

Zimbabwe Humanitarian Report

March 2005



UNITED NATIONS
Office of the Humanitarian
Co-ordinator, Harare
2/05

The UN Humanitarian Co-ordinator's -Monthly Report

The Nutrition Surveillance Status in Zimbabwe

The Food and nutrition Council in collaboration with the Ministry of Health and Child Welfare has released the much awaited nutrition surveillance results for the data which was collected in November/December 2004.

The results have taken longer than expected to be released, raising concern with carrying out another data collection. Some of the highlights from the survey include the following;

- Poor nutritional status was highest in sentinel sites in the southern part of the country and was highest among school children in Bulilimangwe (6,7%) and Tsholotsho (6,1%) An acceptable level in a normal situation according to the Nutrition Council is 2%.
- Commercial farms averaged over 10 districts) have alarming high stunting (47%) and high underweight (23, 5%) among children 6-59 months.
- All three nutrition indicators which are wasting, stunting and underweight were worse for orphans compared to non orphans.
- Gutu district in Masvingo province recorded the highest number of orphans among children 6-59 months (18%)
- 28% of the surveyed households use unsafe water sources and have no access to toilets.

The review meeting conclude with recommendations to specifically address the following:

- Need to scale up OVC programmes;
- In depth study on factors associated with high malnutrition rates particularly for the southern districts of the country;
- The surveillance system needs to be scaled up to cover all districts in Zimbabwe instead of the 10 surveyed districts only;
- There is need to integrate HIV indicator in the surveillance system;
- There is also need to develop a dissemination strategy to ensure timely use of information generated in decision making, policies and programs.

For further information or to obtain a copy of the full

Contributing Organisations:

report, organizations can contact Scientific and Industrial Research development Centre, The Food and Nutrition Council in Harare as well as UNICEF.

National Vulnerability Capacity Assessment (ZIMVAC) Planned

The Regional Vulnerability Assessment Committee (RVAC) had a meeting with the Chairs of the National Vulnerability Assessment Committees (NVAC) in Johannesburg in early March, which reviewed what assessment activities the NVACs have planned for 2005 and discussed what support is needed.

The ZIMVAC is planning to conduct an assessment this year, of which the field work will be carried out in the second and third week of May. Preparation work for the assessment, including selection of sites, decision on methodologies and training of staff, is scheduled to take place in March and April. Preliminary results should be discussed and should be available in mid June. The final consolidated report is expected to be ready by the end of July 2005.

Disaster Risk Reduction Capacity needs Assessment in Progress

THE Government of Zimbabwe, through the Department of Civil Protection in conjunction with UNDP are conducting a national Disaster Risk Management (DRM) Capacity Needs Assessment. The assessment is being carried out within the context of the Zimbabwe Project of Strengthening National Capacity for Disaster Management, and a Regional Southern Africa Development Community initiative for capacity building in DRM.

The main purpose of the DRM capacity needs assessment is to develop and strengthen disaster risk management capacity for the country. Specific objectives include:

- To review the effectiveness of national Disaster Management Units and partner institutions in disaster risk management at local and national level;
- To undertake an inventory and review national



capacity building initiatives in disaster risk management;

- To come up with a national action plan for capacity building interventions to enhance disaster risk management.

The main outputs of the process at national levels are:

- A country report on disaster risk management initiatives, detailing resources and needs to enhance disaster risk management capacity;
- A national workshop report with stakeholder inputs on national risk management capacity;
- A draft national action plan for capacity building in disaster risk management;
- A national mechanism to lead and facilitate the process.

A consultant is currently assisting the Department of Civil Protection to collect information from government departments, UN agencies, NGOs, Private sector, community representatives and academic institutions.

The exercise is expected to last for a month and this will culminate in a national workshop for stakeholders in risk reduction management. This will help to identify and fill in gaps to the assessment so as to inform the final national strategy for disaster risk management.

The Department of Civil Protection has often been criticized by members of the public mostly affected by disasters such as floods and road traffic accidents for being slow to respond and being ill prepared for disasters. There has also been poor coordination by NGOs, private sector and this has caused problems in effective response. Although the Department of Civil Protection is supposed to play a leading role in co-ordination and planning for disaster risk reduction, it has experienced a lot of challenges which include inadequate resources, weak institutional and legal framework and poor coordination strategies.

The project is meant to be a starting point in the process of capacitating various organizations to adequately prepare for and effectively respond to disasters.

Government asks NGOs to Report on Humanitarian Funding: UN Takes Steps to Promote Dialogue

On the 8th of March 2005, the Herald paper reported that 30 NGOs did not account for US\$88 million mobilized through the UNDP after a Consolidated Appeal by the Government of Zimbabwe for Humanitarian Assistance in 2003. The paper highlighted that the NGOs were to face prosecution under the Private Voluntary Organization (PVO) if they did not account for the money by the 11th of March 2005.

The Resident Coordinator a.i convened a meeting of UNCT, donors and NGOs to brief them on the critical issues and agree on a way forward.

The NGOs and donors identified the need to clarify that the contributions to development and humanitarian assistance to Zimbabwe is far greater than the contributions through the Consolidated Appeal Process

(CAP). This meant that the majority of NGOs on the list submitted to the Government on 20 October 2004 were not all strictly recipients of CAP funds.

While some NGOs acknowledged receipt of the Minister's letter, the majority listed had not received any letter from the Ministry. Some had also received it as late as 9th March and yet were required to comply by the 11th of March 2005.

A proposal was then made for the NGOs to have the period of compliance with the Ministry's request extended to 11 April 2005. It was suggested that Ministry correspondence should be hand delivered to recipients or sent through registered mail.

A letter highlighting the views discussed in the meeting between UNCT, NGOs and donors was compiled and delivered to the Ministry of Labour and Social Welfare on 14th March 2005. Some government officials from various Ministries recently visited some NGOs to check on financial reporting procedures in addition to other issues

The Humanitarian Support Team of the Office of the Resident Coordinator will continue to monitor the situation and update the humanitarian community on any developments.

Newly Appointed Resident Coordinator Joins UNCT Zimbabwe

Dr Agostinho Zacarias took office as UN Resident Coordinator and UNDP Zimbabwe Resident Representative following the departure of Mr Victor Angelo late last year. He previously was Special Advisor on Africa in the UN Secretary General's Office.

Dr Zacarias has a background in geology and political science and has a Doctorate in International Relations from the London School of Economics. He has lectured in the US, in South Africa and in his home country of Mozambique, at the Diplomatic School. Dr Zacarias joined UNDP as a Governance Advisor and worked in the United Nations Secretariat Department of Political Affairs, with a mission in Angola before joining the Office of the Special Adviser on Africa to the UN Secretary General.

Zimbabwe Integration of HIV and AIDS Priorities in the Humanitarian Response

The HIV/AIDS prevalence rate in Zimbabwe is among the highest in the world. Out of a total population of 11,6 million, an estimated 1,820,000 people are presently living with HIV and AIDS. On average, each week 3,000 to 3,500 persons die as a result of AIDS and it is estimated that about 1,200,000 will have died from AIDS by 2005 in the country. In 1998, about 4000,000 children had been orphaned as a result of AIDS and by 2003, this figure had grown to 761,000 (90% increase in 5 years). In 2004, alone, 160,000 children lost at least a parent, by 2005, an expected 20% of the nation's children will be orphaned.

Of great concern is the fact that despite the two “state of emergency” declarations by the President, which spelt out the need for HIV positive people to be availed with ARVs and drugs that treat opportunistic infections, only 5,000 infected persons are receiving ARV treatment when at least 270,000 are in urgent need. The first declaration was for the period of May 2002 to December 2002 while the second one was for five years, from January 2003 till December 2008.

HIV and AIDS pandemic has contributed greatly to the complex development challenges facing Zimbabwe today and is one of the factors contributing to underlying vulnerability.

Some of the implications on households affected and infected include:

- Reduction or loss of income;
- Decline in productivity;
- Strain on family savings due to medical expenses;
- Home care and funeral cost;
- Risk of disintegration of the family unit (orphaned children as head of the house hold);
- Higher possibility to be exposed to all kind of abuses.

The vulnerable population are living in extreme risk *environment*.

Zimbabwe's response to HIV and AIDS has been described by President Robert Mugabe as “slow, weak and selective” (1999). In 1999, National AIDS Council (NAC) was established. NAC's mandate is to mobilize, coordinate, facilitate and monitor an expanded national multi-sectoral response to HIV and AIDS. Despite talk of the need to implement a multi-sectoral response, the response has been largely bio-medically driven by the health sector. HIV and AIDS pandemic requires an immediate response that addresses both urgent human suffering as well as longer-term developmental imperatives.

Humanitarian response to HIV and AIDS in Zimbabwe should be guided by the following principles and objectives:

- To mitigate the impact on the affected and infected individuals, families and communities;
- Reduce vulnerabilities;
- Secure livelihood options and changing the risk environment;
- Safeguard food, nutrition, hygiene and protection;
- Strengthen capacities in society;
- Invest more in disaster preparedness and mitigation;

In order to realize the above objectives, several options are available and the Humanitarian Community needs to consider some of the following proposed initiatives and strategies:

- To use existing processes (Strategic plan, Common Humanitarian Action Plan (CHAP), Contingency Planning, Early Warning, Advocacy) to highlight HIV/AIDS and promote integrated response;
- Advocate for multi sectoral and holistic response, care and prevention;
- Highlight HIV/AIDS when involved in

assessments (e.g. vulnerability assessment, ZimVAC, assessment reports), i.e. use of IASC Guidelines;

- Promote mapping and information dissemination on HIV/AIDS;
- Promote dissemination and use of guidelines (with indicators adapted to context) in assessment, monitoring and sectoral practices;
- Ensure all vulnerable groups (including non traditional) are included in assessments.

There is need for a multi-sectoral coordination and humanitarian response and this can be achieved by integrating the 5 priority domains for the NAC/UN Inter-Agency Strategic Plan in the Humanitarian Coordination Working Groups which are Agriculture and Food Security, Education, Targeted Feeding, Health, Protection of Vulnerable Population (Mobile, OVCs etc), Coordination and Humanitarian Guidance as well as Water and Sanitation.

The 5 priority HIV/AIDS activity domains are, Prevention, Care, Mitigation, Coordination, Advocacy/Research.

Maternal Mortality to be Reduced in Zimbabwe

Zimbabwe's maternal mortality is set to be reduced with funding recently received by UNFPA from the UK Department for International Development, (DFID). Although the official maternal mortality ratio from the 1999 Zimbabwe Demographic and Health Survey stands at 695 deaths per every 100 000 live births, it is estimated that this ratio has risen to over a thousand deaths.

Each year more than 500,000 women, 99 percent of them in developing countries, lose their lives to complications of pregnancy and childbirth. High fertility, poor nutritional status, and lack of basic health services compound the problem. In Southern Africa, these conditions are made far more challenging by the HIV pandemic. In Zimbabwe, one of the most important indicators for maternal health, “skilled attendance at delivery” has taken a downward trend due to the massive exodus of skilled personnel.

Speaking at a ceremony held to receive the US\$2.7 million grant, UNFPA representative, Dr Bruce Campbell said through DFID support, resources will be converted into strategic action, which in turn will measurably reduce the frequency of tragic and unnecessary maternal deaths in Zimbabwe.

A positive recent development is that the National policy now targets the “three delays”, as the principal strategy to reduce maternal mortality: The *first delay* is in deciding to seek care once complications emerge at the house-hold level. This can be attributed to lack of information, and imbalances in household decision-making power. UNFPA will work to improve the knowledge level for pregnant women, as well as amongst community members in relation to complications of pregnancy and delivery.

The *second delay* is in reaching the health facility capable of handling the emergency. A recent assessment of emergency obstetric care services in Zimbabwe revealed that the distance travelled to a primary care centre was as

much as 160 kilometres. In response community based transport and referral schemes will be strengthened by building upon public and/or private means of transportation.

The *third delay* is in receiving clinical services once the woman has arrived at the health facility. A recent Emergency Obstetric Care assessment showed that equipment for delivery and repair of cervical and perineal tears is generally lacking at both primary and secondary levels. DFID support will also be used to strengthen technical capacity of health service providers as well to ensure that appropriate and sufficient equipment are available at all levels.

With concerted efforts by all players, maternal mortality in Zimbabwe can and must be reduced.

International Women's Day Commemorations in Zimbabwe

This year's International Women's Day coincided with the review of 10 years of implementation of the Beijing Platform of Action. Countries met in New York from 28 February to 12 March 2005 to review progress and achievements made, challenges met and forward looking strategies for addressing the 12 critical areas affecting women.

The national commemoration of the day was held at St Mathias School, Mutasa in Manicaland on 14 March. The event which was spearheaded by the Ministry of Gender in collaboration with UNIFEM and UNFPA was graced by the first female Vice President of Zimbabwe, Cde Joyce Mujuru. Thousands of women and girls from this rural district braved the scorching heat as speaker after speaker spoke of women's central role in the development process. One speaker said, in sharp contrast to the status women are given in society they have always been the resource centre of all development that has taken place in Zimbabwe. Vice President Mujuru pledged to work for the cause of women and encouraged women to utilize a \$50 billion loan facility she has set up for women's economic empowerment.

In the evening of the same day UNIFEM, UNFPA and UNDP organized a symposium at the Cresta Jameson Hotel on the Protocol to the African Charter on Human and People's Rights on the Rights of Women. The event was attended by over 200 people. Guest speakers spoke about the Protocol as a truly African instrument that speaks of the rights of women in the African context. Although Zimbabwe is yet to ratify the protocol, it was pointed out that the protocol can be used as a yard stick to measure the extent to which our own laws and policies protect the rights of women and girls. Dr Amy Tsanga from the Southern and Eastern African Regional Centre for Women's Law pointed out that Zimbabwe has made great strides in protecting the rights of women for example, the amendments in inheritance laws through Administration of Estates Amendment no. 6 of 1997 which protects the property rights of widows, The Sexual Offences Act which criminalizes marital rape and wilful transmission of HIV/AIDS among other things; The Deeds registry Act which gives women the power to own

immovable property in their own right and The Labour Act which harmonizes the length of and payment for maternity leave for women in the private and public sectors.

Of concern to UNFPA are Reproductive Health and Rights and Gender based violence. The UNFPA Gender and Advocacy Officer, Ms Anna Mumba spoke about Sexual and Reproductive Health Rights under the Protocol and pointed out that there is still more that needs to be done to tighten implementation of laws on sexual assaults and violations. Maternal mortality and gender based violence are both on the increase in Zimbabwe. UNFPA in collaboration with partners in the UNCT, government and civil society is working towards halting these current trends and ensuring an integrated and coordinated response. In the area of maternal health UNFPA is working to address the 3 delays in maternal mortality. These are;

- Delay in deciding to seek care once complications emerge at the household level
- Delay in reaching the health facility capable of handling the emergency
- Delay in receiving clinical services once the woman has arrived at a health facility.

Although the efforts made so far are commendable, more still needs to be done in all the critical areas of women's lives.

UN Humanitarian Co-ordinator, Zimbabwe

Contributions from GoZ, NGOs, International Organizations, or private sector groups are welcome.

Articles for publication in the next Situation Report should be submitted by 28 April 2005 to our office at the email address:

Zimrelief.info@undp.org