

# UNICEF HUMANITARIAN ACTION

## ZIMBABWE

# DONOR UPDATE

19 JULY 2006

**UNICEF REQUIRES \$ 8,000,000 TO ADDRESS THE NEEDS OF CHILDREN IN THE AREAS OF HEALTH, WATER AND SANITATION**

- 2006 CAP appeal less than 20 per cent funded
- HIV-related malnutrition on the increase in urban areas
- Deterioration of health, water and sanitation systems resulting in increased number of cholera cases nationwide



## 1. ISSUES FOR CHILDREN

Zimbabwe is continuing to plummet deeper into a complex humanitarian situation. The ongoing and rapid economic decline, highest inflation rate (over 1,000%) in a non-war country, increased poverty levels, continual poor agricultural production, the effects of HIV/AIDS, policy constraints, limited donor support for development programmes, and depleted capacity in the social service sectors have continued to severely compromise the well-being and livelihood of thousands of children and their caregivers throughout the country. Additionally, according to the estimates by the Secretary-General's Special Envoy for Human Settlement Issues in Zimbabwe, 'Operation Murambatsvina' ('Restore Order') – launched by the government of Zimbabwe on the 18th May of 2005 – has resulted in an estimated 700,000 people losing their homes and/or livelihoods.

Today, one year after the beginning of the Operation, critical humanitarian concerns remain largely unaddressed. A large proportion of the population affected have lost both their homes and their livelihoods, facing grim future with immense uncertainty. Although the Government of Zimbabwe has embarked on a new housing project for some affected families through "Operation Garikai", the pace remains slow and only 3,000 families have benefited from semi-constructed houses. To date, thousands of people are still living in the open or in makeshift temporary shelters leaving children, especially the under fives, at risk of exposure to pneumonia and other health hazards, particularly as it is currently winter, with temperatures dropping to near-zero at night. Additionally, GoZ authorities are continuing to round up and relocate people including children to rural areas, nearby farms, and so-called alternative 'holding centers' such as youth centres, etc.

Access to basic social services remains a great challenge and is worsening by the day. This is mainly due to the hyper inflation rate which is resulting in a significant raise in food insecurity, chronic malnutrition as well as raise in urban poverty. Additionally, families are finding it extremely difficult to send their children to school as the school fees have become unaffordable.

The ongoing humanitarian situation increased not only the prevalence of orphans and vulnerable children in the country, but has also severely affected all aspects of child welfare and development: physical, material, psychological, and social. Currently, one third of the child population is estimated to be orphans or other vulnerable children. As outlined in the below table, OVC are disadvantaged in accessing basic materials, health and education, are more likely to live in food insecure households, more likely to be malnourished and are more likely to be infected with HIV as a result of abuse and high risk behaviours as outlined in the below table.

<b>Orphans and Vulnerable Children (OVC) in Zimbabwe</b>	<b>Total 2,600,000</b>
<ul style="list-style-type: none"> <li>• In 2006, more then 225,000 children will either loose one or both parents to AIDS, or care for a chronically ill parent</li> <li>• In rural areas, 2 in 5 households care for orphans and other children made vulnerable by HIV/AIDS</li> <li>• Double orphans are 70% less likely to have basic materials such as a blanket, pair of shoes, and change of clothes.</li> <li>• OVC are 30% less likely to go to an appropriate health facility when they are sick</li> <li>• Maternal orphans are 50% more likely to have stunted growth</li> <li>• Orphans, particularly those who lost both parents, are less likely to go to school</li> <li>• Maternal orphans are significantly more likely to be infected with HIV</li> </ul>	

## 2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

In close collaboration with local, national and international partners, UNICEF has continued 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**

In late 2005 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 EPI coverage rose to above the 85 per cent nationwide. In June, UNICEF has supported the national Measles campaign with the target of 1,701,714 children aged 9 - 59 months and vitamin A supplementation and is expecting to reach 1,823,265 children aged 6 - 59 months. UNICEF is also supporting EPI with LP gas for cold chain which will last up to September 2006 for the benefit of 2,066,366 children aged 0 - 59 months.

Whilst awaiting a large-scale delivery of 300,000 long lasting bed nets, UNICEF has procured 11,000 traditional bed nets and re-treatment kits for people most affected by the displacements as well as for OVC and chronically ill in malaria-endemic areas. Most of the people who benefited are people who were living outside in the open or in semi finished houses. In total 8,000 affected people in Victoria Falls municipality, Nyamukwarara (Mutasa district) and Kariba districts benefited from this support. Remaining 3,000 nets with treatment kits will be distributed to chronically ill patients living in communities of the affected populations.

For many people living with AIDS access to ARVs and TB drugs has been interrupted as a result of operation Murambatsvina coupled with the worsening economic crisis. In order to ease drug access of some 23,000 people with advanced HIV, UNICEF continues supporting the innovative arrangement with MOHCW and NAC in terms of which UNICEF has procured more than \$1million of ARVs in exchange for the equivalent amount of local currency, which is used for local programmes.

UNICEF provides technical and financial support to the National Food & Nutrition Council in the implementation of its Nutrition Surveillance system. Three rounds have been completed during the last 15 months and the system has also included five urban areas affected by the 'clean-up' operation. Latest round of surveillance nutrition indicators have been included in the VAC assessment that is currently analysing the data for publication later this month. 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.

## **WATER AND SANITATION**

UNICEF continued to play its coordination role in the water and sanitation sector interventions through the WES Working Group in which experiences, lessons learned and other challenges are shared among the group.

Water and sanitation interventions in 5 areas in the country, (Hopley and Hatcliffe Settlements in Harare, Nyamukwarara in Mutasa district in Manicaland, Bulawayo urban and Victoria Falls urban) continued. Safe water distributions continued at Hatcliffe, while 10 boreholes were drilled at Hopley and 10 wells dug in Nyamukwarara, are now supplying safe water to these communities.

Provision and maintenance of 164 temporary communal latrines at Hopley continued through partnership with an implementing partner. Latrine construction is continuing in Hatcliffe, Hopley and Victoria Falls and so far over 1,208 Ecosan latrines have been completed. This is coupled with health and hygiene education through partnership with an implementing partner, who is also responsible for the supervision and monitoring of the construction of latrines. These interventions have benefited approximately 6,000 households with access to safe water supply, basic sanitation and hygiene promotion.

Cholera epidemics continued to occur in the country with more than 1,006 cholera cases and 68 deaths have been recorded since the beginning of the year (2006). 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 Epworth, Harare is planned for as urgently needed additional funds become available.

## **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 were Psychosocial Support for internally displaced reaching a total of 20,000 children, recreational therapy through provision of 62 recreational kits to different communities in order to reach 5,000 internally displaced children and 3,500 internally displaced children were supported with school requirements after they have been moved away from their safety nets. In addition, counseling, family tracing and reunification intervention has reached more than 100 unaccompanied children. Displaced families of people of foreign origin including street children were supported with humanitarian supplies at the Repatriation Centre at Harare Hospital reaching a total of 430 people among them were 259 children.

Training of humanitarian workers on sexual exploitation has been completed with over 200 humanitarian staff already trained. A plan to train majority of the UN humanitarian staff and implementing partners is currently being implemented.

As broader humanitarian response to the plight of OVC 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\$ 50 Million have been mobilized from different donors (DFID, EC, NZ and SIDA) and will be disbursed to civil society organizations working on the ground with the most vulnerable children.

Lastly, UNICEF with its partners (IOM and SCF Norway) is putting in place a protection mechanism for unaccompanied children deported back from South Africa. The joint activity will provide an interim care at the Beitbridge Child Center and support the children with counseling, family tracing, assessment and reunification services with their respective families/relatives.

## EDUCATION

The “Back to School” Campaign which was started in September 2005 was renamed to “Be in School” Campaign in 2006. UNICEF in collaboration with implementing partners identified and tracked 2,500 children out of school and those at risk of dropping out in order to enrol and retain them in schools in ten most disadvantaged districts. These children are mainly orphans but also include other vulnerable children affected by “Operation Restore Order”. The response has been overwhelming but unfortunately at USD 30 support per child per annum only 50 children per school will be receiving assistance in 2006. UNICEF is continuing to identify funding in order to retain these and other children in need under this initiative. Children displaced by Operation Restore Order were assisted to return to school through support for school 10,288 textbooks, stationery and learning equipment in order to increase the capacity of schools in areas with displaced children and to accept new enrolments.

Additionally, play equipment was installed at two temporary settlements for displaced children.

## 3. APPEAL REQUIREMENTS AND RECEIPTS

As part of the CAP appeal, launched on 30 Nov 2006, UNICEF requested US\$ 23,763,815 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 (US\$)**

Requirements by Sector	Funds Received	Unmet requirements	% Unfunded
23,763,815	4,303,029	19,517,309	82%

**Table 2: Funds received by Donor against the CAP Appeal**

Donor	Funds Received (US\$)	Sector
Dutch Government	525,767	Cross Sectoral
Government of Norway (Thematic)	741,840	WES
Government of Sweden	1,882,050	CP & PSBGV
Government of Ireland	552,941	Cross Sectoral
Government of South Africa	8,016	Cross Sectoral
Government of Ireland	592,415	Cross Sectoral
<b>Total</b>	<b>4,303,029</b>	

#### 4. IMPACT OF UNDER-FUNDING AND CURRENT PRIORITIES

The vast majority of UNICEF's financial requirements for the CAP 2006 are still unmet. At the moment, key projects are on hold and remain unimplemented due to the shortage of funds. Should additional contributions fail to materialize soon, UNICEF may be forced to revise the size and scope of its planned activities.

UNICEF 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 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 4: Urgent priority requirements**

<b>Table 3: URGENT PRIORITY REQUIREMENTS AS OF JULY 2006</b>		
<b>Project</b>	<b>Beneficiaries/coverage</b>	<b>Amount Required (US\$)</b>
Water supply and Sanitation	30,000 people	2,000,000
Community Based Nutrition Care Programme	10,000 malnourished children	2,000,000
Home Base Care	15,000 chronically ill and family members	1,000,000
School Rehabilitation Programme	600 schools	2,000,000
Child Protection activities	20,000 children	1,000,000
<b>Total Priority needs</b>		<b>8,000,000</b>

Details of Zimbabwe emergency programme can be obtained from:

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