UNICEF ZIMBABWE

CONSOLIDATED EMERGENCY REPORT 2018

Submitted in March 2019

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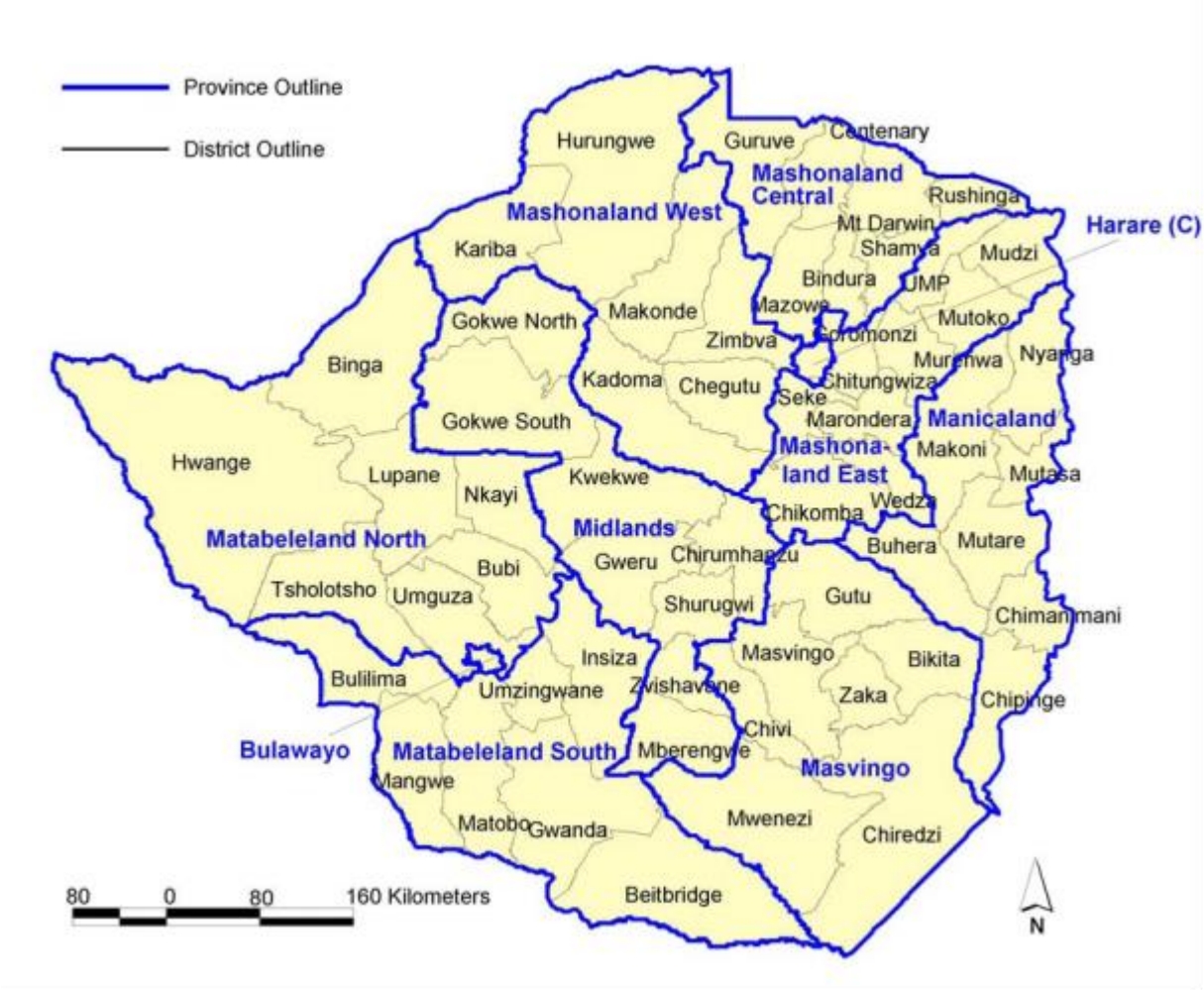
Cover Photo: *UNICEF Zimbabwe/2018*

Caption: *A mother taking a drink of water at the Cholera treatment centre, Beatrice Infectious Disease Hospital.*

List of Acronyms

AIDS	Acquired immune deficiency syndrome
ART	Anti-retroviral Treatment
ARV	Anti-retro viral
CFS	Child Friendly Space
CMAM	Community Management of Acute Malnutrition
DFID	Department for International Development (UK)
E-SAG	Emergency Strategic Advisory Group
ESARO	Eastern and Southern Africa Regional office
EMIS	Education management Information system
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
HARP	Humanitarian Action and Peacebuilding
HAC	Humanitarian Action for Children
HIV	Human immunodeficiency virus
HRP	Humanitarian Response Plan
HSCT	Harmonized Social Cash Transfer
IEC	Information, Education and Communication
IMAM	Integrated Management of Acute Malnutrition
IPV	Intimate Partner Violence
cIYCF	Community Infant and young child feeding
IYCF	Infant and young child feeding
IYCF-E	Infant and Young Child Feeding in Emergencies
LQAS	Lot Quality Assurance Sampling
MAM	Moderate acute malnutrition
MoHCC	Ministry of Health and Child Care
MoPSE	Ministry of Primary and Secondary Education
MoPSLSW	Ministry of Public Service Labour and Social Welfare
NGO	Non-governmental organization
NFI	Non Food Items
NTWG	National Nutrition Technical Working Group
PSS	Psychosocial support
RUTF	Ready-to use therapeutic foods
SAM	Severe acute malnutrition
UASC	Unaccompanied and Separated Children
VHW	Village Health Worker
WASH	Water, sanitation and hygiene
WFP	World Food Program
WHO	Health Organization
WSCIF	WASH Sector Coordination and Information Forum
ZimVAC	Zimbabwe Vulnerability Assessment Committee

Map showing areas of programme interventions



1.0 Executive Summary

The vulnerable population in Zimbabwe faced multiple shocks and hazards in 2018, which called for an integrated, multi-sectoral humanitarian response to diarrhoeal disease outbreaks namely typhoid and cholera. In collaboration with the Government, Civil society partners and other United Nations agencies, UNICEF Zimbabwe delivered critical life-saving services reaching over 752,955 women, children and men. The humanitarian interventions were effectively built on existing development programs across the sectors thus enhancing sustainability and ensuring seamless progress to recovery and long-term development programming.

In 2018 Zimbabwe experienced a new cholera outbreak in Harare and an additional 18 districts that recorded sporadic cases. However the outbreak remained concentrated in Harare where over 98 per cent of suspected and confirmed cases had been reported. An estimated 21 per cent of the reported cases were children under 5 years of age. The distribution of cases by gender continued to show that males and females were equally affected. Recurrent interruptions to the water supply together with poor hygiene practices, were aggravating factors in the remaining areas that were continuously reporting cases.

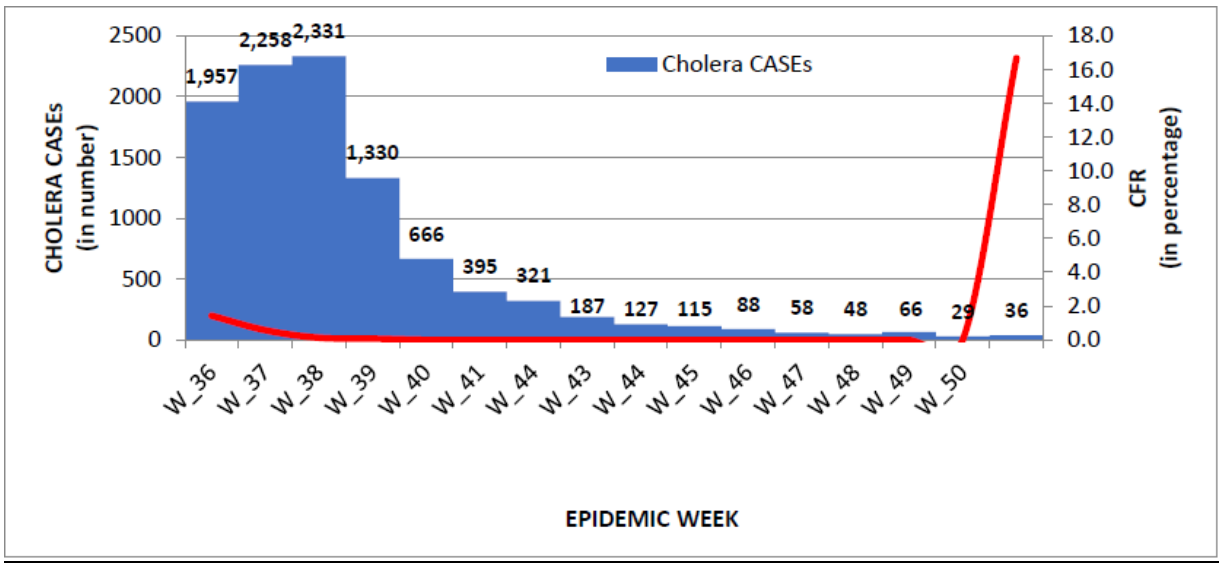
During the reporting period, UNICEF also contributed to the undertaking of two rural vulnerability assessments (Rural and Urban ZimVAC assessment) which determined the prevalence of food and nutrition insecurity and other sectoral impacts of the drought in May and June 2018 respectively. The Zimbabwe Vulnerability Assessment Rural Committee (ZimVAC) assessment report of June 2018 reported a deterioration in the food security situation during the peak hunger period (January to March 2019). According to the report, over 1.1 million people were at risk of being food insecure during the peak hunger period. In addition the Integrated Phase Classification (IPC) which was conducted in February 2019 projected that over 5.3 million people will be food insecure during the peak hunger period and at least 2.9 million people are projected to be severely food insecure IPC Phase 3 and 4 . Long temporal range weather forecasts predicted an El Niño phenomenon affecting Southern Africa.

The humanitarian funds greatly assisted in promoting a multi-sectoral, timely and effective humanitarian response. We thank all the development partners who contributed to the achievements outlined in this report namely from the Government of Japan, UK Department for International Development (DFID), European Commission's Humanitarian Aid Office (ECHO), Government of Germany, Italian Agency for Development Cooperation, Irish Aid, Swedish Development Agency, USAID, CERF and the Health Development Fund that is contributing towards resilience building. UNICEF looks forward to continue partnerships in 2019 focusing on emergency response and resilience building programmes with the aim to achieve even better results for the women and children of Zimbabwe.

2.0 Humanitarian Context

Zimbabwe experienced outbreaks of cholera and typhoid during 2018 and the first quarter of 2019. As of the 28th December 2018, 10,627 cases (10,327 suspected and 290 confirmed cases) and 65 deaths had been reported in Harare and an additional 18 districts that recorded sporadic cases The outbreak however remained concentrated in Harare where over 98 per cent of suspected and confirmed cases have been reported. An estimated 21 per cent of the reported cases are children under 5 years of age.

The distribution of cases by gender continues to show that males and females are equally affected. Recurrent interruptions to the water supply in Budiriro 1, 3 and 8, together with poor hygiene practices, are aggravating factors in the remaining areas that are continuously reporting cases. The Ministry of Health and Child Care (MoHCC) and partners conducted phase one of the Oral Cholera Vaccine (OCV) campaign from 3 October to protect the population most at risk of cholera. As of 3 November, 1,296,270 people out of a target of 1,510,253 (86 per cent) had received the first dose of the Oral Cholera Vaccine (OCV) in the 15 targeted suburbs of Harare and Chitungwiza towns. The campaign was complementary to an integrated cholera response programme that is centred on water sanitation and hygiene (WASH) services, community engagement and mobilization, which are key in cholera prevention.



Weekly trends of reported cholera cases and deaths-September to December 2018

3.0 Humanitarian Results

In collaboration with the Government, Civil society partners and other United Nations agencies, UNICEF Zimbabwe delivered critical life-saving services reaching over 752,955 women, children and men affected by diarrhoeal diseases and the residual impacts of drought. The humanitarian interventions were effectively built on existing development programs across the sectors thus enhancing sustainability and ensuring seamless progress

to recovery and long-term development programming. UNICEF contributed to the undertaking of three rural vulnerability assessments which determined the prevalence of food and nutrition insecurity and other sectoral impacts of the drought in January and May 2018 and January 2019 as well as multi-sectoral assessments diarrhoeal disease outbreaks. During the reporting year UNICEF and WFP supported drought and flood affected communities through a comprehensive set of critical health, nutrition and WASH interventions and preventive care to vulnerable children and women in 5 districts namely Tsholotsho, Mutoko, Centenary, Mbire and Mt Darwin. Communication for development approaches were utilized to improve health, nutrition and hygiene practices utilizing existing government systems and partnerships with civil society

3.1 Health and **Nutrition**

During the reporting year protocols on the integrated management of acute malnutrition (IMAM) were revised and updated in line with the World health organization (WHO) recommendations. Refresher trainings using the updated IMAM protocols were conducted in all 25 districts targeted for nutrition emergency response to improve the quality of treatment for children with acute malnutrition. To increase the coverage of caregivers reached with key infant and young child feeding practices for children 0-23 months, the mother support group model was developed and adopted in Zimbabwe. The mother support group model aims to reach every household within a village with recommended infant and young child feeding practices through active, participatory and practical demonstration activities during the group behaviour change communication and counselling sessions. A total of 4,733 (95 per cent) of the targeted 5,000 VHWs in the 25 priority districts were trained in c-IYCF.

The training of VHWs facilitated the formation of 4,892 mother support groups in the 25 most drought affected districts, reaching 85,442 principal caregivers with key messages. A total of 1,630 cooking demonstrations aimed at creating awareness on the food diversity and the four-star diet were held during the year. In management of acute malnutrition, UNICEF and partners screened total of 237,274 children for malnutrition during the year, (70 per cent of the targeted population of 340, 863 children). Of the children screened, 7,118 (4,118 girls, 3,000 boys) aged 0-59 months were identified and treated for severe acute malnutrition. This is less than the targeted 14,873 mainly due to a reduction in the caseload primarily due to the improved rainfall and harvests complemented by preventive programmes implemented by multiple stakeholders.

The death rate from the IMAM program was within the acceptable SPHERE standard of less than 10% at 2,4 per cent with a defaulter rate of 15 per cent. The cure rate was 72.9%, which is below the acceptable SPHERE target of greater than 75 per cent. Due to the low IMAM program performance indicators, which are consistently below the global standards, UNICEF supported mentorship visits to health facilities in an effort to enhance the capacity of health workers in the integrated management of acute malnutrition. Data management trainings were scaled up to further improve the performance indicators as it is possible that program data is not being managed adequately. UNICEF has gone further to engage strategic partnerships with research and paediatric associations to ensure an integrated effort in the improvement of quality, record keeping and reporting of children treated for acute malnutrition.

Vitamin A supplementation remains a critical childhood intervention. In 2018, 216,771 (112,721 girls and 104,050 boys) children 6-59 months received the first dose of vitamin A, with a coverage of 90%. About 203,048 (105,585 girls and 97,463 boys) received the second dose of vitamin A bringing the coverage for the second semester to 85%. The proportion of children who have received at least 2 doses of vitamin A in in the 25 districts was 85% achieving the target of over 80%. The high vitamin A coverage was confirmed by a community survey conducted in January 2018 which reported a 76% coverage nationally. The nutrition smart survey of 2018 provided critical information for the response particularly information on the impact of the response and the projected caseload for malnutrition in 2018. The nutrition sector collaborated with the Ministry of Health and Child Care (MoHCC) and the National Nutrition Technical Working Group (NTWG) in coordinating the nutrition emergency response.

3.2 Education

In 2018, UNICEF continued to support the Ministry of Primary and Secondary Education (MOPSE) particularly in response to the cholera outbreak which hit parts of the capital city in September 2018. Out of the targeted population of 150,000 learners, 123,257 (61,781 boys & 61,476 girls) were reached. Education sector worked closely with the WASH sector in response to the cholera through provision of Non-Food Items (NFIs) which included soap and water purification tablets. As school children were also at risk of cholera, Education sector specifically targeted schools which were at risk through the provision of clean water, improved sanitation, and hygiene promotion interventions. Field based joint needs assessments were conducted and sectoral coordination mechanisms were activated.

Through WASH sector assessment of WASH facilities in 17 out of 19 schools in the most affected wards in Glen view and Budiriro suburbs. It was established that boreholes were the main water source for most of the schools and 40% of them were disconnected from the municipal water supply system. It was noted that point of use water treatment was low amongst the schools with only 25% treating water with water treatment solution/tablets, however 60% of the schools had functional health clubs. UNICEF and Partners continued to support schools through promoting point of use water treatment and general hygiene interventions.

The Education Sector supported Harare City with 7 tents for use at the cholera treatment centres. Plans to ensure that all learners in the cholera-affected communities had continuous access to quality education were put in place and these included:

- Strengthening coordination structures, to ensure rapid assessments and reporting on outbreaks at schools;
- Distribution of NFIs in all schools in the affected communities ;
- Promoting safe hygiene practices at schools through distribution of IEC materials;
- Advocacy and engagement with Ministry of Primary and Secondary Education to ensure protection of children's rights to education;
- Screening of children on a daily basis for early detection of sickness;
- Continuous monitoring of the situation.

UNICEF supported MoPSE to develop a guide on preventing cholera and this was widely disseminated to all the Provinces, districts and schools. One of the key preventive actions provided for in the guide is the requirement for schools to share information on cholera during assembly time and routine lectures times. To enhance the capacity of school health coordinators to promote hygiene practices and raise awareness on cholera, a total of 25 teachers received training on cholera prevention and management and the plan was that they will in turn cascade the training to other teachers. The teachers will then champion school health and hygiene interventions, as well as cholera prevention activities in their schools.

In addition, the sector also supported the procurement of 1,112 school hygiene kits which was distributed to all at-risk schools serving 111,200 learners. The school hygiene kits distribution programme targeted at-risk districts, mostly in Harare province. The hygiene kits contained water purification tablets, soap 20litre water buckets with taps for drinking water, group handwashing facility (85 litre on a tripod stand with 2 taps) and IEC materials.

3.3 WASH

UNICEF in Zimbabwe supported the Government of Zimbabwe and Implementing Partners in responding to the effects of the residual effects of drought and diarrheal disease outbreaks (Cholera and typhoid) since January 2018, in affected parts of the country in a bid to reduce morbidity and mortality from diarrheal diseases. The risk and burden of diarrheal diseases is still very high; with key drivers being inadequate safe water supply and lack of basic sanitation for both urban and rural areas.

During the reporting period, a total of 650,490 people were reached with safe water through the repair of 200 boreholes, 5 piped water schemes, drilling of 5 boreholes as well as distribution of household water treatment chemicals. UNICEF also supported setting up of 20 bucket chlorination points during the cholera outbreak in Glen view, Budiriro and Mbare suburbs ensuring water was chlorinate at point of collection. The number of people reached greatly exceeds the targeted figures due to several typhoid/ cholera outbreaks experienced during the year. Most people were reached through the distribution of household water treatment chemicals during the cholera response in Harare and other hotspots in the country.

A total of 1,261,000 people were reached with key health and hygiene messages out of the targeted 400,000 people through different communication channels, including door to door and media campaigns in drought and cholera/typhoid affected areas. This was achieved through the training of 1,106 community health volunteers and 1,068 school health teachers, establishing 160 community health clubs (CHCs) who were responsible for disseminating key health and hygiene education. The number of people reached with hygiene messages far exceeded the targeted figure due to intensified health and hygiene promotion activities in Harare and other hot spots in response to the cholera outbreak. The messages disseminated included proper handwashing with soap or ash at critical times, safe water handling, transportation, storage and safe food handling.

A cumulative 17,503 families received hygiene kits, comprising of soap for handwashing, point of use water treatment and Information, Education and Communication (IEC) materials among others to enable good hygiene practices. Five Cholera Treatment Centres (CTCs)

were also supported with mobile toilets in Harare during the response to Cholera since January 2018.

UNICEF supported setting up and strengthening of case investigation teams through the Case Area Targeted Interventions (CATIs) approach against Cholera, with mixed teams from City of Harare and NGO partners. Eight (8) Rapid Response Teams (RRTs) were activated in Harare and supported with 8 vehicles and data clerks. The RRTs were responsible for delivering a rapid response consisting of a complete hygiene kit to each suspected cholera case and the immediate neighbors within 48 hours of a case reported to the CTC.

Sustainability of WASH service delivery was also enhanced through conducting capacity building trainings on operations and maintenance of WASH facilities and sustainable hygiene behavior change promotion to community representatives among others. The emergency responses enabled the provision of timely critical lifesaving interventions and contributed to a reduction in morbidity and mortality due to diarrheal diseases.

3.4 Child Protection

UNICEF extended support towards the 2018 Cholera outbreak emergency in Harare through strengthening the system and provision of Psychosocial support, tracing and reunification of separated children. Capacity Building through training of 366 stakeholders and child protection workforce was conducted in the affected areas. Child Protection in Emergency interventions to address psychological unwell being, family separation, stigma ad discrimination including the risk of exposure to violence were implemented reaching out to 17,528 children and more than 500 caregivers affected by cholera in Harare's affected suburbs of Budiriro and Glenview. PSS activities through child friendly spaces and home visits reached 3,670 children, 160 children at risk of family separation reached with tracing and reunification services and 13,858 children with recreational activities, awareness information and sensitization to reduce stigma and discrimination as well as increasing awareness on child friendly reporting of any forms of child abuse.

3.5 Constraints, Challenges and Lessons Learned

Religious doctrines and socio-cultural norms exert influence of behaviours of women and inhibit them from using health services such as cholera treatment. Hence, understanding of the issues through engagement and dialogue with the affected groups and sects remains crucial for the development and implementation of mutually beneficial solutions that increase demand and uptake of health services.

4.0 Cluster / Sector Coordination

The Government of Zimbabwe led the coordination of the WASH, Child Protection and Nutrition sectors with the support of UNICEF. During the reporting period (January to December 2018), the nutrition sector collaborated with the Ministry of Health and Child Care (MoHCC) and the National Nutrition Technical Working Group (NTWG) in coordinating the nutrition emergency response. The coordination platforms supported partner mapping, shared best practices and data and information management.

In the WASH domain UNICEF continued to support supporting the WASH Sector coordination framework, from the district up to the national level. Provincial Focal Agencies (PFAs) were established in the 10 provinces to support and were responsible for supporting the District and Provincial Water and Sanitation Sub committees (DWSSCs/PWSSCs). This support ensured continuous surveillance and coordination and relay of information to the National level WASH Sector Coordination and Information Platform. The support to the National Coordination resulted in the;

- Development of a joint cholera response plan with government stakeholders, UN and NGO partners
- Development of a 4W matrix (Who is doing What, Where and When)
- Development of the FLASH APPEAL for the drought response

The Child Protection sector focused on multi-sectoral linkages with the Education, Nutrition and WASH sectors through supporting awareness on mainstreaming Child Protection in Emergencies. Eastern and Southern African Regional Office (ESARO) Humanitarian Action Resilience and Peacebuilding (HARP) provided support for overall coordination, oversight and representation to the humanitarian programme. In addition the technical leads in the Regional Office provided technical assistance, shared international best practices and assured quality of programme interventions and coordination with support from sectoral advisors and overall management by the Regional director.

5.0 Case Study

Please see Annex on Human Interest Stories

6.0 Assessment, Monitoring and Evaluation

UNICEF Zimbabwe worked with Government departments and implementing partners in the overall programme monitoring. In line with the Core Commitments for Children (CCCs) in humanitarian action, high frequency monitoring indicators using the UNICEF Humanitarian Performance Monitoring system were used to monitor the programme through a weekly dashboard that was developed to monitor the progress.

Key national and sub-national level indicators were monitored through the use of multi-sectoral Government supported near real time monitoring systems such as the Rural WASH Information Management system (RWIMs) which monitors the provision and availability of underground water from boreholes, the Demographic Health Information systems which monitors key Nutrition, HIV and Health indicators, the Child Protection National Case management system that monitors the incidence and prevalence of child protection violations and the response and the Rapid Pro open source platform which was used for post distribution monitoring of WASH Hygiene Kits. Regular field monitoring was conducted by all the sectors utilizing multi-sectoral monitoring tools. Regular review meetings were held with the Government and NGO Partners to review the implementation of the humanitarian response.

7.0 Financial Analysis

Table 1: Funding Received and Available by 31 December 2018 Zimbabwe

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2018		
a) Thematic Humanitarian Funds		
b) Non-Thematic Humanitarian Funds		
Japan	SM/18/0069	500,000.00
US Fund	SM/18/0479	500,000.00
Italy	SM/18/0457	227,531.29
EUD	SM/18/0489	454,960.56
Total Non-Thematic Humanitarian Funds		**1,682,491.85**
c) Pooled Funding		
(i) CERF Grants		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, and UN Trust Fund for Human Security etc.		
CERF	SM/18/0430	1,096,628.00
CERF	SM/18/0436	755,105.00
Pooled Funding		**1,851,733.00**
d) Other types of humanitarian funds		
Example: In-kind assistance		
Total humanitarian funds received in 2018 (a+b+c+d)		**3,534,224.85**
II. Carry-over of humanitarian funds available in 2017		
e) Carry over Thematic Humanitarian Funds		
N/A		
f) Carry-over of non-Thematic Humanitarian Funds		
N/A		
Total carry-over humanitarian funds (e + f)		

8.0 Value for Money

Economy: The use of UNICEF procurement procedures with existing partnerships within our supplies and logistics section, ensured nutrition commodities were procured at a lower cost. Procurement through the well-established UNICEF procurement systems and UNICEF's global procurement ensured the best-cost to point of service.

Efficiency:. The multi-sectoral approach and use of existing government of Zimbabwe and UNICEF structures for project delivery ensured leveraging of existing resources. Vehicles, office space, communication systems were available through UNICEF at reduced costs to the programme. Programming efficiency was improved through cascading training of lower level cadres through the existing structures, enabling lower cost training at the local level to work through existing structures.

Effectiveness: Nutrition specific interventions have been proven effective in delivering the intended nutritional outcomes. Lessons learned from the implementation of nutrition programme in Zimbabwe by UNICEF and from sharing country experiences in multi-country initiatives helped in efficiently delivering nutrition services for greater programme effectiveness.

9.0 Future Work-plan

- UNICEF Zimbabwe will continue to promote the implementation of resilience building programmes aligned to the UNICEF Regional Office strategy for resilient development
- UNICEF Zimbabwe will continue responding to the current outbreaks of typhoid and cholera and prepare to respond to key risks in line with the Emergency Preparedness Platform (EPP) risk assessment page.
- UNICEF Zimbabwe will support the Cyclone Idai flood response programme in affected districts and ensure that the programmes are aligned to recovery and resilient development strategies.

10.0 Expression of Thanks

UNICEF Zimbabwe would like to take this opportunity to express its sincere appreciation to all development partners for their generous financial contribution in support of children in Zimbabwe. This support has been crucial to advancing our shared commitments to protecting the rights and improving the well-being of children in Zimbabwe. Large scale recovery and resilience efforts are still required to ensure that the significant gains made for children in southern Africa will be sustained.

Annex A: Case Study and Human Interest Stories

Please find attached
https://www.unicef.org/zimbabwe/stories/changing-behaviours-preventing-cholera

Annex B: The Donor Feedback Form

This report aims to transparently demonstrate how the funds have been used. In order to strengthen future implementation and reporting, your feedback and input towards improving our reporting is kindly requested through completion of the form below.

Please return to UNICEF (email): amohammed@unicef.org or fmuparadzi@unicef.org

SCORING:	**5 indicates "highest level of satisfaction" while** **0 indicates "complete dissatisfaction"**

1. To what extent did the narrative content of the report conform to your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, please tell us what we missed or could do better next time?

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2. To what extent did the funds utilization part of the report conform to your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, please tell us what we missed or could do better next time?

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3. To what extent does the report meet your expectations with regards to the analysis provided, including identification of difficulties and shortcomings and remedies to these

5	4	3	2	1	0

If you have not been fully satisfied, please tell us what we missed or could do better next time?

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4. To what extent does the report meet your expectations with regards to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, please tell us what we missed or could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?