Analysis of Zimbabwe Situation

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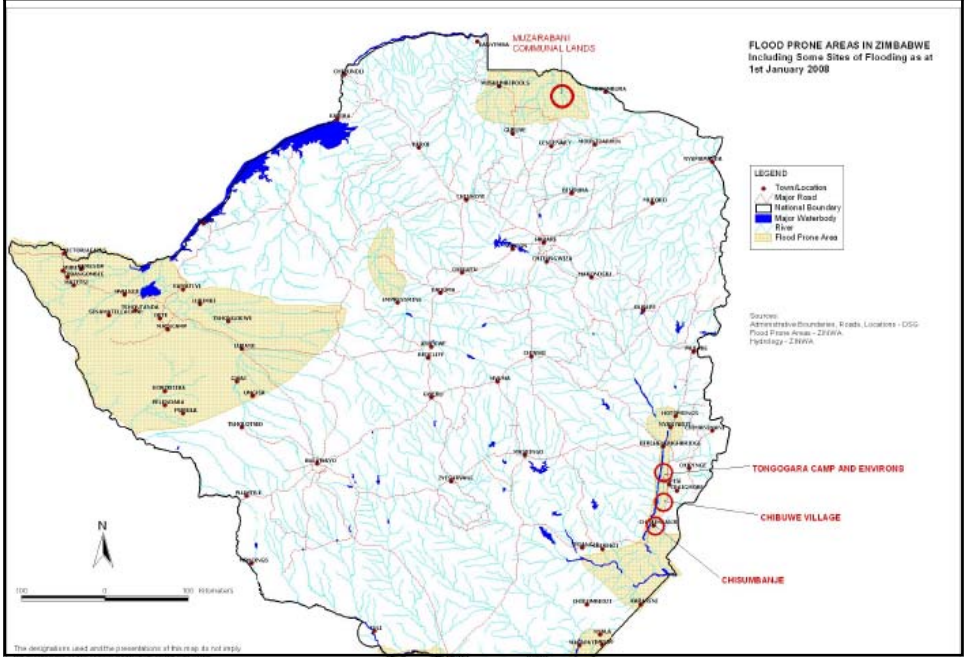
Areas of Analysis and challenges

1. Humanitarian Situation
   - Floods; Outcome of the UNICEF/Boston University Vulnerability Study; Food and Nutrition Security Assessment
2. Economic Situation
   - Food, fuel, foreign currency, Inflation, money supply, prices, GNP growth
3. Political Situation
   - March elections, SADC mediation
4. Conclusion and Questions

Floods

- Dec 2007 – Jan 2008, heaviest rain in 127 yrs
- Floods affected low lying areas (see map)
- About 30 people have been drowned;
- Joint GoZ/UNCT assessment done 5-11 Jan, results to be used to develop immediate needs;
- Emergency assistance being provided in form of food, medical supplies, safe water and sanitation, IEC for diarrhea & cholera, ITN;
- Response capacity: adequate, appeal?
- Outlook: now floods receding; major challenge is if heavy rains continue & cyclone risk. Likely to affect output from mother of all agricultural seasons.

Map of flood affected areas in Zimbabwe



The 2007 Zimbabwe Vulnerability Analysis study (ZVAS)
UNICEF/Boston University School of Public Health.

- **Objective:** to analyze child vulnerability in Zimbabwe using existing data sets in order to assist UNICEF & partners in strengthening evidence-based programming and advocacy for results for children.
- **Goal**: to identify, prioritize and do further statistical analyses of existing datasets in Zimbabwe (ZDHS 05/06, ZimVAC 06, PASS study 2003, OVC baseline 2004/05), to provide deeper insights into child and family vulnerability and determinants for purposes of improving service provision, policy development and humanitarian preparedness and response.
- **Methodology:** Consulted with Gvt (CSO, MOHCW, MPSLSW, UN (UNICEF/OCHA/FAO/WFP/UNDP), WB, IOM, donors and some NGOs. For each dataset, variables were recoded, new indicators were created, and composites were built. Next, descriptive statistics were tabulated to summarize the datasets and inferential statistics calculated to determine wider population patterns with regard to the demographic and economic situation of Zimbabwean households.

ZVAS Broad questions included

1. Who are the most vulnerable?
2. What is the nature and the determinants of vulnerability?
3. Where are the most vulnerable?
4. How can they be identified?
5. Who are current interventions and support reaching?

The final analysis is based on a panel of 2,756 households, containing 3,317 children under age five and 4,100 children between the ages of 6 and 17 yrs.

Table 4: Logistic regression models predicting the determinants of being FOOD INSECURE in the ZIMVAC (n=2,555)

Indicator	Odds Ratio	p-value
Household Level		
Household head chronically ill	1.80	**
Any orphan in household	1.70	***
Employment Sector[1]		
Farming	1.82	*
Informal	1.94	*
None	8.49	**
Expenditure category[2]		
Lowest expenditure quartile	10.40	***
Lower bottom expenditure quartile	4.64	***
Upper mid expenditure quartile	2.06	**
Land sector[3]		
Small holding	0.44	***
Resettled	0.39	**
Large scale commercial farm area	1.83	
Receives remittances	0.51	**

Households affected by illness and caring for orphans each are at increased odds of reporting food insecurity.

Households where the head has no employment and in the lowest expenditure quartiles have the highest odds of food insecurity, adjusting for all other factors.

Households in large-scale commercial farm areas were 83% more likely than urban households to be food insecure.

Key:*p<.05;**p<.01;***p<.001; Note: [1] Formal sector worker is referent category. [2] Highest ~~expenditure is the referent category.~~ [3]Urban council is ~~variables/indicators were significant predictors.~~

Table 13. Logistic regression models of the determinants of being UNDERWEIGHT among 0-4 year olds in the ZIMVAC (n=3,142)

Indicator	Odds Ratio	p-value
Child level		
Age 1[1]	1.63	*
Age 2	1.43	**
Age 3	0.76	*
Age 4	0.70	
Household level		
Recent death in household	1.64	**
OVC status	0.84	
Lowest expenditure quartile[2]	1.41	*
Lower mid expenditure quartile	1.29	
Upper mid expenditure quartile	1.15	

Compared to children under 12 months, 1 and 2 year olds are at the greatest risk of stunting

~~Children~~ that are in households that have experienced a recent death and in the poorest households are most vulnerable to stunting.

Key:*p<.05;**p<.01;***p<.001; Note: [1]Under 1 year olds were the referent category for age; [2] Highest expenditure quartile was the referent group for expenditures. No other variables/indicators were significant predictors.

Key Results of the ZVAS (1)

1. Severe poverty affects about 9.7% of households: Critical predictors of poverty and food insecurity were: high dependency ratios (either no working aged adult, three or more dependents per adult); head of household is unemployed, old or a child; experience of recent death; currently having a chronically ill member;
2. The similarities between income, expenditure, food security models suggest internal consistency, so that income and expenditures may be better measures of poverty than asset ownership;
3. External aid is substantial: About 4% of households received food aid, while 34% received material aid.
4. Targeting with external assistance appears to be satisfactory: poorest households such as those with lowest income, have chronically ill member, experienced recent death or headed by older persons receive it in favor of less needy households. However, there are also leakages.

Key Results of the ZVAS (2)

5. Households receiving cash remittances were less likely to be in the lowest income and expenditure categories, less likely to be in the lowest asset categories and less likely to be food insecure.
6. Stunting (low height-for-age) or chronic malnutrition was a good predictor of poverty, food insecurity and illness in household;
7. Children from poor households, paternal and double orphans were more likely to be out of school: there was a complex and conflicting relationship with maternal orphans.

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Policy Recommendations based on ZVAS findings.

1. **Target the most vulnerable:** Those most in need of economic, material or food support, are the 9.7% of households that are in the lowest expenditure category and have the most unfavorable dependency ratios (either no working aged adult three or more dependents per adult).
2. **Improve targeting of aid:** Currently aid is not reaching many of the most vulnerable households, while households from all economic brackets receive aid. Targeting procedures for distributing aid should be improved.
3. **Criteria for targeting aid:** targeting should be based on household income and expenditures, food security, the age and gender of the household head and the household dependency ratio.
4. **Consider cash grants:** Given the robust finding that households that received remittances were less likely to be in the lowest income and expenditure categories, less likely to be in the lowest asset categories and less likely to be food insecure, a cash grant system that alleviates poverty should be considered.
5. **Support needs are greater than cash alone:** Given that a high percentage (30-50%) of households are affected by AIDS and other illnesses through the death of a household member, caring for orphans, or currently have someone who is chronically ill, these added burdens must be addressed through programs and policies that reduce social and emotional problems caused by the impact of AIDs and other illnesses.
6. **Where to start**: Geographically, across each dataset and child-level outcome, Mashonaland Central and Manicaland provinces emerge as having some of the worst indicators for children.

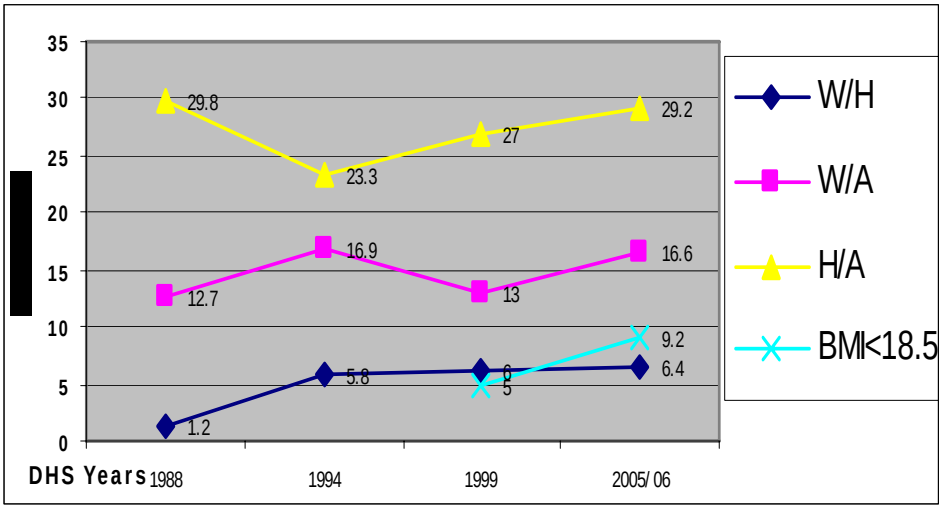
What is the evidence of a humanitarian situation in Zimbabwe?

1. High levels of Child and Maternal Mortality
2. Deteriorating trends in Nutritional Status
3. Increasing Food Insecurity
4. High Levels of HIV, AIDS and OVC
5. Declining Capacities for Care
6. Deterioration in the Social Services
7. Increasing poverty

High levels of Child and Maternal Mortality

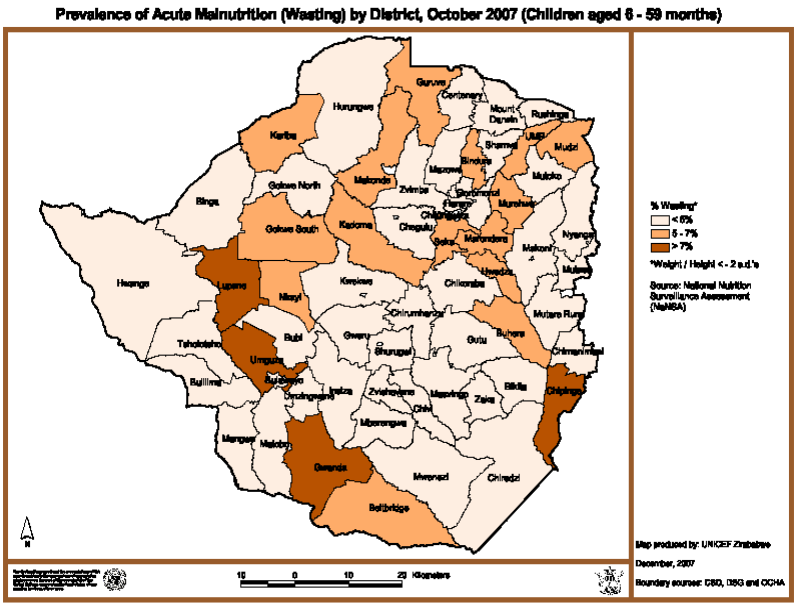
Mortality category	DHS 1994	DHS 1999	DHS 2005	Categorization according to international levels of concern		
				Mild	Moderate	Severe
MMR per 100,000 live births	283	695 (578)*	555	<100	100-<500	500 and above
IMR per 1,000 live births	53	65.0	60.0	<25	25-<50	50 and above
U5MR per 1,000 live births	77	102	82.0	<50	50-<100	100 and above

Nutritional Status of Children and Women



Stunting (H/A)= chronic malnutrition; Wasting (W/H)= acute malnutrition; underweight (W/A)=combined chronic & acute malnutrition

Sources: 1988, 1994, 1999, 2005/6 ZDHS

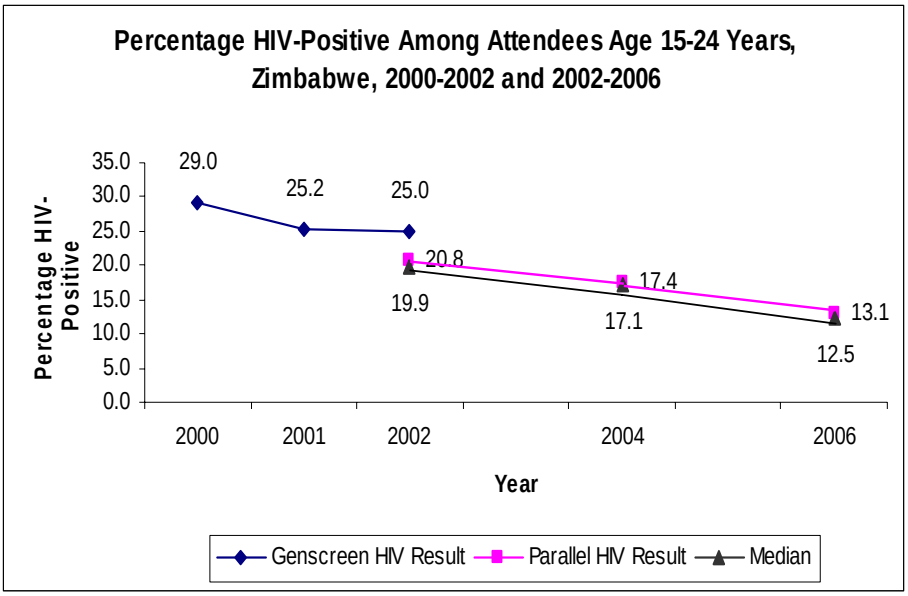


Increasing Food Insecurity

Food Security Situation in Zimbabwe 2007-08
(levels estimated for Jan-March 2008)

INDICATOR	CFSAM (April 2007)	FSNA (June 2007)	International Categorization of severity		
			Mild	Moderate	Severe
% Pop food insecure	30	31	5-<10	10-<20	20 and above

Trends in adult HIV prevalence in Zimbabwe.

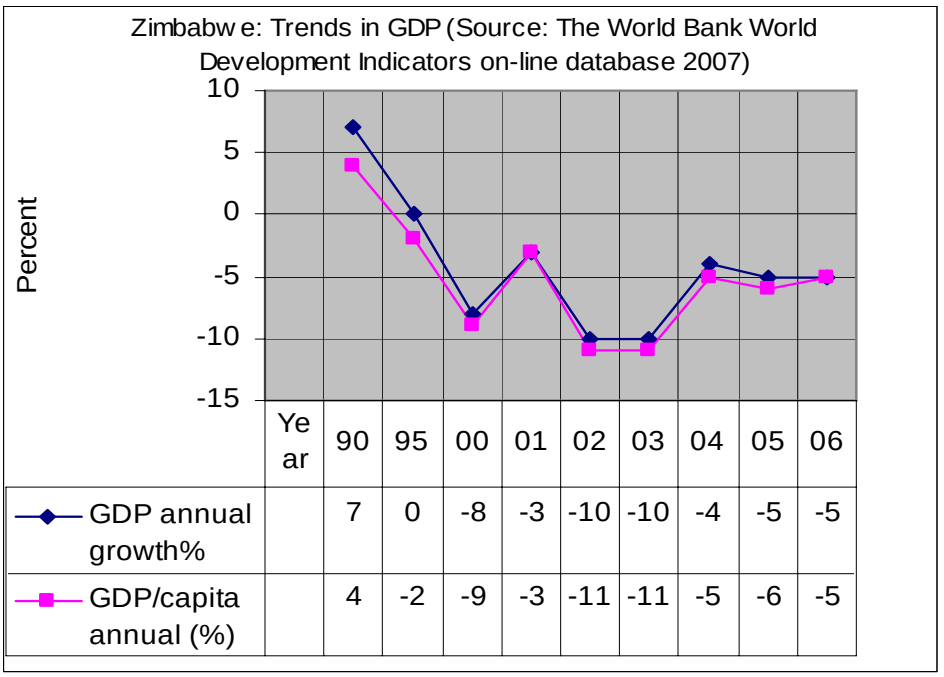


ECONOMIC TRENDS

Real GDP percent Growth: World, Africa and Zimbabwe 2000-2007

	00	01	02	03	04	05	06	07*
World	4.7	2.2	2.8	4.0	5.1	4.3	5.5	6.7
Africa	3.0	3.5	3.1	4.6	5.3	4.5	5.5	6.4
Zimb	-7.3	-0.2	-5.9	-7.4	-3.6	-4.0	-2.0	-4.6

*Forecast
Source: CSO, MOED, MOF.



Year	90	95	00	01	02	03	04	05	06
GDP annual growth%	7	0	-8	-3	-10	-10	-4	-5	-5
GDP/capita annual (%)	4	-2	-9	-3	-11	-11	-5	-6	-5

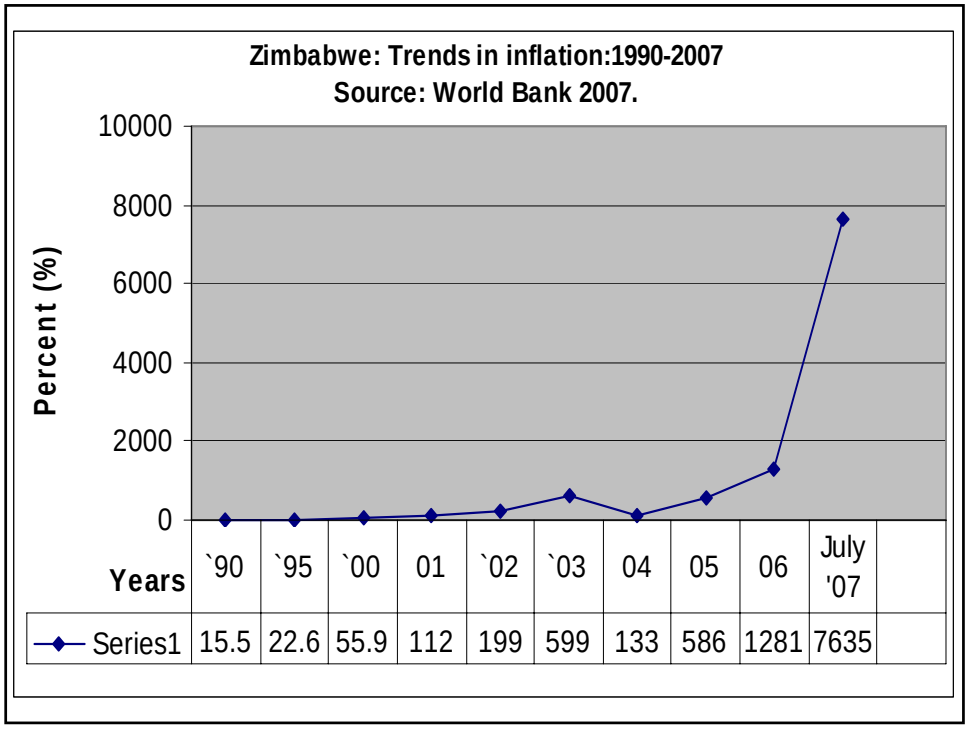
INFLATION: WORLD AND REGIONAL ECONOMIC TRENDS

Table 2: World, Africa and Zimbabwe Annual Average Inflation: 2000-2007

	2000	2001	2002	2003	2004	2005	2006	2007
World	2.2	2.0	1.8	1.9	1.8	1.9	?	?
Africa	13.1	12.2	9.6	10.4	7.8	8.2	?	?
Zim	55.5	73.4	133.2	365.7	350.0	237.9	946.2	24,000

Source: CSO, MOED, MOF

****Zimbabwe is under-hyper-inflation: September 2007 annual inflation was 7 982.1; Oct 15,000; Dec 24,000%**



Drivers of Inflation: Gvt perspective

- **Inflation** largely driven by both demand and supply side factors. The major drivers of inflation are: -
  - **Money supply growth: -** High money supply growth against a weakening supply result in too much money chasing few goods.
  - **Budget deficit financing: -** over-reliance on domestic borrowing and printing of money to finance the budget deficit following the drying up of international support leads to an increase in money supply;
  - **Adverse inflationary expectations: -** When economic agents expect inflation to persist, implicit indexation and discretionary pricing become inevitable. This leads to more inflation as adaptive expectations force past inflation trends to influence current and future inflation, as has been the case in Zimbabwe.
  - **Corruption: -** Generally, those involved in corruption are not involved in wealth creation and generation but in its consumption, and hence they exacerbate the mismatch between aggregate supply and demand.

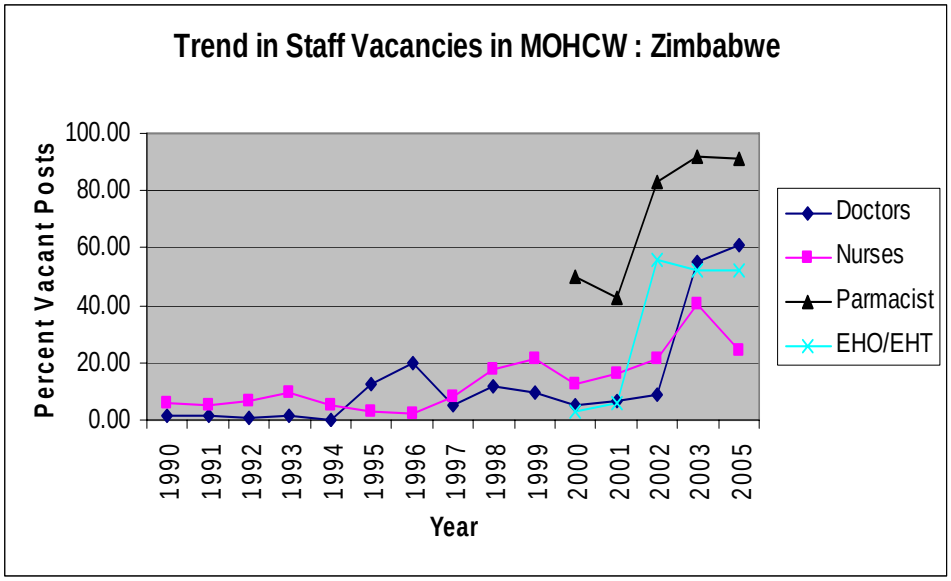
SOCIAL SECTOR DEVELOPMENTS
HEALTH (cont'd

Table 3.3: Availability of drugs and supplies at NatPharm, 2004 and 2005.

	2004	2005
All drugs	65%	41%
Vital drugs	72 %	63%
Essential drugs	56%	21%

Source: Child Health Report (Draft), Zimbabwe 2006

SOCIAL SECTOR DEVELOPMENTS
HEALTH – Human Resources (cont'd)



Educational Attainment

Educational attainment	1994		1999		2005/6	
	Female	Male	Female	Male	Female	Male
No education	15.5%	9.4%	14.2%	9.0%	11.9%	8.6%
Primary	59.8%	58.5%	53.5%	51.6%	50.0%	47.9%
Secondary	23.2%	29.4%	29.9%	35.4%	36.5%	39.0%
Higher	1.0%	1.9%	2.0%	3.6%	2.0	3.7%
Percent literate					91.2%	95.1%

- Percent distribution of the de facto female and male household population age six and over by highest level of education attended or completed.
- Percent of women and men who attended secondary school or higher who can read a whole sentence or part of a sentence: women = 91.2% and men = 95.1% (2005/6 ZDHS).

Political challenges

- SADC mediation of ZANU-PF and MDC issues:
  - Timing of elections: March Vs June 2008?
  - Using negotiated vs existing constitution?
  - Relaxing media laws?
- What is the political outlook for 2008?
  - Free and fair elections?
  - Space for humanitarian work?
  - The post-election syndrome?