

Multi-hazard Situation Report # 8 Nov 1- Nov 30, 2024

#### **Highlights**

- Zimbabwe is facing one of the worst droughts in 40 years, affecting an estimated 50 per cent of the population (7.6 million people) including 3.5 million children.
- According to the 2024 Zimbabwe Livelihoods Assessment Committee (ZimLAC), the prevalence of child wasting increased from 4.1 per cent in 2023 to 4.9 per cent in 2024.
- On 6 November 2024, Zimbabwe alerted of six cholera cases in Kariba district.
   As of 30 November 2024, a total of 119 cumulative cholera cases were recorded.
- On 13 October 2024, Zimbabwe reported two confirmed cases of Mpox. No new cases have been reported since, and the situation remains under control.
- UNICEF reached 470,378 people with safe water, of which 262,062 are female, 208,281 male and 135 people with disabilities between January and November 2024.

# **Zimbabwe**

Humanitarian Situation Report No.8

unicef for every child

#### **Situation in Numbers**



#### 1,700,000

children in need of humanitarian assistance (HAC 2024)



#### 2,600,000

people in need of humanitarian assistance (HAC 2024)



#### 2.000.000

People to be reached. (HAC 2024)



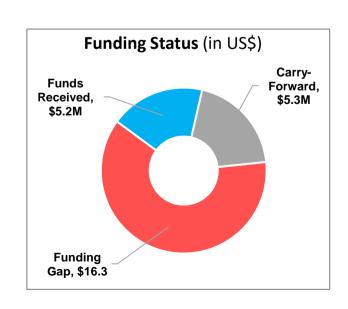
#### 978.611

Children to be reached. (HAC 2024)

UNICEF HAC appeal 2024 US\$ 26.8 Million

## **UNICEF's Response and Funding Status**

Nutriti on	SAM Admission	38%
ž	Funding status	32%
aft.	Access to health services	98%
Ě	Funding status	47%
WASH Health	People with safe water	100%
×	Funding status	72%
r te d	Child protection services	94%
HIV/AI Educat Protec DS ion tion	Funding status	38%
icat n	Children in school	100%
Edu ö	Funding status	5%
ĕω	PLWHIV receiving ART	51%
≟□	Funding status	11%
SBC	Life saving messages	100%
SE	Funding status	66%



#### **Funding Overview and Partnerships**

To respond to the humanitarian needs in Zimbabwe, UNICEF is appealing for US\$26.8 million in 2024¹, to address the urgent needs of affected populations. The country is facing multiple crises, including the El Niño induced drought, protracted cholera outbreak, polio outbreak, economic crisis, as well as the risk of an Mpox outbreak. The funding will enable UNICEF to provide critical humanitarian assistance to 2 million people including 978,611 children in the most affected areas. So far, UNICEF Zimbabwe has received a total of US\$10.5 million (39 per cent of the total funding requirement) from various donors. These include the European Civil Protection and Humanitarian Aid Operations (ECHO), the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) Central Emergency Response Fund (CERF), the Government of Japan, Centers for Disease Control and Prevention (CDC) and UNICEF Global Humanitarian Thematic Funds. Funding has also been received through the Health Resilience Fund (HRF) funded by the European Union, the Governments of Ireland, the United Kingdom, and Gavi, the Vaccine Alliance. Additionally, private sector partners such as Alliance Media and JCDecaux have provided valuable in-kind support through digital billboard space for critical messaging, while Universal Postal Services (UPS) have provided essential cash-in-kind logistics support for essential commodities including intravenous fluids, infusion sets and oral rehydration salts.

#### Situation Overview and Humanitarian Needs

Zimbabwe faces a complex humanitarian crisis, driven by climate related El Niño drought, economic instability, and public health emergencies, including cholera and polio outbreaks. The country is facing one of the worst droughts in 40 years, affecting an estimated 50 per cent of the population (7.6 million people) including 3.5 million children. Out of the 7.6 million people, 5.9 million are in rural areas and 1.7 million in urban areas, and the drought's impact will be most severe during the peak hunger period of January to March 2025 (ZimLAC Report, 2024). The projected food-insecure population during the 2025 peak hunger period, is expected to double compared to the food-insecure population during 2024 peak hunger period up from 4.1 million people in 2024 to 7.6 million people in 2025 (ZimLAC 2023 and 2024).

The 2024 ZimLAC Rural report results show an increase in child wasting from 4.1 per cent to 4.9 per cent between 2023 and 2024. Proportion of households accessing basic water services decreased from 60 per cent to 52 per cent, social assistance from 74 per cent to 48 per cent, and household monthly income from US\$116 to US\$88 compared to 2023. Additionally, households adopting negative coping strategies increased from 39 per cent in 2023 to 53 per cent in 2024, the highest level recorded in the last five years; 22.3 per cent of school-age children are out of school while drug and substance abuse is reported to be at 57.6 per cent and is one of the major challenges affecting youths.<sup>2</sup>

Similarly, the 2024 ZimLAC Urban findings revealed an increase in child wasting from 3 per cent to 5.6 per cent between 2023 and 2024 respectively, indicating a deteriorating nutrition situation. In addition, 6.1 per cent of children (4-19 years) were receiving hot meals at school nationwide, 50.3 per cent of urban households had access to limited sanitation services and 3.3 per cent of the households still practice open defecation.<sup>3</sup> Furthermore, the 2023-2024 El Niño induced drought resulted in massive crop failure and depletion of water resources and pastures in Zimbabwe. The El Niño induced drought compounded humanitarian consequences on food security, nutrition, health, water sanitation and hygiene (WASH), education, social protection, shelter, agriculture, energy, infrastructure, and cross-cutting issues including gender inequality and child rights violation.

The impacts of the El Niño drought will continue to worsen up to early 2025, leading to increased moderate and life-threatening severe malnutrition, disease outbreaks, and health issues among children. Furthermore, food insecurity exacerbates poverty, vulnerability and risks of school dropouts, gender-based violence, and exploitation of children.

<sup>&</sup>lt;sup>1</sup> Zimbabwe Appeal | UNICEF

<sup>&</sup>lt;sup>2</sup> ZimLAC-2024\_Rural\_Livelihoods-Assessment-Technical-Report-2024

<sup>&</sup>lt;sup>3</sup> ZimLAC-2024\_Urban-Livelihoods-Assessment-Technical-Report.pdf.pdf (unicef.org)

As a result of the evolving humanitarian needs related to El Niño, UNICEF Zimbabwe's multisectoral El Niño response plan requires a total funding of US\$84.9 million, targeting 1.34 million people (866,072 children), for humanitarian response focusing on strengthening integrated lifesaving services in Health, Nutrition, Water and Sanitation, Child Protection, Education, and Social Protection. So far, a total of US\$4 million (5 per cent) has been received from the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) Central Emergency Response Fund (CERF) and UNICEF Global Humanitarian Thematic Funds (GHTF).<sup>4</sup>

In October 2024, two confirmed Mpox cases were notified in Zimbabwe. The index case was an 11-year-old boy from Mberengwa District, Midlands Province that had a history of travel to South Africa, with the second case being a 24-year-old male from Harare with a history of travel to Tanzania. The national Mpox incident management system was activated, and an incident manager was appointed. As of 30 November 2024, a total of 123 cumulative samples for Mpox testing had been collected from across all ten provinces of the country. These samples were collected from Mpox alerts and symptomatic contacts of confirmed cases and were tested at the designated National Microbiology Reference Laboratory (NMRL). Following the initial two confirmed cases, no additional Mpox-positive cases were detected.

In November 2024, Zimbabwe started recording sporadic cholera cases in various districts across the country. As of 30 November 2024, a total of 119 cumulative cholera cases and one community death was recorded. The affected districts include Chipinge, Chiredzi, Beitbridge, Kadoma and the worst affected Kariba district which contributed to more than 85 per cent of the cumulative cases recorded in the country with many of the cases reported among fishing community. UNICEF continues to support the Government of Zimbabwe to respond to the resurging cholera cases and to conduct Mpox surveillance, focusing on points of entry, as well as risk communication and community engagement (RCCE) activities.

Following the official seasonal statements issued by the Southern Africa Regional and National Climate Outlook forums for the 2024-2025 rainfall season, there are increased chances of normal to below-normal rainfall in October to December 2024 and above-normal rainfall in January to March 2025 in Zimbabwe. In response to these forecasts, the UN agencies have developed a Humanitarian Country Team (HCT) contingency plan aimed at supporting the Government of Zimbabwe to enhance the country's preparedness for the anticipated weather events and minimize the impact on high-risk communities. UNICEF provided technical inputs for Education, WASH, Nutrition clusters and Child Protection sub-cluster.

As of November 2024, Zimbabwe recorded 32 confirmed circulating vaccine-derived poliovirus type 2 (cVDPV2) from environmental surveillance sites and one human case. The Government of Zimbabwe launched a third round of nOPV2 polio campaign which achieved 108.2 per cent cumulative coverage out of the targeted 4.2 million children under 10 years old.

### Summary Analysis of Programme Response



#### Health

UNICEF continues to provide technical, financial and in-kind support to the Ministry of Health and Childcare (MoHCC) for the prevention, preparedness, and response to public health emergencies, including vaccine-preventable diseases (VPDs) in collaboration with the World Health Organization and other health partners.

In response to resurgence of cholera cases, UNICEF provided support for capacity building of frontline workers on case management, surveillance and infection, prevention, and control (IPC). UNICEF also provided cholera commodities including cholera beds, ORS and PPE. Additionally, the MoHCC with technical and financial support from UNICEF and other partners, initiated a targeted oral cholera vaccination (OCV) campaign. The campaign successfully reached 2,553 individuals, achieving 102 per cent coverage of the total target population of 2,608.

<sup>&</sup>lt;sup>4</sup> Response to El Nino emergency in Zimbabwe | UNICEF Zimbabwe

During the reporting period, UNICEF and partners supported the MoHCC in conducting the nOPV2 vaccine campaigns targeting approximately 4.2 million children under the age of 10 in round 3 in November 2024, targeting 4,417,926 children and reaching 4,694,405 (108.2 per cent coverage). Additionally, UNICEF provided technical support for routine immunization (RI) vaccine distribution planning, including updates on routine immunization (RI) stock status and a comprehensive inventory of cold chain equipment. These efforts aim to strengthen routine immunization programming through the Expanded Programme on Immunization (EPI), as part of the overall strategy for prevention and preparedness measures for vaccine-preventable diseases.

UNICEF together with WHO and other partners gave technical support to the MoHCC to develop a three-month Mpox incident management plan. UNICEF, through funding available for cholera preparedness and response, integrated Mpox into the cholera capacity building interventions for facility based and community health workers, targeting five provinces and ports of entry. By the end of November, a total of 675 (389 female 286 male) facility-based staff being trained in Mashonaland West Province in surveillance, case management, and Infection Prevention and Control (IPC) of public health emergencies which include cholera and Mpox.

Between January and November 2024, a cumulative total of 373,927 children (186,223 girls and 187,484 boys) out of an annual target of 510,704 received the first dose of the measles-rubella vaccine. Furthermore, approximately 2.2 million people (1.6 million females and 651,037 males) accessed essential primary health care services in UNICEF-supported facilities.



#### **Nutrition**

UNICEF, in collaboration with the MoHCC continued to hold monthly coordination meetings for the nutrition sector. During the November monthly meeting, data for the 2024 Cluster Coordination Performance Monitoring (CCPM) was collected. This country-led self-assessment exercise, guided by the Global Nutrition Cluster, allows country clusters/sectors to evaluate their performance against six core cluster functions and their accountability to affected populations. The results of this assessment are expected in December 2024. Additionally, UNICEF convened a meeting with WFP to explore opportunities for integrating social protection interventions under the WFP Lean Season Assistance programme with nutrition initiatives, such as Care Groups and mid upper arm circumference (MUAC) screening for children under the age of five. Furthermore, UNICEF has maintained weekly update meetings with partners to monitor implementation progress and tackle any challenges, to strengthen nutrition emergency programming.

Efforts to strengthen the integration of nutrition into Mpox and cholera responses are ongoing. Training materials include modules on breastfeeding protection and screening for child wasting, aimed at supporting provincial and district-level preparedness and effective response. Intensified MUAC screening for wasting among children aged 6-59 months is underway in all 29 high-priority districts. Surveillance data from 25 districts reveals a low proxy Global Acute Malnutrition (GAM) prevalence. However, a steady increase in GAM prevalence is observed in some districts, particularly those without scaled-up drought response efforts. This demonstrates the need for continued monitoring and enhanced intervention in affected areas to mitigate further deterioration.

As of November 2024, more than 2.6 million children aged between 6-59 months were screened with MUAC for wasting and 12,746 children 6-59 months (7,052 girls and 5694 boys) were referred and treated for wasting (District Health Information System, DHIS2), against the annual target of 848,093 and 18,378 respectively. Additionally, 1,471,162 children (759,936 girls and 711 226 boys) aged 6-59 months were reached with Vitamin A Supplementation (VAS) at health facilities and community-level platforms out of the targeted 961,171. Furthermore, 872 466 primary caregivers of children aged 0-23 months received infant and young child feeding counselling (IYCF) services (out of the annual target of 380,195).



# HIV/AIDS and Adolescent Development and Participation

UNICEF in collaboration with the Government continues to monitor access to health services for vulnerable populations, including children, adolescents, and pregnant and lactating women living with HIV in districts affected and at risk of diarrhoeal diseases and food insecurity due to El Niño induced drought. A total of 16,270 pregnant and lactating women and 15,168 children aged 0 to 14 years, living with HIV (8,030 girls and 7,138 boys), out of an annual target of 30,000 are continuing ART as of 30 November 2024, 2024, in the UNICEF targeted districts.

Following the detection of Mpox in neighbouring countries and confirmation of two Mpox cases in Zimbabwe on 13 October 2024, a U-Report poll was conducted to gauge awareness levels among adolescents and youth. The results highlighted a significant knowledge gap regarding Mpox among adolescents and young people, with 52 per cent of respondents lacking knowledge of Mpox. The findings underscored the need for targeted awareness campaigns to educate this demographic group about Mpox and address the various misconceptions about the disease.



### Water, Sanitation and Hygiene (WASH)

To ensure the effectiveness and efficiency of WASH interventions in the El Niño drought response and Mpox preparedness and cholera response, UNICEF continues to support the WASH sector coordination and information management systems through WASH cluster. A joint dashboard to track and monitor the status of water supply infrastructure in rural areas was developed by UNICEF and, the Rural Infrastructure Development Agency (RIDA).

As of November 2024, UNICEF and its implementing partners reached 470,478 people out of an annual target of 258,277 with safe water through provision of household water treatment chemicals, inline chlorination of existing boreholes and rehabilitation of handpumps. This comprised of 262,062 females and 208,281 males including 135 people with disabilities. Additionally, UNICEF resuscitated water point committees to support the operation and maintenance of water systems and risk-informed planning by developing drinking water safety and security plans (DWSSP) and environmental and social safeguarding (ESS) approaches to water programming.

In response to the resurgence of cholera cases UNICEF and partners distributed hygiene kits comprising of soap, buckets, jerry cans and information, education and communication (IEC) to 942 vulnerable families in Kariba to enable improved hygiene practices, safe water chain management and handwashing at critical times in the households. UNICEF continues to support water quality monitoring activities in high-risk areas by supplying essential water quality monitoring consumables, materials for bacteriology analysis and logistical support in Kariba and Chiredzi districts.



### **Child Protection**

UNICEF continues to support the Government and other partners in coordinating Child Protection in Emergencies (CPiE) interventions. A National Child Protection Steering Committee meeting was held to address the rising challenges of children living and working on the streets, driven by family separation, economic hardships, drought, and migration. UNICEF as subcluster lead participated in the government led national multi-hazard contingency planning workshop held in October and provided technical inputs for the subsector. Additionally, the Child Protection Working Group held weekly virtual meetings to get briefs and prepare for a rapid assessment on the impact of El Niño for child protection. Furthermore, UNICEF finalized district specific plans and provided financial support for strengthening Child Protection Coordination and Case Management for 10 districts namely Beitbridge, Binga, Buhera, Bulawayo, Bulilima, Chiredzi, Harare, Mbire, Mutasa, and Zvishavane. The districts will implement the activities with support of social workers placed at community level to provide daily supervision to Childcare Workers (CCWs) and strengthen child protection work at community level. This move strengthens resilience building of community structures such as CCWs who will receive refresher training in expanded roles to manage emerging child protection issues exacerbated by multi-hazards.

As of November 2024, a total of 873 stakeholders (506 females and 397 males) were trained in the early identification and referral of at-risk children, the provision of psychological first aid incorporating child safeguarding principles, and disability awareness. This training has equipped both professional and nonprofessional social services workforce with essential knowledge and skills to safeguard children during emergencies. As a result, a total of 2,070 children (1,221 girls and 849 boys) benefited from individual case management provided by social workers and CCWs.

A total of 65,838 children and care caregivers (41,323 females and 24,512 males including 23 people with disabilities), out of target 120,809 who experienced sexual, physical, emotional abuse and neglect, received community and school based mental health and psychosocial support (MHPSS). This included group counselling sessions to improve emotional resilience skills for coping with discrimination and stigmatization encountered in their communities.

UNICEF's support enhanced access to quality and comprehensive services for gender-based violence (GBV) and violence against children (VAC). Survivors reported experiencing economic and physical abuse, largely driven by the financial strains caused by the El Niño-induced drought, which has increased household conflicts. A total of 13,226 women and children (including 30 with disabilities) out of a target of 60,000 received GBV risk mitigation, prevention, and response services at one-stop centres. UNICEF reached a total of 7,183 women and children's survivors of GBV and VAC with response services. Community based parenting and child rearing interventions reached a total of 11,060 parents and caregivers on how to protect, prevent and respond to child marriage. Additionally, a total of 10,116 girls were reached with information on how to address child marriage and where to access protection services.

#### **PSEA** and Gender

UNICEF continued to ensure that its emergency preparedness and response efforts across programme sectors are gender-sensitive, particularly tracking how girls, boys, men, and women are affected differently. The sex and age disaggregation of emergency programming data revealed greater participation by women and girls, emphasizing the need for tailored approaches to increase male engagement.

Furthermore, in collaboration with the Ministry of Primary and Secondary Education (MoPSE), UNICEF used insights from a gender barrier analysis and an immunization study conducted with the Ministry of Health to inform emergency preparedness and response. This ensured targeted messaging on Mpox, gender-based violence (GBV), and protection from sexual exploitation and abuse (PSEA), particularly reaching adolescent mothers, who were identified as having gaps in health-related knowledge.

UNICEF also adopted a strategic approach of working closely with traditional leaders on community sensitization efforts on El Niño, Mpox, and GBV. Given their respected status within communities, these cultural custodians facilitated better uptake of sensitization messages, as communities found their guidance relatable and credible.



As co-lead of the Education Cluster, UNICEF, in collaboration with MoPSE and partners, prioritized uninterrupted learning for children in crisis-affected areas. The cluster meeting, co-chaired by MoPSE's Permanent Secretary, focused on preparedness for natural hazards, particularly flooding, as forecasts indicate a normal to above-normal rainfall season for Zimbabwe in the first quarter of 2025.

Following resurgence of cholera cases in Zimbabwe, a cluster meeting in collaboration with the Health Cluster was conducted to discuss cholera response, highlighting risks to the Education Sector. UNICEF supported two affected schools in Kariba district with WASH hygiene materials and adapted IEC materials for schools.

UNICEF in collaboration with MoPSE supported 36,724 children (18,663 girls; and18,061 boys), out of a target of 34,924 in 123 schools, with school feeding programmes in Mangwe, Mudzi, Makoni, Binga and Rushinga districts. The supplementary food for learners aims to achieve positive outcomes such as improved school attendance rates and enhanced academic performance, addressing food insecurity caused by the El Niño-induced drought and economic challenges. Planning for monitoring of the school feeding programme implementation together with MoPSE was finalized in September. Following recirculation of the 5W matrix to partners, updated data has been collected on the school feeding programme as part of the drought response interventions in education. Additionally, 535,077 children (268,101 girls and 266,976 boys) are accessing formal and non-formal education including early learning through UNICEF's support.

In response to increased emergency risks in Zimbabwe, UNICEF supported training on Disaster Risk Management and Reduction (DRMR) targeting 53 school heads (12 females; 41 males) in Mbire and Marondera districts. The Marondera training was part of Zimbabwe's commemoration of the International Day of Disaster Risk Reduction celebrated on 11 October 2024, under the theme "Empower the Next Generation for a Resilient Future." The theme emphasized the role of education in building disaster resilience among children and youth. Additionally, preliminary work on developing a

climate education manual for infant-level teachers were finalized in close collaboration with MoPSE in September and the actual manual development workshop was conducted in October with participation of subject experts from MoPSE. Ministry of Environment, Wildlife and Climate (MEWC), University of Zimbabwe and Teacher Training Colleges. The participants were able to develop a comprehensive manual on climate education for infant level teachers which was later validated by the curriculum experts of MoPSE.



# Social Protection

The Emergency Social Cash Transfer Programme (ESCT) supported a cumulative total of 19,489 households out of a target of 21,600 across six districts (Mudzi, Mangwe, Binga, Rushinga, Karoi, and Makoni). Following completion of the ESCT programme, UNICEF collaborated with Goal, World Vision International, and the Ministry of Public Service, Labour, and Social Welfare (MoPLSW) to ensure that all eligible beneficiaries were covered. This included a mop up payment exercise where 179 households collected their payments, achieving a 90 per cent redemption rate from a target of 199 households. Additionally, 773 households in Karoi district redeemed their one-off payment, achieving a 98 per cent redemption rate from a target of 789 households.

Overall, the ESCT programme reached over 19,489 households, 115,774 household members, including 65,917 children, resulting in improved food security and resilience among targeted households, preventing families from resorting to negative coping strategies. The primary goal of the ESCT was to enhance household food security, dietary diversity, and educational outcomes. In addition to cash transfers, the programme integrated complementary interventions such as nutrition support, child protection, and school feeding programmes. An end-of-project evaluation will be conducted to assess the impact of the ESCT programme on improving food security among vulnerable households.

The last mop up ESCT payment was completed in September 2024. In December and in 2025, UNICEF will focus on supporting the Government in strengthening its social protection system. Specifically, this will involve supporting the MoPLSW in enhancing coordination of the Cash Working Group and preparing national Shock Responsive Social Protection Guidelines. These guidelines will help orient cash interventions by humanitarian actors during the lean season (2025-2026).



## Social Behaviour Change (SBC), Community Engagement, and Accountability to Affected Populations (AAP)

UNICEF continues to provide technical guidance to the MoHCC and partners on implementing various strategies, including the RCCE cholera response and Mpox strategies, polio social mobilization, and the El Niño-induced drought RCCE strategy. During the reporting period, 45,000 people (30,000 females and 15,000 males) were reached with lifesaving messages on nutrition, cholera, Mpox, safe water, sanitation, hygiene practices, and protection through mass media, digital channels, and community platforms. Additionally, 1,220 people shared their feedback on the El Niño induced drought response and 624 adolescents and young people aged between 14-24 years shared feedback on Mpox through the U-Report platform. Overall, UNICEF reached 6.57 million people with lifesaving messages and 1.45 million people out of the targeted 2 million accessed accountability mechanisms.

In November, UNICEF, in collaboration with Nutrition Action Zimbabwe and World Vision International, finalized the development of El Niño response and SBC package with key messages on the four priority behaviours; exclusive breastfeeding, screening and seeking treatment for malnutrition, Dietary diversity and inclusion of micro-nutrient powders and growing/producing variety of foods (climate-resilient crops) for household food consumption.

Following a cholera outbreak in Kariba, Chiredzi and Harare, UNICEF distributed cholera alert and hygiene promotion messaging in the affected communities through radio, door to door outreach, community, and school-based platforms. Risk Communication and Community Engagement activities conducted in the three districts reached 15,000 people (10,000 women and 5,000 men). Drinking contaminated water was identified as the main driver of cholera in affected informal settlements, which lack sanitation facilities. Feedback shared by 100 people from the three districts highlight the need for government to prioritize safe water and sanitation services in the affected communities.

UNICEF partnered with Youth Advocates to conduct a mixed methods Mpox Rapid Qualitative Assessment to 1) understand community barriers and drivers of the mpox outbreak at the sub-district level, and 2) to assess health-seeking behaviours and referrals. The findings informed development of the national Mpox RCCE strategy. Consequently, to date, UNICEF supported HCD workshop with district RCCE committees, community dialogues, broadcasted skits and produced and distributed IEC materials.

Ministry of Health and Childcare (MoHCC), in collaboration with UNICEF, and partners launched the third nationwide polio vaccination campaign using the novel OPV type two (nOPV2) vaccine. UNICEF provided technical leadership in the rolling out of large-scale multi-channel and multi-platform communication and community engagement activities to ensure parents are fully informed and motivated to have their children vaccinated. The social mobilization campaigns included the use of mass media and inter-personal communication through community and religious leaders, social workers and health care workers. UNICEF supported various national and provincial trainings as well as designing, printing and distribution of all data collection materials (summary and tally sheets) and SBC resources required for a successful campaign. The country achieved 108.2 per cent cumulative coverages (out of the targeted 4.2 million children under 10 years old) during the third round of polio campaign.

#### **Human Interest Stories and External Media**

During the reporting period UNICEF Zimbabwe posted on its website and social media platforms stories on <u>water, sanitation and hygiene, child protection</u>, <u>education</u>, <u>nutrition</u> and <u>health</u>. To highlight the impact of water scarcity on the well-being of children and communities, UNICEF Zimbabwe launched an advocacy campaign on its website and social media and through media: <u>Safe Water 4 All = Resilient Communities & Healthy Children</u>. The campaign – which was launched in mid-September- included a <u>media briefing for national media</u> and a media field visit to Midlands Province. Meanwhile, UNICEF Zimbabwe continued to post preventive messages on cholera and mpox on its social media platforms, including <u>X</u>.

More stories can be found on UNICEF's website and social media channels:

UNICEF Zimbabwe stories: <a href="https://www.unicef.org/zimbabwe/stories">https://www.unicef.org/zimbabwe/stories</a>

U-Report link: <a href="https://x.com/ureportzim/status/1766406494872834236?s=46&t=oBsX9AbViJ-JX6p7XGMDIQ">https://x.com/ureportzim/status/1766406494872834236?s=46&t=oBsX9AbViJ-JX6p7XGMDIQ</a>

UNICEF Zimbabwe Humanitarian Action for Children Appeal: <a href="www.unicef.org/appeals/zimbabwe">www.unicef.org/appeals/zimbabwe</a>

UNICEF Zimbabwe Social Media: Facebook, X, LinkedIn

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Annex A

### **Funding Status**

	Requirements for 2024		Funds Available	Funding Gap		
Sector		Received Current Year	Carry Over	Total Available	\$	%
Nutrition	5,000,000	1,434,145	179,239	1,613,384	3,386,616	68%
Health	4,700,000	572,686	1,627,232	2,199,919	2,500,081	53%
WASH	6,065,000	2,442,517	1,993,477	4,435,994	1,629,006	27%
Child Protection	2,500,000	114,212	847,712	961,924	1,538,076	62%
Education	2,487,428	69,751	53,287	123,038	2,364,390	95%
HIV & AIDS	350,000	10,501	26,968	37,469	312,531	89%
Social Protection	4,014,572	26,251	10,000	36,251	3,978,321	99%
Cross-Sectoral (SBC, RCCE, AAP activities	1,650,000	547,932	546,260	1,094,192	555,880	34%
Total	26,767,000	5,217,995.00	5,284,175	10,502,171	16,264,829	61%

<sup>\*</sup>Funds received for Humanitarian Emergency Cash Transfer support are under Other Regular Resources (ORR).

**Annex B**Programme Results

	UNICEF and IPs					
Sector	2024 Total results		Change since last report		Progress	
		Nover	nber	<b>▲ V</b> -	-	
Health						
# of children aged 6 to 59		Female	186,443			
months vaccinated against measles	510,704	Male	187,484	41,805	<b>A</b>	73
against measies		Total	373,927			
# of children and women		Female	1,601,682			4000/
accessing primary health care in UNICEF-supported facilities	1,772,979	Male	651,037	298,994	<b>A</b>	>100%
		Total	2,252,719			
Nutrition		Cirlo	7.050	7,336		
# of children aged 6 to 59		Girls	7,052	7,330		
months with severe acute malnutrition admitted for	18,375	Boys	5,694		<b>A</b>	
treatment	10,070	Total	12,746			68%
		Girls	1,425,635	271,086		
# of children aged 6-59 months screened for wasting	848,093	Boys	1,232,683		<b>A</b>	>100%
Solderica for washing	040,000	Total	2,658,318			
# of primary caregivers of	380,195	Girls		98,335		
children aged 0 to 23 months		Boys			<b>A</b>	>100%
receiving infant and young child feeding counselling		Total	872,466			
# of children aged 6-59 months		Girls	759,936	18,049	<b>A</b>	
receiving Vitamin A	961,171	Boys	711,226			>100%
supplementation	501,171	Total	1,471,162			
HIV/AIDS						
# of pregnant and lactating		Female	24,300			
women living with HIV receiving	30,000	Male	7,138	-	_	>100%
antiretroviral therapy	,	Total	31,438			
WASH						
# of moonly a second		Female	262,062			
# of people accessing a sufficient quantity of safe water		Male	208,281	3,768		>100%
for drinking and domestic needs	258,227	PLWD*	135	3,7 00		
		Total	470,378			
		Female	223,973			
# of people reached with critical	40.450	Male	254,462	-	-	>100%
WASH supplies	48,150	PLWD*	135			
		Total	478,570			
Child Protection/PSEA/GBV						
# of children and caregivers	ial 120,089	Female	41,313	5 203		
accessing community-based		Male	24,502		203	55%
mental health and psychosocial support		PLWD	23	5 2 5 3		33,3
Зарроп		Total	65,838			
# of women, girls and boys	00.000	Female	13196	922	<b>A</b>	22%
accessing gender-based	60,000	Male	-	922		

	UNICEF and IPs					
Sector	2024 Total results		esults	Change since last report  ▲ ▼—		Progress
		November				
violence risk mitigation,		PLWD	30			
prevention or responses interventions		Total	13,226			
# of unaccompanied and		Female	676	186	•	
separated children accessing		Male	285			64%
family-based care or a suitable	20,000	PLWD	-			04 /6
alternative		Total	961			
# of people who have access to		Female	40,320			
a safe and accessible channel to report sexual exploitation and		Male	24,051	1 518	•	8%
abuse by aid	800,000	PLWD	-			070
workers		Total	64,371			
Education						
# of children accessing formal		Girls	268,101		_	
or non-formal education	202,727	Boys	266,976	-		>100%
including early learning		Total	535,077			
Social Protection						
# of households reached with UNICEF funded multi-purpose humanitarian cash transfers	21,600	Total	19,491	-	_	90%
SBC						
# of people reached with	5,000,000	Female	3,350,878	55,000		
messages on prevention and		Male	3,176,890		<b>A</b>	>100%
access to services		Total	6,527,768			
# of people with access to		Female	725,821	1,120		
established accountability	500,000	Male	666,616		<b>A</b>	>100%
mechanisms		Total	1,392,437			

<sup>\*</sup>The indicator for HIV/AIDS includes children living with HIV aged 0-14 years