

# Zimbabwe Humanitarian Dashboard

(as of 12 November 2012)

## Key Figures

### 4-5 thousand

Forcibly returned Zimbabweans seeking assistance

### 32% of children <5

Are stunted, 3% are wasted, 10% underweight (ZDHS 2010-11)

### 4,000 deaths among children <5

From diarrhoea per year

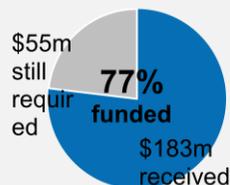
## Baseline

Population (CSO 2011)	12.3 million
GNI per capita (UNDP HDR 2011)	\$376
Life expectancy (UNDP HDR 2011)	51.4 years
Under-five mortality (ZDHS, 2010-11)	84 (per 1,000 live births)
Global acute malnutrition rate (NNS, 2010)	2.4%
% of children under 5 who are stunted (ZDHS, 2010-11)	32%
% of pop. without improved water sources & sanitation facilities (ZDHS, 2010-11)	33% (water) 63% (sanitation)

## 2013 requirements

\$131.42 million

\$238 million requested in 2012



## Situation Description

### Outlook:

- Over 1.6 million people are expected to need food assistance at the peak of the lean season from January to March 2013. Ongoing drought in the southern part of the country will continue into 2013 according to meteorological forecasts and is expected to further increase food security needs.
- Although at much lower levels than previous years, Zimbabwe continues facing outbreaks of cholera, typhoid and acute diarrhea in both urban and rural areas. With only one-third of the population having access to clean water combined with a limited capacity of health structures, large-scale disease outbreaks remain a risk.
- The possibility of a situation necessitating humanitarian intervention cannot be categorically ruled out should the anticipated political process occur in an atmosphere of generalized or localized violent disturbances.

### Most-affected groups:

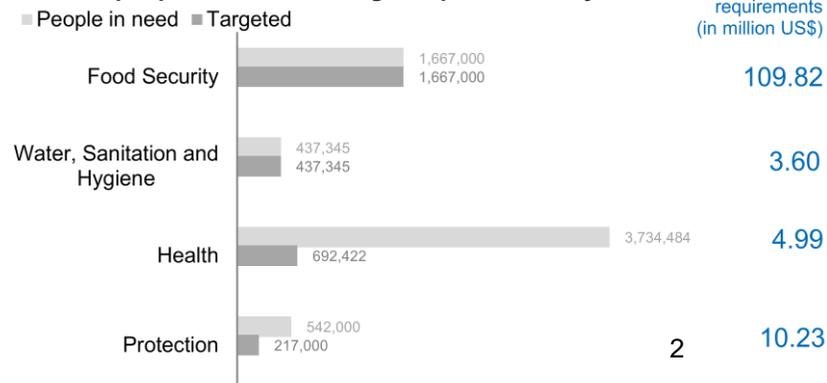
- Food-insecure rural and urban households
- Migrants who have been forcefully returned from neighboring countries.
- Asylum-seekers from the Horn of Africa and Great Lakes region.
- Displacement-affected populations, children suffering from chronic and acute malnutrition, rural populations without access to basic WASH and health services, HIV/AIDS affected.

### Most-affected areas:

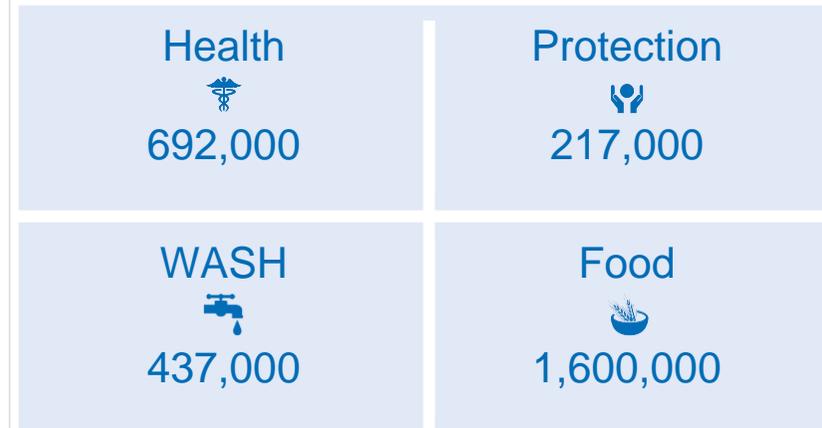
- Matabeleland North and South, Midlands, Masvingo and parts of the Mashonaland and Manicaland Provinces.

## 2013 Planning Figures

### Number of people in need and targeted per cluster by end 2013



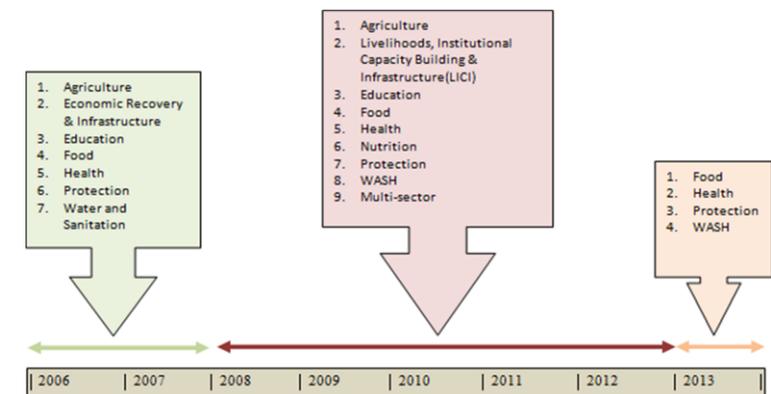
## 2013 Humanitarian Gaps target populations



## Strategic Objectives of the 2013 Appeal

- To maintain a minimum and coordinated response capacity in the Food, Health, Protection and WASH Clusters to address the most urgent, residual humanitarian needs in the country which need resolution in 2013, and for which organisations have the capacity to respond.
- To assist in strengthening Government and other local capacity to coordinate, prepare for and respond to ongoing and future emergency situations.

## Overview of Sectors/Clusters in Humanitarian Appeal Processes (2006-13)



## Evolution of Needs

### Food

- Poor weather patterns reduced the national cereal harvest by 33% this year. In light of this, food insecurity in Zimbabwe in 2013 is projected to be comparably worse than any period over the past three years. Almost one in five people living in rural areas will not be able to meet their basic food requirements.
- Large numbers of labour-constrained individuals and decreased purchasing power has significantly contributed to the number of people who require seasonal targeted food assistance. A large percentage of vulnerable rural farmers still depend on NGO and Government-subsidized agricultural inputs.

### Health and WASH

- Zimbabwe continues to be vulnerable to outbreaks of epidemic-prone diarrhoeal diseases such as cholera, typhoid fever and dysentery. The country has reported annual cholera cases since 1998. Humanitarian response capacity is needed, particularly in high-density urban centres and vulnerable rural areas.
- Rates of diarrheal disease throughout the country have consistently exceeded epidemic thresholds over the past 12 months.
- Decreased dietary intake combined with high rates of disease predispose the population to development of malnutrition.

### Protection and migration-related

- Although recovery and development programs have made noticeable progress in addressing longer-term protection needs, a significant number of highly vulnerable groups, including displacement- and migration-affected populations, continue requiring humanitarian aid. Manicaland (Chipinge, Mutasa), Masvingo (Chiredzi), Mashonaland Central, Midlands, Mashonaland West, Harare, Bulawayo Metropolitan, Matabeleland North and Matabeleland South are hosting a significant number of highly vulnerable, mobile and displacement-affected groups, including children, people with disabilities, elderly, single-headed households, child-headed households and survivors of violence (e.g. sexual and gender-based violence).
- Vulnerable Zimbabweans deported from Botswana and South Africa via Beitbridge and Plumtree due mainly to their un-regularised status in these countries continue to require time-critical humanitarian aid in food, urgent medical and protection services, transport home and information on safe migration, and information on or treatment for HIV/AIDS, SGBV and counter-trafficking.

