Humanitarian needs continued to rise in Zimbabwe as the price of basic goods increased, while families struggled to cope with drought and the aftermath of Cyclone Idai. At the same time, a combination of below-average rains and economic challenges indicated that the next harvest could be significantly curtailed. Weather forecasts projected below-average rainfall until December in the southern parts of the country, while the shortage of foreign currency hampered the importation of agricultural inputs and the high cost of basic inputs spiralled beyond the reach of small holder farmers.

Children’s education and safety was increasingly jeopardized by the crisis. The government’s school feeding programme continued to face implementation challenges in terms of commodity supply and related transport costs. At the same time, the provision of teaching and learning materials declined and safe water and sanitation facilities in many schools were adversely affected. There were also anecdotal reports of children dropping-out of school to support their families. The crisis also increased protection risks, with a 70 per cent increase in reported child violation cases from August, along with an increase in the number of children living on the streets.

The onset of rains in some locations, coupled with unsafe water, sanitation and hygiene practices, heightened the risk of communicable disease outbreaks. In rural areas, of the nearly 55,600 water sources tracked by the rural water information management system (RWIMS), only 30 per cent had water and were functional and protected. In urban areas, electricity and chemical supply challenges led to a significant decrease in piped water supply and many people had to rely on unsafe sources.

Some 224 families who were unable to return home continued to live in four camps in Cyclone Idai-affected areas. As the camps will remain over the rainy season, sanitation and bathing facilities need to be strengthened, as do protection measures, particularly to prevent gender-based violence.

### Key Figures

- **People in need**: 5.1 million (total population: 15.1 M)
  - People targeted: 3.7 million

### Funding: Revised Humanitarian Appeal 2019

- **Revised requirements (US$)**: $467.9 million
- **50% Funded**: $234 million

<table>
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<tr>
<th>Cluster</th>
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<th>Unmet</th>
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<td>WASH</td>
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<td>Nutrition</td>
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<td>Logistics</td>
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### Operational Partners

- **80** Humanitarian partners operational in Zimbabwe
  - **33% increase since June 2019**
SECTOR OVERVIEW

Camp Coordination and Camp Management (CCCM), Shelter and NFIs

Needs
Some 224 Cyclone Idai-affected families remain in camps, where living conditions are exposing them to serious protection and health risks. Shelter support is needed for those remaining in the camps and for affected and displaced people who are accommodated in host communities or in makeshift structures. The possibility of relocation of IDPs in camps is not feasible in the short term and it is anticipated that IDPs will remain in the camps for the next 6 to 12 months. Due to the fast-approaching rainy season, the Government has asked for support to replace tents by semi-permanent transitional shelter structures, which will include a three-roomed wooden cabin for each household, a cooking shed per 20 households and toilet facilities.

Response
Camp Coordination and Camp Management activities including accountability for affected persons, provision of technical support for the Government in developing a camp exit strategy and operationalization of the permanent relocation plan are ongoing. Construction of new houses and rehabilitations in host communities is underway. The continuous monitoring of IDPs, through DTM assessments to track mobility, vulnerability and needs, is high priority.

Gaps
Due to the bad condition of the current tents, and the water and sanitation services, there is an urgent need to construct semi-permanent structures to overcome the rainy season.

Education

Needs
Due to the increase in food insecurity in recent months, the number of school drop outs is expected to be higher than the 17 per cent reported by ZIMVAC in June 2019. The government’s school feeding programme continues to face implementation challenges in terms of commodity supply and related transport costs. The provision of teaching and learning materials is declining and safe water and sanitation facilities in many schools have been adversely affected. Increased support is required to ensure uninterrupted learning in the protective environment of the school. Provision of adequate food and nutrition assistance is urgently required to maintain school attendance.

Response
The government’s school feeding programme, which provided grain and humanitarian support, while local communities covered relish and other needs (pulses, cooking oil, fruit and vegetables), is intermittent or discontinued for many schools. The Cluster is therefore considering supplementing grain supplies and supporting other needs. The Education Cluster will prioritize the 10 worst-affected districts. Other support to be considered includes solar water pumping systems to create viable nutritional gardens, food preparation and storage facilities as well as improved WASH facilities.

Gaps
Inadequate funding remains a key challenge and reliance on government-supplied grain cannot be guaranteed. To maintain the school feeding programme, these issues need to be addressed.

Food Security & Livelihoods

Needs
Maize prices continue to rapidly increase and remain well above average, and bread prices have increased significantly beyond what vulnerable households can afford. Weather forecasts indicate the likelihood of below-average rainfall until December in the southern parts of the country which could delay planting and inhibit early crop growth. Economic difficulties, especially the shortage of foreign currency, are hampering the import of agricultural inputs and the high cost of basic inputs has spiralled beyond the reach of small holder farmers. The combined effect of these conditions is likely to curtail plantings. The surface of agricultural areas planted for crops is expected to be below

Response
More than 1.8 million beneficiaries received food or cash assistance during September and October: 38 per cent of them received in-kind food and 62 per cent cash-based assistance. A total of 1.02 million vulnerable households received or are registered for agriculture and livelihood assistance. Among them, 64 per cent received agriculture inputs, 4.5 per cent received livestock restoring support, 24 per cent were targeted through agriculture trainings with a focus on smart agriculture and 7.5 per cent benefited from the rehabilitation of agriculture community assets. Additional efforts were made to raise funds and awareness through an advocacy note.

Gaps
The Sector still needs $144 million to cover the daily food basket of 2.5 million most vulnerable people under the current humanitarian appeal, and $37 million to help to restore crops and livestock production.

Zimbabwe: Humanitarian Dashboard (October-November 2019)
Zimbabwe: Humanitarian Dashboard (October-November 2019)

**Health** (as of September)

### Needs

The risk of water-borne disease outbreaks, including endemic cholera, increases with the start of the next rainy season. Harare is still an epicentre of typhoid fever, with nearly 5,800 cases recorded across the country since the beginning of the year. Lack of access to health services and essential medicines is widespread in Zimbabwe and continues to worsen.

### Response

Health partners have strengthened risk communication, surveillance and case management on epidemic-prone diseases such as diarrhoea, cholera, malaria as well as drought-induced diseases. The country is also strengthening Ebola preparedness in light of ongoing Ebola outbreak in the DRC. Procurement and distribution of essential medicines and commodities to the drought- and cyclone-affected districts has been undertaken, ensuring no stock shortages.

### Gaps

The country still has low capacity for case management for epidemic-prone diseases including cholera, typhoid fever and measles. Widespread shortages of essential medicines and medical supplies compromises the capacity of health facilities to manage disease outbreaks.

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**Nutrition**

### Needs

ZIMVAC reported an uncharacteristically high prevalence of global acute malnutrition (GAM), with eight districts reporting prevalence over 5 per cent and national prevalence almost doubling compared to 2018. A projected leap from 38 per cent (October) to 50 per cent (an additional 1 million people) of food insecure households by year end, will likely worsen the nutrition status of children. Anticipated increase in diarrhoeal diseases (immediate cause of undernutrition) due to deteriorating access to clean water and appropriate sanitation may compound the situation and worsen children's nutritional status. Acutely malnourished children, who are at higher risk of morbidity and mortality, need timely life-saving interventions.

### Response

The Nutrition Sector is providing life-saving interventions for children under age 5. Active screening was intensified through village health workers (VHWs) and village nutrition days campaigns, which enabled the Sector to screen 41,085 children (97 per cent) in the nine prioritized emergency districts. About 60 per cent of the targeted severely acute malnourished (SAM) children in the country were diagnosed and treated for SAM. The measles, rubella and vitamin A supplementation (VAS) campaign conducted in September was a major contributor to the high VAS coverage (115 per cent), in addition to the health facility and community-based supplementation through VHWs.

### Gaps

Systemic challenges in supply of nutrition commodities, under-funding and need for enhanced coordination with other sectors were identified as impediments in the nutrition response. Mechanisms for accountability to affected people could also be improved.

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**Protection**

### Child Protection

### Needs

The current economic crisis has exacerbated existing child protection risks in the cyclone- and drought-affected areas. There have been 12,249 children violations including GBV and SEA reported in these districts (5,347 from girls and 6,902 boys). There has been a 70 per cent increase in child violation cases from August. In the same districts, there were 388 adults cases of violations (GBV and SEA) reported (218 female and 170 male). There is also an increase in the number of children living on the streets, who are running away from poverty or neglect at home.

### Response

To date, over 61,000 people have been reached by child protection partners. Since August, a total of 31 unaccompanied and separated children (13 girls and 18 boys) in the cyclone-affected areas were supported with tracing and reunification in extended families/alternative care arrangements, which brings the total number of children supported to date to 942. In addition, 1,950 children (993 girls and 957 boys) were provided with psychosocial support through child-friendly spaces, while 733 children (363 girls and 370 boys) were reached in the drought-affected areas. Awareness activities on violence against children were rolled out to 5,210 children (3,132 girls and 2,078 boys).

### Gaps

Gaps include dwindling humanitarian funding in the face of growing child protection needs fuelled, in part, by the worsening economic situation.
**Gender-Based Violence (GBV)**

**Needs**
About 841,000 women and girls continue to require some form of protection from sexual, physical, emotional or intimate partner violence, human trafficking, sexual exploitation and abuse. Food insecurity, compounded by economic hardship, jeopardizes access to basic services. This leads to increases in school drop-out rates, child marriage and teenage pregnancies. Cyclone-affected people in temporary camps in Chimanimani continue to be at risk of GBV as protection measures established at the camps remain minimal. The referral system remains weak and multisectoral services for GBV survivors are out of reach or not available in some districts. As a consequence, reporting is limited and access to life-saving services prevented.

**Response**
GBV prevention services were provided through safe spaces to 16,165 individuals, including 180 women and girls who received livelihoods and life skills capacity building. GBV community-based sensitization and surveillance was provided to 7,370 individuals, and 80,122 individuals received life-saving information on GBV. Partners referred 908 GBV survivors (693 females and 215 males) to GBV specialized multisectoral services, distributed 9,078 dignity kits, and enhanced the capacity of 920 humanitarian aid workers on GBViE integration and PSEA. The project contributed to GBV risk mitigation, prevention and response in line with the GBV minimum standards and the IASC GBViE integration guidelines.

**Gaps**
GBV prevention and response remain severely underfunded. GBV programmes are redirecting funds from existing development programmes to integrate GBViE sensitization. As available funds are minimal, these do not suffice to address protection needs of most vulnerable women and girls, and to mitigate the risk of exposure to GBV.

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**Water, Sanitation and Hygiene (WASH)**

**Needs**
The drought and economic situation are impacting the drinking water supply and the provision of adequate water for sanitation and hygiene. In rural areas, of the 55,593 water sources tracked by the rural water information management system (RWIMS), only 30 per cent have water, are functional and protected. In urban areas, electricity and chemical supply challenges have led to a significant decrease in piped water supply and many people have to rely on unsafe sources. As the camps for displaced people will remain over the rainy season, sanitation and bathing facilities need to be strengthened.

**Response**
The Sector supported the City of Harare to finalize and prioritize activities within their Emergency Preparedness and Response plan for 2019-2020 and to finalize the WASH cholera preparedness plan. Contingency preparedness and response partnerships have been developed between UNICEF and ESAG members around cholera and other water-related diseases. UNICEF and WHH are working on upgrading sanitation and bathing infrastructure in the displacement camps. Borehole rehabilitation and intensive hygiene promotion are ongoing.

**Gaps**
The Sector is not well funded hindering the ability to ensure communities impacted by drought to have access to at least one productive borehole. Urban water production is severely impacted by raw water levels in reservoirs and Government’s challenges on offshore procurement of treatment chemicals.

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**Coordination**

**Needs**
This complex humanitarian emergency requires the close coordination of all stakeholders. Interaction with Government and frontline ministries, UN agencies and NGOs is vital in rolling out the multisectoral humanitarian support to complement Government’s interventions.

**Response**
The UN Resident Coordinator Office, humanitarian partners and donors meet at least once a month under the HCT. Individual sectors also meet at least monthly and are chaired and co-chaired by the relevant line ministries and sector leads. Intersectoral coordination meetings take place monthly and are chaired by OCHA. A Humanitarian Needs Overview and a Humanitarian Response Plan are under development to enhance strategic vision, coordination and resource mobilization for the response.

**Gaps**
In addition to funding gaps, information on the Government’s planning and programming is difficult to obtain. This information is critical to enable the assessment of needs.