UNICEF ZIMBABWE

CONSOLIDATED EMERGENCY REPORT

2022

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unicef | for every child

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Cover Photo: *UNICEF Zimbabwe/2022/HEALTH Staff*
Caption: *Child receiving polio drop at Chivi District Hospital during the Polio Supplementary Immunisation Activities (SIA) round 2*

List of Acronyms

AIDS	Acquired immune deficiency syndrome
C4D	Communication for Development
CCWs	Community Childcare Workers
COVID-19	Coronavirus 2019
CPiE	Child Protection in Emergencies
CPWG	Child Protection Working Group
DHIS-2	District Health Information Software version 2
ECD	Early Childhood Development
ESAG	Emergency Strategic Advisory Group
ESCT	Emergency Social Cash Transfers
EMTCT	Elimination of mother to child transmission
GBV	Gender Based Violence
GAM	Global Acute Malnutrition
HAC	Humanitarian Action for Children
HIV	Human immunodeficiency virus
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
ICT	Information Communication Technology
IEC	Information, education communication
IPC	Infection Prevention and Control
IT	Information Technology
IYCF-e	Infant and young child feeding in emergencies
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
MUAC	Mid-upper arm circumference
NAC	National AIDS Council
NCMS	National Case Management System
NCMIS	National Case Management Information System
NGO	Non-governmental organization
PSEA	Protection from Sexual Exploitation and Abuse
PPE	Personal Protective Equipment
NFI	Non-Food Items
OFCDO	Foreign, Commonwealth and Development Office
PSS	Psychosocial support
SAM	Severe acute malnutrition
UNOCHA	United Nations Office for Coordination of Humanitarian Affairs
VAS	Vitamin A Supplementation
VHW	Village Health Worker
VMAHS	Vital Medicine Availability and Health Services Survey
WASH	Water, sanitation and hygiene
ZimVAC	Zimbabwe Vulnerability Assessment Committee

Map of Targeted Districts and number of partnerships per each district

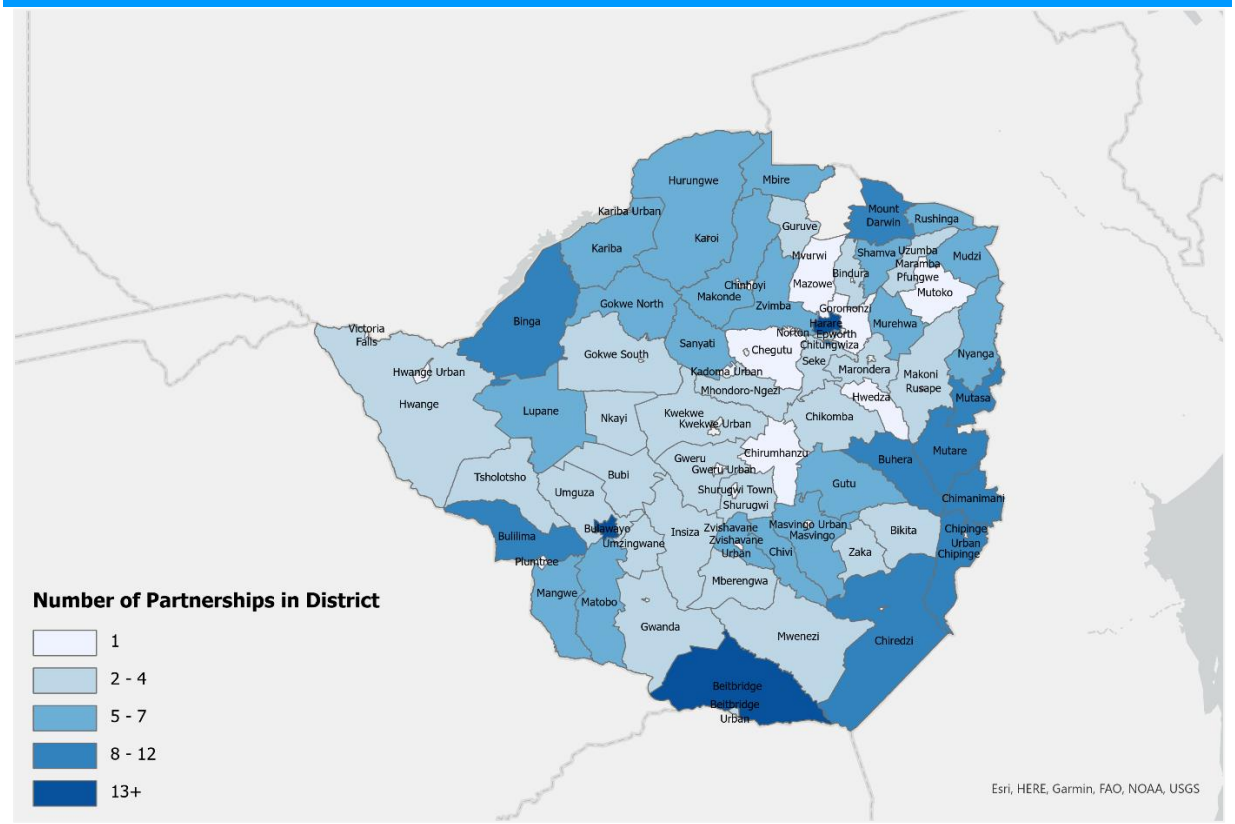

Figure 1: UNICEF Zimbabwe target Districts by Number of Partnerships

1.0 Executive Summary

In 2022, Zimbabwe continued to face a complex humanitarian situation triggered by floods and drought, exacerbated by climate change, economic instability, regular disease outbreaks including measles, COVID-19, diarrheal diseases including typhoid and cholera. To address this complex humanitarian situation, UNICEF expanded outreach for emergency multi-sectoral services, including essential and life-saving WASH, health care, nutrition, child protection, and antiretroviral therapy, for crisis-affected children, adolescents and pregnant and lactating women, including those living with HIV and those with disabilities. The humanitarian interventions were effectively integrated with development programs across the sectors thus enhancing a smooth transition from response to recovery contributing to the humanitarian-development nexus.

Through UNICEF's technical and financial support to respond to the increasing prevalence of wasting, community-based Mid-upper arm circumference (MUAC) screening for wasting was scaled up through family-lead MUAC, VHWs and at health facilities with 2,143,411 children (1115,312 girls and 1,028,099 boys) screened between Jan and December 2022 (2022 target of 1,113,281). Infant and young child feeding (IYCF), counseling through Care Groups has also continued with 9,055 care groups formed in 2022, reaching over 750,161 (DHIS2 Jan-December 2022) mothers and caregivers, including 2,500 men, in 44 districts with nutrition messaging and counselling. In 2022, UNICEF provided technical support to the Ministry of Health and Child Care (MoHCC) on the COVID-19 vaccination campaign through Village Health Workers (VHWs) and Health Promotion Officers and achieved its annual target of reaching 7.5 million people with lifesaving information through mass media and interpersonal communication. To increase knowledge and awareness on COVID-19 vaccination, UNICEF in partnership with the Apostolic Women Empowerment Trust (AWET) expanded the Interfaith integrated COVID-19 prevention, vaccination promotion and disability inclusion social mobilization campaign in the targeted 40 districts, and reached 4,350 820 people (2, 261, 601 Females, 2,088,393males). A total of 2,610, 000 children, including 810 children with disabilities were reached with integrated lifesaving information on COVID-19, polio and measles prevention and vaccination.

UNICEF continued to play its WASH cluster co-leadership role and supported strong WASH sector coordination through Emergency Strategic Advisory Group (ESAG) platform, which updated the WASH contingency plans for 2022 - 2023. A total of 431,253 people (225 294 F; 205 148 M; 811 PLWD) out of a target of 460,000 people were provided with a sufficient quantity of safe water for drinking and domestic needs. Furthermore, 1,316,339 people (684 496 F; 631 843 M) were reached with hygiene promotion information on safe hygiene practices, COVID-19 through theatre performances, mobile awareness campaigns and health clubs. A total of 259,570 people (131070F; 128331M; 169 PLWD) were reached with critical WASH supplies including soap, water purification tablets, buckets with taps, jerry cans and Information, Education, and communication (IEC) materials.

In 2022, UNICEF, through its leadership of the Child Protection Sub-cluster under the broad coordination of the Protection Cluster, facilitated joint planning, resource mobilization, implementation, and monitoring of child protection and Gender Based Violence (GBV) interventions. UNICEF reached a total of 23,197 (61 per cent female and 125 per cent of the target) survivors of GBV with post GBV services against the annual target of 18,500. In addition, a total of 132,243 children (55 per cent female with 10 per cent being children with disabilities) received mental health and psychosocial support services. In response to the economic impact of COVID-19 and the economic crisis, UNICEF, in partnership with GOAL Zimbabwe implemented the Emergency Social Cash Transfer Programme (ESCT) in the three districts of Highfields, Gutu and Mufakose in Harare, directly benefitting a total of 9,851 beneficiary households (comprising over 41,650 people including 18,870 children) against an operational target of 8,250 households.

2.0 Humanitarian Context

In 2022, Zimbabwe continued to face multiple hazards including floods and drought, exacerbated by climate change, economic instability, regular disease outbreaks including measles, COVID-19, diarrheal diseases including typhoid and cholera. In January 2022, the country was hit by tropical storm Ana which affected up to 452 households in Manicaland Province (Chimanimani, Mutasa, Nyanga Districts), Mashonaland Central Province (Mt. Darwin, Centenary, and Mbire Districts) and Matabeleland South (Beitbridge district).

The 2022 Rural Livelihoods Assessment[1] conducted in the first half of the year reported an increased national Global Acute Malnutrition (GAM) rate of 7.2 per cent. Mashonaland Central and Matabeleland South provinces were most affected with GAM rates of over 10 per cent. It is projected from the ZIMVAC, 2022 results that 30 per cent households nationally will be cereal insecure during the third quarter of 2022 and that 38 per cent of the rural households will be cereal insecure at the peak of the lean season (October to December 2022), an increase from 27 per cent projected in 2021. This points to a deteriorating macro-economic situation, against a backdrop of increasing inflation and prices of food and basic commodities which is adversely impacting on food availability and nutrition outcomes as noted by ZIMVAC 2022.

The country grappled with diseases outbreaks including risk of wild polio following confirmation of an outbreak of wild polio virus in Malawi, in February 2022, which saw Zimbabwe being accepted to join the synchronized multi-country Wild Polio Virus Campaign in August 2022. Additionally, a measles outbreak was declared on 10 April 2022 in Manicaland Province eventually spreading to all provinces in Zimbabwe. A total of 7,744 suspected measles cases, 355 laboratory confirmed cases and 747 suspected deaths were reported by end of December 2022[2]. Furthermore, in 2022, Zimbabwe recorded sporadic cholera cases and as of December 2022, a total of six cumulative

[1] Rural ZIMVAC, 2022

[2] Weekly Disease Surveillance Report number 52,2022

cholera cases were recorded in Masvingo Province (Chiredzi district) and one death recorded in Mashonaland Central (Mt Darwin district.

Zimbabwe was faced with economic challenges as demonstrated by increased prices of goods and services fueled by year-on-year inflation of 243 per cent as of December 2022. Compounding the challenges were the effects of COVID-19 which negatively impacted food access to the urban population and the economic downturn caused by the pandemic to urban population working in the informal sectors. The national COVID-19 vaccination campaign has continued to progress steadily between January and December 2022 with UNICEF at the forefront of providing support to the government. As of the 31st of December, 4,952,887 (44.1 per cent) of people aged from 12 years and above had received their second dose of COVID-19 vaccination.

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3.0 Humanitarian Results

This section outlines the sectoral humanitarian results achieved in 2022.

3.1 Nutrition and HIV

3.1.1 Nutrition

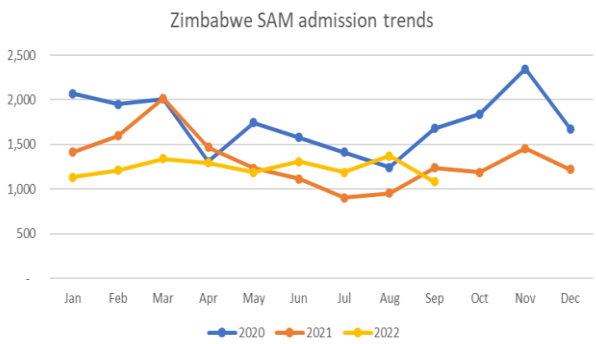
	Cluster/Sector Response*					UNICEF and IPs				
Sector	2022 target	Total results	Total results	Change since last report ▲▼—		2022 target (Revised)	Total results December		Change since last report ▲▼—	
Nutrition										
# of children aged 6 to 59 months with severe acute malnutrition admitted for treatment						12 685	Girls	8 254		
							Boys	6 621		
							Total	14 875		
						75%	Boys	72%	3 426	
							Total	70%		▲
# of children aged 6-59 months screened for wasting						1 113 281	Girls	1 115 312		
							Boys	1 028 099		
							Total	2 143 411		
							Boys	-	498 311	▲

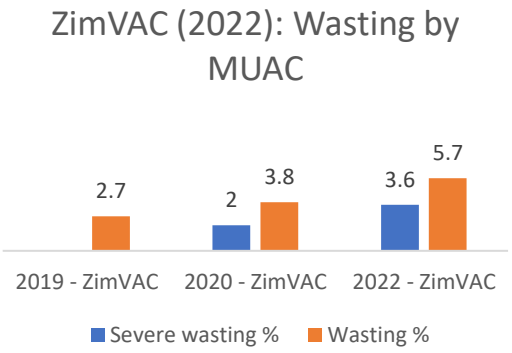
						Total	750,161	

UNICEF, as the nutrition sector lead, continued to support the nutrition sector coordination through MOHCC and partners, with monthly Sector Coordination meetings held and the sector coordination performance survey completed. The Food and Nutrition Cluster (FNC)-led ZimVAC Rural Assessment in 2022 showed a concerning upward trend in prevalence of wasting from 2.5 per cent in 2018 to 4.5 per cent in 2020 and 7.2 per cent in 2022.

In 2022, UNICEF in collaboration with partners in the Nutrition Cluster supported the Ministry of Health and Child Care (MOHCC) to provide lifesaving interventions to children under the age of five years, pregnant and lactating women living in drought affected communities throughout the country. UNICEF engaged one national implementing partner i.e., the Paediatric Association of Zimbabwe (PAZ) to mentor health workers who manage children with complicated malnutrition as well as to improve the quality of the Integrated Management of Acute Malnutrition (IMAM) programme and raise the programme performance indicators to the level of SPHERE standards.

UNICEF, with technical assistance from ACF-Canada, supported MOHCC and nutrition sector partners to undertake SMART nutrition surveys in seven districts (including one district supported by Save the Children) with the highest prevalence of wasting. Preliminary results validate the increased trends in wasting observed in the ZimVAC.





In response to the increasing prevalence of wasting, community-based MUAC screening for wasting was scaled up through family-led MUAC, VHWs and at health facilities with 2,143,411 children (1,115,312 girls and 1,028,099 boys) screened between January and December 2022 (against 2022 target of 1,113,281). Infant and young child feeding counseling (IYCF) through Care Groups has also continued with 9,055 care groups formed in 2022, reaching over 750,161 (DHIS2 Jan-December 2022) mothers and caregivers, including 2,500 men, in 44 districts with nutrition messaging and counselling. Improving Vitamin A Supplementation (VAS) coverage was a focus in 2022 following previous years of reduced coverage as a result of COVID-19.VAS was delivered at all available opportunities including integration into national campaigns, into immunization services at clinic level and delivered through VHWs at community level, with 2,438,511 (1,248,248 girls, 1,190,263 boys) receiving VAS throughout the year and an

increase in coverage from 38 per cent in S1 2021 to 150 per cent in S1 2022 and an increase in annual 2-dose coverage from 22 per cent in 2021 to 33 per cent in 2022.

UNICEF procured and distributed 15,000 cartons of RUTF to 97 per cent of health facilities with no stock-outs (VHMAS Q2). Treatment of wasting reached 14,875 children (DHIS2, Jan to Dec 2022, 8254 girls and 6621 boys, annual target of 12,685 children) with an overall cure rate of 71 per cent and 17 per cent defaulter rate (DHIS2, Jan-Dec 2022). The cure rate for wasting remains below the SPHERE standards (of >75 per cent) at an average of 71 per cent for 2022, affected by high defaulter rates from urban centers and reporting discrepancies between in and out-patient care. The mortality rate remained stable over the year at an average of 2.6 per cent, remaining within the SPHERE standard of <5 per cent.

3.1.2 HIV and AIDS

	Cluster/Sector Response*			UNICEF and IPs			
Sector	**2022 target**	**Total results**	**Change since last report ▲▼**	**2022target**	**Total results**		**Change since last report ▲▼**
HIV and AIDS							
# of pregnant and lactating women living with HIV receiving antiretroviral therapy				70,000	Female	29 885	▲ 3,242
					Male	13 230	
					Total;	43 115	

In 2022, UNICEF partnered with the National AIDS Council (NAC) and Ministry of Health and Child Care (MOHCC) department of AIDS & TB to continue integrating HIV services in humanitarian and emergency policy and plans. Using the current Zimbabwe National HIV and AIDS Strategic Plan 2021 – 2025 which includes HIV in disaster risk reduction and HIV-sensitive country-level disaster preparedness and response plan UNICEF in partnership with MOHCC ensured pregnant and lactating women continued receiving HIV treatment in UNICEF supported districts affected by humanitarian situations.

Community based workers continued to provide information on HIV and COVID-19 and promoting vaccination among adolescents within their communities in 2022. Peer support mechanisms continued to be implemented via the helpline platforms run by UNICEF implementing partner, Youth Advocates. More than 3,222 calls were received and referred for support. Many of the issues were requests for information on COVID-19 disease and vaccinations, HIV testing and resupply of medicines, psycho-social support, and educational assistance. The partner also implemented a leadership program where children and adolescents were trained on an online platform to provide support to their peers. These were volunteers to spread information during the pandemic and prepare young people for vaccination through traditional media, community outreach. Information dissemination on HIV

/COVID-19/ vaccination continued throughout the year via community-based workers and peer supporters.

3.2 Health

	Cluster/Sector Response*			UNICEF and IPs			
Sector	**2022 target**	**Total results**	**Change since last report ▲▼**	**2022 target**	**Total results**		**Change since last report ▲▼**
Health							
# of children and women accessing primary health care in UNICEF-supported facilities				1 358 712	Female	2 247 710	▲ 467 032
					Male	746 855	
					Total	2 994 565	

Between January and December 2022, UNICEF, in coordination with WHO, other UN agencies and the Ministry of Health and Child Care (MoHCC), continued to support COVID-19 response. UNICEF also supported the measles, and polio Supplementary Immunization Activities (SIA) and gastrointestinal tract (GIT) diseases outbreak response in Bulawayo City. Between January and December 2022, 382,148 children (189,206 girls, 192,942 boys) received the first dose of Measles Rubella 1 against an annual target of 504,900 (75.7 per cent) children. In addition, 2,994,565 people (746,855 males and 2,247,710 females) accessed essential primary health care against a revised annual target of 1,358,712. UNICEF also supported the training of 52 frontline clinical staff from Manicaland, Harare and Chitungwiza on integrated IPC and case management in both COVID-19 and non-COVID-19 units. A total of 326 (target 300) clinical frontline health care workers were trained on integrated Infection Prevention and Control (IPC) and case management in both COVID-19 and non-COVID-19 units. A total of 412 (target 500) frontline health care staff from Bulawayo, Beitbridge, Harare, Chitungwiza and Manicaland were also mentored on IPC. UNICEF also financially and technically supported both supply (service delivery) and demand creation activities for COVID-19 vaccination campaign across all the 63 districts. As of the 31st of December, 4,952,887 (44.1 per cent) of people aged from 12 years and above had received their second dose of COVID-19 vaccination.

A measles outbreak was declared on 10 April 2022 in Manicaland Province eventually spreading to all provinces in Zimbabwe. A total of 7,744 suspected measles cases, 355 laboratory confirmed cases and 747 suspected deaths were reported by end of December 2022. UNICEF technically and financially supported the measles Supplementary Immunization Activity (SIA) that was carried out from the 29th of August to the 9th of September reaching a total of 1,970,123 people (85.9 per cent of target). Community and school-based Social and Behaviour Change (SBC) activities were supported through partners to create demand for immunization services. As a continued response to the measles outbreak, UNICEF received funding from the Central Emergency Response Fund (CERF) for the procurement of vaccines and SBC activities targeting the 10 most affected districts (target age group is above 5 years to below 15 years) targeting 652,400 children. A total of 523,000 doses of Measles-Rubella

vaccines were procured and the SIA (scheduled for early 2023) will be supported by ongoing SBC activities are in progress.

In February 2022, the WHO Africa Regional Office confirmed an outbreak of Wild Polio Virus in Malawi, while circulating Vaccine Derived Polio Virus was confirmed in Mozambique. UNICEF in collaboration with WHO supported Rounds 1 and 2 of the Polio Supplementary Immunisation Activities (SIA) from 27 to 30 October and from 01 to 4 December respectively. A total of 2,292,055 children below the age of 5 years were reached against a target of 2,587,173 (88.6 per cent coverage) under Round 1 while 2,315, 340 were reached against a target of 2,587,173 under Round 2. UNICEF supported the coordination and planning, vaccine management, cold chain, and logistics as well as social mobilization activities. UNICEF also supported the response to the Bulawayo City GIT disease outbreak through the provision of IPC commodities, access to emergency medicine, technical and financial support to strengthen IPC, surveillance, and case management. A total of 2 742 diarrhoea cases and four (4) related deaths were also reported before the outbreak was declared over.

3.3 Education

	Cluster/Sector Response*			UNICEF and IPs			
Sector	**2022 target**	**Total results**	**Change since last report ▲▼**	**2022 target**	**Total results**		**Change since last report ▲▼**
Education							
# of children accessing formal or non-formal education including early learning				367 525	Girls	202 228	▲204,152
					Boys	201 570	
					Total	403 798	

In 2022, UNICEF continued to co-lead the coordination of the Education in Emergencies (EiE) cluster response, advocated on behalf of the cluster and chaired meetings to strengthen the cluster response to the ongoing humanitarian emergencies. Between January-December 2022, UNICEF co-chaired monthly cluster meetings focusing on the effects of the Covid-19 pandemic on learning, response to the measles outbreak, preparedness for the rainfall and cyclone season of the end of 2022 and early 2023 and capacity building of cluster members.

With school opening delayed in the first term of 2022 from January 10th to February 7th due to a surge of Covid infections, UNICEF provided technical support to the Ministry of Primary and Secondary Education (MoPSE) on school preparation for safe reopening and coordinated prevention and management of the COVID-19 pandemic. In addition, nine sets of Catch-Up materials were distributed to 9,778 Primary and Secondary schools, which benefited approximately 4.6 million learners (2,304,008 female and 2,295,992 male) during the first half of 2022. To ensure continued access to learning opportunities for learners affected by Covid-19, UNICEF further supported the MoPSE in developing and broadcasting 399 lessons in 2022. Additionally, 403,798 children (201,967 female and 201,831 male) accessed lessons out of a target of 367,525 through 1,500 USB flash drives loaded with radio lessons and 1,500 solar radios to the most in need, reaching 1,472 secondary schools in 64 districts. Regarding the

learning passport, 1,689 unique users registered between November and December, bringing the cumulative number for 2022 to 29428.

UNICEF supported the development of The Disaster Risk Management and Resilience (DRMR) Plan, which aims to improve the Education DRMR capacity at the National, Provincial, District and Schools levels will be launched together with the start of rollout training sessions during the first quarter of 2023. This, together with preparedness and response coordination, work of various possible challenges caused by the rainfall and cyclone season, will be the primary focus for the first quarter of 2023.

3.4 WASH

	Cluster/Sector Response*			UNICEF and IPs			
Sector	**2022 target**	**Total results**	**Change since last report ▲▼**	**2022 target**	**Total results**		**Change since last report ▲▼**
WASH							
# of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene				460,000	Female	225 294	153 139 ▲
					Male	205 148	
					PLWD*	811	
					Total	431 253	
# of people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services				250,000	Female	131 070	103 724 ▲
					Male	128 331	
					PLWD	169	
					Total	259 570	

During 2022, UNICEF supported strong WASH sector coordination through Emergency Strategic Advisory Group (ESAG) platform, which updated the WASH contingency plans in line with the projected normal-to-above-normal rainfall season often associated with flooding and subsequent increase in diarrheal diseases. In 2022, UNICEF continued to play its WASH cluster co-leading role with Ministry of Lands, Agriculture, Fisheries Water and Rural Development (MoLAFWRD). The Emergency Strategic Advisory Group (ESAG) was revitalized and held four well-attended meetings from August to December, at national level in which Government and development partners participated. The ESAG meetings platform is crucial for ensuring coherence, optimization of resources and efforts, emergency preparedness and response planning, impartial prioritization of needs and meeting agreed cluster objectives of humanitarian responses, including COVID-19, diarrhoeal outbreaks, and floods.

UNICEF and MoLAFWRD refreshed sub-national emergency WASH coordination capacity of Provincial WASH coordination structures by cascading the Global WASH Cluster-provided WASH Operational Coordination and Leadership training, which also focuses on the humanitarian-development-peace nexus. The training also provided orientation for sub-

national cluster members on the architecture of the sector and institutional arrangements following the July 2022 WASH coordination sector reforms in Zimbabwe.

In 2022, UNICEF, Government and UNICEF's implementing partners Welthungerhilfe, GOAL, Oxfam, and Africa AHEAD provided 431,253 people (225 294 F; 205 148 M; 811 PLWD) out of a target of 460,000 people with a sufficient quantity of safe water for drinking and domestic needs. 1,316,339 people (684 496 F; 631 843 M) were reached with hygiene promotion information on safe hygiene practices, COVID-19 through theatre performances, mobile awareness campaigns and health clubs. A total of 259,570 people (131070F; 128331M; 169 PLWD) were reached with critical WASH supplies including soap, water purification tablets, buckets with taps, jerry cans, IEC materials etc.

For WASH in schools, UNICEF supported a total of 74 schools to establish school health clubs, construct durable group handwashing facilities, creation of art murals to convey key hygiene messages and provided WASH IPC supplies for environmental cleaning and handwashing in Bulawayo and Harare; benefitting 102,223 learners (53 092 Girls; 49 131 boys).

UNICEF also provided a package of WASH interventions to improve infection prevention and control (IPC) in health care facilities. Infrastructure assessments and improvements, management capacity building, and WASH/IPC training and supplies IPC for non-clinical health workers were provided to 75 health care facilities in Bulawayo, Harare, Beitbridge, Chitungwiza and Mutare Districts. The infrastructure improvements included water supply infrastructure (rehabilitation of boreholes, drilling and solarization of boreholes, improved storage, and reticulation), handwashing stations, solar geysers, and toilets. Support for improved assessment, planning, budgeting and capacity for operations and maintenance were also provided to health facility staff and the health center committees in the 75 health care facilities.

Overall, results were achieved through implementation of coordinated cluster response activities in partnership with government and UNICEF implementing partners. The main bottleneck faced in 2022 was limited funding.

3.5 Child Protection

	Cluster/Sector Response*			UNICEF and IPs			
Sector	**2022 target**	**Total results**	**Change since last report ▲▼**	**2022 target**	**Total results**		**Change since last report ▲▼**
Child Protection							
# of children and caregivers accessing mental health and psychosocial support				45,000	Female	44,469	▲44,116
					Male	37,750	
					PLWD	189	
					Total	82 408	
# of women, girls and boys accessing gender-based violence risk mitigation, prevention or responses interventions				70,000	Female	39 492	- —
					Male	17 981	
					PLWD	11	
					Total	57,484	

In 2022, UNICEF played its sub-cluster leadership mandate of co-chairing the Child Protection Working Group (CPWG) together with the MoPSLSW, resulting in the drafting of the institutional framework for Child Protection in Emergencies (CPIE) preparedness and response to ensure the sector can prepare for and respond to future emergencies. To enhance sector CPiE planning, from the training conducted in November, UNICEF's technical support resulted in integration of CPiE and Gender-Based Violence in Emergency (GBViE) in sectoral plans of District Child Protection Committees.

Building on the work that commenced in the third quarter aimed at building the competence of the workforce to respond to emergencies, UNICEF trained 285 (59 per cent female) social workers to deliver CPiE preparedness and response services. During the period, a total of 1,040 (278 male and 762 female) community front-line workers across sectors were trained on GBV risk mitigation, PSEA and basic PSS. UNICEF further promoted the integration or mainstreaming of CPiE work in the Education sector. In collaboration with MoPSE, UNICEF trained 2,351 teachers on prevention of Violence Against Children (VAC) and Mental Health and Psychosocial Support (MPHSS). Working with CSO partners and Government, support to Social Workers, a combination of community and school based MHPSS resulted in 82,408 (54 per cent girls) being supported (The schools reached 44,166 children (21,633 boys and 22,283 girls). A further 57,484 (69 per cent female) children out of the target of 70,000 have been supported to access gender-based violence risk mitigation, prevention, or responses interventions. UNICEF strengthened systems for accountability to affected populations (AAP), through the safe and confidential reporting platform that resulted in over 80,000 people against a target of 60,000 reporting protection violation. Although the channels mainly focused on prevention of sexual exploitation and abuse, the available platforms were used to gather feedback from programme beneficiaries.

UNICEF promoted GBViE awareness targeting adolescent girls at risk of sexual violence and child marriage, pregnant adolescents and young mothers who are also at risk of sexual violence. This was the focus during the 16 days of activisms. Partners conducted awareness in the target districts for instance Musasa was active in Bulawayo, Beitbridge, Chiredzi, Guruve as well as Harare. A total of 24,618 girls and 29,917 women were reached with VAC and GBV information including information on where to access psychosocial support and referral for protection services.

UNICEF provided protection services to a total of 833 (57 per cent male) children surpassing the annual target of 500 children. The children received Identification, Documentation Tracing & Reunification (IDTR) services and were returned to districts of origin which resulted in 36 per cent being reunified. Despite the milestones achieved, challenges remain. Coordination of actors needs to improve beyond meetings to foster greater data sharing, generation of joint knowledge products and avoid service duplications. An important lesson learnt is the need for a coherent CPiE narrative and framework for Zimbabwe, backed by data and evidence culminating in joint evidence generation linked to protection humanitarian interventions.

3.6 Social Protection

	Cluster/Sector Response*			UNICEF and IPs		
Sector	**2022 target**	**Total results**	**Change since last report ▲▼**	**2022 target**	**Total results**	**Change since last report ▲▼**
Social Protection						
# of vulnerable households receiving cash transfers to support access to basic services				18,000	18,246	▲246

With UNICEF leadership in designing and implementing and in collaboration with Ministry of Public Service Labour and Social welfare (MoPSLSW), during the reporting period UNICEF's Emergency Social Cash Transfers (ESCT) programme contributed towards strengthened national social protection systems to respond to emergencies, including improved targeting, shock responsiveness social protection and responsiveness of the social protection system to the needs of persons living with disability. The ESCT, implemented in partnership with Goal and World Vision, expanded to a further five districts and reached over 58,000 children across eight districts, against the target of 25,000 with cash transfers in 2022.

Overall, ESCT programme enrolled 114,000 individuals; this includes 73,000 new individuals and continuity of support to 41,000 individuals. Complementary nutrition and protection services are being provided to the programme recipients, resulting in improved food security and reduced risk coping behaviours by participating households (close to 26,000). To support sustainability and also enhance resilience for vulnerable families, UNICEF successfully handed over the programming in two districts and, as a result, transitioned 7,176 households to the Government's Harmonized Social Cash Transfer (HSCT) programme, which will provide long-term support for those in need. In 2022, 18,246 households were reached with emergency social cash transfers in Beitbridge, Binga, Bulawayo, Chitungwiza, Lupane and Mufakose.

In collaboration with the MoPSLSW, and other development partners (WB, WFP), UNICEF provided technical leadership in the development of cost-effective targeting options and shock responsive social protection roadmap, which will have a significant impact on ensuring vulnerable families are reached during emergencies and shocks with social protection assistance. UNICEF's advocacy resulted in the Government reviewing and indexing the value of social assistance programmes to US dollar to protect beneficiaries against inflation. In 2023 UNICEF is planning to expand the programme to an additional five (5) districts.

3.7 Constraints, Challenges and Lessons Learned

Despite impressive achievement of targets across the sectors, the HAC appeal was grossly underfunded at 38 per cent of the total 2022 funding requirement. To mitigate this challenge, UNICEF, in 2022 integrated humanitarian response into the regular development programming thus enhancing efficient leveraging of resources while strengthening the nexus.

COVID-19 has forced MoPSE and education partners to explore options for alternative and blended learning approaches as well as new approaches to training. GPE funds have allowed implementation of innovative blended learning approach using radio, TV, digital and home materials to take learning to the most disadvantaged children especially in remote areas. The development of the e-course in school leadership has minimized face-to-face trainings and increased access to such trainings not to mention reduce cost.

One of the key lessons learned in 2022, under the child protection sub-cluster is the coordination of actors needs to improve beyond meetings to foster greater data sharing, generation of joint knowledge products and avoid service duplications. An important lesson learnt is the need for a coherent CPiE narrative and framework for Zimbabwe, backed by data and evidence culminating in joint evidence generation linked to protection humanitarian interventions.

Another lesson learned in 2022 was that while emergencies expose system vulnerabilities, it points at the deficits that need more focussed attention. It has always been known that the availability of clean water is an essential part of good health and hygiene, yet this very basic fact was not observed by many schools. The COVID-19 pandemic, however, dramatically illustrated the dangers that learners face when they do not have access to potable water. Having potable water is no more viewed as a peripheral issue, but one that is central to school health and learner welfare. The same applies to the issue of overcrowding resulting from insufficient provision of classrooms: COVID-19 has amplified the importance of prioritizing investments in specific forms of school infrastructure. Availability of WASH – access to water and sanitation and hygiene facilities, is a pre-requisite to safely open school.

One of the key lessons learned relates to the importance of pre-positioning supplies and establishing non-binding and non-exclusive Long-Term Agreements (LTAs) to reduce turnaround times. Prepositioned supplies enabled UNICEF to rapidly respond to schools affected by tropical storms. LTAs not only contributed to administrative efficiencies and value for money, but also proved to be an important lesson for improving results.

In the nutrition sector, a key lesson learned was that during assessments, lack of clarity around different types of assessments, what is needed, when, what nutrition information is suited to which mode of data collection, which tools are already available and what do they collect is crucial. It was found to be vital to review needs assessment tools and ensure integration of nutrition into all assessment tools. For the Health sector, to ensure immunization objectives are achieved, polio campaigns need to be integrated into other public health efforts. The campaigns yielded maximum benefits for women and children when several antigens and Vitamin A supplements and other high impact interventions such as nutrition screening, birth registration and deworming were done thereby maximizing resources.

Under social behaviour change, a key lesson learned in 2022 was that in project visibility materials and implementation areas there is need to infuse issues of prevention of sexual exploitation and abuse as these are some of the critical issues that affect the health and well-being of children and adolescents.

Lessons learnt from 2022 were utilized to inform programming. There was continued utilization of the digital platforms to reach adolescents, and greater employment of information dissemination via the broadcasting channels. The messaging was continually updated to address the emerging issues. Community based workers were key in reaching underserved populations in hotspots with information updates particularly on outreach services, providing psychosocial support and referrals for care. Engaging, and community mobilization was key to build confidence in the measles vaccination campaign and fighting the spread of misinformation of nutrition services and with some children brought for treatment too late to be saved. Overall programme implementation in partnership with the Government and implementing NGOs was key to achievements of results. Collaboration and coordination with these partners are vital to successful delivery of social services in humanitarian situations and investing in these relationships is a key takeaway implementation strategy for 2023.

4.0 Cluster / Sector Coordination

In 2022, UNICEF continued to lead and co-lead the Nutrition, WASH, Child Protection and Education clusters. UNICEF as the nutrition sector co-lead, continued to support the nutrition sector coordination through MOHCC and partners, with monthly Sector Coordination meetings held and the sector coordination performance survey completed. The Food and Nutrition Cluster (FNC)-led ZimVAC Rural Assessment in 2022 showed a concerning upward trend in prevalence of wasting from 2.5 per cent in 2018 to 4.5 per cent in 2020 and 7.2 per cent in 2022.

During 2022, UNICEF supported strong WASH sector coordination through Emergency Strategic Advisory Group (ESAG) platform, which updated the WASH contingency plans in line with the projected normal-to-above-normal rainfall season often associated with flooding and subsequent increase in diarrheal diseases. In 2022, UNICEF continued to play its WASH cluster co-leading role with Ministry of Lands, Agriculture, Fisheries Water and Rural Development (MoLAFWRD). The Emergency Strategic Advisory Group (ESAG) was revitalized and held four well-attended meetings from August to December, at national level in which Government and development partners participated. The ESAG meetings platform remained crucial for ensuring coherence, optimization of resources and efforts, emergency preparedness and response planning.

UNICEF co-led the Education cluster together with Save the Children and supported the coordination of Education in emergencies UNICEF continued to co-lead the coordination of the Education in Emergencies (EiE) cluster response, advocated on behalf of the cluster and chaired meetings to strengthen the cluster response to the ongoing humanitarian emergencies. Between January-December 2022, UNICEF co-chaired monthly cluster meetings focusing on the effects of the COVID-19 pandemic on learning, response to the measles outbreak, preparedness for the rainfall and cyclone season of the end of 2022 and early 2023 and capacity building of cluster members

In 2022, UNICEF played its sub-cluster leadership mandate of co-chairing the Child Protection Working Group (CPWG) together with the Ministry of Public Service, Labour & Social Welfare (MoPSLSW) department of Social Development, resulting in the drafting of the institutional framework for Child Protection in Emergencies (CPiE) preparedness and response to ensure the sector can prepare for and respond to future emergencies. To enhance sector CPiE planning, from the training conducted in November, UNICEF's technical support resulted in integration of CPiE and Gender-Based Violence in Emergency (GBViE) in sectoral plans of District Child Protection Committees.

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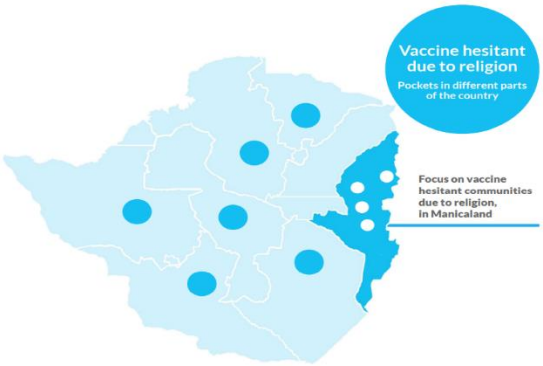
5.0 Case Study

Please see below Case Studies from Health and Social Protection.

Health Case Study- Polio campaign case study

INTRODUCTION

Apostolic religious groups, have the largest segment of Zimbabwe's population [3] and a predominantly in Manicaland Province to the east of the country bordering Mozambique. According to ZDHS (2010/11), Apostolic religion constitutes 33 per cent of Zimbabwe's women and men aged 15-49. These ultra-conservative groups have negative influence on health-seeking behaviours and utilization of modern Reproductive Maternal Neonatal Child Adolescent Health, Nutrition and HIV service (RMNCAH-Nutrition and HIV) emanating from their religious doctrine, beliefs, and practices. Apostolic religious objection to modern services, and medicines, fundamentally constrains choices and decisions to seek medical care [4] .The April 2022 [5] measles outbreak in Zimbabwe demonstrated that households affiliated to Apostolic faith had high numbers of unvaccinated children and high rates of cases and infant mortality[6]. Harmful social norms and practices contribute to social isolation, limited access to social services and mistreatment, lower resilience to shocks/crises. DPT3 coverage in the target districts prior to the campaign ranged between 60-70 per cent This case study will focus on how evidenced



[3] Maguranyanga 2011:4; UNICEF 2011)

[4] Jarvis & Northcitt 1987; Hove et al 1999; Takyi 2003; Stephenson et al. 2006

[5] MOHCC Measles 2022

[6] MOHCC Measles Sitrep 2022

based Social Behaviour Change (SBC) approaches were used to promote the polio vaccination campaign during round 1 and round 2 campaigns in Manicaland province between May and December 2022.

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INTERVENTION, STRATEGY, AND IMPLEMENTATION:

Coordination

UNICEF in collaboration with WHO and Zimbabwe Ministry of Health and Childcare (MoHCC) conducted rapid behavioural assessments in May 2022 to identify barriers and motivators to uptake of polio vaccine amongst caregivers through an SMS-based survey called U-report with 3,451 respondents (1,728 Males and 1,710 Females) in Manicaland Province. Findings from these assessments revealed that only 51 per cent of the respondents had heard about polio and of these 30 per cent had heard from village health workers. Comparative U-report results indicated an increase in caregivers who are willing to get their children vaccinated (89 per cent) from October 2021 poll to May 2022. However, there remain a significant proportion of caregivers (refusals) who expressed concerns around side effects and vaccine safety.

A total of 60 participants (religious leaders, caregivers, village health workers and district staff) participated in focus group discussions (FGDs) and in-depth interviews (IDIs). The Assessment identified the key drivers of vaccine hesitancy and refusal, and acceptance which include socio-cultural and religious, political, and institutional factors, and how these influence use and non-use of vaccination services and more broadly MNCH services. The caregivers cited religious doctrine, beliefs, and practices as some of the reasons for vaccine refusal and hesitancy. The negative perceptions of modern medicines and health services are embedded in the religious views that ascribe their use to lack of faith in God, ignoring the spiritual dimensions of health and child diseases, and low confidence in Apostolic healing system (faith healing rituals such as prayer, holy water, faith healers including prophets and Apostolic birth attendants etc.) modern medicines and vaccines are perceived as dangerous, and cause diseases or deaths. The findings also revealed that caregivers had limited knowledge and passive understanding of vaccination, and hardly identified the vaccine with specific disease. They understood vaccination as merely 'injections' and lacked the confidence to ask health workers about specific vaccines and diseases, and hence without the empowering information and knowledge they did not fully understand the risks of missing / skipping vaccines in stipulated vaccination schedule. The assessment also highlighted the importance of health workers caregivers' relationship in influencing uptake of vaccination services for children. The caregivers complained about the negative attitude of some health workers. They also indicated that some health workers hardly commit time to explain the vaccines, symptoms of the disease prevented by the vaccine, the benefits of vaccination, and the importance of respecting the vaccination schedule but merely serve them passively.

The plan adopted a blended theoretical model from an ecological and an individual perspective. The demand strategy primarily targeted three audience groups: **Accepters, Rejecters, and key influencers (religious, community leaders).**

Interventions,

Situation analysis, regular collection of insights and rumour tracking*:* monthly behavioural analysis was conducted through U-report polls, and ODK KAP assessments pre and post campaigns to help inform SBC strategies and messaging

Interpersonal communication and community engagement in high-risk areas. A network of more than 3,000 village workers (some recruited from within the apostolic sects), and religious leaders champions were instrumental in conducting house to house engagements to facilitate family-led conversations that address fears and perceptions and reinforce trust in the polio vaccine **Community advocacy with religious.** The apostolic religious sects avoid health services. To engage these communities, UNICEF partnered with a local community-based organization -Apostolic Women Empowerment Trust to train vaccine champions who were instrumental in building trust with conservative groups and endorsing the polio campaigns.

Leveraging radio platforms to promote key messages
UNICEF partnered with the Zimbabwe Broadcast Corporation and a regional community radio station, *Diamond FM* to broadcast polio campaign messages, to broadcast caregiver testimonials, interactions with health experts and dissemination of messages on when and where to get the polio vaccine reaching more than 1 million people.

Standardized communication materials for communities, schools, and health facilities

SBC materials with tailored key messages were developed and displayed in strategic places. These materials were designed to inform and mobilize communities during campaigns.

Listening, Collecting and Responding to Community Feedback village health workers and behaviour change facilitators carried out community meetings and dialogues, including routine collection of rumours and feedback. Responses were then fed back into the community through radio, community leaders and the mobilizers

OUTCOMES/RESULTS:

- **95 per cent coverage** achieved higher than the national DPT3 coverage of 83 per cent
- **87 per cent** of HH reported having visited by Social Mobilizer in Round 2 compared to 77 per cent in Round 1
- 93 per cent of people informed about the campaign dates in Round 2, compared to 91 per cent in Round 1
- **99 per cent** were ready to vaccinate in R 2 compared to 91 per cent in Round 1
- **Community cadres and leaders trained:** 1,350 BCFs, 715 councillors, 1,570 traditional leaders, 850 faith leaders and 3108 VHWs.
- **Faith in the frontline against Polio:** 850 faith leaders' endorsements; faith-related barriers and misinformation addressed
- **Joint campaigns:** Provincial community radio station and social media

- **SBC materials** co-created with communities

LESSONS LEARNED

Social science research was crucial in shaping the social mobilization strategy, results of pre -campaign ODK KAPB assessment successfully collected data on the reasons for missed children and the main sources of information for communities about the campaign which can be used for better planning of future campaigns including COVID 19 campaigns. Utilization of VHW recruited from the apostolic sect as social mobilizers meant that they understood the fears of the religious objectors' communities, however the campaign could have benefitted more if other volunteers like town criers were recruited from the same target population to increase acceptability.

To ensure immunization objectives can be achieved, polio campaigns need to be integrated into other public health efforts. The campaigns would have yielded maximum benefits for women and children if the several antigens and Vitamin A supplements and other high impact interventions such as nutrition screening, birth registration and deworming thereby maximizing resources. Investment in reciprocal religious and scientific literacy helped build acceptance and positive role models. VHWs played an important role in sharing accurate and timely information about polio. In some areas, however, VHWs lacked motivation. Strategies to motivate and retain VHWs are essential; these might include providing regularly training opportunities, investing in visibility, acknowledgement, and appraisals. Adequate compensation and transportation are also important for VHW to effectively perform their tasks.

Engaging, and community mobilization was key to build confidence in the campaign and fighting the spread of misinformation. However, community engagement activities should have begun several weeks in advance of the campaign, to adequately provide informative messaging on the reasons for the campaign

Figure 2 ***Rotary Zimbabwe supporting community outreach***

Credit: UNICEF/Zimbabwe/2022

Social Protection Case Study –humanitarian Cash Transfers strengthen Social Protection systems in Zimbabwe

Top Level Results:

UNICEF in close partnership with the Ministry of Public Service, Labour and Social Welfare and with financial support from the Governments of Germany and Sweden introduced the Emergency Social Cash Transfer Programme (ESCT) with two aims: first to provide immediate support to chronically vulnerable households in urban locations, to cope with the impact of COIVD-19 and second to align closely with the Government led Harmonized Social Cash Transfer Programme (HSCT) and support its functioning and reach, across the country.

The programme started with a limited number of households in two districts of Gutu and Highfields situated within Masvingo Province and Harare respectively. It has since expanded to reach over 113,500 people within 25,000 households, including close to 53,000 boys and girls across the urban localities of eight districts in Harare, Bulawayo, Masvingo, Matabeleland North and Matabeleland South, providing them with timely cash transfers every month and linking to complementary nutrition and child protection services.

Issue/Background:

Zimbabwe has faced numerous shocks in recent years, some climate-related such as cyclone Idai and the recurrent droughts, others due to economic crises, exacerbated by the globally driven events. The COVID-19 pandemic put further strain on the economy and the ability of vulnerable households to cope. Cash transfer programmes as well as other in-kind support such as the provision of food rations and vouchers have been used in Zimbabwe and across the globe as an effective instrument in supporting the vulnerable populations to meet their immediate needs and cope with the strains of the various crises.

Resources Required/Allocated:

The Ministry, UNICEF and implementing partners worked closely to prioritize the most food-insecure districts and together identified vulnerable households that needed support. A robust system was put in place to ensure the integrity of the programme, including verification led by District Social Development Officers of information provided by a subsample of households initially visited and the establishment of a grievance mechanism to ensure that any concerns about households wrongly excluded or included are captured, investigated, and resolved.

Furthermore, regular joint monitoring visits have been undertaken to witness how the programme was being implemented and resolve any arising issues. Throughout the process, Ministry of Public Service, Labour and Social Welfare's commitment to ensuring continuity beyond the lifetime of the funded support was made clear and as a result, a transition plan was developed.

Criticality and value addition:

During the transition process, we worked on how to integrate household details within the Ministry Management Information System, revalidated the details of 20 per cent of the households and supported households to connect to Econet, the payment modality under the HSCT. We are proud to have successfully delivered this programme with our various partners, including the Ministry of Public Service, Labour and Social Welfare, which has absorbed the programme into its Harmonised Social Cash Transfer Programme (HSCT) programme. The Government has taken over the support to 6,778 households in the two districts of Gutu and Highfields, and preparation is in place for the transition of the remaining six districts supported under the ESCT programme. In doing so UNICEF and partners are ensuring a more sustainable approach to channelling humanitarian support in the country.

UNICEF, Government and Partners' joint initiative has shown that there is a better way of delivering humanitarian programmes and leveraging them in supporting the strengthening of the social protection system and extending the reach of longer-term social protection programmes.

Moving Forward:

Going forward UNICEF will continue work on this new way of engaging on the humanitarian and development nexus and to ensure that it paves the way to a more robust and strengthened longer-term social protection system that deals with the needs of the population in a coherent and sustainable manner

Figure 3: Cash transfer programmes have been an effective instrument to support vulnerable families to meet their immediate needs and cope with various crises.

Credit: UNICEF Zimbabwe/2022

More pictures available on this link

6.0 Results Achieved from Humanitarian Thematic Funding

The Global Thematic Humanitarian Response funds contributed towards coordination of the Nutrition Emergency Response targeting 44 most vulnerable drought affected districts. In response to the increasing prevalence of wasting, community-based MUAC screening for wasting was scaled up through family-led MUAC, VHWs and at health facilities with 2,143,411 children (1115,312 girls and 1,028,099 boys) screened between January and December 2022 (2022 target of 1,113,281). Infant and young child feeding counseling (IYCF) through Care Groups has also continued with 9,055 care groups formed in 2022, reaching over 750,161 (DHIS2 Jan-December 2022) mothers and caregivers, including 2,500 men, in 44 districts with nutrition messaging and counselling. Treatment of wasting reached 14,875 children (DHIS2, Jan to Dec 2022, 8254 girls and 6621 boys, annual target of 12,685 children) with an overall cure rate of 71 per cent and 17 per cent defaulter rate (DHIS2, Jan-Dec 2022). The cure rate for wasting remains below the SPHERE standards (of >75 per cent) at an average of 71 per cent for 2022, affected by high defaulter rates from urban centers and reporting discrepancies between in and out-patient care. The mortality rate remained stable over the year at an average of 2.6 per cent, remaining within the SPHERE standard of <5 per cent.

Figure 4: 16 Days of Activism Gender Based Violence in Emergency Awareness. Photo Credit: Musasa Project/2022

The Global Thematic Funds assisted UNICEF Child Protection to coordinate and monitor implementation of child protection in emergency (CPiE) and gender-based violence in

emergency (GBViE) work in Zimbabwe. UNICEF strengthened systems for accountability to affected populations (AAP), through the safe and confidential reporting platform that resulted in over 80,000 people against a target of 60,000 reporting protection violation. Although the channels mainly focused on prevention of sexual exploitation and abuse, the available platforms were used to gather feedback from programme beneficiaries.

UNICEF provided protection services to a total of 833 (57 per cent male) children surpassing the annual target of 500 children. The children received Identification, Documentation Tracing & Reunification (IDTR) services and were returned to districts of origin which resulted in 36 per cent being reunified.

7.0 Assessment, Monitoring and Evaluation

UNICEF 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 (HPM) 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 among other key indicators, the District Health Information Software (DHIS) which monitors key Nutrition, HIV and Health indicators, the Child Protection and GBV Helplines and the Child Protection National Case Management Information System (NCMIS) that monitors the incidence and prevalence of child protection violations and GBV cases and the U-report and Rapid Pro open source platform which were used for monitoring of Education, WASH, and Nutrition services. Due to COVID-19 restrictions, regular field monitoring was suspended, and UNICEF worked through local structures and supported remote monitoring through its implementing partners. Third party monitoring was also conducted through contractors engaged by UNICEF during the year. Regional advisors and technical specialists from the region were instrumental in assessing the progress against regional humanitarian programmes through remote meetings and technical backstopping support.

In Education, the telephone survey conducted to find out about the utilization of the radio lessons confirmed the fact that these radio lessons remain crucial and should be continued and even used in the classrooms when schools open as part of revision process. Education continued with its monitoring using the Rapid Pro and setting up key WhatsApp groups at provincial and districts to both channel information and get real time updates from the provinces especially on their status for re-opening schools.

A ZIMVAC assessment with nutrition, (as well as food security, WASH, Protection, Health and Education) indicators was conducted at the beginning of 2022. Data from the same assessment guided the selection of the most affected districts with high levels of GAM and minimum acceptable diets to be selected as the UNICEF focus districts for 2022. The Nutrition sector continued with close monitoring of 44 districts through monthly active screening and

reporting through the RapidPro platform. This ensured that gaps in the program and supply needs were quickly picked up and attended to in a timely manner

The ESCT has a robust M&E system that comprises of a baseline, routine post distribution monitoring, a text-based pulse survey managed through RapidPro that is complemented by routine monitoring visits, a functioning grievance mechanism and a well-established MIS system to enable UNICEF to review the performance of the programme. This information is being captured on a dashboard, selection of which was made publicly available in 2022.

8.0 Financial Analysis

As of 31 December 2022, funds totalling a total of US$ 13 million (38 per cent per cent of the total 2022 funding requirement) from various donors that include ECHO, Japan, USAID BHA, USAID (CDC), FCDO, SIDA, CERF and UNICEF Global Thematic in 2022. The funding was to enable UNICEF to provide critical humanitarian assistance to 3 million people including 1.1 million children in the affected areas and a total of 2 million children were reached in 2022.

Table 1: Funding status against the appeal by sector in 2022
Zimbabwe

Sector	Requirements for 2022	Funds Available			Funding Gap	
		Received Current Year	Carry Over	Total Available	$	%
Nutrition	6,760,000	150,000	369,727	519,727	6,240,273	92%
Health	6,062,192	2,034,559	2,729,489	4,764,048	1,298,144	21%
WASH	8,582,500	915,840	4,459,658	5,375,498	3,207,002	37%
Child Protection	1,400,000		893,519	893,519	506,481	36%
Education	2,483,316		156,081	156,081	2,327,235	94%
HIV & AIDS	600,000		67,063	67,063	532,937	89%
Social Protection	6,739,486		7,779	7,779	6,731,707	100%
Cross Sectoral	1,600,000		1,238,677	1,238,677	361,323	23%
Being Allocated				0	-	
Total	**34,227,494**	**3,100,399**	**9,921,992**	**13,022,391**	**21,205,103**	**62%**

Table 2: Funding Received and Available by 31 December 2022
Zimbabwe

Table 2 - Funding Received and Available by 31 December 2022 by Donor and Funding type (in USD)		
Donor Name/Type of funding	**Programme Budget Allotment reference**	**Overall Amount***
I. Humanitarian funds received in 2022		
a) Thematic Humanitarian Funds		
See details in Table 3	SM/22/9930	43,320.00
b) Non-Thematic Humanitarian Funds		
The United Kingdom	SM/22/0110	453,894.00
USA	SM/22/0059	97,972.00
Total Non-Thematic Humanitarian Funds		**551,866.00**
c) Pooled Funding		
(i) CERF Grants		
(ii) Other Pooled funds - including Common Humanitarian Fund (CHF), Humanitarian Response Funds, Emergency Response Funds, UN Trust Fund for Human Security, Country-based Pooled Funds etc.		
CERF	SM/22/0742	**889,759.00**
d) other types of humanitarian funds		
Example: In-kind assistance (include both GRANTs for supplies & cash) Norway	n/a	n/a
Total humanitarian funds received in 2021 (a+b+c+d)		**1,484,945.00**
II. Carry-over of humanitarian funds available in 2021		
e) Carry over Thematic Humanitarian Funds		
n/a	n/a	**n/a**

f) Carry-over of non-Thematic Humanitarian Funds		
SIDA-SWEDEN	SM/21/0138	7,476.96
JAPAN	SM/21/0072	1,492.18
GAVI	SM/21/0892	1,397.25
Total carry-over non-Thematic Humanitarian Funds		**10,366.39**
Total carry-over humanitarian funds (e + f)		**10,366.39**
III. Other sources		
n/a	n/a	n/a
Total other resources		**0**

Table 3: Thematic Humanitarian Contributions Received in 2022
Zimbabwe

Thematic Humanitarian Contributions Received in 2022(in USD): Donor	Grant Number [1]	Programmable Amount (in USD)	Total Contribution Amount (in USD)
Allocation from global Thematic Humanitarian*	SM/22/9930	43,320.00	43,320.00
Total		43,320.00	43,320.00
[1] International Aid Transparency Initiative (IATI) requires all grants to be listed in reporting. http://iatistandard.org/			

9.0 Value for Money

Economy: While the operating environment was difficult due to price instability because of high levels of inflation, unreliable supply chains due to COVID-19 global and national restrictions, and the liquidity crisis, the use of UNICEF procurement procedures with Long Term Agreements (LTAs), existing rosters for contractors, and partnerships within our supplies and logistics section, ensured that emergency supplies were procured at a lower cost. Procurement through the well-established UNICEF procurement systems and UNICEF's global procurement ensured cost effectiveness and value for money.

Efficiency: The office upscaled recruitment of national staff for most of the response. Leveraging on local recruitments, and standby partners ensured efficiency in the delivery of critical interventions across sectors. The multi-sectoral approach and use of existing government of Zimbabwe and UNICEF structures for project delivery ensured leveraging of existing resources. To ensure duty of care, UNICEF supported partners to procure PPEs and boost logistical capacity through increased transportation, and procurement of ICT systems through UNICEF at reduced costs to the programme. Programming efficiency was improved through integration of some humanitarian activities into regular programming which was risk informed and will continue to be guided by the resilience strategy which amplifies approaches for humanitarian-development nexus.

Effectiveness: Continued deployment of ICT equipment and technical support within key Government sectoral departments, proved effective in the timely set up of coordination mechanism and provision of lifesaving interventions to affected populations. Use of community-based organisations and partner presence mapping through the UNICEF-led clusters information management systems was conducted to ensure humanitarian responses are coordinated and relief is equitably distributed according to needs. Upscaling of outreach services through community-based structures increased effectiveness of the humanitarian response.

10.0 Future Work-plan

1. UNICEF will continue to support the Rapid-Pro Platform for near real time data collection and reporting in all districts affected by epidemics in 2023.
2. UNICEF Zimbabwe will continue to support scale up of alternative learning approaches such as remote learning, through radio programmes and online learning through the Learning Passport. The roll out of the disaster risk management and resiliency to provinces, districts and schools will take place in 2023.
3. In 2023, UNICEF will continue leading and coordinating the nutrition, education, WASH clusters as well as the Child protection sub-cluster.
4. UNICEF will continuously update and implement a preparedness and response plan for the multi-hazards in 2023.
5. On social protection, UNICEF is planning to expand the ESCT programme to an additional five districts.
6. UNICEF will continue exploring the role of cash and voucher transfers as part of our response in different sectors.
7. UNICEF will continue to utilize the digital platforms for information dissemination, PSS, and referrals for appropriate care.

11.0 Expression of Thanks

UNICEF would like to appreciate the generous financial contribution of our donors which facilitated delivery of critical humanitarian interventions in the challenging and complex humanitarian context in Zimbabwe. UNICEF appealed for US$ 34.2 million to meet the

increased humanitarian needs in the country in 2022 because of the multiple hazards of drought, Tropical Storm Ana, flash floods, COVID-19, diarrheal disease outbreaks, and the economic crisis impacted by COVID-19, among other factors. The funding was to enable UNICEF to provide critical humanitarian assistance to 3 million people including 1.1 million children in the affected areas and a total of 2 million children were reached in 2022. UNICEF Zimbabwe Country Office received a total of US$ 13 million (38 per cent per cent of the total 2022 funding requirement) from various donors that include ECHO, Japan, USAID BHA, USAID (CDC), FCDO, SIDA, CERF and UNICEF Global Thematic in 2022.

Without this support, UNICEF and its partners would not have succeeded in achieving the level of reach highlighted in this report. The support has been crucial to advancing our shared commitments to protecting the rights and improving the well-being of the most vulnerable children affected by multiple hazards in Zimbabwe. As highlighted in this report, Zimbabwe still faces a serious humanitarian crisis driven by multiple hazards such as epidemics including measles outbreaks, diarrhoeal diseases (typhoid and cholera) outbreaks, COVID-19, climate change induced hazards such as droughts and floods, and the economic challenges. UNICEF looks forward to continuing partnerships in 2023 for the benefit of populations affected by the on-going humanitarian situations.

Annex A: The Human-Interest Stories

https://www.unicef.org/zimbabwe/stories

Annex B: The Donor Feedback Form

Please return to UNICEF (email): zeadam@unicef.org and 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?

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?

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?

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?