

## Save the Children in Zimbabwe

- We provided emergency aid to 204,309 people, more than half of them children
- We're helping 2,154 children get a quality early education, including meals and emotional support
- We've reached 234,200 people through our cholera response, including 122,506 children



### Overview:

Zimbabwe has suffered a severe political and economic crisis that will take the country decades to recover from. Rising market prices and poor harvests have resulted in chronic food shortages, and the worst cholera outbreak in Africa for 15 years struck Zimbabwe in 2008 with more than 4,200 people dead and 98,500 infected. The collapse of healthcare services combined with poor water and sanitation systems contributed to the failure to control the epidemic. Today the life expectancy for women is 34 and 37 for men- the lowest in the world. More than a million children have lost parents to HIV/AIDS, with some dropping out of school to run the household. The disputed presidential elections in 2008 resulted in widespread violence and intimidation, forcing many families to flee their homes. Poverty is forcing many children to migrate to neighbouring countries to find work, often making them more vulnerable to exploitation and abuse. Children often drop out of school because they can't afford the fees, books and uniforms.

### Hazards facing the children and families of Zimbabwe:

- **Cholera:** Cholera is endemic in Zimbabwe.
- **Civil unrest:** The unity Government is now tentatively working, but is a fear that further unrest is never far from the surface.
- **Drought and floods:** Zimbabwe suffers recurrent droughts due to failed rains, with floods often following shortly after- more are predicted in 2010.
- **Hunger:** Although the there has been an improved harvest in 2009, UNOCHA have reported that there will be a shortfall of 900,000 tonnes of cereals in 2009-2010.

## Issues:

- **User fees** remain a major barrier to access for all levels of health care.
- It is estimated that 2.8 million people require **food assistance**. Much of the country has returned to subsistence agriculture, and remains vulnerable to immediate changes in climate or epidemic hazards.
- **Cholera**- there has been little overall improvement in the sanitation infrastructure since the start of the outbreak in 2008. Six million people have limited or no access to safe water and sanitation in both rural and urban areas.
- Ongoing **Child Protection** issues include high levels of vulnerability for children living with or caring for parents with HIV/AIDS, children with disabilities, and children psychologically affected by the political violence and cholera.
- Currently there are 1.5 million children that need help to access **education** in Zimbabwe. School fees, provision of materials, school uniforms and other basic equipment, and huge loss of qualified, experienced teachers are all major issues.
- 22 000 children under the age of 5 are in need of treatment for **severe acute malnutrition**
- **HIV** infection rate stands at 15.6%

## Numbers at a glance:

- Population: 13,349,000 as of 2007
- Under five population: 1,706,000 as of 2007
- Infant mortality rate: 59 per 1000 live births
- Under-five mortality rate: 90 per 1000 live births

## Save the Children in Zimbabwe:

We have been working in Zimbabwe for over 25 years. Through partners we implement education, HIV/AIDS mitigation and child protection programmes in 12 districts and we also run child protection, education, nutrition, WASH, hunger reduction and health programmes.

## Save the Children Alliance members operational:

Save the Children Norway and Save the Children UK have been operating in Zimbabwe since 1983. Save the Children UK is the lead member for emergencies.

## Recent emergency responses:

### 2008-2009: Cholera

Our response to the cholera epidemic reached 234,200 people, including 122,506 children, and we are still responding. Through our activities in the Zambezi Valley we provided the Ministry of Health with materials to manage the epidemic such as fuel and medical supplies, supplied treatment clinics with food and other essentials for patients, and trained community health workers. We also distributed cholera kits (buckets, water treatment tablets and soap) to all households in Binga and Nyaminyami and the most vulnerable households in Hwange.

### 2008: Election violence

During the election violence last year Save the Children identified women and children fleeing to safe houses and provided them with psychosocial support to recover from the

shocks, while collating information on family separation. This included recreational materials for the children, psychosocial support, and baby kit distribution for new or expectant mothers.

#### **2008: Floods**

In December 2008 Northern and Eastern parts of the country were affected by floods which washed away families' shelters and crops. Save the Children distributed food and non-food items in Muzarabani in Mashonaland Central district.

#### **2005: Operation Murambatsvina (Operation clean up)**

The Government of Zimbabwe displaced over 1 million people when it destroyed all illegal structures in urban areas. We provided psychosocial support to affected children, and distributed food and non food items such as child and gender-friendly hygiene kits, and also worked closely with UNICEF providing training on displacement and separation.

#### **2002: Drought**

Save the Children ran a child supplementary feeding programme for children under the age of five, and through the WFP worked on a school-feeding programme.

### **Emergency Preparedness and Disaster Risk Reduction:**

Save the Children in Zimbabwe is in strengthening our preparedness to respond to future emergencies through the development of Emergency Preparedness Plans. For example, we are looking at the issues and funding needed for prepositioning of emergency stocks such as relief items for when there is a new outbreak of cholera. We are currently capacity building communities around how to prevent the spread of cholera and recognize the symptoms.

In response to worsening urban poverty, we've started working in seven new urban areas. Next year we plan to scale up our health work in Binga, and extend to Masvingo and Midlands provinces, by providing better maternal and child health services for 35,000 people. Our aim is that by 2011, the poorest 50% (35,000) of children in the Zambezi valley will have better access to food as a result of their families earning more income. We support community-based Child Protection Committees to address and prevent child protection issues through identification and referral of vulnerable children to appropriate services.

### **Plans for the future:**

Save the Children Norway and UK are looking forward to the Unified Presence process getting underway and looking at how we can expand into new areas. We are starting health programming in Bikita, a new operational area, while continuing to focus on the areas of child protection, education, health and hunger reduction, with a particular emphasis on Livelihoods work to enable the families to sustain themselves in a long-term and renewable manner.

### **Sources:**

1. *FAO/WFP Crop and Food Security Assessment Mission to Zimbabwe 22 June 2009*
2. *Press Release: United Nations Office for the Coordination of Humanitarian Affairs. Harare 22 July 2009*
3. *Zimbabwe Vulnerability Assessment Committee (Zimvac) Interim Rural Food Security Assessment May 2009*

4. UNICEF Maternal, Newborn & Child Survival report for Zimbabwe, January 2009

