



ZIMBABWE

CONSOLIDATED HUMANITARIAN APPEALS PROCESS 2010

BACKGROUND ¹

Zimbabwe is experiencing a gradual shift from humanitarian crisis to recovery following political changes that have positively affected socio-economic conditions. After the protracted elections of 2008, an Inclusive Government was formed in February 2009. This development led to greater cooperation between the international humanitarian community and the Government of Zimbabwe, improving the country’s socio-economic and humanitarian situation. However, these positive developments should not distract from Zimbabwe’s structural problems.

The country has the fourth highest crude mortality rate in Africa. The 2005-6 Zimbabwe Demographic health Survey showed that maternal mortality is still very high at 555 deaths per 100,000 live births. The HIV/AIDS prevalence rate is one of the highest in the world, despite recently declining to 13.7 percent. Some 1.2 million people live with the virus, and 343,600 adults and 35,200 children under age 15 urgently need anti-retroviral treatment. Due to its high prevalence, HIV/AIDS is a crosscutting issue in Zimbabwe, linked to maternal mortality, sexual and reproductive health, and gender based violence.

Humanitarian assistance to IDPs, child protection issues, and prevention of and response to gender-based violence remain areas of concern, despite some positive developments in the past year. Disastrous economic conditions are having a severe impact on people’s ability to access basic health services.

UNFPA AREAS OF CONCERN AND PROPOSED INTERVENTIONS FOR 2010

INTERVENTION AREA		AMOUNT REQUESTED
Sexual and Reproductive Health – Save Motherhood – HIV/AIDS and Young People		US \$ 8,425,000
ZWE-10/H/27264/1171	Providing life-saving emergency obstetric and neonatal care to women and their newborns in ten most vulnerable districts.	1,915,000
ZWE-10/H/27272/1171	Reaching women and girls with comprehensive Reproductive Health services.	4,620,000
ZWE-10/H/27280/1171	Increasing access and utilization of comprehensive, youth friendly, sexual and reproductive health services by young people	1,050,000
ZWE-10/H/27343/1171	Vulnerability factors for women and children in accessing maternal and neo-natal health services in Zimbabwe.	840,000
Gender Based Violence - Protection of Young People’s Rights		US \$ 4,471,262
ZWE-10/P-HR-RL/27284/1171	Protection of young people’s rights through information dissemination, entrepreneurship training and community volunteerism	800,000
ZWE-10/P-HR-RL/27303/1171	Promoting sexual and reproductive health rights in the most vulnerable communities	950,000
ZWE-10/P-HR-RL/27310/1171	Strengthening GBV prevention and response systems and services in Zimbabwe	2,000,000
ZWE-10/P-HR-RL/27318/1171	Protecting and promoting sexual and reproductive health rights of sex workers	327,262
ZWE-10/P-HR-RL/27326/1171	Building Capacity of Humanitarian actors to Ensure Their Humanitarian Responses Mitigate Beneficiaries’ (Girls, Boys, Women, Men) Risk of Harm, Including Sexual and Other Forms of Abuse and Exploitation	394,000
TOTAL		US \$ 12,896,262

¹ Please see [Volume I](#) of the Zimbabwe CAP for more information on the crisis, its humanitarian consequences and overall sector response plans.

SEXUAL AND REPRODUCTIVE HEALTH

The Zimbabwe maternal and perinatal mortality study concludes that at least 42.8 percent of maternal deaths were directly related to a lack of institutional capacity to handle obstetric emergencies. Equally important is access to family planning services. Despite the high contraceptive prevalence rate (CPR) of 60 percent (2005/2006 ZDHS), there are still challenges of underserved areas and unmet needs. The health system collapse in Zimbabwe has also had a serious impact on gynecological services, such as treatment for sexual and reproductive tract infections, post-abortion care and treatment for obstetric fistula in district and provincial hospitals. It is also to be noted from the 2009 inter-agency gender-based violence assessment that a minimum package of health care services for survivors of gender-based violence was not uniformly available in the country.

In 2007, Zimbabwe had the highest recorded age standardized rates of cervical cancer in the world (67 per 100,000). The national response has not been effective or sustainable in controlling cervical cancer in the country. It is estimated that every year 1,492 Zimbabwean women die from the disease. This makes cervical cancers the most frequent cancer in women in Zimbabwe, yet safe and sustainable screening and treatment does exist.

UNFPA is requesting US \$4,620,000 to improve the availability and accessibility of comprehensive reproductive health services to women in Midlands, Mashonaland Central, Matabeleland South and Masvingo provinces, which did not receive any added support during 2009.

Project activities include:

- Strengthening antenatal, natal and postnatal care services;
- Procuring diagnostic and treatment supplies for Sexual Transmitted Infections (STIs);
- Supporting scaling up of post-abortion care services in targeted institutions;
- Scaling up family planning outreach services to new settlements and hard to reach areas;
- Introducing cervical cancer screening (VIA) and cryotherapy in the identified provinces, and conducting training of health workers in cervical cancer screening;
- Making available a basic package of health care services for survivors of gender-based violence;
- Supporting advocacy and community mobilization activities.

SAFE MOTHERHOOD

Most of the major causes of maternal and neonatal deaths are preventable if access to quality emergency obstetric and neonatal care services in the community and in institutions is improved. However, the socio-economic challenges in Zimbabwe have led to unprecedented deterioration of access to delivery services. High transport costs, catastrophic health expenditures, and critical shortages of essential medicines and supplies are severely compromising the capacity of the community and institutions to save the lives of mothers and newborns.

UNFPA will seek to address the three delays leading to maternal and neonatal deaths through community sensitization, community-based and facility-based service provider training, procurement of essential medicines and supplies and revamping of waiting mothers shelters in ten vulnerable districts, namely Bindura, Chivi, Harare, Kwekwe, Matobo, Mutare, Mutoko, Nkulumane, Tsholotsho and Zvimba. The project also aims at developing data collection tools and analysis to map the vulnerabilities of women and children in accessing maternal and child health services. To do so, UNFPA is requesting US \$2,755,000.

Project activities include:

- Procuring and distributing life saving Emergency Obstetric and Neonatal Care commodities;
- Supporting the refurbishment of 10 waiting-mother shelters in the 10 most vulnerable districts, and repairing and maintaining at least one functioning ambulance;
- Supporting life saving emergency obstetric and neonatal care training of key health workers;
- Developing and conducting IEC on the danger signs of pregnancy and birth preparedness;

- Developing and pilot testing data collection tools, processing and analyzing data, and training data collectors.

HIV/AIDS AND YOUNG PEOPLE

In 2005-2006, the four provinces Mashonaland Central, Matabeleland North, Manicaland and Mashonaland West had the highest HIV prevalence rates for the age group 15-24 years. The HIV prevalence rate among young women in all four provinces was disproportionately higher than their male counterparts, in the worst case being four times higher than the males. Studies have shown that improved access to information on gender-sensitive adolescent rights, with a special focus on reproductive health rights, leadership and life skills training, can protect them from discrimination, increase their ability to negotiate for safer sex practices and ultimately reduce their prevalence of HIV. The project will offer a minimum package of sexual reproductive health services comprising trained health workers, peer education and HIV prevention services.

UNFPA is requesting US \$1,050,000 to increase access to and utilization of comprehensive, youth friendly, sexual reproductive health services by young people, therefore reducing incidence of STIs, unwanted pregnancies and HIV in Mashonaland central, Matabeleland North, Manicaland and Mashonaland West.

Project activities include:

- Strengthening the capacity of youth organizations on gender sensitive adolescent rights with a special focus on sexual and reproductive health rights;
- Training peer educators on leadership, life skills, and basic adolescent rights with a special focus on the rights and vulnerabilities of young women;
- Supporting peer educator activities on the promotion of adolescent rights and mobilize the community on the promotion of adolescent sexual reproductive health rights;
- Training health workers in youth friendly service provision and the reproductive health rights of young people;
- Supporting the provision of basic reproductive health services.

GENDER-BASED VIOLENCE

Gender inequality is one of the driving factors for the HIV epidemic in Southern Africa. Recent national estimates of HIV revealed that 6 out of every 10 HIV positive adults are women. Gender-based violence is especially problematic in the context of displacement, through which the traditional protection systems are broken down, families are separated and women find themselves without the protection of a male family member. For those displaced, food and other needs are more difficult to access, leading women and girls to engage in risky sexual behavior, which in turn exposes them to gender-based violence.

UNFPA is requesting US \$2,000,000 to increase the national capacity for delivering gender-based violence prevention and response services. The project would focus on the 20 most vulnerable districts in the country. UNFPA is also requesting US \$950,000 to increase access to life-saving multi-sectoral gender-based violence prevention and response services.

Activities for both projects include:

- Strengthening the coordination of gender-based violence prevention and response services at the national and district levels;
- Training national and international NGOs, humanitarian workers and government staff on addressing gender-based violence in emergencies;
- Conducting training for district teams comprised of health workers, social workers, police and judiciary staff on the management of gender-based violence cases with specific emphasis on sexual violence;
- Establishing confidential data collection systems and standardized protocol for referral and counseling services;

- Strengthening community safety nets for survivors of gender-based violence;
- Facilitating community dialogues on conflict resolution and peace building in 30 districts;
- Improving the availability and accessibility to RH services and commodities (condoms, emergency contraception, post exposure prophylaxis) and providing essential materials and supplies for victim friendly medical and police services.

In collaboration with Save the Children, UNFPA is requesting US \$394,000 out of a total project budget of US \$636,000, to strengthen the capacity of humanitarian agencies to mainstream protection, gender, HIV/AIDS and diversity into the design and implementation of their humanitarian response programmes, and to minimize potential for sexual exploitation and abuse.

Project activities include:

- Using a range of existing global guidelines, carry out Training of Trainers workshops to build knowledge and capacity around mainstreaming age, protection, gender, diversity, HIV and AIDS;
- Establish a focal point network for the prevention of sexual exploitation and abuse (SEA) to conduct trainings on SEA, establish reporting protocols, and to ensure assistance;
- Identify 10 agencies to participate in intensive field level mentoring and coaching, to ensure the mainstreaming process is institutionalized;
- Establish a network of agency and organization focal points for preventing, reporting, responding and investigating allegations of beneficiary abuse and exploitation by humanitarian staff.

UNFPA is also requesting US \$327,262 to provide protection and reduce the number of new HIV infections among sex workers and their clients.

Project activities include:

- Establishing sex worker(SW) referral sites in the targeted locations;
- Providing legal advice, facilitating contact with victim friendly units of the police, STI screening and treatment, HIV information and related services for safer sex practice at the established centers;
- Conducting outreach programmes involving rights education for sex workers, including protection from exploitation, harassment and gender based violence;
- Holding community based awareness rallies and campaigns on risk perception, exploitation, harassment, gender-based violence and HIV prevention;
- Building the capacity of the Zimbabwe Republic Police to appreciate the rights of sex workers.

In Zimbabwe one out of three women aged 15-24 reportedly has experienced domestic violence. Among both female and male youth, 3 percent had a sexually transmitted infection.

To address these problems, UNFPA is requesting US \$800,000 to provide young people participating in the Integrated Skills Outreach Programme with life skills, reproductive rights knowledge and leadership skills.

Project activities include:

- Conducting training to young people on life skills, reproductive health rights and volunteerism;
- Conducting training of peer educators on leadership, life skills, and basic adolescent rights with a special focus on the rights of young women;
- Conducting IEC on reproductive rights, life skills and leadership.

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