

© UNICEF/2017/E.MUPFUMIRA



# Zimbabwe

## Humanitarian Situation Report

January – June 2017

### SITUATION IN NUMBERS

## Highlights

- UNICEF and partners have provided lifesaving treatment for severe acute malnutrition (SAM) to 250 children aged 0-59 months and 5,088 children aged 6-59 months during the period January to June 2017.
- A total of 54,252 caregivers have been reached with key messages on Infant and Young Child Feeding (IYCF)
- 219,859 children 6-59 months have been provided with Vitamin A Supplementation (VAS).
- A total of 312,777 people in drought and flood affected areas were reached with WASH services in the first half of the year to contribute to the reduction of the risk of morbidity and mortality from diarrheal diseases.
- A total of US \$3.7 million dollars was received by UNICEF during the period January to June 2017. This amount includes generous contributions from the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) through USAID, the Central Emergency Response Fund (CERF), the Government of Japan and the Government of Korea to support drought and flood response interventions in the WASH, Education, Child Protection and HIV/AIDs sectors.

**312,777**  
 People reached with Water, Sanitation and Hygiene (WASH) services since the beginning of the year  
 (WASH Sector reports-2017)

**5,338**  
 Children aged 0-59 months with SAM from 20 drought-affected districts admitted and treated in the IMAM program as of 31<sup>st</sup> May 2017  
 (DHIS, June 2017)

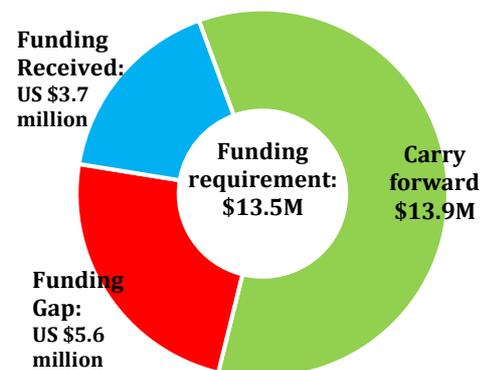
**2,415**  
 Cumulative typhoid cases comprising 2,336 suspected, 79 laboratory confirmed and 6 reported deaths  
 (MOHCC, June 2017)

## UNICEF Results with Partners 2017

| UNICEF’s Results with Partners 2017  | UNICEF Target | UNICEF Results |
|--|---------------|----------------|
| <b>WATER, SANITATION &amp; HYGIENE</b>   |               |                |
| # of people in humanitarian situations accessing water for drinking, cooking and personal hygiene                                      | 135,000       | 247,974        |
| <b>HEALTH</b>  |               |                |
| # of children with diarrheal diseases having access to life-saving curative interventions, including oral rehydration therapy and zinc | 85,000        | 36,398         |
| <b>NUTRITION</b>   |               |                |
| # of children in humanitarian situations aged 0 to 59 months affected by SAM who are admitted for treatment                            | 14,873        | 5,338          |
| <b>EDUCATION</b>   |               |                |
| # of children aged 3 to 18 years in humanitarian situations accessing formal or non-formal basic education                             | 100,000       | 11,200         |
| <b>Child Protection</b>  |               |                |
| # of children in humanitarian situations accessing appropriate care and service  | 35,000        | 11,370         |
| <b>HIV/AIDS</b>  |               |                |
| % of children under 5 (of unknown or negative HIV status) with SAM admitted in therapeutic feeding programmes tested for HIV           | 70%           | 61%            |

## UNICEF Zimbabwe 2017 Humanitarian Requirements

**US \$13.5 million**



\*Funds available includes funding received for the current appeal year as well as the carry-forward from the previous year.

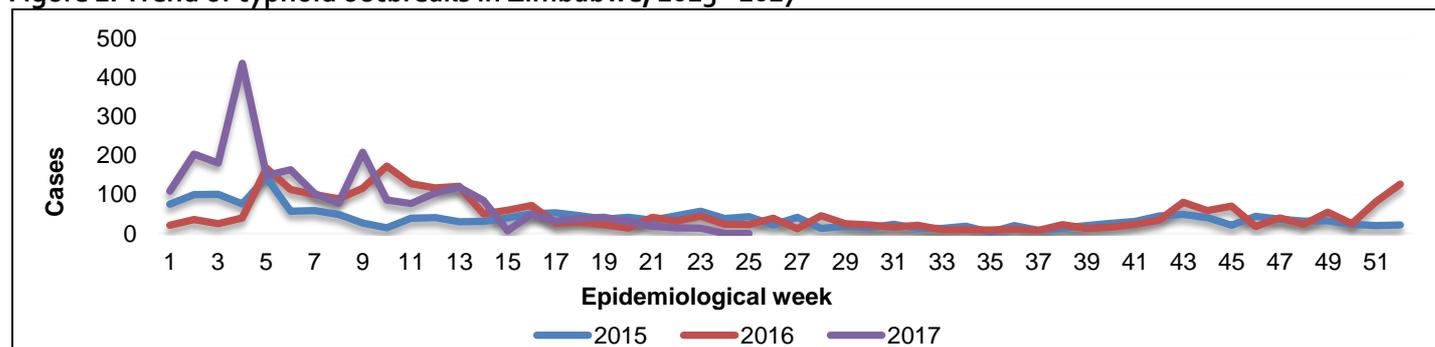
## Situation Overview & Humanitarian Needs

There is improvement in national Global Acute Malnutrition (GAM) prevalence due to the overall good harvest, and the gains achieved from the implementation of multi-sectoral drought response interventions by the Government, UN-Agencies, NGO Partners and the Private sector. The national Zimbabwe Vulnerability Committee (ZimVAC) rapid assessment conducted in January 2017 demonstrated a reduction in GAM prevalence from 5.7 per cent reported in January 2016, to 3.1 per cent reported in January 2017.

Zimbabwe experienced localized and widespread flooding caused by torrential rains during the period December 2016 to March 2017 prompting the Government of Zimbabwe (GoZ) to declare a state of flooding disaster in March 2017. As of April 2017, the flooding situation had affected 36 districts in the country. Approximately 160,000 people were affected with 126 reported deaths and 128 people injured. The deaths and injuries were caused by lightning strikes, drowning and landslides. Approximately 2,000 people were internally displaced; 859 of whom were sheltered in a temporary camp in Tsholotsho district, Matabeleland North Province. The displaced families have since been resettled in three locations in Tsholotsho district. The heavy rains also resulted in extensive damage to infrastructure which includes roads, schools and health institutions.

From January 2017 to date, a total of 2,415 suspected typhoid cases with six typhoid related deaths were reported (CFR 0.27 per cent) out of which 79 were laboratory confirmed. In June 2017, 29 typhoid cases were reported during week 22 and 23 and since that time no cases have been reported as shown in figure 2 below. A total of six suspected cholera cases were also reported, of which one was confirmed positive. A total of 3 cholera related deaths were also reported during the same period (CFR 50 per cent). Due to enhanced risk reduction measures, no suspected cholera cases have been reported since March 2017.

**Figure 2: Trend of typhoid outbreaks in Zimbabwe, 2015 - 2017**



Source: MoHCC weekly epidemic report

The Zimbabwe National Water Authority (ZINWA) reported that on average the national dam levels were approximately 94 per cent full as of 19 June 2017. Most cities and small towns have adequate water reserves up to the next runoff season and can supply adequate water for 21 months from the month of April 2017 however, a few towns namely (Beitbridge, Mutoko, Mt Darwin and Mvurwi) need constant monitoring as their reserves are not able to supply water until the next run off season. Beitbridge town has already introduced water rationing due to the declining water levels.

## Humanitarian leadership and coordination

The Government of Zimbabwe is leading the coordination of the WASH, Child Protection and Nutrition sectors with the support of UNICEF. The Department of Civil Protection with support from Partners conducted a review of the flood response in flood affected Provinces during the months of June and July 2017.

UNICEF continued to strengthen coordination of the flood emergency and drought recovery programmes at national and sub-national levels during the period January and June 2017. Through UNICEF support a total of eight national level WASH Sector Coordination meetings were held; two WASH sector Coordination and Information Forum (WSCIF) meetings and six Emergency Strategic Advisory Group (E-SAG) meetings.

Through UNICEF support, the nutrition sector continued to collaborate with the Ministry of Health and Child Care (MoHCC) and the National Nutrition Technical Working Group in coordinating the nutrition emergency response. During the reporting period, four National Nutrition Technical Coordination meetings and six weekly Emergency Nutrition Meetings were held at national level. Some of the outcomes of the coordination meetings include the formation of a task force that supported the revision and finalisation of the Integrated Management of Acute Malnutrition (IMAM) guidelines and the standardization of the protocol that has been used to conduct SMART surveys in-country.

## UNICEF Zimbabwe Mid-Year Situation Report 1 January to 30 June 2017

An orientation workshop supported by UNICEF on Child protection in Emergency and Minimum Standards for Child Protection in Humanitarian Action was conducted in June and was attended by 28 participants from civil society organizations and Government from the Child protection, WASH and Nutrition sectors.

## Humanitarian Strategy

UNICEF continues to work with the Government, UN Agencies and NGOs to provide access to critical and life-saving health and nutrition, WASH, education, child protection, social protection and HIV/AIDS services. UNICEF is implementing emergency and recovery programmes in food and nutrition insecure districts and flood affected districts. The response is being implemented alongside other ongoing development programmes in an effort to enhance sustainability and link humanitarian interventions with recovery and resilience building programmes.

UNICEF and partners are supporting the MoHCC in providing improved access to life-saving essential health, nutrition and WASH services through strengthening community-based management of acute malnutrition programmes through training of health workers, provision of critical WASH and Health and nutrition services, coordination, monitoring and supervision. To ensure quality of nutrition prevention services, UNICEF and partners are strengthening the Infant and Young Child Feeding (IYCF) component through training of Village Health Workers on IYCF, reaching caregivers through counselling and supporting access to Vitamin A supplementation for 70 percent of children aged between 6-59 months. UNICEF is supporting the Ministry of Public Service Labour and Social Welfare (MOPSLSW) to strengthen child protection services to protect the most vulnerable children, particularly girls, from violence, abuse and exploitation. Children, adolescents, pregnant and lactating mothers on antiretroviral treatment (ART) are being supported through advocacy for an HIV sensitive health and nutrition programme and are being provided with care and treatment. In addition, increased support is being provided to strengthen HIV testing in IMAM services for children under 5 years, to identify children living with HIV to initiate treatment early and enhance recovery and reduce HIV related morbidity and mortality.

## Summary Analysis of Programme response



### Nutrition

Since January 2017, UNICEF and partners have treated 250 (92M; 158F) severely malnourished (SAM) children aged less than 6 months and 5,088 (2,290M; 2,798F) severely malnourished children aged 6- 59 months with a recovery rate of 71 per cent in the 20 targeted priority districts compared to a national recovery rate of 70 per cent. This recovery rate is still below the recommended minimum standard for SPHERE which is 75 per cent. Efforts to improve the recovery rate are under way through strengthening follow up of defaulters by Village Health Workers (VHW) with support from the nutrition ward coordinators and social mobilisation activities aimed at creating awareness on the dangers of malnutrition and services available for malnourished children. The death rate in the SAM treatment program is within acceptable standards at less than 3 per cent, while the defaulter rate is greater than 15 per cent. The high defaulter rate is associated with caregivers, who perceive their children as cured before discharge from the nutrition treatment program (assumed recovery). UNICEF and the Government are strengthening support for the VHWs and Environmental Health Technicians and Ward Coordinators to follow up children who would have defaulted.

By the end of June 2017, UNICEF and partners had finalized the update of Country IMAM Protocols for the treatment of malnutrition and supported the trainings of 572 health workers in the 20 priority districts of which 109 have been trained on nutrition data management. To date, all of the health facilities in the 20 emergency districts are offering IMAM services and submitting nutrition data through the centralised reporting system – District Health Information System 2 (DHIS 2). For the VHWs to effectively screen children for acute malnutrition, 3,965 of the targeted 4, 345 VHWs in the 20 districts received training on active screening. To date, the trained VHWs have screened 233,950 children (69 per cent) out of the targeted 340,863 children for acute malnutrition in the 20 priority districts (DHIS 2), out of which 5,338 (2,382M; 2,956F) children were found to be severely malnourished and admitted for IMAM treatment.

The nutrition program in Zimbabwe continues to offer a package of preventative services, including counselling to promote appropriate IYCF and micro nutrients supplementation. To date, 1,060 out of 2,160 VHWs have been reached with a five-day, community-level IYCF training. The trained VHWs have reached 54,252 caregivers out of a target of 72,000 with key messages on IYCF. In relation to micronutrient supplementation, a total of 219,859 children aged 6-59 months (113,498 girls and 106,361 boys) received the first dose of Vitamin A supplementation (VAS) during the period January to June 2017, across the 20 priority districts. This represents 91.6 per cent of the targeted 240,051 children aged 6-59 months targeted to receive VAS in these 20 priority districts.

The program ensures a linkage between HIV testing and treatment for children admitted in the IMAM program with efforts made to ensure SAM cases are tested for HIV. During the reporting period, 3,125 (58 per cent) of the children

## UNICEF Zimbabwe Mid-Year Situation Report 1 January to 30 June 2017

admitted for SAM treatment were tested for HIV and of these, 221 (7 per cent) tested positive as shown on table 1 below. One hundred percent of all HIV positive children were referred and initiated on anti-retroviral treatment.

**Table 1:** Total number of children with SAM admitted in the CMAM program in the 20 high risk districts as of May 2017.

| District     | Infants less than 6 months |                             |                 | Children 6-59 months   |                              |                  |
|--------------|----------------------------|-----------------------------|-----------------|------------------------|------------------------------|------------------|
|              | Admissions 0-5 months      | Total HIV Tested 0-5 months | 0-5 months HIV+ | Admissions 6-59 months | Total HIV tested 6-59 months | 6-59 months HIV+ |
| Gokwe North  | 31                         | 16                          | 0               | 604                    | 527                          | 15               |
| Gweru        | 13                         | 8                           | 5               | 244                    | 150                          | 38               |
| Umguza       | 10                         | 8                           | 1               | 320                    | 140                          | 2                |
| Binga        | 3                          | 2                           | 0               | 129                    | 87                           | 3                |
| Hwange       | 6                          | 0                           | 0               | 179                    | 36                           | 3                |
| Makonde      | 10                         | 1                           | 0               | 261                    | 131                          | 17               |
| Chegutu      | 7                          | 4                           | 0               | 237                    | 155                          | 21               |
| Kariba       | 2                          | 0                           | 1               | 37                     | 20                           | 2                |
| Mangwe       | 4                          | 4                           | 0               | 161                    | 122                          | 1                |
| Matobo       | 3                          | 1                           | 0               | 215                    | 69                           | 5                |
| Gwanda       | 15                         | 13                          | 1               | 123                    | 89                           | 11               |
| Shamva       | 31                         | 0                           | 1               | 395                    | 289                          | 23               |
| Bindura      | 25                         | 16                          | 0               | 189                    | 85                           | 4                |
| Mount Darwin | 4                          | 4                           | 0               | 234                    | 197                          | 15               |
| Guruve       | 8                          | 1                           | 0               | 223                    | 125                          | 14               |
| Mwenezi      | 4                          | 2                           | 1               | 160                    | 48                           | 7                |
| Chipinge     | 19                         | 8                           | 2               | 387                    | 270                          | 11               |
| Chimanimani  | 43                         | 5                           | 1               | 402                    | 75                           | 3                |
| Buhera       | 10                         | 4                           | 1               | 472                    | 331                          | 7                |
| Nyanga       | 2                          | 2                           | 0               | 116                    | 80                           | 5                |
| <b>Total</b> | <b>250</b>                 | <b>99</b>                   | <b>14</b>       | <b>5,088</b>           | <b>3,026</b>                 | <b>207</b>       |



## Water, Sanitation and Hygiene (WASH)

UNICEF supported the Government of Zimbabwe and partners in responding to the effects of the drought, flooding, cholera and typhoid outbreaks in affected parts of the country to reduce the morbidity and mortality from diarrheal diseases.

A total of 247,974 people were reached with safe water and 312,777 people were reached nationally with key health and hygiene messages between January and June 2017 as a result of the activities shown on the table below. The implementation of the emergency WASH activities followed the Rural WASH development programme coordination and implementing structures, which have proven to be effective in ensuring sustainability, rapid deployment and roll-out of the WASH emergency programme.

**Table 2:** Emergency WASH Response Programme Achievements

| Targets   | Borehole Repairs | New Borehole Drilling | Piped water scheme rehabilitation | Non Food Item distribution | Number of people reached with safe water | Number of people reached with key hygiene messages |
|---|------------------|-----------------------|-----------------------------------|----------------------------|--|--|
| <i>Emergency WASH Targets Jan 2017 - March 2018</i> | 1,279            | 67                    | 39                                | 55,505                     | 328,400                                  | 585,440  |
| <i>Achieved: Jan- June 2017</i>                     | 639              | 20                    | 8                                 | 34,857                     | 247,974                                  | 312,777  |
| <i>% Achieved</i>                                   | 50%              | 30%                   | 21%                               | 63%                        | 76%                                      | 53%  |

As of June 2017, 183 per cent of the targeted people were reached with safe water while 223 per cent of the targeted population were reached with key health and hygiene messages. Field Level mobilization of contractors for the drilling

of boreholes and rehabilitation of piped water schemes has now been implemented therefore UNICEF expects to reach the remaining targeted population by the end of 2017.

### Education

Between January and June 2017, UNICEF supported the Government and humanitarian partners to respond to the flooding situation which affected children in flood prone areas. However limited funding negatively impacted the scale and scope of the Education response resulting in the sector achieving only 11 per cent of the annual target. A total of 11,200 learners across the country were supported with teaching and learning materials comprised of 205 school in a box kits for stationery for both learners and teachers, ECD kits for infant grades, recreational kits as well as tarpaulin plastic sheets and school bags for learners. Prior to the flood emergency, the education sector pre-positioned emergency education supplies for 5,000 learners as part of preparedness. There are ongoing flood response interventions in five districts namely Tsholotsho, Masvingo, Bubi, Hwange and Gokwe North, targeting 12,500 (6,503 girls and 6,002 boys) children who are set to benefit from the light rehabilitation of classroom blocks and toilet blocks damaged by flooding in 27 flood affected schools and the provision of teaching and learning materials.

UNICEF's development programmes are linked to the emergency response in order to enhance sustainability and resilience. The School Improvement Grant (SIG) was a key programmatic response to the drought and flood. The SIG programme expenditure criteria was revised to incorporate diversified income generating projects such as poultry, bee keeping and livestock production among others and the proceeds from these activities were used to support emergency school feeding programmes. During the SIG verification exercise conducted between January and February 2017, a total of 350 schools reported to have used part of the grant on different income generating projects. As a result of this component of the joint development-emergency response, income generating projects will remain a permanent feature of the SIG criteria for expenditure. Complementary WASH activities such as the drilling of boreholes and the rehabilitation of piped water schemes at 100 selected schools are also being implemented to support the supplementary school feeding programme and promote general health and hygiene within schools. The health and hygiene messages disseminated through school health clubs focus on reducing the risk of diarrhoeal diseases, addressing cross cutting issues such as gender, social inclusion, environmental management and menstrual hygiene management among other key areas.

### Health

From January to June 2017, UNICEF reached a total of 36,398 of the targeted 85,000 children under the age of five with diarrheal diseases with life-saving curative interventions through the provision of medical supplies for case management. UNICEF is supporting diarrheal disease case management trainings in 26 drought and flood affected districts. To date, 1,091 of the targeted 1,395 health workers have been trained in the case management of diarrheal diseases and pneumonia in 20 of the 26 targeted districts. The trained health workers are cascading diarrhoeal disease and pneumonia case management trainings for Village Health Workers in the same districts. Case management trainings are still ongoing in the six flood affected districts. Trainings targeted nurses, environmental health technicians (EHTs), laboratory scientists, doctors, health promotion officers and pharmacy technicians. To date 3,294 VHWs have been reached against a target of 4,867. Trained VHWs are sensitising communities on the risks of diarrhoea and pneumonia.

### HIV and AIDS

UNICEF continued to support the Ministry of Health to track children, adolescents, pregnant and lactating women who are on ART to make sure that they are retained in care. From January to June 2017, a total of 9,753 children (0-9 years), 18,913 adolescents and 24,289 young people (aged 20-24 years) totalling 52,955 were on ART in the targeted districts against a target of 55,500 (95 per cent). Field visits to the targeted districts revealed an increase in the number of people initiated on ART due to the adoption of the "Treat ALL" approach whereby all people who test HIV positive are initiated on ARVs regardless of their C4D count. A total 773 children aged 0-9 years, 1,526 adolescents aged 10-19 years, 2,436 young people aged 20-24 years and 7,567 pregnant and lactating mothers, were initiated on ART in the targeted districts. At the same time, technical and financial support was provided to track and follow up patients on ART who were lost to follow up (LTFU). Tracking and monitoring showed low rates of lost to follow up ranging between 2 and 10 per cent. Although the number of patients lost to follow up generally remained low, Buhera district continued to report high cases.

With financial support from UNICEF, a data verification and tracking exercise of clients on ART who were reported as "Lost to Follow Up" was conducted in the district. Results from the exercise revealed that, out of the 471 clients reported

## UNICEF Zimbabwe Mid-Year Situation Report 1 January to 30 June 2017

and identified as “Lost to Follow Up” in the main registers, 97 per cent (460) were actively followed up over 10 days in the 9 selected health facilities. The other 11 patients could not be tracked due to lack of contact details. Out of the 460 patients, 18 (3.9 per cent) were successfully tracked and returned to care, 338 (74 per cent) were reported as not to have been “Lost to Follow Up” after the verification exercise. It was also noted that 35 (10.4 per cent) were already in care, 96 (28.5 per cent) had self-transferred, 9 (2.8 per cent) had officially transferred and 51 (15 per cent) had died. Seventy seven patients (16.7 per cent) could not be reached or located because they gave incorrect contact details. A total of 45 patients (9.8 per cent) tracked had relocated to countries such as South Africa, Mozambique and Namibia. The main reasons why patients were not coming for ART care appear to point at inadequate counselling and information on ART. Ongoing support is being provided by UNICEF and other NGO Partners to track and follow up children, adolescents and adults on ART to ensure they retained through use of community based workers including Community Adolescents Treatment Supporters (CATS) who provide peer support to children and adolescents who are on ART.

Early in the year, UNICEF successfully advocated for the integration of HIV care and treatment in the response to the floods that affected some of the low lying districts. This was made possible through continued engagement of MOHCC and National Aids Council (NAC) at national and provincial levels, clarifying the importance of integrating HIV in the humanitarian response. Flood alerts and updates circulated by Government and UNICEF were also shared with NAC headquarters for further dissemination to NAC structures at provincial and district levels. This led to the integration of HIV in the Inter-Agency rapid assessments and the multi-sectoral response. Emergency ARVs including paediatric HIV medicines were dispatched to the flood affected areas to ensure continuity of treatment.



### Child Protection

The period January to June 2017 has seen the child protection sector increasing partnerships to respond to the impact of drought and flooding thus complementing the government national case management system to accelerate emergency response and focus on special vulnerable groups of children and adolescents affected by emergencies. A total of 11,370 children, adolescents and young mothers have been reached with humanitarian child protection interventions.

UNICEF in partnership with civil society organizations significantly increased the integration of psychosocial support (PSS) with the emergency nutrition programme. A total of 114 health facilities out of a target of 126 facilities across 10 priority drought affected districts integrated psychosocial support programmes in their routine nutrition programmes. So far, a total of 7,893 adolescent mothers out of a target of 5,000 have received psychosocial support services. It is estimated that 20 per cent of these mothers are adolescents under the age of 20. In addition 1,704 young mothers out of a target of 3,000 were reached with positive parenting skills support through community based structures. A total of 7,991 young mothers out of a target of 5,000 were reached with parenting and child protection messages in order to contribute to prevention of malnutrition in addition to keeping the children safe. UNICEF has reached 1,416 children from a target of 2,500 children at risk of neglect and abuse were identified and provided with quality child protection services. In the 10 targeted districts a total of 332 government staff including those working in child protection out of a target of 300 received training on the early identification and provision of coordinated child protection services in humanitarian settings, including issues on prevention of gender based violence. All the staff trained are members of the inter-sectoral District Child Protection Committees. All the 10 targeted districts were assisted to develop districts plans that integrate emergency response in collaboration with the district civil protection units.

In the three districts affected by flooding, a total of 4,044 people were reached with awareness and information on child protection violations against a target of 3,000. As a result of the child protection interventions, there has been an increase in case reporting and to date 2,061 child protection cases have been reported via mobile child friendly spaces out of a target of 2,000 and are at different levels of follow up by child protection actors.



### Social Protection

A UNICEF supported Harmonised Social Cash Transfer (HSCT) programme is being implemented in eight districts out of which six<sup>1</sup>. Five districts were affected by the El Niño induced drought and one by La Nina induced flooding. Between January and June 2017, a total of 18,049 out of target of 18,448, food poor and labour constrained households were reached with HSCT payments however these were reached through one payment cycle that was made in January 2017 during the peak hunger season. Additional resources were not available to support repeat payments. These households have a total of 82,287 members, of this number 42 622 (51.7 per cent) members are children. A total of 16,333 (19.8 per cent) are elderly people. Even though the HSCT programme is a developmental programme, it supported most

<sup>1</sup> Binga, Bulilima, Mwenezi, Rushinga, Mudzi and Gokwe North

## UNICEF Zimbabwe Mid-Year Situation Report 1 January to 30 June 2017

vulnerable households in districts affected by drought and flooding. Further to the social protection support, the households were also supported through the integrated case management system that is designed to prevent and respond to child protection violations.

### Communication for Development (C4D)

During the first half of the year, a total of 256,693 people were reached with key messages on nutrition, WASH, HIV/AIDS and child protection using various communication for development platforms. Of this figure, 71,934 principal caregivers of children under two years were reached with key nutrition, health, WASH and HIV prevention and treatment key messages. In addition, 7,116 young mothers (12-24yrs) were reached with positive parenting and child protection messages to prevent malnutrition, 170,628 with critical WASH related hygiene information while 7,015 young mothers (below 24yrs) received psychosocial support in the waiting mothers' shelters. A desk review of pre-implementation quantitative and qualitative Knowledge, Attitudes and Practices indicators for nutrition, WASH, HIV/AIDS and Child protection was also undertaken during this period. Findings from review showed a gap between knowledge and practice of optimum infant and young child feeding among caregivers. Attitudes of caregivers on adequacy of breast milk influenced their breast feeding practices. To promote optimum breastfeeding and complementary feeding by caregivers, advocacy, interpersonal communication, mass media and community mobilization strategies were utilized. A capacity building session on C4D and nutrition programmes was conducted for 100 provincial and district health promotion officers and nutritionists. An integrated emergency key messages toolkit was developed and translated into local languages, to support interpersonal communication activities by facility-based and community health workers.

A public discussion focusing on lessons learnt and how to accelerate Nutrition Social and Behaviour Change Communication activities in humanitarian program was held in July, attracting 30 stakeholders from Harare. Key topics covered during the discussion included social mobilization strategies in emergency districts, advocacy and social mobilization for mandatory food fortification and lessons learnt from farmer value chains.

### Media and External Communication

#### Articles and op-eds/media outreach:

Village Health Workers play a critical role in the fight against Malnutrition  
<https://www.unicef.org/zimbabwe/20180.html>

Piped water scheme transforms lives in Buhera District.  
<https://www.unicef.org/zimbabwe/20061.html>

Government receives Android Tablets to strengthen nutrition activities  
<http://reliefweb.int/report/zimbabwe/government-receives-android-tablets-strengthen-nutrition-activities>

U.S Helped 2 Million Zimbabweans Devastated By El-Nino-Induced Drought  
<https://www.voazimbabwe.com/a/two-million-zimbabweans-united-states-government-help/3799588.html>

US drought response reduced suffering for over 2 million Zimbabweans  
<http://www.thezimbabwean.co/2017/04/us-drought-response-reduced-suffering-2-million-zimbabweans/>

#### Photos, video, multimedia:

Piped water scheme transforms lives in Buhera District.  
<https://www.unicef.org/zimbabwe/20203.html>

Saving lives through high impact nutrition interventions.  
<https://www.unicef.org/zimbabwe/20202.html>

Buhera Piped Water Scheme  
<https://www.youtube.com/watch?v=isvCSe5DaEo&t=64s>

CHIMANIMANI NUTRITION  
<https://www.youtube.com/watch?v=IrlDnUhgXyY>

#### Social media:

VILLAGE HEALTH WORKERS PLAY A CRITICAL ROLE IN FIGHT AGAINST MALNUTRITION  
[https://m.facebook.com/story.php?story\\_fbid=1781015611913312&id=654044691277082](https://m.facebook.com/story.php?story_fbid=1781015611913312&id=654044691277082)

<https://twitter.com/UNICEFZIMBABWE>



### Supply and Logistics

During the reporting period, UNICEF ensured that there were adequate stocks of nutrition commodities to treat all SAM cases in the country. UNICEF procured 6,855, cartons of Ready to Use Supplementary Food for the treatment of 6,855 moderately malnourished children in the country in collaboration with WFP. Table 3 below shows a breakdown of the supplies received in the first half of the year and those in the pipeline.

Table 3: Supplies received in the first half of the year 2017 and those in the pipeline.

|   | Item Description | Unit of Measurement | Quantity Received | Quantity in the Pipeline | Total  |
|---|------------------|---------------------|-------------------|--------------------------|--------|
| 1 | RUTF             | Carton              | 21,300            | 8,040                    | 29,340 |
| 2 | RUSF             | Carton              | 4,655             | 2,200                    | 6,855  |
| 3 | F100             | Carton              | 0                 | 594                      | 594    |
| 4 | F75              | Carton              | 250               | 90                       | 340    |
| 5 | ReSoMal          | Carton              | 50                | 0                        | 50     |

In addition UNICEF prepositioned WASH supplies (buckets, jerry cans, soap, water treatment tablets and IEC materials) in 4 high risk provinces during the flood response. Currently, the provinces are in possession of 5,000 NFI kits that will enable them to respond timely to any WASH related emergency situation. In addition, UNICEF also procured WASH contingency stock sufficient for 10,000 households.

## Funding

As part of the regional Southern Africa El Niño/La Niña Humanitarian Action for Children (HAC), the requirements for Zimbabwe are US\$ 13.5 million. In 2017, UNICEF received a total of US \$3.7 million, the funds available for the response also include generous contributions of over US\$13.9 million received in the last quarter of 2016. With the available funding, UNICEF will be able to meet the increased humanitarian needs of children in sectors that have been fully funded however Health, Education and Social Protection sectors have funding gaps which affect the scale of the response. UNICEF will provide a timely response to critical risks or multiple hazards and shocks affecting vulnerable and disadvantaged women and children of Zimbabwe and enable them to withstand, adapt to, and recover from emergencies. UNICEF is grateful to the Governments of Canada, Germany (AA and GIZ), Japan, Korea, United Kingdom (DFID), United States (OFDA and Food for Peace), ECHO, the UN Central Emergency Response Fund (CERF), and UK, Japan and German National Committees for UNICEF who have directly supported the ongoing response and donors that are contributing to regular development programmes that are contributing to resilience building.

| UNICEF Zimbabwe Funding Requirements (as defined in the Humanitarian Appeal for 2017) |                   |                   |                  |           |
|---|-------------------|-------------------|------------------|-----------|
| Appeal Sector   | Requirements      | Funds available*  | Funding gap***   |           |
|   |                   |                   | \$               | %         |
| WASH  | 2,500,000         | 6,811,216         | 0                | 0         |
| Education   | 1,000,000         | 297,388           | 702,612          | 41.70     |
| Health  | 2,617,000         | 266,638           | 2,350,362        | 90        |
| Nutrition and HIV/AIDS  | 3,125,000         | 7,938,895         | 0                | 0         |
| Child Protection  | 1,550,000         | 1,732,691         | 0                | 0         |
| Social Protection   | 2,734,000         | 228,855           | 2,505,145        | 92        |
| <b>Total</b>  | <b>13,526,000</b> | <b>17,275,683</b> | <b>5,558,119</b> | <b>41</b> |

\*Funds available includes funding received against current appeal and carry-forward (\$13.9 million) from 2016.

\*\*Sector coordination Funding Requirements have been dispersed within each sector.

\*\*\*WASH, Nutrition/HIV/AIDS and Child Protection sectors have surpluses of \$ 4,311,216, \$ 4,813,895 and \$ 182,691 respectively mainly for the drought response

\*\*\*\*-Most of the Social Protection interventions supported at risk households in food insecure districts funded through the Harmonized Social Cash Transfer Programme. Other sectors still have a significant funding gap of \$5.5 million.

## Next SitRep: 30 September 2017

UNICEF Zimbabwe Humanitarian Action for Children Appeal: [www.unicef.org/appeals/zimbabwe](http://www.unicef.org/appeals/zimbabwe)

UNICEF Zimbabwe Facebook: <https://www.facebook.com/www.harareunicef.co.zw/>

UNICEF Zimbabwe Twitter: <https://twitter.com/unicefzimbabwe>

### Who to contact for further information:

**Dr. Mohamed Ayoya**  
Representative  
Zimbabwe  
Tel: +263 4 703941-2  
Fax: +263 4 791163  
Email: [mayoya@unicef.org](mailto:mayoya@unicef.org)

**Dr. Jane Muita**  
Deputy Representative  
Zimbabwe  
Tel: +263 4 703941-2  
Fax: +263 4 791163  
Email: [jmuita@unicef.org](mailto:jmuita@unicef.org)

**Victor Chinyama**  
Chief of Communication  
Zimbabwe  
Tel: +263 4 703941-2  
Fax: +263 4 791163  
Email: [vchinyama@unicef.org](mailto:vchinyama@unicef.org)

UNICEF Zimbabwe Mid-Year Situation Report 1 January to 30 June 2017  
**Annex 1: SUMMARY OF PROGRAMME RESULTS**

| UNICEF Zimbabwe Results Table 2017   | UNICEF and Implementing Partners |               |                             | Sector Response |                |                             |
|--|----------------------------------|---------------|-----------------------------|-----------------|----------------|-----------------------------|
|  | 2017 Target                      | Total Results | Change since last report ▲▼ | 2017 Target     | Total Results* | Change since last report ▲▼ |
| <b>WATER, SANITATION &amp; HYGIENE</b>   |                                  |               |                             |                 |                |                             |
| # of people in humanitarian situations accessing water for drinking, cooking and personal hygiene                                    | 135,000                          | 247,974       | ▲ 163,709                   |                 |                |                             |
| # of people in humanitarian situations received critical WASH-related information to prevent child illness, especially diarrhoea     | 140,000                          | 312,777       | ▲ 159,512                   |                 |                |                             |
| <b>EDUCATION</b>   |                                  |               |                             |                 |                |                             |
| # of children aged 3 to 18 years in humanitarian situations accessing formal or non-formal basic education                           | 100,000                          | 11,200        | ▲ 4,200                     |                 |                |                             |
| <b>HEALTH</b>  |                                  |               |                             |                 |                |                             |
| # of children with diarrheal diseases have access to life-saving curative interventions, including oral rehydration therapy and zinc | 85,000                           | 36,398        | ▲ 15,156                    |                 |                |                             |
| # of children in humanitarian situations vaccinated against measles  | 465,668                          | 65,803***     | ▲ 56,112                    |                 |                |                             |
| <b>NUTRITION</b>   |                                  |               |                             |                 |                |                             |
| # of children in humanitarian situations aged 0 to 59 months affected by SAM who are admitted for treatment                          | 14,873                           | 5,338         | ▲ 2,026                     | 14,873          | 5,338          | ▲ 2,026                     |
| # of caregivers of children in humanitarian situations accessing infant and young child feeding counselling*                         | 72,000                           | 54,252        | ▲ 54,252                    | 72,000          | 54,252         | ▲ 54,252                    |
| # of children aged 6 to 59 months receive vitamin A supplementation  | 240,051                          | 219,859       | ▲ 125,276                   | 240,051         | 219,859        | ▲ 125,276                   |
| <b>CHILD PROTECTION</b>  |                                  |               |                             |                 |                |                             |
| # of children in humanitarian situations accessing appropriate care and services   | 35,000                           | 11,370        | ▲ 3,480                     |                 |                |                             |
| <b>HIV and AIDS</b>  |                                  |               |                             |                 |                |                             |
| # of children, adolescents and pregnant and lactating mothers retained on HIV treatment**  | 55,500                           | 52,955*       | ▲ 52,955*                   |                 |                |                             |
| % of children under 5 (of unknown or negative HIV status) with SAM admitted in therapeutic feeding programmes tested for HIV         | 70%                              | 61%           | No change                   |                 |                |                             |

\*The indicator was not reported in the last Sitrep,

\*\*the figure includes children, adolescents and young people only

\*\*\* Vaccination efforts were slowed by heavy rains which fell between January and April 2017.