207,311 male) out of a target of 258,227 with safe water, through bucket chlorination, water trucking, rehabilitation of handpumps, and construction of four piped water schemes in cholera hotspots and drought-affected areas. From the target of 48,150, a total of 478,570 people (224,052 females and 254,518 males including 135 people with disabilities) in cholera hotspots and drought-affected areas were provided with critical hygiene kits (buckets with taps, soap, water guards, plastic jerrycans, and IEC materials). This intervention enabled good hygiene practices, including safe water chain and handwashing at critical times.

UNICEF continued to support water quality monitoring activities in Harare, Bulawayo, Manicaland, Masvingo, Midlands, and Mashonaland Central Provinces. This includes supplying essential water quality monitoring consumables and material for bacteriological and free residual chlorine testing. The support was also extended to logistical support, such as provision of fuel and vehicles. As a result, 2,717 water samples were analysed with 201 samples found to be

unsatisfactory between January and December 2024. Based on the water quality results, household water treatment chemicals were distributed in areas with contaminated drinking water sources. Additionally, awareness raising on point-of-use treatment was conducted. Additionally, UNICEF and partners reached 1,388,368 people (795,597 females; 592,789 males), with key hygiene messages on cholera prevention in seven provinces, namely Harare, Bulawayo, Manicaland, Masvingo, Mashonaland West, Midlands, Matabeleland North, and Mashonaland Central. These awareness-raising efforts utilized various communication channels, including door-to-door visits, and community and school health club sessions. The messages focused on cholera prevention through household water treatment, handwashing at critical times, and food hygiene. During door-to-door sessions, community health workers and volunteers conducted demonstrations on handwashing and water treatment.

Child Protection

Throughout 2024, UNICEF and the Ministry of Public Service Labour and Social Welfare (MoPSLSW) coordinated the Child Protection Working Group (CPWG) and subsequently sub-committees on Child Protection in Emergency (CPiE) and Monitoring Evaluation and Learning (MEAL) to effectively coordinate response to multi-hazard impacts on the vulnerable groups. UNICEF's efforts focused on strengthening the capacity of local authorities, CSO and community level social worker at districts level to develop localized child protection plans aimed at supporting better identification of child protection cases and risk factors that affect children.

UNICEF facilitated individualized case work for children affected by public health emergency and has built the capacity of local child protection systems at community level. A total of 936 (60 per cent female) stakeholders were trained with essential knowledge and skills to safeguard children during emergencies. This equipped the social service workforce with skills to collaborate and work with WASH Water Point Committees on early identification and referral of children at risk, affected by emergencies to protection service providers.

Through community-based structures and CCWs, a total of 117,588 children (65,002 female and 52,586 male), out of the targeted 120,089 who experienced sexual, physical, emotional abuse and neglect including 23 children with disabilities, received community and school based mental health and psychosocial support (MHPSS). This support includes group counselling sessions to improve emotional resilience skills for coping with discrimination and stigmatization encountered in their communities as well as information on access to basic services.

UNICEF's support enhanced access to quality and comprehensive services for mitigation, prevention and response to gender-based violence (GBV) in emergencies that reached 28,918 people (21,110 female and 7,808 male) out of a target 60,000. Of these, 7,183 survivors (6,896 females and 287 males) received GBV response services, including medical care, psychosocial support, and legal aid that enabled survivors to seek justice and hold perpetrators accountable.

UNICEF supported community parenting programmes that reached 19,280 mothers, fathers, and caregivers (13,004 females and 6,816 males) with child rearing practices and gender-transformative parenting initiatives that promoted the realization and fulfilment of girls' rights. UNICEF also supported prevention efforts and 46,191 people (31,216 females and 14,975 males) were engaged in awareness, sensitization and social mobilization interventions on child protection, justice for children and gender-based violence.

In Beitbridge, UNICEF established community-based protection surveillance systems to support Children on the Move (CoTM), adapting interventions to address circular migration identifying unaccompanied and separated children and "children left behind." UNICEF targeted informal settlements, delivering psychosocial support and health services to 1,658 migrants (1,223 women and girls, and 435 boys) out of a target of 20,000 and distributed menstrual hygiene management kits to 174 women and girls. From this CoTM intervention, 362 unaccompanied and separated children (170 girls and 192 boys) were successfully reunified. Through UNICEF supported programmes a total of 93,474 (54,500 females and 38,974 males) out of a target of 800,000 people have access to safe and accessible channel to report Sexual Exploitation and Abuse (SEA).

PSEA and Gender

UNICEF Zimbabwe integrated Gender and Protection from Sexual Exploitation and Abuse (PSEA) into emergency preparedness and response efforts in collaboration with implementing partners and government counterparts, aligning with the Gender Equality commitments in the UNICEF's Core Commitments for Children in Humanitarian Action. This includes addressing gender-based violence (GBV), GBV risk mitigation, prevention and response as well as ensuring gender-responsive programming through gender analysis and data disaggregation, particularly tracking how girls, boys, men, and women were differently affected. Additionally, UNICEF adopted a strategic approach by engaging traditional leaders in GBV-related community sensitization efforts within El Niño, Mpox, and cholera preparedness and response activities. As respected cultural custodians, these leaders played a crucial role in facilitating the uptake of sensitization messages, with their guidance perceived as credible and relatable by the communities.

Through feedback mechanisms, UNICEF ensured its partners sensitized communities on available reporting platforms for rights violations. This was done to ensure that every child and adult in the emergency areas had access to safe, child and gender-sensitive reporting feedback mechanisms, and that victims and survivors received the necessary support in line with the UN Protocol on sexual exploitation and abuse (SEA) allegations. UNICEF monitored implementation of partner's PSEA policies within emergency settings whilst identifying strengths for scaling up and gaps for addressing. In 2024, capacity-building sessions on Gender, GBV, and PSEA in emergencies were delivered to 1,914 UNICEF and partners staff (927 females and 987 males) focusing on gender-responsive and transformative programming in both development programming and humanitarian action.

PSEA and gender messaging was incorporated within the social behaviour change (SBC) cholera messaging to increase reach of high-risk communities for GBV. SBC social analytics identified gender-related factors affecting girls, boys, women, men, and social groups differently within the emergency context. Customized actions were developed to address the gender-related aspects, such as providing artisanal miners with customized hygiene kits tailored to mitigate cholera risks in mining communities. Additionally, tailored advocacy messages were developed to address the gender-specific findings.

In 2024, UNICEF strengthened inter-agency collaboration with WHO and UNFPA to mainstream GBV response and PSEA in emergencies. Joint stakeholder training on GBV and PSEA in emergencies reached 136 participants (61 females and 75 males) who are cascading the training at sub-national level.

Education

Throughout 2024, UNICEF, in collaboration with the Ministry of Primary and Secondary Education (MoPSE) led the Education Cluster enhancing preparedness and response to the impacts of public health emergencies and natural hazards on education. This aimed at mitigating disruptions to education for children in crisis-affected areas. UNICEF as the co-lead of the Education Cluster, extended its support to MoPSE and coordinated key interventions, including joint field visits to cholera hotspot schools to enhance prevention and response efforts, and capacity-building for cluster members on the Inter-agency Network for Education in Emergencies (INEE).

UNICEF also played a pivotal role, as cluster co-lead, in the education needs submission to the inter-agency UN flash appeal addressing the El Niño-induced drought and organized meetings to strengthen cluster leadership and preparedness for emerging crises such as Mpox and the rainy season. The cluster meetings, co-chaired by MoPSE, emphasized preparedness for natural hazards, particularly flooding, as forecasts projected above-normal rainfall for early 2025. Through these efforts, UNICEF contributed to education sector on resilience in the face of cholera outbreaks, drought, and other natural disaster risks.

In response to the cholera outbreak, UNICEF launched a back-to-school cholera campaign at the beginning of the school year, involving extensive social behavior change messaging to increase awareness on cholera prevention. The campaign reached 535,077 children (268,101 girls and 266,976 boys) and 10,517 primary and secondary school heads on cholera prevention and response strategies via the dissemination of messages with RapidPro, as well as posters, videos, and a children's jingle composed by renowned Zimbabwean artist Selmor Mtukudzi. To assess the campaign's impact, UNICEF conducted a review that included visits to schools in cholera hotspot areas like Kuwadzana and Chitungwiza. These efforts result in reduced cholera spread in schools and feedback from children indicating they felt

safer in school than in their communities, highlighting the essential role schools play in promoting community health, ensuring normalcy and preventing fatalities.

UNICEF in collaboration with MoPSE supported 36,724 children (18,663 girls and18,061 boys), out of a target of 34,924 in 123 schools, with school feeding programmes in Mangwe, Mudzi, Makoni, Binga and Rushinga districts. The supplementary food for learners aims to achieve positive outcomes such as improved school attendance rates and enhanced academic performance, addressing food insecurity caused by the El Niño-induced drought and economic challenges. Planning for monitoring of the school feeding programme implementation together with MoPSE was finalized in September. Following recirculation of the 5W matrix to partners, updated data has been collected on the school feeding programme as part of the drought response interventions in education. Additionally, 535,077 children (268,101 girls and 266,976 boys) are accessing formal and non-formal education including early learning through UNICEF's support out of a target of 202,727.

To strengthen disaster risk management and resilience (DRMR) in the education sector, UNICEF supported MoPSE in building the capacity of 118 teachers (48 females and 70 males) and 53 school heads (12 females and 41 males) in Mbire and Marondera districts, benefitting 32,912 children (16,583 girls and 16,329 boys). The Marondera training was part of Zimbabwe's commemoration of the International Day of Disaster Risk Reduction celebrated on 11 October 2024, under the theme "Empower the Next Generation for a Resilient Future." The theme emphasized the role of education in building disaster resilience among children and youth.

In collaboration with MoPSE, UNICEF finalized preliminary work for the development of a climate education manual for infant-level teachers in September, the guide will help young learners to develop an early climate change awareness making them prepared to tackle climate challenges and foster sustainable practices across all sectors of society.

Social Protection

In 2024, the Emergency Social Cash Transfer Programme (ESCT) supported a cumulative total of 19,489 households out of a target of 21,600 across six districts (Mudzi, Mangwe, Binga, Rushinga, Karoi, and Makoni) from January to July 2024. Following completion of the ESCT programme, UNICEF collaborated with Goal, World Vision International, and the Ministry of Public Service, Labour, and Social Welfare (MoPLSW) to ensure that all eligible beneficiaries were covered. This included a mop up payment exercise where 179 households collected their payments, achieving a 90 per cent redemption rate from a target of 199 vulnerable households. Additionally, 773 households in Karoi district redeemed their one-off payment, achieving a 98 per cent redemption rate from a target of 789 households.

Overall, to date the ESCT programme reached over 115,774 household members, including 65,917 children, resulting in improved food security and resilience among targeted households, preventing families from resorting to negative coping strategies. The primary goal of the ESCT was to enhance household food security, dietary diversity, and educational outcomes. In addition to cash transfers, the programme integrated complementary interventions such as nutrition support, child protection, and school feeding programmes. An end-of-project evaluation will be conducted to assess the impact of the ESCT programme on improving food security among vulnerable households.

In 2025, UNICEF will prioritize supporting the Government in strengthening its social protection system. These guidelines will provide a framework to guide cash-based interventions by humanitarian actors during the lean season (2025-2026).

Social Behaviour Change (SBC), Community Engagement, and Accountability to Affected Populations (AAP)

In 2024, UNICEF played a pivotal role as co-lead of the Risk Communication and Community Engagement (RCCE) Pillar, in contributing to the end of the cholera outbreak. Technical support was provided to Government, partners, and community leadership structures to influence adoption of positive behaviours. The RCCE pillar developed and implemented evidence-based strategies for cholera, polio, Mpox, El Niño-drought response and Infodemic management. Additionally, community insights generated through rapid qualitative assessments, human centered design and co-

creation approaches informed the development of child-friendly and culturally appropriate SBC materials that promote preventive and treatment behaviours.

Between January and December 2024, UNICEF reached 6.5 million people (3.3 million females; 3.2 million males) with lifesaving messages on nutrition, polio, cholera, Mpox, safe water, sanitation, hygiene practices, and protection. UNICEF and RCCE partners utilized mass media, digital channels, school, and community platforms to reach and engage vulnerable populations on prevention and treatment behaviours. Further, through UNICEF's technical support, Zimbabwe met readiness for polio vaccine introduction in humanitarian contexts, leading to vaccination of 4,694,405 children against a target of 4,417,926.

UNICEF maintained community and digital feedback reporting channels where 1.5 million people (805,155 females; 739,845 males) out of a target of 500,000 shared their feedback on UNICEF emergency programming. Overall, the feedback underscores the need for government and stakeholders to address structural barriers faced by communities in accessing services across all sectors.

UNICEF strengthened the capacity of 5,200 RCCE actors (3,100 females and 2,100 males) at national and subnational levels, against a target of 5,000, strengthening response to disease outbreaks. These efforts generated valuable social data on perceived risks, community lifestyles, shared norms, and health-seeking behaviors.

UNICEF, in collaboration with Nutrition Action Zimbabwe and World Vision International, led the development of an El Niño response SBC strategy on four priority behaviours: exclusive breastfeeding and complementary feeding after six months, screening and seeking treatment for malnutrition, dietary diversity and inclusion of micro-nutrient powders and climate-resilient crops production for household food consumption. Through the Care Group approach and mass media channels, 85,000 caregivers were reached with messaging to avert and address child malnutrition in eight prioritized districts.

Human Interest Stories and External Media

In 2024, UNICEF Zimbabwe maintained a robust communications and advocacy strategy, leveraging multiple platforms to highlight key issues affecting children and communities. Through its website and social media platforms, UNICEF shared stories and reports on water, sanitation, and hygiene (WASH),child protection, education, nutrition and health amplifying the voices of affected communities and showcasing the impact of ongoing emergency interventions. Advocacy campaigns played a central role in driving awareness and action, complemented by media briefings and field visits with national and international journalists that provided firsthand insights into humanitarian challenges and UNICEF's response, ensuring global visibility for critical issues affecting children in Zimbabwe. UNICEF also reinforced its commitment to communicating its humanitarian response efforts by issuing timely updates, press releases, and digital content to keep key stakeholders informed, while sustaining public health messaging on cholera, mpox prevention, and emergency communications during the El Niño-induced drought. Stories highlighting convergence programming, emergency cash transfers, community-led nutrition initiatives, and improved WASH services were widely shared to showcase the collective impact of UNICEF and its partners. Through its strategic communication efforts, UNICEF raised awareness of the humanitarian situation and the urgent needs of children.

More stories can be found on UNICEF's website and social media channels:
UNICEF Zimbabwe stories: https://www.unicef.org/zimbabwe/stories
U-Report link: https://x.com/ureportzim/status/1766406494872834236?s=46&t=oBsX9AbViJ-JX6p7XGMDlQ
UNICEF Zimbabwe Humanitarian Action for Children Appeal: www.unicef.org/appeals/zimbabwe

UNICEF Zimbabwe Social Media: Facebook, X, LinkedIn

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Annex A

Funding Status

Sector	Requirements for 2024	Funds Available			Funding Gap	
		Received Current Year	Carry Over	Total Available	$	%
Nutrition	5,000,000	1,434,706	179,239	1,613,945	3,386,055	68%
Health	4,700,000	574,183	1,627,232	2,201,415	2,498,585	53%
WASH	6,065,000	2,431,016	1,993,477	4,424,493	1,640,507	27%
Child Protection	2,500,000	114,166	847,712	961,879	1,538,121	62%
Education	2,487,428	69,751	53,287	123,038	2,364,390	95%
HIV & AIDS	350,000	10,501	26,968	37,469	312,531	89%
Social Protection	4,014,572	26,251	10,000	36,251	3,978,321	99%
Cross-Sectoral (SBC, RCCE, AAP activities	1,650,000	545,980	546,260	1,092,240	557,760	34%
Total	**26,767,000**	**5,206,555**	**5,284,176**	**10,490,731**	**16,276,269**	**61%**

**Funds received for Humanitarian Emergency Cash Transfer support are under Other Regular Resources (ORR).*

Annex B

Programme Results

Sector	UNICEF and IPs					
	2024 target	Total results		Change since last report		Progress
		December		▲▼—		
Health						
# of children aged 6 to 59 months vaccinated against measles	510,704	Female	219,305	66,381	▲	**86%**
		Male	221,003			
		Total	440,308			
# of children and women accessing primary health care in UNICEF-supported facilities	1,772,979	Female	1,959,706	451,950	▲	**>100%**
		Male	744,963			
		Total	2,704,669			
Nutrition						
# of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	18,375	Girls	8,375	2,409	▲	**82%**
		Boys	6,780			
		Total	15,155			
# of children aged 6-59 months screened for wasting	848,093	Girls	1,687,671	271,086	▲	**>100%**
		Boys	1,475,940			
		Total	3,163,611			
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	380,195	Girls		166,387	▲	**>100%**
		Boys				
		Total	1,038,853			
# of children aged 6-59 months receiving Vitamin A supplementation	961,171	Girls	893,041	255,811	▲	**>100%**
		Boys	833,932			
		Total	1,726,973			
HIV/AIDS						
# of pregnant and lactating women living with HIV receiving antiretroviral therapy	30,000	Female	24,300	-	—	**>100%**
		Male	7,138			
		Total	31,438			
WASH						
# of people accessing a sufficient quantity of safe water for drinking and domestic needs	258,227	Female	259,320	-	—	**>100%**
		Male	207,255			
		PLWD*	135			
		Total	466,610			
# of people reached with critical WASH supplies	48,150	Female	223,973	-	—	**>100%**
		Male	254,462			
		PLWD*	135			
		Total	478,570			
Child Protection/PSEA/GBV						
# of children and caregivers accessing community-based mental health and psychosocial support	120,089	Female	65,002	51,750	▲	**98%**
		Male	52,586			
		PLWD	23			
		Total	117,588			
	60,000	Female	21,110	15,692		**48%**

Sector	UNICEF and IPs					
	2024 target	Total results		Change since last report		Progress
		December		▲▼—		
# of women, girls and boys accessing gender-based violence risk mitigation, prevention or responses interventions		Male	-		▲	
		PLWD	30			
		Total	28,918			
# of unaccompanied and separated children accessing family-based care or a suitable alternative	20,000	Female	1,223	697	▲	>100%
		Male	435			
		PLWD	-			
		Total	1,658			
# of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	800,000	Female	54,500	29,103	▲	12%
		Male	38,974			
		PLWD	-			
		Total	93,474			
Education						
# of children accessing formal or non-formal education including early learning	202,727	Girls	268,101	-	—	>100%
		Boys	266,976			
		Total	535,077			
Social Protection						
# of households reached with UNICEF funded multi-purpose humanitarian cash transfers	21,600	Total	19,491	-	—	90%
SBC						
# of people reached with messages on prevention and access to services	5,000,000	Female	3,350,878	-	—	>100%
		Male	3,176,890			
		Total	6,527,768			
# of people with access to established accountability mechanisms	500,000	Female	805 155	152,563	▲	>100%
		Male	739 845			
		Total	1 545 000			

**The indicator for HIV/AIDS includes children living with HIV aged 0-14 years*