HUMANITARIAN NEEDS OVERVIEW
Zimbabwe - Summary

Total Population
15.8M
2019 projection

People in Need by Cluster

- Food Security & Livelihoods: 5.8M
- Health: 4M
- Water, Sanitation & Hygiene (WASH): 3.7M
- Protection (Child protection & GBV): 1.7M
- Education: 1.2M
- Nutrition: 1M
- Shelter: 128K
- Camp Coordination & Management (CCCM): 950

This includes 14.8K refugees in need

Inter-Sectoral Severity of Needs

Inter-Sectoral People in Need (PIN)

The administrative boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Summary of Humanitarian Needs

Since August 2019, the humanitarian situation in Zimbabwe has deteriorated significantly, leaving 6.7 million Zimbabweans across the country—in urban and rural areas—in urgent need of assistance. This includes 1.6 million people facing life-threatening (critical health and wellbeing) needs.

Drought, crop failure, the aftermath of Cyclone Idai and macro-economic challenges have hit the most vulnerable hardest. With annual inflation projected to be at 481 per cent by the end of November 2019, most families are now unable to afford basic foods, such as mealie meal (maize flour) and bread, while health, water and sanitation, and education services have been severely compromised by the crisis. Communities are living with 18-hour rolling power cuts, and crippling energy cost increases have caused the productive sector to contract. With an estimated formal employment rate of just 5.5 per cent, informal work has become the only means of income for millions of Zimbabweans.

The rising pressure households are facing to put food on the table is forcing them to compromise on other essential family needs. With at least 70 per cent of disposable income being spent on food, households are foregoing or compromising on hygiene and WASH standards, health requirements and education. This has often devastating consequences for women and girls, as menstrual hygiene is often deprioritized, exposing women and girls to health risks and compromising their dignity.

Decreasing availability of safe water, sanitation and hygiene, have heightened the risk of communicable disease outbreaks. In rural areas, only 30 per cent of the nearly 55,600 water sources tracked by the rural water information management system (RWIMS), have water and are functional and protected. In urban areas, electricity and chemical supply challenges have led to a significant decrease in piped water supply and many people are relying on unsafe sources. As a result, people—mostly women and girls—are having to travel longer distances to access clean water, exposing them to the risk of violence and taking time away from girls’ education.

The healthcare sector has been severely affected, with regular reports of stockouts of life-saving medicines and commodities, particularly at primary health care facility level. There are also reports of increased morbidity due to drought-related childhood diseases, and women’s reproductive and sexual health is in jeopardy, as secondary health care systems are weakening.

Millions of Zimbabweans have exhausted their coping strategies and household resilience is severely compromised. The crisis is increasingly impacting children’s education and heightening protection risks. There are reports of increasing school drop-out rates—especially among children with disabilities, girls, orphans and vulnerable children—along with an increase in the number of children living on the streets. The stresses being experienced by communities and families are also manifested in an increase in gender-based violence (GBV) and sexual exploitation, including reports of transactional sex and early marriage. Women and girls increasingly resorting to trading sex as a means of providing for the most basic needs of their families.

The humanitarian situation is expected to deteriorate in the months ahead, with the possibility of a poor harvest in 2020. Below-average rainfall is forecasted during the 2019/2020 planting season, while the shortage of foreign currency has hampered the importation of agricultural inputs and caused their cost to spiral beyond the reach of small holder farmers. At the same time, the Government is facing challenges to sustain social safety net programming, including the Food Deficit Mitigation Programme (FDMP) and the Harmonized Cash Transfer Programme (HCTP), heightening the need for urgent humanitarian assistance.

Sectoral Analysis

CAMP COORDINATION & CAMP MANAGEMENT (CCCM)

The 224 Cyclone Idai-affected households (953 individuals) remaining in camps continue to rely on external support to meet their daily basic needs. Inadequate living conditions are exposing them to serious protection and health risks. Camp coordination and camp management (CCCM) activities needs to continue to ensure the dignity of IDPs living in camps. An urgent update of camp infrastructure, shelter support, improved coordination and service delivery are needed for those remaining in the camps and for affected and displaced people who are accommodated in host communities or in makeshift structures. Relocation of IDPs is not feasible in the short term and it is anticipated that IDPs will remain in the camps for the next 6 to 12 months. Due to the fast-approaching rainy season, the Government has asked for support to replace tents by semi-permanent transitional shelter structures, which will include a three-roomed wooden cabin for each household, a cooking shed per 20 households and toilet facilities.
SECTORIAL ANALYSIS

EDUCATION

PEOPLE IN NEED

1.2M

Refugee: 4.8K

The combined effect of the deteriorating macro-economic situation, underfunding of the sector, and climate-induced drought continues to have an adverse impact on the well-being and protection of learners and educators, the quality of teaching and learning in schools, and the overall functioning of the system. As the financial capacity of parents and guardians deteriorates, lack of operational resources in schools is adversely affecting the provision of teaching and learning materials, safe water and sanitation facilities. Meagre teacher salaries are also expected to affect the attendance of teachers. The number of school drop outs -especially among children with disabilities, girls, orphans and vulnerable children- is expected to be higher than the 17 per cent reported in the ZIMVAC of July 2019, due to food insecurity. The school feeding programme continues to face implementation challenges in terms of commodity supply and related transport costs. As such, more grain and relish provisions are urgently required to improve school attendance and ensure that the targeted vulnerable children have a meal during each school day in 2020. Increased support is required to ensure uninterrupted learning in the protective environment of the school.

FOOD SECURITY & LIVELIHOODS

PEOPLE IN NEED

5.8M

Physical & mental Well being: 1.2M
Living Standard: 4.6M
Refugee: 14.8K

The food security cluster is ramping up emergency assistance in Zimbabwe, where drought and economic meltdown have pushed 5.8 million people – nearly half the population – into severe hunger. While there is a massive immediate need to support the most vulnerable over the next six months, the agricultural season outlook is not promising. The predicted ‘normal to below normal’ rainfall for the first part of the 2019/20 rainy season is confirmed, with a late start of the rains countrywide. This is combined with the worsening and volatile macro-economic situation increased agricultural input prices and expected decreased investment into agriculture. As a result, it is likely that assistance will be needed well beyond the traditional lean season to address chronic vulnerability in both rural and urban areas. Economic difficulties, especially the shortage of foreign currency, are hampering the import of agricultural inputs and the high cost of basic inputs has spiraled beyond the reach of small holder farmers. Maize prices continue to rapidly increase and remain well above average for the given time of the year, and bread prices have increased significantly beyond what vulnerable households can afford. It is predicted that Zimbabwe will receive normal to below-normal rainfall for the 2019/20 rainy season, and combined with the continued economic challenges, it is likely that assistance will be needed well beyond the traditional lean season to address chronic vulnerability in both rural and urban areas. Economic difficulties, especially the shortage of foreign currency, are hampering the import of agricultural inputs and the high cost of basic inputs has spiraled beyond the reach of smallholder farmers. Maize prices continue to rapidly increase and remain well above average, and bread prices have increased significantly beyond what vulnerable households can afford.

HEALTH

PEOPLE IN NEED

4M

Physical and mental Well being: 958k
Living Standard: 4M
Refugee: 14.8K

The risk of diarrheal disease outbreaks, including cholera, is rising due to diminished access to clean water and sanitation. Harare is still an epicenter of typhoid fever, with nearly 6,159 cases recorded across the country since the beginning of 2019. Lack of access to health services and essential medicines, including non-communicable disease (NCD) medication, is widespread in Zimbabwe and continues to worsen. The deteriorating economic environment has had a negative impact on the health delivery system, with life-saving medicines and commodities, particularly at primary health care facility level, being affected by stockouts. There are reports of increased morbidity due to drought-related childhood diseases among children under 5-year years of age, and deteriorating referral systems for expectant mothers, as secondary health care systems are weakening. Disease surveillance capacity among health workers is not adequate as most have not been trained in Integrated Disease Surveillance and Response (IDS), resulting in delayed identification and response to disease outbreaks. The capacity of laboratories to detect priority disease conditions is very low due to a shortage of reagents and equipment, and there is a need to build capacity among laboratory scientists to carry out sample testing effectively, especially for drought-induced conditions.
SECTORIAL ANALYSIS

NUTRITION

PEOPLE IN NEED

1M

Physical and mental Well being: 95k
Living Standard: 951K
Refugee: 2.1K

The widespread economic shocks, drought and volatile food prices, have led to over 1.1 million children and women requiring humanitarian nutrition assistance, including 98,000 acutely malnourished children (3.6 per cent of children under age five) who require immediate life-saving nutrition treatment. The continuous sharp increase of food insecurity and hyper-inflation is expected to further negatively impact access to the minimum nutritional diet of the most vulnerable far beyond the traditional lean season (expected to end in March 2020). An anticipated increase in diarrheal diseases (immediate cause of undernutrition) due to deteriorating access to clean water and appropriate sanitation will further worsen children's nutritional status. The nutrition cluster humanitarian response is focusing on the most physiologically and socio-economically vulnerable groups to malnutrition i.e. pregnant and lactating women, children under age five, and people living with human immunodeficiency virus (HIV) in the 56 hardest hit districts and 3 urban and peri-urban areas.

PROTECTION

PEOPLE IN NEED

1.7M

CHILD PROTECTION

1.2M

GENDER-BASED VIOLENCE (GBV)

1.3M

Refugee: 14.8K

CHILD PROTECTION

The economic crisis has exacerbated existing child protection risks in the cyclone- and drought-affected areas. Data from the Victim Friendly System indicates a more than 20 per cent increase in cases in the system, compared to the same period in 2018. This includes a 24 per cent increase in reported child abuse cases and a 20 per cent increase in reported child sexual abuse for 2019. According to the Legal Aid Directorate of Zimbabwe, Quarter 3 of 2019 saw the highest caseload of children in contact with the law needing legal aid. The majority of cases reflect the increasing number of children in street situations trying to survive by committing petty crime. The country’s Civil Court also recorded a 50 per cent increase in claims for child maintenance support submitted to court system, mostly by single mothers. Child placements in residential care have increased by 31 per cent. Children with disabilities are among the groups most severely affected by the economic crisis. Anecdotal information suggests increased child marriages as one of negative family coping mechanisms. The health sector crisis has seriously impacted the availability of key child protection services, including post-rape medical examinations, psychiatric evaluations and age estimation for cases of child survivors, perpetrators and witnesses, resulting in a decrease in prosecution of child sexual abuse cases and downward trend of service seeking behavior. There is also an increase in the number of children living on the streets, who are running away from poverty or neglect at home. Essential drugs in public hospitals are now largely beyond reach, and transport costs are unaffordable, leading to children not accessing or dropping out of rehabilitation services.

GENDER-BASED VIOLENCE (GBV)

The vulnerability of women and girls to gender-based violence (GBV) is heightened in the Zimbabwean multi-hazard humanitarian crisis, where violence and discrimination related to the emergency has also exacerbated pre-existing, persistent, gender and social inequalities, as well as traditional harmful socio-cultural practices. From January to October 2019, 7,971 cases of Sexual violence were reported to health facilities, with only 27.8 per cent of cases reporting within 72 hours. GBV remains largely under-reported due to a number of factors, such as economic dependence on the perpetrator (in 90 per cent of cases intimate partners), fear of stigma and unavailability of economic means to reach multi-sectoral services. Women and girls are disproportionately affected by the protection consequences of climate change and economic hardship. In drought-affected areas, women and girls are forced to walk long distances to collect water, facing an increased risk of sexual violence. Furthermore, the modification of daily routines forces them to spend long hours away from home, generating tensions within the household, and increasing intimate partner violence. Unbalanced power dynamics also exacerbate exposure to sexual exploitation and abuse, as women and girls increasingly resort to trading sex as a means of providing the most basic needs for their families. The use of lobola (bride price) as an alternative income source is a documented practice in the current context, contributing to an increase in early marriage, while in areas where the Apostolic faith is predominant, communities marry girls at younger ages in the misguided belief that they will somehow appease “spirits” causing drought and economic hardship. Women and girls with disabilities are among the most vulnerable and are three times more prone to GBV and harmful practices. The impact of the crisis on the health system also causes decreasing availability of clinical management of rape services, affecting timely access to life-saving support, particularly for those in remote areas. As a result of all of these factors, more than 1,255,000 people –mostly women and girls- are at risk of GBV in 2020.
SHELTER

PEOPLE IN NEED

128k

Shelter needs remain high in Cyclone Idai-affected districts - particularly in Chimanimani, Chipinge, Buhera and Mutare - with 104,270 people still in need of assistance. The majority of IDPs (97 per cent) are residing with host communities, with a small proportion (3 per cent) currently seeking shelter in four established IDPs camps, accommodating 224 households (953 individuals) in Chimanimani. Whilst only 18 per cent of the affected population managed to receive emergency shelter support, there is a critical need to address the gap in order to mitigate the risk of secondary displacement caused by floods and storms due to the fast-approaching rainy season. The construction of emergency and transitional shelter for IDPs in camps and host communities is crucial to restore the dignity of the most vulnerable while durable solutions are found.

WATER, SANITATION & HYGIENE (WASH)

PEOPLE IN NEED

3.7M

Refugee: 14.8k

The drought and economic situation is having severe consequences on drinking water supply and related impacts on adequate water for sanitation and hygiene. In rural areas, of the 55,593 water sources tracked by the rural water information management system (RWIMS), only 30 per cent are with water, functional and protected. According to the ZIMVAC 2019 report, sixteen percent (16 per cent) of households have to travel more than 1 kilometre to fetch water from the nearest primary water source. In Zimbabwe, it is the role of the female members to ensure that the family is fed and that there is sufficient water for the family. In times of scarcity, women and girls travel long distances to fetch water and are exposed to protection issues. Nationally about 83.4 per cent of women bear the responsibility of fetching water for their households. Furthermore, time taken to fetch water may compromise children’s participation in school, particularly for girls. Meanwhile, in urban areas, lack of electricity and water treatment chemical supply challenges have led to a significant decrease in piped water supply leading populations to higher reliance on unsafe sources. This has resulted in major sewer leakages in residential areas and raw sewage being discharged into natural watercourses, which ultimately feed into urban water supply sources; increasing the risk of cholera and typhoid. Water production for Harare had reduced by half in September 2019, compared to the same period last year, resulting in increased reliance on alternative water sources, many of which are unprotected. There has been an increase (beyond normal threshold) of diarrheal disease outbreaks, including typhoid in Harare City. Additionally, national dam storage levels averaged 54.1 per cent as at 23 October 2019, compared to normally average levels of 62.3 per cent at this time of year.

REFUGEE

PEOPLE IN NEED

14.8k

There are 21,328 refugees and asylum seekers in Zimbabwe. This population is disaggregated to 14,782 persons who reside in Tongogara camp located in Manicaland province, and 6,546 Mozambican asylum seekers profiled but not yet biometrically registered living among Zimbabwean host communities in Manicaland province. Displacement from eastern DRC into neighbouring countries is expected to continue and the number of persons of concern continue to increase gradually at an arrival rate of 200 persons per month. All refugees and asylum seekers in Zimbabwe need international protection and multi sectoral life-saving assistance to enable them to live in safety and dignity.