The situation of the children and women of Zimbabwe remains very fragile. The crises affecting them are multiple and complex: political and economic instability, abject poverty, the deterioration of the social service sector, an HIV epidemic that has raged across the country, erratic rains, and food insecurity. Only 10 per cent of children in the country eat a nutritious diet, exclusive breastfeeding is only 6 per cent, and as a result, undernutrition affects 34 per cent of children 6–59 months old. Diminished water and sanitation access, particularly in rural areas, means that 33 per cent of all Zimbabweans must practise open defecation. Social and education limitations perpetuate violence, exploitation and the trafficking of children. Assistance is hampered by systemic vulnerability, the country’s reduced resources and its lack of child protection mechanisms.

In 2010, a large measles outbreak that sickened approximately 10,900 people (suspected cases), affecting 98 per cent of districts. There were also isolated cholera incidents, with 774 cumulative cases in 2010. In total, more than 6.6 million women and children were affected by some aspect of the country’s emergency conditions and required intervention to save their lives or maintain their basic well-being.

UNICEF is requesting US$119,973,000 for its 2011 humanitarian work in Zimbabwe, in line with the 2011 Consolidated Appeals Process (CAP) requirements. Any delay in funding puts the well-being of vulnerable women and children at risk during a crucial time in Zimbabwe’s transition out of complex crisis and into political and economic recovery. In 2011, UNICEF, working hand-in-hand with the Government of Zimbabwe, UN agencies and civil society partners, will continue to respond to the needs of women and children, providing humanitarian, recovery and transitional activities across a wide array of sectors and with a geographical reach across the country.

Funding will enable UNICEF to assist some of Zimbabwe’s most vulnerable people: mothers and newborns, orphans and other vulnerable children, child migrants on the move across borders and those affected by HIV and AIDS. The goal is to provide better access to education, water and sanitation, essential medicines and improved nutrition and health facilities, as well as to support development of a child-friendly legal and social protection system.

CRITICAL ISSUES FOR CHILDREN AND WOMEN

Among the most vulnerable people in Zimbabwe are pregnant women and their newborn children. Maternal mortality has more than doubled since 1990, with AIDS and preventable diseases ranking as the primary causes of maternal and neonatal deaths. The AIDS epidemic affects more than 7 per cent of women (15–24 years old) and at least 145,224 children. Women, particularly adolescent girls, are at a higher risk of HIV infection. AIDS has been a key factor in the 20 per cent rise (from the Millennium Development Goals baseline) in mortality among children under age 5.

Child health is also compromised by crises in nutrition. Fewer than 10 per cent of Zimbabwean children receive an acceptable diet. Thirty-four per cent of children 6–59 months old are undernourished or stunted; 1.5 per cent of children have moderate acute malnutrition and 0.9 per cent have severe acute malnutrition. The undernourished condition of children impairs cognitive development, educational success and, ultimately, livelihood opportunities.

Approximately 35 per cent women and children remain vulnerable to disease outbreaks due to poor access to safe water, sanitation and hygiene, particularly in rural areas, where approximately 60 per cent of pumps are broken and only 46 per cent of the population has access to improved sanitation facilities. A harrowing 33 per cent of all Zimbabweans must practice open defecation.
Although school enrolment (91 per cent) has remained steady, educational quality is plummeting due to a crisis of educational standards and teacher motivation caused by extremely low teacher wages, limited access to resources and out-migration. Families are increasingly unable to afford tuition costs and education materials. In 2010, approximately 2 million youth were excluded from the education system, with no viable alternatives. This social context has made children more vulnerable to violence, exploitation and abuse. More than 1.6 million children in Zimbabwe are orphaned or made vulnerable by HIV and AIDS and lack comprehensive access to basic services and protective care.

KEY ACHIEVEMENTS IN 2010

UNICEF estimated that US$108,700,000 was needed to fund its humanitarian work in Zimbabwe, according to the mid-2010 revised request. As of October 2010, a total of US$19,819,156 had been received, or 18 per cent of the 2010 request. In close collaboration with the Government of Zimbabwe, UN agencies and NGOs, UNICEF continued to achieve significant results for children and women in 2010. UNICEF helped strengthen the early emergency preparedness of national systems, communities and individuals. At the same time, the organization helped the transition to recovery by ‘building back better’ services in education, justice and social welfare, as well as by helping to improve water and sanitation facilities. One important achievement was strengthening the health system with the support of the Health Sector Investment Case, which identifies high-impact priority interventions to scale up progress towards the Millennium Development Goals.

Measles outbreaks, which can put millions of children at risk, were effectively halted when National Immunization Days against measles reached 98 per cent of all children aged 6 months to 15 years. More than 375,000 mothers and their newborns benefited when 417 health workers received training in such crucial areas as emergency obstetric care and rapid HIV testing. Approximately 90,000 people affected by AIDS, including at least 1,320 HIV-positive children, received help from 1,449 trained volunteers and also had access to psychosocial assistance and support for treatment adherence.

UNICEF added 229 new sites for treating severe acute malnutrition, bringing the total number of health facilities providing such treatment to 677 (or 47 per cent of existing facilities). More than 13,200 children were treated for the condition at the additional sites. Non-governmental organization partners helped to add infant and young child feeding services to these facilities. In addition, the scourge of cholera was put at bay when 211,000 people in areas at high risk for the disease gained access to safe water.

Through the Education Transition Fund, a transitional funding mechanism for development partners to jointly support
the ministry of education in leading Zimbabwe’s educa-
tion sector, UNICEF procured and distributed teaching and
learning materials to schools serving more than 2.8 million
primary schoolchildren. In addition, 20 education partners
implemented a back-to-school campaign, and a number of
innovative social mobilization initiatives supported by
UNICEF have helped to draw hard-to-reach children into
the education system.

In partnership with the ministry of labour and social ser-
dvices, UNICEF supported the Government’s national action
plan through management of the support programme that
enabled more than 500,000 vulnerable children to access
a range of education, health, nutrition, livelihood and pro-
tection services. In 2010, an additional 6,000 children and
women received care and services through the victim-
friendly system that includes courts, police, clinics and
support services that use child-sensitive techniques.

HUMANITARIAN ACTION: BUILDING RESILIENCE

“She was my only daughter and she was beautiful…I know I did all I could to try and save her life…but she died.”

At the height of the cholera epidemic in 2008, Sarah Masarakufa from Budiriro mourned the death of her
2-year-old daughter, Shumirai. Cholera, usually a treatable disease, had spread beyond expected param-
eters due to rundown health delivery services and lack of clean water and waste disposal. Sarah explained
that until support arrived, her home had no running water for more than two months.

In 2010, UNICEF worked in partnership with 20 local authorities and the Zimbabwe National Water Authority
to ensure that more than 2 million people had improved access to safe drinking water, including provi-
sion of essential treatment chemicals, rehabilitation of water supply systems, drilling and rehabilitation of
boreholes, and provision of sewer cleaning equipment. When the next rainy season increases the risk of
disease outbreak, families like Sarah’s will have a reduced risk of disease as well as the necessary skills and
awareness about what the community can do if systems fail.

UNICEF’s work is providing support to national structures that will help the service sectors prevent, respond
to and cope with a crisis, as well as provide quality care and facilities.

PLANNED HUMANITARIAN ACTION FOR 2011

UNICEF, working with the Government of Zimbabwe, UN agencies and civil society partners, will continue to
meet the needs of children and women in 2011 through humanitarian relief, recovery programming and transi-
tional activities designed to strengthen essential social services. UNICEF, as co-lead of the nutrition cluster
with the Government, co-lead of the WASH cluster with Oxfam and co-lead of the education cluster with Save the
Children and the Government, expects to reach about 6,612,000 people, particularly mothers and newborns,
orphans and other vulnerable children, child migrants, and those affected by HIV and AIDS.

During this crucial time for Zimbabwe, UNICEF will con-
tinue to respond to the humanitarian needs of women
and children while helping to strengthen national
capacity in critical sectors and build resilience through
disaster risk reduction strategies. One goal is to ensure
that some of the basic systems, such as health, educa-
tion and social protection, can respond effectively to
the periodic emergencies and continue to assist with
socio-economic recovery.

NUTRITION (US$11,796,000)

In 2011, UNICEF will focus on nutrition surveillance and
coordination and on direct support to undernourished children.

• More than 17,000 children – about 70 per cent of those
in need – will be treated for severe acute malnutrition.
• UNICEF, along with the Government and other partners,
will develop a comprehensive nutrition policy as part of
the overarching national food and nutrition framework.
• As lead of the nutrition cluster, UNICEF will support
increased government ownership in coordination of
nutrition activities. The cluster will continue to expand
direct curative and preventive nutrition interventions
that address both moderate and severe acute malnu-
trition. It will also establish a sector-wide strategy and
accountability framework that is responsive to the tran-
sitional environment in Zimbabwe and which includes
specifics on emergency preparedness and response.
• Preventive Infant and Young Child Feeding will be
scaled up nationally, prioritizing the 25 most affected
districts.
Vitamin A supplementation will reach at least 80 per cent of the under five population.

**HEALTH (US$55,400,000)**

UNICEF, together with the Government of Zimbabwe, UN agencies, NGO partners and the wider community, will reach at least 80 per cent of the population, with a special focus on children and pregnant and lactating women, with quality basic health care services.

- 372,295 children under age 1 and 508,855 pregnant women will continue to be protected from disease through the Expanded Programme on Immunization’s outreach services. In addition, 573,744 children (70 per cent) who are not already fully immunized will receive missing vaccinations.
- Up to 1 million people, including 100,000 pregnant women and their children, will benefit from integrated paediatric AIDS services within maternal health, immunization and nutrition programmes.
- The preparedness of maternal health services will be revitalized through increased capacity of 1,000 midwifery staff, provision of equipment and supportive supervision.
- The health sector recovery will be supported to ensure that 95 per cent of essential medicines are in stock in 95 per cent of all health facilities. Emergency preparedness activities designed to reduce and mitigate risks associated with epidemics or natural disasters will be coordinated with the health cluster.
- UNICEF will procure essential medicine for all health facilities in Zimbabwe and will therefore reach about 70 per cent of the population.

**WATER, SANITATION AND HYGIENE (WASH) (US$30,335,000)**

In 2011, UNICEF aims to provide reliable access to a safe water supply as well as proper sanitation and hygiene services in cholera-prone communities in rural and urban Zimbabwe.

- Up to 4 million people, including 500,000 vulnerable women and children, will have improved access to safe and sufficient water through the distribution of essential treatment chemicals in 20 urban locations, the construction of boreholes and emergency rehabilitation in cholera-prone targeted urban centres and rural areas.
- Vulnerable households will be better equipped for emergencies with the pre-positioning of essential items such as soap, water purification tablets and oral rehydration salts.
- More than 2 million children and women will obtain culturally appropriate information on key hygiene practices through participatory health and hygiene education programmes and the training of health workers and school health masters. About 200,000 students in 400 schools will be able to access safe water and rehabilitated sanitation facilities, and more than 3 million schoolchildren will receive soap for hand washing.
- Improvements to sanitation infrastructure, along with promotion of safe practices, will reduce open defecation.

**CHILD PROTECTION (US$9,475,000)**

Together with the Government of Zimbabwe, UN partners and civil society, UNICEF will strengthen the protection and improve the well-being of vulnerable children. The focus will be on 55,000 ultra-poor households that have limited or no capacity for income generation and as many as 900,000 children who are orphans, displaced, survivors of gender-based violence, in contact with the law or living with HIV and AIDS.

- A national, child-sensitive social protection programme that includes cash transfers and HIV and AIDS prevention, care and support will benefit 55,000 households by 2013.
- About 25,000 young survivors of violence will gain access to essential legal, care and support services, including a victim-friendly system of child-friendly police, courts and clinics.
- All children will benefit from efforts towards the domestic application of key international child rights instruments. Such work will align legal and regulatory frameworks with international standards.
- UNICEF and partners will continue supporting programmes to prevent irregular child movement and trafficking. The focus will be on 10 districts that have the highest numbers of migrants moving within Zimbabwe and across borders.
- UNICEF will improve sector coordination through direct technical support to existing protection coordination mechanisms, including government-led task forces, gender-based violence sub-cluster and advocacy for the establishment of a permanent government-led child protection working group.

**EDUCATION (US$11,615,000)**

UNICEF will continue to support the recovery of the Zimbabwe education system through support for more than 3.7 million primary and secondary schoolchildren (from early childhood to ordinary level21), including those who have not attended school in recent years.

- Procurement and distribution of teaching and learning materials will be extended to include secondary schoolchildren. About 60,000 primary schoolteachers will be trained in child-friendly teaching methodologies.
- UNICEF will continue to co-lead the education cluster with Save the Children to strengthen sector monitoring, preparedness and resilience in emergencies and also through the recovery process. UNICEF will support up to 20 local and international organizations in locally driven
efforts to improve access to primary and secondary school for children in hard-to-reach locations.

- Children in about 270 schools in insecure areas will have access to a safe, healthy and more protective environment through strengthened partnerships and links with emergency WASH in the case of cholera outbreaks, as well as to protection networks to respond to potential violence or abuse in schools.

**CLUSTER COORDINATION (US$1,352,000)**

To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, as well as support some critical recovery actions, all cluster coordination costs (national and sub-national) need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF, as cluster lead, expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

11. Ibid.
12. Ibid.
18. Ibid.
20. Timely reporting in Zimbabwe is difficult, but based on 2009 indicators showing that at least 12,000 children (about 4,000 in the fourth quarter) benefited from the expanded treatment services, it is expected that the 2010 target will be surpassed.
21. The victim-friendly system is a national system that is designed to enable child survivors of abuse to access justice and services that are sensitive and protective of children’s special needs and rights; it includes courts, clinics, police services and inter-agency coordination.
22. Basic education in Zimbabwe refers to early childhood (usually age 0–6) to Form Four/O level (usually age 16).
23. Total number of beneficiaries may not be equal the sum of sectoral beneficiaries per sector, due to overlap in services provided to individuals.

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**UNICEF EMERGENCY FUNDING REQUIREMENTS FOR 2011**

<table>
<thead>
<tr>
<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
<th>Boys</th>
<th>Girls</th>
</tr>
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<tr>
<td>Nutrition</td>
<td>11,796,000</td>
<td>1,406,000</td>
<td>674,880</td>
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<tr>
<td>Health</td>
<td>55,400,000</td>
<td>6,612,000</td>
<td>2,880,480</td>
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<tr>
<td>WASH</td>
<td>30,335,000</td>
<td>4,000,000</td>
<td>2,880,480</td>
<td>2,120,520</td>
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<tr>
<td>Child protection</td>
<td>9,475,000</td>
<td>6,612,000</td>
<td>2,880,480</td>
<td>3,120,520</td>
</tr>
<tr>
<td>Education</td>
<td>11,615,000</td>
<td>3,700,000</td>
<td>1,776,000</td>
<td>1,924,000</td>
</tr>
<tr>
<td>Cluster coordination</td>
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<td></td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>119,973,000</strong></td>
<td><strong>6,612,000</strong></td>
<td><strong>2,880,480</strong></td>
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