

UNICEF HUMANITARIAN ACTION

ZIMBABWE

DONOR UPDATE

18 JUNE 2007

UNICEF URGENTLY REQUIRES \$ 6,253,000 TO ADDRESS THE URGENT NEEDS OF CHILDREN IN THE AREAS OF HEALTH, EDUCATION AND PROTECTION,

- 2007 CAP appeal just over 30 % funded
- Major food crisis looming with 4 million people in need of assistance by the end of 2007.
- Rapid deterioration of health, water and sanitation systems resulting in an increased number of vulnerable children and women



1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

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, HIV and cholera outbreaks as well as those displaced during the fast-track land reform programme, Operation Murambatsvina (OM) 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 the prevalence of stunting, which is the indicator for chronic malnutrition, is 30%. This is the highest since 1988. Acute malnutrition has remained relatively static at around 6% since 1999. The Government has declared 2007 a drought year with expectations of only a third of the harvest. Matabeleland South is estimated to have lost about 95% of its potential harvest, while boreholes and dams are drying up.

Zimbabwe is one of the countries hardest hit by the HIV epidemic, with an adult sero-prevalence rate estimated at 20.1%. An estimated 1.6 million people were living with HIV/AIDS in 2006. 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 54 years at the end of 2005 creating the highest percentage of children who are orphaned in the world, i.e. 24%. Of the estimated 1.6 million orphans about 75% have been orphaned by AIDS. In 2007 alone, 130,000 children will lose one or both parents. These children are in immediate need of psycho-social support and need access to basic social services.

The economic situation has led to the deterioration of the basic social services. Inflation is officially at over 4,500%, and in real terms perhaps twice that. The health and education systems, eroded by a combination of deteriorating infrastructure, public expenditures and high attrition of human resources, are now characterized by shortages of essential supplies, reduced accessibility by the poor, low motivation of staff and weakened planning and management capacities. Health has seen the highest erosion of human resources, from "brain drain" and AIDS with a 60 per cent and over 30 per cent vacancy rate for doctors and nurses respectively. With AIDS patients occupying about 70 per cent of hospital beds, the strain on health services is enormous, making it difficult for government to maintain critical services. For example, the proportion of children who had not received any vaccination increased from 12% in 1999 to 21% in 2006. UNICEF's existing Child Health Days seeks to address this. The current campaign seeks to immunise all children under five.

Access to safe water supply and basic sanitation continued to decline due to the general economic decline, eroded institutional and community capacity, persistent droughts and the effects of the HIV/AIDS pandemic. In rural areas, a third of the population does not have access to an improved drinking water source. There are currently 24% (17,000) of communal water supply facilities not functioning. As a result there is a daily shortage of safe water supply amongst approximately 2,500,000 people. Furthermore, Bulawayo city water supply reservoirs are currently 27% full (nine month supply as of 1 May 2007 due to the below average rainfall and insignificant inflows into the supply dams. The remaining reservoir water will not have adequate piping capacity to supply the city, resulting in constant water cuts and rationing. The most affected are the high-density residential areas, where the most vulnerable reside. Additionally, water and sewage systems in most urban areas have broken down due to age, excessive load, pump breakdowns and poor operation and maintenance. The breakdown of sewage systems has resulted in large volumes of raw sewage being discharged into natural watercourses, which ultimately feed into major urban water supply sources. In addition, Zimbabwe continues to experience cholera epidemics. The epidemics have been associated with poor hygiene, sanitation and shortage of safe drinking water supply in the affected districts. The situation is expected to deteriorate in the second half of 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 space and teaching and learning materials. Population movement in farms due to a government land reform programme has resulted in the establishment of nearly 628 satellite schools which lack basic infrastructure. Two million primary school age children attend school with a textbook pupil ratio of 1:8 and over 1.5 million 13-18 year olds at secondary school with textbook pupil ratios of 1:6. As a result performance rates have been declining. For instance, grade 7 pass-rates are 37%.

2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

In close collaboration with local, national and international partners, UNICEF continues to respond to the humanitarian needs of the Zimbabwean population affected by the complex emergency. It has focused on the priority areas of water and sanitation, child protection, health, nutrition and education.

COORDINATION

In the nutrition, education, water and sanitation and child protection sectors UNICEF is coordinating the response between partners through sector coordination working groups. UNICEF also facilitates and coordinates at sub-national level with provincial/district authorities and the UN, NGOs, etc.

HEALTH AND NUTRITION

June's Child Health Days campaign will reach two million Zimbabwean children. All will receive a polio vaccination.

Child health days are an intensive campaign with US\$1 million spent on vaccines, logistics and staff time. Hundreds of health workers and volunteers have been trained and supported by UNICEF and the Ministry of Health and Child Welfare. Together they will conduct outreach activities, as children are protected from tuberculosis, measles, diphtheria, tetanus, whooping cough, hepatitis B and polio.

In 2006 UNICEF supported two rounds of nationwide "Child Health Days" campaigns where children between 0-59 months were provided with immunization as well as vitamin A supplementation. As a result the vitamin A supplementation now stands at 80 per cent and Expanded Programme for Immunization (EPI) coverage rose to above the 85 per cent nationwide. In June 2007 and November 2007, UNICEF will support two additional rounds of Child Health Days in order to assure that all children (aged 0 - 59 months) continue to access high impact health interventions. Polio will be included in the campaign in order to prevent the children from a recent spread of polio in neighbouring countries.

UNICEF, in collaboration with the Ministry of Health and Child Welfare, WHO and other partners, has over the last two years vigorously combated malaria through a combination a massive distribution of treated nets (400,000), indoor residual spraying, other vector control measures and effective malaria treatment. As a result the number of malaria cases in Zimbabwe has dropped by 40% in the last two years, from three million to 1.8million.

In partnership with international organisations such as the Clinton Foundation and the government, UNICEF is working to support the road map for scaling up care and treatment services with a special focus on children. In order to increase access ARVs for people with advanced HIV, UNICEF continues supporting the innovative arrangement with Ministry of Health and Child Welfare(MOHCW) and National Aids Council (NAC) in terms of which UNICEF has procured more than \$1,5 million of ARVs in exchange for the equivalent amount of local currency, which is used for local programmes. UNICEF also procures the ARVs under the 'expanded programme of support' and all child vaccines. Currently an estimated 40,000 people are benefiting.

UNICEF provides technical and financial support to the National Food & Nutrition Council in the implementation of its Nutrition Surveillance system. Four rounds have been completed during the last 24 months and the system has also included five urban areas affected by the 'clean-up' operation. The fifth round will be conducted in June 2007 and will include additional food insecurity indicators to inform the large food aid response that is anticipated in the second part of 2007 and first quarter of 2008.

UNICEF continues to support to scale-up the Community Based Nutrition & Care Programme in response to the large numbers of malnourished children as a result of HIV and who have limited access to timely health services. In addition, an estimated 200,000 people were reached in 2006 with Information, Education and Communications (IEC) materials on nutrition & HIV.

WATER, SANITATION AND HYGIENE (WASH)

UNICEF continued to play its essential coordination role in the water and sanitation sector interventions through the WASH Working Group in which experiences, lessons learned and other challenges are shared among the participants. Water and sanitation interventions in five urban areas in the country, (Hopley and Hatcliffe Settlements in Harare, Nyamukwarara settlement in Mutasa district, Manicaland, Bulawayo urban and Victoria Falls urban) continued. A total of 3,410 individual ecological sanitation latrines are being constructed of which over 2,400 are completed and in use.

Access to safe drinking water is provided in the settlements through a range of innovative approaches. Cholera epidemics continued to occur in the country. UNICEF provided both logistical and technical support to the affected areas benefiting over 500,000 people. More than 500,000 IEC materials have been produced and distributed to all the provinces and the affected areas. Support to highly vulnerable populations in the second largest city, Bulawayo and peri urban areas of Harare is currently under way.

CHILD PROTECTION

UNICEF emergency interventions continued to address the impact of displacements reaching 50,000 orphans and vulnerable children especially in new settlements where the evictees were allowed to occupy

stands in both urban and rural setups. Amongst the supported interventions was psychosocial support for internally displaced people reaching a total of 20,000 children.

Families of disabled children work and live closely together to assist each other in caring for their children. Many of these families affected by Operation Murambatsvina lost their entire support network. This highly vulnerable group required individual attention. A total of 660 families and their disabled children were supported with relief rentals to immediately access urban accommodation, inputs for food production, basic materials for shelter and transport for those who opted to return to their rural homes.

As broader humanitarian response to the plight of OVC (Orphans and Vulnerable Children) in Zimbabwe, UNICEF together with other stakeholders developed the so-called Programme of Support (POS) in order to scale up the response for this vulnerable group. Through this mechanism, around US\$ 70 Million have been mobilized from different donors (DFID, NZAID, SIDA, Germany, EC and Australia) and will be disbursed to 23 intermediary organizations reaching over 150 civil society organizations working on the ground with the most vulnerable children.

Lastly, UNICEF with its partners (IOM and SCF Norway) established a child centre in Beitbridge border town for unaccompanied children deported back from South Africa. This joint activity provides interim care and support to the children with counseling, family tracing, assessment and reunification services with their respective families/relatives. In 2006 the center assisted 950 unaccompanied children.

One of the key challenges in realization of children and women's rights in Zimbabwe is Gender Based Violence (GBV). The problem has been compounded by Operation Murambatsvina which resulted in many children and women being rendered homeless and destitute hence exposed to GBV. To ensure prevention and control of GBV and care for survivors the UN agencies which include UNICEF, UNFPA, UNDP, UNIFEM and UNAIDS working with the Government developed together with civil society organizations which include Women's Action Group (WAG), Zimbabwe Women Lawyers Association (ZWLA), Musasa Project and the National Faith Based Council of Zimbabwe (NFBCZ) number of activities to address this issue.

NON-FOOD ITEMS

In total, close to 20,000 children and women were reached with non-food items. Non-food items included: blankets, water buckets, bath and washing soap, plastic sheeting, plastic cups, mugs, plastic jugs, Vaseline cream and in few instances mattresses were provided to vulnerable families with children in the worst affected areas.

EDUCATION

HIV and AIDS have brought a host of new capacity challenges to the education sector. However, amidst the ever increasing numbers of orphans created by the AIDS pandemic, more than three-quarters of these vulnerable children are still in school. UNICEF and Civil Society partners have proven that community-led strategies sustain community demand for and ownership of education (including for vulnerable children). Direct support through grants maintains schools' and communities' coping mechanisms and strengthens the responsibility of school development committees.

In addition, UNICEF's Girl Education Movement (GEM) clubs play a key role in HIV and child abuse prevention. Using plays, music and dance, GEM club members create and raise awareness on issues of children's rights, child sexual abuse, what to do when one is abused and other pertinent issues affecting children. More than 37,000 children were reached with gender-sensitive life skills learning through the training of 900 primary school teachers and the procurement of textbooks & life skills materials.

3. APPEAL REQUIREMENTS AND RECEIPTS

As part of the CAP 2007 appeal, launched in November 2006, UNICEF requested US\$ 13,705,076 in order to be able to respond to the needs of children and women in Zimbabwe. To date only limited funds have been received resulting in possible disruptions in timely provision of essential services and supplies.

Table 1: Funds Received against the CAP appeal

Appeal Sector	UNICEF Requirements by Sector	Funds Received (US\$)	Unmet requirements (US\$)	% Unfunded
Coordination and Support Services	268,000	0	268,000	100
Education	1,466,041	0	1,466,041	100
Health and HIV/AIDS	6,381,035	790,518	5,590,517	87.6

Protection/Human rights/Rule of law – incl. Child Protection	4,190,000	1,812,096	2,377,904	56.8
WATSAN	1,400,000	1,400,000	0	0
Total	13,705,076	4,002,614	9,702,462	70.8%

Table 2: Funds received by Donor against the CAP Appeal

Donor	Funds Received (US\$)	Sector
Government of Ireland	615,192	Cross Sectoral
Government of Sweden	2,008,502	WASH, PSBGV ,CP
Government of Canada	215,518	Nutrition
CERF	1,000,000	WASH, CP
OCHA	150,000	WASH
Government of South Africa	13,402	
Total	4,002,614	

4. IMPACT OF UNDER-FUNDING AND CURRENT PRIORITIES

The vast majority of UNICEF's financial requirements for the CAP 2007 are still unmet. At the moment, key projects in health, nutrition, education and child protection sectors are on hold and remain unimplemented due to the shortage of funds. Should additional contributions fail to materialize soon, UNICEF Zimbabwe may be forced to revise the size and scope of its planned activities.

UNICEF Zimbabwe expresses its gratitude to the donors who have thus far contributed to its emergency interventions and hopes that other donors will soon extend their support as well. The timely provision of resources will allow UNICEF Zimbabwe to avoid any critical disruption in the provision of essential services and supplies across its five sectors of intervention, as well as to launch new important projects.

Table 3: Urgent priority requirements

Project	Amount Required (US\$)
Nutrition care and Support to People Living with HIV/AIDS	650,000
Promotion of child health and care practices for children under five in the communities	385,000
Reaching the vulnerable children and women of child bearing age with immunization to prevent EPI target diseases	2,500,000
Neonatal mortality reduction	450,000
Integration of PMTCT into maternal and child survival activities	500,000
Abuse; increase support services available to survivors of sexual abuse and rape	300,000
National multimedia campaign on prevention of child abuse	200,000
Child Protection activities	1,000,000
Cross sectoral coordination and emergency preparedness	268,000
Total Priority needs	6,253,000

Details of Zimbabwe emergency programme can be obtained from:

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