



Economic and Social Council

Distr.: Limited
16 November 1998

Original: English

United Nations Children's Fund

Executive Board

First regular session 1999

19-22 and 25 January 1999

Item 6 of the provisional agenda*

For information

Country note**

Zimbabwe

Summary

The Executive Director presents the country note for Zimbabwe for a programme of cooperation for the period 2000 to 2005.

The situation of children and women

1. The economic and social situation of most Zimbabwean families has deteriorated substantially during the 1990s. The rapid spread of HIV/AIDS is having a devastating impact on the country's economic and human resource base. With 25 per cent of the population estimated to be HIV positive, and rising mortality among the 20- to 49-year-old age group, Zimbabwe is facing an increasing dependency ratio. HIV/AIDS is much more than a health concern, for the economic, social and psychological demands this places on families as they care for increasing numbers of children and ill adults cannot be overstated.

2. Together, repeated drought, an increasing disease burden and the effects of drastic economic structural adjustment measures have led to a decline in living

standards. Population growth has outstripped gross domestic product during the 1990s, and Zimbabwe has dropped from a middle-income to a low-income country, with approximately 62 per cent of the population living in poverty and one of the most inequitable income distribution in the world.

3. The impact of deepening poverty and HIV/AIDS on the realization of children's and women's human rights is apparent in the declining social indicators. Direct threats to children's physical development include an HIV prevalence rate of about 30 per cent among pregnant women, meaning that about 9 per cent of children born today will be infected and expected to die before the age of five years. By 2005, there will be 910,000 orphans in Zimbabwe, up from 150,000 in 1995. Already many orphans, especially girls, are carrying parental responsibilities for younger siblings, and many

* E/ICEF/1999/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1999.

more are cared for by overburdened grandparents. In both cases, the difficulties of ensuring adequate care for the youngest members of the household are apparent. The infant mortality rate currently stands at 80 per 1,000 live births, a worrisome increase over the 61 recorded in 1990.

4. Despite impressive gains in schooling since independence in 1980, the realization of a child's full emotional and cognitive development is now hampered by poor family and educational environments. Few parents can provide the young child with a stimulating environment. Formal schooling also fails to meet developmental needs, resulting in high drop-out rates and low achievement. Of those who start primary school, 20 per cent drop out before grade three. Child labour is also a contributing factor, especially on commercial farms.

5. The psychosocial development of children in Zimbabwe is affected by the pairing of rapid social change with apparent cultural conservatism. Continuing gender bias and inequity limits the aspirations and achievements of the girl child, denies adolescent girls and women the possibility of making decisions about if and when to have sex and whether to use protection, and contributes to gender violence and the perpetuation of male domination in the family. Issues of sexuality and abuse are rarely discussed nor adequately addressed through services. Manifestations include early childbearing and sexual abuse. Specifically, 44 per cent of 19-year-old women are mothers or currently pregnant. Reported rape statistics reveal that, among cases involving minors, 8 per cent of the victims are under six years of age and 40 per cent are between 6 and 12 years old. The high incidence of sexual abuse, especially of girls, is also apparent in reported AIDS cases, with girls 15-19 years old five times more likely to be infected than their male peers.

Lessons learned from past cooperation

6. The incidence rate of HIV/AIDS is still rising, indicating that changes in behaviour and practice have not been achieved despite the large volume of information provided and high levels of awareness. Recent evaluations have demonstrated modest, but positive, behaviour changes where interventions went beyond the provision of information to build skills and provide support for people's own problem assessment and action at the community level.

7. Programme implementation experiences and reviews have consistently shown that community-led

approaches have a greater impact and are especially effective in creating empowerment. An important advantage of such an approach lies in its potential to influence the wider community and policy decisions, especially where grass-roots successes are well documented. Capacity-building interventions should result from comprehensive assessments of institutional and community capacities. Ideally, these should not be limited to one area of intervention alone as has often been the case. In addition to human resources, communities and institutions need access to financial and material resources, internal management capacity and a supportive external environment if their capacity for assessment, analysis and action (the "triple A" approach) is to improve.

Proposed country programme strategy

8. The strategy for the 2000-2005 country programme was developed in consultation with a wide range of stakeholders, including the Government, civil society organizations, youth, child development experts, community leaders, the United Nations and bilateral donors. A human rights orientation to identifying and analysing problems was used. This involved analysing the roles of those with a legitimate claim to rights, the claim-holders, and those whose duty it is to ensure fulfilment of rights, the duty-bearers. Relevant patterns of obligations at different levels of society were explored, and a capability analysis of the obstacles and facilitating factors to the realization of child rights in Zimbabwe was also undertaken. This process, as well as the resulting programme strategy, were premised on the Convention on the Rights of the Child principles of universality and non-discrimination, indivisibility and interdependence of rights and best interests of the child, and on the Convention on the Elimination of all Forms of Discrimination against Women. The entire programme is based on the understanding that children's and women's rights are human rights.

9. The goal of the country programme is to support the realization of children's full potential by facilitating the capacity of duty-bearers at appropriate levels of society to respect, promote, protect and fulfil children's and women's human rights. The overall objective is to contribute to child survival, development, protection and participation in Zimbabwe, with a special focus on reducing the incidence and impact of HIV/AIDS. The areas to be covered correspond with recommendations made by the Committee on the Rights of the Child in response to Zimbabwe's initial State Parties report submitted in 1996.

10. Operationally, the country programme will: (a) focus on HIV/AIDS as the single most important factor affecting the survival and development of children in Zimbabwe; and (b) strive to impact on children and women experiencing the broadest and most severe violations of their rights, especially those on commercial farms, in peri-urban and remote rural areas, and children affected by abuse, exploitation and disability. At times this will include tackling issues that may not be directly or obviously related to HIV. The programme will also: (a) mobilize and sustain community capacity-building, recognizing that people live, and development occurs, in communities; (b) advocate and support the Government at the policy level to recognize and meet its obligations to help communities and families in their efforts to fulfil children's and women's rights; and (c) catalyse a broader alliance among and with civil society organizations, including community-based and non-governmental organizations to promote rights-based community action and advocacy.

11. The two major strategy components are: (a) community capacity-building and family-level support to improve the triple A approach process by communities on problems which interfere with their children's development and the fulfilment of their rights; and (b) advocacy and social mobilization to create an enabling social, legal and institutional environment which facilitates the prevention and reduction of the impact of the HIV epidemic on children and women.

12. At the community level, selected community development committees, health centres, schools, and youth and community centres will be supported to develop into centres of experimentation and excellence in children's and women's rights-based programming, using the triple A approach. Operational research and documentation of experiences from the centres will provide the basis for bottom-up policy-level advocacy. Advocacy-level activities will be implemented with social sector ministries, as well as in conjunction with civil society organizations, research institutions, government partners and others with a human rights and social justice mandate.

13. The programme will centre around four themes: the first includes the cross-cutting issues of advocacy, programme communication, monitoring and information support and will ensure linkages and consistency in all programme action; and the remaining three will be organized around the elements of child development, i.e., physical, cognitive, emotional, social and spiritual, required for children to reach their full development potential. The sector-specific elements of the themes will

be grouped together during the preparation of the master plan of operations to arrive at the final programme structure.

14. The first theme, **human rights of children and women: policy, planning, monitoring and evaluation**, will provide overall support to the child development themes, with an emphasis on increasing the scope for sustained realization of child rights within Zimbabwe's legal, economic and administrative frameworks. Components include: legal and policy advocacy to strengthen the human rights focus in the development and implementation of laws and programmes; support for monitoring and management information systems for increased availability and effective use of information to improve attention to children's and women's rights; programme communication; and programme monitoring and evaluation.

15. The remaining themes focus on child development. **Child care, development and learning** will focus on the emotional, social and cognitive development of children and youth, including: early intellectual stimulation; caring practices; and education and life skills, especially in relation to HIV/AIDS prevention and control. **Child social development, protection and participation** will support children's psychosocial and spiritual development and contribute to the reduction of the incidence and impact of HIV/AIDS. Programme actions will focus on: gender socialization; special protection; and youth participation. **Child survival and physical development** will support primarily interventions for children's and adolescent's physical development and maternal care and survival to contribute to the reduction of child and maternal morbidity and mortality. Components will include: young child and maternal health and nutrition; reproductive and adolescent health; and water, sanitation and hygiene education.

16. Collaboration with partners will follow the country programme's rights-oriented goal and objectives and the promotion of a human rights approach within the United Nations Development Assistance Framework process. Within the United Nations country team, UNICEF will support disaster management and drought preparedness initiatives. The poverty elimination focus of many bilateral and multilateral donors, regional organizations and international non-governmental organizations (NGOs) in Zimbabwe will provide further scope for effective collaboration with development partners. UNICEF will advocate with the Bretton Woods institutions for a strengthened focus on expanding basic social services and children's and women's rights as the foundation of development progress. The programme will maintain a dialogue with national bodies, including civil

society organizations, academic institutions and NGOs, to ensure a rights-based approach in their work. Efforts will be made to work with the private sector to build a sense of corporate responsibility, with special attention to children's issues.

17. Resource mobilization will depend on the Government and UNICEF being able to mobilize co-financing

partners for a longer-term, rights-based approach to sustainable development. General resources will be used for the most critical programme components. Bilateral, multilateral and other agencies will be fully engaged in both the design of funding proposals and the monitoring of assisted programmes. Advocacy will promote increased government resource commitments to priority areas for children.

Estimated programme budget

Estimated programme cooperation, 2000-2005 ^{a/}

(In thousands of United States dollars)

	<i>General resources</i>	<i>Supplementary funds</i>	<i>Total</i>
Human rights of children and women: policy, planning, monitoring and evaluation	3 000	4 500	7 500
Child care, development and learning	1 800	13 500	15 300
Child social development, protection and participation	1 800	9 000	10 800
Child survival and physical development	1 830	18 000	19 830
Total	8 430	45 000	53 430

^{a/} These are indicative figures only which are subject to change once aggregate financial data are finalized.