



A child is screened for wasting using a mid-upper arm circumference tape at a UNICEF-supported facility in Harare Province, Zimbabwe.

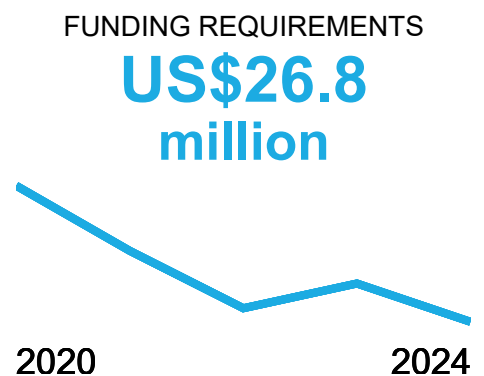
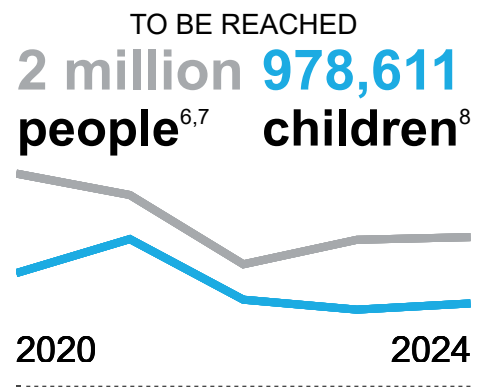
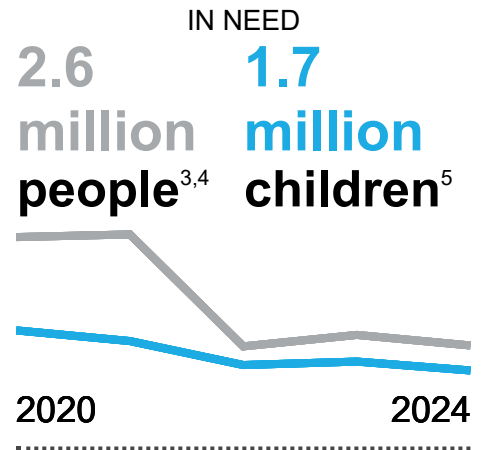
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Humanitarian Action for Children

Zimbabwe

HIGHLIGHTS

- In 2024, an estimated 2.6 million people, including 1.7 million children, are projected to require urgent humanitarian assistance in Zimbabwe due to the El Niño-induced drought, a food and nutrition crisis, floods, regional migration and the cholera outbreak. A total of 1.7 million people will need life-saving health, HIV and nutrition services. A total of 860,757 people, including 473,416 children, will require safe water for drinking and domestic purposes.
- UNICEF will increase support to government-led national and subnational structures in 2024 to enable delivery of multisectoral life-saving services and mainstream social and behaviour change, accountability to affected populations, gender equality and prevention of sexual exploitation and abuse across the interventions.
- UNICEF requires \$26.8 million¹ to meet humanitarian needs in six priority districts² in Zimbabwe in 2024 in (among other sectors) health, nutrition, water, sanitation and hygiene (WASH) and social protection.



KEY PLANNED TARGETS



1.8 million children and women accessing primary health care



18,375 children with severe wasting admitted for treatment



130,518 children accessing formal or non-formal education, including early learning



430,379 people accessing a sufficient quantity and quality of water

HUMANITARIAN SITUATION AND NEEDS

Zimbabwe continues to grapple with such climate-related disasters as floods and extremely dry weather phenomena, including the anticipated El Niño-induced drought. The drought is projected to result in livelihood loss, water scarcity and disruption of social protection services and healthy food environments that support good diets. A total of 2.7 million people are projected to be food insecure during the peak hunger period. Malnutrition remains a key cause of the health burden in Zimbabwe, with a quarter of children stunted. Wasting significantly increased during the lean season of 2022–23, from 4.5 per cent in 2020 to 7.2 per cent in 2022,⁹ the highest prevalence in the last 15 years. Currently, stunting prevalence is 26 per cent,¹⁰ while wasting prevalence is 4 per cent. In 2022, Zimbabwe also experienced a measles outbreak, which resulted in a total of 7,744 suspected measles cases, with 747 suspected measles deaths recorded.

Zimbabwe is currently experiencing WASH-related disease outbreaks linked to poor WASH services, including cholera and typhoid. Furthermore, the 2023–2024 seasonal forecast is for normal to below-normal rainfall, with an El Niño cycle. The decrease in rainfall will lead to a decrease in the availability of water. Water scarcity can force people to travel even further to seek drinking water from unsafe sources, which leads to increased diarrhoeal disease outbreaks. Nationally, 17 per cent of households travel more than 1km to fetch water, and only 3.1 per cent of households treat their drinking water.¹¹

As evidenced by the ongoing cholera outbreak in Zimbabwe, water scarcity will only increase the continued spread of diarrhoeal diseases, which are a cause of morbidity and mortality especially among children under 5 years of age. As of 10 September 2023, Zimbabwe had recorded 3,948 suspected cholera cases, 879 confirmed cases and 98 deaths,¹² translating to a case fatality rate of 2.48 per cent. While new infections are fueled by suboptimal WASH facilities, the high cholera case fatality rate is driven by an overburdened health system and insufficient skills saturation following three years of escalated attrition of skilled health workers.

Vulnerability of women and girls to gender-based violence is heightened in humanitarian crises, where violence and discrimination related to an emergency exacerbate pre-existing gender and social inequalities as well as traditional harmful social practices. Women and girls are disproportionately affected by the protection consequences of drought; for example, women and girls are forced to walk long distances to collect water and food in drought-affected areas, increasing their risk of experiencing sexual violence.

SECTOR NEEDS



1.8 million
people in need of
primary healthcare
services¹³



1.5 million
people in need of
nutrition assistance¹⁴



213,143
children in need of
MHPSS services¹⁵



532,726
children in need of
education support¹⁶



860,757
people lack access to
safe water^{17,18}

STORY FROM THE FIELD



Climate-induced natural disasters and other humanitarian crises, including human-caused disasters, have weakened the protective environment in Zimbabwe – most worryingly, the child protection system. Socioeconomic challenges and rising poverty increase the vulnerability of children and families, meaning more school dropout and higher levels of violence against children, emotional stress, gender-based violence, intimate partner violence and child labour. Currently, 28 per cent of children aged 5–17 years are working. These numbers are expected to increase as food insecurity increases, and, in turn, negatively affect mental health. UNICEF provides mental health and psychosocial support holistically, addressing anxiety and depression as part of the support.

[Read more about this story here](#)

UNICEF provides mental health and psychosocial support to children impacted by multiple and overlapping climate-induced emergencies in Matabeleland South Province, Zimbabwe.

To cover the most acute needs of the multiple and converging hazards affecting people in Zimbabwe, UNICEF's humanitarian strategy will focus on revitalizing cluster and sector coordination mechanisms, increasing response capacity, intensifying risk communication and community engagement and advancing evidence-based monitoring. Accountability to affected populations will be ensured through functioning platforms for participation of affected populations in the co-creation of community-led solutions and response strategies.²² To address seasonal acute food insecurity due to El Niño, UNICEF will support shock-responsive social protection through emergency social cash transfers to vulnerable households in six rural food-insecure districts.²³

UNICEF, as the Nutrition Cluster lead,²⁴ will strengthen support to the Ministry of Health and Child Care to coordinate nutrition interventions in Zimbabwe and to plan (nationally and subnationally) to anticipate, mitigate and respond to emergencies. Prevention of all forms of malnutrition is a priority, implemented through a decentralized system using care groups, which are multisectoral delivery platforms at the community level, coordinated by district food and nutrition security committees.

UNICEF is a member of both the Health Cluster and the Emergency Preparedness and Response Technical Working Group, and in this role will continue supporting the Government of Zimbabwe through the Ministry of Health and Child Care in emergency preparedness and response nationally and subnationally, with stronger footprints at the community level.

As the Water and Sanitation Sector Working Group and Emergency Strategic Advisory Group co-chair, UNICEF will continue to strengthen coordination, preparedness, capacity and surveillance mechanisms at the national and subnational levels.²⁵ This includes working closely with the Health Cluster and the Department of Civil Protection on intersectoral issues. UNICEF will also support the delivery of water and sanitation infrastructure and services in communities, health facilities and schools. For both preparedness and response, UNICEF will focus on safe water provision, hygiene promotion and provision of critical WASH supplies for the most vulnerable families in targeted high-risk areas.

In education and across all sectors, UNICEF will integrate emergency preparedness, risk-informed programming and resilience system strengthening approaches, to address the underlying causes of vulnerability to shocks and stresses, which bridge the humanitarian–development–peace nexus.²⁶

Through localization, UNICEF will recognize and strengthen partnerships with local actors, including women- and girl-focused organizations, to address people's needs and ensure that decisions are made close to the communities served. This will strengthen inclusion and acceptance of affected populations and UNICEF's accountability to them.

Progress against the latest 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.



Health (including public health emergencies)

- **510,704** children vaccinated against measles, supplemental dose
- **1,772,979** children and women accessing primary health care in UNICEF-supported facilities



HIV/AIDS²⁷

- **30,000** children, adolescents, pregnant and lactating women living with HIV receiving antiretroviral therapy



Nutrition

- **848,093** children 6-59 months screened for wasting
- **18,375** children 6-59 months with severe wasting admitted for treatment
- **380,195** primary caregivers of children 0-23 months receiving infant and young child feeding counselling
- **961,171** children 6-59 months receiving vitamin A supplementation



Child protection, GBViE and PSEA²⁸

- **120,089** children, adolescents and caregivers accessing community-based mental health and psychosocial support
- **60,000** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **20,000** unaccompanied and separated children accessing family-based care or a suitable alternative
- **800,000** people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers



Education

- **130,518** children accessing formal or non-formal education, including early learning²⁹



Water, sanitation and hygiene³⁰

- **430,379** people accessing a sufficient quantity and quality of water for drinking and domestic needs



Social protection³¹

- **21,600** • Number of households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)



Cross-sectoral (HCT, SBC, RCCE and AAP)

- **5,000,000** people reached with messages on prevention and access to services^{32,33}
- **500,000** people with access to established accountability mechanisms

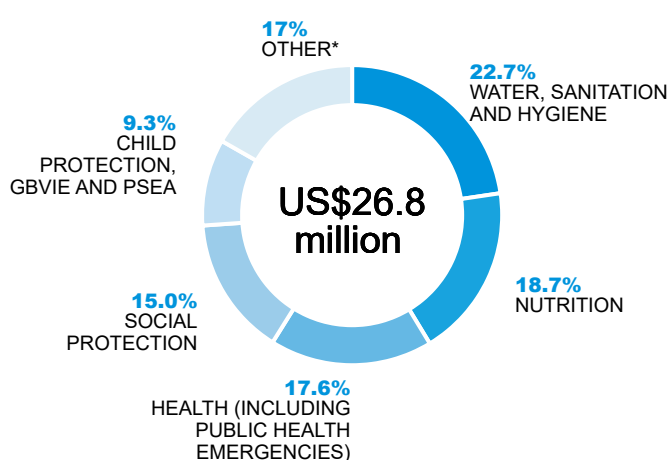
FUNDING REQUIREMENTS IN 2024

UNICEF is seeking \$26.8 million to address the impacts of an El Niño-induced drought that is expected to result in water scarcity, food insecurity and nutrition crises. The appeal also considers potential flooding hazards as the 2023/24 rainfall season unfolds, along with epidemics and outbreaks of diarrhoeal diseases, including the ongoing cholera outbreak. It also aims to address the protection needs of children who may be on the move due to a potential large influx of returnees from South Africa once their exemption permits expire.

Out of the total appeal, \$5 million is planned to tackle the ongoing nutrition crisis, which has been exacerbated by food insecurity. An additional \$4 million will support 3,000 households with six months of payments and provide a one-time payment of \$100 to 18,600 households in food-insecure districts supported by UNICEF. This will help them better prepare for and respond to the impending drought caused by El Niño. Approximately \$6 million will be designated to address the water and sanitation crisis. The primary goal is to contain the cholera outbreak and prevent further diarrhoeal disease outbreaks.

The appeal takes into consideration the high national child food poverty rate of 83 per cent, where children are not receiving the diverse diet they need for healthy growth and development. Without this funding, 1.6 million children are at risk of dying from preventable diseases and conditions such as measles and malnutrition, and more than half a million out-of-school children may fail to return to school.

This 2024 Humanitarian Action for Children appeal for \$26.8 is a significant (44 per cent) reduction from 2023 total funding requirements. This is due to a geographical focus in 2024 on the six most vulnerable districts (Beitbridge, Bikita, Binga, Buhera, Chipinge and Chiredzi Districts) with overlapping risks, including the risk of cholera and the projected impact of El Niño.



*This includes costs from other sectors/interventions : Education (9.3%), Cross-sectoral (HCT, SBC, RCCE and AAP) (6.2%), HIV/AIDS (1.3%).

Sector	2024 requirements (US\$)
Health (including public health emergencies)	4,700,000
HIV/AIDS	350,000
Nutrition	5,000,000
Child protection, GBVIE and PSEA	2,500,000 ³⁴
Education	2,487,428
Water, sanitation and hygiene	6,065,000 ³⁵
Social protection	4,014,572 ³⁶
Cross-sectoral (HCT, SBC, RCCE and AAP)	1,650,000 ³⁷
Total	26,767,000

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ENDNOTES

1. The 2024 Humanitarian Action for Children appeal funding requirement of \$26.8 million is a 44 per cent reduction compared with the 2023 appeal. The 2024 appeal is more geographically focused, prioritizing the six most vulnerable districts (Beitbridge, Bikita, Binga, Buhera, Chipinge and Chiredzi Districts).
2. Beitbridge, Bikita, Binga, Buhera, Chipinge and Chiredzi Districts.
3. Driven by health and WASH needs projected from priority districts and the Zimbabwe Vulnerability Assessment Committee (ZIMVAC) 2023 health and WASH data. Health needs are also estimated using the DHIS-2 data.
4. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
5. Projected from district-level malnutrition data from drought-prone districts and out-of-school-children data from ZIMVAC 2023.
6. This figure was calculated considering various interventions planned for different age groups and locations to avoid double counting. This figure includes children and women to be reached with primary health care services (1,772,979) in UNICEF-supported facilities and 50 per cent of 430,379 people to be reached with sufficient quantity of safe water for drinking and domestic purposes.
7. Latest population and housing census of 2022, which estimates that disability prevalence among children aged 5–17 is 3.8 per cent among boys and 3.3 per cent among girls. An average of 3.6 per cent was used.
8. This figure was calculated considering the various interventions for different age groups and locations to avoid double counting. This includes children under age 5 to be reached with nutrition services (848,093) and children to be reached with education services (130,518, which is 35 per cent of the Education Cluster target).
9. ZIMVAC 2022.
10. ZIMVAC 2023.
11. Ibid.
12. Ministry of Health and Child Care, Zimbabwe National Cholera Sitrep, September 2023.
13. Includes all women and children aged 6–59 months in all districts (DHIS2) and based on cholera-affected districts in 2023 (also estimated from DHIS 2 and the Ministry of Health and Child Care National Cholera Situation Reports of 2023).
14. Based on ZIMVAC 2023 report for high-priority drought-prone districts.
15. Estimate calculated based on ZIMVAC 2023 report, the El Niño drought forecast and the Zimbabwe Exemption Permit Returnees Assessment Report.
16. To estimate the number of children in need we used: the El Niño forecast for drought and the Nutrition Cluster analysis of populations to be impacted by El Niño; cholera-affected districts using epidemiological reports from the Ministry of Health and Child Care; and the International Organization for Migration pilot assessment report on Zimbabwe Exemption Permit holders' intentions (2023). School-age children are 30 per cent of the population in Zimbabwe, so 30 per cent of each risk's people in need number was used to calculate the children-in-need number for education.
17. Estimated using the 2023 ZIMVAC report, from districts with the highest proportion of households drinking surface water. The estimate also considers the proportions of households walking long distances to access a safe water source. The estimate for WASH-related epidemics was made using the Ministry of Health and Child Care weekly disease surveillance reports and national cholera situation reports.
18. The 2024 people in need figure (860,767) for WASH was not a decrease in comparison with the 2023 figure (704,349) because, for 2024, the analysis and prioritization of districts focused on the ZIMVAC 2023 results, particularly districts where people drink surface water. The analysis also considered the number of people who are able to treat their water, diarrhoeal outbreaks as evidenced by the epidemiological reports from the Ministry of Health and Child Care and analysis for anticipated returnees from South Africa after expiry of their exemption permits after 31 December 2023. Additionally, the analysis considered that the El Niño weather pattern will only increase the vulnerabilities of water-stressed communities and potentially increase the caseload for diarrhoeal diseases, particularly cholera. This is why the number of people in need has increased in the 2024 appeal.
19. 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.
20. UNICEF is committed to supporting the leadership and coordination of humanitarian response through its leadership or co-leadership of cluster coordination for the WASH, Nutrition and Education Clusters and the Child Protection Area of Responsibility. All cluster coordinator costs are included in sectoral programme budgets.
21. UNICEF is committed to empowering local responders in humanitarian crises in a variety of ways. The revised Core Commitments made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. A more localized response will improve humanitarian action and is fundamental to achieving better accountability to affected populations.
22. Community feedback mechanisms and accountability to affected populations: UNICEF will ensure functionality of platforms for participation of all affected populations in the co-creation of community-led solutions and response strategies, and community access to safe and responsive mechanisms to provide complaints and feedback.
23. UNICEF is supporting the Ministry of Public Service, Labour and Social Welfare to retarget its programme recipients under Zimbabwe's Harmonized Social Cash Transfer Programme. The support focuses on five rural districts, four of which are among the top 30 most food-insecure districts according to 2023 ZIMVAC results, and are likely to be impacted by the El Niño-induced drought. Additionally, the programme will help support one additional district mostly likely to be impacted by the El Niño weather pattern.
24. The strategy targets both cluster and sector coordination structures because both structures operate concurrently and are often linked in Zimbabwe. Clusters are more active during the peak of emergencies and sectors take over soon after the peak within the same year. Strengthening both structures ensures a smooth transition from emergency to development support and strengthens the humanitarian–development nexus.
25. This is the Government-chaired national-level strategic coordination platform for the WASH sector, which discusses mainly developmental issues as well as preparedness and surveillance for emergencies. It runs concurrently with the cluster coordination structure, also co-chaired by the Government, thus strengthening the humanitarian–development nexus. However, during the peak of the emergency response, the Emergency Strategic Advisory group becomes the more prominent coordination platform.
26. UNICEF's approach to scaling up and strengthening resilience-building will integrate an emergency preparedness approach, a risk-informed programming approach, and a system strengthening approach to address the underlying causes of vulnerability to shocks and stresses, bridging the humanitarian–development–peace nexus.
27. Estimated based on DHIS-2 data.
28. Estimation of children with disabilities was done using the latest population and housing census of 2022, which notes that disability prevalence among children aged 5–17 is 3.8 per cent among boys and 3.3 per cent among girls (an average of 3.6 per cent was used).
29. UNICEF will target 35 per cent of the Education Cluster target.
30. UNICEF target will now increase to 50 per cent of the sector's people in need, or 430,379 people. Initial targeting is based on the initial analysis of ongoing government water supply programmes, such as the rural water supply programme. Upward adjustments of targets have been made considering UNICEF's leadership role and accountability in the WASH Cluster as provider of last resort during emergencies.
31. Estimate made based on 2023 ZIMVAC results for percentage of households with cereal food deficiency in each district. This is an estimate of vulnerable households in the five most food-insecure districts, plus one additional district which will be supported due to projected El Niño-induced drought.
32. Estimate made using the Ministry of Health and Child Care cholera sitreps and the 2023 ZIMVAC report.
33. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
34. Child protection – \$1.1 million; gender-based violence in emergencies – \$1 million; prevention of sexual exploitation and abuse – \$400,000.
35. The funding request for WASH has been increased by \$1.7 million after an increase in the UNICEF target.
36. This is to support the Government to retarget one of the districts that is likely to be most affected by the El Niño weather pattern; to support 3,000 households with six months of payments; and to provide a one-time grant of \$100 to 18,600 households in the five most food-insecure districts supported by UNICEF so that they can better prepare and respond to El Niño. The budget includes the 20 per cent total administrative costs and costs of cash delivery. Funding of the emergency social cash transfers has two components (\$2.3 million funded through other resources—emergency and \$1.7 million funded by other resources—regular—development).
37. For this Humanitarian Action for Children appeal, cross-sectoral budget covers social and behaviour change, risk communication and community engagement and accountability to affected populations.