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Zimbabwe

Zimbabwe's humanitarian situation has continued to improve over the past year and remains largely stable. Nonetheless, a number of residual humanitarian risks and needs remain to be addressed or prepared for, including food insecurity, sporadic outbreaks of waterborne disease, and the potential risk of instability related to the outcome of the constitutional referendum to be held in 2013 and subsequent general elections. The humanitarian community has spent more than US$90 million since the end of the cholera outbreak in 2008/2009, mainly on improving water delivery systems. However, intermittent power supply, and sewage networks and treatment plants that have not yet been properly rehabilitated, continue to result in outbreaks of diseases such as typhoid and cholera in urban and peri-urban areas. The 2012 Zimbabwe Vulnerability Assessment Committee confirmed high levels of food insecurity, especially in the southern provinces, with reports that the number of food insecure men, women and children will reach 1,660,000 at the peak of the lean season (January–March 2013), predisposing children to deteriorating nutrition status. A rapid nutrition assessment carried out in November 2012 revealed the baseline rate of under-five global acute malnutrition (GAM) to be less than 3 per cent in five of the ten most affected livelihood zones, while four zones had GAM rates between 3 and 4 per cent, and one agro-fishery livelihood zone had GAM rates just above 5 per cent. This suggests that at the beginning of the lean season, the nutritional status of the under-five population remains lower than the national emergency threshold of 7 per cent. The results highlight the need for continued efforts to prevent the deterioration of the current nutritional status through appropriate food, livestock and health interventions. The latest Vital Medicines and Health Services Survey reported that more than 77 per cent of facilities are providing treatment for acute malnutrition on a routine basis in 2012. The adult HIV prevalence rate of 15 per cent observed in 2010–2011 contributes to poor nutrition and health outcomes[1]. Preventing new HIV infections, improving gender equity and addressing the root causes of humanitarian issues remain priorities for the Government of Zimbabwe and the humanitarian community, particularly in the areas of food security; health; water, sanitation and hygiene (WASH); child protection and protection from gender-based violence.

Planned results for 2013

As Zimbabwe transitions towards recovery, there are still gaps in national preparedness, Early Warning, Early Action plans and capacity that must be addressed. The support of UNICEF and the humanitarian community will be necessary to institutionalize preparedness and emergency response mechanisms. The pre-positioning of emergency supply stocks for up to 250,000 people and maintenance of a rapid response capacity are required to contain the outbreak of water- and hygiene-related diseases. Ongoing advocacy, training and partnership with apostolic groups, faith-based organizations, civil society and other actors are critical to ensuring functional mechanisms to prevent and respond to the exploitation and abuse of children and women during the electoral process, so as to give them shelter and provide for their safety and continued access to such services as post-exposure prophylaxis when and if necessary. Complementary support will be provided through ongoing programmes on decentralized prevention of mother-to-child transmission of HIV, as well as care, prevention and treatment of cases through the Ministry of Health and Child Welfare. The therapeutic treatment needs of malnourished children and adults (including needs related to HIV and AIDS) in high-risk districts will be addressed. UNICEF will also continue to partner with the Government, civil society and the International Organization for Migration to address the immediate protection needs of children on the move between Zimbabwe and Botswana and South Africa, including family tracing and reunification services, as well as prevention efforts for the needs of the increasing numbers of separated and unaccompanied children from the 10 high migrant-sending districts within Zimbabwe.

2013 programme targets

WASH

- Rapid response for 250,000 people affected by emergencies, including cluster coordination, water provision to agreed standards, faeces-free living environments and exposure to hygiene promotion messages.

Child protection

- 25,000 vulnerable families, including those living in disaster-prone areas, benefiting from social cash transfers.
- 120,000 children in emergencies, including displaced persons, covered by improved monitoring systems of violence, exploitation and abuse of girls and boys.

Health and nutrition

- 50,000 people in moderate- and high-risk districts accessing health-care facilities stocked with selected health and nutrition commodities over a period of three months.
- 50,000 mother and infant pairs receiving appropriate infant and young child feeding in high-risk districts.

Results from 2012

Reflecting reduced needs as a result of improvements in the overall humanitarian situation, the humanitarian requirements for Zimbabwe were revised from US$24,600,000 million to US$8,496,400 as part of the Consolidated Appeal Process mid-year review. As of the end of October, US$5,105,280, or 60 per cent of the revised requirements, had been received. These contributions enabled UNICEF and other partners in the Environmental Health Alliance to pre-position and distribute water, sanitation and hygiene items to more than 90,000 typhoid- and cholera-affected men, women and children. With assistance from UNICEF, municipalities began procuring and utilizing water treatment chemicals from as of April 2012. In order to address high rates of child malnutrition, district food and nutrition security coordination teams were re-activated, and ready-to-use therapeutic foods supplies were procured for at least 15,000 children suffering from severe acute malnutrition. A food and nutrition rapid assessment was successfully completed to enable better humanitarian preparedness and response during the

2012/2013 hunger period. UNICEF continued to support HIV and AIDS prevention, care and treatment programming throughout the country, with up to 87 per cent of HIV-infected pregnant women receiving an effective antiretroviral prophylactic regimen. In education, UNICEF contributed to the planning and emergency preparedness efforts of cluster partners and provincial government counterparts through the Emergency Education Response and Preparedness Network, with 25 per cent of schools that were rainstorm-damaged between October 2011 and March 2012 repaired or rehabilitated to provide safe and secure school infrastructure. A risk vulnerability assessment of schools was also completed to enable better emergency planning and response in the education sector. In addition, 57,392 boys and girls and 34,262 men and women benefitted from a government-led unconditional social cash transfer programme to cover basic needs such as food, health and hygiene items. During the year, with Government and partner non-governmental organizations, UNICEF effectively co-led the education and WASH clusters and led the nutrition cluster coordination.

	Cluster target 2012	Cluster total progress 2012	UNICEF target 2012	UNICEF total progress 2012
NUTRITION*				
Women and children receiving appropriate infant and young child feeding (ICYF) (mother-infant pairs)	50,000	23,000	50,000	23,000
Children under 5 and women with severe acute malnutrition (SAM) receiving appropriate therapeutic treatment and care	18,000	10,000	18,000	15,000
HEALTH				
Children under 5 reached with measles and polio vaccines as well as vitamin A supplementation			1.9 million	1,599,901 measles 1,929,189 polio 1,643,340 vitamin A
WATER, SANITATION and HYGIENE**				
Affected population with access to sufficient water of appropriate quantity and quality	100 per cent of affected people have access to a minimum of 10 litres per person per day	100 per cent of affected people have access to a minimum of 10 litres per person per day	2 million people in 20 towns and growth points	2 million people in 20 towns and growth points**
Affected population receiving critical WASH-related information to prevent child illness, especially diarrhoea	1 million reached with participatory health and hygiene education	Data not available	60,000 people in 5 small towns, growth points, peri-urban areas	400,000 women, men and children in urban and rural areas***
CHILD PROTECTION				
Children affected by irregular migration receiving support to travel safely (per month)			500 children per month	3,244 children (540 per month average)
Emergency-affected children receiving comprehensive support, including justice, welfare and social protection services			25,000	27,098
EDUCATION**				
Schools have disaster risk reduction (DRR) plans and contingency measures for children	100 schools for 50,000 children	63 for 31,500 children	3,000 schools	2,298 schools

UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.

* Targets and results for nutrition indicators are the same, since UNICEF is the main actor and contract holder for country IYCF and community-based management of acute malnutrition (CMAM) programmes. Malnourished women who were HIV-positive were also reached by the intervention; an estimated 18 per cent of chronically ill patients in Zimbabwe suffer from accompanying acute malnutrition (defined as BMI <18.5). Funding for nutrition activities was carried over from 2011.

** Up to March 2012. A growth point is a small town that is generally underdeveloped and receives additional resources and incentives from the Government to encourage its development into a proper town in its own right.

***Targets were exceeded due to interventions carried out in population-dense urban areas.

****Funding for interventions was carried over from 2011.

UNICEF funding requirements for 2013

In order to address residual humanitarian needs and ensure preparedness for potential emergencies in Zimbabwe, UNICEF is requesting US$4,590,000 for its humanitarian programme in 2013. This appeal is line with the Zimbabwe Humanitarian Gaps Appeal for 2013, in which UNICEF is a contributing agency to the basic emergency requirements in health, protection and WASH cluster response plans.

Sector	HAC 2013 requirements (US$)
Health and nutrition	1,990,000
Water, sanitation and hygiene	1,000,000
Child protection	1,500,000
WASH cluster coordination	100,000
Total	**4,590,000**

[1] Zimbabwe National Statistics Agency and ICF International, *Zimbabwe Demographic and Health Survey 2010-11,* ZIMSTAT and ICF International, Calverton, Maryland.

Photo caption: *Screening for malnutrition at a health facility.*