

# UNICEF HUMANITARIAN ACTION

# ZIMBABWE

## IN 2007



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

### CORE COUNTRY DATA

Population under 18 (thousands)	6256
U5 mortality rate	132
Infant mortality rate	81
Maternal mortality ratio (1990-2005, reported)	1100
Primary school attendance ratio, 1996-2005, net (male/female)	85//87
% children immunized (DPT1)	95
% population using improved drinking water sources	81
% U5 suffering from moderate and severe stunting*	29.4
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	1700
Estimated adult HIV prevalence rate	20.1
Children 0-17 years orphaned due to all causes, 2005 (thousands)	1400
Number of children orphaned in 2005 (thousands)	130

Sources: *The State of the World's Children 2007* and *Africa's Orphaned and Vulnerable Generations, 2006*

### Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	5,600,000
Water and environmental sanitation	1,500,000
Education	1,500,000
Child protection	4,190,000
HIV/AIDS	1,000,000
<b>Total*</b>	<b>13,790,000</b>

\* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

## 1. CRITICAL ISSUES FOR CHILDREN

Zimbabwe continues to face a complex mix of challenges that conspire to deepen the overall vulnerability of the population. The contracting economy, HIV/AIDS epidemic, drought and under-performing agriculture sector, as well as the diminishing capacity of the public sector to deliver basic social services result in poor health and social outcomes for women and children.

The humanitarian situation in Zimbabwe is characterized by the simultaneous presence of acute humanitarian needs and more protracted, chronic vulnerabilities. The most acute humanitarian needs include those of populations affected by serious food insecurity and cholera outbreaks as well as those of the populations displaced during the fast-track land reform programme, 'Operation Murambatsvina', and more recent re-evictions. The more chronic vulnerabilities include inadequate access to basic social services, lack of agricultural inputs and disrupted livelihoods.

Recent studies report that 29.4 per cent of under-five children are stunted (low height for age). This is the highest it has been since 1988. Acute malnutrition, as measured by wasting (low weight for height), has remained relatively static at around 6 per cent since 1999. In the context of increasing chronic malnutrition, it is important to realize that, in order to make an impact on malnutrition in Zimbabwe, each of the underlying causes (health, maternal care and food security) must be addressed.

Zimbabwe is one of the countries hardest hit by the HIV epidemic, with an adult seroprevalence rate estimated at 20.1 per cent. An estimated 1.7 million people were living with HIV/AIDS in 2005. More than half of all new infections occur among young people, especially girls. As a result, life expectancy has dropped from 61 years during the early 1990s to 34 years at the end of 2005 creating a generation of orphans. Of the estimated 1.4 million orphans in Zimbabwe in 2005, about 75 per cent have been orphaned by AIDS. In 2007 alone, 130,000 children will lose one or both parents, and orphans will account for 25 per cent of children.

Furthermore, the economic situation has led to the deterioration of the health sector and has reduced its capacity to deliver services. The maternal mortality ratio, a measure of the robustness of the health services, increased from 283 deaths per 100,000 live births in 1995 to 1,100 per 100,000 live births in 2004 and the proportion of children who had not received any vaccination from 12 per cent in 1999 to 21 per cent in 2006.

In rural areas, 17,068 communal water supply facilities (24 per cent) are currently not functioning. As a result, there is a daily shortage of safe water supply amongst approximately 2.5 million people. Furthermore, Zimbabwe continues to experience cholera epidemics that have affected 27 rural districts and Harare city between November 2005 and June 2006, with a total of 1,034 cases and 70 deaths reported. The epidemics have been associated with poor hygiene and sanitation and shortage of safe drinking water supply in the affected districts. The situation is expected to worsen during 2007.

The education system in Zimbabwe has been eroded by a combination of deteriorating infrastructure, reduced public expenditure and high attrition of human resources. It is now experiencing low enrolment rates, declining attendance and completion rates, low transition rate to secondary, shortage of learning spaces, teachers and learning materials. Population movement in farms due to the government's land reform programme has resulted in the establishment of nearly 628 satellite schools which lack basic infrastructure. The textbook/pupil ratio is 1:8 for 2 million primary school-aged children and 1:16 for 1.5 million secondary schoolchildren aged 13-18 years. As a result, performance rates have been declining – only 42 per cent of pupils pass their grade 7 exams.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

In close collaboration with local, national and international partners, UNICEF has continued to respond to the needs of the Zimbabwean population affected by this complex humanitarian situation. It has mainly focused on the priority areas of health, nutrition, water and sanitation, education, HIV prevention and support to orphans and other vulnerable children (OVC).

In June 2006, UNICEF supported a national measles vaccination and vitamin A supplementation campaign, achieving more than 90 per cent coverage for the immunization against measles of children aged 0-59 months and for the vitamin A supplementation of children aged 6-72 months. A community-based nutrition and care programme was supported in response to the large numbers of children malnourished as a result of HIV and limited access to timely health services. Plumpy'nut and corresponding therapeutic medications were distributed to benefit approximately 2,500 severely malnourished children in the eight community-based nutrition care package pilot districts. Donor funds were also used to distribute emergency nutrition commodities for some 7,500 severely malnourished children.

UNICEF has provided intensive support in the water and sanitation sector, not only through the nationwide coordination of activities and response, but also through temporary water and sanitary facilities which were put in place for more than 30,000 internally displaced persons (IDPs) affected by 'Operation Murambatsvina'. Participatory health and hygiene education is fundamental in the prevention and control of diseases such as cholera, dysentery and other enteric fevers. More than 25,000 people have benefited from hygiene promotion activities.

In the area of education, UNICEF supported the access to school after the drop-outs due to 'Operation Murambatsvina' through the 'Be in School' campaign. More than 5,700 children out of school or at risk of dropping out were identified and tracked in order to enrol/ retain them in school. Children were assisted with relief levies and fees to allow them to go to school in their new places after displacement. Over 10,000 children benefited indirectly from the distribution of textbooks and sanitary facilities to disadvantaged schools affected by 'Operation Murambatsvina'.

UNICEF is currently reaching 100,000 OVC within the framework of the National Action Plan for Orphans and Other Vulnerable Children. Gender-based violence is one of the key challenges in the current humanitarian situation. Families affected by 'Operation Murambatsvina' were exposed to sexual exploitation and abuse as they tried to access basic humanitarian aid. The vulnerability of internally displaced persons was compounded by factors such as inadequate social protection mechanisms in the new settlements and acute decline in opportunities for livelihoods. In response, a total of 294 people received training on the Inter-Agency Standing Committee's Code of Conduct for humanitarian workers to prevent sexual exploitation and abuse.

UNICEF is coordinating the national HIV/AIDS humanitarian response for chronically ill people. Approximately 10,000 chronically ill have been reached through the training of volunteers in home-based care (HBC), the provision of HBC kits, as well as related supplies requested by implementing partners. In addition, 15,000 people benefited from support to crisis management and from community-based counselling training.

### 3. PLANNED HUMANITARIAN ACTION FOR 2007

#### **Coordination and partnership**

UNICEF works with other humanitarian partners within the UN humanitarian coordination mechanisms. UNICEF leads working groups (composed of other UN agencies, government counterparts and NGOs) on nutrition, education, child protection, and water and sanitation, and participates in the Health Working Group chaired by WHO and the Food Aid Group chaired by WFP.

#### **Regular programme**

The overall goal of the 2007-2011 Country Programme is to promote the right of every Zimbabwean child to equitable access to good quality services, including health, water, sanitation and hygiene, basic education, and protection. The programme places orphans and other children made vulnerable by HIV/AIDS at its centre.

#### **Health and nutrition (US\$ 5,600,000)**

Two million children and women will be reached through the following key activities:

- Support immunization, by procuring vaccines, injection supplies, cold-chain equipment and other related supplies, and vitamin A supplementation;
- Distribute 100,000 insecticide-treated mosquito nets to vulnerable populations in 17 malaria-prevalent districts to ensure the protection of more than 200,000 vulnerable people;
- Train 200 community health workers in five districts on key childcare;
- Provide prevention of mother-to-child transmission (PMTCT) services to 50,000 women;
- Strengthen linkages between the community-based nutrition care programme and HIV services, including PMTCT, voluntary counselling and testing, home-based care and paediatric treatment;
- Support the printing of manuals and guidelines on paediatric AIDS and the training of 100 health workers on paediatric AIDS management;
- Support the implementation of community-based nutrition care in eight districts reaching 2,250 severely malnourished children;
- Enhance community-level nutrition education linked to HIV/OVC/garden programmes;
- Monitor the health and nutritional status of children through the nutritional status surveillance system and through vulnerability assessments.

#### **Water and environmental sanitation (US\$ 1,500,000)**

Four million people will be reached through the following key activities:

- Strengthen the coordination of water and sanitation humanitarian response and improve sectoral information management and sharing;
- Prevent and control water and sanitation-related epidemics, such as cholera and dysentery, and provide other essential emergency supplies;
- Rehabilitate 700 broken-down water points and drill 30 new boreholes in priority districts;
- Procure water treatment chemicals for urban areas and treat water in communities without access to safe water supply in emergency situations;
- Construct 1,500 latrines for mobile and vulnerable populations and schools;
- Promote sustainable community management of water and sanitation facilities;
- Develop institutional capacity at all levels to effectively respond to the emergency situation.

#### **Education (US\$ 1,500,000)**

A total of 65,000 children, especially OVC (of which 50 per cent are girls), will be reached through the following key activities:

- Rehabilitate 50 satellite schools at temporary and new settlements arising from population movements through the procurement and the distribution of teaching and learning materials;
- Provide cash grants for OVC, with a focus on girls and disabled children;
- Train at least 720 parents in quality early child-care practices;
- Train 1,500 teachers in gender, HIV/AIDS and psychosocial support;
- Equip OVC and youths with life skills and vocational and technical skills.

### **Child protection (US\$ 4,190,000)**

Approximately 1 million children and 500,000 women are targeted through the following interventions that aim to protect children and women from sexual and economic exploitation resulting from the desperation of children, parents and guardians during this crisis period. Key prevention and care activities include:

- Undertake advocacy and social mobilization for the implementation of the new Domestic Violence Act at district and community level;
- Develop the capacity of the police and judiciary to ensure victim-friendly services;
- Provide training on the IASC Code of Conduct for humanitarian workers and community members, that also includes guidelines on sexual and gender-based violence;
- Remove children from worst labour conditions;
- Reduce the risk of family separation during emergencies;
- Provide counselling, family tracing/assessment and reunification services to children separated from their families;
- Establish and strengthen child protection committees at district levels;
- Empower IDPs with community-based psychosocial support interventions.

### **HIV/AIDS (US\$ 1,000,000)**

Approximately 160,000 children and young people most vulnerable to HIV infection or most severely impacted by it, will be reached through the following key activities:

- Provide support for the integration of OVC care and support into the home-based care (HBC) programmes through the training of 2,000 HBC volunteers and 2,000 young people, to reach a minimum of 50,000 OVC and chronically ill;
- Coordinate and map nationwide HBC and counselling services;
- Procure and distribute 2,000 HBC kits and replenishment materials;
- Implement district action plans to address underlying causes of HIV infection among most vulnerable girls, including gender, cultural norms and gender-based violence;
- Disseminate 80,000 information, education and communication materials on HIV/AIDS and gender-based violence;
- Procure and distribute 500 post-rape kits, including post-exposure prophylaxis.