

UNICEF ZIMBABWE

Immediate Needs of Children and Women Affected by the Cholera Outbreak and Collapse of the Health and Education Systems



16 December 2008

1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

Zimbabwe is grappling with a cholera crisis of unprecedented levels. Since August this year 13,960 cholera cases have been reported, causing 579 deaths. Its impact is immense as 43 out of Zimbabwe's 62 districts have reported cases. The worst affected cholera areas are eight high-density neighbourhoods in Harare; Mudzi district, bordering to Mozambique in the north-eastern part of the country; and Beitbridge, the border town with South Africa. Cholera has now also spread to neighbouring countries.

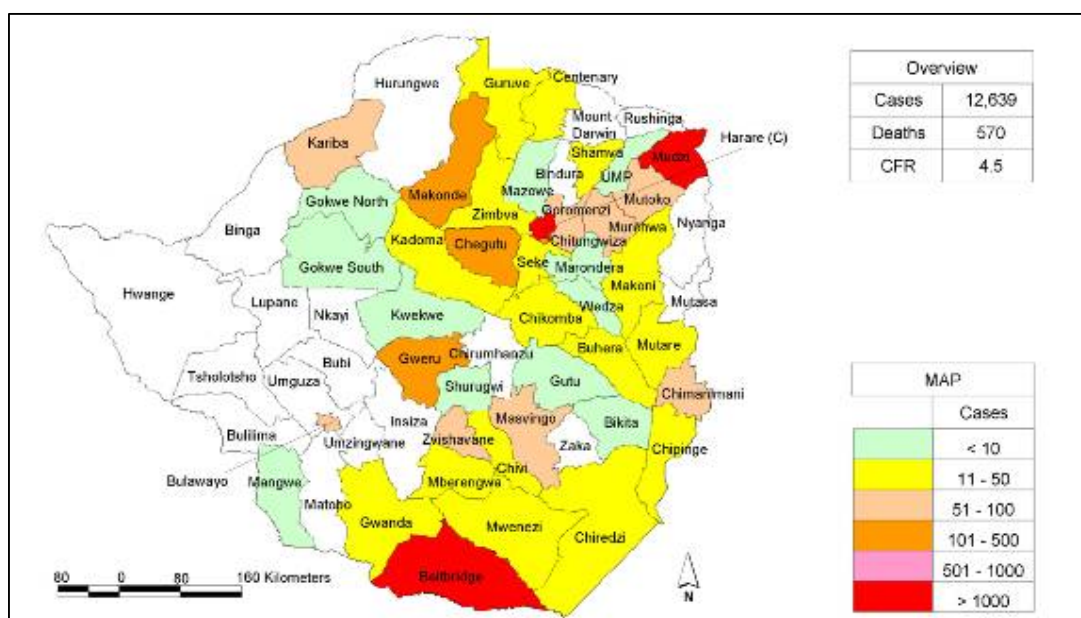
This largest cholera outbreak in modern history of Zimbabwe comes amidst a complex political, economic and humanitarian crisis. Spiralling inflation, failure to form a new Government, deteriorating physical infrastructure, erosion of livelihoods, food insecurity, rising malnutrition, the severe impact of the HIV/AIDS pandemic and the inability of the public sector to deliver basic social services have a dramatic impact on the overall well-being of the children and women in Zimbabwe.

During the past eight weeks the crisis has rapidly deteriorated as the basic service delivery system collapsed. Schools and hospitals are closing, patients cannot access health care, teachers, nurses and doctors are not able to come to work. Urban water supplies are erratic or not available at all due to weakened infrastructure, power outages and shortage of chemicals. The net effect on Zimbabwean children has been no schooling, lack of health care, no safe drinking water, reduced number of meals and increased morbidity and mortality.

On 3 December 2008 the Minister of Health requested international assistance. UNICEF has moved to full emergency mode and has developed a 120-day emergency response plan (December 2008 – March 2009) focusing on relief efforts to the cholera crisis and the provision of basic social services. In order to effectively implement the plan and scale-up the emergency response UNICEF is doubling the number of international staff in country and further expanding its vital supply and logistics function to assist all key partners.

UNICEF and its partners, including WHO and other sister UN agencies and international and national non-governmental organisations, are working closely together in order to respond swiftly and effectively to the crisis.

Map: Zimbabwe Cholera Outbreak as per 3 December 2008



2. UNICEF'S EMERGENCY RESPONSE: ISSUES & ACTIONS

HEALTH AND NUTRITION:

Issues

- Health facilities are closed or provide sub-standard services due to lack of staff (doctors and nurses), medical supplies and equipment
- Cholera case fatality rate of 4.5% is unacceptably high according to international standards
- Severe scarcity of life saving medicines and equipment at Cholera Treatment Centres
- Population not able to pay for and access health services

Urgent Actions

Health

The activities are focussing on immediate 'life saving' needs of women and children, including:

- Provision of essential medicines (incl. vaccines) for 1,780 health facilities in 62 districts
- Provision of medicines and equipment to Cholera Treatment Centres
- Community social mobilisation on disease prevention and control
- Allowances for health workers in Cholera control and other disease outbreaks response
- Conduct national Child Health Days as soon as the cholera outbreak has been controlled (1.7 million children under five set to be immunized against six childhood diseases in addition to providing Vitamin A supplementation).
- Procurement and distribution of emergency obstetric and neonatal equipment
- Procurement and distribution of 16,000 anti-malaria Long Lasting Insecticide Treated Nets

Nutrition:

- Support to 70 Therapeutic Feeding Units to treat 9,000 severe malnourished children
- Expansion of community management of acute malnutrition to districts with high levels of acute malnutrition through NGO partners
- Support optimal feeding practices in children under 2 years within the emergency context
- Structural support to National Nutrition Unit and Provincial Nutritionists (salary, logistics)
- Conduct rapid nutrition assessment/screening as required

WATER SANITATION AND HYGIENE (WASH)

Issues

- Close to 80% of the country has no access to a safe drinking water as a result of major shortages of water treatment chemicals and breakdown of infrastructure, especially in urban areas
- The large majority of population do not have access to adequate sanitary facilities due to the rapid deterioration in urban areas in the absence of running water
- Alarming deterioration of water supply in clinics and hospitals with virtually none having access to safe water and patients often having to supply their own.
- Limited awareness of hygiene practices and means to implement those practices

Urgent Actions

- Provision of safe drinking water through water trucking for immediate water relief
- Waste/garbage collection in cholera affected urban areas
- Drilling of water boreholes in high-density urban areas
- Provision of water treatment chemicals to ZINWA (national water authority) to ensure safe drinking water to 3.5 million people in urban areas
- Mass communication about cholera and hygiene promotion reaching 8 million people
- Distribution of hygiene kits (water purification tablets, jerry cans, soap)
- Support construction of latrines where feasible, particularly in Cholera Treatment Centres
- Provision of safe water, sanitation and hand-washing facilities at schools and health facilities

EDUCATION

Key Issues

- The majority of teachers are not attending work due to low salaries and working conditions
- School attendance has rapidly declined from over 85% in 2007 to a mere 20% by the third term of 2008. Children are required to assist parents/caregivers in looking for food or conducting income generating activities

- Schools in general are in a dire state lacking sufficient teaching and learning materials, recreational materials and sanitary facilities

Urgent Actions

- Top-up salaries as incentive to bring over 100,000 teachers back to work
- Alternatively, advocate for the provision of non-cash allowances for teachers (food aid)
- Identification and mobilisation of O/A level adolescents and community members to assist in teaching activities in the event of lack of qualified teachers
- Procure and distribute learning materials and recreational kits for 1,100,000 children in primary schools
- Provide syllabi and training on syllabi use to 100,000 teachers
- Outreach education on cholera prevention, child abuse, HIV/AIDS and child migration
- Mobilise the School Development Committees to identify action to ensure schools open in January 2009

HIV and AIDS

Key Issues

- Lack of social basic services particularly affects people living with HIV, who are already marginalized and most often living in extreme poverty
- The adult HIV prevalence rate is 15.6%, amongst the five highest countries in the world
- Around 2,000 deaths a week due to AIDS
- Nearly one in four Zimbabwean children are orphaned, mainly due to HIV and AIDS
- HIV support groups ability to provide care and treatment has decreased

Urgent Actions

- Mobilize 1,000 Home Base Care volunteers and 2,000 volunteers under the Young People We Care programme to: (i) distribute IEC material on cholera prevention and treatment, hygiene, clean water, and malaria prevention; (ii) distribute aquatabs for household use; (iii) provide learning support to children, particularly OVC; and (iv) reinforce basic HIV treatment messages: adherence to anti-retroviral treatment and management of opportunistic infections (HBC volunteers only). Overall 15,000 home base care (HBC) clients and their families will be reached.

CHILD PROTECTION

Key Issues

- Child migration to South Africa and Mozambique pose serious concern as children often travel alone and are at risk of Sexual or Gender Based Violence and contracting Cholera
- The number of child headed households increase and their conditions worsen due to the country's inability to provide basic social services
- In absence of school attendance, children become more exposed to risky behaviour and child labour as they spend more time in non-controlled environments
- Humanitarian workers knowledge on child protection (CP) in Emergencies need to be enhanced

Urgent Actions

- Develop a basic 2-day training/sensitization pack/module on Child Protection in Emergencies (CPiE) for UNICEF, partners, faith-based organizations and other NGOs
- Assessment of CP needs, both to identify appropriate interventions and for advocacy purposes
- Training on code of conduct for humanitarian workers

COORDINATION AND LOGISTICS

Key issues

In any disaster, coordination and logistics form a critical component of the overall response. Cluster approaches and working groups are already established in Zimbabwe; UNICEF co-chairing the WASH Cluster, Nutrition Cluster, Education Working Group. Therefore, UNICEF is playing a major role in securing that all affected areas and stakeholders provide a coordinated response to secure immediate and sufficient response.

Urgent Actions

- Coordination of the nutrition, WASH, and education clusters/working groups
- Technical support to clusters and working groups
- Procurement, warehousing and distribution of emergency supplies and equipment
- Security of UNICEF staff and assets
- Performance monitoring and evaluation

UNICEF will continue to work closely with Government, local authorities, UN agencies, NGOs and community-based organizations.

3. ESTIMATED FUNDING REQUIREMENTS FOR PLANNED ACTION FROM DECEMBER 2008 TO MARCH 2009

UNICEF encompasses a large response network, conducting activities at all levels. Initial financial resources allocated to the 120 day Emergency Preparedness & Response Plan, provided by various funding sources, amount to US\$17.2 million. However, due to the magnitude of the emergency, UNICEF urgently requires US\$17,470,000 to respond to the immediate needs of women and children in Zimbabwe. This amount is part of CAP 2009 requirements.

Table 1. Estimated funding requirements from December 2008 to March 2009**

Sector	US\$
Water, Sanitation and Hygiene	9,000,000
Health and Nutrition	4,910,000
Education	2,500,000
HIV and AIDS	510,000
Child Protection	350,000
Coordination and Logistics	200,000
Total*	17,470,000

*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.

**Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

Table 2. Total UNICEF Requirements by sector, Consolidated Appeal - Zimbabwe (CAP 2009)

Sector	US\$
Water, Sanitation and Hygiene	13,000,000
Health and Nutrition^①	36,518,500
Education^②	25,000,000
HIV and AIDS	3,049,250
Child Protection	1,700,000
Coordination and Logistics	Included in different sectoral requests
Total	79,267,750

^① This request includes the amount of US\$ 19,500,000 for the Vital & Essential Medicines Programme which will need to be funded by February 2009 in order to ensure timely availability of medicines at clinic level throughout the year.

^② This request includes the amount of US\$ 20,000,000 for the payment of cash incentives for all primary & secondary school teachers for the first three months of the year.

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

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