

MEDIA BRIEFING: Zimbabwe's Children

Economic meltdown and the collapse of the country's infrastructure have left Zimbabwe in a critical condition, with frequent power cuts, disruptions to the water supply and shortages of fuel, food and medicine. In a country where life expectancy is 34 for women and 37 for men, almost half of Zimbabwe's 13.2 million people are under 18 years of age.

Health

Zimbabwe's crumbling infrastructure has had disastrous consequences for the health of its children. The number of children who die before their fifth birthday rose from 59 per 1,000 live births in 1989 to 123 per 1,000 in 2004¹. Health services are profoundly under-staffed as skilled workers like nurses, doctors and social workers stream out of the country to find work.

Health fees are a crippling barrier for sick children meaning that many children die from diseases that we know how to treat. In a country where 10 million out of a population of 13 million people live below the poverty line, even paying for a simple treatment like oral re-hydration salts to treat diarrhoea is often impossible.

Save the Children is providing health and nutrition education to parents and carers and has built pit latrines and water pumps to improve access to clean water and reduce the incidence of diarrhoea.

Hunger

Malnutrition is the underlying cause of around a third of all child deaths globally and being underweight means a child is ten times more likely to die from disease as they are less able to fight off infections.

In a recent survey of 60,000 under-fives, it was found that in rural areas around 30 per cent of children were suffering from long-term malnutrition, which has devastating effects on their development.

In urban areas the survey found higher rates of acute malnutrition or wasting than in rural areas. Wasting happens when children lose weight rapidly due to a shortage of food or illness. This was particularly obvious in areas where people displaced during Murambatsvina (Operation Clean up) are now living. Despite the lack of official statistics, it is estimated that of the severely malnourished children who attend feeding centres, around 70% of them are HIV positive.

In recent years, Zimbabwe has experienced poor harvests due to a combination of drought, flooding, poor agricultural policies, a lack of imported fertilisers and frequent power cuts that affected irrigation.

From October 2007 and March 2008 between 3.3 and 4 million people needed food aid. During this period Save the Children provided emergency food aid for 120,000 children and their families and is also helping families to produce their own food and earn a better living. In a DFID funded project we are helping 35,000 children and their families by providing small livestock and helping boost agricultural production by introducing drought-resistant crops, irrigation, conservation farming, crop propagation and seed fairs. We are supporting farmers to grow chilli peppers to discourage elephants from trampling crops.

¹ UNDP HDR 2005

We work with children from families affected by HIV by teaching them ways to make a living and raise money to pay for school and invest in their future. We are helping these children set up vegetable gardens, look after small farm animals and take part in other activities that will boost their income and improve their diets.

Orphans and vulnerable children

With 1.7 million, Zimbabwe has the highest number of orphans per capita in the world². Communities are facing an increasing number of orphans and children without adequate parental care, who are some of the most vulnerable and impoverished children in the country. Many children, mostly girls, turn to street hawking to earn a pittance but this puts the children at risk of arrest.

Our child protection work combats child labour, forced early marriage and sexual abuse and exploitation. We support children's centres for children from HIV-affected and child-headed households, offering support, educational activities and food. We help children to get birth certificates to help them go back to school, get health care and claim their property rights.

Save the Children is helping communities to identify and respond to child abuse through a network of child protection committees. In urban areas we have been providing relief kits to families, sanitary kits to girls and baby kits to expectant mothers and mothers of newborns who have very little to offer their babies when they are born.

Children orphaned by AIDS and child carers

HIV and AIDS have had a major impact in Zimbabwe. Children affected by the disease are the most vulnerable in the country and around 1.5 million children have lost at least one parent to the disease. Women are more likely to die from the disease than men, with 57 per cent of HIV-related deaths being female.

Around a quarter of all rural homes contain a person made chronically ill by HIV and AIDS. The majority of those sick with the disease are from the economically active age group so their illness and inability to work can force the household into poverty.

Child carers suffer from distress, grief, stigma, discrimination, isolation and economic deprivation. They often drop out of school because of the burden of their domestic responsibilities and fear for their own future. In addition they can lose their rights to parental land and property as other adult family members take it over, something Save the Children is fighting to put right.



Citane, 17, dropped out of school to look after her mother who has HIV/AIDS but can't afford to travel to the clinic to receive treatment. Citane was chosen by her community to attend a Save the Children Child Carer workshop to learn to protect herself from infection while she cares for her mother.

² Unicef

Save the Children supports these child carers by teaching them how to protect themselves while caring for their parents and training adult home-based carers to support them and act as counsellors. We hold recreation camps where young carers can play, blow off some steam and meet children in a similar position. We're training children in ways to make a living when they are older like farming and forestry skills.

In addition to our work with child carers, we run an adolescent HIV and reproductive health awareness programme and support the ministry of health to provide youth friendly reproductive health services in outreach centres.

Children crossing borders

Every week hundreds of children are illegally crossing borders alone in search of work, healthcare or an education. The risks for these children are significant: many girls are raped and boys are physically abused. Children turn to dangerous jobs such as mining, handling farm machinery or sex work to survive.

Save the Children is working with children on both sides of the South Africa – Zimbabwe border, assisting them to return home, providing referrals for health and social services and raising awareness of the dangers that children who migrate alone can face.

Where we work in Zimbabwe

Save the Children works in the rural areas of the Zambezi valley in Binga and Nyaminyami which are two of the poorest and least developed districts in Zimbabwe. The population is largely Tonga and was displaced in the 1950s when the Kariba dam was built. They were moved to an area of very poor agricultural land presenting reduced options for agricultural based livelihoods.

Save the Children also works in several urban areas across the country assisting urban poor and displaced children, many of whom were affected by Operation Murambatsvina.

Media materials available

- Case studies and photography of child carers in Zimbabwe
- Save the Children's Country Director in Zimbabwe is accepting interview bids, and Zimbabwe experts are also available in London. Please contact the Save the Children Media Unit for more information.

For more information

Please contact the Save the Children Media Unit on 020 7012 6841 or 07831 650 409 or email media@savethechildren.org.uk.

savethechildren.org.uk

We're the world's independent children's charity. We're outraged that millions of children are still denied proper healthcare, food, education and protection. We're working flat out to get every child their rights and we're determined to make further, faster changes. How many? How fast? It's up to you.

We Save the Children  Will you?