

For every child  
Health, Education, Equality, Protection  
ADVANCE HUMANITY



# UNICEF HUMANITARIAN ACTION

# ZIMBABWE

## IN 2008



### CORE COUNTRY DATA

Population under 18 (thousands)	6199
U5 mortality rate (2006)	106
Infant mortality rate (2006)	68
Maternal mortality ratio *	555
Primary school attendance ratio (2000-2006, net, male/female)	81/82
% children immunized (DPT3)	90
% 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) **	1300
Estimated adult HIV prevalence rate **	15.6
Children 0-17 years orphaned due to all causes, 2007 (thousands) ***	1300
Number of children orphaned in 2007 (thousands) ***	100

Sources: *The State of the World's Children 2008*

\* Zimbabwe Demographic and Health Survey 2005/2006

\*\* Zimbabwe National HIV/AIDS Estimates, 2007. Ministry of Health and Child Welfare

\*\*\* *Africa's Orphaned and Vulnerable Generations, 2006*

The humanitarian situation in Zimbabwe continues to evolve along with a complex, overlapping and often worsening set of economic and social factors leading to poor health and social outcomes for women and children. In addition, there are growing concerns about the possibility of widespread disease outbreaks, and of rising malnutrition. An increasingly uncertain pattern of weather, combined with policy constraints, is making farming difficult and unpredictable, resulting in 4.1 million food insecure people in both urban and rural areas during the peak of the 'hungry season' in 2008.

### Summary of UNICEF financial needs for 2008

Sector	US\$
Health and nutrition	8,021,310
Water, sanitation and hygiene	3,000,000
Education	2,615,000
Child protection	1,250,000
HIV/AIDS	900,000
<b>Total*</b>	<b>15,786,310</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.

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### 1. CRITICAL ISSUES FOR CHILDREN

The humanitarian situation in Zimbabwe continues to evolve along with a complex, overlapping and often worsening set of economic and social factors that result in poor health and social outcomes for women and children. Spiralling inflation, deteriorating physical infrastructure, the inability of the public sector to deliver basic social services, and the severe impact of the HIV/AIDS pandemic have led to a decline in the overall health and well-being of the population. In addition, there are growing concerns about the possibility of widespread disease outbreaks, and of rising malnutrition.

An increasingly uncertain pattern of weather, characterized by poor rains and droughts, combined with policy constraints (including land reform), is making farming difficult and unpredictable leaving 4.1 million food insecure people in both urban and rural areas during the peak of the 'hungry season' in 2008. A large population of migrants has emerged as a result of the combined impact of land reforms, disruption of livelihoods due to economic deterioration, urbanization, and Operation Murambatsvina in 2005.

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. From the June 2007 assessment, acute malnutrition, as measured by wasting (low weight for height), has increased beyond emergency thresholds in some pockets of the country. In other areas, malnutrition rates have doubled since November 2006 and such deterioration is of particular worry considering that the latest June assessment was carried out soon after the April/May harvest with the peak 'hungry season' still five to six months away.

Zimbabwe is one of the countries hardest hit by the HIV pandemic, with an adult seroprevalence rate estimated at 15.6 per cent. An estimated 1.3 million people were living with HIV/AIDS in 2007. 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 1.3 million orphans in Zimbabwe in 2007, about 77 per cent have been orphaned by AIDS. In 2008 alone, 100,000 children will lose one or both parents, and orphans will account for 24 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. Health sector has been negatively affected by brain drain of skilled and experienced personnel where more than 50 per cent of key posts within the public health system are vacant. For example, out of an established need of 2,500 primary care nurses in Zimbabwe, there were only 291 primary care nurses available, leaving a vacancy of 88 per cent in the country's public health institutions. The maternal mortality ratio, a measure of the robustness of the health services, stood at an unacceptable high level of 555 deaths per 100,000 live births according to the 2005/2006 Demographic and Health Survey (DHS 2005/2006) and the proportion of children who received all of the recommended vaccinations (including DPT4 and polio4) dropped from 67 per cent in 1999 to 53 per cent in 2005/6; and the proportion of those who had not received any vaccination increased from 12 per cent in 1999 to 21 per cent in 2005/6.

Proportion of people with access to safe drinking water has been declining since early 2000 and the situation is expected to worsen further during 2008 due to the current economic challenges and the crumbling infrastructure. Financial constraints, fuel shortages, lack of foreign currency for spare parts and treatment chemicals have resulted in decreased maintenance of current water systems. The situation is exacerbated by frequent electricity power cuts, which reduce the pumping time into the reticulation water systems.

Increasing numbers of people in urban areas are living without sufficient access to safe water, including the estimated 1.5 million inhabitants of Bulawayo. Since September 2007, many suburbs in Bulawayo are receiving only seven hours of water in a one-week period. The water shortages are making it difficult for residents to use their flushable toilets, leading to unsafe sanitary practices.

Sewage systems in most urban areas have broken down due to age, excessive load, pump breakdowns and poor maintenance. The breakdown of sewage systems has led in large volumes of raw sewage being

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discharged into natural watercourses, which ultimately feed into major urban water supply sources, thus carrying a significant risk to public health.

As a result, Zimbabwe continues to experience waterborne disease outbreaks (including cholera). In 2007 cholera occurred in Harare and five rural districts from January to May 2007. Diarrhoea outbreaks became more frequent with outbreaks already occurring in four sites where over 6,000 cases and over 90 fatalities have been reported since May 2007. The epidemics have been associated with poor hygiene and sanitation practices due to shortage of safe drinking water supply. The impact of the outbreaks is expected to worsen in the coming months as lack of drugs, such as intravenous fluids, and of qualified health personnel is now permanent across the country. The overall situation is expected to deteriorate significantly during 2008, especially during the rainy season.

Access to quality education is continuing to be a challenge as significant increases in school fees and general costs of living negatively impact school attendance. The system is characterized by low enrolment rates, declining attendance and completion rates, low transition rate to secondary and insufficient 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 lacking 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. In consequence, performance rates have been declining – only 30 per cent of pupils pass their grade 7 exams.

## 2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

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, sanitation and hygiene, education, protection, HIV prevention and support to orphans and other vulnerable children (OVC).

In June and November 2007, UNICEF supported national Child Health Days (CHDs) including polio and vitamin A supplementation, achieving over 80 per cent coverage. Other catch-up immunization for all antigens was given to all under-five children who attended the CHDs and were due or had missed those vaccinations. The community-based nutrition and care programme was expanded. With community treatment of severe acute malnutrition as an entry point, the programme uses an integrated approach to the prevention and treatment of malnutrition in the community with strong links to HIV and other child survival interventions. In 2008 at least 2,500 severely malnourished children will access treatment through the programme and an additional 30,000 people will benefit from village-level action plans to address issues of malnutrition in the community.

UNICEF has provided intensive support in the water, sanitation and hygiene sector, not only through the nationwide humanitarian coordination of activities and response, but also through direct action taken to fight large diarrhoea outbreaks in several urban areas throughout the country. Aquatabs (5,000,000), intravenous (IV) fluids, oral rehydration salts (ORS) and other essential commodities were procured and distributed to health centres and NGO partners. Participatory health and hygiene education is fundamental in the prevention and control of diseases such as cholera, dysentery and other enteric fevers. More than 200,000 people have benefited from hygiene promotion activities.

UNICEF has developed a Programme of Support to Orphans and other Vulnerable Children (OVC) within the framework of the National Action Plan for OVC. Through a pooled funding mechanism an estimated 350,000 OVC will be reached the coming three years. In 2007, 88,000 OVC were already assisted with basic social services. Two schools in remote rural areas were established to give children displaced by Operation Restore Order access to education. Temporary school structures accommodated the children while plans to establish permanent schools were being processed. In Hopley Settlement, in Harare, which was established as a holding camp for people rounded up during Operation Restore Order, UNICEF expanded an early childhood development (ECD) centre reaching 793 children.

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Child abuse and gender-based violence continue to be key protection concerns in the current humanitarian situation. The 2005/2006 Demographic Health Survey found that 25 per cent of Zimbabwean women had experienced sexual violence at some point in their lives. The economic decline, the long-term impact of Operation Murambatsvina and inadequate access to basic social services make children and women more vulnerable, often forcing them to resort to risky coping mechanisms. In response, 43,700 booklets on prevention of gender-based violence were produced and distributed through the Rural District Councils and NGO partners. Furthermore, 3,900 children and adults benefited from the community awareness campaign on child protection. A total of 192 personnel from the humanitarian community (UN agencies, its implementing partners and local government officials working in affected areas) also received training on the Inter-Agency Standing Committee's Code of Conduct for humanitarian workers to prevent sexual exploitation and abuse.

UNICEF continued to support the national HIV/AIDS humanitarian response for chronically ill people, including children and adolescents. A total of 3,000 home-based care kits and replenishment materials were procured and will be distributed through the National AIDS Council structures, to benefit approximately 15,000 home-based clients. In an effort to reduce the psychological impact of HIV/AIDS and gender-based violence, including sexual abuse, a total of 1,085 community-based volunteers were trained in counselling in nine districts, to enable them to provide effective counselling services in their communities.

### 3. PLANNED HUMANITARIAN ACTION FOR 2008

#### **Coordination and partnership**

UNICEF works with other humanitarian partners within the framework of the Inter-Agency Standing Committee (IASC) and other UN humanitarian coordination mechanisms. UNICEF leads working groups (composed of other UN agencies, government counterparts and NGOs) on nutrition, education, child protection, and water, sanitation and hygiene, and participates in the Health Working Group chaired by the World Health Organization (WHO), Agriculture Working Groups chaired by the Food and Agriculture Organization (FAO) and the Food Aid Group chaired by the World Food Programme (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\$ 8,021,310)**

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 populations;
- Provide prevention of mother-to-child transmission (PMTCT) services to pregnant women and provision of paediatric HIV/AIDS care and treatment to 5,000 children;
- Improve child survival through the integration of neonatal health care into community-based maternal and child health-care services;
- Support the implementation of hospital and community-based management of acute malnutrition reaching 5,000 under-five children;
- Enhance community-level nutrition education linked to HIV/OVC/garden programmes;
- Strengthen nutrition aspects of HIV programming in the context of food insecurity;

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- Monitor the health and nutritional status of children through the nutritional status surveillance system and through vulnerability assessments;
- Strengthen nutrition coordination response in order to reach the most vulnerable populations across the country.

### Water, sanitation and hygiene (US\$ 3,000,000)

Three 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;
- Promote health and hygiene practices amongst vulnerable communities and schools;
- Procure water treatment chemicals for urban areas and treat water in communities without access to safe water supply in emergency situations;
- Construct 900 latrines for mobile and vulnerable populations and schools;
- Drill 20 new and rehabilitate 600 broken-down water points in priority districts;
- Provide technical and management support in institutional capacity development at all levels for effective response to emergency situations.

### Education (US\$ 2,615,000)

Approximately 50,000 children will be reached through the following key activities:

- Assure quality education for 5,000 OVC at satellite schools in farm communities;
- Enable children in disaster-prone areas to have access to school and potentially mitigate the impact of disasters in affected areas;
- Support printing and distribution of teachers' emergency manuals amongst 8,000 schools and train 16,000 teachers on emergency preparedness.

### Child protection (US\$ 1,250,000)

Approximately 600,000 children, young people and 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:

- Contribute towards improving the protective and preventive environment for children, youths and women.
- Strengthen capacity of the community and public services to respond to sexual and gender-based violence (SGBV);
- Advocate with parliamentarians to enact and implement laws and policies that create a protective environment against SGBV and child abuse;
- Mobilize and train various duty bearers, including police, magistrates, non-governmental and community-based organizations, village heads, teachers, church leaders and women, on the consequences of violence, their roles and responsibilities in prevention, control and care;
- Mobilize and train youths and children to participate in prevention, control and care activities;
- Identify, share and replicate best practices in prevention, control of SGBV and child abuse;
- Strengthen survivors' access to legal services.

### HIV/AIDS (US\$ 900,000)

Approximately 90,000 children and young people most vulnerable to HIV infection or most severely impacted by it, will be reached through the following key activities:

- Provide HIV-related materials, access to HIV prevention services and supplies to vulnerable girls;
- Increase access to quality community home-based care and counselling for people living with HIV/AIDS, including children and women;
- Procure and distribute 2,000 home-based care kits and replenishment materials;
- Sustain resource centres and support groups for adolescents living with HIV/AIDS.