

UNICEF HUMANITARIAN ACTION UPDATE

Zimbabwe

26 May 2010

UNICEF requires US\$17 million to respond to the most acute emergencies including ongoing measles, cholera and typhoid outbreaks

- Five million children are at risk from current measles outbreak.
- 23% of districts are impacted by second surge of cholera.
- The vulnerability of six million women and children remains high due to fragile basic social services delivery systems.
- UNICEF is working together with its partners to respond to the most acute needs of affected children and women in the areas of health, nutrition, education, child protection, water, sanitation and hygiene, and HIV/AIDS.



1. ISSUES FOR CHILDREN

The overall situation in Zimbabwe remains fragile despite the formation of the Inclusive Government (IG) in February 2009. The IG has indicated a clear commitment to improving conditions for women, children and other vulnerable groups and to engaging in ongoing mediation efforts, yet humanitarian emergencies continue to hamper the pace of recovery. Zimbabwe is still in transition due to the complex and severe crises experienced over the last five years, facing current acute emergencies including ongoing measles, cholera and typhoid outbreaks, the silent but devastating HIV and AIDS epidemic, and the plight of displaced persons. These concerns are exacerbated by inadequate access to basic social services, including health care and social protection schemes. Food insecurity and disrupted livelihoods contribute to the overall fragile socio-economic situation.

Zimbabwe is currently facing a large measles outbreak with 6,215 suspected cases and 384 deaths reported¹. The outbreaks, the first which commenced in September 2009 and the second in February 2010, are of national scale. Fifty-seven out of the country's 62 districts have confirmed at least one laboratory tested case, while 61 districts have reported suspected cases. Though measles epidemics have been mostly contained during the past 20 years, the steady decline in basic social services, particularly regular immunization programmes, has placed children in a highly vulnerable state. Children below the age of five are most at-risk for measles. The challenge is further heightened in certain religious communities which do not accept modern medicine and vaccination of their children.

Cholera outbreaks have been limited significantly this year, compared to the 2008/2009 outbreak, due to massive humanitarian interventions and increased general awareness. However, an outbreak in the last quarter of 2010 would still pose a serious threat. The second cholera outbreak of the 2009/2010 season commenced in early February 2010 and has to-date affected 14 districts with 456 cases and 13 deaths.

Typhoid is another water-borne disease that has erupted due to the lack of access to clean water and related poor sanitation and hygiene practices. An outbreak of typhoid commenced in early February in the capital of Harare with over 400 suspected cases and eight suspected deaths reported by the City Health Department.

The continuing rise in poverty levels in Zimbabwe has compromised advancements in the area of nutrition. Preliminary estimates indicate that at least two million people in rural and urban areas will require food assistance in 2010. An estimated 35 per cent of all children in Zimbabwe are stunted, 2 per cent are wasted and 16 per cent are underweight according to MIMS (2009). These levels translate into pockets of high vulnerability, particularly in rural areas.

Zimbabwe still ranks among the top ten highest HIV prevalence countries in the world at a rate of 13.7 per cent². Access to life-saving Anti-Retroviral (ARV) drugs remains limited, which is of great concern. The prevalence among young men (15-24 years) is 3.5 per cent and among young women is 7.5 per cent³. HIV has left nearly one million children orphaned, which constitutes 25 per cent of all children in the country. Considering the high burden of orphaned and vulnerable children (OVC), it is worrying that nearly 80 per cent of OVC did not receive any formal external support in the past year⁴.

The number of displaced persons in Zimbabwe is unknown, but alarming trends in irregular migration have been noted by the UN, NGOs and government partners, particularly in relation to the upcoming World Cup in South Africa. IOM estimates that at least 50 per cent of the 10,000 persons migrating to South Africa every month are children who do not have access to basic social services and proper legal protection. Social welfare workers are extremely scarce in Zimbabwe with numbers of staff more than 600 times lower than in South Africa. This indicates a severe scarcity in much needed support and care services for the most vulnerable children. Children are also in danger of sexual and work-related exploitation. Major challenges concerning the deportation of unaccompanied children from South Africa remain, given that reunification schemes and safety nets are not in place to a satisfactory scale.

Gender-based violence (GBV) in all its forms remains a challenge and is sustained by prevailing negative socio-cultural practices, attitudes, values, norms and beliefs, despite progressive legislation. Forty-seven

¹ WHO/Ministry of Health and Child Welfare, Epidemiological bulletin, Week 16, 2010

² 13.7% for adults (15-49 years) - National Estimates, Health and Child Welfare, 2009

³ Ministry of Health and Child Welfare, 2009 National Estimates

⁴ Multiple Indicator Monitoring Survey (MIMS) Nov 2009 - Indicating high percentage of OVC aged 0-17 yrs whose households did not receive Free Basic Formal External Support in caring for a child

per cent of women in Zimbabwe have experienced either physical or sexual violence (or both) at some point in their lives, while 25 per cent have been sexually abused.⁵ Adolescent girls, orphans, vulnerable girls, and boys are particularly at risk: 22 per cent of OVC report abuse by their care-givers, including sexual abuse.⁶ The recent humanitarian crisis in Zimbabwe highlighted gender-based violence as a particular problem faced by displaced persons. In May 2009, a joint GBV assessment mission by UNFPA, UNICEF, and IOM was conducted in three districts. Data collected during the assessment indicated a general recognition of GBV as a protection priority, but one with extremely limited resources for a comprehensive response.

In addition to the above concerns, there is an emerging body of evidence that suggests many Zimbabwean children experience violence in schools. In their study, Plan International found that 2 in 3 children reported that corporal punishment was used by all teachers. Eighty per cent of children reported that they had experienced corporal punishment in the preceding six months. The children interviewed reported that they were punished for a variety of reasons, many of which were largely outside of their personal control, such as not having a uniform or failing to memorize information from classroom lessons.

The education sector continues to be severely eroded by a combination of deteriorating infrastructure, reduced public expenditure, teacher strikes and high rate of attrition of teachers. Public examination results show a 16 per cent pass rate, indicating that the education system is in need of urgent support.

2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

In collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of the Zimbabwean population, especially women and children affected by multi-faceted emergencies. Of particular focus in the last six months are the priority areas of health, nutrition, water, sanitation and hygiene, education, child protection and HIV/AIDS.

In the health sector, the second round of the Child Health Days (CHD) was successfully conducted in December 2009 targeting children that were overdue or missed regular immunizations. CHD is a bi-annual national immunization campaign with strong partnership from the Ministry of Health and Child Welfare (MOHCW) and NGO partners. Nearly 125,000 children were reached with Vitamin A supplementation and nearly 50,000 children below the age of 5 years with measles vaccination. As a follow-up to the December 2009 Child Health Days as well as in response to the current measles epidemic, UNICEF jointly with WHO, NGO partners and the MOHCW, are conducting another round of CHDs at the end of May 2010. Over four million children between the ages of six months to 14 years will receive required immunizations, including the measles vaccine. UNICEF also continued support for the Vital and Essential Medicines programme as part of transitional programming, ensuring that 55 per cent of the country's 1,400 health facilities had two-thirds of its needs in stock, compared to 27 per cent five months previously.

In response to malnutrition, UNICEF has scaled-up the capacity and number of community management of acute malnutrition (CMAM) sites from 101 to 450. This includes over 80 stabilization centres (24 hour intensive care units) for children with Severe Acute Malnutrition (SAM) with medical complications and 370 Outpatient Therapeutic Programs (OTP) for children with SAM without major medical complications. Over 120 health workers have been trained comprehensively in Mother-to-Child-Transmission (PMTCT) of HIV. HIV outreach programmes have reached over 2,500 young people with key messages and behavioural change training.

To address the continuous lack of access to safe and clean water, UNICEF, in the course of the last nine months, has supported the drilling and equipping of 205 new boreholes. Trucking of chlorinated water is being supported to nearly 90,000 people and 20 clinics per week in Harare and its environs. UNICEF has provided vital non-food items, such as water containers, soap and water purification tablets, in collaboration with NGO partners to over three million people in the areas considered most at risk of cholera outbreaks. As part of the transitional programming strategy, UNICEF has provided 2,200 metric tons of aluminium sulphate per month for water treatment plants across 20 urban areas. This support has benefited an estimated five million people, half of whom are children. WASH interventions are strongly complemented and supported by Participatory Health and Hygiene Education (PHHE) activities implemented by a number of WASH NGO partners.

⁵ ZDHS, 2004/5

⁶ UNICEF/ OECD OVC Donor Group JIMAT Outcome Assessment Report of the Programme of Support for Orphans and Vulnerable Girls and boys, 2010 (DRAFT).

UNICEF and Oxfam GB jointly coordinate the WASH cluster. As part of the UNICEF and WASH Cluster emergency response plan, a WASH Cluster Emergency Response Unit (WERU) was established with support from ECHO. Over 100 partners comprising donors, NGOs and private companies are active members of the cluster. Since 2008, WASH emergency preparedness and response have been well coordinated, particularly during cholera outbreaks. The cluster responded to the cholera outbreak of late 2009/2010 with WASH-related support within 72 hours.

UNICEF has conducted rapid assessments of eight urban centers that have problems due to blockage and non-functioning of the sewerage and treatment systems. Detailed surveys and plans to rehabilitate water and sewerage systems across seven urban centers and 16 growth points have been supported. Since water treatment and sewer rehabilitation require huge capital investment, UNICEF continues to mobilise available resources for most urgent rehabilitation needs.

Emergency response for child protection has been part of a broader transitional strategy to strengthen justice and child and family welfare systems for vulnerable children. Special attention has been paid to the vulnerability of children affected by HIV (OVCs). UNICEF continues to actively participate in the Gender-Based Violence sub-cluster under the Protection Cluster led by UNFPA and has contributed to the development of guidelines to support survivors of sexual violence, including psychosocial support.

UNICEF is working closely with the NGO community and its counterparts in South Africa to provide support to 300 unaccompanied children crossing from South Africa every month, in line with national and international protection standards. Planning is also on-going for possible repatriation of children and women in the post-World Cup period. UNICEF has been liaising with the Ministry of Labour and Social Services in preparation for the establishment of the Child Protection Working Group comprising UNHCR, IOM, the ICRC and NGOs. In the interim, UNICEF has formalized two partnership arrangements with civil society organizations (CSO) that provide care and support services, including psychosocial support to survivors of gender-based violence. These interventions link child protection support to hygiene and healthcare practices. Moreover, at least 50 CSO partners have been trained in the Code of Conduct to prevent sexual exploitation and abuse. Follow-up capacity development has been provided to CSOs to ensure the development of child protection policies and establishment of referral and reporting protocols. To address the issue of corporal punishment in schools, the Protection and Education clusters have drafted a Joint Position Paper to strengthen the quality of education service delivery, including the introduction of alternative classroom management techniques for teachers.

In the education sector, the Basic Education Assistance Module (BEAM), revitalized in 2009 with strong support from several donors⁷, has supported over 550,000 children across 5,400 primary schools. BEAM provides assistance to the most vulnerable children and contributes to the UNICEF 'Program of Support' for OVCs. Inter-sectoral collaboration between Education and WASH is facilitating WASH in schools. Some 200 schools have benefited annually from school WASH services with support from Japan, USAID and School for Africa funds.

In a major push towards rebuilding the quality of basic education in Zimbabwe, UNICEF, supported by donors and under the leadership of the Ministry of Education, Sport, Arts and Culture (MoESAC), initiated the Education Transition Fund (ETF) initiative which aims to reduce 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 and sufficient stationery supplies. The ETF also supports training of School Development Committees to strengthen textbook management and school/community involvement to improve the overall achievement of children in education.

⁷ Programme of Support donors include: AusAID, NZAID, DFID, EC, KfW, the Netherlands, NZAID, and SIDA.

3. FUNDING REQUIREMENTS AND RECEIPTS

As part of the 2010 UNICEF Humanitarian Action Report (HAR) and in line with 2010 CAP for Zimbabwe, UNICEF requested US\$97,079,800 to respond to the needs of children and women in Zimbabwe. In response to the nationwide measles outbreak, UNICEF⁸ increased its health sector component of the appeal, bringing the overall requirements to US\$108,700,000. A total of US\$10,434,183 has been received from donors, including a CERF contribution of US\$3,462,184 for the national measles vaccination campaign. UNICEF remains 90 per cent *unfunded* and urgently requires US\$98,265,817 in order to continue and to scale up its emergency and early recovery efforts in Zimbabwe.

Table 1: Funds Received Against the 2010 Humanitarian Action Report & CAP *

Appeal Sector	Requirements by Sector (US\$)	Funds Received (US\$)	Unmet Requirements (US\$)	% Unfunded
Health	46,400,000	7,368,653	39,031,347	84%
Nutrition	7,000,000	0	7,000,000	100%
Water, Sanitation and Hygiene	26,000,000	491,640	25,508,360	98%
Education	24,000,000	2,573,890	21,426,110	89%
Child Protection	1,300,000	0	1,300,000	100%
HIV and AIDS	4,000,000	0	4,000,000	100%
Total	108,700,000	10,434,183	98,265,817	90%

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

Table 2: Funding Priorities as of May 2010 for next three months

Project	Beneficiaries/coverage	Amount Required (US\$)
Health - Reaching the vulnerable children and women of child-bearing age with immunization to prevent EPI target disease outbreaks; Improving the management of pneumonia and diarrhoea in children under five years	5 million children	6,000,000
Nutrition - Community Based Management of Acute Malnutrition (CMAM); Nutrition Surveillance; Cluster Coordination	6,200 malnourished children	2,000,000
WASH - Emergency safe water and sanitation; Rehabilitation & Risk Reduction for vulnerable populations in urban and rural areas; Cluster coordination	4,000,000 people	3,000,000
Education - Life skills for HIV/AIDS prevention and health promotion in schools; Equity and Quality Education, Keep OVC in school.	2,500,000 children	4,000,000
Child Protection - Protection and Promotion of the Rights of Children within IDP and Migrant-sending Communities	500,000 people	2,000,000
Total Priority Needs		17,000,000**

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

UNICEF Zimbabwe wishes to express gratitude to all donors who continue to provide the unwavering support that enables UNICEF to address the humanitarian issues of the most vulnerable children and women in Zimbabwe.

Further information on the UNICEF emergency programme in Zimbabwe can be obtained from:

Dr Peter Salama UNICEF Representative Harare UNICEF Zimbabwe Tel: +263 4 704 276 Email: psalama@unicef.org	Dermot Carty Deputy Director Office of Emergency Programmes (EMOPS) UNICEF Geneva Tel: + 41 22 909 5601 E-mail: dcarty@unicef.org	June Kunugi Deputy Director Public Sector Alliances and Resource Mobilization (PARMO) UNICEF New York Tel: + 1-212 326 7009 Email : jkunugi@unicef.org
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⁸ The activities highlighted in the response section of the Update are largely funded by emergency grants allocated in 2009 as a response to appeals launched the same year, which duration rolled over to 2010.