Zimbabwe
Humanitarian Situation Report

Multihazard Annual Situation Report # 6 January – December 2020

Situation in Numbers
3,200,000 children in need of humanitarian assistance
7,000,000 people in need (HRP, March 2020)
3,040,000 People to be reached (HAC, March 2020)
1,460,000 Children to be reached (HAC, March 2020)

Highlights
- A total of 19,807 children (10,835 girls and 8,972 boys) aged 6 to 59 months with SAM and MAM were admitted to community-based treatment programmes
- Between January and December 2020, a total of 753,362 people (417,388 males, 335,974 females) were reached with safe water
- By 30 December, 1,830,489 people (1,031,371 females and 799,118 males) had accessed treatment for common illness (diarrhoea, malaria and pneumonia)
- UNICEF reached 17.9 million people with life-saving messages
- In 2020, 645,750 people (347,517 females, 298,233 males) were reached with safe water
- By November, a cumulative total of 1,077 radio lessons had been developed, and 988 primary and secondary school lessons had been broadcast reaching a total of 1.25 million learners
- Between January and December, a total of 128,692 children (66,217 girls, 46,649 boys and 15,826 children with disabilities) were reached with community-based psychosocial support (PSS) interventions
- By December, 6,139 beneficiary households had received emergency social cash transfers in Highfields and Gutu

UNICEF’s Response and Funding Status

UNICEF Appeal 2020
US$ 101.6 million

Funding Status (in US$)

- SAM Admission: 55% funded
- Access to health services: 100% funded
- People with safe water: 54% funded
- Child protection services: 100% funded
- Children in school: 3% funded
- PLW receiving ART: 80% funded
- Life saving messages: 100% funded
- Cash transfers to HH: 20% funded

Funding
- Funding received: $13.7M
- Carried-forward: $4M
- 17% funded

Funding gap: $83.9M
Funding Overview and Partnerships

UNICEF is appealing for US$ 84 million to meet the increased humanitarian needs in the country in 2021 as a result of the multiple hazards of drought, residual impacts of Cyclone Idai and floods, diarrheal disease outbreaks, and economic crisis compounded by the current COVID-19 outbreak. As of 31 December 2020, funds totalling about US$ 17.7 million (17 per cent of the total 2020 funding requirement – excluding COVID-19 funding) has been received from various donors that include CERF, China, ECHO, Japan, USA BPRM, US Fund for UNICEF, USA (OFDA) and UNICEF Global Thematic. Other donors, including, German, KW, DFID, SIDA, Irish Government, EU and GAVI have approved reprogramming of the development funds to support COVID-19 response.

Situation Overview & Humanitarian Needs

During 2020, humanitarian needs in Zimbabwe continued to escalate triggered by the deepening economic crisis and the worsening impact of drought, floods, and the ongoing COVID-19 pandemic. In March 2020, the HRP projected a total of 7 million people, including 3.2 million children, in Zimbabwe to be in urgent need of humanitarian assistance and protection. In addition, 2.2 million people in urban areas were estimated to be “cereal food insecure,” according to the Vulnerability Assessment Committee (ZimVAC) analysis of August 2019. At the beginning of the year, approximately 95,000 children under age 5 were suffering from acute malnutrition, with a national global acute malnutrition (GAM) prevalence at 3.6 per cent and a total of 8 districts recording GAM prevalence of over 5 per cent (ZimVAC rural 2019). The nutrition status of children in Zimbabwe was further compounded by sub-optimal infant and young child feeding practices including very poor dietary diversity at 15 per cent and with only 7 per cent having attained the minimum acceptable diet. The education cluster estimated that 1.2 million (35 per cent) of the more than 3.4 million children of school going age (3 to 12 years), would need emergency or specialized education services in 2020. Access to WASH remained a challenge, particularly during the first half of 2020 with only 30 per cent of the water sources tracked by the rural water information management system (RWIMS) functional and protected.

The humanitarian situation was compounded by the outbreak of COVID-19 in March 2020 which saw, among other measures, the introduction of the national lockdown which virtually shut down economic activities, including the informal sector from which over 90% of Zimbabwe’s working population eke out their living. During the first half of the year, Zimbabwe reported 3,092 cases of COVID-19, 2,042 (66%) of which were local transmissions across the country. By December 2020, with the onset of the second wave of the COVID-19 outbreak, the situation had exponentially worsened with a total of 14,084 cases. Deaths had increased more than seven-fold from 53 in July to 369 in December 2020. Access to education was severely affected by the COVID-19 outbreak with closure of schools between March and September 2020. The phased reopening of schools, which began on 14 September with examination classes successfully continued to the second phase on 26 October and the third phase on 9 November 2020. As of 30 November 2020, the number of learners infected with COVID-19 stood at 448 (196 males and 252 females). None of the affected learners has had a serious illness and there were no fatalities amongst learners. A total of 22 teachers (12 males and 10 females) tested positive to the virus, and one death was recorded.

The country’s continuing economic deterioration exacerbated humanitarian needs in 2020 with overall year-on-year inflation at the peak of 980% in April to 571% in October. Through the inflation steadily diminished over time, prices of basic goods and services remained unaffordable for the majority of multi-hazard-impacted Zimbabweans. The country’s health sector was almost paralyzed by a three months long strike by health staff (June to August) which worsened the already precarious situation in the health sector. The results of 2020 rural ZIMVAC which were released in September showed that indeed COVID-19, drought and the deteriorating economic situation had sustained humanitarian needs. Food insecurity was still high at 56% of the rural population and several key indicators were worsening. The global acute malnutrition (GAM) has increased from the 3.6% in 2019 to 4.5% in 2020 with severe acute malnutrition (SAM) at 2% up from 1.4% in 2019.

The onset of the rainy season with the La Nina phenomenon and the projection of a normal to above normal rainfall season has presented additional hazards of flooding, thunderstorms and hailstorms with potential consequences of diarrheal disease outbreaks, particularly in cholera hotspots. Indeed, although the Tropical storm Chalane which made landfall in Zimbabwe on 30 December did not cause major damages, signaled the lingering hazard of cyclones and heavy storms in the 2020 – 2021 rainfall season.
In 2020 Nutrition Cluster coordination continued to be strengthened at national, provincial and district levels through bi-weekly online meetings chaired by the Nutrition department in Ministry of Health and Child Care (MoHCC) with technical support from UNICEF. UNICEF coordinated and supported the development of the nutrition cluster and inter-cluster drought preparedness plans; contributed to the development of the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP); the COVID-19 response plan and the multi-hazard response and preparedness plans for 2021. A total of 25 Nutrition Cluster coordination meetings were held by December 2020, four of which were held face to face in January and February and the rest conducted virtually from April 2021 within the context of COVID-19. UNICEF also supported the cluster in preparedness planning, pre-positioning of nutrition commodities and mobilising assessment and response teams in anticipation of the Tropical Storm Chalane which landed in the country at the end of December 2020.

In 2020, active screening of children under age 5 for wasting continued following adoption of family and mother led mid-upper arm circumference (MUAC). This approach was aimed at limiting the risk of COVID-19 infections for community health workers involved in screening and yet providing the much needed early identification and referral of children with wasting to health facilities to access treatment of acute malnutrition. In 2020, 3,441,903 children were screened for acute malnutrition nationally, exceeding the target of 991,000 for the year. More children were screened through the family led MUAC approach. The restricted movements of mothers and children as part of COVID-19 lockdown requirements for most of the year resulted in less children reached than those targeted at the beginning of the year. Of the 36,039 children targeted for treatment of acute malnutrition in the 2020 HAC, only 19,807 children (10,835 girls and 8,972 boys) were admitted to community-based programmes for the treatment of wasting. Micronutrient supplementation was also negatively affected by the restricted movements of mothers/caregivers and children, with 513,795 children aged 6-59 months out of a target of 991,168 receiving Vitamin A supplements at health facilities as well as from village health workers in the community in the targeted districts. A total of 531,559 mothers/caregivers of children under 2 years of age out of a target of 570,000 were reached with infant and young child feeding in emergencies (IYCF-e) support and messages in the 25 selected emergency districts.

In response to the low coverage of the health facility based nutrition and other health interventions, UNICEF initiated the Integrated Outreach Services in the third quarter and that resulted in an increase in the number of children receiving vitamin A supplements and those admitted for treatment of wasting between the months of September and November 2020 as seen from figures 1 and 2 below (submission of data for December is not yet complete). Using lessons learnt from the implementing partners who increased their support to health facilities and reported an increase in children reached with active screening for early identification and referral for treatment of acute malnutrition, UNICEF will focus more support to health facilities and communities in 2021. Due to the increased support and provision of transport by UNICEF partners, health facilities were able to distribute RUTF and other supplies to outreach points and to admit children for treatment onsite thus resolving bottlenecks related to long distances and lack of transport to access the health facilities.

The main challenges experienced in 2020 were the reduced reach of targeted children resulting from the restricted movements of both mothers and their children in getting to health facilities to access health and nutrition services as well as the movement of services providers to mobilise communities for services. Secondly, at the beginning of the year, the supply of MUAC tapes had been planned only for village health workers and to scale-up the family led MUAC screening each mother/caregiver needed their own MUAC tape; the quantities needed took additional time to arrive and some districts only started screening in the third quarter.
Between January and December 2020, UNICEF collaborated with WHO and the Government of Zimbabwe to coordinate the health cluster in implementation of Humanitarian Response Plan (HRP) and to develop the 2021 HNO and HRP among other coordination efforts. By 31 July, 865 health care workers had been trained on Integrated Disease Surveillance and Response, to cover not only COVID-19 but surveillance on other diseases of epidemic tendency. During 2020, 5,831 health workers and support staff were trained on infection prevention and control, focusing on cyclone-affected districts as well as cholera hotspots, in efforts to improve WASH in health facilities across all services, not just for COVID-19 response.

In addition, Community Based Primary Healthcare remain a critical platform for delivery of essential and emergency services. At least 1,000 community health staff were trained on cholera management and early referral to facilities and 15 Health Centre Committees were oriented on emergency preparedness and response. Recruitment and training of 4,380 new VHWs was finalized and they were deployed in areas which had gaps across the country. Furthermore, approximately 14,302 VHWs (82 per cent) were reached with supplies for household remedies and equipment, including 5,000 utility kits and 2,600 bicycles. Between January-December 2020, 17,198 Village Health Workers were trained on integrated community case management, particularly cholera management and early referral to facilities including management of COVID-19, community IPC and surveillance.

UNICEF also procured 6,180 branded bicycles for VHWs with support from HDF (5,000), the Chinese Government (600) and the World Bank (580), including Personal Protective Equipment (PPE) and Infection Prevention and Control (IPC) supplies for 5,000 VHWs. Moreover, equipment for 212 hand washing stations was procured to cover VHW training centres in 40 rural districts and 9 cyclone affected districts and more than 18,000 buckets with a tap for village-based handwashing stations. Village health workers continued to play a critical role in overcoming health access barriers imposed by COVID-19 by delivering basic services closer to the targeted population. Specifically, the VHWs provided minor curative services for diarrhoea and malaria in children under five where a total of 164,973 children (85,785 girls 79,188 boys) were treated at household level.

In December 2020, the second wave of the COVID-19 outbreak saw an increase in infections and deaths among health care workers, inadequate supply of PPEs and constrained access to essential health services due to lockdown measures. During the same period, Zimbabwe also experienced incessant rainfalls as a result of the tropical storm Chalane. In preparation for the impact anticipated from the weather phenomenon, UNICEF has prepositioned Acute Watery Diarrheal Kits and chlorine solution in the most at risk districts including Chipinge and Chimanimani and continues to support monitoring availability of essential medical supplies across the country. In addition, UNICEF continues to support monitoring and analysis of diseases of epidemic tendencies through the DHIS2 and weekly disease surveillance reports shared by MOHCC. As shown in Figure 3 above, diarrheal cases remained under control in 2020 despite pockets of diarrheal outbreaks particularly in Bulawayo due to water challenges experienced in the city. As of 27th December 2020, the cumulative number of diarrheal cases were 342,177 and 145 deaths (CFR: 0.04%)

The major challenges encountered in 2020 were incapacitation of healthcare workers due to the COVID-19 situation (inadequate PPE and allowances) leading to a protracted industrial action and reduced access to essential health services. Community Health Workers have been bridging the gap emanating from the situation. UNICEF has continued to invest in capacity building of the cadres through refresher trainings and assisting the MOHCC to develop guidelines for Infection Prevention and Control in the Community. In December, UNICEF finalized planning for 2021 activities and initiated the processes for funding and implementation of the activities. These include procurement of essential medical supplies and commodities which will be prepositioned in hotspots for cholera and other epidemic prone diseases and orders were raised for vaccines with less than 3 months stock level. UNICEF will continue to support distribution and installation of solar direct drive (SDD) refrigerators procured in 2020.

In 2020, UNICEF continued to support WASH coordination with the Government and sector partners through virtual meetings since the onset of COVID-19 outbreak in March 2020. As of end of December 2020, a total of 47 national coordination meetings were conducted through the Emergency Strategic Advisory Group (ESAG), which functions as the Zimbabwe WASH Cluster. Among the major achievements of the coordination meetings were finalization of the WASH component of the 2020 and 2021 Humanitarian Response Plans (HRP) facilitated by UNOCHA. In addition, through the WASH coordination mechanisms, UNICEF supported the operationalization of the WASH Sector Strategic Operational Framework and developed a contingency plan for Cyclone Chalane. Subsequently, contingency stocks were prepositioned in high risk districts and initial rapid assessments were undertaken after the cyclones hit highlighting chronic WASH needs in affected areas. Although the final results of the assessment will be forthcoming it is clear that additional humanitarian support may be required in communities that experienced localized flooding. In order to further
strengthen the coordination, preparedness and response capacities in Bulawayo province following the drought and diarrhoeal outbreak in the City of Bulawayo, a WASH in Emergencies training and orientation was conducted for 20 (15 males, 5 females) local government and sector stakeholders in December 2020. The training resulted in improved sharing of information and regular updates with the ESAG.

Between January and December 2020, a total of 753,362 people (417,388 males, 335,974 females) out of a target of 1.2 million were reached with safe water. This was achieved through the rehabilitation of 1,576 boreholes, 2 newly drilled boreholes, establishment of 15 solar powered and 3 gravity fed piped water schemes. An additional 128,081 people were reached with key hygiene messages in December 2020, resulting in a cumulative reach of 4,285,152 people since January 2020. This was achieved through conducting 8,118 health and hygiene sessions, establishing and reinstituting 1,342 health clubs in communities and marketplaces and setting up 1,242 handwashing stations in public places and institutions. A total of 11,944 additional households received WASH hygiene kits in December, giving a cumulative 74,512 vulnerable households benefitting from WASH NFIs since January 2020.

In 2020, UNICEF Humanitarian WASH interventions were adversely affected by the COVID-19 pandemic. Field access for implementing partners was hindered and implementation was slowed due to the lockdown restrictions. Community mobilization and capacity building of community health volunteers and other cadres had to be done in much smaller groups in order to observe social distancing, hence taking more time to accomplish intended results. Additionally, duty of care considerations for stakeholders and beneficiaries involved in the project required PPE procurement which has been challenging given the lack of reliable local supply chains. In addition, the procurement of WASH hygiene kits and borehole spares ordered from outside the country experienced delays related to the lockdowns and closure of borders. Given the increased risk of COVID-19 transmission, there is an urgent need to increase financing to improve WASH services in health facilities and schools to enable adequate infection prevention and control (IPC) and to ensure these critical sites do not exacerbate transmission. Further, additional humanitarian financing is required to address immediate WASH needs in districts affected by the cyclones and those areas that are affected by diarrhoeal and typhoid outbreaks as the disease outbreaks are putting additional burdens on Zimbabwe’s already very fragile health system during the COVID-19 pandemic. In 2021, considering the impact of anticipated floods and storms, UNICEF will focus on provision of critical WASH-related hygiene kits, with a focus on the most vulnerable families in the targeted areas, including pre-positioning emergency WASH supplies in the cholera hotspots and at-risk areas; restoring access to sufficient water of appropriate quality to fulfil the basic needs of the affected populations, and improving awareness among children and women on safe hygiene, proper solid waste management and sanitation practices, with a focus on community engagement, participatory health and hygiene education (PHHE).

In 2020, UNICEF continued to support the Education sector as the cluster co-lead with Save the Children. UNICEF continued to convene weekly cluster coordination meetings to review progress against the goals and targets set in response to the complex needs created by Cyclone Idai, the drought situation and COVID-19 pandemic as outlined in the Humanitarian Response Plan and the Education Cluster COVID-19 Preparedness and Response Strategy. Through the cluster coordination, UNICEF supported development of the 2020 and 2021 HNO and HRP; developed the cluster COVID-19 response plan; and supported drafting of multi-hazard response and preparedness plans. At the beginning of 2020, in response to Cyclone Idai, UNICEF provided 30,000 textbooks, 70 classroom tents, 400 early childhood development (ECD) kits, 500 school-in-a-box kits and 300 recreational kits to 29 schools (23 per cent of target) in cyclone-affected areas (Chimanimani, Chipinge, Mutasa, Mutare, Bikita and Buhera Districts) to ensure that 18,773 learners (9,170 girls, 9,603 boys) have continuous access to learning. Between August and September, UNICEF rolled out the second phase of the distribution of teaching and learning materials focused on 19 schools in Gutu and Zaka districts. The schools received 8,511 ‘My Story’ books, 1,138 boxes of colouring pencils and 58 teachers’ guides as well as cartons of soap and face masks.

As part of its COVID-19 emergency response, the Government of Zimbabwe, through the Ministry of Primary and Secondary Education (MoPSE) introduced the Radio Education programme which commenced in July 2020. The programme was meant to provide alternative and remote learning for learners who were now out of school due to the early closure of schools since 26 March 2020 under the national lockdown measures instituted by the GoZ. UNICEF provided technical and financial support to MoPSE towards development and broadcasting of radio lessons. In total, UNICEF supported the development, recording and broadcasting of 1,037 radio lessons in 2020 for both primary and secondary school levels, of which 988 were primary and 49 were secondary level lessons. Based on the U-Report survey results, about 1.7 million children (1,240,000 Primary and 460,000 Secondary) benefitted from the lessons broadcasts. In addition to the Alternative Learning Approach, development of scripts and recording of elevision (TV) lessons is in progress at Zimbabwe Broadcasting Corporation (ZBC) studios and the broadcasting of TV lessons is yet to commence. Between October and December, the distribution of materials for COVID-19 response continued and a total of 119,920 face masks, 10,921 cartons of 10 bars each, 3,906 gumboots, 6,968 COVID-19 posters, 825 hand sanitisers, 2244 brooms, 16,929 ECD books, 13,436 guidance note for ECD, and 35,270 containers (5L) of chlorine solution were distributed to schools across the 72 districts to support the return to school. Materials were also...
prepositioned in Mutare district in anticipation of the Cyclone Chalane. These materials include 100 school in a box kits, 100 recreational kits, 10 ECD kits, 60 plastic tarpaulin and 72 square metre tents.

One of the challenges with the Radio Education programme was that not all learners had access to the lessons due to a number of reasons. A visit to sampled districts carried out under the Joint Monitoring Visit (JMV) organized by MoPSE together with education partners in October 2020 soon after relaxation of lockdown measures revealed that some remote areas in the country did not receive radio signal. Also, it was revealed that some households did not have radio sets for their children to listen to the radio lessons. It was however gratifying to note from the monitoring reports that both learners and parents were aware of the Radio Education programme through the participating radio channels and newspapers where the radio lessons schedules were advertised. The schedules were also uploaded onto the MoPSE website for publicity, among other efforts to create awareness for the programme. The main method used in sharing the radio lessons’ schedules and general awareness creation was through four national newspapers with a broad readership across the country. In order to facilitate access to radio lessons by children in disadvantaged communities and schools, procurement of 3,168 radio sets has commenced and delivery is expected in March 2021. One key feature is that the radios have a USB port for playing pre-recorded lessons. This will enable children in the targeted remote areas where there is limited or non-existent radio signal to access pre-recorded radio lessons off-line. Memory sticks and CDs (3,000 each) on which the pre-recorded radio lessons will be uploaded are being procured for distribution together with the radios.

Focus in 2021 is to strengthen MoPSE capacity to respond to emergencies particularly in preparedness. UNICEF will support MoPSE to develop first term lessons so that they are available and ensure continued learning even when learners are at home. In addition, priority will be given to strategizing on how the sector can make up for the lost time and ensure that measures are in place to address the learning time lost during COVID-19.

**Child Protection**

Between January and December 2020, UNICEF continued to lead the Child Protection Sub-cluster and supported the Ministry of Public Service, Labour and Social Welfare to convene bi-weekly Child Protection Working Group (CPWG) meetings. The Sub-cluster has developed the 2020 and 2021 HNO and HRP documents, and drafted emergency preparedness plans for COVID-19 and multi-hazards in 2020. The child protection working group facilitated several trainings during the year including a webinar session on the integration of child protection across all clusters, training on protection from sexual exploitation and abuse (PSEA) and training on psychosocial support (PSS) benefitting about 150 participants. Since January 2020, UNICEF, in partnership with nine civil society organizations, reached 128,692 children (66,217 girls, 46,649 boys and 15,826 children with disabilities) with community-based PSS interventions, including at child safe spaces surpassing the planned target of 50,600 beneficiary children.

In 2020, UNICEF, through a partnership with Child Protection Society, supported 981 (355 girls and 626 boys) out of the targeted 2,300 unaccompanied and separated children with family tracing and reunification. In addition, 13,091 (10,064 females, 2,887 males, and 160 children with disabilities) survivors of violence, including gender-based violence, were supported to access multisectoral services (clinical care, psychosocial support, police and legal assistance, case management, etc.). The survivors received mental health and psychosocial support (MHPSS) and were referred to the Police Victim Friendly Unit (VFU) and Legal Resources Foundation (LRF) for legal assistance. During the same period, UNICEF, through Plan International continued to roll four drama sessions per week, two on Skyz Metro (estimated 500,000 listeners), one on National FM (698,000 listeners) and one on Radio Zimbabwe (2,500,000 listeners). The 15 minute-drama themes were on MHPSS, parenting and challenging norms that promote violation of children’s rights. In January 2021, the sub-cluster will focus on service delivery and finalisation of the HRP. Lessons from 2020 will be taken into account for planning in 2021.

**HIV/AIDS**

The partnership with the Ministry of Health and Child Care (MoHCC) continued to focus on children, adolescents, pregnant and lactating women living with HIV in terms of access to HIV services. During the first half of 2020, UNICEF contributed to the development of MOHCC rapid guidance on HIV service delivery in the COVID-19 context ensuring inclusion of guidance for children, adolescents and pregnant and lactating women living with HIV. In addition, MOHCC was supported to disseminate the updated management information to health workers to ensure adequate multi-month prescriptions for PLHIV to reduce risk COVID-19 transmission risk yet ensuring adequate HIV medicines stocks availability. By December 2020, a total of 18,735 children 9,871 girls, 8,864 boys); and 29,127 adults (24,101 females and 5,026 males) including pregnant and lactating women were on anti-retroviral therapy (ART) in the 15 priority districts. In response to the impact of COVID-19, the programme came up with innovative approaches to ensure HIV messages trickled into the community. To this end, posters with both HIV and COVID-19 messages were distributed at health
facilities and at any strategic locations in the community. Remote monitoring was also undertaken as a strategy to quality control data generated on the ground.

In 2020, UNICEF continued to support the National AIDS Council to mainstream HIV services in districts at risk of diarrheal diseases, drought and cyclones. Through the support, 594 HIV community network workers, including village health workers, adolescent peer supporters and members of the network of people living with HIV, were trained on integration of HIV responses into emergency in their localities. The training also extended to data collection and reporting, with the emphasis on data disaggregation to capture population subgroups and geographies. In partnership with Africaid in seven priority districts, UNICEF continued to support activities which focused on children and adolescents.

A total of 10,403 children and adolescents (6,593 females and 3,810 males) were provided with information on where to receive HIV services (testing, prevention, prophylaxis) and those living with HIV received support through peer interaction between January and December 2020. Furthermore, as many as 17,188 adolescents and young people provided with mental health and psychosocial support services by trained peer supporters through call centre run by a partner, Youth Advocates. A total of 3,115 people shared their concerns and asked questions/clarifications through established feedback mechanisms and were referred for appropriate services such as child protection and health care. OPHID, another UNICEF partner, is tracking facility services availability and has noted that HIV testing and community outreach activities are still stagnant despite further easing of the COVID-19 pandemic measures. Beyond 2020, UNICEF through its partners will continue engagement with communities to cascade the information dissemination and saturate areas in the target districts. In addition, UNICEF will continue to support health facilities for uninterrupted HIV services provision and ensure those clients on treatment continue to receive timely and quality care and treatment with a focus on humanitarian hotspots.

Social Protection

The Emergency Social Cash Transfer Programme (ESCT) was launched in August 2020 for the two target districts of Highfields and Gutu. By December 2020, the programme was fully operational and a total of 6,139 beneficiary households (4,731 in Highfields and 1,408 in Gutu) had received their emergency cash transfers. In Highfields the programme has identified 5,854 beneficiary households and 1,455 beneficiary households are currently registered in Gutu and continue to receive their monthly payments. Of the beneficiaries currently registered a number are unable to receive payments due to lack of national identification. In Highfields 13% of beneficiaries fall under this category and efforts are underway to support them in identifying proxies to collect payments on their behalf. In Gutu there are 35 households (2% of beneficiary population) where further follow-ups are being carried out. Considerations are being made to add around 2,000 additional households in a new location in Harare. The new location is anticipated to come on board in April 2021.

Communications for Development (C4D), Community Engagement & Accountability

UNICEF continued to support communication for development, and community engagement across all UNICEF multi-hazard response sectors in 2020. Between January and March, over 350,000 people in drought affected areas were reached with key messages on Oral Cholera Vaccine (OCV) delivered through roadshows. Apostolic Women Empowerment Trust (AWET), a C4D partner, through interpersonal communication, reached 10,760 women, 6,000 girls, 9,040 men and 4,200 boys at apostolic church sites with messages to encourage uptake of vaccinations and services in health facilities by the apostolic community. By September, over 17 million people had been reached through communications activities (out of the target of 10 million for the year). In addition, more than 2.5 million (over 100 per cent of the annual target), were engaged through community engagement and inter-personal communication. Through Vuka Africa, a C4D partner, 13,520 women, 6,432 girls, 6,654 boys and 9,271 men, were reached with integrated COVID-19 and prevention of SGBV messages using theatre for development approach. Through partnership with AWET, UNICEF reached 1,620,000 people with key messages on integrated COVID-19, prevention of SGBV, health promotion, SRHR and disability inclusion.

Between August and September, through the “Live Well: Health and Nutrition Show”, a 30-minute program launched in April to focus on the nutrition crisis as well as integrating information around COVID-19, HIV, WASH, Education, Child Protection and other health issues with local experts in local languages. More than 8 million listeners were reached with a total of 130 radio episodes. World Breastfeeding Week (WBW) was commemorated online with messages disseminated via community radio stations, social media and print media under the theme “Support Breastfeeding for a Healthier Planet!”. Posts sent from the UNICEF social media accounts (Twitter, Facebook, Instagram, IOGT and LinkedIn) around the event reached 90,959 people. Jingles and selfie videos developed through the partnership with MoHCC and the National Arts Council were disseminated through radio and social media platforms, reaching over 8 million people.
In December, UNICEF also rolled out the interfaith engagement for COVID-19 behaviour, social change and continuity of essential services project in 27 districts. AWET in collaboration with Christian and Muslim faith leaders conducted a festive season mass media campaign, highlighting common festive season risky behaviours and practices fuelling COVID-19 spread. The campaign also reinforced messaging on COVID-19 prevention and safe access to health, nutrition WASH and protection services. TV spots flighted on ZBC/TV during prime time reached 2.5 million viewers and 3.2 million listeners were reached through 3 radio stations (Star FM, Diamond FM and Nyami Nyami FM). The content was cross posted on social media platforms (WhatsApp community groups, Facebook and Twitter). In January, AWET trained 972 Behaviour Change Facilitators to conduct interpersonal communication on COVID-19 prevention and continuity of essential services in the 27 districts.

In partnership with GOAL Zimbabwe, UNICEF reached 1.2 million people with integrated COVID-19 prevention and continuity of care key messages under the COVID-19 Reinforcing Behaviour Change and Continuity of Care Campaign targeting hotspot districts in 8 provinces. Nearly 6 million people have been reached since September 2020. Over 61,000 respondents have provided their feedback on the campaign through community surveys conducted by the roadshow teams.

In December, six episodes of the COVID-19 Weekly Update were produced and broadcasted on ZBC/TV, in partnership with the Ministry of Health and Child Care and the Ministry of Information. The show provides epidemiological updates and reminds communities on the public health and social measures to contain COVID-19, and reaches 2.5 million viewers every week. The 3 episodes broadcasted in 2021 were uploaded on IoGT, reaching 1,030 viewers.

COVID-19 was integrated in other emergency activities as originally planned in the HAC. To support emergency safety communication, UNICEF utilized digital communication through U-Reporters and Rapid Pro. For Cyclone Chalane, emergency safety messages and warnings were sent to affected provinces of Masvingo and Manicaland and 51,633 U-Reporters were reached with a 92% delivery. Through Rapid Pro, 5,397 Village Health Workers were reached in the five affected provinces of Mashonaland East, Mashonaland Central, Masvingo, Manicaland and Harare. UNICEF will also continue to support communication for development, community engagement and accountability across the sectors of health, nutrition, WASH and education as well as coordinating with the Ministry of Health and Child Care on COVID-19 and cholera response.

Strategy

UNICEF Zimbabwe continues to serve as cluster lead in WASH, Education (co-lead with Save the Children), Nutrition and Child Protection for coordination of emergency response efforts to support the government of Zimbabwe. Regular coordination meetings were held at cluster and inter-cluster levels with active participation of UNICEF cluster leads and focal points, various partners including other UN agencies. During the COVID-19 response, UNICEF is leading the Risk Communication and Community Engagement (RCCE) and the Infection Prevention and Control (IPC) Pillars, while providing critical technical, financial and logistical support to the Coordination, Case Management, Logistics, Procurement and Supply, and Ports of Entry (PoE) pillars of the COVID-19 Response Task Force.

Human Interest Stories and External Media

COVID-19 related media and human interest stories were the predominant focus throughout 2020 with more than 30 humanitarian related stories published. Some highlights include several stories about responses to COVID-19 at the community level including a story about a day in the life of Village Health Care Worker, the training of VHWs in responding to COVID-19, the integrated mobile trucks campaign to raise awareness about COVID-19, hygiene and GBV, and the supply of PPE for health care workers in Zimbabwe. A story about the Health Development Fund explored Zimbabwe’s multi-layered humanitarian emergency.

Several stories related to the drought and nutrition crisis were published including the story ‘First came the drought, then the cyclone’ and a story about the lifesaving qualities of Plumpy Nut (Ready to use Therapeutic Food) in tackling malnutrition.

Additional stories can be found on UNICEF’s website and social media channels:
UNICEF Zimbabwe stories: https://www.unicef.org/zimbabwe/stories
UNICEF Zimbabwe Social Media: Facebook, Twitter, LinkedIn

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1 Mbire, Mt Darwin, Rushinga, Shamva, Muzarabani, Chimanimani, Chipinge, Buhera, Mutare Rural, Mutasa, Nyanga; Hurungwe, Karoi, Makonde, Zvimba; Gokwe North, Gweru, Shurugwi, Kwekwe; Binga, Tsholotsho; Bulilima, Matobo, Umzingwane, Zaka, Bikita and Gutu
2 Harare, Bulawayo, Manicaland, Masvingo, Matabeleland South, Mashonaland East, West and Central
**Annex A**

**Summary of Programme Results**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Overall needs</th>
<th>2020 target</th>
<th>Total results*</th>
<th>Change since last report ▲▼</th>
<th>2020 target</th>
<th>Total results</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children aged 6 to 59 months affected by SAM and moderate acute malnutrition admitted to community-based treatment programmes</td>
<td>36,039</td>
<td>36,039</td>
<td>19,807</td>
<td>▲310</td>
<td>36,039</td>
<td>19,807</td>
<td>▲310</td>
</tr>
<tr>
<td># of children and women receiving micronutrient supplementation</td>
<td>991,168</td>
<td>991,168</td>
<td>513,795</td>
<td>No change</td>
<td>991,168</td>
<td>513,795</td>
<td>No change</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children, women and men accessing health services</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>WASH</strong></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people accessing safe water</td>
<td>1,792,343</td>
<td>1,792,343</td>
<td>N/A</td>
<td></td>
<td>1,200,000</td>
<td>645,750</td>
<td>▲125,280</td>
</tr>
<tr>
<td># of households provided with hygiene kits</td>
<td>52,500</td>
<td>52,500</td>
<td>N/A</td>
<td></td>
<td>35,000</td>
<td>47,859</td>
<td>▲9,183</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of vulnerable children reached with community-based psychosocial support interventions, including at child safe spaces</td>
<td>110,000</td>
<td>110,000</td>
<td>N/A</td>
<td></td>
<td>50,600</td>
<td>128,692</td>
<td>▲8,270</td>
</tr>
<tr>
<td># of unaccompanied and separated boys and girls identified, documented and receiving family tracing and reunification services</td>
<td>5,000</td>
<td>5,000</td>
<td>N/A</td>
<td></td>
<td>2,300</td>
<td>981</td>
<td>No change</td>
</tr>
<tr>
<td># of survivors of violence, including gender-based violence, accessing multisectoral services (clinical care, psychosocial support, police and legal assistance, case management, etc.)</td>
<td>35,000</td>
<td>35,000</td>
<td>N/A</td>
<td>16,100</td>
<td>13,091</td>
<td>No change</td>
<td></td>
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</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of boys and girls aged 3 to 12 years accessing quality formal or non-formal education (including early childhood development and primary education)</td>
<td>1,200,000</td>
<td>853,000</td>
<td>333,841</td>
<td>27,587</td>
<td>No change</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># pregnant and lactating women, children and adolescents living with HIV who continue to receive prevention of mother-to-child transmission of HIV and treatment services</td>
<td></td>
<td></td>
<td>60,000</td>
<td>47,862</td>
<td>▲4,259</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Social Protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of vulnerable households receiving cash transfers to support access to basic services</td>
<td></td>
<td></td>
<td>30,000</td>
<td>6,139</td>
<td>▲6,139</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>C4D</strong></td>
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<td></td>
</tr>
<tr>
<td># of people reached with life-saving messages</td>
<td></td>
<td></td>
<td>1,600,000</td>
<td>17,889,871</td>
<td>No change</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The number of reporting districts were revised from 25 to 15. Young people aged 20-24 were removed from the analysis as they fall outside the UNICEF target population. That is, the programme targets the 0-19, as well as pregnant and breastfeeding women of all ages.

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Annex B

**Funding Status**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Funds Available</th>
<th>Funding Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10
<table>
<thead>
<tr>
<th>Requirements for 2020</th>
<th>Received Current Year</th>
<th>Carry Over</th>
<th>Total Available</th>
<th>$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>5,819,158</td>
<td>3,556,546</td>
<td>770,640</td>
<td>4,327,186</td>
<td>1,491,972</td>
</tr>
<tr>
<td>Health</td>
<td>20,000,000</td>
<td>898,963</td>
<td>289,445</td>
<td>1,188,408</td>
<td>18,811,592</td>
</tr>
<tr>
<td>WASH</td>
<td>23,688,000</td>
<td>5,854,938</td>
<td>1,589,404</td>
<td>7,444,342</td>
<td>16,243,658</td>
</tr>
<tr>
<td>Child Protection</td>
<td>5,766,030</td>
<td>1,739,481</td>
<td>825,067</td>
<td>2,564,547</td>
<td>3,201,483</td>
</tr>
<tr>
<td>Education</td>
<td>25,373,621</td>
<td>145,627</td>
<td>209,915</td>
<td>355,542</td>
<td>25,018,079</td>
</tr>
<tr>
<td>HIV &amp; AIDS</td>
<td>1,000,000</td>
<td>264,063</td>
<td>337,678</td>
<td>601,740</td>
<td>398,260</td>
</tr>
<tr>
<td>C4D</td>
<td>500,000</td>
<td>191,511</td>
<td>0</td>
<td>191,511</td>
<td>308,489</td>
</tr>
<tr>
<td>Social Protection</td>
<td>19,440,000</td>
<td>1,090,643</td>
<td>0</td>
<td>1,090,643</td>
<td>18,349,357</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>101,586,809</strong></td>
<td><strong>13,741,770</strong></td>
<td><strong>4,022,149</strong></td>
<td><strong>17,763,919</strong></td>
<td><strong>83,822,890</strong></td>
</tr>
</tbody>
</table>

* The reported figures exclude COVID-19 grants