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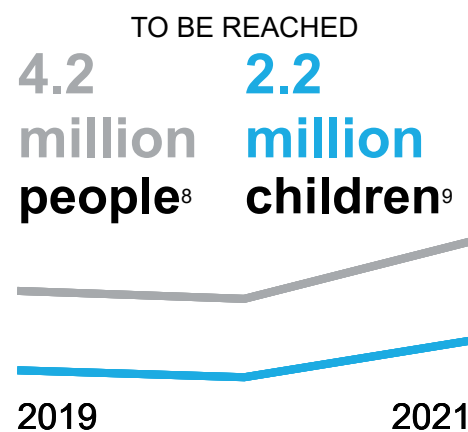
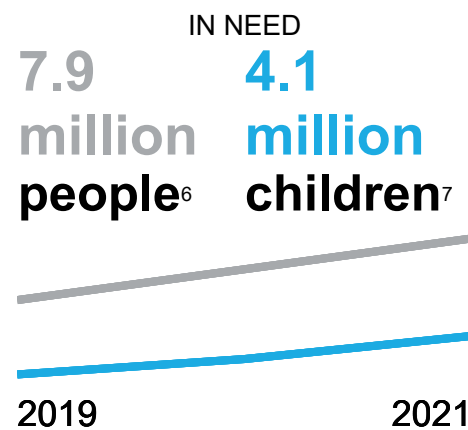
Humanitarian Action for Children

A child tastes the ready-to-use therapeutic food provided by UNICEF as part of the drought response in Tanganda, Manicaland Province.

Zimbabwe

HIGHLIGHTS

- In Zimbabwe, an estimated 7.9 million people, including 4.1 million children, will be in urgent need of life-saving health services and humanitarian assistance in 2021 due to multiple hazards, including the coronavirus disease 2019 (COVID-19) pandemic and the economic crisis.¹ More than 38,000 children with severe acute malnutrition (SAM) need treatment;² 2.7 million people require safe water and sanitation;³ 4.6 million children need formal and non-formal education;⁴ and 2.2 million people in urban areas require social protection.⁵
- In 2021, UNICEF will scale up its support to government-led national and district coordination structures to enable the provision of multi-sectoral life-saving services and efforts to contain the COVID-19 outbreak.
- UNICEF requires US\$74.7 million to meet humanitarian needs in Zimbabwe in 2021, including US\$18.9 million for emergency social cash transfers and US\$16 million for the health response.



KEY PLANNED TARGETS



36,500

children admitted for treatment for severe acute malnutrition



4.2 million

children and women accessing health care



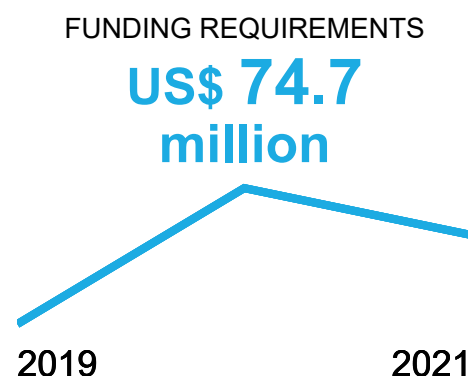
866,919

people accessing a sufficient quantity of safe water



409,716

children accessing educational services



HUMANITARIAN SITUATION AND NEEDS

While Zimbabwe is expected to receive normal to above normal rainfall in the 2020–2021 rainfall season,¹⁰ with La Niña in the forecast, the country is at risk of flash flooding and outbreaks of diarrhoeal diseases, including cholera. An estimated 7.9 million people, including 4.1 million children,¹¹ will urgently require humanitarian assistance in 2021, due to food insecurity, health crises, the impacts of COVID-19 and economic deterioration. Nearly 5.5 million people in rural areas are food insecure, and acute malnutrition has increased from 3.6 per cent in 2019 to 4.5 per cent in 2020.¹²

COVID-19 has reduced income opportunities and food sources for more than half of the population, and nearly one quarter of Zimbabweans are unable to access basic commodities.¹³ With hyperinflation at 874 per cent as of July 2020,¹⁴ food prices are soaring, the currency is weakened and the population's purchasing power has declined. Due to the deepening economic crisis, 2.2 million people in urban areas who were food insecure in 2020 will likely remain so in 2021.¹⁵

As of 20 September 2020, Zimbabwe reported nearly 7,700 cases of COVID-19; over 200 deaths and over 5,900 recoveries.¹⁶ Some 7.9 million people¹⁷ will need life-saving health services, 38,000 children¹⁸ with SAM will need treatment, and 140,000 people will need HIV and AIDS services.¹⁹ The impact of COVID-19 and the economic crisis will further weaken the country's public health system, risking widespread strikes by health care workers demanding improved working conditions. Some 2 million people will need safe water for drinking, cooking and personal hygiene;²⁰ as schools reopen, 4.6 million children will need emergency formal and non formal education;²¹ and 2.2 million people in urban areas will need social protection.²²

Gender-based violence and violence against children are also on the rise. Between April and August 2020, over 4,400 cases were reported,²³ up 35 per cent for the same period last year. Overall, 2.2 million children will need child protection services, including psychosocial support and services addressing gender-based violence, violence against children and protection from sexual exploitation and abuse.²⁴

SECTOR NEEDS



Nutrition

38,000 children need acute malnutrition treatment²⁵



Health

7.9 million people need health care services²⁶



Water, sanitation and hygiene

2.7 million people lack access to safe water and sanitation²⁷



Social protection and cash transfers

2.2 million people (urban) need social protection services²⁸

STORY FROM THE FIELD



Zimbabwe is facing multiple hazards, including widespread economic shocks, recurrent drought, food insecurity, recovery from Cyclone Idai, risk of disease outbreaks and the COVID-19 pandemic.

The Health Development Fund (HDF) supports the Government to build health systems that deliver effective health services for the population. It is managed by UNICEF in coordination with the United Nations Population Fund (UNFPA) with funding from partners.

The responsiveness of HDF interventions were demonstrated during the Cyclone Idai response. UNICEF and partners initiated an immediate response and early recovery phase which demonstrated that the strengthened health system had helped build resilience for emergency response.

[Read more about this story here](#)

A child receives services through the UNICEF-supported Health Development Fund.

HUMANITARIAN STRATEGY

UNICEF and partners are working in collaboration with the Government to respond to the complex multi-hazard situation in Zimbabwe.²⁹

To address the increased risk of natural disasters and disease outbreaks and the deepening economic crisis, 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 contain the COVID-19 outbreak. This will include 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.

In line with the Grand Bargain commitments,³⁰ 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, where the reach of existing social protection programmes is very limited.

Child protection and gender-based violence risk mitigation, prevention and response services will be scaled up for children experiencing violence, abuse and exploitation, including children who are victims/survivors of gender-based violence, as well as separated and unaccompanied children. Gender-based violence risk mitigation will be mainstreamed across the response. UNICEF will also mainstream the inclusion of persons with disabilities across all sectors by ensuring that the needs of people with disabilities are taken into account during the planning and implementation of interventions.

Across the country, UNICEF will provide distance/home-based learning to respond to school closures, including lessons provided via radio and television, across the country. UNICEF will also expand its support for formal and non-formal education to compensate for learning losses during the COVID-19 outbreak.

All programmes have a communication for development component to support awareness-raising efforts and accountability to affected populations. Working with partners, UNICEF is also strengthening coordination structures for the prevention of sexual exploitation and abuse to ensure that crisis-affected populations have access to appropriate prevention and response interventions. To strengthen the linkages between humanitarian action and development programming, UNICEF humanitarian interventions will be aligned with and designed to strengthen national service provision systems across the health, nutrition, water, sanitation and hygiene (WASH), education, child protection and social protection sectors.

UNICEF leads the WASH, nutrition, education and child protection sectors. UNICEF is also actively engaged in six of the eight response pillars of the COVID-19 response.

Progress against the 2020 programme targets is available in the humanitarian situation reports:

<https://www.unicef.org/appeals/zimbabwe/situation-reports>

2021 PROGRAMME TARGETS



Nutrition

- **36,500** children aged 6 to 59 months with severe acute malnutrition admitted for treatment



Health

- **453,326** children aged 6 to 59 months vaccinated against measles
- **4,200,000** children and women accessing primary health care in UNICEF-supported facilities³¹



Water, sanitation and hygiene

- **866,919** people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene
- **100,000** people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services



Child protection, GBViE and PSEA³²

- **90,000** children and caregivers accessing mental health and psychosocial support³³
- **90,000** women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions³⁴



Education

- **409,716** children accessing formal or non-formal education, including early learning³⁵



Social protection and cash transfers³⁶

- **25,000** households (105,000 individuals) benefiting from cash transfers through UNICEF's established Emergency Social Cash Transfer programme³⁷



HIV and AIDS

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

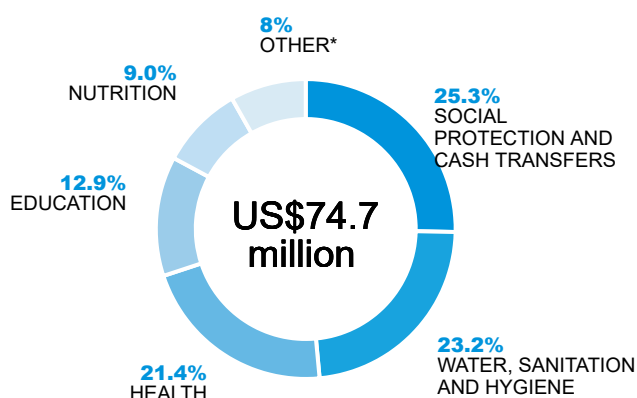


C4D, community engagement and AAP

- **5,000,000** people reached with messages on access to services³⁸
- **20,000** people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms

FUNDING REQUIREMENTS IN 2021

While the overall appeal has declined from US\$101.6 million in 2020 given anticipated improvements in the food security situation, UNICEF is requesting US\$74.7 million to respond to the impacts of potential flooding, epidemics, including COVID-19, and the economic crisis.³⁹ Due to the threat of disease outbreaks and heightened vulnerability, more than 4 million Zimbabweans, predominantly vulnerable children and women, will need access to life-saving health and nutrition services in the context of the fragile national health system. This funding will enable UNICEF to provide critical WASH services to an estimated 867,000 people who will be directly affected by floods and other natural disasters and mitigate the risk of diarrhoeal diseases. Of the total request, US\$14 million will enable UNICEF to respond to the needs triggered by the COVID-19 pandemic in Zimbabwe. In addition, US\$18 million will allow UNICEF to respond to the increasing urban poverty, which is affecting over 2 million people, and support 25,000 households with cash transfers. Without sufficient and timely funding, UNICEF will be unable to support the national response to the country's continuing crises.



Sector	2021 requirements (US\$)
Nutrition	6,692,031
Health	16,000,000
Water, sanitation and hygiene	17,338,380
Child protection, GBViE and PSEA	3,270,960 ⁴⁰
Education	9,650,108
Social protection and cash transfers	18,917,977
HIV and AIDS	1,250,000
C4D, community engagement and AAP	1,600,000
Total	74,719,456

*This includes costs from other sectors/interventions : Child protection, GBViE and PSEA (4.4%), C4D, community engagement and AAP (2.1%), HIV and AIDS (1.7%).

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ENDNOTES

1. Calculated based on data from the Zimbabwe Vulnerability Assessment Committee, 2020; the District Health Information System 2 (routine data trends of the past three years); and the Zimbabwe National Statistics Agency, 2020.
2. Calculated based on data from the Zimbabwe Vulnerability Assessment Committee, 2020.
3. Ibid.
4. Calculated based on data from the Ministry of Primary and Secondary Education, 2020.
5. Calculated based on data from the Zimbabwe Vulnerability Assessment Committee, 2020.
6. Calculated based on data from the Zimbabwe Vulnerability Assessment Committee, 2020; the District Health Information System 2 (routine data trends of the past three years); and the Zimbabwe National Statistics Agency, 2020. This figure is largely based on health sector needs, which will be higher due to COVID-19 and anticipated cholera and other diarrhoeal diseases outbreaks due to expected flooding. This will be exacerbated by the current economic crisis which is more likely to negatively impact health service delivery and access to health. While the need and reached figures are higher in 2021, the interventions are expected to cost less than last year because: (1) health interventions will cost less; (2) WASH needs and targets have been substantially reduced; and (3) the education budget has been reduced due to the availability of Global Partnership for Education carryover funding and collaboration with partners on school feeding.
7. Ibid. Calculated based on children making up 52 per cent of the population, according to the 2012 census.
8. This was calculated using the highest coverage programme target for health. This includes 2,184,000 women/girls (52 per cent) and 2,016,000 men/boys (48 per cent). This also includes 294,000 people with disabilities (7 per cent), according to the 2013 National Survey on Living Conditions among Persons with Disabilities in Zimbabwe. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
9. This was calculated using the highest coverage programme target of children to be reached with life-saving health care in UNICEF-supported primary health care facilities (to avoid double counting). Fifty-two per cent are girls and 48 per cent are boys. Children with disabilities represent 7 per cent of the children population or 154,000 children (including 80,080 girls), according to the 2013 National Survey on Living Conditions among Persons with Disabilities in Zimbabwe.
10. Southern African Development Community, 'Twenty-fourth Southern African Climate Outlook Forum (SARCOF-24)', 27-28 August 2020.
11. Calculated based on data from the Zimbabwe Vulnerability Assessment Committee, 2020; the District Health Information System 2 (routine data trends of the past three years); and the Zimbabwe National Statistics Agency, 2020.
12. Calculated based on data from the Zimbabwe Vulnerability Assessment Committee, 2020.
13. Ibid.
14. Calculated based on data from the Zimbabwe National Statistics Agency, 2020.
15. Calculated based on data from the Zimbabwe Vulnerability Assessment Committee, 2019.
16. Zimbabwe Ministry of Health and Child Care, 'Zimbabwe Covid-19 SitRep', 27 September 2020.
17. Calculated using 2020 data from the Ministry of Health and Child Care and the District Health Information System 2.
18. Calculated based on data from the Zimbabwe Vulnerability Assessment Committee, 2020.
19. Zimbabwe Ministry of Health and Child Care, 'Zimbabwe National HIV Estimates Report 2019', 2020.
20. Calculated based on data from the Zimbabwe Vulnerability Assessment Committee, 2020.
21. Zimbabwe Ministry of Primary and Secondary Education projections for 2020 enrolment data in the most affected areas.
22. Calculated based on data from the Zimbabwe Vulnerability Assessment Committee, 2019.
23. Calculated using 2020 data from the Child Helpline and the Gender-Based Violence Helpline.
24. Calculated using 2020 data from the Ministry of Public Service Labour and Social Welfare National Case Management System, the Child Helpline and the Gender-Based Violence Helpline.
25. UNICEF estimate based on data from the Zimbabwe Vulnerability Assessment Committee, 2020.
26. UNICEF estimate based on health trends of the past three years as reported by the District Health Information System 2.
27. UNICEF estimate based on data from the Zimbabwe Vulnerability Assessment Committee, 2020.
28. UNICEF estimate based on 2019 data from the Zimbabwe Vulnerability Assessment Committee.
29. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.
30. The Grand Bargain is a unique agreement between some of the largest donors and humanitarian organizations, who have committed to getting more means into the hands of people in need and improving the effectiveness and efficiency of humanitarian action.
31. The target has increased compared with 2020 but the budget has decreased because the cost of supplies is lower 2021 as most of the supplies were procured and pre-positioned in 2020. The cost of trainings in 2021 will also be much lower as most of the integrated trainings for emergency preparedness and response were done in 2020 due to COVID-19. In 2021, most of the trainings will be lower-cost refresher trainings.
32. Due to space constraints, the following acronyms appear in the appeal: GBViE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).
33. Calculated based on caseload trends in the National Case management System, focusing on areas most affected by emergencies.
34. Calculated based on caseload trends in Child Helpline and Gender-Based Violence Helpline data.
35. The remaining need caseload will be covered through other partners and Government-led resilience and development programmes.
36. The urban cash transfer intervention will complement other cash-based interventions implemented by the World Food Programme and the Government-funded Harmonized Social Cash Transfer Programme.
37. This target will cover 105,000 individuals in urban areas affected by the humanitarian situation.
38. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
39. The reduction of the overall budget from US\$101.6 million in 2020 to US\$74.7 million in 2021 is based on projected improvements in food security as the country is expected to experience normal to above normal rainfall in the 2020-2021 rainfall season, after the drought in 2020.
40. This includes US\$1,962,576 for child protection interventions; US\$981,288 for gender-based violence in emergencies interventions; and US\$327,096 for prevention of sexual exploitation and abuse interventions.