UNICEF IS RESPONDING TO THE NEEDS OF CHILDREN AND WOMEN IN THE AREAS OF HEALTH, EDUCATION, CHILD PROTECTION AND WATER, SANITATION AND HYGIENE

- 6 million children affected by collapse of basic social services
- 88% of districts impacted by cholera outbreak, over 65,000 cases
- UNICEF is working together with local and international NGO partners to assure the availability of emergency supplies
1. ISSUES FOR CHILDREN

Zimbabwe is currently grappling with a cholera crisis of unprecedented levels. Since August this year 65,739 cholera cases have been reported, causing 3,323 deaths (case fatality rate: 5.1%). Its impact is immense as 54 out of Zimbabwe’s 62 districts have reported cases. Harare continues to be the epicenter of the epidemic, recording 14,368 cases, while an additional eighteen districts have reported over 1,000 cases. Only areas in south-western Zimbabwe have been spared so far as cases have spread to Zambia, Mozambique and South Africa.

This is the largest cholera outbreak in modern day Zimbabwe and comes at a time when the country’s ability to provide sufficient response is being hampered by a complex political, economic and humanitarian crisis. Spiraling inflation (the latest official figures from the Zimbabwean Central Statistics Office indicate an inflation rate of 231 million per cent), 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.

The Zimbabwean Health system has virtually collapsed. Hyperinflation has impacted health workers purchasing power to the extent that their salaries do not suffice transport to work. Doctors and nurses have largely been absent since the group commenced an unofficial strike on the 13th of October, further weakening the country’s ability to provide basic health services. Moreover, hospitals and clinics have continued to deteriorate while there is a major lack of medical supplies resulting in substandard treatment. Due to these factors numerous hospitals and clinics have and are being closed throughout the country.

**Zimbabwe Cholera Outbreak Overview: 1 Dec 08 to 3 Feb 09**

*Source: Ministry of Health and Child Welfare & WHO*
On January 6th the Ministry of Education and Child Welfare announced its decision to postpone the opening of the first school term of 2009 from the 13th to the 27th of January. The two week postponement was attributed to the absence of 2008’s public final examination markings, due to a major lack of markers (teachers). Though the exam results have yet to be announced, certain schools did open on the 27th. However, the student turn-out was low as a majority of public schools have pegged school fees to US$ in order to pay teachers who demand top-up’s on salaries. Consequently, as a large portion of the population can not afford to pay these fees, a majority of Zimbabwean children can not, even if schools are open and teachers conduct lessons, access education. UNICEF conducted a rapid assessment on the 28th of January which revealed that only 50% of children had returned to school while the serious lack of teachers continues. UNICEF remains deeply concerned that the underlying factors causing the school attendance to decline, from over 85% (2007) to a mere 20% (3rd term 2008), and the closure of schools in 2008 are not adequately addressed and as a result will further jeopardize children’s education in 2009.

The lack of social basic services further deepens the vulnerability of people living with HIV and AIDS, who account for 15.3% of the adult population. Causing 2,000 deaths weekly, HIV and AIDS remains a major challenge for Zimbabwe as the virus is orphaning a generation of children. These children, and children infected by the virus, are particularly affected by the multiple traumas of chronically ill parents, orphan hood, lack of quality education and high food insecurity. The multiple crises occurring in Zimbabwe has the potential of both accelerating the spread of HIV through high-risk behavior and increasing the mortality rate as people living with HIV are unable to access appropriate medical treatment.

During the past thirteen weeks the crisis has rapidly deteriorated as the basic service delivery system collapsed. With the closing of health facilities, failure to re-open schools, increasing food insecurity (7.3 million people are currently on food aid) and the erratic or not available urban water supplies – the net effect on Zimbabwean children is devastating as their overall well-being and development is severely disintegrating.

UNICEF and its partners, including WHO and other sister UN agencies and international and national non-governmental organizations, are working closely together in order to respond swiftly and effectively to the crisis. However the situation is still not under control.

2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

On the 3rd of December 2008, the Minister of Health requested international assistance. UNICEF moved to full emergency mode and developed a 120-day emergency response plan with immediate effect. However, given the magnitude and difficult operating environment, a decision was made to scale up the emergency response plan to 180 days (December to May). Moreover, the first working figures predicting and therefore pre-positioning resources and supplies for 60,000 cholera cases has been increased to 115,000 cases. In order to effectively implement the plan and scale-up the emergency response UNICEF has doubled the number of international staff in country and further expanded its vital supply and logistics function to assist all key partners.

UNICEF is co-leading the Water, Sanitation and Hygiene (WASH) Cluster group while playing an important role in the Health Cluster group. In this capacity and working closely with other local, national and international partners, UNICEF has continued to respond to the humanitarian needs of vulnerable Zimbabweans affected by the multiple simultaneous crises focusing on relief efforts and life saving interventions to the cholera outbreak while supporting and advocating for the provision of basic social services.
UNICEF has placed twenty-four 5,000L water tanks in strategic locations in urban areas highly impacted by cholera. In addition to filling these with clean drinking water on a daily basis, water trucking is being conducted to health facilities and Cholera Treatment Clinics. An estimated 700,000L of water is trucked and distributed daily by UNICEF. Over 25.5 million water purification tablets (and 60,000 water canisters) have been procured and distributed with the capacity to treat nearly 620 million liters of water. In order to assist the Zimbabwe National Water Authority (ZINWA) during the outbreak, UNICEF is providing 3,800 metric tones of Aluminium Sulphate (chemical used for water treatment), securing safe water supply to all urban cities for a four month period. However, to secure long-term and less resource intense clean water sources, future focus parallel to water trucking and water purification tablets will include more sustainable solutions such as rehabilitation and drilling of boreholes as alternatives to ZINWA reticulation system, which is not reliable due to its lack of resources and water chemicals. Moreover, 200,000 pieces of carbolic/green soap have been distributed to households and health facilities for increased hygiene practices.

A total of US$ 5 million was recently pledged by UNICEF to support an incentive scheme targeting 20,000 health workers in 1,300 health facilities to return to work. As UNICEF is providing substantial material support to the cholera outbreak, additional supplies needed to be airlifted from Supply Division in Copenhagen carrying IV fluids, medicines, midwifery obstetric kits for Emergency Obstetric Care, cannulas, giving sets, ORS, latex gloves, cotton wool, adhesive tapes, water treatment tablets and tents. Additional supplies have and are being trucked from South Africa. Medical equipment has been provided to health facilities and cholera treatment clinics. In response to the dire patient capacity situation, UNICEF has provided 43 cholera tents, each with a 50 patient capacity, while 700 cholera beds have been distributed (an additional 2,500 are being produced by a local manufacturer, distribution is ongoing). Moreover, to close the large gap of required essential medicines, supplies worth US$ 1,150,000 were procured and distributed in December. A total of 238 clinics and 14 hospitals in Harare, Matebeleland, Midlands and Masvingo province received essential medicines and medical supplies.

Continued advocacy has been conducted towards the Ministry of Education and Child Welfare to solve Zimbabwe’s education crisis, teachers returning to school being the main focus. Teaching and learning material kits have been pre-positioned for 2,243 schools, comprising of sufficient quantities of basic school supplies for all teachers (avg. 28) and students (avg. 420) in each school. Supplies include 2.1 million pens and pencils and 7.8 million exercise books. Cholera information campaigns targeting school children have been constructed and will roll out once the majority of schools open.

Culture constitutes a major challenge when combating cholera in Zimbabwe since hand shaking and touching occurs frequently, posing a major contamination risk. UNICEF has distributed over 220,000 information leaflets educating the general public on how to prevent cholera. Support and advocacy has also be provided to the largest mobile telephone provider in Zimbabwe to conduct nation wide sms information campaigns aimed at exposing all its 800,000 users to cholera messages while a Ministry of Health and Child Welfare national awareness camping, comprising of TV-spots and interpersonal communications, was supported with technical assistance and information material.

HIV and AIDS interventions have been focused on further training volunteers to provide organized care and support to affected people and their families, in addition to providing knowledge and tools to care for cholera impacted communities. Over 1,600 support groups’ volunteers have been trained reaching over 22,600 vulnerable people, especially targeting orphans and vulnerable children.
3. FUNDING REQUIREMENTS AND RECEIPTS

As part of the Immediate Needs document launched on the 8th of December 2008, UNICEF requested US$ 17,470,000 to be able to respond to the needs of children and women in Zimbabwe. Though US$ 11,317,300 has been made available by generous donors; UNICEF requires an additional US$ 32,382,700 (see table 2) to sufficiently continue and scale up its emergency efforts. The additional funds come in light of the extended 180 day emergency response plan and the increase of Zimbabwe’s cholera working figure to 115,000 cases (previously 60,000). The updated Funding Requirements are part of the current 2009 CAP Appeal.

Table 1: Funds Received Against 120 Day Emergency Appeal*  
(December 2008 to March 2009)

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements by Sector (US$)</th>
<th>Funds Received (US$)</th>
<th>Unmet Requirements (US$)</th>
<th>% Unfunded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>9,000,000</td>
<td>7,325,008</td>
<td>1,674,992</td>
<td>18.61%</td>
</tr>
<tr>
<td>Health and Nutrition</td>
<td>4,910,000</td>
<td>3,340,292</td>
<td>1,569,708</td>
<td>31.96%</td>
</tr>
<tr>
<td>Education</td>
<td>2,500,000</td>
<td>257,000</td>
<td>2,243,000</td>
<td>89.72%</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>510,000</td>
<td>112,000</td>
<td>398,000</td>
<td>78.04%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>350,000</td>
<td>83,000</td>
<td>267,000</td>
<td>76.29%</td>
</tr>
<tr>
<td>Coordination and Logistics</td>
<td>200,000</td>
<td>200,000</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17,470,000</strong></td>
<td><strong>11,317,300</strong></td>
<td><strong>6,152,700</strong></td>
<td><strong>35.21%</strong></td>
</tr>
</tbody>
</table>

*This budget is no longer valid as an additional 60 days have been added to the emergency response plan. See table 2 for updated requirements.

Table 2: Updated Total Funding Requirements for 180 Day Emergency Appeal  
(December 2008 to May 2009**)

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Updated Requirements by Sector (US$)</th>
<th>Updated Unmet Requirements (US$)</th>
<th>Updated % Unfunded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>18,000,000</td>
<td>10,674,992</td>
<td>59.31%</td>
</tr>
<tr>
<td>Health and Nutrition</td>
<td>18,300,000</td>
<td>14,959,708</td>
<td>81.74%</td>
</tr>
<tr>
<td>Education</td>
<td>3,900,000</td>
<td>3,643,000</td>
<td>93.41%</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>1,200,000</td>
<td>1,088,000</td>
<td>90.67%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>1,700,000</td>
<td>1,617,000</td>
<td>95.12%</td>
</tr>
<tr>
<td>Coordination and Logistics</td>
<td>600,000</td>
<td>400,000</td>
<td>66.67%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>43,700,000</strong></td>
<td><strong>32,382,700</strong></td>
<td><strong>74.10%</strong></td>
</tr>
</tbody>
</table>

*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 have been/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.

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

- Roeland Monasch  
  Representative a.i.  
  UNICEF Zimbabwe  
  Tel: +263 912 266 172  
  Fax: +263 4 731 849  
  Email: rmonasch@unicef.org

- Dermot Carty  
  Deputy Director, EMOPS  
  UNICEF Geneva  
  Tel: +41 22 909 5601  
  Fax: +41 22 909 5902  
  Email: dcarty@unicef.org

- Gary Stahl  
  Deputy Director, PARMO  
  UNICEF New York  
  Tel: +1 212 326 7009  
  Fax: +1 212 326 7165  
  Email: gstahl@unicef.org

1 The United Nations Country Team will scale up the 2009 CAP requirements (initially requested US$ 79,267,750) based on an updated assessment of the humanitarian situation.