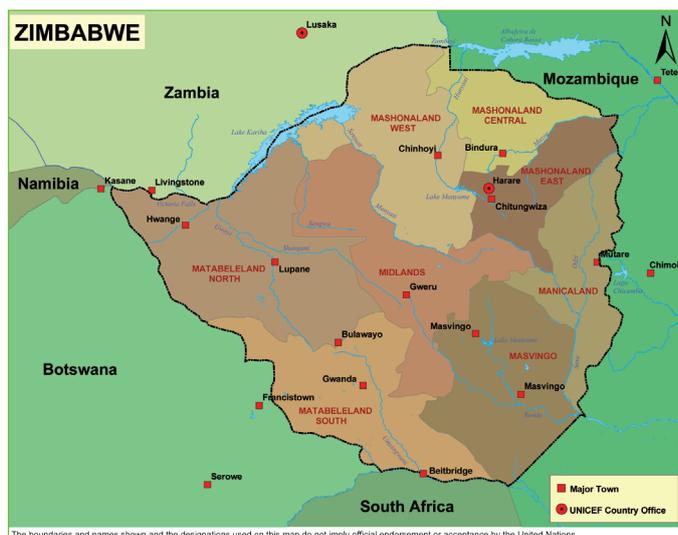


UNICEF HUMANITARIAN ACTION ZIMBABWE IN 2009



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

Core Country Data	
Population under 18 (thousands)	6,175
U5 mortality rate	90
Infant mortality rate	59
Maternal mortality ratio (2000–2007, reported)	560
Primary school enrolment ratio (2000–2007, net, male/female)	87/88
% U1 fully immunized (DPT3)	62
% population using improved drinking-water sources	81
Estimated number of people (all ages) living with HIV, 2007 (thousands)	1300
% U5 suffering moderate and severe underweight/stunting	17/29

Source: *The State of the World's Children 2009*

Zimbabwe is facing continuous multifaceted complex humanitarian crises due to hyperinflation, food insecurity, deteriorating water and sanitation facilities, large cholera outbreaks, HIV/AIDS and political instability, which further deepen the country's vulnerability. With its rapidly shrinking economy, Zimbabwe is unable to provide basic social services to its population whilst still recovering from the 2008 election violence and the NGO suspension of field activities. UNICEF plans to provide assistance to 5 million vulnerable people with interventions in health and nutrition, water, sanitation and hygiene (WASH), education, HIV/AIDS and child protection.¹

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health and Nutrition	40,000,000
Water, Sanitation and Hygiene	20,000,000
Education	25,000,000
Child Protection	1,700,000
HIV/AIDS	1,500,000
Total**	88,200,000

* 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 underfunded emergencies.

** 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.

¹ Due to the collapse of Zimbabwe's health and education systems, a large-scale cholera outbreak and the overall rapidly deteriorating humanitarian environment, UNICEF declared Full Emergency Mode on 16 November 2008 with immediate effect. A subsequent 120-day emergency plan has been established, seeking to urgently address these critical issues. Its effects on the proposed HAR activities will be minimal as interventions harmonize to a large extent and current plan is that the Emergency Mode will impede in Mid-February 2009.

1. CRITICAL ISSUES FOR CHILDREN AND WOMEN

The humanitarian situation in Zimbabwe continues to be impacted by a set of complex, overlapping and often worsening economic, political and social factors. Spiralling inflation, deteriorating physical infrastructure, protracted election period, continued political uncertainty, public sector's inability 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. The erosion of livelihoods, food insecurity and unprecedented cholera outbreaks are putting the already vulnerable population under further distress.

A large proportion of the population has reduced access to basic health services, which have been compromised due to deteriorating infrastructure; limited availability of essential and vital drugs, supplies and equipment; inadequate human resources; unclear application of fee for service policies; poor transport and communication means; and low level of supportive supervision. Malaria, tuberculosis, acute respiratory infections, diarrhoeal diseases and malnutrition remain the leading causes of morbidity and mortality amongst Zimbabwean children and women and are responsible for the significant number of preventable deaths.

Acute malnutrition remains low. Just over 4 per cent of children aged 6–59 months suffer from acute malnutrition. However, the Food and Agriculture Organization (FAO) and the World Food Programme (WFP) estimate that at the height of the hungry season between January and March 2009 over 5 million people will be food insecure and in need of assistance. The nutrition situation of children is expected to be severely aggravated during this period.

Although officially 81 per cent of the population has access to potable water, access to safe water supply and basic sanitation in Zimbabwe continues to be eroded due to the humanitarian complex crisis. Sewage systems in most urban areas have broken down due to age, excessive load, pump breakdowns and poor operation and maintenance. As a result, Zimbabwe is now experiencing an unprecedented cholera epidemic, associated with shortage of safe drinking-water supply in affected areas, poor hygiene and sanitation. As of end November 2008, over 10,000 cases of cholera have been reported with nearly 400 people unnecessarily dying over the last three months.

An estimated 15.6 per cent of adults aged 15–49 years are currently living with HIV or AIDS (Ministry of Health and Child Welfare (MOHCW), National HIV estimates, 2007). Although this is a decline from 24.6 per cent in 2003, it remains one of the highest HIV prevalence rates in the world resulting in 1.3 million children being orphaned. An estimated 2,200 adults and 240 children died of AIDS per week in Zimbabwe in 2007 and 12 per cent of households are caring for a chronically ill family member (MOHCW, 2007). An estimated 476,000 Zimbabweans living with AIDS require antiretroviral therapy (ART) of which 24,000 are children. Only 121,212 adults (25 per cent) and 10,669 children (45 per cent) are currently accessing the lifesaving drugs.

UNICEF is currently reaching 250,000 orphaned and vulnerable children (OVC) within the framework of the National Action Plan for OVC. Sexual and gender-based violence (SGBV) is one of the key challenges in the current humanitarian situation. Families and youths affected by recent political violence were exposed to sexual exploitation, torture and abuse on an unprecedented scale. This is to the addition of the existing vulnerability of internally displaced persons that is already compounded by factors such as inadequate social protection and mechanisms as well as acute decline in opportunities for livelihoods.

Deteriorating economy and political violence that affected teachers and schools has further eroded once an exemplary education system in Zimbabwe. It is estimated that only 40 per cent of the teachers are still educating in the classroom, and student drop-out is increasing dramatically with only 33 per cent attending school on a regular basis. The textbook/pupil ratio is now 1:8 for 2 million primary school-aged children and 1:16 for 1.5 million secondary schoolchildren aged 13–18 years. As a result, performance rates have been declining – with only 42 per cent of pupils passing their seventh-grade exams, and in 2008 even fewer pupils had the opportunity to graduate as education offices are ill-equipped to run national exams.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In close collaboration with Government and local, national and international partners, UNICEF has continued its response to the humanitarian needs of the Zimbabwean population. It has mainly focused on the priority areas of health and nutrition, water, sanitation and hygiene (WASH), education, HIV/AIDS and child protection. However, these interventions were hindered due to the prolonged election period and the suspension of NGO field activities, which restricted humanitarian access to almost the entire population for nearly five months.

UNICEF and MOHCW successfully conducted the first round of 'Child Health Days' in 2008. A total of 1,339,280 children aged 6–59 months (84.2 per cent) were reached with vitamin A supplementation, while 26,500 children were immunized with BCG; 43,430 with measles; 125,825 with oral polio vaccine; 78,310 with pentavalent; 29,240 with diphtheria/

tetanus (DT); and 21,710 pregnant women with tetanus toxoid (TT) vaccine. Trainers from all provinces were trained in the management of diarrhoea in children using low osmolarity oral rehydration salts (ORS) and zinc (stocks for one year were procured). A total of 240,000 long-lasting insecticidal nets (LLINs) are being distributed to eight districts. Prevention of mother-to-child transmission (PMTCT) social mobilization in 12 districts resulted in an increase of 25 per cent uptake of HIV testing by pregnant women. PMTCT champions are reaching 75,000 people in three districts. In nutrition, UNICEF supported two rounds of sentinel site surveillance as well as community management of severe malnutrition in 10 districts. UNICEF also scaled up its support to hospital-based treatment in 60 districts treating approximately 9,000 malnourished children.

In the WASH sector, UNICEF provided over 800,000 people with access to safe water through the rehabilitation or construction of water sources, water trucking and household water treatment as well as through hygiene promotion activities and awareness campaigns. In response to waterborne disease outbreaks such as cholera in urban and rural areas, UNICEF distributed more than 26 million water treatment tablets, 124,000 related sets of information, education and communication (IEC) materials, 825 kilos of chlorinated lime for disinfection, and trucked water at a rate of 300,000 litres per day over a period of 10 months to affected communities in Harare City and its surroundings, benefiting more than 100,000 people.

UNICEF in collaboration with the National Aids Council conducted a national community home-based care mapping exercise to identify who is doing what and where in order to identify vulnerable areas. Over 40,000 home-based care (HBC) clients and their families benefited from medical supplies that provided needed relief, and an additional 3,000 HBC clients were provided with non-food items (NFIs) during the political violence.

Over 50,000 children in 125 schools situated in poor and flood-affected districts received teaching/learning materials and recreational kits. Fifty of these schools were provided with WASH facilities. UNICEF in collaboration with FAO continued addressing food insecurity through school-based training workshops and supported 20,000 children and their families in drought-affected districts.

As the outcome of the presidential elections held in March 2008 failed to announce a clear winner, the election period was effectively extended up to the end of June, resulting in widespread violence and intimidation throughout the country. An estimated 30,000 people fled their homes. As this was also the time when NGOs were banned to conduct field activities, UNICEF provided NFI materials to nearly 10,000 people. Additionally, 524 people (50 per cent children) received UNICEF's direct support to re-establish family contact with families scattered in several rehabilitation centres and safe houses in and around Harare.

As schools were frequently being used for political meetings and militia camps, UNICEF documented and advocated against violence in and around schools. Based on the provided evidence, the Ministry of Education took action prohibiting political activities to be conducted on school grounds.

3. PLANNED HUMANITARIAN ACTION FOR 2009

Coordination and Partnership

UNICEF works with other humanitarian partners within the UN humanitarian coordination mechanisms and the Inter-Agency Standing Committee (IASC). UNICEF leads the nutrition and water, sanitation and hygiene (WASH) clusters as well as the Education Working Group. UNICEF also actively participates in the health cluster chaired by the World Health Organization (WHO) and the Food Aid Group chaired by WFP. UNICEF continues to co-lead the Protection Working Group, together with the UN Refugee Agency (UNHCR), the International Organization for Migration (IOM) and Save the Children Alliance, which is following up on an inter-agency assessment on child rights' violations that took place during the election period in 2008.

Linkages of HAR with the 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 as well as basic education and protection. The programme places at its centre orphaned and other children made vulnerable by HIV and AIDS.

As Zimbabwe will continue to experience a highly challenging humanitarian situation in 2009, UNICEF will respond with emergency interventions targeting 5 million vulnerable women and children in a holistic manner by focusing on the provision and distribution of essential medicines, educational and HBC supplies and antiretroviral therapy for people affected by HIV/AIDS, and by conducting major WASH interventions as per below breakdown.

Health and Nutrition (US\$ 40,000,000)

For 2009, the overall goal is to minimize the impact of the ongoing crisis on the health and nutritional status of children under age five. Over 3 million children will benefit from the following key activities:

- Procure and distribute essential emergency drugs, including vaccines, for 1,780 health facilities in 62 districts;
- Procure and distribute cold-chain equipment to 320 health facilities, including 360 tons of LP gas;
- Train 1,600 health workers in immunization services, including cold-chain maintenance;
- Implement two rounds of 'Child Health Days' and outreach activities benefiting over 1.8 million children;
- Conduct measles supplementary immunization activity in June 2009;
- Procure and administer vitamin A supplementation to 2 million children aged 6–59 months;
- Support community- and hospital-based treatment of an estimated 9,000 severely malnourished children;
- Support the implementation of two rounds of nutritional surveillance;
- Roll out community-based maternal and neonatal health, including prevention of mother-to-child transmission of HIV (PMTCT) services;
- Train 620 health workers from 62 districts on the management of diarrhoea in children and procure medical supplies for cholera treatment centres;
- Procure and distribute 250,000 long-lasting insecticidal nets (LLINs) to children under age five and to pregnant women in 11 districts;
- Promote appropriate infant feeding practices in emergencies;
- Protect nutrition security of vulnerable populations;
- Coordinate nutrition cluster humanitarian preparedness, planning and response.

Water, Sanitation and Hygiene (US\$ 20,000,000)

For 2009, the overall goal is to prevent, respond to and control WASH-related disease epidemics. Over 3 million people will be reached with the following key activities:

- Construct/rehabilitate water points and adequate sanitary facilities in 230 schools (benefiting 115,000 children), of which 100 are focus schools;
- Rehabilitate 450 boreholes and drill and equip 100 new boreholes in areas with more than 30 per cent non-functional water facilities in order to provide safe drinking water to over 137,000 individuals (siting of boreholes to be done in accordance with national regulations and environmental considerations);
- Respond to WASH-related disease outbreaks and other natural and man-made disasters within 72 hours;
- Coordinate WASH cluster planning, preparedness, information management and response;
- Conduct national WASH assessment of health facilities and rehabilitate or provide water systems/sources in most needy facilities;
- Support the procurement of water treatment chemicals and household water treatment for urban areas where Government lacks resources;
- Procure and preposition additional WASH-related items for effective emergency response;
- Support capacity development and strengthen local government, rural districts and NGOs;
- Support hygiene promotion programmes for epidemic prevention, including messages on HIV/AIDS, and link hygiene promotion to the diarrhoea initiative under Health and Nutrition.

Education (US\$ 25,000,000)

For 2009, the overall goal is to improve school enrolment by providing relevant teaching and learning materials in order to bring back and maintain in school at least 1.5 million vulnerable children. Key activities will include:

- Identify and support most vulnerable primary schools;
- Supply core textbooks, stationery, recreational kits as well as other teaching/learning materials to identified primary schools, benefiting 1.5 million vulnerable children;

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- Provide syllabuses to identified schools and retrain teachers in the utilization of these materials;
 - Coordinate the emergency education response through the Education Working Group.

Child Protection (US\$ 1,700,000)

For 2009, the overall goal is to support activities for vulnerable children and women affected by violence and the humanitarian situation through material and psychosocial support, including peace-building and reconciliation efforts at the community level. An estimated 23,000 children, adolescents, and their families and other community members will benefit through the following key activities:

- Train 200 church workers and partners in psychosocial support for conflicted-affected children and adolescents, as well as child survivors of sexual and gender-based violence (SGBV);
- Train 200 adolescents in basic counselling, peace-building skills and conflict management;
- Support children, adolescents and women affected by violence, including SGBV, through psychosocial support and other relevant services, including access to medical services;
- Support community-level peace-building and reconciliation efforts by faith-based organizations and others, with special emphasis on children's and adolescents' participation; provide psychosocial and reintegration support at community level for adolescents who took part in the violence;
- Support the prevention, identification, care, reunification and follow-up of separated children;
- Support the training of stakeholders on child protection in emergencies and on the Code of Conduct of the IASC Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises.

HIV/AIDS (US\$ 1,500,000)

For 2009, the overall goal is to prevent the transmission of HIV among 100,000 most vulnerable children and youths and to increase access to quality community home-based care to an estimated 75,000 people living with AIDS, through the following key activities:

- Support the training and provision of palliative care and counselling, including antiretroviral therapy adherence and distribution of HBC supplies, to approximately 36,000 HBC clients and their families;
- Support approximately 4,000 young people in providing community support services targeted towards children affected by HIV;
- Assist community-based volunteers to support OVC through psychosocial support, child protection, life skills, nutrition, hygiene, education, and income generation;
- Support community youth sports clubs and procure and distribute 500 sport and recreational kits for vulnerable young people;
- Print and distribute 100,000 information, education and communication (IEC) and training materials on HIV/AIDS and SGBV for use by implementing partners to influence behaviour change amongst young people, community volunteers and OVC.