



**GOVERNMENT OF THE REPUBLIC OF  
ZIMBABWE**

**2019-2020 DOMESTIC AND  
INTERNATIONAL APPEAL  
FOR ASSISTANCE**








**Foreword**




## 1.0 Overview

The Government of Zimbabwe requires a total of **USD 3,2bn** with effect from February 2019 to March 2020. This is for providing humanitarian assistance in the short to medium term, also taking into account sustainable measures which will assist in the event that the drought prolongs to the 2019/20 agricultural season.

### National food requirements:

About 7.5 million people in both the urban and rural areas will require urgent food assistance. This translates to USD 1.452bn (865.6m rural and 585.9m urban).

RURAL POPULATION IN NEED	
 <b>4,5M</b>	
TARGETED POPULATION	
 <b>4,5M</b>	
REQUIREMENTS (US\$)	
 <b>865.6M</b>	




URBAN POPULATION NEED	
 <b>3M</b>	
TARGETED POPULATION	
 <b>3M</b>	
REQUIREMENTS (US\$)	
 <b>585.9M</b>	




### Food Assistance




The food response aims to ensure that every Zimbabwean has access to food, hence free from hunger. Both rural and urban areas will be earmarked for food assistance. Priority actions include provision of monthly food assistance (in-kind or cash), monthly cash assistance and provision of a protective nutritional ration.



<b>POPULATION IN NEED</b>
 <b>12.2M</b>
<b>TARGETED POPULATION</b>
 <b>9,8M</b>
<b>REQUIREMENTS (US\$)</b>
 <b>37.7M</b>




<b>POPULATION IN NEED</b>
 <b>72,000K</b>
<b>TARGETED POPULATION</b>
 <b>49,000K</b>
<b>REQUIREMENTS (US\$)</b>
 <b>6.2M</b>




**Health** 


This response will mobilise the international community to respond to the acute shortage of medicines, diagnostics and consumables in the country stemming from the economic crisis. Priority actions will include strengthening disease surveillance/ early warning, strengthening laboratory capacity, strengthening case management for diarrhoeal diseases and procurement of essential medicines and medical supplies.

**Nutrition**


The main focus is to provide life-saving essential nutrition services and strengthen community-based management of acute malnutrition. The interventions will prioritise children and pregnant women at highest risk of morbidity and mortality. Priority actions will include increasing access to life-saving therapeutic and supplementary foods, implementing active screening, building the capacity of facility-based health workers and conducting seasonal nutrition assessments.

<b>POPULATION IN NEED</b>
 <b>3.2M</b>
<b>TARGETED POPULATION</b>
 <b>3.2M</b>
<b>REQUIREMENTS (US\$)</b>
 <b>150M</b>




<b>POPULATION IN NEED</b>
 <b>1 M</b>
<b>TARGETED POPULATION</b>
 <b>775,000K</b>
<b>REQUIREMENTS (US\$)</b>
 <b>12.5M</b>


**Education** 

The main emphasis is to ensure children in both the rural and the urban districts and domains continue to have inclusive, equitable access to and participate in education activities that support their physical, social, emotional and cognitive wellbeing. Priority actions include supporting the provision of school meals, addressing WASH gaps in schools, supporting efforts to promote Food Safety Standards, supporting the campaign to keep both male and female learners in school and supporting schools with the highest school fees payment arrears to remain viable.

**Water and Sanitation** 

The WASH response will focus on restoring access to sufficient water, increasing awareness of safe hygiene and sanitation practices, and providing access to critical WASH related non-food items. Priority actions include rehabilitation/upgrading/construction of strategic water points and conducting participatory health and hygiene education and awareness.

<b>POPULATION IN NEED</b>
 <b>1.8M</b>
<b>TARGETED POPULATION</b>
 <b>1.8M</b>
<b>REQUIREMENTS (US\$)</b>
 <b>1.38BN</b>

**Agriculture** 

Response actions will aim at ensuring that farmers are supported to produce food for their households in the 2019/20 agricultural season. Immediate relief and recovery interventions should include assisting farmers with survival livestock feed, restocking with small ruminants, provision of seeds and other inputs, strengthening pest and disease surveillance implementing measures for improved storage and minimization of post-harvest losses, scaling up of climate smart agriculture as well as sustainable water management practices.

## 1.0 Preamble

Zimbabwe, like other Southern African countries, was forecasted to experience an El-Nino induced drought which will be characterised by poor and erratic rainfall. This phenomena will potentially wreak havoc on the country's agriculture season. The forecasted conditions are usually associated with agricultural risks which include limited water availability, poor grazing and heat stress that could affect both crops and livestock. In Zimbabwe, the agriculture sector forms an integral part of the economy, however agriculture production is mostly rain fed. In the last year, agriculture contributed 10.46% to the economy (GDP), and it can employ up to 70% of the population and contribute to 60% of raw materials to industry.

Added to the impact the El Nino will have on the food production (availability and accessibility), it will also have a negative impact on the quality of diets which results in hunger and malnutrition. Higher food prices together with reduced income during drought will severely impact the purchasing power and food diversity among the poor, leading to consumption of subsistence diets and thereby multiple micronutrient malnutrition.

Poverty continues to be one of the major underlying causes of vulnerability to food and nutrition insecurity as well as precarious livelihoods in Zimbabwe. The ZimSTAT 2011/2012 Poverty Income, Consumption and Expenditure Survey (PICES) estimated 76% of rural households to be poor and 23% were deemed extremely poor. Rural households were worst affected by poverty in comparison with urban households (76% rural and 38% urban households). The analysis indicated that 30% of the rural households were extremely poor compared to 6% of households in urban areas. Markets play a major role in enhancing food and nutrition security. However, market dynamics, failures and shortcomings often weaken the desired impacts and long term effects.

The recurrent shocks and hazards to both rural and urban households will impact on their livelihoods. The nature, frequency, intensity, combination and duration of the shocks and hazards influence the type and scale of impacts on different groups and livelihoods. The combination of the climate variability and prevailing economic circumstances still characterised by turbulence in commodity prices will impact negatively on the ordinary citizens.

In accordance with Subsection (1) of Section 27 of the Civil Protection Act of 1989, the President of the Republic of Zimbabwe, His Excellency Cde E. D. Munangagwa, on ..... 2019 declared a State of Drought Disaster following the impact of El Nino induced erratic rainfall. The declaration covers drought affected populations in both rural and urban areas of Zimbabwe.

The 2018-2019 rainfall season started later than the normal (10 to 20 days late). Rainfall distribution was poor in most parts of the country except for parts of the Mashonaland Provinces and north of Manicaland. Long dry spells were experienced mainly in the south and western parts of the country. Precipitation amounts for the first half of the season were below normal for the bulk of the country. The projected forecast for the remainder of the season is normal to below normal rainfall.

All cities, municipalities and urban settlements will have to endure prolonged water rationing schedules. In addition, the reduced water levels will drastically affect electricity generation at the country's hydro-power points.

It is estimated that humanitarian assistance be rendered from February 2019 to March 2020 (cognizant of the situation update of the planned detailed ZimVAC assessment). Due to the inter linkages of the various sectors in the economy, the disaster is anticipated to affect a wide range of sectors including the manufacturing sector and energy sector. However, the most affected sectors are food and nutrition, agriculture, water and sanitation, education and health.

### **3.0 Background**

According to the ZimVAC 2018 Rural Livelihoods Assessment, the number of food insecure people was projected at 28% which translates to 2,4 Million people not able to meet their food needs at peak (January to March 2019) to complete the consumption year. The 2018 Rural Livelihoods Assessment highlights that 48% of the rural population cannot meet their other essential food needs other than cereal. The report also indicates that household average incomes were lower compared to last year. There was an increase in the proportion of households consuming poor diets from 16% to 20%. About 72% of the households were accessing water from improved sources and 50% had access to improved sanitation. Stunting in Zimbabwe was reported to be at 26% and wasting at 2.5% (National Nutrition Survey, 2018).

The urban population is not spared by the prevailing food and nutrition insecurity challenges. According to the 2018 Urban Livelihoods Assessment, 37% of the



population in the urban areas cannot meet their food needs, an increase from 31% in 2016. Of concern were urban areas such as Hwange (50.6%), Plumtree (53%), Norton (56.4%) and Epworth (58.8%) which had food insecurity proportions over 50%. The 2018 Urban Livelihoods Assessment brings to the fore some of Zimbabwe's urban vulnerabilities. The proportion of urban households consuming poor diets increased from 1% (2016) to 10 % (2018). Hwange (37%) and Plumtree (27%) had the highest proportion of households with poor consumption scores. This is an indication of worsening food consumption patterns. Economic related shocks and challenges such as cash shortages (64%), high food prices (57%), health and funeral expenses (31%), loss of employment (25%), and high fuel/ transport costs (17%) were the major issues affecting urban communities. Ability of households to recover from these economic related shocks and challenges proved difficult compared to other shocks and challenges experienced.

The country was also hit by a cholera outbreak and the affected areas were Harare City, Chitungwiza, Buhera, Makoni, Gokwe North, Mutoko, Marondera, Murewa, Chikomba, Seke, Shamva, Wedza, Mutare City, Mazowe, Rushinga, Bulawayo City, Mt Darwin, Chiredzi, Gwanda and Mberengwa. As at 31 December 2018, a cumulative total of 10,630 cases of which 10,338 were suspected and 292 confirmed had been reported since the start of the outbreak. This includes 65 deaths to date (CFR 10.61%). Persistent challenges noted included erratic water supply, collapsed sewerage, over-crowding, co-infection as well as multi-drug resistance, among others.

This appeal is informed by ZimVAC's Lean Season Assessment, secondary data review and analysis focusing on the following key thematic areas:

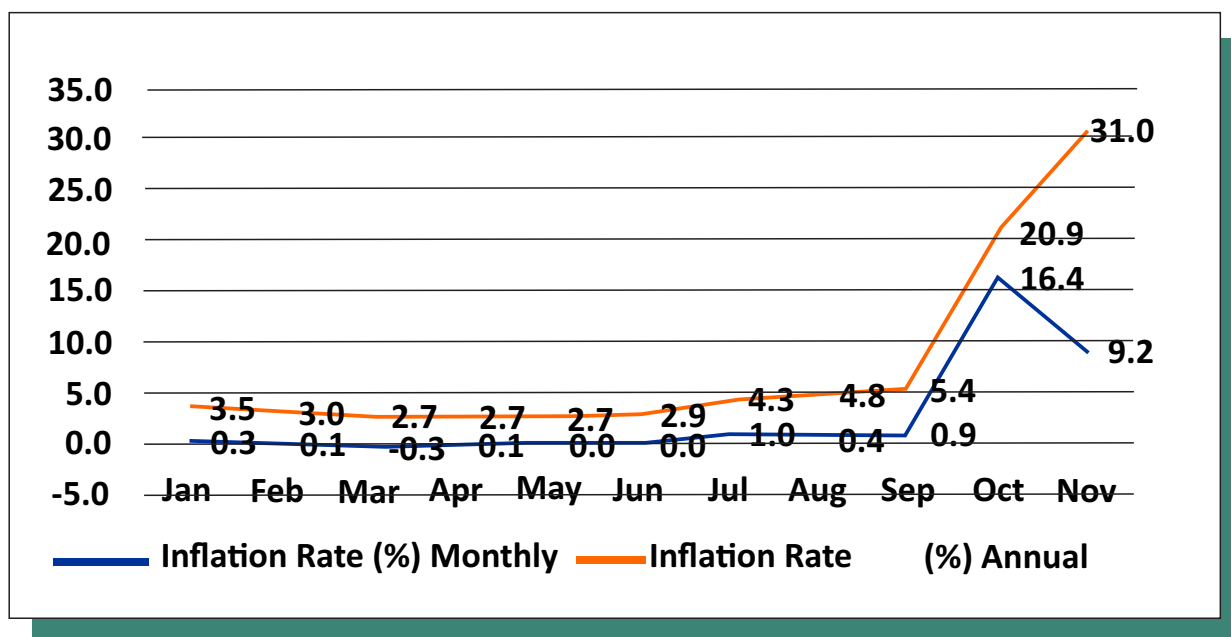
- a. Inflation
- b. Rainfall season quality
- c. Agriculture
- d. Water situation
- e. Food security situation

<sup>1</sup>Case Fatality Rate: Total deaths/ Total Cases x 100

## 4.0 Situation Analysis

### 4.1. Inflation

The November 2018 year on year inflation rate increased to 31% from 20.9% reported in October. The year on year inflation rates remained below 5%, until October. The food and non-alcoholic beverages inflation was at 42.7% while the non-food was at 25.4%. The sharp increase was brought about by panic buying, shortages and policies that drove mainly food prices up. This has even led to rising costs of production, weakening domestic demands because of decline in the income of the consumers, foreign exchange shortages, and budget deficits. The concept of demand-pull inflation explains that prices will naturally increase as demands for commodities increase faster than supply. The prevailing El-Nino induced weather phenomena is likely to cause a decline in economic productivity in Zimbabwe due to low production compared to 2018 in the agricultural sector and other economic problems affecting other industries and sectors.



Source: ZimSTAT

### 4.2. Rainfall Season Quality

As at the 4<sup>th</sup> of January 2019, most parts of the country had received less than 75% of the long-term mean rainfall and are thus in the below normal category (yellow colour). Parts of Mashonaland, Masvingo and Matabeleland South and Manicaland provinces are in the normal category, having received total rainfall in the range 75% to 125% of their long-term mean (blue colour, fig 1(b)). In the southern and south eastern parts of the country, the rainfall season started in the second week of November 2017 with the rest of the country starting in the last week of November.

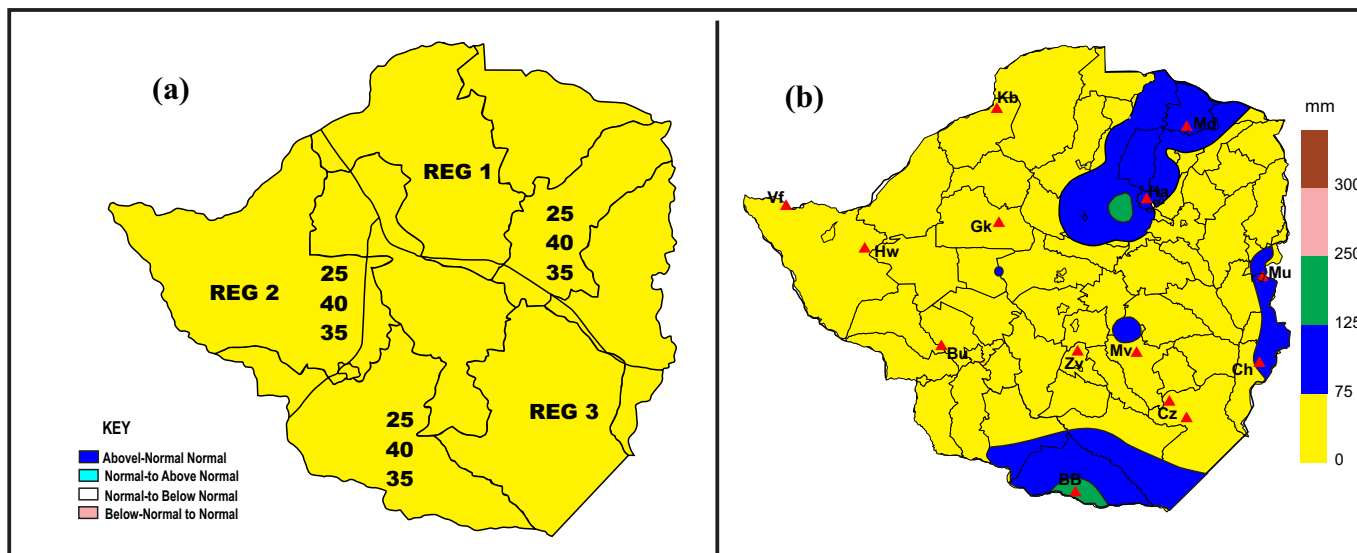


Figure 1 (a) October to December (OND) outlook issued in August 2018, (b) Percentage of normal rainfall as from 01 October 2018 to 12 December 2018.

### 4.3. Rainfall Distribution

Rainfall distribution has been poor in both space and time. Most parts of the country are in the below normal category (less than 75%, the areas in the yellow colour), while some parts are in the normal category (between 75% and 125%). There has been an improvement in the rainfall situation across the country during the week<sup>2</sup> which has seen an increase in planting activities.

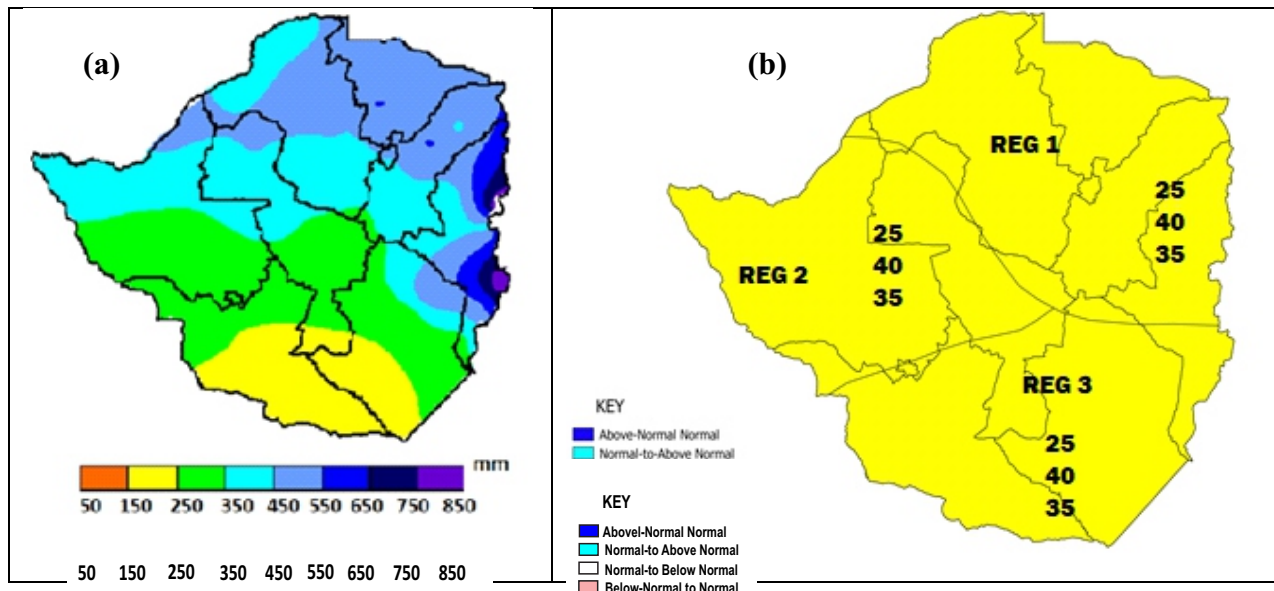


Figure 2 (a) Long term mean rainfall for January-February-March (1981-2010), (b) Seasonal outlook for January-February-March.

### 4.4. Area Planted

An overview of the area planted to major crops as at 4 January 2019 highlighted that there was a general decline compared to the same time the previous year. Area planted and season performance directly affects production thus the poor season performance and less area planted is likely to negatively affect agricultural production.

<sup>2</sup>Week of the 4<sup>th</sup> of January

**Table 1: Area planted to crops as at 4 January 2019.**

<b>Crop</b>	<b>2017/18 (ha)</b>	<b>2018/19 (ha)</b>	<b>% Change</b>
<b>Maize</b>	675 231	512 496	-24
<b>Sorghum</b>	86 488	38 613	-55
<b>Pearl Millet</b>	81 248	35 504	-56
<b>Finger Millet</b>	29 129	9 948	-66
<b>Groundnuts</b>	151 216	59 016	-61
<b>Cowpea</b>	14 742	9 737	-34
<b>Tobacco</b>	93 212	100 244	8
<b>Cotton</b>	56 805	78 538	38
<b>Soya bean</b>	16 735	17 143	2
<b>Bambara nuts</b>	43 416	18 186	-58

*Source: Ministry of Agriculture*

The performance of the season to date has adversely affected on-farm activities such as land preparation, planting and casual labour opportunities which are below typical levels for this time of the year. Reduced casual labour opportunities due to reduced area under cropping has a significant impact on rural households, as about 26% of the rural households rely on casual labour as an income source. The impact ranges from reduced incomes and this has ripple effects on the expenditure of households on food and essential services.

#### **4.5. Crop and Livestock Condition**

Poor rainfall distribution across the country has resulted in poor germination of most crops. Most areas experienced a false start to the season. Onset of the rainfall season was immediately followed by a dry spell, which resulted in temporary cessation of planting. The rains received across the country, during the week ending 4 January 2019 have greatly improved the crop condition, which was beginning to show signs of water stress. The improvement in the rainfall performance during the week ending 4 January has resulted in most farmers doing gap filling, re-planting and planting of short season and drought tolerant varieties of maize, small grains, sunflower, sugar beans and cowpeas.

The early-planted crops are at the vegetative stage with crop condition ranging from fair to good, whilst harvesting and curing of the irrigated tobacco is underway.

However, the 2018/2019 agricultural season has not been spared by the armyworm and the fall armyworm as it continues to cause havoc to the early-planted crop in all provinces. The Fall Army Worm (FAW) caterpillars feed on the leaves, stems and reproductive parts of the crop. The infestation has the potential of reducing the yield of the affected crop. Early control of this pest is very crucial as it can even spread to the pastures compromising pasture/ veld quality and quantity.

Livestock condition ranges from fair to good in all areas. The livestock condition has improved due to improved pasture/ veld availability. Cattle condition is ranging from poor to fair in all provinces while condition of small livestock is good across all the provinces. In most provinces, there has been an increase in reports of livestock diseases mostly tick borne diseases. Tick borne diseases are often associated with the rejuvenation of the pastures, moist conditions prevailing and inadequate dipping facilities. There is need to urge farmers to consistently dip their cattle to control and manage the tick-borne diseases.

#### **4.6. Grazing Condition**

Grazing condition is poor to fair especially in Masvingo, Matabeleland North, Matabeleland South and parts of Midlands. The situation is fair to good in the Mashonaland provinces and parts of Manicaland. This has improved due to the rains that have fallen across the country. More rains are still needed for the pastures to improve. There is however need to come up with measures to control the fall army worm from spreading to the pastures, as this can significantly reduce the quality and quantity of the improving pastures.

#### **4.7. Domestic and Productive Water Situation**

As at 18 January 2019, capacity of the major dams ranged from 3.3% to 90.5%. Dam levels in 12 out of the 24 major dams were declining and this is mainly attributable to the late onset of the rainfall season. Seven out of the 24 major dams were below 50% capacity and these were Mutirikwi (49.8%), Silalabhuwa (49.7%), Kariba (48.9%), Umzingwane (37.4%), Upper Insiza (32.9%), Harava (12.2%) and Seke (3.3%). With the rainfall forecast of normal to below normal during the 2019 season, the river flows will very much correlate with the rainfall forecast and events.

This is expected to compromise water availability. If water availability is further compromised, this may lead to some areas becoming vulnerable to cholera because of inadequate supplies of safe piped water. This then may lead people to use alternative unsafe supplies such as unprotected wells and boreholes, some of which may be unknowingly contaminated. In 2018, Zimbabwe recorded the second largest

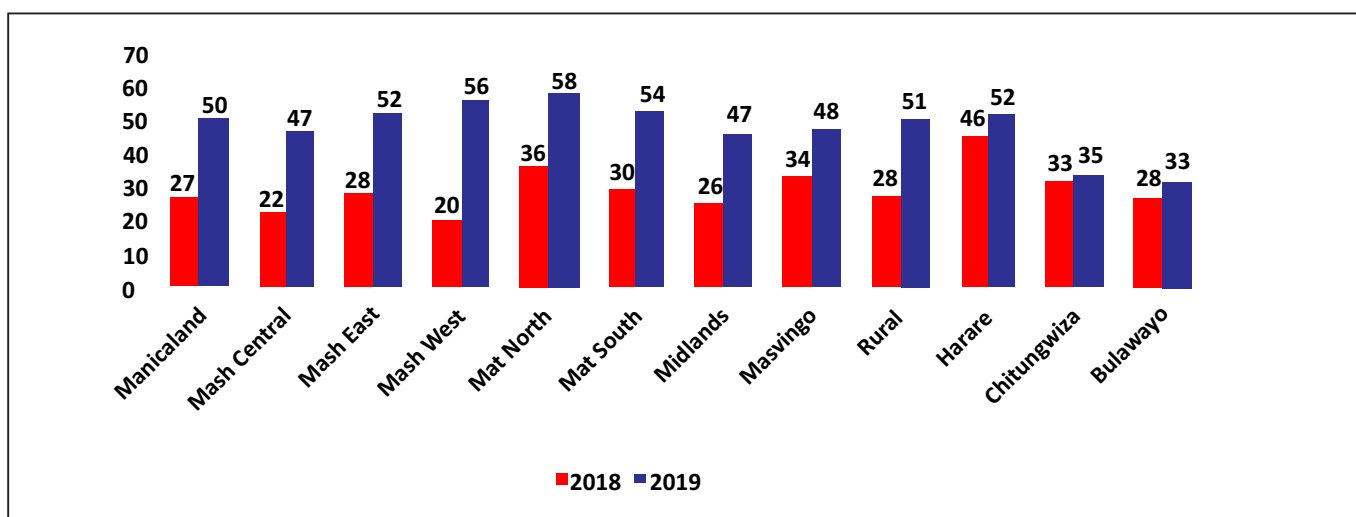
cholera outbreak in its history. The disease rapidly spread mainly around two suburbs of Harare city since September, and by mid-December, more than 10,000 cases and over 50 deaths had been reported. The country also battled a typhoid fever outbreak, which affected Harare and Gweru cities since 2017, with more than 6,100 cases reported and 17 recorded deaths since the outbreak began. However, this situation can be ameliorated through the implementation of various interventions.

## 5.0. National Projected Food Insecurity

5.1 a. Zimbabwe's national food insecure population is projected to be 7,5 million people (4,5 million in the rural areas and 3 million in the urban areas). This requires a cumulative figure of **USD 1.45 bn** for cereal and complementary food items. (For detailed requirements, refer to sections 6.1a and 6.1b).

### 5.1 b Rural Food Insecurity

The revision of the food insecurity projections has been prompted by the deterioration of some key assumptions such as increases in prices and reduction in household purchasing power. The food insecure rural population is now projected to be approximately 4.5 million (51%).



<b>Midlands</b>	<b>Food Insecure Proportion (%)</b>	<b>Mashonaland Central</b>	<b>Food Insecure Proportion (%)</b>
Chirumhanzu	47.5	Bindura	42.4
Gokwe North	56.3	Muzarabani	49.2
Gokwe South	39.7	Guruve	50.6
Gweru	43.3	Mazowe	48.8
Kwekwe	46.3	Mt Darwin	47.9
Mberengwa	52.3	Rushinga	52.5
Shurugwi	51.5	Shamva	37.1
Zvishavane	40.2	Mbire	46
<b>Matabeleland North</b>	<b>Food Insecure Proportion (%)</b>	<b>Matabeleland South</b>	<b>Food Insecure Proportion (%)</b>
Binga	66.4	Beitbridge	53.4
Bubi	52.2	Bulilima	63.4
Hwange	56.6	Mangwe	58.3
Lupane	46.7	Gwanda	50.4
Nkayi	54.8	Insiza	42.7
Tsholotsho	64.6	Matobo	52.6
Umguza	64	Umzingwane	55.4
<b>Masvingo</b>	<b>Food Insecure Proportion (%)</b>	<b>Mashonaland West</b>	<b>Food Insecure Proportion (%)</b>
Bikita	54.2	Chegutu	51.3
Chiredzi	47.9	Hurungwe	59.1
Chivi	38	Kariba	54.8
Gutu	45.3	Makonde	59.7
Masvingo	54.1	Zvimba	48.1
Mwenezi	59.8	Mhondoro-Ngezi	57.1
Zaka	39.2	Sanyati	64
<b>Mashonaland East</b>	<b>Food Insecure Proportion (%)</b>	<b>Manicaland</b>	<b>Food Insecure Proportion (%)</b>
Chikomba	46.7	Buhera	64.2
Goromonzi	54.8	Chimanimani	42
Hwedza	51.9	Chipinge	47.4
Marondera	51.7	Makoni	47.2
Mudzi	63.9	Mutare	47.4
Murewa	44.3	Mutasa	52.3
Mutoko	55	Nyanga	50.8
Seke	47		
UMP	50.5		

### 5.1 c Urban food insecurity

The food insecure urban population is now projected to be approximately 41%, an increase from 37% in 2018. This translates to approximately 3 million people.

	Food Insecure Proportion (%)
Bulawayo	33.2
Mutare Urban	40.3
Rusape	25.2
Bindura Urban	39.4
Marondera Urban	47.9
Chinhoyi	31.9
Kadoma	55
Chegutu Urban	58.8
Kariba Urban	44.4
Norton	60.2
Karoi	56.3
Hwange Urban	53.5
Victoria Falls	36.2
Gwanda Urban	38.1
Beitbridge Urban	32.2
Plumtree	61.2
Gweru Urban	28.2
Kwekwe Urban	34.1
Redcliff	42.5
Zvishavane Urban	30.9
Shurugwi Urban	27.3
Gokwe Town	41.9
Masvingo Urban	26.1
Chiredzi Urban	27.3
Harare Urban	47.7
Chitungwiza	35.2
Epworth	62.1
<b>All Urban</b>	<b>41%</b>

Urban households mostly depend on the market for food and do not produce enough food to feed themselves. A continued rise in food prices has ripple effects on food access. Consequently, food may be available on the market, but its price will be simply unaffordable to most households<sup>3</sup>, considering that 38.2% of the urban population is deemed poor. This will likely lead to a deterioration in urban diets in terms of diversity, quantity and quality of the food they consume. This may also affect childcare practices leading to increased rates of malnutrition among the most vulnerable, including children and pregnant and lactating mothers.

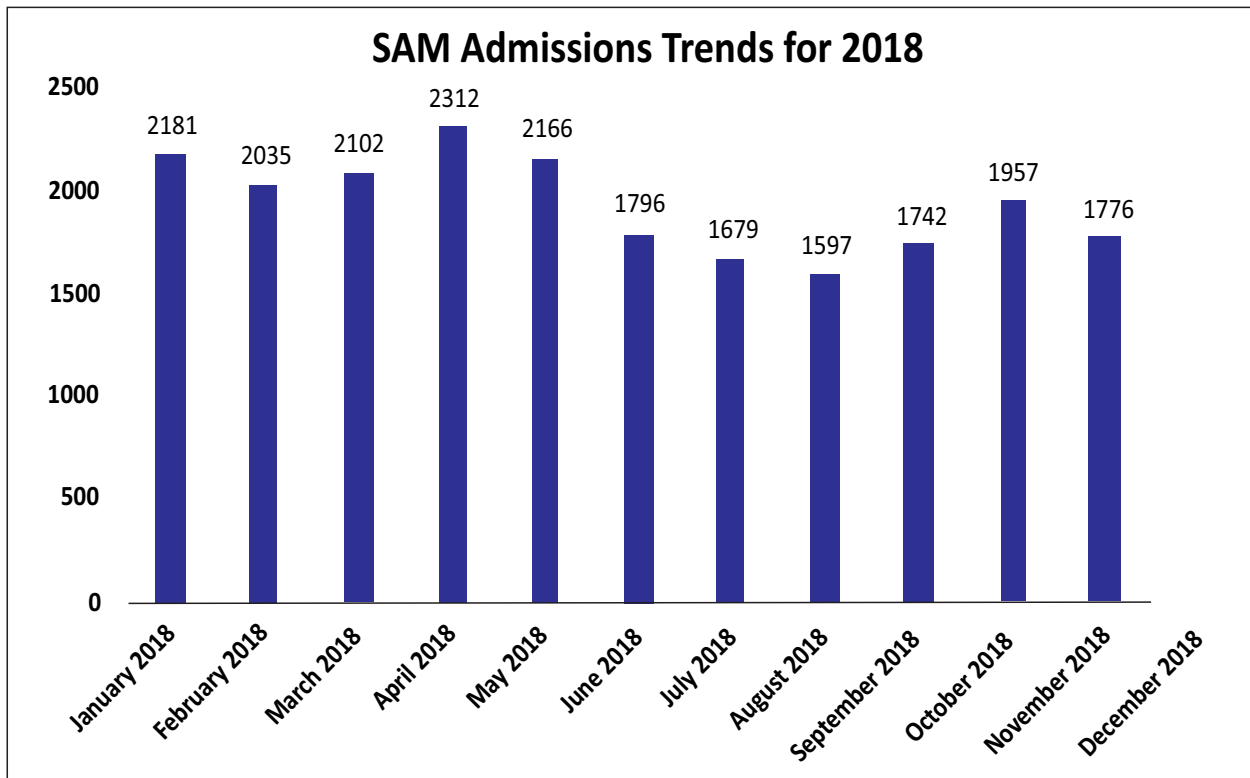
<sup>3</sup>ZimSTATS



## 5.2. Health and Nutrition

### Severe Acute Malnutrition (SAM) Trends-2018

Severe Acute Malnutrition admission cases continue to show a seasonality trend, with more cases being recorded during the period (January to May) and tapering off during the post-harvest period. (DHIS, 2018).



This is a clear indication that during this period most households are not able to meet their dietary requirements and not likely to provide the minimum acceptable diet for children under the age of five. The prevailing El Niño- phenomena can further impede progress in addressing stunting, with the long term consequences of impaired cognitive development, poor school performances and impaired productivity.

### Hidden Hunger in Zimbabwe

While dietary diversity continues to deteriorate and hunger increases during this peak lean season exacerbated by the El Niño induced drought, the population- especially the vulnerable children and women of child bearing age become increasingly prone to micronutrient deficiencies commonly known as **the hidden hunger**. In Zimbabwe, almost three out of four children are deficient in iron and one in five children under five years lack vitamin A. During the drought season when food intake and diversified diets become increasingly difficult to acquire, this situation is worsened and there is need to protect vulnerable populations from hidden hunger.

Protective interventions such as distribution of micronutrient powders among young children, widening the food basket provided to families as part of government support programmes to include biofortified pulses and fortified oil in addition to maize grain should be emphasised. Other sectors such as Industry and Trade can participate to avert this hidden hunger by ensuring mechanisms for smooth and effective distribution of fortified food vehicles across the country that include sugar, cooking oil, maize meal and wheat flour. As the Zimbabwean population becomes increasingly under financial and economic pressure, the population especially the poorest of the poor, become increasingly dependent on staple foods so the necessity for fortification actually increases. This will ensure the population will remain protected from micronutrient deficiencies.

## **6.0. Needs**

In light of the prevailing situation, the following have been identified as the immediate, intermediate and long term needs.

### **6.1. Food Insecurity Immediate Needs**

#### **FOOD SECURITY**

**People in need: 7, 5 million**

**People targeted: 7, 5 million**

The food insecurity response will aim to improve and stabilise the food consumption of severely food-insecure households and reduce the risk of households resorting to negative coping mechanisms. These include selling off critical assets that undermine future food security or resilience gains made in the recent past. To address the underlying causes of food insecurity, there is need for resilience-building support as part of the response.

#### **Priority Actions:**

- Provide monthly food assistance through either in-kind or cash to food-insecure rural households, in close collaboration with local stakeholders.
- Provide monthly cash assistance to meet the most immediate food security needs of vulnerable people in urban areas, adversely affected by the current crises.
- In close coordination with the nutrition sector partners, provide a protective nutritional ration to increase nutritional value of the food basket provided to households with children, pregnant and lactating women.

Zimbabwe requires a total of **USD 1.452 bn** to respond adequately to the projected food insecurity in both the urban and the rural areas.

	% Food Insecure	Food Insecure Population	Monthly Cost of Cereals (USD)	Cost of Food Basket less Cereals (USD)	Monthly Food Basket Cost	13 Months Food Basket Cost
<b>Rural</b>	51.4	4496268	21,621,203	44,962,678	66,583,881	865,590,448
<b>Urban</b>	40.6	3006238	15,009,602	30,062,377	45,071,979	585,935,731
<b>Total</b>		<b>7,502,505</b>	<b>36,630,805</b>	<b>75,025,055</b>	<b>111,655,860</b>	<b>1,451,526,179</b>

Programme	Estimated needs	Requirements	Related Costs
Harmonised Social Cash Transfers	Government will be targeting a total of <b>57,203 in 2019</b>		Combined estimated household cash transfers is <b>\$14.12 million</b>
Livelihood programme to build resilience in vulnerable communities to be implemented by Government	Government to provide <b>\$1 million</b> targeted at one vulnerable district per province		Estimated cost is <b>\$10 million</b>
Productive safety net Programme (Food for Assets) by Development Partners	Target is <b>153,000</b> individuals (30,600) households for 2019		Total estimated cost is US\$15 million

### 6.1a Rural Food Insecurity Requirements

The following are the requirements to meet the needs of the food insecure rural population:

	% food Insecure	Food Insecure Population	Monthly Cereal Requirements	Monthly Cereal Costs	13 Months Cereals (MT)	13 Months Cereal Cost \$
Manicaland	50.2	767151	9459	3,688,999	122,967	47,956,992
Mashonaland Central	46.8	520048	6412	2,500,753	83,358	32,509,795
Mashonaland East	51.8	551410	6799	2,651,566	88,386	34,470,352
Mashonaland West	56.3	658956	8125	3,168,724	105,624	41,193,407
Matabeleland North	57.9	370584	4569	1,782,026	59,401	23,166,342
Matabeleland South	53.8	330346	4073	1,588,532	52,951	20,650,922
Midlands	47.1	585611	7221	2,816,026	93,868	36,608,338
Masvingo	48.4	667575	8231	3,210,166	107,006	41,732,158
National	51.4	4496268	55439	USD 21,621,203	720,707	USD 281,075,637

Province	% Food Insecure	Food Insecure Population	Cost of Pulses and Oils (USD)	13 Months Cost of Pulses and Oils (USD)
Manicaland	50.2	767,151	7,671,511	99,729,640
Mashonaland Central	46.8	520,048	5,200,477	67,606,204
Mashonaland East	51.8	551,410	5,514,101	71,683,308
Mashonaland West	56.3	658,956	6,589,564	85,664,332
Matabeleland North	57.9	370,584	3,705,838	48,175,894
Matabeleland South	53.8	330,346	3,303,455	42,944,917
Midlands	47.1	585,611	5,856,107	76,129,386
Masvingo	48.4	667,575	6,675,746	86,784,698
National	51.4	4,496,268	USD 44,962,678	USD 584,514,811



### **6.1b Urban Food Insecurity Requirements**

The following are the requirements to meet the needs of the food insecure urban population:

City/Town	% Food Insecure	Food Insecure Population	Monthly Cereal Requirements	Monthly Cereal Costs	13 Months Cereals (MT)	13 Months Cereal Cost \$
<b>Bulawayo</b>	33.2	230,252	2,839	1,107,213	36,907	14,393,772
<b>Mutare Urban</b>	40.3	142,788	1,761	686,625	22,887	8,926,124
<b>Rusape</b>	25.2	14,427	178	69,375	2,313	901,880
<b>Bindura Urban</b>	39.4	32,496	401	156,265	5,209	2,031,447
<b>Marondera</b>	47.9	56,081	691	269,678	8,989	3,505,820
<b>Chinhoyi</b>	31.9	183,965	2,268	884,634	29,488	11,500,248
<b>Kadoma</b>	55	96,043	1,184	461,840	15,395	6,003,925
<b>Chegutu</b>	58.8	56,176	693	270,131	9,004	3,511,708
<b>Kariba Urban</b>	44.4	22,178	273	106,649	3,555	1,386,441
<b>Norton</b>	60.2	76,841	947	369,503	12,317	4,803,544
<b>Karoi</b>	56.3	30,414	375	146,251	4,875	1,901,262

City/Town	% Food Insecure	Food Insecure Population	Monthly Cereal Requirements	Monthly Cereal Costs	13 Months Cereals (MT)	13 Months Cereal Cost \$
Hwange Urban	53.5	37,909	467	182,294	6,076	2,369,825
Victoria Falls	36.2	23,071	23,071	110,940	3,698	1,442,225
Gwanda	38.1	14,553	179	69,983	2,333	909,773
Beitbridge	32.2	25,623	316	123,212	4,107	1,601,754
Plumtree	61.2	13,437	166	64,612	2,154	839,959
Gweru Urban	28.2	84,070	1,037	404,267	13,476	5,255,468
Kwekwe	34.1	64,976	801	312,449	10,415	4,061,832
Redcliff	42.5	28,836	356	138,665	4,622	1,802,646
Zvishavane	30.9	26,393	325	126,917	4,231	1,649,915
Shurugwi	27.3	11,293	139	54,305	1,810	705,964
Gokwe Town	41.9	19,033	235	91,524	3,051	1,189,810

City/Town	% Food Insecure	Food Insecure Population	Monthly Cereal Requirements	Monthly Cereal Costs	13 Months Cereals (MT)	13 Months Cereal Cost \$
Masvingo	26.1	43,318	534	208,302	6,943	2,707,925
Chiredzi	27.3	15,697	194	75,484	2,516	981,291
Harare	47.7	1,337,882	16,496	6,433,473	214,449	83,635,147
Chitungwiza	35.2	237,204	2,925	1,140,642	38,021	14,828,343
Epworth	62.1	196,387	2,421	944,367	31,479	12,276,776
<b>All Urban</b>	<b>40.6</b>	<b>3,006,238</b>	<b>38,486</b>	<b>USD 15,009,602</b>	<b>500,320</b>	<b>USD 195,124,828</b>



City/Town	Food Insecure	Food Insecure Population	Cost of Pulses and Oils (USD)	13 Months Cost of Pulses and Oils (USD)
<b>Bulawayo</b>	33.2	230,252	2,302,521	29,932,772
<b>Mutare</b>	40.3	142,788	1,427,881	18,562,448
<b>Rusape</b>	25.2	14,427	144,271	1,875,518
<b>Bindura</b>	39.4	32,496	324,963	4,224,525
<b>Marondera</b>	47.9	56,081	560,814	7,290,578
<b>Chinhoyi</b>	31.9	183,965	1,839,654	23,915,503
<b>Kadoma</b>	55	96,043	960,427	12,485,548
<b>Chegutu</b>	58.8	56,176	561,756	7,302,823
<b>Kariba</b>	44.4	22,178	221,784	2,883,194
<b>Norton</b>	60.2	76,841	768,406	9,989,279
<b>Karoi</b>	56.3	30,414	304,138	3,953,796
<b>Hwange</b>	53.5	37,909	379,092	4,928,202
<b>Victoria Falls</b>	36.2	23,071	230,708	2,999,200
<b>Gwanda</b>	38.1	14,553	145,533	1,891,931
<b>Beitbridge</b>	32.2	25,623	256,227	3,330,951
<b>Plumtree</b>	61.2	13,437	134,365	1,746,749
<b>Gweru</b>	28.2	84,070	840,699	10,929,083
<b>Kwekwe</b>	34.1	64,976	649,757	8,446,841
<b>Redcliff</b>	42.5	28,836	288,363	3,748,718
<b>Zvishavane</b>	30.9	26,393	263,931	3,431,104
<b>Shurugwi</b>	27.3	11,293	112,931	1,468,097
<b>Gokwe Town</b>	41.9	19,033	190,330	2,474,287
<b>Masvingo</b>	26.1	43,318	433,177	5,631,304
<b>Chiredzi</b>	27.3	15,697	156,974	2,040,658
<b>Harare</b>	47.7	1,337,882	13,378,819	173,924,652
<b>Chitungwiza</b>	35.2	237,204	2,372,038	30,836,491
<b>Epworth</b>	62.1	196,387	1,963,872	25,530,342
<b>All Urban</b>	<b>40.6</b>	<b>3,006,238</b>	<b>30,062,377</b>	<b>390,810,903</b>

## Total Urban and Rural Requirements

	Food Insecure Proportion	Food Insecure Population	Monthly Cost of Cereals (USD)	Monthly Cost of Pulses and Oil (USD)	Monthly Food Basket Cost	13 Months Food Basket Cost
<b>Rural</b>	<b>51.4</b>	4496268	21,621,203	44,962,678	66,583,881	865,590,448
<b>Urban</b>	<b>40.6</b>	3006238	15,009,602	30,062,377	45,071,979	585,935,731
<b>Total</b>		<b>7,502,505</b>	<b>USD 36,630,805</b>	<b>USD 75,025,055</b>	<b>USD 111,655,860</b>	<b>USD 1,451,526,179</b>

## 5.1. Intermediate Needs

### AGRICULTURE

People in need: 1,800,000 households

People targeted: 1,800,000 households



Programme	Amount needed
Crop input support	USD 270million
Livestock Feed support (survival meal)	USD 270 million
Pasture establishment (rainfed)	USD 1.5 million
Acaricides	USD 3 million
Vet Medicines (vaccines)	USD 50 million
De-wormers	USD 1,5 million
Tillage equipment	USD 8 million
Irrigation equipment	USD 200 million
Special Agriculture Programme (crops and livestock)	USD 530 million
Institutional and farmers capacity building	USD 52 million
<b>Total</b>	<b>USD 1,382 billion</b>

Response actions should aim at ensuring that farmers are supported to produce food for their households in the 2019/20 agricultural season. Immediate relief and recovery interventions should include:

#### Assisting farmers with the following:

- Survival livestock feed: provide survival feed to protect and preserve the core breeding herd (pregnant, lactating, dry productive female animals) of the vulnerable households in the affected districts.
- Irrigated fodder production: fodder seeds and associated inputs should be provided to communities with access to irrigated lands to produce fodder, increase availability and affordability of survival feed;
- Restocking with small ruminants, vaccination against diseases, treatment and provision of veterinary medicines and drugs and animal health services;
- Culling animals through hygienic slaughter, providing meat and income to

- affected households;
- Assisting smallholder farming communities affected through direct provision of seeds, other inputs and through cash and voucher schemes in selected districts;
- Strengthening pest and disease surveillance given the increased threats and incidents of trans-boundary pests and diseases. Diseases and pests will need to be contained early and surveillance plays an important role;
- Implement measures for improved storage and minimization of post-harvest losses;
- Scaling up of climate smart agriculture, conservation farming and other effective farming practices.
- Promote weather-index and other insurance schemes for managing climate risks;
- Sustainable water management practices to address water use efficiency and productivity, and promote best practices for water use and conservation, including expansion of rainwater harvesting, water storage techniques, water reuse and irrigation efficiency. The rehabilitation of water points will be a focal issue in some districts.

Currently, the Government is supporting the vulnerable and the contribution for this current season was estimated at USD350 million. The private sector is contracting smallholder farmers in sorghum, sunflower and soyabean.

### **Current Programmes**

#### **a) Cotton Input Scheme Presidential**

Target 350 000 households

20kg seed, 2 bags basal, 1 bag top dressing and agrochemicals.

#### **b) Special Agriculture Programme**

Crops

Maize Target                    400 000ha (Private sector contribution-Sakunda- 290 000ha maize)

Wheat                            50 000ha

Soyabean target                60 000ha

Total cost: USD350 million (per hectare 25kg seed, 9 bags basal, 8 bags top dressing, fuel, herbicides, tillage services)

## **Livestock**

### **Beef**

Target Value USD10million for Matabeleland North and Matabeleland South (USD 5 million per province)

USD 6million for the remaining 6 provinces (USD 1 million per province)

**Broilers** USD 3million for urban and rural households (a revolving fund now)

## **NUTRITION**

**People in need: 72,000**

**People targeted: 49,000**



The main focus is to provide life-saving essential nutrition services and strengthen community-based management of acute malnutrition. The response will also include the provision of community level Infant and Young Child Feeding in Emergencies (IYCF-e) support to parents and caregivers of children under the age of two in food-insecure districts with high levels of global acute malnutrition (GAM). The interventions will prioritise children and pregnant women at highest risk of morbidity and mortality in the 24 most drought-affected districts.

Community health workers will be capacitated to conduct active screening for early identification, referral and follow-up of children with acute malnutrition. Children with SAM will be treated with ready-to use therapeutic food (RUTF), while children with moderate acute malnutrition (MAM) will be treated with ready-to use supplementary food (RUSF) and linked to protective rations from WFP, which cover children under the age of five. All children between 6 to 23 months and HIV-clients in severely affected districts will receive super-cereal plus for protection from acute malnutrition during the lean season period until the postharvest period. Pregnant women will continue to be supplemented with iron and folate from health facilities, children aged 6 to 59 months will be supplemented with vitamin A supplements through health facilities and community health workers. Micronutrient Powders (MNPs) will be provided to children 6-23 months to protect them from hidden hunger considering dietary diversity is poor across districts especially those severely affected by drought.

### **Priority actions:**

- Increase access to and efficient stock management of life-saving therapeutic and supplementary foods at Health facilities and community levels
- Implement active screening for early identification and referral of children with acute malnutrition through community-based health workers and community volunteers
- Build the capacity of facility-based health workers on treatment, management and reporting of acute malnutrition
- Provide community IYCF support and counselling - specifically where cash and/or food assistance interventions are provided – in coordination with WASH and food security clusters
- Provide child and maternal micronutrient supplementation (VAS, MNPs, Iron and folate for pregnant women) and reach specified areas through village health days.
- Promote increased consumption of fortified staple foods, bio-fortified crop products and MNPs for children.
- Continue implementation of community nutrition resilience program
- In addition to maize support include pulses and fortified oils in the government and partner assistance support programmes in all at risk districts to prevent an increase in acute malnutrition.
- Conduct seasonal nutrition assessment led by MoHCC with support from UN Agencies, Local and International NGOs.

<b>Nutrition Response Programme</b>		
<b>Relief Programme</b>	<b>Activities/Requirements</b>	<b>Related Cost / USD</b>
Blanket supplementary feeding programme for 49 353 children <5years months in 24 districts with severe drought	Purchase and distribute 2 961MT of Super Cereal Plus and MNPs	4,441,407.00
Targeted supplementary feeding programme for 9 340 HIV-clients in 24 districts with severe drought	Purchase and distribute 448MT of Super Cereal Plus	67,1987.00
IYCF Counselling and cooking demonstrations	Conduct refresher training to 5,000 community health workers on infant and young child feeding, with a special focus on emergencies and cooking demonstrations	12,5000.00
	Print and distribute 10, 000 copies of IEC material on feeding infants and young children	5000.00
Capacity building, Mentorship and Coaching of HWs, Material Development for supplementary feeding programme	Development and printing of 2520 copies of guidelines and training material for the emergency supplementary feeding programme	25,200.00
	Conduct training on supplementary feeding programmes to district and community-level health workers	63,000.00
	Printing of supplementary feeding programme registers	15,000.00
	Conduct monitoring and supportive supervision to all districts	97,360.00
Early identification and treatment of 49 353children under 5 years with acute malnutrition	Training, supportive supervision on active screening for all 63 rural districts and 2 urban metropolitan cities on active screening	160,360.00
Seasonal assessment on burden of acute malnutrition	Conduct emergency nutrition assessment in 63 districts and 2 urban metropolitan cities	373,750.00
Resilience building among communities	Community level training on resilience building to assist in coping during emergencies	240,000.00
<b>Total</b>		<b>6,218,064.00</b>

## EDUCATION

**Target population: 3,211,939**

**Total budget: 150 million**



The main emphasis is to ensure children in both the rural and the urban districts and domains continue to have inclusive, equitable access to and participate in education activities that support their physical, social, emotional and cognitive wellbeing. Schools provide a platform for cross-sectoral, pre-emptive and lifesaving support to drought affected and food insecure communities. Supporting education services during the drought will enable children to build their resilience along with their communities to withstand, adapt and recover from threats and shocks. The link between adequate nutritional levels and school attendance and attainment of educational outcomes is extensively proven. Ensuring that children receive *nutrition-sensitive* school meals, therefore, both protects the most vulnerable children from drought-induced decline in nutritional status and ensures that their education is not disrupted. The Ministry of Primary and Secondary Education (MoPSE) school feeding programme in Zimbabwe has been boosted by the supply of maize grain to all learners in primary schools. However, the quality of school meals has been affected by the inability to consistently provide the full nutritional requirements in terms of protein, fats and vitamins. During the cholera outbreak of 2018, the shortage of ablution facilities, clean water supplies and hand washing facilities was highlighted, with some schools ending up not providing school meals. The Education cluster plans to complement the Government supplied grain with affordable nutritional requirements such as pulses, cooking oil, fruit and a variety of vegetables. The school feeding programme for the 3,211,939 targeted children in all the rural and urban high-density primary schools (P3 and P2), with high priority to learners in the most drought-affected districts as well as the most food insecure urban domains.

### Priority Actions

- Support the provision of school meals in highly food insecure districts and domains
- Building resilience and sustainability through strategic value chain linkages between small scale farmers as well as smallholder irrigation schemes to be supported to grow pulses, nuts, tubers, fruits and vegetables for purchase by schools.
- Addressing WASH gaps in schools in the most drought-prone areas to ensure clean water supply, adequate ablution facilities as well as proper school kitchens and food storage facilities.
- Supporting efforts to promote Food Safety Standards and the development of



simplified IEC materials in this regard.

- Support the campaign to keep both male and female learners in school and supporting schools with the highest school fees payment arrears to remain viable.
- Preposition teaching and learning materials and disability assistive devices and adaptations to reduce the burden of education costs to parents, as families will probably prioritise food over other basic needs.

## **CHILD PROTECTION**

El Nino induced droughts have an impact on the food production (availability and accessibility) and children are thereby affected negatively. This is in terms of nutrition, as such, resulting in hunger and malnutrition. In addition, there is a likelihood of increases in cases of school dropouts, early child marriages, child labour and child prostitution. The girl child suffers a double tragedy as she has to do without sanitary wear as priority is given to provision of food to avert hunger caused by El Nino induced disasters.

## **PRIORITY ACTIONS**

- In order to ensure a comprehensive package during such disasters, food assistance needs to be a holistic basket with nutritional value and also the provision of resources for the payment for school fees. This will ensure all vulnerable children continue to be enrolled in school and reduce their exploitation, abuse and violence.
- Case Care Workers (CCWs) play a critical role in the identification of children affected by the results of such disasters. Therefore, Government and Development partners will strengthen the role of CCWs through provision and maintenance of the tools of trade for those CCWs which include bicycles and cell phones.
- Free sanitary wear for the girl child will also take precedence in all humanitarian assistance that is going to be rendered.
- An appeal is also made to development partners to increase their complementary role in the provision of specialist services. These services include counselling services, provision of food packs and school uniforms and stationery requisites.
- Development partners are also key in family tracing of children living in the streets as they flee hunger from their families as a result of the drought.
- In addition, their complementary role in the provision of resources for reunification of such separated children will go a long way in ensuring families,

and especially children, remain within their family setup even during periods of disasters.

At the present moment, the Department of Social Welfare is targeting plus or minus 69,000 vulnerable children requiring about USD4 million for the 2019 budgetary year, but was allocated only USD1 million. However, with the approach of the El Nino induced drought, these figures will increase significantly and as such, give rise to the requests that will be required to ensure affected children are provided with adequate protection.

## WASH

Target population: 1,000,000

Total Budget: USD 12.5M



The WASH Response will be guided by three strategic objectives:

- (i) Restore access to sufficient water of appropriate quality and quantity to fulfil basic needs;
- (ii) Increase awareness of safe hygiene and sanitation practices, with a focus on participatory health and hygiene education (PHHE) and water conservation; and
- (iii) Provide access to critical WASH related Non-food items (NFIs), with a focus on the most vulnerable families in the targeted areas. The WASH Sector will target more than 750,000 people in the most drought and cholera affected districts and peri-urban areas, including refugee settlements. The response is specifically targeted at WASH needs arising from and aggravated by the current cholera outbreak and impending drought. In the refugee sites, the WASH sector will target the construction of sanitation facilities, as well as additional boreholes and water reticulation systems.

The overall coordination at the national level will be done through the WASH Sector Coordination and Information Forum (WSCIF) and its Emergency Strategic Advisory Group (E-SAG). At the sub-national level, interventions will be coordinated through the regular coordination structures: Provincial and District Water Supply and Sanitation Committees (PWSSC and DWSSC respectively). Specific activities to monitor interventions including feedback from beneficiaries and communities will be promoted among the WASH partners as part of the implementation of this sector strategy.

### Priority actions:

- Rehabilitation/upgrading/construction of strategic water points with a focus on maximising use of perennial water sources to cover needs of institutions (schools, health centres) and vulnerable communities.
- Conducting participatory health and hygiene education and awareness in institutions (health facilities, schools) and communities with high malnutrition rates. This will include training of Environmental Health Technicians (EHTs), Village Health Workers (VHWs) and Community Health Workers (CHWs), supporting community-based counselling of caregivers on infant and young child feeding practices on critical life-saving WASH messages and hygiene practices.

### HEALTH

USD37.4million required

People in need: 12.2 million

People targeted: 9.8 million

Number of partners: 4

Outbreak intervention/prevention

USD2.4million required

People in need of: 850k

People targeted: 700k

Medicine procurement:

\$35 million required

People in need of: 11.4 million

People targeted: 9.1 million



This appeal seeks to mobilise the international community to respond to the acute shortage of medicines, diagnostics and consumables in Zimbabwe stemming from the economic crisis. Although financial support has been received from various donors, this support has been directed at primary healthcare services as well as programmes for specific conditions such as malaria, HIV, TB, Family and Child Health. The procurement of medicine will target 80 per cent of the total population in the 80 districts targeted in the prioritisation of needs, amounting to 9.17 million people. Procurement of adequate essential medicines and medical supplies for primary healthcare centres (PHCs) will be done through the National Pharmaceutical Company of Zimbabwe (NatPharm). The stock management

system will be strengthened to ensure that the consumption rates are closely monitored to avoid stock out.

A mapping of vulnerability and response capacity will be conducted nationwide to improve preparedness and response planning. Disease surveillance and early warning systems will be strengthened through training of relevant health staff for early detection, confirmation and response to diseases outbreaks and other public health events through training in IDSR and establishment of Rapid Response teams at all levels. Management of medical consequences of malnutrition and common communicable diseases - including cholera, typhoid fever and measles - will be enhanced through building capacity of health workers on case management of priority diseases.

Health partners will support laboratory capacity for the National Microbiology Reference Laboratory (NMRL), provincial and district level laboratories through training of laboratory staff and procurement of relevant equipment and reagent. This will support timely and effective detection and confirmation of priority pathogens, and monitoring of drug sensitivity for effective case management.

The health sector is coordinated under the leadership of Ministry of Health and Child Care, and through the Inter-Agency Coordination Committee on Health (IACCH), with WHO as the secretariat and sector lead.

### **Priority actions**

- Undertake a Vulnerability Risk Assessment and Mapping (VRAM) exercise to identify the hazard profile, vulnerabilities and capacities nationwide.
- Strengthen disease surveillance/ early warning through training of relevant health staff in all provinces and local authorities in IDSR and providing logistics for prompt outbreak notification and response.
- Strengthen laboratory capacity of the National Microbiology Reference Laboratory (NMRL) and all provincial health laboratories, including the Government Analyst Laboratory for early detection, confirmation and monitoring of disease outbreaks and other public health threats.
- Strengthen case management for diarrhoeal diseases including cholera, typhoid fever and measles.
- Procurement of essential medicines and medical supplies to ensure facilities

are adequately stocked to manage disease outbreaks and other priority conditions at PHC level.

- Distribution of WASH hygiene kits, targeting caregivers of severe and moderate acute malnourished children.
- Strengthening coordination and surveillance mechanisms at national and sub-national levels.

**Logistical Support: USD 150 million**



**GOVERNMENT OF THE REPUBLIC OF  
ZIMBABWE**