HUMANITARIAN NEEDS OVERVIEW 2016

PEOPLE IN NEED
2.84M

MARCH 2016

Credit: UNRCO Zimbabwe/2012
This document has been produced by the UN and humanitarian partners in Zimbabwe through the sectoral coordination mechanism and with support from OCHA. It provides the shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

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www.unocha.org/zimbabwe

www.humanitarianresponse.info/operations/zimbabwe
PART ONE: SUMMARY

- Humanitarian needs & key figures
- Impact of the crisis
- Breakdown of people in need
- Severity of need
(1) Total population living in 60 districts is 9,430,531.
ZimVAC calculated 30% of this number to be food insecure (2,829,159)

(2) 8,000 Refugees and 4,000 Most Vulnerable People (MVPs)
HUMANITARIAN NEEDS

Zimbabwe, a country where 72 percent of the population live in chronic poverty, is currently in the grip of an intense drought that has expanded and strengthened since the earliest stages of the 2015-2016 agricultural season, driven by one of the strongest El Niño events of the last 35 years. The combination of a poor 2014-2015 harvest, an extremely dry early season (October to December) and forecasts for continuing hot and drier-than-average conditions through mid-2016, suggest a scenario of extensive crop failure. An already vulnerable population is exposed to face high levels of food insecurity and malnutrition. The recent Zimbabwe Vulnerability Assessment Committee’s (ZimVAC) rapid assessment concluded that about 2.8 million people are food insecure, with the number expected to grow at least until April harvests. In addition to food insecurity, drought conditions are driving WASH, health, education and other sectoral needs across the country impacting on land and water ecosystems that support crop production.

1. Food insecurity
   In total, 2.8 million people, 30 percent of the rural population, require urgent humanitarian assistance. According to the ZimVAC Rapid Assessment Analysis report of February 2016, the number of people who face acute food insecurity has significantly increased from 1.5 million by 1.3 million (since July 2015). Additional 1.3 million people are at risk of slipping into acute food insecurity.

2. High levels of acute malnutrition
   99,243 children under the age of 5, are estimated to be acutely malnourished nationwide. The SAM rate of 2.1 percent, up from 1.5 percent the previous year, is likely to increase in further throughout 2016. Global acute malnutrition (GAM) rates are at 5.7 percent, the highest ever in the last 15 years. Malnourishment has also increased in some of the areas hardest hit by HIV further compounding the problem.

3. Poor access to basic services
   Poor basic services continue to undermine the resilience of vulnerable people. About 1.9 million require improved access to water, sanitation and hygiene (WASH). The severe drought, insufficient and unsafe water and poor sanitation are increasing the risk of outbreaks of communicable diseases. With 48 percent of the population younger than 18 years, the impact of the drought on children is particularly high. Around 1.4 million children potentially affected in the 10 worst drought affected districts, where over 497,000 children are enrolled in 1,150 schools, authorities are observing declining attendance and concentration levels, which are used as precursors for monitoring the drought impact.

The overall population and people in need figures are representative of the humanitarian situation as of March 2016.
IMPACT OF THE CRISIS

Zimbabwe is home to approximately 14 million people most of whom live in the rural areas. 72 percent of the rural population live on less than US$1.25 per day struggling to meet their most basic requirements. Over the last decade, the country has experienced a number of unprecedented economic, environmental and political shocks and stresses, many of which are having long-lasting impacts. The ongoing drought has significantly reduced crop production and household access to food in all 60 districts resulting in severe food insecurity and malnutrition. Approximately 11.2 percent of children under five years of age are reported to be underweight. These factors are exacerbating the impact of the current drought both in intensity and geographical extent.

Like many parts of Southern Africa, Zimbabwe has been hard-hit by the effects of El Nino, with greatest impact being seen in the harvest. The entire country has been affected, with about 95 percent having received 75 percent of the average rainfall that is typically received by the second week of February. The most affected areas are the traditionally low rainfall Regions 4 and 5 covering, mainly Masvingo, Matabeleland South and Matabeleland North provinces. However, even the traditionally food secure provinces of Mashonaland in regions 1, 2 and 3 have been severely affected. The severe drought conditions have greatly increased the vulnerability of the poor in rural and communal areas by depriving access to food as well as livelihoods. Against this background, the Government declared a state of national emergency with effect from 5 Feb 2016 to 31 Mar 2017.

Almost 2.8 million – 30 percent of the rural population – are food insecure.

The current rainfall season has so far been the driest in the last 35 years. According to Zimbabwe’s Meteorological Services Department (MSD) the El Niño event is projected to continue to March 2016 resulting in late and below normal rainfall, and higher than average temperatures affecting the 2015/2016 crop production, livestock and rural livelihoods.

The season thus far, taken together with the current forecast for the remaining half, points to a seriously under-performing agricultural sector with dire direct consequences for the rural households that derive a significant proportion of their livelihoods from rain-fed crop and livestock production. The problem is not helped at all by the fact that this poor season is following another poor season of harvest.

Severe Poverty

Over the last decade, Zimbabwe has experienced a number of unprecedented economic, environmental and political shocks and stresses, many of which will have long-lasting impacts. Poverty, food insecurity, malnutrition, and environmental degradation are serious challenges in Zimbabwe, particularly in rural areas, and will continue to be challenging due to the effects of climate change.

The macroeconomic situation that Zimbabwe is currently facing gravely exacerbates the problems associated with crop production. Currently, government’s borrowing remains the driver of domestic credit growth since November 2013 as the country’s fiscal space remains constrained due to subdued economic activity.

While poverty in Zimbabwe was believed to be mainly a rural phenomenon, urban poverty is also on the increase where a significant proportion of the population is living below the Poverty Datum Line. Companies continue to close down and unemployment has reduced real incomes, and put many basic commodities and services beyond the reach of much of the population in both the urban and rural areas. Infrastructure is deteriorating and services such as water and waste disposal are struggling to cope with increased urban populations. Arguably and more worrying, however, is the government’s limited financial reserves, the lack of any prospect of imminent economic recovery and the depressed financial support from key international players. All these factors are likely to exacerbate the impact of the ongoing drought meaning that even the normally better off households will become food insecure.

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6. Zimbabwe Vulnerability Assessment Committee (ZIMVAC) 2014
7. Zimbabwe Food Security Outlook February to September 2016
Although there are significant differences in poverty rates among the ten provinces, it is most common and prevalent in the low rainfall areas of Matabeleland North and Matabeleland South provinces (Agro-Ecological Regions 5 with 86 percent and 74 percent of its inhabitants classified as poor or extremely poor respectively with the rest of the provinces ranging between 65 percent and 76 percent. The ongoing drought and low asset holdings by poor households in these regions make them particularly susceptible to food insecurity. At the district level, Nkayi (96 percent), Lupane (93 percent), Gokwe South (91 percent) and Mudzi (90 percent) have highest level of poverty prevalence rates. According to the latest ZimVAC findings, these districts also have high levels of food insecurity (Nkayi – 42 percent, Lupane 43 percent, Gokwe South 30 percent and Mudzi 46 percent). Although least prevalent in the urban areas, poverty, however is on the increase with Harare at 36 percent) and Bulawayo at 37 percent.

Within the context of drought in Zimbabwe, it is anticipated that needs will increase within the most food insecure districts and particularly for specific and already vulnerable groups including, child-headed households, the elderly, households affected by HIV, and households with depleted or no livestock as well as those households with limited access to remittances. Assessments conducted in recent years indicate that HIV positivity rates amongst pregnant women is high in some of the districts deemed to be food insecure – including Hwange and Nkayi both with 42 percent food insecurity and insiza with 27 percent. Additionally, the HIV prevalence trends are notably high in most provinces (between 16 and 20 percent with above 20 percent being reported in Matabeleland South. This is a worrying situation in light of the drought in which the greatest impact is being felt in Matabeleland South 9.

**Poor Rainfall 2015/16, poor maize production**

According to MSD, the long term average for October, November, December, January (ONDJ) shows that 95 percent of the country should have received between 300 and 500mm of rainfall by the end of this period. However, the accumulated rainfall totals for ONDJ for 2015/2016 rainfall season (map below) indicate that the greatest part of the country has received less than 300mm by the end of the period.

In particular, Matabeleland South, Matabeleland North, and parts of Midlands and Masvingo have received less than 200 mm of accumulated rainfall between October 2015 and January 2016, less than 25 percent of seasonal averages for most areas, more than half way through the planting season. Rainfall forecasts until March 2016 predict below normal rains for all three regions of the country. If average rainfall for the February, March and April (FMA) trimester is in line with the mean rainfall at that time of the year, Masvingo, Midlands, Matabeleland North and South will receive on average less water than required for maize crop. Mashonaland East, West, and Central would barely receive sufficient water for maize crop.

Households in 5 percent of the wards have not yet planted the maize crop due to poor spatial and temporal distribution of rainfall; and 29 percent of the wards have seen permanent wilting 10.

**Deteriorating Livestock and Grazing Conditions**

During the past months, livestock condition and consequently livestock prices have decreased significantly in some districts as a result of poor grazing, water shortages and disease outbreaks. In some districts, significant cattle deaths were reported by December 2015. The highest deaths due to drought were recorded in southern districts of Chiredzi (2,638), followed by Chipinge, (2,600), Mwenezi (1,993), Tsholotsho (1,145) and Binga (993) 11. Livestock makes a significant contribution to the livelihoods of many households, particularly in the southern district indicated and while grazing was generally poor, about 25 districts had critically inadequate pastures 12.

Equally, goats and sheep are affected by the lack of water

9. Smart Investment to End HIV AIDS in ZIMBABWE based on Hotspot Analysis
12. 2016-2017 drought disaster domestic and International Appeal for Assistance
and pasture. From the ZimVAC assessment, figures were not readily available to ascertain the percentage of their death rate as a result of the drought.

During a drought, overgrazing leads to further degradation of pastures and arable areas in cattle farming areas. The deterioration of grazing capacity further reduces livestock numbers. Across the country, grazing was generally poor and inadequate. About 25 districts have critically inadequate pastures, with livestock deaths due to drought recorded in these districts 13.

**Higher Than Normal Maize Prices**

The prevailing national average maize grain price of $0.44/kg was 38 percent higher than the same period last year ($0.32/kg). This might be caused by an increased demand and reliance on markets by households due to decreasing stocks from April.

Higher grain prices were recorded in Matabeleland South with an average December price of $0.46/kg and this is about 61 percent higher compared to same period last year ($0.29/kg). Masvingo and Midlands have seen an increase of 59 percent and 48 percent respectively. 14.

**Reduction in the demand for casual labour and livelihood coping strategies**

As a result of the reduction in hectares under cultivation (estimations are that of the total area for planting, only 35 percent has been planted). With the limited rainfall there has been a reduction in the demand for casual labour for planting and weeding – a key source of income during the hunger gap this time of year, making them more vulnerable to food insecurity. The number of households deriving income and grain from casual labour has significantly decreased by 45 percent. With this reduction, the ZimVAC estimates that 29 percent of rural populations are forced to spend their savings on food, while 20 percent have had to sell their livestock (even at the depressed prices), 15 percent have been forced to sell their last breeding female while 12 percent have been forced to withdraw children from school.

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**Poor harvest in 2014/15**

The economy of countries like Zimbabwe is driven primarily by agriculture, and effects of droughts are direct and can be devastating.

This current crisis follows a poor harvest season in 2014-15 when cereal production declined by 43 percent (compared to the previous 5-year average), causing a cereal deficit of 650,000 MT (950,000 MT vs requirement of 1.6 million MT) 15. It is thus expected that the cereal deficit will rise this year and could exceed 1 million MT.

**Reduced water availability and health issues**

Drought has its greatest impact on water supplies. Lack of water affects every aspect of environmental health and human activity, including agriculture. People often have to trek for long distances to the few sources of water points that may still be available. In addition, the additional stress over the remaining sources can compromise their quality.

The reduction of rainfall has also reduced the amount of available water, reducing power supply from dams, and potable water from boreholes for human and livestock consumption. The national average for dam levels is below 50 percent. This is compounding a more chronic issues including the lack of functionality of many boreholes due to insufficient investment in maintenance.

Water availability for domestic use is inadequate. On average, 35 percent of households have inadequate water supply for domestic use. Masvingo (42 percent) and Manicaland (40 percent) provinces have the highest proportions of households with inadequate water for domestic use and

15. Zimbabwe Food Security outlook update December 2015
communities are relying on distant sources. Findings from the ZimVAC rapid assessment (February 2016) indicate that some rural households have been forced to change their main source of water, citing reasons as main water source had dried up, main source had broken down, increased salinity levels and collapsed boreholes.

On average, 49 percent of households reported unavailability of water for their livestock, with Manicaland province reporting the highest proportion of 59 percent. Nationally, 81 percent of households reported unavailability of water for agricultural purposes (irrigation schemes and gardens). Masvingo province reported the highest levels (90 percent) of inadequate water for agriculture.

A typhoid outbreak has hit Harare, with 291 suspected typhoid cases during the first 3 weeks of February. In the same period, a total of 402 suspected and 38 confirmed cases and 1 death have been reported across the country, together with 1 confirmed and 2 suspected cholera cases in Masvingo province. This highlights the risks related to the deterioration to the WASH conditions.

As the situation deteriorates and water becomes scarcer, households will be forced to rely on unprotected sources, and health risks related to WASH related diseases will further increase. Personal hygiene and general well-being are likely to be affected, with inadequate water available for domestic use compromising households’ ability to meet their minimum requirements.

**Gender Based Violence (GBV)**

Women and girls face a heightened risk of protection concerns and loss of education due to socioeconomic roles, including supporting vulnerable family members and migrating to cities in search of work. GBV cases were found to be on the increase in most districts. This however may be attributed to an increase in awareness and reporting and not necessarily to an increase in incidents. Teenage pregnancies and child marriages were reported to be on the increase in most districts. According to the ZimVAC and in light of the drought, GBV and teenage pregnancies were reported to be on the increase in most districts with some households in resorting to marrying off their children as a coping strategy.

**Nutrition Insecurity**

The eroded productive capacity of vulnerable farming households and the increased food prices have resulted in a significant increase in food and nutrition insecurity, including higher rates of malnutrition especially in the most food insecure districts.

Global Acute Malnutrition (GAM) is at 5.7 percent, the highest ever reached in the past 15 years. Boys are more affected by acute malnutrition than girls.

The severe acute malnutrition (SAM) rate of 2.1 percent is slightly above the 2 percent standard threshold for emergency response, an indication of a poor nutrition status. There is a critical need to manage increased SAM cases among children aged 6-59 months in the most affected districts as a life-saving measure.

**Food shortages impacts on education**

Some children’s education will be adversely affected by drought. Unavailability of food, caused by low crop yields in times are the main reason why a number of children drop out of school. During food crisis parents prioritize access to food which diverts funds meant for education towards food and other essential services. Food shortages also affect children’s school activities: as they are hungry they cannot at times go to school and even if they do, they lack concentration. For example, an estimated 6,000 children in Matabeleland North are skipping classes, citing hunger and the need to help out with household or farm work.

The Basic Education Assistance Module (BEAM) is one of the largest social safety nets aimed at reducing the number of orphans and vulnerable children from dropping out of school. But according to Food and Nutrition Council (FNC) 62 percent of children who deserve this assistance are not currently covered. This number is expected to increase as a result of the ongoing drought.

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17. Weekly Epidemiological reports (weeks 5, 6 and 7). Ministry of Health and Child Care, Zimbabwe
20. UNICEF Zimbabwe
21. ACAPS briefing note, 18 February 2016
A total of 2.84 million people are in need of immediate humanitarian assistance. Most needs relate directly to food insecurity as a result of the drought.

A total of 2.84 million food insecure people are in need of humanitarian assistance in the key sectors of Food and Agriculture, WASH, Health and Nutrition, Education and Protection. Particular attention will also be given to some key segments such as Coordination and Early Recovery which are vital components in deriving the responses as well as in building communities’ resilience to the ongoing stresses and shocks, given that this is a protracted crises requiring time to normalize coping mechanisms.

<table>
<thead>
<tr>
<th>Number of People in Need</th>
<th>2.84M</th>
</tr>
</thead>
</table>

### Number of People in Need by Sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>Malnutrition and food insecure</th>
<th>Most vulnerable people (MVPs)</th>
<th>Refugees &amp; asylum seekers</th>
<th>People in urban / peri-urban</th>
<th>People in need</th>
<th>Affected people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Nutrition</td>
<td>1.8M*</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1.8M</td>
<td>2.84M*</td>
</tr>
<tr>
<td>Food Security and Agriculture</td>
<td>2.83M</td>
<td>4K</td>
<td>8K</td>
<td>-</td>
<td>2.84M</td>
<td>2.84M</td>
</tr>
<tr>
<td>Education</td>
<td>1.29M</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1.29M</td>
<td>2.84M</td>
</tr>
<tr>
<td>Protection</td>
<td>0.26M</td>
<td>-</td>
<td>-</td>
<td>0.07M</td>
<td>0.33M</td>
<td>1.49M</td>
</tr>
<tr>
<td>Water Sanitation Hygiene</td>
<td>1.88M</td>
<td>-</td>
<td>-</td>
<td>0.9M</td>
<td>2.78M</td>
<td>2.84M</td>
</tr>
</tbody>
</table>

* Including 0.47M nutritionally population in need

*Children (<=19 years old), adult (20-59 years), elderly (>59 years)
* age breakdown for nutrition sector only / Children <5 years
* Including 0.54M nutritionally affected population
Zimbabwe, a country where 72 percent of the population live in chronic poverty, is currently in the grip of an intense drought.

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**PEOPLE IN NEED (MAR 2016, IN MILLIONS)**

<table>
<thead>
<tr>
<th>Region</th>
<th>Food Insecure</th>
<th>Most Vulnerable People (MVPs)</th>
<th>Refugees and Asylum Seekers</th>
<th>% female</th>
<th>% children, adult, elderly*</th>
<th>Total People in Need (% from total PIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manicaland</td>
<td>0.46</td>
<td>-</td>
<td></td>
<td>53</td>
<td>55</td>
<td>17%</td>
</tr>
<tr>
<td>Mashonaland Central</td>
<td>0.26</td>
<td>-</td>
<td></td>
<td>51</td>
<td>53</td>
<td>10%</td>
</tr>
<tr>
<td>Mashonaland East</td>
<td>0.29</td>
<td>4K</td>
<td>8K</td>
<td>52</td>
<td>52</td>
<td>11%</td>
</tr>
<tr>
<td>Mashonaland East</td>
<td>0.32</td>
<td>-</td>
<td></td>
<td>52</td>
<td>52</td>
<td>13%</td>
</tr>
<tr>
<td>Masvingo</td>
<td>0.45</td>
<td>-</td>
<td></td>
<td>54</td>
<td>56</td>
<td>16%</td>
</tr>
<tr>
<td>Matabeleland North</td>
<td>0.17</td>
<td>-</td>
<td></td>
<td>52</td>
<td>55</td>
<td>6%</td>
</tr>
<tr>
<td>Matabeleland South</td>
<td>0.42</td>
<td>-</td>
<td></td>
<td>52</td>
<td>53</td>
<td>15%</td>
</tr>
<tr>
<td>Midlands</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Breakdown of 2.84M**

- Children (<19 years old)
- Adult (20-59 years)
- Elderly (>59 years)

(1) Total population living in 60 districts 9,430,531. ZimVAC calculated 30% of this number to be food insecure (2,829,159).
(2) 8,000 Refugees and 4,000 Most Vulnerable People (MVPs)
In addition to estimating the number of people in need in each province, sectors ranked the severity of people’s needs using sector specific indicators. The relative severity of need between districts depicted in the map is determined by the concentration of people in need in Food Security and Agriculture sector and combining indicators from Education, WASH, Health and Nutrition and Protection. More details on how these estimates were calculated appear in the “Methodology” annex.
PART TWO: NEEDS OVERVIEWS BY SECTOR

INFORMATION BY SECTOR

- Food Security and Agriculture
- Health and Nutrition
- Education
- Protection
- Water Sanitation and Hygiene

INFORMATION GAPS AND ASSESSMENT PLANNING
PART II: FOOD SECURITY AND AGRICULTURE

FOOD SECURITY AND AGRICULTURE

OVERVIEW
Food insecurity in rural Zimbabwe remains a challenge. Over the past five years the food insecurity prevalence was around 18.4 percent of the rural population. The south-western districts are particularly vulnerable to food insecurity due to their agro ecological conditions. The rural poverty level is 76 percent, increasing the population’s vulnerability to economic and climatic shocks.

This situation is further aggravated by the current El Niño event resulting in poor and erratic rains between October 2015 and February 2016. The country has received less than 60 percent of its long term average rainfall. The forecast of average to below average rainfall for the rest of the season is particularly concerning as it is coming on top of a poor harvest in 2014/15.

The poor performance of the rainfall season has resulted in a significant decrease in the area planted. Maize crop conditions are particularly poor in in Masvingo and in Matabeleland South provinces where as much as 75 percent and 65 percent respectively had to be written off. Other provinces range from poor to fair.

While grazing conditions have improved slightly due to some rain received in the first week of March, availability across all provinces remains generally inadequate. Water availability for both humans and livestock is inadequate. Cumulative livestock deaths between September and February stand at 24,329, with Masvingo province being hardest hit with 11,917 deaths recorded.

The occurrence of Foot and Mouth Disease (FMD) is widespread in Matabeleland South, Midlands, Masvingo, and parts of Manicaland and Mashonaland West provinces. This curtailed the movement of livestock for relief grazing and negatively impacted livestock prices. Lowest average cattle prices were recorded in Chivi and Mwenezi districts with an average price of $80. In the remaining districts, average cattle prices ranged between $284 and $361 and goats prices ranged between $27 and $43. Although livestock prices remained relatively high the cattle conditions were generally poor quality even in these districts which recorded the high prices. The situation poses a threat to household incomes for households that rely on livestock sales to generate income for food and other basic needs.

AFFECTED POPULATION
Findings from the the ZimVAC assessment conducted in February revised projections concerning the prevalence of food insecurity at peak hunger period (January-March 2016) from 16 percent to 30 percent (approximately 2.8 million people) of the rural population. The districts projected to have the highest levels food insecurity during the 2015/2016 lean season are Buhera (61 percent), Umguza (57 percent), Mbire (55 percent), Umzingwane (51 percent), Zvishavane (50 percent), Mwenezi (50 percent) and Binga (50 percent).

Using the ZimVAC projections as a baseline, and analysing data on current crop conditions, weather forecasts as well as historical trends and averages for the past five years, it is possible to provide food security projection estimates until June 2016. The poor and erratic rains that have characterized the current agricultural season have delayed planting and will consequently result in a later harvest. This in turn will extend the lean season and associated 30 percent food insecurity prevalence into April. Food Insecurity levels will slightly decrease in some districts in May as the effects of the harvest, including increased casual labour opportunities, will have a marginally positive impact on incomes and stocks. As of end of June, food insecurity levels are forecasted to progressively increase.

HUMANITARIAN NEEDS
There are approximately 8,000 refugees in Tongogara who remain in need of humanitarian assistance. Within the most food insecure districts, child-headed households, the elderly, households affected by HIV, and households with no livestock or access to remittances are the most vulnerable. Households that have suffered significant crop write-offs and livestock losses should be the focus of early recovery and livelihoods interventions.

PART II: HEALTH AND NUTRITION

HEALTH AND NUTRITION

OVERVIEW

ZimVAC Rapid assessment in January 2016 highlighted a global acute malnutrition rate of 5.7 percent, the highest ever reached in the past 15 years and 5 percent above the WHO cutoff point. The Severe Acute Malnutrition (SAM) rate for children aged 6-59 months was 2.1 percent which is slightly above the 2 percent threshold for emergency response in Zimbabwe. This is a stark increase over the SAM rate observed over the past 15 years in rural areas of below 1 percent. The ZimVAC assessment projects an overall increase in severe acute malnutrition (SAM) compared to 2015 data. While the unavailability of portable water predisposes the community to water borne diseases, malnutrition also makes the community more vulnerable to all infectious agents.

The caseload of the children with SAM would be 10,913 in 10 highly food insecure districts. Coverage for supplementary feeding program (SFP) is limited in selected wards of 2 out of 10 highly food insecure districts.

In Harare City, 259 suspected typhoid cases, 23 confirmed and 1 death were reported since January to 18 February, 2016. This has already surpassed the amount of cases for the whole of 2015. Unplanned settlements are the most affected, although Glenview, Glen Norah, Budiriro, Kuwadzana are also seriously affected. Typhoid is also being reported sporadically throughout the country. High numbers of diarrhoea cases are also being reported throughout the country. Chronic patients like HIV, diabetics, cancer patients, etc. need food to take their medication, and most cannot afford it. Patients admitted in health institutions need to be fed, as well as health staff themselves. Lack of food, use of water from unsafe water sources as well as poor sanitation, especially in unplanned settlements, increase the risk of diarrhoeal diseases. Water quality monitoring and household treatment of water is also lacking. Disease surveillance systems are compromised by lack of resources, including human resources and logistics. Laboratory diagnosis is hindered by a shortage of reagents.

AFFECTED POPULATION

For health, approximately 1.8m people located in the 15 most drought affected districts will need basic health care support. The most vulnerable groups are <5 years of age, pregnant women, the elderly, patients with chronic conditions (HIV, TB, diabetes and cancers), the disabled and orphans. Nationally, the country is affected by typhoid outbreaks, although this is very pronounced in Harare. Unplanned settlements like Stoneridge and Hopley have an estimated population of more than 123,000, although when including other suburbs of Harare there could be about a million people at risk.

25. Ministry of Health and child Care weekly Report - Week Number 07 of 2016 (Week Ending 21-02-16)
PART II: HEALTH AND NUTRITION

For the nutrition component, all 403,348 children under the age of five (196,691 boys and 213,293 girls), 136,661 pregnant and lactating women living in Food Insecure households are the most nutritionally vulnerable population groups and will be in need of at least one form of nutritional support.

Lupane, Hwange, Nkayi, Umguza, Kariba and Mudzi, approximately 17,903 of these children are projected to suffer from severe acute malnutrition while 30,691 children are projected to suffer from moderate acute malnutrition. A higher proportion of boys are severely acute malnourished compared to girls.

Nationally an estimated SAM caseload is projected at 89,672 children <5 years based on recent rapid assessment report of ZimVAC 2016. In the 15 highly food insecure districts; Zvishavane, Gokwe North, Buhera, Mbire, Mwenezi, Umzingwane, Binga, Tsholotsho, Lupane, Hwange, Nkayi, Umguza, Kariba and Mudzi, approximately 17,903 of these children are projected to suffer from severe acute malnutrition while 30,691 children are projected to suffer from moderate acute malnutrition. A higher proportion of boys are severely acute malnourished compared to girls.

HUMANITARIAN NEEDS

Due to food insecurity, children, pregnant and lactating women’s access to diversified diets has been compromised. Children under the age of five, pregnant and lactating women living in food insecure households are either already malnourished, HIV prone or are hungry and in danger of developing malnutrition. Children under the age of two years living in food insecure households not benefitting from optimal breastfeeding and complementary feeding practices are in danger of falling sick with diarrhea or pneumonia, and growth and development to their full potential are compromised. Children under the age of five who are already acutely malnourished have a higher risk of morbidity and mortality due to disease and urgently need lifesaving support to protect their lives and bring them back to healthy growth and development. Under-nourished children not receiving support in the short-term run the risk of being locked in a cycle of recurring illness and faltering growth with irreversible damage to their development and cognitive abilities. Proposed interventions will however need to be rolled out alongside a comprehensive communication strategy to protect, promote and support optimal maternal, infant and young child feeding, nutrition and care in the context of the emergency response.
Drought negatively impacts children’s well-being and access to basic social services. In particular, it affects their access to education and diminishes their learning opportunities in multiple ways. Drought often leads to increased student absenteeism, poor concentration in class, and hunger-related fainting at school. This is often exacerbated by the shortage of drinking water at school. In such cases, children are forced to walk long distances to fetch water. Because of the actual or perceived higher opportunity cost of participating in education, some children are forced to drop out of school in order to engage in casual labour activities in exchange for food. Livelihood pressures on families often result in parents not being able to meet the cost of education, leading to drop out of children and involvement in other social activities in order to earn a living.

If children remain in school, their performance may decline due to hunger, sickness and inability to concentrate. Learning achievement will diminish and children may not be able to pass their exams thereby eroding the gains made with regards to learning achievement in the country. Anecdotal evidence indicates that some children are skipping classes while others are failing to concentrate in class in the hardest hit areas.

The ZimVAC Rapid Assessment Report released in February shows that there are 2.8 million food insecure people in the country, particularly in the worst affected districts. Given the country’s national demographic profile that shows that about 48 percent of the population is younger than 18 years, drought potentially affects a large number of children. The most affected population is the vulnerable and marginalized groups in the rural areas with families whose coping capacity is limited and due to livelihood pressure, they use money originally earmarked for educational costs on buying food instead.

Due to the impacts of drought on education, there is need to ensure that active participation of children in school is maintained and children from vulnerable households continue to access education. In order to encourage school attendance and to maintain regular hours of learning, feeding needs for children in primary schools need to be met.
PART II: PROTECTION (CHILD PROTECTION & GBV)

PROTECTION (CHILD PROTECTION & GBV)

OVERVIEW
The deteriorating food situation and hardship faced by many households in the country has resulted in increase of child protection violations. January 2016 alone has already seen 5,458 (compared to 2015 where around 35,000 child protection reported cases for all of 2015). Preliminary findings from the Child Protection sub-cluster rapid assessment also suggest that the 10 worst-affected districts, have seen an increase in child protection violations or risks, especially economic and sexual exploitation, family separation and migration. Some context-specific risks have been observed, including exploitation associated with growth-points (centers of economic activity) and illegal mining areas. Also, anecdotal evidence suggest that coping with burden of care for disabled or HIV+ children becomes increasingly difficult for many families.

According to the 2016 ZimVAC rapid assessment, cases of GBV in particular physical and sexual violence, child marriages and teenage pregnancies are generally on the increase in most districts of the country. Data gathered through the Health Information Management (HMIS) has shown that the cases of GBV especially sexual gender based are on the increase across the country, comparing 2014 and 2015 statistics. Regarding maternal health, it is estimated that 2,000 women die annually from pregnant related complications and of these 64 percent are preventable (MICS 2014). The current drought is likely to worsen this situation as a result of poor nutrition as households prioritize accessing food over health.

In districts where the food security situation is deteriorating, women and girls become more vulnerable to violence as they attempt to meet their food needs. According to the ZimVAC 2015 rapid assessment, in districts like Mt Darwin and Seke, households were reportedly marrying off their young girls as a coping strategy and response to their food insecurity situation.

NO. OF PEOPLE IN NEED
0.33 M

BY SEX

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>0%</td>
<td>10%</td>
</tr>
</tbody>
</table>

SEVERITY MAP

AFFECPTED POPULATION
Food insecurity affects the entire child population, putting them at a greater risk of protection violation. Child protection interventions will target children that are vulnerable to protection violations, such as separated children, children in economic exploitation, child marriage and children suffering from sexual abuse/exploitation. Children in need of protection services and support will not be limited to 10 worst-affected districts, considering movement of children and families possibly triggered by general food insecurity affecting the country. It is expected that 72,000 children (under 18 years 38,880 females and 33,120 males) will require Protection services and support in 12 months. This includes child population affected by GBV. UNICEF and Save the Children Social protection programmes are reaching out to 68,276 children in 8 of the 10 worst affected districts in families that are currently benefitting from cash and in-kind...
transfer programmes. Stronger linkages will be established between case management and other interventions being implemented to mitigate the food security situation in those districts, particularly to enhance early detection and crisis intervention.

According to the ZimVAC rapid assessment 2016, the drought has affected all districts in the country. The HMIS data available shows that there has been an increase in the clients who have been sexually abused between 2014 and 2015 across the country. The map shows the percentage increase by district.

The graph shows the increases from 2014 to 2015 by quarter. In 2014, a total of 9368 cases of SGBV were received at health centers and this increased to 11367 in 2015.

**HUMANITARIAN NEEDS**

**GBV:** According to the ZimVAC 2016, a total of 1.4 million women will be food insecure during 2016 and require humanitarian assistance. According to ZDHS (201/11), 18 percent of women experienced physical violence in the past 12 months. A total of 1,421,954 women are food insecure. This translates to 255,952 women who will need protection from GBV. It is important to ensure that services are available in the target districts as part of the response strategy. Services that will be provided include legal aid, counselling, health care, referrals to the police, provision of emergency rape kits, hygiene and essential reproductive health kits. For SGBV, most of these services are at health centres and health workers need to be trained in order to effectively identify and deal with such cases. Health care providers are also key in providing referrals to other services. Training of health care providers in the implementation of the Minimum Initial Service Package (MISP) as part of the quality provision of sexual and reproductive health services and GBV response is therefore an important component in addressing the current humanitarian needs. Where needed, reproductive health kits including medical supplies for post rape treatment as well as hygiene kits will also be provided.

**Child Protection:** sub-sector will address both response to and prevention of child protection violations (including GBV) triggered by the worsening food insecurity and drought. Child Protection monitoring and reporting must be strengthened with a special attention to capacity development of community-based mechanisms (i.e. CCWs, CPCs), so that Child Protection cases in communities are timely identified and reported for further action. This also includes systematic and active referrals of school drop-outs to CCWs and CPCs for follow up interventions. The Child Protection sub-cluster will provide ongoing support for community surveillance systems to detect any instances of protection violations and take urgent action to respond and ensure that the child is protected. Child Protection services including psychosocial support, legal assistance, and other support services has to be strengthened and better-coordinated under the framework of national case management system. The sub-cluster will ensure that vulnerable families are supported to address the "push factors" that cause family separation/disintegration, mainly through cash/in-kind transfers programmes and referrals to existing social services. High-burden/risk families including families with disabled or HIV+ children will be given special attention.

**PERCENTAGE INCREASE OF SGBV CASES - 2014 TO 2015**

<table>
<thead>
<tr>
<th>District</th>
<th>2014</th>
<th>2015</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zvishavane</td>
<td>0%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Guruve North</td>
<td>5%</td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td>Bulawayo</td>
<td>4%</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>Marondera</td>
<td>10%</td>
<td>14%</td>
<td>4%</td>
</tr>
<tr>
<td>Manical</td>
<td>30%</td>
<td>40%</td>
<td>10%</td>
</tr>
<tr>
<td>Binga</td>
<td>50%</td>
<td>60%</td>
<td>10%</td>
</tr>
<tr>
<td>Umguza</td>
<td>10%</td>
<td>15%</td>
<td>5%</td>
</tr>
<tr>
<td>Kariba</td>
<td>20%</td>
<td>30%</td>
<td>10%</td>
</tr>
</tbody>
</table>

**CHILD PROTECTION PROGRAMME IN 8 WORST FOOD INSECURE DISTRICTS**

**HOUSEHOLDS ON THE HSCT**

<table>
<thead>
<tr>
<th>District</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zvishavane</td>
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</tr>
<tr>
<td>Guruve North</td>
<td>2,865</td>
</tr>
<tr>
<td>Bulawayo</td>
<td>4,774</td>
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<td>Marondera</td>
<td>6,130</td>
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<tr>
<td>Manical</td>
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</tr>
<tr>
<td>Binga</td>
<td>6,128</td>
</tr>
<tr>
<td>Umguza</td>
<td>3,329</td>
</tr>
<tr>
<td>Kariba</td>
<td>4,316</td>
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</table>

**CHILDREN IN HSCT HOUSEHOLDS**

<table>
<thead>
<tr>
<th>District</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1,246</td>
</tr>
<tr>
<td>Guruve North</td>
<td>520</td>
</tr>
<tr>
<td>Bulawayo</td>
<td>1,137</td>
</tr>
<tr>
<td>Marondera</td>
<td>1,246</td>
</tr>
<tr>
<td>Manical</td>
<td>1,137</td>
</tr>
<tr>
<td>Binga</td>
<td>1,246</td>
</tr>
<tr>
<td>Umguza</td>
<td>1,137</td>
</tr>
<tr>
<td>Kariba</td>
<td>1,137</td>
</tr>
</tbody>
</table>

**FOOD INSECURITY%**

<table>
<thead>
<tr>
<th>District</th>
<th>Food Insecurity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zvishavane</td>
<td>1%</td>
</tr>
<tr>
<td>Guruve North</td>
<td>4%</td>
</tr>
<tr>
<td>Bulawayo</td>
<td>0%</td>
</tr>
<tr>
<td>Marondera</td>
<td>0%</td>
</tr>
<tr>
<td>Manical</td>
<td>0%</td>
</tr>
<tr>
<td>Binga</td>
<td>0%</td>
</tr>
<tr>
<td>Umguza</td>
<td>0%</td>
</tr>
<tr>
<td>Kariba</td>
<td>0%</td>
</tr>
</tbody>
</table>
PART II: WATER, SANITATION AND HYGIENE

WATER, SANITATION AND HYGIENE

OVERVIEW
ZiMVAC Rapid Assessment (January 2016) identified over 35 percent of households had inadequate water supply for domestic use. Almost one third (31 percent) cited this as abnormal for this time of the year. The Zimbabwe National Water Authority (ZINWA) estimates the storage capacity of dams across the country to be less than 50 percent. Furthermore, over 20 percent of the Water Supply Stations have between one to twelve months supply of water, thus they cannot get to the next rain season.

The estimated number of people in need of WASH assistance in rural areas is 1.9 million people living within the most food insecure districts. In addition, another 901 thousand people from urban and peri-urban areas are estimated to be at risk due to unavailability of water and there is a likelihood of further reduction as the situation deteriorates, leading to an increase in risk of WASH related diseases.

AFFECTED POPULATION
In rural areas, besides to the population already lacking access to water, the seasonal nature of around 27 percent of the protected sources in the rural areas will imply that additional people will lose their access to water as the drought progresses. According to the ZimVAC 29 percent of households in rural areas have already changed their main source of water in the past 3 months, with 54 percent indicating this is due to drying up of sources.

Considering the districts with food insecurity levels of 30 percent and above and water supply stations with 12 months or less of water supply, it is estimated that 1.9 million people will be at high risk of water insecurity and will therefore require WASH support. The above estimation already takes into account population benefiting with new water sources by the ongoing rural WASH programme in previous years.

SEVERITY MAP

HUMANITARIAN NEEDS

The likely deterioration of the situation in the coming months, as drought progresses, requires close monitoring on the accessibility of water and functionality of water sources, as well as close relationship with Health Sector to identify hotspots for WASH related diseases.

For areas already identified as critical (i.e. highest level of food insecurity and reduced availability of water for water supply), there is need to provide or re-establish the access to water through the construction of new sources or repair / rehabilitation of existing sources. Moreover, for areas where the existing source is no longer available, there is need for identification of alternative water sources, including the expansion of perennial sources to cover needs of additional population. The above interventions will cover communities as well as schools, health centers and other key institutions within the communities as required.

Given the increased demand over the reduced number of sources and the shift to alternative sources, the monitoring of the water quality is critical, as well as the community awareness on water management, critical hygiene and sanitation practices (including household water treatment and storage) to reduce the risk of the WASH related diseases.

The above should be accompanied by the provision of means to increase such practices (i.e. non- food items / WASH minimum package) focused on the most vulnerable communities.
Humanitarian actors have completed at least 2 assessments since the onset of the drought in January 2016 with the major assessment being the ZimVAC. The assessments completed mainly addressed food and nutrition security, agriculture and water although it is noted that the ZimVAC rapid assessment was more qualitative than quantitative in nature, this remains the most recent assessment covering more than one sector and all districts in the country.

**NUMBER OF ASSESSMENTS**

6

**PLANNED NEEDS ASSESSMENTS**

2

**NUMBER OF ASSESSMENTS BY PROVINCE AND BY SECTOR**

<table>
<thead>
<tr>
<th>Province</th>
<th>Agriculture</th>
<th>Food &amp; Nutrition</th>
<th>Health</th>
<th>Protection</th>
<th>WASH</th>
<th>Education</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATIONAL</td>
<td>3</td>
<td>5</td>
<td></td>
<td>3</td>
<td>2</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Mashonaland Central</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Masvingo</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>5</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**NUMBER OF ORGANIZATIONS / PARTNERS BY DISTRICT**

International humanitarian organizations are providing aid through national implementing partners. The map infront illustrates the operational presence of the sectors in the various districts in Zimbabwe. A total of 27 organizations are working in Zimbabwe.

**NUMBER OF PARTNERS**

27
People in need (sectors)

Sectors were requested to estimate the number of people in need of cluster services in each province, relying on available data, estimates of need and expert consensus. Each sector determined its own methodology for estimating the sector-specific estimate of people in need.

People in need (total)

OCHA reviewed all sector people in need estimates and selected the highest sector figure for each province. The sum of these figures is the new estimated total number of people in need.

Sector severity of need maps (Maps in sector sections)

Each sector was asked to provide an estimate of severity of needs within each affected district, using at least one indicator. Sectors defined thresholds for their sector indicators, reviewed their data, based either on new data collected from recent assessment or expert information. As a result, sector specific maps were created after inputting data on indicators using the Needs Comparison Tool (NCT).

Severity of needs across sectors

Based on the sector needs scores described above, OCHA estimated an overall estimate of severity of needs across sectors. This estimate was determined by taking a geometric mean of all sector scores.

List of Indicators from sectors for severity of needs

- **WASH** How would you describe water availability for domestic water sources?
- **Food Security** Estimated Food Insecure Population
- **Education**
  - (1) Effects of drought on schools-Low level of concentration
  - (2) Effects of drought on schools-High absenteeism
  - (3) Effects of drought on schools-Non-payment of fees
- **Nutrition** Estimated prevalence of SAM (%)
- **Protection** % increase in SGBV (2014-2015)