In Zimbabwe, an estimated 6.8 million people, including 2.8 million children, will be in urgent need of humanitarian assistance in 2021 due to multiple hazards, including the coronavirus disease 2019 (COVID-19) pandemic and the economic crisis. About 4.1 million people, including 2 million children need life-saving health services. More than 38,000 children with severe acute malnutrition (SAM) need treatment; 3 million people require safe water and sanitation; 1.7 million children need formal and non-formal education; and 2.2 million people in urban areas require social protection.

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$65.8 million to meet humanitarian needs in Zimbabwe in 2021, including US$18.9 million for emergency social cash transfers and US$14.8 million for the Water, sanitation and hygiene (WASH) response.

### KEY PLANNED TARGETS

<table>
<thead>
<tr>
<th>Target</th>
<th>2021</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children admitted for treatment for severe acute malnutrition</td>
<td>22,175</td>
<td>610,057</td>
</tr>
<tr>
<td>Children and women accessing health care</td>
<td>2.7 million</td>
<td>409,716</td>
</tr>
<tr>
<td>People accessing a sufficient quantity of safe water</td>
<td>610,057</td>
<td>409,716</td>
</tr>
</tbody>
</table>

### IN NEED

<table>
<thead>
<tr>
<th>Category</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>People</td>
<td>6.8 million</td>
<td>2.8 million</td>
</tr>
<tr>
<td>Children</td>
<td>2.8 million</td>
<td>2 million</td>
</tr>
</tbody>
</table>

### TO BE REACHED

<table>
<thead>
<tr>
<th>Category</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>People</td>
<td>2.7 million</td>
<td>2 million</td>
</tr>
<tr>
<td>Children</td>
<td>2 million</td>
<td>10</td>
</tr>
</tbody>
</table>

### FUNDING REQUIREMENTS

<table>
<thead>
<tr>
<th>Year</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>US$ 65.8 million</td>
</tr>
<tr>
<td>2021</td>
<td>US$ 65.8 million</td>
</tr>
</tbody>
</table>
HUMANITARIAN SITUATION AND NEEDS

While Zimbabwe is expected to receive normal to above normal rainfall in the 2020–2021 rainfall season,11 with La Niña in the forecast, the country is at risk of flash flooding and outbreaks of diarrhoeal diseases, including cholera. An estimated 6.8 million people,12 including 2.8 million children,13 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 2020.14

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.15 The country’s annual inflation rate reached an all-time high of 837.5 per cent in July 2020—compared to 230.4 per cent in July 2019—before declining to 401.7 per cent in November 2020, according to the Zimbabwe National Statistics Agency. Food inflation increased from 22.6 per cent in November 2019 to 385 per cent in November 2020. The high inflation has eroded incomes, household-level coping mechanisms and purchasing power, negatively impacting people’s ability to pay for social services. Due to the deepening economic crisis, 2.2 million people in urban areas who were food insecure in 2020 will likely remain so in 2021.17

As of 31 December 2020, Zimbabwe reported nearly 14,000 cases of COVID-19; over 350 deaths and over 11,000 recoveries.16 Some 4.1 million people18 will need life-saving health services, over 38,000 children19 with SAM will need treatment, and 140,000 people will need HIV and AIDS services.20 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;21 as schools reopen, 1.7 million children will need emergency formal and non formal education;22 and 2.2 million people in urban areas will need social protection.23

Gender-based violence and violence against children are also on the rise. Between April and August 2020, over 4,400 cases were reported,24 up 35 per cent for the same period last year. Overall, 1.3 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.25

SECTOR NEEDS

Nutrition
1.5 million children need nutrition assistance26

Health
4.1 million people need health care services27

Water, sanitation and hygiene
3 million people lack access to safe water and sanitation28

Social protection and cash transfers
2.2 million people (urban) need social protection services29

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
UNICEF and partners are working in collaboration with the Government to respond to the complex multi-hazard situation in Zimbabwe. 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, 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. Provision of mental health and psychosocial support (MHPSS) will also be a key strategy to address the impact of violence against children, GBV and other protection impacts of COVID-19 and other multi-hazards.

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 demand creation and integrate interventions to ensure 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

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

### 2021 PROGRAMME TARGETS

#### Nutrition
- 22,175 children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- 476,926 children aged 6 to 59 months receiving vitamin A supplementation every six months

#### Health
- 453,326 children aged 6 to 59 months vaccinated against measles
- 2,700,000 children and women accessing primary health care in UNICEF-supported facilities

#### Water, sanitation and hygiene
- 610,057 people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene
- 125,000 people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services

#### Child protection, GBViE and PSEA
- 90,000 children and caregivers accessing mental health and psychosocial support
- 90,000 women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions

#### Education
- 409,716 children accessing formal or non-formal education, including early learning

#### Social protection and cash transfers
- 25,000 households (105,000 individuals) benefiting from cash transfers through UNICEF’s established Emergency Social Cash Transfer programme

#### HIV and AIDS
- 70,000 children, adolescents, and 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 services
- 20,000 people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms
FUNDING REQUIREMENTS IN 2021

UNICEF is requesting US$65.8 million to respond to the impacts of potential flooding, epidemics, including COVID-19, and the economic crisis. 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 610,000 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, 2.7 million people, including 2 million children are at risk of life-threatening multiple hazards triggered by the country’s continuing crises.

<table>
<thead>
<tr>
<th>Sector</th>
<th>2021 requirements (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>6,692,031</td>
</tr>
<tr>
<td>Health</td>
<td>10,200,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>14,848,252</td>
</tr>
<tr>
<td>Child protection, GBViE and PSEA</td>
<td>3,270,960</td>
</tr>
<tr>
<td>Education</td>
<td>9,650,108</td>
</tr>
<tr>
<td>Social protection and cash transfers</td>
<td>18,917,977</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>600,000</td>
</tr>
<tr>
<td>C4D, community engagement and AAP</td>
<td>1,600,000</td>
</tr>
<tr>
<td>Total</td>
<td>65,779,328</td>
</tr>
</tbody>
</table>

*This includes costs from other sectors/interventions: Child protection, GBViE and PSEA (5.0%), C4D, community engagement and AAP (2.4%), HIV and AIDS (<1%).

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The reduced budget is due to leveraging on other resources in the Health and Nutrition platforms which includes outreach and community systems integration.