<table>
<thead>
<tr>
<th>TOTAL POPULATION OF ZIMBABWE</th>
<th>PEOPLE IN NEED</th>
<th>PEOPLE TARGETED</th>
<th>REQUIREMENTS (US$)</th>
<th># HUMANITARIAN PARTNERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>15.1M</td>
<td>5.3M</td>
<td>2.2M</td>
<td>234M</td>
<td>70</td>
</tr>
</tbody>
</table>

**IPM Food Insecurity Phase**

1: None or Minimal  
2: Stressed  
3: Crisis  
4: Emergency  
5: Catastrophe/Famine

Area would likely be at least one phase worse without the effects of humanitarian assistance

*Source: Zimbabwe IPC TWG*

This document is produced by the Humanitarian Country Team and the United Nations Resident Coordinator’s Office in Zimbabwe, with the support of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). The projects reflected here support the national government. It covers the period from January 2019 to June 2019.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOREWORD BY THE UN RESIDENT COORDINATOR</td>
<td>04</td>
</tr>
<tr>
<td>THE FLASH APPEAL AT A GLANCE</td>
<td>05</td>
</tr>
<tr>
<td>OVERVIEW</td>
<td>06</td>
</tr>
<tr>
<td>STRATEGIC OBJECTIVES</td>
<td>09</td>
</tr>
<tr>
<td>RESPONSE STRATEGY AND RESPONSE CAPACITY</td>
<td>10</td>
</tr>
<tr>
<td>SUMMARY OF NEEDS, TARGETS &amp; REQUIREMENTS</td>
<td>11</td>
</tr>
<tr>
<td>AGRICULTURE</td>
<td>12</td>
</tr>
<tr>
<td>EARLY RECOVERY</td>
<td>13</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>14</td>
</tr>
<tr>
<td>FOOD SECURITY</td>
<td>15</td>
</tr>
<tr>
<td>HEALTH</td>
<td>16</td>
</tr>
<tr>
<td>NUTRITION</td>
<td>17</td>
</tr>
<tr>
<td>PROTECTION</td>
<td>18</td>
</tr>
<tr>
<td>WASH</td>
<td>20</td>
</tr>
<tr>
<td>REFUGEE RESPONSE STRATEGY</td>
<td>21</td>
</tr>
<tr>
<td>ANNEXES</td>
<td></td>
</tr>
<tr>
<td>LIST OF PARTNERS</td>
<td>23</td>
</tr>
<tr>
<td>GUIDE TO GIVING</td>
<td>24</td>
</tr>
</tbody>
</table>
Humanitarian needs are rising in Zimbabwe due to the combination of poor and erratic rains and a deteriorating economic situation. At the same time as we are entering the peak of the 2018/19 lean season, high inflation compounded by the impact of the parallel market is drastically increasing the cost of basic commodities and forex shortages have significantly affected the supply chain for essential medicines. As a result, 5.3 million people are now in urgent need of life-saving humanitarian assistance and protection support in both urban and rural communities. Livelihood support will also be required to build resilience of the communities to soften the impact of climate and economic shocks.

It is critical that we act now and mobilize resources to support the most vulnerable people in Zimbabwe cope with the multiple shocks that they have faced especially in recent months and to prevent more households requiring assistance. To this end, this Flash Appeal targets 2.2 million people that have been hardest-hit by the economic crisis and poor agricultural performance.

The Flash Appeal complements the Government’s ongoing and planned interventions to respond the humanitarian situation.

I am conscious that humanitarian support is not a long-term solution to the socio-economic challenges in Zimbabwe. Intensive effort is required to tackle the root causes of the rising humanitarian needs, and the UN is committed to continue to support the Government to undertake the necessary reform efforts as outlined in the Transitional Stabilization Programme. However, while efforts are being taken to address these extremely complex set of challenges, there is a moral obligation and an urgency for the international community to lend live-saving support to the most vulnerable.

This Flash Appeal is prioritized and principled. We are confident that the activities planned are those that are most urgently needed and will deliver immediate relief to the most vulnerable. Built-in programme methodology is intended to deliver support effectively and efficiently. Most importantly, the UN and humanitarian partners are committed to ensuring that the humanitarian principles of impartiality, neutrality, independence and humanity are respected in implementing the activities in the Flash Appeal. We are here to support the people of Zimbabwe. We thank you in advance for your support!

Bishow Parajuli
UN Resident Coordinator in Zimbabwe
**THE FLASH APPEAL**

**AT A GLANCE**

**STRATEGIC OBJECTIVE 1**
Save lives and livelihoods by providing integrated humanitarian assistance and protection to people impacted by the economic crisis and severe food insecurity

**STRATEGIC OBJECTIVE 2**
Provide life-saving humanitarian health assistance by responding to outbreaks and procuring essential medicines

**STRATEGIC OBJECTIVE 3**
Strengthen the resilience of the most vulnerable communities to mitigate against the impact of the deteriorating economic situation

**PEOPLE IN NEED**
- **5.3M**

**PEOPLE TARGETED**
- **2.2M**

**REQUIREMENTS (US$)**
- **$234M**

**FUNDING REQUIREMENTS BY SECTOR**
- **FOOD SECURITY - FOOD ASSISTANCE** $130M
- **HEALTH** $37.4M
- **EARLY RECOVERY** $16.5M
- **WASH** $12.7M
- **AGRICULTURE** $11.1M
- **EDUCATION** $9.7M
- **NUTRITION** $8.7M
- **PROTECTION** $4.5M
- **REFUGEES** $3.2M

**OPERATIONAL PRESENCE**
- **UN** 8
- **NGOs** 36
- **70 partners**

**NUMBER OF PEOPLE IN NEED**
- People in Need by District
  - < 20,000
  - 20,001 - 50,000
  - 50,001 - 150,000
  - 150,001 - 200,000
  - > 200,000

**NUMBER OF PEOPLE TARGETED**
- People Targeted by District
  - < 5,000
  - 5,001 - 20,000
  - 20,001 - 50,000
  - 50,001 - 100,000
  - > 100,000
OVERVIEW

The humanitarian situation in Zimbabwe is deteriorating, with the economic crisis compounding the impacts of erratic rainfall. Severe food insecurity has escalated during the 2018/2019 lean season (October – April), while access to basic services, and particularly healthcare, has become increasingly challenging due to the economic situation.

Nearly 5.3 million people in Zimbabwe are estimated to be in urgent need of humanitarian assistance and protection during the 2018/2019 lean season (October – April) and beyond. This includes nearly 3.8 million people in rural areas, including 2.9 million who are severely food insecure (IPC phase 3 or above) and a further 900,000 people who are currently receiving humanitarian assistance, without which they would be in IPC phase 3 or above. In addition, 1.5 million people in urban areas, including major towns and secondary cities, are estimated to be facing severe food insecurity, while people in multiple locations across the country are faced with acute shortages of essential medicines. With the ongoing macro-economic crisis, there is a high likelihood that the situation will continue to deteriorate.

This rise in severe food insecurity has been driven by a combination of factors – including late rainfall, abnormally dry conditions and the worsening economic situation – which are likely to prolong the lean season at least until May. Late and erratic rains have affected agriculture activities, such as land preparation and planting, and the 2019 harvest is likely to be delayed. In addition, infestations of crop pests, including Fall Armyworm and Tuta absoluta, have now spread to all provinces in the country, contributing to reduced crop production. The most vulnerable people reside in drought-prone rural areas, relying exclusively on rain-fed agricultural production for their food consumption and income, and have therefore been hardest-hit by these developments. At the peak of the lean season, these households typically depend on the market for food. However, sharp price rises have resulted in lower purchasing power and inadequate access to food. Staple cereal prices, for instance, increased between 50 per cent and 150 per cent above the five year averages and are expected to further increase across the lean season. In addition, the economic crisis and poor season performance have reduced agricultural-based livelihood opportunities and wages (both in-kind and cash). At the same time, high livestock deaths have been reported, along with unavailability of pasture, in predominantly cattle ranching districts. There has been a sharp increase of stock feed and agricultural input prices, and the recurrence of livestock disease outbreaks - such as anthrax, foot and mouth disease (FDM) and theileriosis - are further threats to the agricultural season.

In the three areas classified in IPC Phase 4 (Emergency), there is widespread food deprivation, with many people going to sleep hungry and going all day and night without eating. The rural areas of Zimbabwe show a very precarious situation, with 30 per cent of the population experiencing IPC phase 3 (Crisis) and IPC phase 4 (Emergency) conditions and about 20 per cent employing emergency coping strategies to access food. The most vulnerable households are experiencing moderate to large energy intake gaps, consuming a diet of very poor quality and engaging in accelerated depletion of assets through unsustainable livelihood coping strategies.
People’s capacity to withstand new economic shocks is severely compromised as the country has gone through repeated stresses since 2008. At the heart of the economic problems is a US$17 billion domestic and foreign debt and a $1.8 billion trade deficit that has worsened forex shortages. A rapid snap survey carried out in October 2018 indicated high market volatility, as traders were aligning prices to the black-market exchange rate (RTGS 4:1 USD). The sharp increase in inflation (56.9 per cent in February 2019 year-on-year), and 250 per cent rise in fuel prices are directly impacting on poverty and hunger. Meanwhile, public sector salary payments have not been adjusted to reflect price increases. These reforms are critical to: address liquidity challenges; stimulate growth and investment to increase revenue collection and foreign exchange generation; and protect social gains. However, their implementation will be met with critical challenges as the country’s protracted fiscal imbalances have undermined any effort to prioritize development spending, including social service provision, undermining poverty reduction efforts. Unemployment rates have been increasing as employment opportunities have continued to diminish. The high and unsustainable debt-to-GDP ratio; high fiscal deficit; cash shortages, and limited availability of foreign exchange are directly impacting on people’s lives; and the persistent shortage of essential goods, including fuel and consumer goods, remain major obstacles for any meaningful economic recovery. The impact of the economic crisis on people’s lives has led to demonstrations, unrest and growing concern regarding human rights violations. There were reports about people killed, injured, detained, and alleged cases of sexual violence.

Zimbabwe is also battling disease outbreaks, acute forex shortages in the health sector and stock outs of essential medicines. In 2018, Zimbabwe recorded the second largest cholera outbreak in its recent history. The disease rapidly spread mainly around two suburbs of Harare city since September, and by early January 2019 more than 10,000 cases including 65 deaths across the country have been reported. The country is also battling a typhoid fever outbreak, which has affected Harare and Gweru cities since 2017, with more than 6,100 cases reported and 17 deaths since the outbreak began. The country also has a high level of HIV prevalence, affecting more than 13 per cent of the population. In the face of rising needs, Zimbabwe’s healthcare budget is chronically underfunded and stocks of essential medicines, diagnostics and supplies have been depleted due to foreign currency shortages. Many private pharmaceutical suppliers now only accept United States dollars and have dramatically increased their pricing. As a result, many people are unable to pay for basic health services, including vulnerable people living with chronic conditions such as tuberculosis and HIV, and refugees. Drought-induced migration in search of food may further compound the health situation as it could reduce the coverage of key immunization activities, which increases the risk of additional disease outbreaks.

Malnutrition could rise in the months ahead due to increasing food insecurity, economic strain and unavailability and unaffordability of basic food commodities. The nutrition status of children in Zimbabwe showed a marked improvement in 2017, with global acute malnutrition (GAM) rates reducing to 2.5 per cent and severe acute malnutrition (SAM) to 0.2 per cent. However, the confluence of risks in the months ahead is likely to reverse some of these gains, especially in 25 drought-prone districts identified by the nutrition sector. Children under age 5 will be worst-affected, along with people living with chronic illnesses such as HIV. It is anticipated that more than 72,200 children could be affected by acute malnutrition (25,280 SAM and 46,948 MAM) in all districts in the country between now and May 2019. In addition, 360,000 young children aged 0 to 23
months, nearly 906,000 children aged 6 to 59 months and nearly 575,400 pregnant and lactating women with elevated nutrition needs or vulnerability in 24 districts are likely to be affected by food insecurity.

Decreasing access to clean and safe water in both rural and urban areas is heightening the risk of disease and malnutrition. Only 49.4 per cent of water points across the country (mainly hand pumps) are fully functional, according to the October 2018 report from the Rural WASH Information Management System (RWIMS). Urban areas continue to suffer from overloaded and ageing water and sewage infrastructure, with intermittent water supply of an average of 12 hours per day, according to the most recent Service-Level Benchmarking (SLB) survey. The situation is compounded by the economic situation, which is limiting access to foreign exchange by urban local authorities to procure water treatment chemicals. An estimated 780,000 people remain at risk of WASH-related disease outbreaks, including cholera and typhoid, due to inadequate access to safe water. Poor rains have increased the burden of fetching water for children and women, forcing them to travel longer distances and exposing them to the risk of violence and abuse. Access to safe water also remains a challenge for the 20,000 refugees in Zimbabwe.

Increasing food insecurity and poor access to hygiene, sanitation and water will particularly impact people living with HIV. Lack of food has a direct impact on the ability of people living with HIV to take their medicines, as the drugs cannot be taken on an empty stomach and also increase the feeling of hunger. People living with HIV with food insecurity run the risk of malnutrition and ill health. Lack of access to safe water and sanitation can have dire consequences for people living with HIV. Episodes of severe diarrhoea, cholera or other gastro-intestinal infections can accelerate the progression to AIDS, if untreated.

Rising food insecurity and the growing economic crisis pose unique protection risks for women and girls. Girls are particularly vulnerable to family separation, early marriage, teenage pregnancy, domestic violence and extreme coping mechanisms during times of household stress, including transactional sex. The risk of exposure to domestic violence and intimate partner violence are also expected to increase as a consequence of heightened family tensions caused by crop damages and income losses. Poor rains have increased the likelihood of drought-induced displacement, as affected people consider moving to urban and peri-urban areas in search of jobs and food. Rural-urban migrants often end up in severely overcrowded city slums, which lack basic services, such as proper drainage systems, safe drinking water and proper sanitation. Migration due to hunger also increases the risk of sexual violence, exploitation, abuse and early and unwanted pregnancy. Meanwhile, restrictions on employment, the encampment policy and limited livelihood activities leave refugees and asylum seekers dependent on the humanitarian assistance for food.

Lack of food, water scarcity and deteriorating access to livelihoods will impact the education of school age children, especially girls. School dropout is reportedly already rising, as families prioritize food, performance of households’ chores and casual labour over school attendance. Families with constrained budgets will prioritize food over school fees. For girls, in particular, school dropout can lead to family separation, child labour and early marriage. During the 2015-2016 El Niño-induced drought, there was also a reported increase in cases of teenage pregnancy, impacting girls’ school attendance, and the pattern could be repeated if the situation does not change.
STRATEGIC OBJECTIVES

This Flash Appeal has been prioritized to target 2.2 million of the most vulnerable people in Zimbabwe who have been severely impacted by rising levels of food insecurity, the economic crisis and disease outbreaks. The response targets the 91 hardest-hit districts, including 61 rural and 30 urban, which were prioritized through severity ranking based on multi-sectoral analysis of humanitarian needs. In addition, the Flash Appeal includes the procurement of essential medicine and medical supplies to cover 9.2 million vulnerable people in 80 districts who currently have limited access to healthcare.

The Flash Appeal is intentionally time-bound, with an emphasis on responding to the most urgent needs during the economic crisis, the prolonged 2018/2019 lean season and in the immediate post-season. Action during this period is critical to save lives and livelihoods. However, should the situation continue to deteriorate, a revision and extension of the Flash Appeal may be required.

1. **Save lives and livelihoods by providing integrated humanitarian assistance and protection to people impacted by the economic crisis and severe food insecurity**

   This objective reflects the commitment of humanitarian partners to provide timely assistance to save lives and mitigate against the negative impacts of the economic crisis and poor rain performance on the most vulnerable households by reducing their food insecurity and livelihoods losses. Under this objective, partners will implement a protection-centred and multi-sectoral approach to humanitarian programming that alleviates the suffering, and reduces the risks, faced by food-insecure households.

2. **Provide life-saving humanitarian health assistance by responding to outbreaks and procuring essential medicines**

   Under this objective, partners will ensure that health systems are enhanced to provide life-saving health response to current and emerging outbreaks. Increasing the availability of essential drugs in most affected areas is critical to prevent loss of lives over the lean season and during the peak of the economic crisis.

3. **Strengthen the resilience of the most vulnerable communities to mitigate against the impact of the deteriorating economic situation**

   Resilience programming will underpin humanitarian action, ensuring sustainability in the response and increasing households’ ability to recover and cope with future shocks. Under this Objective, humanitarian action will be linked with ongoing development and resilience programming to reduce future dependency.
**RESPONSE STRATEGY AND RESPONSE CAPACITY**

**Strategy**

The Flash Appeal promotes a "cash first" approach, but also recognizes that, due to the economic situation and other complexities in the Zimbabwe context, cash will need to be complemented by in-kind assistance.

The Flash Appeal ensures the Centrality of Protection, with a particular focus on preventing and responding to gender-based violence.

Humanitarian programmes are implemented in full consultation with and involvement of communities at district, ward and village levels. The village prioritization and targeting processes are carried out by ward assembly meeting and they are facilitated by the District Committee and non-governmental organizations (NGOs). At community level, beneficiary households are selected through a community-based targeting approach, whereby villagers identify sectoral need using indicators/criteria specific to their area. This process is facilitated by UN/NGO personnel. There are grievance report mechanism (GRM) and support services such as help desk, suggestion boxes and toll free numbers provided to beneficiaries. These services provide a real-time feedback mechanism, which allow the different stakeholders (UN, NGOs, local authorities) to share information, verify grievances and address issues in line with the GRM protocol.

**Operational implementation**

Under this Flash Appeal, 70 organizations – including 62 NGOs and 8 UN agencies – will implement activities in 89 prioritized districts, in support of the Government of Zimbabwe's response. Although Zimbabwe has primarily been a development-oriented context in recent years, humanitarian response capacity is quite well-established as many of the implementing partners have existing programmes in affected areas. The organizations in the Flash Appeal will undertake vertical and horizontal expansions and adaptations in order to rapidly adjust their interventions, including through crisis modifiers, to respond to the deteriorating situation.

**Humanitarian coordination**

The strategic coordination of the humanitarian response is undertaken by the high-level Multi-Stakeholder Consultative Meeting, which is convened quarterly and co-chaired by the Office of the President and Cabinet and the UN Resident Coordinator. The Humanitarian Country Team, chaired by the UN Resident Coordinator and consisting of the UN, NGOs, Zimbabwe Red Cross and humanitarian donors, meets bimonthly as an operational coordination forum for international humanitarian response. At the technical level, sectors are co-chaired by the relevant line ministry and the UN, while inter-sector coordination meetings take place regularly.

**Operational challenges**

The macro-economic situation – including the liquidity crisis – poses a number of serious operational challenges for humanitarian partners in Zimbabwe. Rising commodity prices (the official inflation rate in February 2019 was 56.9 per cent) and shortages of basic commodities such as fuel may have a negative operational impact, particularly in terms of the ability of humanitarian partners to reach people in need in the most remote areas. The inflation – should it continue – may result in increased operational costs. However, all possible measures are being taken by humanitarian partners to try to ensure that the transfer value of humanitarian funding is not lost.
SUMMARY OF NEEDS, TARGETS & REQUIREMENTS

5.3m people in need
2.2m people targeted

5.3m

$234m requested

$130m

$11.1m

$37.4m

$12.7m

$4.5m

$16.5m

$9.7m

$8.7m

$1.8m

People in need
People Targeted
Refugee Response Targeted
Sector requirement
Refugee response requirement
Agriculture sector partners plan to address the most urgent agricultural needs for vulnerable smallholder farmers in 30-targeted districts. Humanitarian actors will work closely with the specialized departments of the Ministry of Lands, Agriculture, Water, Climate and Rural Resettlement to assist targeted farmers to access inputs to help restore their productive capacity. To the extent possible, market-based approaches, such as subsidized inputs, cash-based transfers and input vouchers will be used as modalities for assistance. Livestock farmers in districts recording the highest cattle deaths will be targeted to access stock feed to improve the nutritional status and survival prospects of livestock. Working in close collaboration with the Department of Veterinary Services, partners will facilitate the emergency procurement of vaccines to undertake vaccination campaigns against identified livestock diseases. The sector response includes early action interventions that complement ongoing development projects undertaken by agriculture partners. Such activities include emergency rehabilitation of community boreholes, livestock drinking troughs and other rapid interventions designed to mitigate the effects of a poor rainfall season, protect development gains as well as strengthen the resilience of communities to future shocks.

**Priority actions:**

- Basic provision of crop and livestock inputs to vulnerable food-insecure farmers.
- Managing crop pests and livestock diseases.
- Increase access to water for agricultural production and drinking points for livestock.
- Increase capacity of vulnerable farmers on climate resilient mitigatory/adaptation strategies.

**Contact:**

Constance Pepukai:
constance.pepukai@fao.org
EARLY RECOVERY

The Early Recovery response will be implemented with the overall objective to stabilize livelihoods and rebuild the foundation for resilience of the drought-affected communities in targeted rural and urban areas. The response integrates humanitarian efforts with early recovery activities to restore the capacity of vulnerable communities and local institutions to recover from impacts of El Niño-induced drought, prevent further deterioration and shorten the need for humanitarian assistance.

The response includes restoration of basic social and financial services, diversified livelihoods and emergency employment options and strengthening the capacity of local government to monitor and address humanitarian and early response needs building towards social cohesion and reduced social tensions. In urban areas, the early recovery response will also emphasize on WASH-related livelihood recovery economic activities.

A gender-sensitive approach will be applied throughout the program cycle. Activities will be implemented in close collaboration with the Government, both at national and local level, and with affected communities in rural, urban and peri-urban areas.

Priority actions:

- Early recovery response through stabilization and restoration of livelihoods, emergency employment and enterprise recovery in rural and urban areas.
- Creation of short-term emergency employment, including cash for work and start-up grants to recapitalize small enterprises.
- Rehabilitation of community livelihood infrastructure and productive assets for micro-enterprise recovery.
- Protect community livelihoods and provide alternative emergency livelihoods and employment.
- Provision of access to short-term and tailor-made vocational training and facilitating job placement for youths where necessary.
- Provision of and supporting access to IT-based information on commodity market situation and emergency livelihoods inputs and employment opportunities.
- Strengthen the national and subnational capacity for monitoring and addressing humanitarian needs through the existing national Crisis Modifier mechanism for timely, rapid, early response to El Niño by partners who are already operating in the affected districts.

Contact:

Anne Madzara:
anne.madzara@undp.org
This Plan aims to ensure that children in food-insecure districts continue to have access to education services that support their physical, social, emotional and cognitive wellbeing. Schools provide a platform for cross-sectoral, pre-emptive and life-saving support to food insecure communities. Supporting education services during the food insecurity will enable children to build their resilience of the food insecure communities to withstand, adapt and recover from impacts of high-level of food insecurity. The link between adequate nutritional levels and school attendance and attainment of educational outcomes is extensively proven. Ensuring that children receive school meals, therefore, both protects the most vulnerable children from food insecurity-induced decline in nutritional status, and secure that their education is not disrupted. The Ministry of Primary and Secondary Education (MoPSE) supported School Feeding Programme in Zimbabwe has been temporarily stopped due to the emergence of cholera in the country. The Education Sector plans to resume the School Feeding for 338,388 children in the most food insecure districts. At Tongogara Refugee Camp, both primary and secondary schools are overcrowded and teachers must deal with up to 65 pupils in just one class.

The Education Cluster will coordinate with the WASH Custer to ensure that sanitation and hygiene awareness is improved to prevent the recurrence and further spread of the ongoing cholera outbreak. This can have a significant positive impact on child health and learning outcomes. Life-saving messaging to teachers, learners and surrounding communities will be provided on WASH, health, nutrition and child protection referral pathways, contributing to behavioural change among affected learners. Close monitoring of the impact of the food insecurity on the education system, through training of MoPSE officials and teachers on emergency handling, strengthened coordination and information management - both at national and subnational levels - will provide an evidence base for advocacy and informed programming. A clear understanding of how the effects of the drought impact learning, and active response to ongoing evaluation will contribute to the promotion of resilience within the education stakeholders.

**Priority actions:**

- Support the provision of school meals and WASH services, including cholera prevention measures in drought-affected schools and cholera-affected zones. These activities will be carried out in close collaboration with the Food Security, Nutrition, Agriculture, WASH and Protection sectors.
- Pre-position teaching and learning materials to reduce the burden of education costs to parents, as families will probably prioritize food over other basic needs.
- Disseminate awareness messages on the importance of regular school attendance for children in emergency locations.
- Coordinate real time data collection exercise to monitor school attendance and the strategic inter-sectional life-saving response interventions for children.
- Train MoPSE officials and teachers on preparedness and early response to possible El Niño.

**Breakdown of people in need and targeted by status, sex and age (approximately 3 to 18)**

<table>
<thead>
<tr>
<th></th>
<th>By Sector</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>People in need</td>
<td>455,748</td>
<td>218,759</td>
<td>236,999</td>
</tr>
<tr>
<td>People target</td>
<td>338,388</td>
<td>162,426</td>
<td>175,962</td>
</tr>
</tbody>
</table>
Food Security operational partners will address the most urgent food security needs of communities in both rural and urban areas, as well as the refugee and asylum-seeker population. In addition to ongoing assistance which is covering an estimated 900,000 people for the period January to April 2019 and the Government’s Food Deficit Mitigation Strategy, operational partners aim to expand the geographic coverage to support an additional 700,000 people in food-insecure rural communities that are considered in emergency (IPC phase 4), primarily through cash-based assistance. For urban communities, some 100,000 people will be targeted. Operational partners will also provide specialized super cereal food ration (CSB+) specifically targeting children 6-59 months and pregnant and lactating women. This will supplement the nutritional value of the food basket provided as part of the general household ration/cash. Intervention will focus on the low-lying areas reliant on rain-fed agriculture, where communities were disproportionately affected by last year’s erratic rain.

Despite the current economic stress, market-based interventions are viable according to the national market assessment carried out by WFP and partners in November 2018. Based on the market functionality, a monthly transfer value of US$9 per person will be provided to meet approximately 80 per cent of the daily kcal requirement of an adult. With the current volatility, the prices and resultant purchasing power will be closely monitored on a regular basis. The high reliance on cash-based assistance will allow partners to keep people’s dignity, needs and preferences at the centre of the response, while increasing efficiency and flexibility.

Given the high prevalence of food insecurity in urban settings (brought on in the main by adverse economic circumstance), operational partners will provide cash-based food assistance to the most vulnerable in Harare, Bulawayo and Masvingo. This urban intervention will use a vulnerability based targeting approach, prioritizing chronically vulnerable households, including the elderly, under-five children, disabled, pregnant and lactating women (PLW) and child headed households. Significant effort will be made to mitigate any protection risks identified and appropriate complaints and feedback mechanisms will also be put in place to ensure that affected populations can voice concern confidentially. Urban food assistance response especially in cash is new to operational partners therefore the initial phase will be piloted in Harare targeting 20,000 people. The intention is to scale-up the urban food security response to 100,000 individuals.

This food security response is essential to address immediate food consumption requirements especially those in emergency (IPC phase 4). Intervention should also address negative coping strategies that undermine household food security and resilience. To address the underlying causes of food security, operational partners will provide resilience-building support as part of the response (see Early Recovery). In light of the multi-sectoral causes and consequences of the food insecurity crisis, operational partners will continue to coordinate with WASH, Health, Nutrition and Protection sectors to establish an integrated sectoral approach.

In view of the poor agricultural season, food assistance at this juncture is considered disaster risk reduction and as such prevents further deterioration in the overall food security status during the 2019 post-lean season and in advance of the 2019/2020 lean season. This is particularly the case for those households already categorized in crisis and emergency (IPC phase 3 and 4).

Priority actions:

- Provide monthly food assistance through either in-kind or cash transfer to food-insecure rural households, in close collaboration with local stakeholders.
- Provide monthly cash assistance to meet the most immediate food security needs of vulnerable people in urban areas, adversely affected by the current economic challenges.
- In close coordination with the Nutrition partners, provide a protective nutritional ration to increase nutritional value of the food basket provided to households with children and pregnant and lactating women.
- Provide in-kind assistance to 14,000 refugees.

Contact:

Jens Nylund:
Jens.nylund@wfp.org
This Appeal seeks to mobilize the international community to respond to the acute shortage of medicines, diagnostics and consumables in Zimbabwe stemming from the economic crisis. Although financial support has been received from various donors, this support has been directed at primary health-care services as well as programmes for specific conditions such as malaria, HIV, TB, Family and Child Health. The procurement of medicine will target 80 per cent of the total population in the 80 districts targeted in the prioritization of needs, amounting to 9.17 million people. Procurement of adequate essential medicines and medical supplies for primary health-care centres (PHCs) will be done through the National Pharmaceutical Company of Zimbabwe (NatPharm). The stock management system will be strengthened to ensure that consumption rates are closely monitored to avoid stock out. For refugees and asylum seekers, access to decent health care has also been undermined by national shortages of drugs.

A mapping of vulnerability and response capacity will be conducted nationwide to improve preparedness and response planning. Disease surveillance and early warning systems will be strengthened through training of relevant health staff for early detection, confirmation and response to diseases outbreaks and other public health events through training in Integrated Disease Surveillance and Response (IDSIR) and establishment of Rapid Response teams at all levels. Management of medical consequences of malnutrition and common communicable diseases - including cholera, typhoid fever and measles - will be enhanced through building capacity of health workers on case management of priority diseases.

Health partners will support laboratory capacity for the National Microbiology Reference Laboratory (NMRL), provincial and district level laboratories through training of laboratory staff and procurement of relevant equipment and reagent. This will support timely and effective detection and confirmation of priority pathogens, and monitoring of drug sensitivity for effective case management.

The health sector is coordinated under the leadership of Ministry of Health and Child Care, and through the Inter-Agency Coordination Committee on Health (IACCH), with WHO as the secretariat and sector lead.

Priority actions:

- Undertake a Vulnerability Risk Assessment and Mapping (VRAM) exercise to identify the hazard profile, vulnerabilities and capacities nationwide.
- Strengthen disease surveillance/ early warning through training of relevant health staff in all provinces and local authorities in IDSIR and providing logistics for prompt outbreak notification and response.
- Strengthen laboratory capacity of the National Microbiology Reference Laboratory (NMRL) and all provincial health laboratories, including the Government Analyst Laboratory for early detection, confirmation and monitoring of disease outbreaks and other public health threats.
- Strengthen case management for diarrhoeal diseases including cholera, typhoid fever and measles.
- Procurement of essential medicines and medical supplies to ensure facilities are adequately stocked to manage disease outbreaks and other priority conditions at PHC level.

*Under the refugee response, $323,849 is required to provide primary, secondary and tertiary health services to all 14,050 refugees at Tongogara Refugee Camp.
Partners in the Nutrition Sector will work with the Ministry of Health and Child Care and the Food and Nutrition Council to provide life-saving essential nutrition services and strengthen community-based management of acute malnutrition. The response will also include the provision of community level Infant and Young Child Feeding in Emergencies (IYCF-e) support to parents and caregivers of children under the age of two in food-insecure districts with high levels of global acute malnutrition (GAM). The interventions will prioritize children and pregnant women at highest risk of morbidity and mortality in the 24 most food insecure districts.

Community health workers will be capacitated to conduct active screening for early identification, referral and follow-up of children with acute malnutrition. Children with severe acute malnutrition (SAM) will be treated with life-saving therapeutic milks and ready-to use therapeutic food (RUTF), while children with moderate acute malnutrition (MAM) will be treated with ready-to use supplementary food (RUSF) and linked to protective rations from WFP, which cover children under age 5. To prevent deficiencies, children and pregnant women will receive micronutrient supplements. Pregnant women will be supplemented with iron and folate from health facilities, children aged 6 to 59 months will be supplemented with multiple-micronutrients through community support/care groups, as well as vitamin A supplements through health facilities and community health workers.

In Tongogara Refugee Camp, more than 2,000 under-five refugee children are in need of nutritional support and over 1,000 refugee mothers will need nutrition education.

**Priority actions:**

- Increase access to and efficient stock management of life-saving therapeutic and supplementary foods at health facility and community levels.
- Implement active screening for early identification and referral of children with acute malnutrition through community based health workers and community volunteers.
- Build the capacity of facility based health workers on treatment, management and reporting of acute malnutrition.
- Provide community IYCF-e support and counselling, specifically where cash and/or food assistance intervention are provided, in coordination with WASH and food security clusters.
- Provide child and maternal micronutrient supplementation (VAS, MNPs, Iron and folate for pregnant women and increased consumption of fortified staple foods) and reach specified areas through village health days.
- Continue implementation of community nutrition resilience program in all at risk districts to prevent an increase in acute malnutrition.
- Conduct seasonal nutrition assessment in partnership with WFP, FAO, MoH and FNC.

**Contact:**
Mathieu Joyeux: mjoyeux@unicef.org
Thokozile Ncube: tncube@unicef.org
Gabriella Prandini: gprandini@zw.goal.ie
Prevent, respond to, and mitigate gender-based violence (GBV) risks, particularly for women and girls, in districts most affected by high-level of food insecurity is one of the priorities of the sector. Among other activities, GBV partners will provide risk analysis and advocacy, focusing on prevention, mitigation and response, strengthen referral mechanisms and disseminate life-saving information about the availability and accessibility of GBV services.

The GBV sub-sector will support the humanitarian community in ensuring that protection remains central to the entire response, working with other sectors to mainstream protection from GBV and reinforce risk mitigation. The sector will also advise the Cash Working Group under the Food Security Sector in the development of a GBV conscious cash assistance strategy to target the most vulnerable and at-risk individuals.

Meanwhile, the Child Protection Sub-sector will work to ensure that girls and boys, especially the most vulnerable and those affected by humanitarian situations, are protected from all forms of violence, exploitation, abuse and harmful practices. It includes working with the Ministry of Public Services, Labour and Social Welfare (MoPLSW) to strengthen and increase sensitivity of the National Case Management Systems to humanitarian situation. Partners will facilitate capacity strengthening for early identification and prevention of child protection violations as well as case reporting, follow up and resolution for both welfare and protection cases.

Lack of safety and security also continue to be a serious protection risk for refugee women and girls.

Child protection priority actions:

- Ensure availability and accessibility of quality comprehensive and vulnerability sensitive child protection services for all children with special needs including separated children, children with disabilities, children in contact with the law children with HIV and child survivors of violence.
- Conduct a Child Protection Early Stage Rapid Assessment on the impact of potential El Niño on already poor households.
- Enhance protection coordination at national, provincial and district level, including effective monitoring, response and prevention of violence against children, to inform targeted programming and timely response.
- Capacitate district and community cadres for increased and efficient child protection system surveillance on child welfare and child protection emerging risks.
- Strengthen Child Protection National Case Management System, including management information system to provide SITREP updates.
- Strengthen the capacity of humanitarian sectors’ actors (Food security, Health, WASH, Nutrition, Education) on mainstreaming child protection interventions into humanitarian action, including establishment of prevention, mitigation and community-based complaints mechanisms.

GBV priority actions:

- Conduct assessments for the identification of GBV most at risk areas, as well as capacity mapping of multi-sectorial service providers in most at risk districts and establish community based protection mechanisms for GBV prevention.
- Establish timely GBV mitigation strategies, including distribution of dignity kits, to reduce exposure for most-at-risk women and girls.
# OF PARTNERS

26

Contact:

Child Protection
Allet Sibanda
asibanda@unicef.org
Jeremiah Chinodya
jchinodya@unicef.org

GBV
Verena Bruno
bruno@unfpa.org
Magdalane Chavunduka,
Ministry of Women
Affairs, Community, Small
and Medium Enterprises
Development
magdalanechavunduka@
gmail.com

- Ensure availability and accessibility of quality comprehensive GBV survivors’ multi-sectoral services such as health, psychosocial, security and legal support, through the establishment/strengthening of referral pathways and the dissemination of life-saving information on available services in drought-affected communities.

- Strengthen capacity-building efforts for GBV Sub-sector specialized actors on the application of GBV in Emergencies Minimum standards, as well as the capacity of humanitarian sectors’ actors (Food security, Health, WASH, Nutrition and Education) on integrating GBV interventions into humanitarian action, including on the establishment of prevention, mitigation and community-based GBV complaints mechanisms;

- Enhance protection coordination at national, provincial and district level, including effective monitoring, response and prevention of GBV, to inform targeted programming and timely response.
The Water, Sanitation and Hygiene (WASH) response will be guided by three strategic objectives: (i) restore access to sufficient water of appropriate quality and quantity to fulfil basic needs; (ii) increase awareness of safe hygiene and sanitation practices, with a focus on participatory health and hygiene education (PHHE) and water conservation; and (iii) provide access to critical WASH-related non-food items (NFIs), with a focus on the most vulnerable families in the targeted areas. The WASH Sector will target more than 750,000 people in the most food insecure and cholera affected districts and peri-urban areas, including refugee settlements. The response is specifically targeted at WASH needs arising from and aggravated by the current cholera outbreak and high level of food insecurity. In the refugee sites, the WASH sector will target the construction of sanitary facilities, as well as additional boreholes and water reticulation systems. Finally, the WASH sector will also target 30 priority districts identified to be in IPC 3 and 4 during the peak lean season 2018-2019.

The overall coordination at the national level will be done through the WASH Sector Coordination and Information Forum (WSCIF) and its Emergency Strategic Advisory Group (E-SAG). At the sub-national level, interventions will be coordinated through the regular coordination structures: Provincial and District Water Supply and Sanitation Committees (PWSSC and DWSSC). The inclusion of specific activities to monitor interventions including feedback from beneficiaries and communities will be promoted among the WASH partners as part of the implementation of this sector strategy.

**Priority actions:**

- Rehabilitation/upgrading/construction of strategic water points with a focus of maximizing use of perennial water sources to cover needs of institutions (schools, health centres) and vulnerable communities.
- Conducting participatory health and hygiene education and awareness in institutions (health facilities, schools) and communities with high malnutrition rates. This will include training of environmental health technicians, village health workers and community health workers, supporting community-based counselling of caregivers on infant and young child feeding practices on critical life-saving WASH messages and hygiene practices.
- Distribution of WASH hygiene kits, targeting caregivers of severe and moderate acute malnourished children.
- Strengthening coordination and surveillance mechanisms at national and sub-national levels.

**Contact:**

Ministry of Land, Agriculture, Water, Environment and Rural Resettlement
Percy Mugwangwavari: percymugwa@gmail.com

National Coordination Unit
Lovemore Dhoba:
zimwashcluster@gmail.com

UNICEF
Aidan Cronin:
acronin@unicef.org
Kwanayi Meki:
kmeki@unicef.org
Zimbabwe hosts a total of more than 20,000 refugees and asylum-seekers. This population includes 14,050 refugees who reside in Tongogara camp located in the Manicaland province, eastern Zimbabwe, and 927 refugees who are urban-based, mainly concentrated in Harare. In addition, 6,546 Mozambican asylum-seekers have been profiled, but not yet biometrically registered and are living among Zimbabwean host communities in Manicaland province. The total number of refugees and asylum-seekers is expected to rise to up to 25,000 people in 2019, as displacement from the Democratic Republic of Congo (DRC) will probably continue in 2019.

The refugee response strategy focuses on the provision of protection and assistance to all refugees and asylum-seekers, both in and outside camp settings, including in urban areas. The protection environment will be enhanced through the engagement of refugee and host communities, organizations providing multi-sectoral assistance, and the host government.

The refugee protection strategy prioritizes access to safety; reception, registration, status determination and documentation; advocacy for maintaining the humanitarian and civilian character of asylum; peaceful coexistence of refugee and host communities; strengthening of resilience and coping mechanisms for the extremely vulnerable; access to justice; and addressing the specific needs of children, women at risk and survivors of gender-based violence (GBV). Support to the development of the national asylum system remains essential.

Specific protection services, such as GBV response and child protection, will be tailored to the needs of each at-risk group or individual. This will primarily be achieved through participatory assessments, surveys and verification exercises to identify vulnerable refugees and their needs. The needs of persons with disabilities and older people will be mainstreamed throughout the response.

Food assistance will be carried out by the provision of in-kind food distributions as well as cash distribution. Livelihoods remain a vehicle to de facto local integration. More specifically, in 2019 the operation will optimize the livelihoods Graduation Approach to target the current population of the most vulnerable refugees, particularly persons with disabilities and single-headed households with the aim of enhancing self-sustenance.

The WASH Sector will target on the construction of sanitary facilities, as well as additional boreholes and water reticulation systems. The education system will be enhanced by the construction of additional classroom blocks needed as a result of increased pupil enrolment due to influx of asylum-seekers. Core relief items will be targeted towards refugees and asylum-seekers who are living in the Tongogara Refugee Camp.

Given the protracted nature of the refugee and asylum-seekers situation in Zimbabwe, the sector will also work to ensure that this group is included in the national development plan. This could also mitigate the dire impacts of a decreasing funding trend at the same time that the influx of new people is on the rise.

WASH and Shelter remains the critical areas that require continuous support and investment in the camp. Though there is marked progress in water supply, sanitation and hygiene, more work is still required for the sectors to reach expected service standards.

Priority actions:

- Cash distribution.
- Construction of toilets.
- Procurement of soap and sanitary wear.
ANNEXES
LIST OF PARTNERS

Action Against Hunger (ACF)
ACT Alliance
Action Aid Zimbabwe
Adventist Development and Relief Agency
Africa Ahead
Africaid
Africare
AQZ
Adult Rape Clinic (ARC)
Cluster Agricultural Development Services (CADS)
CARE International
Care Zimbabwe
Catholic Agency for Overseas Development
Catholic Relief Services (CRS)
Child Protection Society Zimbabwe
Childline Zimbabwe
Christian Care
Civic Forum on Human Development and Emthonjeni Women Forum (EWF)
Combined Harare Residents Association (CHRA)
DanChurchAid
Deutsche Welthungerhilfe e.V. (German Agro Action)
Epworth Development Residents Association (EDRA)
FACT
Farmers’ Association of Community Self-Help Investment Groups (FACHIG)
Food and Nutrition Council (FNC)
FAO
Farm Orphan Support Trust (FOST)
Future of Hope Foundation (FoHF)
GOAL Zimbabwe
Harare Residence Trust (HRT)
Hope for a Child in Christ (HOCIC)
International Medical Corps (IMC)
International Organization for Migration (IOM)
International Rescue Committee (IRC)
JF Kapnek Trust
Justice for Children Trust
Katswe Sisterhood
LEAD
Leonard Cheshire
LGDA
LID
MDTC
Mercy Corps
Miriro
Musasa
Mvuramanzi Trust
NatPharm
Nutrition Action Zimbabwe (NAZ)
NCU
Organisation of Rural Associations and Progress (ORAP)
Oxfam
Plan International
Regional Psychosocial Support Initiative
Southern Alliance for Indigenous Resources (SAFIRE)
Save the Children
SAYWHAT
Terres de Hommes – Italy
UMCOR
UN Women
UNICEF
UNHCR
UNFPA
World Education
World Food Programme (WFP)
World Health Organization (WHO)
World Vision International (WVI)
World Vision Zimbabwe
ZAPSO
ZICHIRE
Zimbabwe Red Cross Society (ZRCS)
We thank you in advance for your generosity in responding to this urgent appeal. OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at http://fts.unocha.org.

**DONATING THROUGH THE ZIMBABWE FLASH APPEAL**

Donors can contribute directly to aid organizations participating in the international humanitarian coordination mechanisms in Zimbabwe, as identified in this Flash Appeal. For a full list of contacts and information on humanitarian activities included in this plan, as well as information on humanitarian activities throughout the country, please:

Contact the sector focal points identified in this appeal.

**CONTRIBUTING THROUGH THE CENTRAL EMERGENCY FUND**

The Central Emergency Response Fund (CERF) is a fast and effective way to support rapid humanitarian response. CERF provides immediate funding for life-saving humanitarian action at the onset of emergencies and for crises that have not attracted sufficient funding. Contributions are received year-round.

www.unocha.org/cerf/donate

**GUIDE TO GIVING**

There are multiple ways to give to this flash appeal including the modalities listed below.