



Zimbabwe

Humanitarian Situation Report No.6

unicef  for every child

Multi-hazard Situation Report # 6 August 1- 31 2024

Highlights

- According to the 2024 Zimbabwe Livelihoods Assessment Committee (ZimLAC), 7.6 million people (50 per cent of the total population) in the country are facing food insecurity. Furthermore, the prevalence of child wasting has increased from 4.1 per cent to 4.9 per cent in 2023 and 2024 respectively.
- Seasonal outlook indicated increased chances of La Niña for the 2024/25 rainfall season, increasing the risk of flooding.
- In addition, 4 per cent of the enumerated water sources in the country have dried up, and 11 per cent of water points are broken down.
- Since January 2024, more than two million children aged 6-59 months were screened for wasting and 7,004 children were treated.
- As of 31 August 2024, 304,112 children received the first dose of measles rubella 1 and more than two million people accessed essential primary health care services in UNICEF-supported facilities.
- Common diarrhoea cases increased from 29,445 in July to 43,661 in August. Out of the cases reported in August, 55 per cent were children under five.
- UNICEF reached 434,035 people (including 86,807 children and 135 People with Disabilities (PWD), with safe water in cholera and drought affected areas.

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)

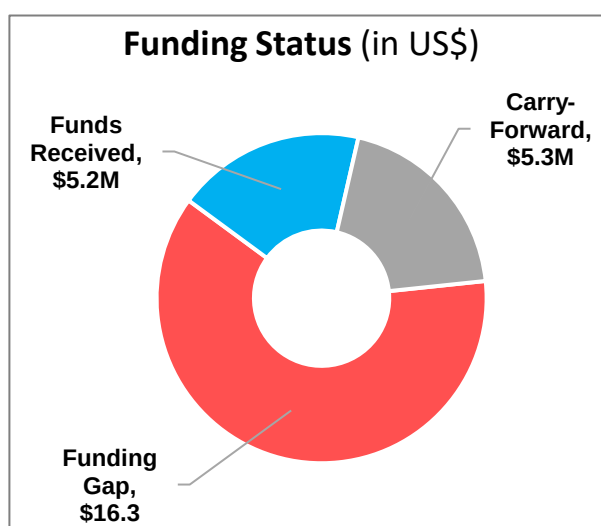


978,611
Children to be reached.
(HAC 2024)

**UNICEF HAC appeal
2024 US\$ 26.8 Million**

UNICEF's Response and Funding Status

Nutrition	SAM Admission	38%
	Funding status	32%
Health	Access to health services	98%
	Funding status	47%
WASH	People with safe water	100%
	Funding status	72%
Child Protection	Child protection services	94%
	Funding status	38%
Education	Children in school	100%
	Funding status	5%
HIV/AIDS	PLWHIV receiving ART	51%
	Funding status	11%
SBC	Life saving messages	100%
	Funding status	66%



Funding Overview and Partnerships

To respond to the humanitarian needs in Zimbabwe, UNICEF is appealing for US\$26.8 million in 2024¹, to address the urgent needs of affected populations. The country is facing multiple crises, including the El Niño induced drought, protracted cholera outbreak, polio outbreak, economic crisis, as well as the risk of a Mpox outbreak. The funding will enable UNICEF to provide critical humanitarian assistance to 2 million people including 978,611 children in the most affected areas. So far, UNICEF Zimbabwe has 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, Center 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, and the United Kingdom, and Gavi, the Vaccine Alliance. Additionally, private sector partners such as Alliance Media and JCDecaux have provided valuable in-kind support through digital billboard space for critical messaging, while Universal Postal Services (UPS) have provided essential cash-in-kind logistics support for essential commodities including intravenous fluids, infusion sets and oral rehydration salts.

Situation Overview and Humanitarian Needs

Zimbabwe faces a complex humanitarian crisis, driven by climate related El Niño drought, economic instability, and public health emergencies, including cholera and polio outbreaks. The country 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. Out of the 7.6 million people, 5.9 million are in rural areas and 1.7 million in urban areas, and the droughts impact will be most severe 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.

The 2024 ZimLAC rural report results show an increase in child wasting from 4.1 per cent to 4.9 per cent in 2023 and 2024, respectively. The report also indicates a decrease in the proportion of households accessing basic water services 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. The report reveals that 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 youths².

Similarly, the 2024 urban ZimLAC 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, the report shows that 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 defecation³. 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.

The impacts of the El Niño drought are expected to worsen in the latter part of 2024 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. Additionally, due to water scarcity, a spike in diarrhoeal and other water-related diseases was noted during the reporting period. Common diarrhoea cases increased from 29,445 in July to 43,661 cases in August (48 per cent

¹ [Zimbabwe Appeal | UNICEF](#)

² [ZimLAC-2024_Rural_Livelihoods-Assessment-Technical-Report-2024](#)

³ [ZimLAC-2024_Urban-Livelihoods-Assessment-Technical-Report.pdf.pdf \(unicef.org\)](#)

increase), with 55 per cent cases reported in August being children under five years old. Additionally, 1,535 dysentery cases and 11 typhoid cases were reported in August. Confirmed malaria cases increased from 1,391 cases in July to 1,459 cases in August, with seven malaria deaths reported⁴.

According to the July 2024 Rural Infrastructure Development Agency (RIDA), Water Situation Report, 6,028 (11 per cent) of the country's water points are on breakdown, 2,310 (4 per cent) of the enumerated water sources in the country have dried up, primarily in Masvingo, Matabeleland South, and Midlands Provinces. As the drought intensifies, its cumulative effects will overwhelm households' coping mechanisms later in 2024, leading to a peak in the severity of the water security and nutrition status of children.

As a result of the evolving humanitarian needs related to El Niño, UNICEF Zimbabwe's response plan requires a total funding of US\$84.9 million, targeting 1.34 million people (866,072 children), for humanitarian response focusing on strengthening integrated lifesaving services in Health, Nutrition, Water and Sanitation, Child Protection, Education, and Social Protection. So far, UNICEF Zimbabwe has received a total of 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)⁵.

Following the declaration of Mpox as an International and Continental Public Health Emergency by WHO and Africa CDC respectively, Zimbabwe initiated preparedness efforts to mitigate the risks and impact of Mpox. In August 2024, a national Mpox readiness assessment was conducted using a global standard checklist, revealing a 68 per cent overall readiness rate for the country. The assessment highlighted limitations in coordination, surveillance, and moderate case management. The assessment also revealed shortages of laboratory equipment, limited trained personnel, sub-optimal medical countermeasures, coordination mechanisms with limited functionality, and a sub-standard Mpox vaccination strategy.

Considering confirmed Mpox cases in South Africa and other countries across the continent the Ministry of Health and Childcare (MoHCC) developed a National Mpox preparedness and response plan in collaboration with partners. This plan outlines priority actions across all pillars, following global and regional standards set by WHO and Africa CDC, to prepare for a potential outbreak. MoHCC has also produced and distributed informative factsheets, key messages, and guidance on Mpox for the public. Zimbabwe has reported no confirmed cases, however, alerts and suspected cases in various areas have been investigated and negative results were reported.

Although the MoHCC declared the end of the cholera outbreak, the root causes remain unresolved. The key environmental risks include inadequate WASH infrastructure, frequent sewer bursts, irregular water supply worsened by power cuts, shortages of water treatment chemicals, poor waste management, and unsafe hygiene practices. Rapid urban population growth has led to informal settlements lacking proper water and sanitation systems, forcing communities to rely on contaminated sources like shallow wells and river water. The El Niño-induced drought has worsened the situation, drying up traditional water sources, while urban sewer blockages, illegal settlements, and open defecation further contribute to groundwater contamination.

The Southern Africa Regional and National Climate Outlook forums issued official seasonal statements for the 2024/25 rainfall season which indicate increased chances of normal to below normal rainfall in Zimbabwe between October and December 2025 while for the second half of the rainfall season (January to March 2025), the outlook indicates normal to above normal rainfall across the country. The outlook of the second half of the season indicates an elevated risk of flooding in flood-prone areas, potentially contaminating water sources and triggering another cholera outbreak given the poor WASH services delivery in the country.

As of August 2024, Zimbabwe detected 22 circulating vaccine-derived poliovirus type 2 (cVDPV2) cases from four environmental samples (ES) in Harare since October 2023 (17 cases from 2023 and five in 2024). Furthermore, in January 2024, one index human poliovirus type 2 was reported in a 10-year-old girl with a case of Acute Flaccid Paralysis (AFP).

⁴ [Weekly Disease Surveillance Report Week Number 35 of 2024.pdf](#), Ministry of Health and ChildCare

⁵ [Response to El Nino emergency in Zimbabwe | UNICEF Zimbabwe](#)

Summary Analysis of Programme Response



Health

UNICEF, in collaboration with WHO, other UN agencies, continued to provide technical and financial support to the MoHCC for public health emergencies' prevention, preparedness and response activities including vaccine-preventable diseases (VPDs). UNICEF and partners provided technical support for the development of the national Mpox preparedness and response plan following a national Mpox preparedness assessment done on 16 August 2024. UNICEF continues to support surveillance activities at community level through financial support to implementing partners with operational presence at sub-national level.

UNICEF provided technical support to MoHCC, focusing on strengthening routine EPI programming as part of prevention and preparedness for vaccine-preventable disease. In addition, UNICEF continues to support MoHCC to undertake polio surveillance activities.

In August, UNICEF procured emergency response medical supplies including 50,000 intravenous fluids, 50,000 paracetamol boxes of 100, and 62 acute watery diarrhoea kits (periphery equipment kits, periphery renewable kits, community care kits, logistics periphery kits and periphery drug kits), earmarked for preparedness of cholera and other diarrhoea diseases. These supplies will cater for an average of 6,200 severe diarrhoeal patients.

Additionally, between January and August 2024, a total of 304,112 children (151 556 girls, 152 556 boys) out of an annual target of 510,704 received the first dose of measles rubella 1. Furthermore, 2 million people (1.4 million females and 540,398 males) accessed essential primary health care services in UNICEF-supported facilities.



Nutrition

UNICEF in collaboration with the MoHCC continued convening monthly nutrition sector coordination meetings. UNICEF supported the Integrated Management of Acute Malnutrition (IMAM) coverage assessment, and the results were presented to the nutrition sector. The results revealed a low coverage of treatment for children with wasting at less than 20 per cent across both rural and urban districts, highlighting the need for improved active and passive case-finding and overall quality improvements to the IMAM programme. In addition, the results showed a proxy-GAM (Global Acute Malnutrition) of 1.1 per cent and 1 per cent for urban and rural districts respectively, consistent with the results of the mid-upper arm circumference (MUAC) screening data obtained from 10 of the 29 high-priority districts which show a low, steadily increasing prevalence of acute malnutrition in districts with no scaled-up drought response. There were no increases in GAM rates in the five districts supported by Central Emergency Response Fund (CERF).

Intensification of MUAC screening for wasting among children aged 6 - 59 months continues and has now been rolled out in all 29 high-priority districts. The surveillance data from the screening is available for 10 districts with data analysis support planned for the remaining 19 districts. The scaling up of Care Group activities continued in eight districts, integrating WASH and agriculture activities with a focus on surge support to health facilities for IMAM treatment.

As of August 2024, a total of 2 million children (1 million girls and 982,971 boys) aged between 6-59 months were screened with MUAC for wasting in the community and 7004 children 6-59 months (3855 girls and 3149 boys) were referred and treated for wasting (District Health Information System, DHIS2) from annual target of 848,093 and 18,378 respectively. Additionally, 908,478 children (442,530 girls and 465,948 boys) aged 6-59 months were reached with Vitamin A Supplementation (VAS) at health facilities and community-level platforms out of the targeted 961,171. Furthermore, 708 487 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).

Additionally, the nutrition sector is collaborating with other sectors to enhance preparedness planning for a potential Mpox outbreak. This includes the development of nutrition and Mpox messages aligned with regional guidance, primarily focusing on safeguarding breastfeeding practices, screening of children for wasting, alongside establishing a nutrition response plan.



HIV/AIDS and Adolescent Development and Participation

UNICEF in collaboration with the Government continues 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 diarrhoeal diseases and food insecurity due to El Niño induced drought. A total of 16,270 pregnant and lactating women and 15,168 children aged 0 to 14 years (8,030 girls and 7,138 boys), out of a target of 30,000 living with HIV are continuing ART as of August 30, 2024, in the UNICEF targeted districts.

In response to the effects of the El Niño induced drought, HIV and Adolescent participation has been added to the country office preparedness and response plans to strengthen surveillance support for preventing disruptions and continue the provision of HIV prevention and treatment services.



Water, Sanitation and Hygiene (WASH)

To ensure the effectiveness and efficiency of WASH interventions in El Niño drought response, UNICEF continues to support WASH sector coordination at national and sub-national levels. An Emergency Strategic Advisory Group (E-SAG) meeting was convened to address the impact of El Niño on the WASH sector. Discussions highlighted the increased reports of boreholes drying up and the increased probability of drilling dry boreholes. According to a water situation report⁶ 2,310 water points (4 per cent) have dried up and 6,028 (11 per cent) of the country's water points are on breakdown. UNICEF, as co-chair of the Water Resources and WASH Subcommittee, with the Department of WASH identified priority interventions for government and WASH partners in the drought response.

As of August 2024, UNICEF and its implementing partners reached 434,035 people out of a target of 258,277 (242,990 females and 191,010 males), with safe water through the rehabilitation of 67 handpumps and the construction of 15 solar-powered piped water systems in five drought-affected areas, which are also cholera hotspots. This included 86,807 children and 135 PWD. In line with UNICEF's advocacy for multipurpose and climate-sensitive water systems, the 15 solar-powered piped water systems supported three dip tanks, six community gardens, and ten cattle troughs in the five districts of Manicaland and Masvingo provinces, improving drought resilience livestock and food security for local communities. UNICEF also established 82 water point committees to support the operation and maintenance of water systems, ensure risk-informed planning through development of drinking water safety and security plans (DWSSP) as well as environmental and social safeguarding (ESS) approaches to water programming.

To promote improved hygiene practices 478,570 people (223,973 females and 254,462 males) including 95,714 children, within communities and in schools were reached with critical hygiene kits (buckets with taps, soap, water guards, jerrycans, handwashing buckets and IEC materials). This support has enabled good hygiene practices, safe water chain management and handwashing at critical times. Additionally, UNICEF supported Harare City, Manicaland, Mashonaland East and Midlands provinces with 2,500 critical hygiene kits to promote good hygiene practices among households in hotspot areas following a spike in diarrhoeal cases. Furthermore, UNICEF and partners have reached 345,692 people (197,044 females; 148,648 males), including 51,248 children, with key hygiene messages on cholera prevention through door-to-door visits, as well as community and school health club sessions.

UNICEF continues to support water quality monitoring activities in high-risk areas by supplying essential water quality monitoring consumables, materials for bacteriology analysis and logistical support in Harare, Bulawayo, Manicaland, Masvingo, Midlands, and Mashonaland Central provinces and free residual chlorine testing for Harare.



Child Protection

UNICEF continues to support the Government and other partners in coordinating Child Protection in Emergency (CPiE) interventions. In August 2024, the Child Protection Working Group held a national coordination meeting, leading to an agreement to conduct a rapid assessment in 15 affected districts to understand the impact of food insecurity on child protection. A total of 752 community childcare workers (60 per cent female) were trained in CPiE, enabling them to identify and provide protection services to 1,996 children (1,184 girls and 812 boys) facing various protection concerns.

⁶ Water Situation Report, Rural Infrastructure Development Agency (RIDA), July 2024

Additionally, UNICEF reached 437 cholera-affected households within the apostolic sect, providing information on cholera, access to basic inclusive protection, mental health, and psychosocial support (MHPSS), and positive parenting.

As of August 31, 2024, a total of 12,304 women and girls (out of target 60,000) accessed gender-based violence (GBV) risk mitigation and response interventions, while 60,635 children and caregivers (out of target 120,089) benefited from community-based MHPSS of which 77 per cent are female, and 23 individuals with disabilities. Additionally, 202 unaccompanied and separated children (152 girls and 50 boys) received family-based alternative care, and 62,853 individuals out of target 800,000 utilized safe and confidential reporting platforms for Violence Against Children (VAC) and GBV concerns of which 67 per cent female.

UNICEF in partnership with Musasa, provided protection services to 880 GBV survivors (99 per cent female) via one-stop centers, safe shelters, and a call center. Additionally, UNICEF in collaboration with Family Support Trust (FST) addressed the needs of 144 child survivors of sexual abuse (90 per cent female) with child-friendly health services, along with 100 women (33 girls) at Magogo's. To mitigate negative coping mechanisms, 26 traditional and religious leaders (6 female and 20 male) were engaged in community dialogues focusing on preventing child marriages and GBV in the drought context.

PSEA, Gender, and GBV

UNICEF Zimbabwe Country Office continues to provide gender technical support in emergency preparedness and response, aligning with the Gender Equality commitments outlined in 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, data disaggregation, and a focus on adolescent girls. The office also integrates Gender and Protection from Sexual Exploitation and Abuse (PSEA) across all sectoral interventions, working closely with partners to strengthen systems for Gender, GBV, and PSEA, while gathering community feedback. As of August 31, 2024, a total of 1,733 UNICEF staff and partners (935 females, 799 males) participated in capacity-building sessions on Gender, GBV, and PSEA, with an emphasis on gender-responsive and transformative programming or both development programming and humanitarian action.



Education

As co-lead of the Education Cluster, UNICEF Zimbabwe in collaboration with the Ministry of Primary and Secondary Education (MoPSE) and partners focused on ensuring uninterrupted learning for children in crisis-affected areas during the reporting period. In August 2024, UNICEF held a pre-cluster meeting with MoPSE to advocate for stronger leadership in the Education Cluster and emphasize preparedness for Mpox and the upcoming rainy season.

UNICEF in collaboration with MoPSE supported 36,724 children out of a target of 34,924, (18,663 girls; 18,061 boys), 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 attendance rates and enhanced academic performance of children, addressing food insecurity caused by the El Niño-induced drought and economic challenges. In August, additional funds were disbursed to 126 schools (out of an original target of 123 and three newly targeted schools) as part of the El Niño humanitarian response in Mangwe, Mudzi, Makoni, Binga and Rushinga districts.

In response to increased emergency risks, UNICEF and MoPSE planned a Disaster Risk Management and Reduction (DRMR) training in September 2024 targeting 53 school heads (41 males and 12 females) in Mbire and Marondera districts. The Marondera training is part of preparations for Zimbabwe's commemoration of the International Day of Disaster Risk Reduction on 11 October 2024, themed "Empower the Next Generation for a Resilient Future," focusing on the role of education in building disaster resilience among children and youth.



Social Protection

Following the completion of the six-month Emergency Social Cash Transfer Programme (ESCT) in July 2024, which supported 19,489 households (out of a target of 21,600) across six districts (Mudzi, Mangwe, Binga, Rushinga, Karoi,

and Makoni), UNICEF is collaborating with Goal, World Vision International, and the Ministry of Public Service, Labour and Social Welfare (MoPLSW) to ensure all eligible beneficiaries are covered. Subsequently, a mop-up payment will be made for 199 households that had previously faced challenges redeeming their cash in earlier cycles. Additionally, 789 households in Karoi district, which include the elderly, children under two years of age, and people with disabilities, will receive a once-off payment to further support their needs.

The ESCT programme reached over 115,774 household members, including 65,917 children resulting in improved food security and resilience of targeted households, preventing them 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.



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

UNICEF continues to provide technical guidance to the MoHCC and partners on implementing post-cholera RCCE strategy, polio social mobilization, and the El Niño-induced drought RCCE strategy. During the reporting period, 49,472 people (26,727 females and 23,100 males) were reached with lifesaving messages on safe water, sanitation, hygiene practices, and protection via mass media, digital, and community platforms. This included 12,000 children (6,400 girls and 5,400 boys) learning key hygiene behaviours to prevent diarrhoeal diseases. Overall, UNICEF has reached 6.5 million people with lifesaving messages and 1.4 million of the targeted 2 million people accessed accountability mechanisms.

In August 2024, UNICEF facilitated a three-day SBC strategy and key message development workshop for the El Niño-induced drought response. Using evidence from the ZimLAC 2024 report and MUAC screenings, the workshop identified four key behaviours and messaging themes namely, promoting exclusive breastfeeding for the first six months, encouraging early screening and treatment for malnutrition, enhancing dietary diversity, and using micronutrient powders to prevent malnutrition, as well as growing climate-resilient crops for household consumption. The workshop also focused on addressing misinformation and traditional perceptions around healthy diets and unprocessed foods through innovative community engagement.

As part of Mpox preparedness efforts, UNICEF has supported the Government in finalizing the national RCCE Mpox preparedness and response plan. This also included, activating online social listening systems, and drafting an Infodemic management toolkit. Additionally, a U-Report poll was launched to gather data from young people. As the lead in RCCE for public health preparedness, UNICEF is supporting the development of key messages and mass communication campaigns to enhance Mpox prevention and control at three critical levels, namely health facilities, communities, and household to protect children, pregnant women, and vulnerable communities.

In response to the polio outbreak in Zimbabwe, UNICEF continues to provide technical support for SBC and vaccine management. UNICEF facilitated the assessment of selected incinerators in Mashonaland East, Manicaland, and Midlands provinces to evaluate their capacity for nOPV2 waste destruction. In addition, a costed waste destruction plan was developed and shared for resource mobilization. Further collaboration among UNICEF, MoHCC, WHO, and the Environmental Health Directorate to map a way forward for nOPV2 waste destruction is planned. UNICEF is also supporting budget development for two nationwide rounds of polio Supplementary Immunization Activities (SIAs) with nOPV2 administration scheduled for November and December 2024. Additionally, a consolidated social influencer database and polio SBC toolkit are being consolidated to support SBC polio immunization interventions including advocacy, campaign messaging and resource mobilization.

Human Interest Stories and External Media

In August 2024, UNICEF Zimbabwe issued a human-interest story focusing on the impact of El Niño induced [drought on rural population in Mashonaland Central Province](#), and the work done by village health workers in [screening and treating malnutrition among children](#). UNICEF organised a media mission with national and international media to Mudzi to highlight the impact of El Niño induced drought on children. Moreover, media interviews were provided to Al Jazeera and several national radio broadcasters. To celebrate the end of the cholera outbreak, UNICEF issued a press release: [UNICEF commends the Government of Zimbabwe for its leadership in ending the cholera outbreak](#). UNICEF has continued to communicate through its social media platforms on its response to the El Niño induced droughts, while sharing prevention messages on Mpox.

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-JX6p7XGMDIQ>

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	1,434,118	179,239	1,613,357	3,386,643	68%
Health	4,700,000	572,686	1,627,232	2,199,919	2,500,081	53%
WASH	6,065,000	2,390,770	1,993,477	4,384,247	1,680,753	28%
Child Protection	2,500,000	114,212	847,712	961,924	1,538,076	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	548,093	546,260	1,094,353	555,647	34%
Total	26,767,000	5,166,382	5,284,176	10,450,558	16,316,442	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
				▲ ▼ —		
Health						
# of children aged 6 to 59 months vaccinated against measles	510,704	Female	151,556	41,805	▲	60%
		Male	152,556			
		Total	304,112			
# of children and women accessing primary health care in UNICEF-supported facilities	1,772,979	Female	1,489,338	298,994	▲	114%
		Male	540,389			
		Total	2,029,727			
Nutrition						
# of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	18,375	Girls	3,855	211	—	38%
		Boys	3,149			
		Total	7,004			
# of children aged 6-59 months screened for wasting	848,093	Girls	1,055,424	271 086	▲	>100%
		Boys	982,971			
		Total	2,038,395			
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	380,195	Girls	708,487	98 335	▲	>100%
		Boys	442,530			
		Total	465,948			
# of children aged 6-59 months receiving Vitamin A supplementation	961,171	Girls	908,478	18,049	▲	95%
		Boys	1,055,424			
		Total	982,971			
HIV/AIDS						
# of pregnant and lactating women living with HIV receiving antiretroviral therapy	30,000	Female	23 758	8,246	▲	>100%
		Male	12 179			
		Total	35 937			

Sector	UNICEF and IPs					
	2024 target	Total results		Change since last report		Progress
				▲ ▼ —		
WASH						
# of people accessing a sufficient quantity of safe water for drinking and domestic needs	258,227	Female	242 990	2,780	▲	>100%
		Male	191 010			
		PLWD*	135			
		Total	434 035			
# of people reached with critical WASH supplies	48,150	Female	223 973	1,872	▲	>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	37 639	4,247	▲	50%
		Male	22 973			
		PLWD	23			
		Total	60 635			
# of women, girls and boys accessing gender-based violence risk mitigation, prevention or responses interventions	60,000	Female	8 515	4,872	▲	21%
		Male	3766			
		PLWD	23			
		Total	12 304			
# of unaccompanied and separated children accessing family-based care or a suitable alternative	20,000	Female	526	202	▲	4%
		Male	249			
		PLWD	-			
		Total	775			
# of people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	800,000	Female	38 961	5,174	▲	8%
		Male	23 892			
		PLWD	-			
		Total	62 853			
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	3,315,878	48,827	▲	>100%
		Male	3,156,890			
		Total	-			
# of people with access to established accountability mechanisms	500,000	Female	6,472,768	500	▲	>100%
		Male	725,021			
		Total	666,296			

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