UNICEF ZIMBABWE

Consolidated Emergency Report 2016

Submitted in March 2017

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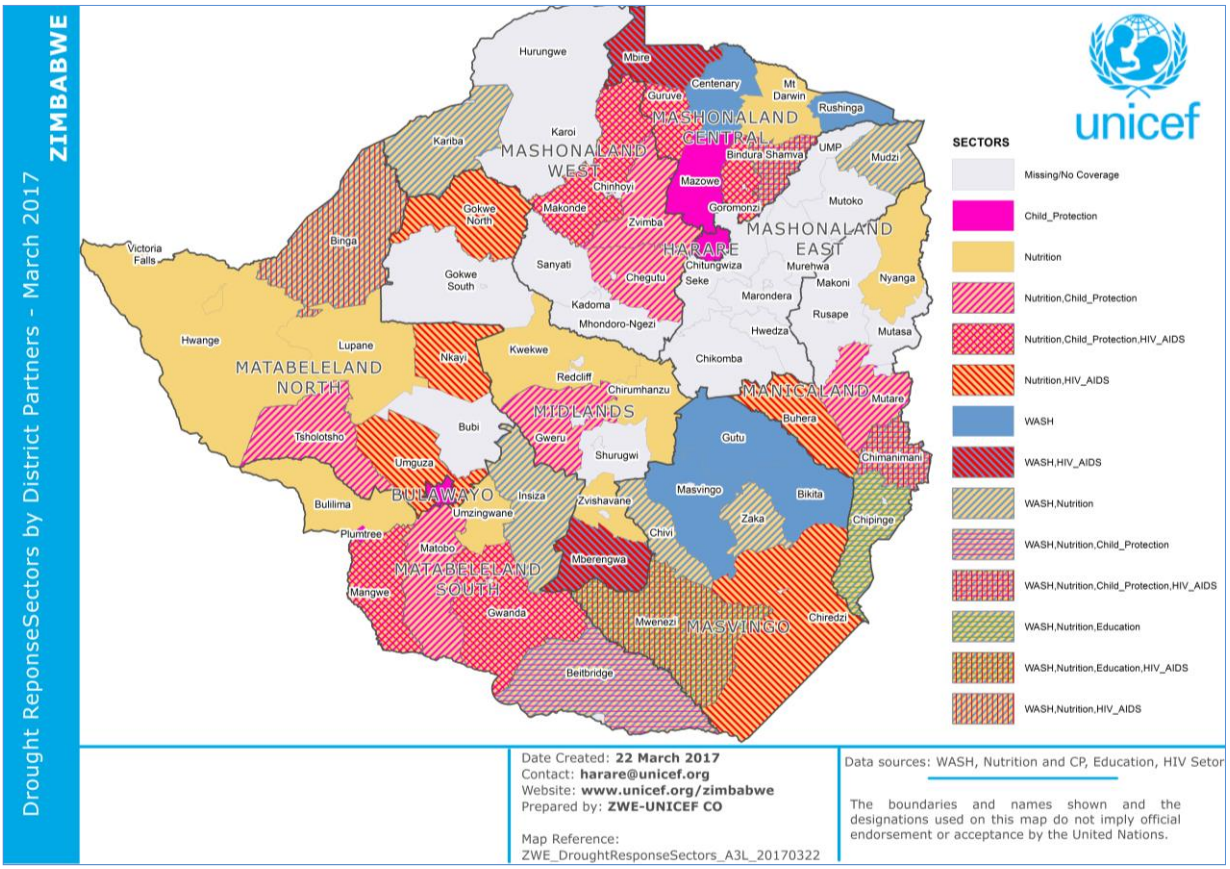
Cover Photo: *UNICEF Zimbabwe/2016*

Caption: *A mother plays with her baby during a screening exercise for malnourished children in Buhera Zimbabwe.*

Map of Zimbabwe



1.0 Executive Summary

UNICEF's humanitarian response to the humanitarian crises arising from the El Nino induced drought in 2016, was implemented in line with the Humanitarian Action for Children (HAC), the Convention on the Rights of the Child (CRC) and UNICEF's Core Commitments for Children (CCC). In line with the Humanitarian Action for Children (HAC and the inter-agency appeal, UNICEF worked with the Government of Zimbabwe (GoZ), UN Agencies and NGOs to provide access to critical and life-saving health and nutrition, WASH, education, child protection, social protection and HIV/AIDS services. As defined by the projects under the revised inter-agency humanitarian response plan and UNICEF's response plan, UNICEF implemented slow onset emergency programmes in high-risk food and nutrition insecure districts and responded to rapid onset emergencies, mainly diarrhoeal disease outbreaks.

The implementation of the humanitarian programme in 2016 was informed by results of the ZimVAC assessments of July 2015, February and July 2016 which showed a deteriorating food and nutrition insecurity situation of women and children. UNICEF Zimbabwe and its Partners supported the Government to respond to nutrition needs of children and pregnant and lactating women in 20 priority districts. In response to rising levels of severe acute malnutrition (SAM), a total of 6,974 children aged 6-59 months received SAM treatment in the 20 priority districts. Support was also provided to the Ministry of Health and Child Care (MoHCC) to strengthen HIV testing of children admitted into the CMAM programme.

The drought's effect on water resources was severe and required urgent attention to avert disease outbreaks. UNICEF Zimbabwe used available humanitarian funding to provide 144,707 people affected by drought with access to safe water through the drilling of 2 boreholes, rehabilitation of 6 piped water schemes and rehabilitation of 341 boreholes. Additionally a total of 227,103 people were reached with hygiene promotion messages.

To mitigate the impact of the drought on school attendance, the Government of Zimbabwe embarked on a school feeding programme for ECD classes. UNICEF Zimbabwe and the World Food Programme (WFP) provided technical and programmatic support to the Emergency school feeding programme and the sustainable home-grown school feeding programme. The social cash transfer and case management system was the basis for building protective systems for women and children affected by emergencies. During the period January to December, 2016, UNICEF and partners reached a total of 44,958 with critical child protection services. A total of 13,881 labour constrained and food poor households (HH) in 9 districts benefited from the cash transfer programme. Children, adolescents and pregnant and lactating mothers on antiretroviral treatment (ART) were supported through advocacy for an HIV sensitive supplementary feeding programme and improved care and treatment. Communication for Development interventions were mainstreamed in all sectors specifically focusing on the provision of technical assistance to Government and NGO counterparts, formative research and the development of Information, Education and Communication (IEC) materials.

The humanitarian funds greatly assisted in promoting a multi-sectoral, timely and effective humanitarian response. The response was implemented in complementarity with ongoing development programmes in an effort to enhance sustainability and link humanitarian interventions with recovery and resilience building programmes.

UNICEF would like to thank all the donors who contributed to the achievements outlined in this report. UNICEF looks forward to continued partnerships 2017 with the aim to achieve even better results for the women and children of Zimbabwe in line with the Southern Africa El Niño/La Niña HAC for 2017.

2.0 Humanitarian Context

Zimbabwe is currently at the peak of a severe drought resulting from below average rainfall in two consecutive seasons (2014/2015 and 2015/2016). The El Niño weather phenomenon of 2015-2016, one of the strongest in the last 35 years, negatively impacted the 2015 – 2016 agricultural season resulting in a protracted food and nutrition insecurity situation. This diminished labour opportunities in agriculture and related industries, further eroding income, rendering food prohibitively expensive among poorer households and promoting negative coping strategies. The limited livelihood options, unfavourable geo-political environment and poor food production further exacerbated the situation.

In response to the dire food and nutrition security situation, the Government of Zimbabwe declared a state of Drought Disaster on the 4th of February 2016 as the rapid ZimVAC assessment revealed that the number of food insecure people had almost doubled from 1.5 million in July 2015 to 2.8 million in February 2016. The situation worsened in July 2016 with Zimbabwe's food insecure population being projected to be 4.1 million people. This translates to 42% of the rural population (including children) at the peak of the hunger season (January to March 2017). The projection represented an increase of approximately 1.3 million people compared to February 2016 estimates by the Zimbabwe Vulnerability

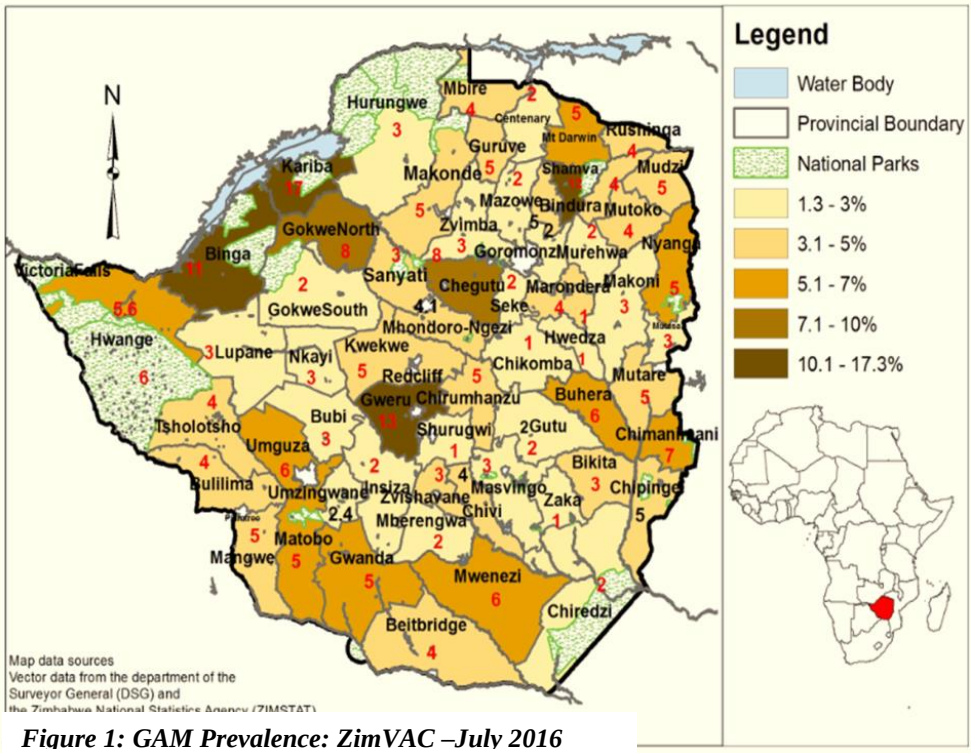


Figure 1: GAM Prevalence: ZimVAC –July 2016

Assessment Committee. The effects of El Niño will be felt among women, children and men in the sub-region for years to come as estimates indicate that it will take approximately two years for communities to recover from the effects of El Niño, even if agricultural conditions improve in the next season.

The Zimbabwe Vulnerability Assessment Committee (ZimVAC) assessment from July 2016 reported deterioration in the nutritional status of children. The Global Acute Malnutrition (GAM) rate ranged from 5% to 17% in the top 20 selected Districts (As shown in figure 1 above). Average national acute malnutrition levels increased from 3.3% (ZIMVAC, 2015) to 5.7% (ZIMVAC February, 2016) and 4.8% (ZIMVAC, July 2016). The slight improvement in the national GAM rate between February and June assessments was a result of the little harvest realized realised by some communities.

The drought situation negatively impacted surface and underground water supplies in the country as the average surface water storage capacity in the country was around 55% in the country's 7 catchment areas, with two catchments, namely Runde and Save recording water levels of 48 percent and 28 percent respectively as at the end of September 2016[1]. According to the Rural WASH Information Management System (RWIMS), around 30% of the groundwater supply sources in rural areas are of a seasonal nature. During the beginning of July,2016 an estimated 11,000 sources (boreholes, deep wells, shallow wells) showed a reduction on their yield with over 750 perennial sources also showing a reduction in their capacity with some having dried up due to the drought thereby reducing access to safe water for over 2.3 million people. This situation worsened as the lean season progressed and water tables continued to recede. The reduction in water availability led communities to compromise on safe sanitation and hygiene practices, thus increasing the risk to WASH related diseases which exacerbate under-nutrition, these included common diarrhoea, dysentery, cholera and typhoid. Zimbabwe experienced a protracted typhoid outbreak which increased in severity from January to December 2016. As at the week 52 of 2016, a total of 2,352 typhoid suspected cases had been reported in the country out of which 85 were laboratory confirmed with 9 typhoid related deaths (*MoHCC-Epi-bulletin 52*). The majority (over 80 %) of the cases were reported from Harare City which was the epicentre of the outbreak.

Zimbabwe is one of the countries with high levels of early marriages, where 1 in every 3 girls gets married before they reach the age of 18[2]. The 2016 ZIMVAC report showed an increase in child marriages, teenage pregnancies, sexual abuse and a general breakdown of social safety nets. This exposes girls to various vulnerabilities including failure to continue with their education which is generally disempowering for them and their children. This results in a tendency to cope negatively including engaging in transactional sex to support themselves and their children. Further, it is important to note the interconnected relationship between poverty, vulnerability and protection violations. Evidence has shown that the poorest families are usually the hardest hit by environmental and other disasters and emergencies because they typically have a small asset base, little or no food reserves and very little prospects of

[1] Zinwa Hydrological report-July, 2016
[2] Multiple Indicator Cluster Survey (MICS) 2014 Zimstats

remittances to rely on in the event of a disruption of their community coping strategies. This target group is therefore by design, the most at risk when it comes to susceptibility to effects of natural and man-made hazards, shocks and stressors including drought. It has also been noted that most of the districts affected by drought have high estimated HIV prevalence with districts in Matebeleland South province having the highest burden. The districts include Matopo, Gwanda and Mangwe with over 20% HIV prevalence. The drought situation increases the risks of HIV transmission particularly among girls and young women as they engage in risky coping mechanisms including transactional sex. At the same time those already on ART risk defaulting their treatment due to lack of food thereby eroding the gains that have been made in scaling up ART nationally.

Zimbabwe has been experiencing localized and widespread flooding caused by torrential rains mainly in the southern provinces of Masvingo, Matabeleland South, Midlands and Manicaland. A total of 859 people including 460 children were recently displaced by flooding in Tsholotsho. In March 2017, the Government of Zimbabwe (GoZ) declared a state of emergency in relation to the flooding precipitated by the incessant rainfall. The declared flood emergency has taken the focus for 2017 towards intensifying efforts to mitigate the negative impacts of flooding and prevent further risk of flooding and WASH related diseases.

3.0 Results Achieved

Nutrition

UNICEF continued to support the implementation of the nutrition emergency response in 20 priority districts throughout 2016. The response was kick started with support from CERF funding received in the last quarter of 2015. Additional support came from OFDA, DFID, GIZ, and Food For Peace (FFP) in 2016. The emergency response interventions included building the capacity of community health workers to conduct monthly active screening to identify children with moderate acute malnutrition (MAM) and Severe Acute Malnutrition (SAM) and refer them to health facilities for further management and treatment. Village health workers (VHWs) were also capacitated to provide community Infant Young Child Feeding (cIYCF) support for primary care givers of children under the age of two years. During the year, UNICEF and MoHCC coordinated the Nutrition sector Weekly emergency coordination meetings with all partners who were responding to the emergency and focusing on nutrition. Below is a brief description of the 2016 drought response results.

Nutrition Results Table

Indicators	Cluster/sector 2016 Target	Cluster/sector total results	UNICEF 2016 Target	UNICEF Total results
# children 6 to 59 months with SAM admitted to community-based treatment programmes****	24,554	22,615	14,711	6,974
# of children aged 6 to	1,159,934	624,281	240,051	155,814

59 months receive vitamin A supplementation****				

Overall, the nutrition sector did not reach the target for children admitted and treated for SAM as well as that of vitamin A supplementation. Efforts are being made to improve the vitamin A supplementation coverage during the implementation of the emergency response in the 20 priority districts. To improve the coverage, village health workers will be trained to administer vitamin A supplements in the community.

Screening of children under five years and treatment of children with SAM

By December 2016, 400 health workers in 20 districts were trained on the management and treatment protocols for severe acute malnutrition (SAM) based on global standards. The training equipped the health workers with skills to scale up active screening and enhance the treatment of children with SAM during the peak hunger period. In addition, 2,000 community based workers were trained on active screening in the 20 targeted districts. Active screening activities, though initially done during the second quarter in 4 CERF districts, generally commenced later during the year.

Active Screening Coverage in the 20 Emergency Districts

The table below shows the 2016 active screening achievements by district. As shown below, only Binga and Buhera districts managed to surpass their 2016 targets. This is mainly because active screening activities commenced a bit late in the other districts. Buhera and Binga were part of the CERF districts which started active screening activities during the first quarter of 2016. In the 20 targeted districts a total of 89,621 children were screened out of a target of 388,200.

Active Screening Coverage in the 20 Emergency Districts in 2016

	District	6-59M Population	Target	Coverage (#)	Coverage (%)
1	Gokwe North	37,792	30,234	6,165	20.39%
2	Gweru	30,721	24,577	0	0.00%
3	Umguza	10,982	8,786	1097	12.49%
4	Binga	20,824	16,659	22746	136.54%
5	Hwange	16,118	12,894	2090	16.21%
6	Makonde	32,858	26,286	277	1.05%
7	Chegutu	37,217	29,774	405	1.36%
8	Kariba	9,575	7,660	1460	19.06%

9	Mangwe	10,808	8,646	562	6.50%
10	Matobo	12,377	9,902	561	5.67%
11	Gwanda	18,666	14,933	2,016	13.50%
12	Shamva	18,498	14,798	376	2.54%
13	Bindura	24,383	19,506	431	2.21%
14	Mount Darwin	31,127	24,902	541	2.17%
15	Guruve	17,818	14,254	866	6.08%
16	Mwenezi	27,907	22,326	3,759	16.84%
17	Chipinge	51,330	41,064	6,225	15.16%
18	Chimanimani	20,124	16,099	728	4.52%
19	Buhera	38,199	30,559	37,433	122.49%
20	Nyanga	17,926	14,341	1,883	13.13%
	Total	**485,250**	**388,200**	**89,621**	

Ideally all children admitted into the CMAM programme should be tested for HIV. As shown in the table below, a total of 7,268 children aged 6 to 59 months were admitted into the community-based management of acute malnutrition (CMAM) programme in the 20 priority districts in 2016. A total of 4,523 (62%) of these children were tested for HIV, and 387 (8.6%) of these children were found to be HIV positive and initiated on ART.

Total number of children with SAM admitted in the CMAM program in the 20 high risk districts in January-December 2016.

District	**Infants less than 6 months**			**Children 6-59 months**		
	Admissions 0-5 months	Total HIV Tested 0-5 months	0-5 months HIV+	Admissions 6-59 months	Total HIV tested 6-59 months	6-59 months HIV+
Gokwe North	60	48	1	1,058	923	31
Gweru	20	16	3	409	220	30
Umguza	10	5	0	160	93	22

Binga	32	28	0	470	348	10
Hwange	9	3	0	152	54	6
Makonde	18	8	0	364	116	11
Chegutu	9	4	1	403	226	49
Kariba	16	6	4	122	57	5
Mangwe	19	12	0	217	171	7
Matobo	8	3	1	120	64	15
Gwanda	16	8	0	225	132	29
Shamva	13	4	1	225	108	24
Bindura	22	2	0	156	33	6
Mount Darwin	6	5	1	369	279	40
Guruve	4	4	3	215	145	26
Mwenezi	16	14	1	322	232	27
Chipinge	41	7	0	701	391	11
Chimanimani	11	9	3	214	134	14
Buhera	71	33	1	1,162	681	17
Nyanga	5	5	0	204	116	7
Total	**406**	**224**	**20**	**7,268**	**4,523**	**387**

Nutrition Emergency programme Key Performance Indicators (KPIs) for 2016

The table below summarises the 2016 national nutrition programme Key Performance Indicators (KPIs). Although there was a general increase in most indicators, most of the indicators did not reach the 2016 targets. The indicators that met their targets included proportion of children who are fed complementary foods in a timely manner, proportion of households consuming adequately iodised salt, and proportion of provinces with multi-sectoral, costed and sustainable provincial plans (that include clear targets on reducing stunting).

Nutrition Emergency programme: Key Performance Indicators (KPIs) for 2016

Indicator	Baseline (MICS 2014)	Target (Year 2020)	Achievement (Year 2016)
Proportion of children breastfed within one hour of birth (timely initiation of breastfeeding)	58.90%	70%	58%
Proportion of children aged 0–5 months exclusively breastfed	41%	60%	48%
Proportion of children who are fed complementary foods in a timely manner (introduction of solid/semi-solid/soft food)	87.30%	92%	91%
Proportion of children fed minimum acceptable diet	11%	50%	8%
Proportion of population consuming adequately iodized salt at household level	57%	90%	95%

Proportion of children who receive vitamin A supplements twice yearly (full vitamin A supplementation coverage). (DHIS*)	43%	80%	34%
Proportion of provinces with multi-sectoral, costed and sustainable provincial plans (that include clear targets on reducing stunting) (monitoring reports)	0	30%	40%
Proportion of Primary Health Care centres assessing and managing children with severe acute malnutrition as per the global standard (VHMAS)	77%	90%	74.2%

Community based cadres were trained in the 20 targeted districts for provision of IYCF counselling services. The cadres would also provide support in the communities where a total of 355 VHWs were trained on cIYCF. The VHWs were from only two of the 20 emergency districts (Binga and Buhera) which were supported by the CERF funding. The table below shows that the 355 VHWs managed to reach out to 3,550 people with counselling.

IYCF Trainings[3]

District	# of VHWs Trained on cIYCF	# of people receiving Counselling
Binga	179	1,790
Buhera	176	1,760
Total	**355**	**3,550**

WASH

In order to increase communities' resilience to WASH related risks and to prevent the spread of diarrheal diseases at community and institution level (schools and health centres), the WASH Humanitarian Response plan in 2016 was centred on the following objectives;

- Restore access to sufficient water of appropriate quality and quantity to fulfil basic needs
- Increase awareness of safe hygiene and sanitation practices, with a focus on participatory health and hygiene education and water conservation.
- Provide access to critical WASH related Non-Food items, with a focus on the most vulnerable families in the targeted areas and families of children being treated of malnutrition.

Central to the achievement of the objectives was the WASH Sector coordination from the national to sub national structures

[3] CERF Report only source of IYCF trainings

WASH Results Table

Indicators	Cluster/sector 2016 Target	Cluster/sector total results	UNICEF 2016 Target	UNICEF Total results
# of people provided with access to safe water (7.5-15L per person per day)*	853,000	205,108	325,000	144,707
# of people provided with critical WASH related information to prevent child illness, especially diarrhoea	1,415,000	323,503	400,000	227,103

Water Supply

In line with the Climate Change policy and the promotion of green fuel, UNICEF resolved to use solar energy as a source of power for all piped water scheme rehabilitations. A total of 5 schemes which were rehabilitated out of the targeted 6 under the emergency response programme. These were equipped with solar powered submersible pump sets benefitting 18, 462 people. The 6th scheme will be commissioned during the second quarter of 2017. This has lessened the burden on the communities in mobilizing for fuel and other regular operational and maintenance expenses that they used to do when these schemes were fossil fuel powered. The piped water schemes reduced distances travelled to fetch water and decreased the incidence of diarrheal diseases. In addition to the rehabilitation of piped water schemes, a total of 388 borehole (bush pumps) were repaired giving access to safe water to 126, 245 people. The table below shows that a total of 144,707 people were reached with safe water in 2016 as a result of the various responses to emergencies in the listed districts.

Water points repaired by district in responses to emergencies in 2016

Type of water source rehabilitated/ repaired	Quantity	District	Number of people served	Type of Intervention
Piped water schemes	1	Umguza	2,046	Drought Response
	1	Umzingwane	2,209	
	1	Tsholotsho	2,207	
	2	Stoneridge - Harare	12,000	Typhoid Response
Total	5		18,462	
Borehole Repair	87	Binga	29,290	Drought Response
	24	Hwange	6,070	
	62	Tsholotsho	17,250	
	29	Umguza	9,255	
	54	Lupane	13,500	
	14	Umzingwane	3,500	
	7	Glen View -	2,921	Typhoid Response

		Harare		
	8	Budiriro-Harare	3,750	Typhoid Response
	47	Mwenezi	11,750	Drought Response
	28	Buhera	13,250	
	28	Zvishavane	15,709	
Total	388		126,245	
Grand Total			**144,707**	

The Ministry of Health and Child Care (MoHCC) was supported with water quality consumables to conduct water quality monitoring of all the repaired water points. In a bid to support community based management of water supplies, Water Point User Committees (WPUCs) supported by Village Pump Mechanics (VPMs) were established and trained on the operation and maintenance of the rehabilitated water points. During training and establishment of Water Point Committees (WPC), emphasis for the involvement of women in key positions was made. This resulted in more than 50% representation of women in key positions within the WPC that were set up. The major constraint in ensuring safe water supply was that the response was limited to borehole repair and piped water scheme rehabilitation. Some areas and districts at risk required new borehole drilling and sometimes flushing of existing boreholes which was not covered under the emergency response.

Sanitation & Hygiene Promotion

A total of 227,103 people were reached through Participatory Health and Hygiene Education (PHHE) in the various districts mentioned in the table above. Key non-food items for household water treatment and storage, including water treatment tablets, storage containers, soap and key WASH related information, with a focus on the most vulnerable / underserved households were provided to 13,000 households under the CERF programme in Hwange, Binga, Tsholotsho, Lupane, Umguza and Umzingwane districts. As a complement to the treatment of malnourished children, NFI kits were also distributed to caregivers of malnourished children to improve WASH conditions at household level in Zvishavane and Mwenezi districts. Eighty (80) temporary latrines and 80 bathrooms were constructed for the 135 families from Mozambique that were relocated to Tongogara Refugee Camp in Zimbabwe fleeing civil unrest in Mozambique. In addition, these families were supported with 135 NFI kits.

Traditionally, Community Health Clubs (CHCs) have low participation of men. Efforts were made, particularly in Buhera to incorporate more males within CHCs. This was done through introducing livelihood activities that require male participation such as latrine construction, painting and fencing of water points.

Coordination

The overall coordination at the national level was done through the WASH Sector Coordination and information Forum (WSCIF) and its Emergency Strategic Advisory Group (E-SAG). At the sub-national level, interventions were coordinated through the regular coordination structures and monthly meetings conducted through the Provincial and District Water Supply and Sanitation Committees (PWSSC and DWSSC) that feed into the WSCIF.

The inclusions of specific activities to monitor interventions including feedback from beneficiaries / communities were promoted among the WASH partners as part of implementing the sector strategy. As part of strengthening the subnational coordination platforms, the WASH Sector has revived the role of Provincial Focal Agencies: Non-Governmental Organizations operational at sub-national level supporting PWSSCs for monitoring and coordination of WASH activities at province level. In the framework of the above strengthened coordination, the WASH sector updated its contingency planning beyond the specific drought response, including at sub-national level.

UNICEF played a significant role in assisting the government led coordination mechanism. UNICEF co-chairs the WASH Sector Information and Coordination Forum (WSCIF) and the technical working group: the Emergency Strategic Advisory Group to the WSCIF. UNICEF and the government mobilized the sector to develop the WASH Humanitarian Response Plan (HRP) which assisted in mobilizing resources for the El Niño Response. Templates were developed for partner monthly updates. As a result, a mapping of WASH partners by district responding to El Niño was developed and is updated monthly

Health

The Health Section surpassed the targeted number of children who had access to life saving curative interventions in the targeted districts. To a larger extent the health section was prepared for the drought emergency. Although the health section did not receive any additional funding for the drought response during the review period most of the activities were conducted as part of the regular programme and routine emergency preparedness and response. The drought-related health emergency did not escalate beyond the threshold that would have required additional resources beyond what was already available. The preparedness and response interventions implemented included regular disease surveillance and the provision of vital medicines through the regular programme and distribution monitoring.

Health Results Table

Indicators	Cluster/sector 2016 Target	Cluster/sector total results	UNICEF 2016 Target	UNICEF Total results
# of children with diarrheal diseases have access to life-saving curative interventions, including oral rehydration therapy and zinc**			50,000	89,699

The presence of an already strengthened health system was a major factor in reducing the negative health impacts of drought on the affected populations. Disease surveillance activities through an established weekly disease surveillance system helped in improving the early detection and management of children suffering from diarrheal diseases that was aggravated by the drought situation. This is evidenced by the low case fatality rates for

diarrheal diseases during the period under review nationally. (Dysentery 0.18%; typhoid 0.3%).

Supply agreements or contingency stocking mechanisms were useful in contributing to enhanced preparedness as there were adequate stocks for a timely and effective response to disease outbreaks through prepositioning of supplies at the Government supported national and provincial pharmacies (the National Pharmaceutical Company of Zimbabwe-NatPharm) warehouses as well as in district hospitals. These were part of routine emergency health stocks. Distribution and re-distribution of essential medicines stocks (Ringer Lactate, ORS and Ciprofloxacin) assisted in improved preparedness.

Child Protection and Social Protection

The ZimVAC report shows that the El Niño induced drought placed children, women and families in general at increased risk for protection concerns, including increase in gender based and sexual violence, dropping out of school and neglect as children were left behind as a result of drought induced migration of caregivers. In addition, the Child Protection Rapid Assessment (July 2016) also showed increased teenage pregnancies, child marriages and psychosocial distress. UNICEF worked towards addressing these concerns by supporting food and labour constraint families through a cash transfer scheme mainstreaming child protection in emergencies. The child protection response involved strengthening of the case management system and coordination of child protection actors.

Child Protection Results

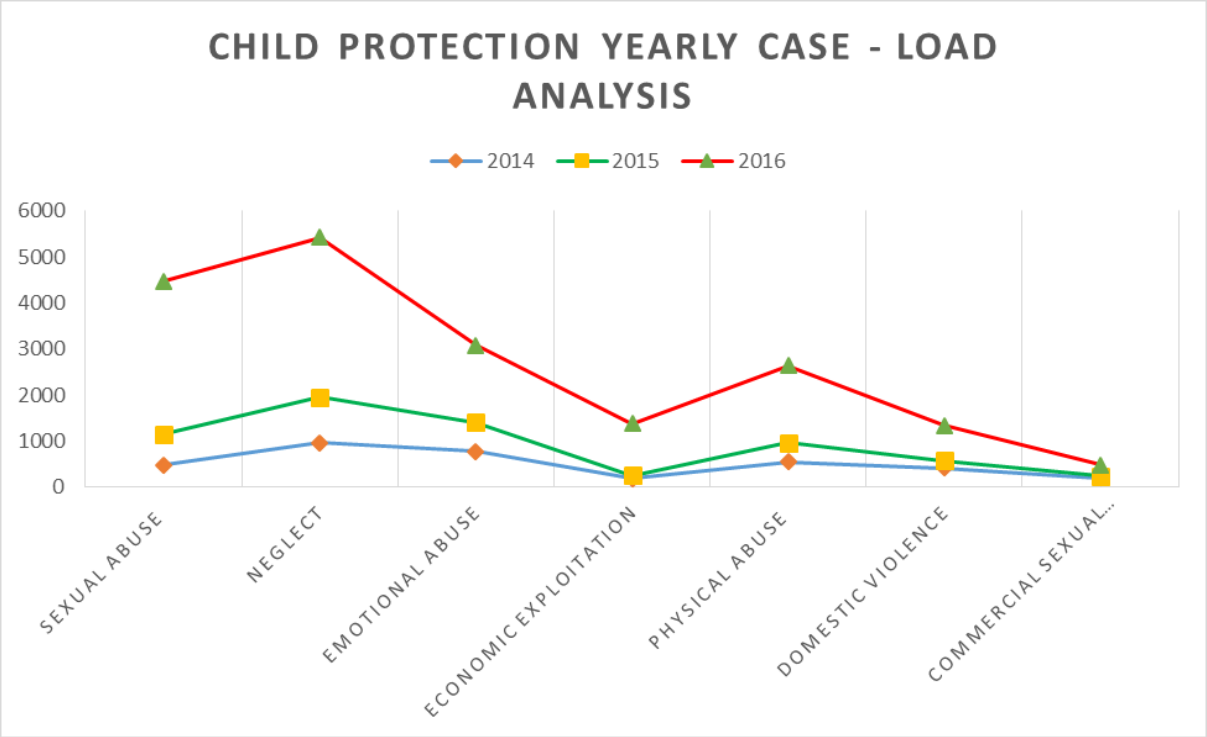
Indicators	Cluster/sector 2016 Target	Cluster/sector total results	UNICEF 2016 Target	UNICEF Total results
Child Protection				
# of vulnerable children provided with child protection services*			31,000	44,958*
Social Protection				
# of vulnerable families benefiting from social cash transfers			73,000	13,881

**The number of vulnerable people provided with Child protection services was still to be updated at the time of finalizing the results for 2016.*

UNICEF's interventions to address child protection risks and violations were triggered by the drought as well as the economic challenges facing the country. The interventions were mainly implemented using the Child Protection Fund and thematic funds. As such, in 2016, UNICEF was able to provide care and support to 44,958 children through the case management system. The common protection cases most attended to by the child welfare officers through the case management system are sexual abuse, neglect, emotional abuse, economic exploitation, physical abuse, domestic violence and commercial sexual

exploitation. These were all aggravated by the emergency situation as can be seen from the figure below. In addition, UNICEF intensified child protection monitoring and reporting. UNICEF led two child protection rapid assessments which informed advocacy and fundraising efforts. UNICEF also conducted two capacity development trainings for the national child protection workforce and for community-based mechanisms (i.e. CCWs, CPCs) who ensured timely identification and referral of children at risk of neglect, violence and abuse through the national case management system.

Child Protection yearly caseload analysis



Since most of the emergency funding was received towards the end of 2016, the intended target for HSCT could not be reached. However, as soon as the funding was received, it was used to target food poor and labour constrained households in 12 drought affected districts[4] in line with the HSCT framework. The payments were made during the peak of the hunger period emanating from the El-Niño induced drought. The payments enhanced the resilience to a total 13,881 households.

4 Bindura, Bulawayo, Chitungwiza, Chivi, Epworth, Goromonzi, Kariba, Makoni, Mangwe, Mutare, Umguza, Zvishavane

UNICEF/HIFC/ 2016/A girl child rescued from an early marriage by her grandmother

In addition, in 2016, UNICEF played a significant role in strengthening government's capacity to coordinate Emergency response activities. UNICEF co-chairs the Child Protection Working Group and the Protection Strategic Advisory Group. UNICEF was supported by NORCAP to deploy a Child Protection in Emergencies Officer to lead the coordination and response during the drought. The Child Protection Emergency Working Group consistently provided support on monitoring and early detection of protection violations, advocacy and timely response. Through the coordination structure, the Child Protection Coordinator also supported the Humanitarian Country Team in developing a protection strategy, which focused on prioritisation of protection in the drought response. UNICEF conducted 2 trainings for the WASH and food security sector on child protection mainstreaming. The sector working group, UNICEF and partners ensured that vulnerable families are supported to address the "push factors" that cause family separation/disintegration and that all interventions are child friendly, safe and responsive to protection concerns including prevention from sexual exploitation and abuse.

Education

The education sector did not receive any funding for the drought emergency. Due to funding constraints, UNICEF support was only limited to data collection on attendance through the use of rapid pro and providing technical expertise to Ministry of Primary and Secondary Education (MoPSE) in developing modalities for school feeding programmes in schools which reached 1,070,867 children in the infants grade. Nevertheless, UNICEF reached 3,460 children (1,736 girls and 1,724 boys) with access to safe and quality learning spaces at

5 schools (4 primary schools and 1 secondary school) in Chingwizi which had been affected by floods in 2014 resulting in the displacement of households. The Education programme in Chingwizi ensured that 3,460 children (1,736 girls and 1,724 girls) accessed protective learning environments through the provision of teaching and learning materials that included tents, stationery and furniture. The support contributed to improved learning outcomes and a reduction in the number of teachers leaving the temporary schools in search of better working environments. The work in Chingwizi was supported by the funding received towards the end of 2015 from the Government of Japan. UNICEF also supported with materials procured using thematic funding.

In addition, UNICEF also supported learners at Tongogara refugee camp with 3 ECD kits which caters for 150 children. The kits were procured using thematic funding. As sector co-lead, UNICEF coordinated the sector in preparing and reviewing the sector response plans. In addition, UNICEF also played a significant role in developing TORs and coordinating the school feeding working group. This helped in terms of information sharing and mapping of resources using the 4W mapping matrix which enabled UNICEF to consolidate data on partners working in the Education sector.

HIV/AIDS

The main role of the UNICEF HIV team is supportive and technical to ensure the emergency preparedness and response is sensitive to HIV in view of the high HIV prevalence in the country currently at 15% and a generalized epidemic in the country. The main objectives were to: ensure at least 70% of under 5 children admitted with SAM were tested for HIV, disseminate information on HIV prevention, care and support including treatment adherence to the affected population and enhance retention in care for children, adolescents, pregnant and lactating women on ART in the affected communities.

HIV Results Table

Indicators	Cluster/sector 2016 Target	Cluster/sector total results	UNICEF 2016 Target	UNICEF Total results
% of children under 5 with SAM admitted in therapeutic feeding programmes tested for HIV	N/A	N/A	70%	63%

The testing of under 5 years children admitted with SAM in therapeutic feeding programmes slightly increased from 58.7% by end of March 2016 to 63% by end of December 2016. While the overall positivity rate for the total tested was 9%, the rate per each district ranged from 5.5% to 23.8%. The target of testing 70% was not met mainly due to inadequate capacity to provide HIV testing services particularly at district and provincial hospitals where children with SAM are admitted. There was also the challenge on lack of standardization of the data capturing tools and reporting. The limited emergency funding that was available towards the end of the year contributed to capacity development of health workers in Rapid HIV testing

which was initiated in December 2016. 38 (14 males and 24 females) health workers were trained in two districts. The training was completed in January 2017.

UNICEF provided support to MOHCC to revise both SAM registers to include HIV testing. Orientation on how to use the registers was included in the IMAM and IYCF training as well as through mentorship. However, a lesson learnt is that, in districts where the District Medical Officers and the District Nursing Officers were trained in IMAM, data capturing has greatly improved.

In collaboration with the National Aids Council, activities to mobilize communities for increased uptake of HIV prevention, treatment and care services reached a total of 55,099 people in 7 of the affected districts. This was through awareness sessions and distribution of IEC materials. Community leaders advocated for inclusion of people living with HIV in the food distribution schemes. Due to inadequate funding, the MoHCC has not been able to conduct outreach services as proposed in the plan to address the challenge of long distances to health facilities. However, in some of the districts, people living with HIV have formed groups (Community ART Refill Groups-CARGS) in which members take turns to collect refills from the health facilities on a rotational basis to cut on transport costs. Regular tracking and follow up of patients on ART kept the number of those lost to follow up at a minimum - ranging from 2% to around 9% out of those on ART, in each of the affected districts.

Emergency funding was received towards end of year to support HIV related activities. UNICEF supported HIV specific activities such as capacity development of health workers in HIV testing of children and adolescents. UNICEF also conducted ART and community based HIV testing campaigns prioritizing drought affected districts. UNICEF collaborated with the National Aids Council to facilitate implementation of community based HIV interventions, at the same time strengthening linkages with and referrals to child and social protection services. NAC advocated with community leaders for inclusion of people living with HIV in the food distribution schemes and other social protection services.

The integration of HIV into the humanitarian response is led by UNAIDS as the lead agency of the UN joint team on HIV of which UNICEF as a member. UNICEF HIV team participated and contributed during the Interagency Coordination Committee (IACCH) on Health to ensure integration of HIV in the health response with particular focus on pregnant and lactating mothers, children, and adolescents. Representing the joint UN team on HIV, UNICEF and WFP also participated in the revision of the urban ZIMVAC assessment tool to ensure HIV was included.

3.1 Key Strategic Partnerships and Inter-Agency Collaboration

UNICEF and the Government continue to provide sector coordination leadership for the WASH, Nutrition, Education and Child Protection sub-sector. The WASH Sector Coordination and Information Forum (WSCIF) activated the Emergency Strategic Advisory Group (E-SAG) that coordinates WASH emergency programmes to support the inter-agency contingency planning exercise and coordinate humanitarian programmes. The Nutrition Technical Working Group chaired by the Ministry of Health and Child Care (MoHCC) with

support from UNICEF established the Nutrition Emergency Response Working Group. The working group includes members from Ministry of Health, FAO, WFP, UNICEF, Save the Children, World Vision, AWIDE and Goal. The working group met on a weekly basis and provided overall coordination and guidance to the nutrition emergency response. The Child Protection sub-sector working group met on a bi-monthly basis and coordinated a rapid child protection assessment in all districts. UNICEF is an active member of the Inter-Agency Coordination Committee on Health (IACCH) that is chaired by the Ministry of Health with secretariat support from WHO. The working group coordinated the health related emergencies particularly diarrhoeal disease outbreaks.

UNICEF sectors monitored the impact of drought through real time monitoring systems and established management information systems. UNICEF is also an active member of the multi sectoral food and nutrition security coordination group set up by the Food and Nutrition Council (FNC) to strengthen the drought response interventions. UNICEF is an active member of the Humanitarian Country Team (HCT) comprising of 5 UN Agencies, 3 International NGOs, 1 Local NGO, 1 Red Cross Movement and 2 Donors (DFID and USAID) which was established in November 2015. UNICEF's emergency response in 2016 was focusing on supporting the government to respond to the rapid deterioration in food and nutrition security by focusing on women and children in line with the Core Commitments for Children in Humanitarian Action (CCCs).

UNICEF closely worked with WFP and the World Bank to assist the Ministry of Public Services, Labour and Social Welfare (MoPSLSW) to develop a common registry for various cash/in-kind transfer programmes. Guided by the findings of the World Bank assessment of various management information systems used by MoPSLSW, UNICEF and WFP are planning to create one registry system that allows integration of the data on various social protection programmes and interventions. This will allow synergy and coherence amongst humanitarian, resilience and development programmes under the framework of the national social protection system.

As part of strengthening coordination and capacity enhancement, drought response interventions were carried out in partnership with National, Provincial and District Local Authorities, including NGOs. Close relationships with community based stakeholders were also maintained. In the Nutrition sector, the Ministry of Health was responsible for the policy planning, guidance, monitoring and implementation of activities. UNICEF supported the Ministry of Heath with technical, financial, logistical and supplies support. NGOs were responsible for providing technical support at the sub-national level. The overall coordination of the nutrition response at national level was handled by the Nutrition department and at sub-national level it was handled by the provincial and district nutritionists. NGO partners also supported the Government with capacity in managing CMAM programmes.

WASH activities were coordinated using the existing coordination structures at National (National Coordination Unit) and sub national levels (Provincial and District Water Supply and Sanitation Committees, PWSSCs and DWSSCs). The MoPSLSW remains the institution that carries the mandate to oversee the implementation of the National Action Plan III under which HSCT is listed as an activity. In order to ensure adequate capacity to effectively deliver

national NAP steering committee duties and responsibilities, UNICEF as a member of the secretariat facilitated necessary technical and financial support for the steering committee and sub-committees/working groups (e.g. M&E, Communication/Advocacy). Coordination of HSCT drew upon the existing structures as much as possible. The focus was to strengthen those that are already in place at both national and decentralized levels. The HSCT Core Team was further strengthened so as to improve programme delivery.

3.2 Value for Money

UNICEF continues to ensure value for money by working with various institutions for quality delivery of the programme based on their relative advantage and expertise under the different components of the programme. These institutions include NGOs, GoZ line Ministries, Local Authorities, private contractors and the community. In addition, full utilization of government structures and embedding activities within government increases ownership and sustainability, thus contributing to realizing full value from the programme. UNICEF's efforts and role in strengthening multi sectoral coordination has resulted in elimination of duplication and optimal utilization of resources. This has enabled targeting of the most critical interventions, to ensure a higher return on invested resources.

UNICEF Financial regulation (article XII) obligates all UNICEF country offices to carry out any procurement (of services and goods) by means of competitive tenders. Major exceptions would be under acute emergency situations or where prices are fixed by regulatory bodies. All service or supply procurements go through rigorous technical/programmatic reviews and financial reviews to ensure whether 1) the services or supplies are in line with the programmatic strategies, 2) the suppliers have technical and financial capacity to deliver, 3) appropriate authority has been obtained for making commitments, 4) the interest of UNICEF and its funders (donors' contributions) are firmly protected and 5) the purchasing activities are carried out in conformity with the regulations and rules.

UNICEF also constantly undertakes local market research in relevant areas where UNICEF works to determine competitive prices for goods and services. To realize cost benefits arising from economies of scale, UNICEF procures equipment (e.g. ICT equipment) and services (Consultants and Contractors) centrally. This is conducted through a competitive bidding process involving local and foreign suppliers and contractors.

Value for Money was achieved in 2016 in four thematic areas, namely economy, efficiency, effectiveness and equity.

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

Efficiency: The systems strengthening approach for existing multi-sectoral food and nutrition security committees which are government representatives from agriculture, health, WASH, social services and nutrition enhanced efficiency of nutrition service delivery through leveraging of existing resources. Vehicles, office space, communication systems were available through UNICEF at reduced costs to the programme. Further programming efficiency was improved through cascading training of lower level cadres through the existing District food and nutrition structures, enabling lower cost training at the local level to work through existing structures.

Effectiveness: Nutrition specific interventions have been proven effective in delivering the intended nutritional outcomes. Humanitarian funds were used to implement proven interventions that can address malnutrition among vulnerable populations. Lessons learned from the implementation of nutrition programme in Zimbabwe by UNICEF and from sharing country experiences in multi-country initiatives helped in efficiently delivering nutrition services for greater programme effectiveness.

Equity: The active case finding in health and nutrition interventions has ensured that hard to reach households with adolescents, pregnant and lactating women and children under two years of age are reached with health and preventive nutrition services at community level. The targeting strategy has also ensured that families with poor health seeking behaviours who would not normally present at health facilities are reached.

3.3 Constraints, Challenges and Lessons Learned

0verall, the policy environment is conducive to successful implementation of multi-sectoral humanitarian programmes. There are however some challenges outlined below:

- Fund raising for the Non-food sectors in the Humanitarian Appeal for Zimbabwe was particularly challenging. In 2015, the country office managed to mobilize funding for the initial phase of the drought response through a CERF Rapid Response mechanism. Most of the humanitarian funding reflected in table 2 was received during the last quarter of 2016, hence the limited achievements of results in some sectors.

- Limited capacity of government on fund management, monitoring and supervision of humanitarian programmes. There was the challenge of inadequate capacity with regard to monitoring and supervision of the humanitarian programmes. Under the various humanitarian programmes, various capacity building activities were undertaken including training on WASH and Child Protection programming in emergencies, proper utilization and accounting of funds as per UN Harmonized Approach to Cash Transfer (HACT) and provision of necessary supplies. This were designed to enhance the capacity of partners on fund management, monitoring and supervision of humanitarian programmes.

- The persisting liquidity challenges including changes in internal banking approval processes continue to affect the capacities of local firms to deliver on their commitment. UNICEF continues to closely monitor the banking and general economic situation.

UNICEF has engaged banks housing partners' accounts to assist in availing cash to implementing partners. This is working to date. However, further deterioration of the economic situation in the country may result in more acute challenges on the partners and contractors' ability to undertake timely humanitarian programme interventions.

3.4 Risk Assessment and Risk management

On programmatic risk, UNICEF worked with the Government of Zimbabwe (GoZ) and implementing partners (IPs) who had signed program cooperation agreements (PCAs). The PCAs layout the programme deliverables and fund management modalities as guided by the HACT. The Government Ministries: Ministry of Health and Child Care (MOHCC), Ministry of Environment Water and Climate (MEWC), Ministry of Public Service, Labour and Social welfare (MoPSLSW) worked with UNICEF within the respective framework of the current Country Programme Document (CPD) that was signed between Government and UNICEF. Implementing Partners provided quarterly reports to UNICEF. UNICEF held quarterly reviews to assess progress.

On financial risk, alongside other UN agencies, UNICEF financial management is fully compliant with the UN Harmonized Approach to Cash Transfers (HACT) system - which is a funds transfer and risk mitigation system. The HACT framework is a risk identification and management approach adopted by UNICEF as part of the UN Executive committee. It is a proactive approach to risk identification and management and is comprised of the following five elements: (i) Macro Assessment; (ii) Micro Assessments ;(iii) Spot Checks; (iv) Independent Audits; and (v) Programmatic monitoring Visits.

Activity implementation and funds utilization was monitored by UNICEF programme staff, and funds allocation and expenditures were monitored by the HACT and finance team. The Country Office has a zero tolerance approach to fraud. The office is also audited regularly. UNICEF worked diligently towards mitigating fraud for example; strategic meetings were held with various levels of Government to address and raise awareness on fraud. Similar meetings were conducted with NGO partners - where the UNICEF fraud policy is communicated.

Micro assessments, field visits, spot checks and audits (all part of the HACT regime) were implemented to mitigate risk. Staff that have the authority to commit and expend UNICEF funds were required to complete the Conflict of Interest and Financial disclosure on a yearly basis. The Ethics office in New York, reviews the information provided by staff and liaises with staff directly for clarifications. UNICEF Zimbabwe also conducted an office-wide Risk and Control Self-Assessment (RCSA) and the risk management plan is updated annually.

4.0 Monitoring and Evaluation

UNICEF worked with Government departments and implementing partners in the overall programme monitoring through the review of humanitarian high frequency monitoring indicators which are part of the Humanitarian Performance Monitoring system.

The overall Monitoring and Evaluation system that was developed and supporting the response focused on 3 aspects mainly:

- Humanitarian Performance monitoring focusing on progress against programme results
- Situation monitoring which focused on a weekly analysis of key multi-sectoral indicators that focus on the impact of drought on the affected populations. This made use of routine sectoral and Government supported real time monitoring systems: the Rural WASH Information Management system (RWIMS) for WASH which monitors the provision and availability of underground water from boreholes among other key indicators, the Demographic Health Information systems (DHIS) which monitors Nutrition, HIV and Health performance indicators, the Child Protection National Case management system that monitors the incidence and prevalence of child protection violations and the response and the Rapid Pro open source platform for use in tracking school attendance, functionality of boreholes and post distribution monitoring of WASH Hygiene Kits ;
- Field Monitoring trips were conducted by all the sectors utilising a drought specific multi-sectoral monitoring tool and sector specific regular joint monitoring and support visits were conducted.
- Quarterly review meetings to assess progress towards achievement of planned activities and results, as well as to monitor risks and assumptions and impact of the program and make strategic recommendations for replication by other partners were conducted.

Inter-agency and sectoral coordination mechanisms also monitored the implementation of the Humanitarian Response plan activities through various monitoring mechanisms highlighted below;

- Regular vulnerability and nutrition assessments which have been conducted since the response started i.e. the ZIMVAC assessment of July 2015, ZimVAC Rapid Assessment of February 2016; ZIMVAC assessment of July 2016 and the Urban ZimVAC assessment. Local nutrition assessments were conducted in the 4 CERF funded districts as well as Child Protection Rapid assessments in hardest hit districts;
- An initiative on sms based monitoring of school attendance was piloted by the Education sector in March 2016.
- A review of HSCT MIS was implemented as part of the World Bank-led review of wider social protection information management system. UNICEF's ongoing efforts in revising and upgrading the HSCT MIS were integral in supporting a road map to establish a broader integrated national system for monitoring social protection programmes in Zimbabwe. An HSCT risk, responsibility and accountability matrix which identifies risks at pre-payment, actual payment, and post payment as well as identifies corresponding risk owners and mitigation measures, was jointly developed with the Government and will be used to monitor the HSCT interventions.

5.0 Financial Analysis

As shown in table 1 below, the total funding requirements for 2016 amounted to **US$ 21,812,946**. As of 31st December 2016, a total amount of **US$ 17,610,119** had been raised across all sectors towards the humanitarian response. This is 81% of total requirements.

Table 1: Funding status against the appeal by sector
Zimbabwe

Sector	Requirements	Funds Available Against Appeal as of 31 December 2016*	% Funded
WASH	6,700,000	6,041,434	90%
Education	3,388,000	88,388	3%
Health	2,390,200	0	0%
Nutrition	3,727,946	9,806,140	163%
Child Protection	880,000	806,063	92%
Social Protection	4,500,000	804,670	18%
HIV/AIDS	226,800	45,620	20%
Sector Coordination**		17,804	
Total	**21,812,946**	**17,610,119**	**81%**

As shown in table 2 below, the bulk of the funding received and available by 31st December 2016 for the humanitarian response was under Non-Thematic Humanitarian Funds. This amounted to a total **US$13,561,005.** This is 85% of the total humanitarian funds received in 2016.

Table 2: Funding received and available as at 31 December 2016
Zimbabwe

Funding Received and Available by 31 December 2016 by Donor and Funding type (in USD)		
Donor Name/Type of funding	**Programme Budget Allotment reference**	**Overall Amount***
I. Humanitarian funds received in 2016		
a) Thematic Humanitarian Funds		
Japan Committee for UNICEF	SM1499101268	1,045,170
German Committee for UNICEF	SM1499101283	304,316

Allocation from global thematic humanitarian	SM149910	100,000
Total Thematic Humanitarian Funds		**1,349,487**
b) Non-Thematic Humanitarian Funds		
DFID	SM160499	9,229,941
Germany	SM160581	1,804,671
USAID - OFDA	SM160400	1,000,000
Germany	SM160455	483,527
USAID - FFP	SM160409	464,400
Canada	SM160574	443,459
United Kingdom Committee for UNICEF	SM160594	135,007
Total Non-Thematic Humanitarian Funds		**13,561,005**
c) Pooled Funding		
(i) CERF Grants)		
(ii) Other Pooled funds		
d) Other types of humanitarian funds		
USAID - FFP	KM160048	933,120
USAID - FFP	KM160046	110,574
UNICEF-Zimbabwe	KM160003	47,040
Total Other types of humanitarian funds		**1,090,734**
Total humanitarian funds received in 2016 (a+b+c+d)		**16,001,226**
II. Carry-over of humanitarian funds available in 2016		
e) Carry over Thematic Humanitarian Funds		

f) Carry-over of non-thematic humanitarian funds		
Japan	SM150085	444,309
CERF	SM150510	885,067
CERF	SM150514	394,099
Total carry-over non-thematic humanitarian funds		**1,723,475**
Total carry-over humanitarian funds (e + f)		**1,723,475**
III. Other sources		
Total other resources		

As shown in table 3 below, the country received thematic humanitarian funding amounting to **US$ 1,522,461**. 72% of the funding was received through the Japan Committee for UNICEF. The funding was allocated across the sectors for critical lifesaving interventions.

Table 3: Thematic humanitarian contributions received in 2016
Zimbabwe

Thematic Humanitarian Contributions Received in 2016 (in USD): Donor	**Grant Number**	**Programmable Amount**	**Total Contribution Amount**
		(in USD)	**(in USD)**
Japan Committee for UNICEF	SM1499101268	1,045,170	1,097,429
German Committee for UNICEF	SM1499101283	304,316	319,532
Allocation from global thematic humanitarian	SM149910	100,000	105,500
Total		**1,449,486**	**1,522,461**

6.0 Future Work plan

In 2017, the priorities for UNICEF humanitarian programming in collaboration with GoZ and other stakeholders/sectors will be to:-

- Continue supporting the Ministry of Health and Child Care (MoHCC) to provide access to life-saving essential health services, strengthen community-based management of SAM

and reach children with critical water, sanitation and hygiene (WASH) services to prevent illness.

- UNICEF is targeting 14,873 children 0-59 months for SAM treatment in the most drought affected districts through emergency nutrition interventions.[5]
- The Ministry of Education will be supported through enhanced coordination, data management and capacity building through the training of provincial and district personnel as well as teachers on disaster risk reduction, gender based violence (GBV) and emergency preparedness.
- UNICEF will continue to strengthen community-based HIV sensitive social protection mechanisms for food insecure and labour-constrained households through the Harmonized Social Cash Transfer Programme (HSCT), which has been demonstrated to improve household food security outcomes.[6]
- UNICEF will work to improve child protection mechanisms, through implementation of case tracking systems and child protection training for key community and district personnel, to protect the most vulnerable children, particularly girls, from violence, abuse and exploitation.
- Children, adolescents and pregnant and lactating mothers on ARTs will be supported during humanitarian crisis situations through enhanced outreach treatment and prevention services, and through the dissemination of information.

7.0 Expression of Gratitude

UNICEF Zimbabwe would like to extend its gratitude to all the donors for providing funding that enabled the country office to be more responsive to multi-sectoral humanitarian issues affecting children, adolescents and women of Zimbabwe. UNICEF received a total of US$ 17.6 million from a total requirement of US$ 21.8 million to meet the increased humanitarian needs of children in Zimbabwe to enable the organization to respond to the protracted drought with critical health, nutrition, HIV/ AIDS, WASH, education and child protection services.

UNICEF is grateful to DFID, USAID (OFDA and Food for Peace), Global Affairs Canada, German Federal Office (AA Germany), GIZ and the UNICEF National committees of the UK, Japan and German for support to the UNICEF humanitarian response in Zimbabwe. This support together with funding through regular programming is contributing to resilience building of the communities of Zimbabwe.

UNICEF Zimbabwe looks forward to this continued good partnership and support in 2017 as we sustain the gains achieved in 2016 and respond to the impact of the La Niña phenomenon among other shocks and hazards.

[6] The HSCT process evaluation conducted in 2014 highlighted that almost half (43 per cent) of the Monthly cash payments were used to buy food.

Abbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral treatment
AWIDE	African Women's Initiatives in Developing Economies
CCC	Core Commitments for Children in Humanitarian Action
CER	Central Emergency Response
CERF	Central Emergency Response Fund
CHC	Community Health Clubs
CMAM	Community Management of Acute Malnutrition
CO	Country Office
CPC	Child Protection Committee
CPD	Country Programme Document
DHIS	Demographic Health Information System
DWSSC	District Water Supply and Sanitation Committee
ECD	Early Childhood Development
EPF	Emergency Program Fund
E-SAG	Emergency Strategic Advisory Group
FAO	Food and Agriculture Organization
GAM	Global Acute Malnutrition
GBV	Gender-based violence
GoZ	Government of Zimbabwe
HAC	Humanitarian Action for Children
HCT	Humanitarian Country Team
HIV	Human Immune Virus
HRP	Humanitarian Response Plan
HSCT	Harmonised Social Cash Transfer
IACCH	Inter-Agency Coordination Committee on Health
ICT	Information and Communication Technology
IEC	Information, Education and Communication
IFA	Iron and Folate
IYCF	Infant and young child feeding
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MoHCC	Ministry of Health and Child Care
MoPSLSW	Ministry of Public Services, Labour and Social Welfare
NAC	National AIDS Council
NGO	Non-Governmental Organization
OFDA	Office of Foreign Disaster Assistance
OPHID	Organization for Public Health Interventions & Development
PCA	Program cooperation agreement
PWSSC	Provincial Water Supply and Sanitation Committee
RCSA	Risk and Control Self-Assessment ()
RUTF	Ready-to-Use Therapeutic Food
RWIMS	Rural WASH Information Management System

SAM	Severe Acute Malnutrition
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
VHW	Village Health Worker
VPM	Village Pump Mechanic
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WPUC	Water Point User Committee
WSCIF	WASH Sector Information and Coordination Forum
ZIMSTATS	Zimbabwe National Statistics Agency
ZimVAC	Zimbabwe Vulnerability Assessment Committee

Annex 1: Human Interest Stories

Attached as an Annex