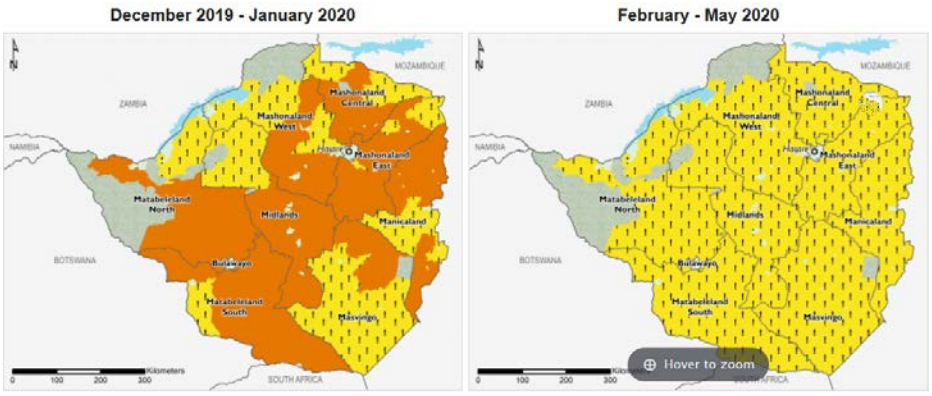

SITUATION UPDATE

During the January to March 2020 period, the number of food-insecure people is projected to increase to about 5.5 million, the highest number on record. This unprecedented level of food insecurity has resulted from a combination of reduced availability of grains and excessively high food prices, both of which constrain access to food. Lower harvests have not only reduced food availability for rural households, but have also cut incomes from agricultural-related activities, further compounding the negative effects of inflated food prices. Poor rainfall in the first half of the rainy season will be compounded by the forecasted below-normal rainfall in the second half (January to March). Agriculture cropping activity has thus remained below average.

Large-scale humanitarian food assistance is anticipated to improve the food-security situation across the country from January through April. However, stressed (IPC Phase 2) food security outcomes are expected until the harvest in April. Currently, crisis (IPC Phase 3) outcomes persist across much of the country as a result of long-depleted own-produced stocks, below-normal household incomes and above-normal market prices.

Although the Humanitarian Response Plan prioritizes large-scale humanitarian support to communities facing high food insecurity during the height of the lean season, Zimbabwe's economic situation continues to deteriorate. Inflationary pressures continue, as prices of most commodities and services simultaneously increase, further reducing poor households' purchasing power. The new Zimbabwe Dollar (ZWL) notes, coins and bond notes remain in short supply in formal markets. Parallel market-exchange rates and interbank market rates for the US dollar increased by approximately 10% in December from rates in November, averaging ZWL $21.0 and ZWL $16.5 (electronic or mobile transfers and cash) to the US dollar, respectively. The ZWL in the parallel market is selling at between 40% and 55%, affecting the poorest households, where incomes are very low and rapidly decreasing.

FAST FACTS

- An estimated 5.5 million people in rural areas will be food-insecure starting in January.
- Erratic and poorly distributed rainfall at the start of the rainy season in November continued into January, causing high temperatures and dryness.
- Approximately 100,000 children are estimated to be suffering from acute malnutrition in affected areas in Matabeleland North and South provinces.

INTERNATIONAL MEDICAL CORPS RESPONSE

- International Medical Corps is present in drought-prone Matabeleland North and South provinces, providing health, nutrition and WASH support in Bulilima, Mangwe, Gwanda, Tsholotsho and Nkayi districts.
- Strong collaboration with the Ministry of Health remains critical to monitor global acute malnutrition (GAM) rates, as some districts have GAM rates higher than 5%, especially now, when Zimbabwe is at the height of the lean season.

INTERNATIONAL MEDICAL CORPS RESPONSE

In response to the cholera outbreak of 2008, International Medical Corps started implementing activities in Zimbabwe in 2009, in Mashonaland Central. Currently, the organization runs the Amalima program, a seven-year Development Food Security Activity (DFSA) program funded by USAID Food for Peace (FFP), in which International Medical Corps is a consortium partner to CNFA. The duration of the project is from 2013 to 2020. Program activities are in drought-prone, food-insecure districts in the provinces of Matabeleland North (Tsholotsho) and Matabeleland South (Bulilima, Mangwe, Beitbridge and Gwanda).

International Medical Corps is also implementing a project funded by the Hickey Foundation,which has the goal of reducing maternal and newborn mortality and improving infant and young-child nutrition in Nkayi, a district in Matabeleland North province—one of the poorest districts in the country, where most households continue to face increasing challenges in accessing food in the markets due to increasing prices. International Medical Corps collaborates with the Ministry of Health at the provincial, district and sub-district levels to monitor the malnutrition situation.

According to the Zimbabwe Vulnerability Assessment Committee's recently concluded Rural Livelihood Assessment[1], during the peak hunger period (January to March), approximately 59% of rural households will be cereal-insecure. This percentage translates into approximately 5,529,000 individuals requiring 818,323MT of cereal (maize grain), costing more than USD $217.6 million at its peak.

In terms of overall coordination, in the role of WASH Provincial Focal Agency for Matabeleland South province, International Medical Corps continually engages with the National Coordination Unit (WASH) and the Provincial Water and the Sanitation Sub-Committee (PWSSC) to closely follow and identify emergency WASH priorities. International Medical Corps also is in advanced stages of discussions with the donor community for nutrition emergency support[2] in key districts in the implementing areas.

International Medical Corps continues to closely monitor the situation in its five current operational districts. Key observations include:

- Water availability and access for livestock and for domestic use is increasingly problematic.
- Food insecurity continues rising in the five districts of Amalima operations[3].
- Water sources continue drying up. Competition between livestock and humans at the few functioning boreholes is increasing, resulting in women spending most of their time looking and queuing for water.
- The scarcity of water continues to affect horticulture and small-scale vegetable production, leading to poor dietary diversity in most households.

The following program monitoring data has been observed:

[1] Zimbabwe Vulnerability Assessment Committee (ZimVAC), 2019. The Committee is a consortium of government, UN agencies, non-governmental organizations and other international organizations. The Rural Livelihood Assessment provides key information for government and development partners on rural livelihood programming in the southern African nation.

[2] Active screening in communities to enable trained Village Health Workers to quickly identify children under 5 needing nutrition support.

[3] The USAID-funded interventions are implemented in Tsholotsho, Bulilima, Mangwe, Gwanda and Mangwe district under the Amalima consortium while International Medical Corps, in collaboration with Ministry of Health and Child Care, implements a private family foundation-funded project in Nkayi district.

FOOD SECURITY & LIVELIHOODS

- More than 60% of households have supplementary food rations that would last for less than two weeks. Intra-household ration sharing continues.
- The government of Zimbabwe is implementing a food assistance programme through the Social Services Department across the five districts of operation, where each registered household receives 50kg grain per month. This assistance covers a small proportion of the population, mainly labor-constrained households.
- Gathering and consumption of wild fruits, such as *umkhemeswane, amagwadi and umkhuna,* is becoming increasingly common in the operational districts.
- Most households have employed the following coping strategies:
    - limiting food portion sizes
    - borrowing money
    - relying on less expensive and less nutritious foods
- Key informant interviews with Agritex of the Ministry of Health in Nkayi district explained that the district had received moderate to below moderate rainfall, and crops were in fair condition. Almost all households lost livestock, however, due to dry conditions, hot weather and a scarcity of drinking water.
    - Basic food commodities, such as maize meal, maize grain, rice, sugar cooking oil, *kapenta* and salt, are readily available on the market, but prices are very high and beyond the reach of most households.
    - On average, children and adults consume only two meals per day. Dishes consist mainly of *sadza* and vegetables and do not meet daily dietary requirements, especially for children under 5.

NUTRITION:

- The Nutrition cluster was activated in Zimbabwe and a national cluster lead will be deployed by the Global Nutrition Cluster in January 2020 to coordinate the national emergency nutrition response. The Food and Nutrition Council normally conducts a Lean Season Assessment of the food and nutrition security situation in January; however, as of mid-month, no assessment had been conducted.

WASH:

- Community water sources have dried up—people and livestock are increasingly competing for water.
- Boreholes are breaking down from overuse; women and girls bear the burden, walking longer distances in search of water sources.
- Dam capacities are low, with the average dam storage in Matabeleland South at 41.6% full**.** Dam averages for the districts: Matobo 51%; Umzingwane 24.9%; Insiza 43.6%; Mangwe 38.9%; Beitbridge 33.7%; Gwanda 72.3%.
- The Ministry of Education reported that water supplies in most schools is now low. In some areas, some schools are getting water from open sources.

Given the peak hunger season, this heightened food insecurity situation requires urgent humanitarian assistance for communities. **Recommended interventions** include:

- Emergency food security, social protection and nutrition interventions targeting the most vulnerable (e.g., women, children, the elderly, chronically ill and disabled persons).
- Emergency WASH interventions (e.g. community borehole rehabilitation) to ensure the provision of water, both for domestic use and for livestock, and risk-informed WASH activities to enhance resilience.

International Medical Corps continues to engage the donor community. Based on discussions with UNICEF, International Medical Corps aims to provide emergency nutrition support in selected districts (Lupane, Gwanda, Tsholotsho). The capacity of Village Health Workers and Lead Mothers in active screening to quickly identify and refer malnourished

children for support remains key. International Medical Corps will continue to conduct programmatic routine food security monitoring, post-distribution monitoring and closely track GAM rates.

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