

## UNICEF Humanitarian Action 2010

# ZIMBABWE

### SITUATION UPDATE

The humanitarian situation in Zimbabwe remains complex as it seeks to transition out of multiple severe crises experienced over the past five years. Although cholera was successfully limited to 0.5 per cent of the total number of cases experienced in the 2008/2009 outbreak (447 versus 98,702<sup>1</sup>), other outbreaks including malaria and typhoid surfaced in 2009/2010. However, the most severe health related emergency of 2010 has been a major measles outbreak, which has seen 7,754<sup>2</sup> suspected cases and 517 deaths being reported in 61 out of the country's 62 districts. The majority of cases and deaths are found in children under the age of 15. Basic social services, such as access to safe water and coverage of immunization programmes, remain a cause for concern. Despite schools remaining open, the quality of learning continues to be compromised due to teachers' low morale, lack of teaching and learning material, and the poor infrastructure of most schools. Moreover, increasing threats of xenophobic attacks in South Africa could result in an increased number of Zimbabweans, including vulnerable unaccompanied children, returning to their home communities without having the assistance for reintegration.

### KEY RESULTS FOR CHILDREN

In response to the major measles outbreak, a nationwide measles immunization campaign was conducted in May 2010, integrated into the bi-annual National Child Health Days (CHDs). During the course of the 10 day campaign, 5.1 million children were immunized against measles, along with the standard CHD immunization and vitamin A supplementation, which reached over 1.6 million children. Major breakthroughs were achieved by immunizing a large number of children within religious fractions whose parents previously did not acknowledge modern medicine. UNICEF also procured an estimated 80 per cent of the country's vital and essential medicines through its Vital and Essential Medicines programme, part of UNICEF's transitional programming, through which around 55 per cent of the country's 1,400 health facilities receive prescribed stocks. Moreover, 900 community management sites for treatment of acute malnutrition are now functioning across all 62 districts.

To address the continuous lack of access to safe and clean water, UNICEF has, in the course of the past six months drilled and equipped over 150 new boreholes, and is currently trucking chlorinated water to nearly 90,000 people a week, in addition to supplying water to 20 clinics each week in Harare and surrounding areas. Additionally, 2,200 tons of Aluminium Sulphate a month were procured and distributed for water treatment plants across 20 urban areas, benefiting an estimated four million people, half of whom are children. Vital non-food-items (water containers, soap and water purification tablets) to prevent water born diseases, such as cholera, were distributed to benefit more than three million people in districts most affected by cholera during 2008/2009 season. Hygiene promotion (HP) has been at the centre of activities targeted towards schools and communities as an estimated 1.5 million people (exceeding target) have been reached with HP messages through "Health Clubs" and capacity building activities. The UNICEF co-led WASH Cluster has made strong progress in several areas, including the critical WASH Cluster Emergency Response Unit (WERU), which had been successful in its aim to provide vital WASH response within 72 hours of emergency notification. Over 100 donors, NGOs and private companies are active members of the cluster.

In a major push towards rebuilding the quality of basic education in Zimbabwe, UNICEF and other partners including the Ministry of Education, Sport, Arts and Culture, with support from number of donors<sup>3</sup> initiated the implementation of the Education Transition Fund (ETF), aimed at reducing the current pupil/student textbook ratio from a national average of 10:1 to 1:1 by the end of 2010. This transitional/early recovery intervention will ensure that all of Zimbabwe's 2.5 million primary school aged children across 5,400 schools will have a full set of textbooks, in addition to sufficient stationary supplies, which have already been delivered. (Textbooks should be delivered to all schools by the end of August). UNICEF continues to work closely with NGO partners and counterparts in South Africa to provide support to 300 unaccompanied children crossing from South Africa to Zimbabwe every month.

<sup>1</sup> WHO/Ministry of Health and Child Welfare, Epidemiological bulletin, Week 19, 2010 and Week 26, 2009.

<sup>2</sup> WHO/Ministry of Health and Child Welfare, Epidemiological bulletin, Week 19, 2010.

<sup>3</sup> ETF Donors: Denmark, Netherlands, USAID, Norway, AusAid, DFID, SIDA, Japan, EC (confirmed) and Germany (pledged support).

## KEY CHALLENGES

A significant challenge in combating child mortality and morbidity was experienced within certain religious groups as some parents refused to immunize their children. However, with major coordinated advocacy from a wide range of entities (such as the Ministry of Health through community health workers) a large number of these parents ultimately agreed to allow immunization of their children.

A recurring challenge caused by the financial collapse is the availability of local supplies for emergency interventions. Due to the severe lack of the majority of items needed and high costs, out-of-country and offshore procurement is needed, sometimes hampering the timeliness of response. Moreover, deteriorated infrastructure challenges the timeliness of communication and logistical response as large areas of Zimbabwe are of rural setting and without proper connectivity or tar roads.

## INTER-AGENCY COLLABORATION

Working within the broader framework of the Inter Agency Standing Committee (IASC) UNICEF continued its strong presence in various clusters. UNICEF leads the Nutrition, WASH and Education Clusters, while playing an active role in the Protection, Health, Agriculture and Logistics Clusters, in addition to engaging in the Information Communication Technology Working Group. Two major mile-stones within the coordinated responses spearheaded by the WASH and Health Clusters are the joint cholera risk reduction strategy and measles rapid assessment, which led to the nationwide vaccination campaign.

## FUNDING REQUIREMENTS

The original HAR requirements for 2010 amounted to US\$100,400,000. With the increased cost of the health programme in view of the measles outbreak, the revised total amount is US\$108,700,000 as per below table. As of early June, US\$16,304,431 had been received against the original HAR request including CERF funding, funding from government donors such as Australia, Canada, and Japan as well as from ECHO and several National Committees. Prior year carried over funds and funds available for transitional programming were also used to carry out emergency activities in 2010. As evident from above funding gap of over US\$40,000,000 (or 40 per cent of needs), UNICEF still urgently requires additional funding in order to continue and to scale up its emergency and critical transitional activities targeting children and women across Zimbabwe, particularly in the health, nutrition, education and child protection sectors. If funding requirements are not met the following critical activities may not take place: improving the management of pneumonia and diarrhoea in children under five years, community-based management of acute malnutrition (CMAM), nutrition surveillance, emergency safe water and sanitation, life skills for HIV/AIDS prevention and health promotion in schools, and the protection and promotion of the rights of children within IDP and migrant-sending communities.

Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
Health	38,100,000	46,400,000	8,942,973	37,457,027	12,136,080	25,320,947
Nutrition	7,000,000	7,000,000	0	7,000,000	1,419,326	5,580,674
Water, Sanitation and Hygiene	26,000,000	26,000,000	4,334,000	21,666,000	19,956,012	1,709,988
Education	24,000,000	24,000,000	3,027,458	20,972,542	14,459,278	6,513,264
Child Protection	1,300,000	1,300,000	0	1,300,000	164,010	1,135,990
HIV/AIDs	4,000,000	4,000,000	0	4,000,000	0	4,000,000
<b>Total*</b>	<b>100,400,000</b>	<b>108,700,000</b>	<b>16,304,431</b>	<b>92,395,569</b>	<b>48,134,706</b>	<b>44,260,863</b>

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

**EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010**

Including the results listed above, by the end of the year, the following results will be achieved, given sufficient funding:

**Health**

- The second round of National Child Health Days and supply of injection safety materials will ensure the vaccination of 1.9 million children under five, exceeding HAR targets, while a total of 1,400 health facilities will be stocked with enough essential medicines and midwifery kits to treat up to 375,000 mothers and their newborn babies by December 2010.

**Nutrition**

- By the end of the year, at least 13,200 children with severe acute malnutrition will receive treatment through community-based case management of acute malnutrition and the development of comprehensive nutrition packages that incorporate support for infant and young child feeding.

**Water, Sanitation and Hygiene**

- Around 500,000 people in five of the most vulnerable areas in Harare, Midlands, Mashonaland West and Central provinces will have improved access to safe water through the construction of boreholes. An additional 200,000 pupils in 400 schools, or nearly ten per cent of total need, will have access to safe water and sanitation through the rehabilitation of water points and sanitary facilities. Major emphasis will also be placed on scaling up hygiene promotion programmes in schools through the establishment of additional Health Clubs.
- Up to four million people will have access to water sources through the distribution of essential water treatment chemicals in 20 urban locations and the emergency rehabilitation of water and sanitation systems in urban centres and selected rural areas.

**Education**

- Textbooks and other materials will be distributed directly to all 5,400 primary schools under the ETF programme. This programme will also demand extensive monitoring and evaluation to ensure the objective of providing all 2.5 million children with a set of textbooks.
- Children in at least 270 schools in areas most affected by violence and cholera will have access to a safe and protective school environment through a strengthened partnership with the WASH and Protection Cluster partners.

**Child Protection**

- The quality of assistance available to orphans and other vulnerable children will be enhanced by the development of a standardized package for support services at the district and community levels and as a result of training social welfare professionals and community-based volunteers in psychosocial support, life skills and basic social services.
- At least 10,000 vulnerable children will benefit from the scale up of special courts for children.

**HIV/AIDS**

- Around 36,000 HIV-affected families, particularly children and young people living with HIV, will have improved care through the distribution of home-based care supplies, antiretroviral therapy and training of outreach health workers in the provision of palliative care and counselling.
- Identification of HIV-positive children needing care and treatment will expand through the Provider Initiative for Testing and Counselling and wider entry points for Preventing Mother-to-Child Transmission services.