



Refugee Documentation Centre (Ireland)
LEGAL AID BOARD

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Information on health, education, food and living conditions in Zimbabwe.

The *US Department of State* reports:

"On November 18, approximately 300 health workers protested outside the main public hospital in Harare, Parirenyatwa. The workers held a second protest on December 3, attended by an estimated 100 doctors and nurses outside the Ministry of Health. In both instances, the medical professionals called for improved wages and working conditions including equipment, medication, water, and electricity in public hospitals. The protests came as a cholera epidemic was accelerating and workers worried about their own safety and the ability of deteriorated health facilities to handle the influx of patients. While police initially allowed the protests, they ultimately disrupted both demonstrations by chasing and beating health workers with batons. By year's end the escalating cholera epidemic had infected 30,938 persons and killed 1,551." (US Department of State (25 February 2009) *2008 Country Reports on Human Rights Practices – Zimbabwe*)

The same report also states:

"In November the Inspector General of the Global Fund for AIDS, TB, and Malaria revealed that the government had misused \$7.3 million of its \$12.3 million grant. For several months, local organizations providing life-saving medical assistance were unable to access the funds, which were being held by the Reserve Bank because the government had reallocated the funds for other purposes. Due to the government's failure to use the money appropriately, only 495 of an intended 27,000 health workers received training in proper distribution of HIV/AIDS, TB, and malaria drugs. Shortly after the misallocation became public, the government returned the funds to the Global Fund's account." (Ibid)

Also in the same report:

"On November 22 and 23, three members of The Elders, former United States president Jimmy Carter, former UN secretary general Kofi Annan, and women's and children's rights advocate and former first lady of Mozambique Graca Machel attempted to visit the country to evaluate the growing humanitarian crisis. According to The Elders, on the eve of their departure from South Africa for Harare, SADC negotiator Thabo Mbeki informed them that their visit was not welcomed at that time by the Zimbabwean government and they would not be permitted entry to the country. The Elders remained in South Africa where they met with political, business, civil society, and humanitarian aid workers to discuss the crisis in Zimbabwe. In the report summarizing their findings, Carter stated that, "the entire basic structure in education, healthcare, feeding people, social

services and sanitation has broken down. These are all indications that the crisis in Zimbabwe is much greater, much worse than we ever could have imagined." (Ibid)

In relation to Education the report states:

"The government continued to restrict academic freedom. The president is the chancellor of all five state-run universities and appoints all vice chancellors. The government has oversight of all higher education policy at public universities. The University of Zimbabwe Amendment Act and the National Council for Higher Education Act restricted the independence of universities, subjecting them to government influence and extending the disciplinary powers of the university authorities over staff and students. The 2006 Zimbabwe Council of Higher Education Act mandated the establishment of a nine-member council made up of members of the higher education community from both public and private institutions. The council advises the minister of higher education and technology on matters pertaining to education, including funding for higher education and accreditation of higher education institutions. The minister, however, selects and appoints the council members, controls state universities, and appoints their chancellors and vice chancellors; the minister also appoints vice chancellors and other senior members of university administration, the deans of faculty, and most members of the university council. The appointed deans and heads of departments require faculty to submit final examinations well in advance of the end of term and have the right to censure exam content if they feel it is too controversial or threatens "sovereignty and national interest." During the year some lecturers were asked to revise final exams, and department chairs rewrote exam questions before they were given to students." (Ibid)

Also in relation to Education:

"The public education system failed to provide students with adequate education during the year. As a result of election-related violence, including harassment of teachers (many of whom were accused of being MDC sympathizers), poor wages, and sanitation concerns, most schools were open irregularly. In October, as the cholera epidemic escalated, many schools closed because they did not have running water and functioning toilets. Hyperinflation reduced the buying power of a teacher's wages to under Z\$374 million (approximately \$10 per month at the time), which did not cover even transportation costs. Mounting economic hardship drove many teachers to leave the country. On October 7, both teachers' unions called for the government to cancel the school year because students had not received enough hours of instruction and were unprepared for annual exams. The primary and secondary level exams were held at the end of October, but had not been graded by year's end. Public universities were also forced to close due to a lack of teachers and sanitation on campuses." (Ibid)

Amnesty International state:

"The desperate economic conditions have led to severe denial of economic and social rights of millions of Zimbabweans who are suffering from food shortages, serious health threats and a crisis in the education system." (Amnesty

International (18 June 2009) *Without justice there can be no real healing in Zimbabwe*)

Freedom House state:

"The economic breakdown has also resulted in severe shortages of basic goods, including food. In November 2008, the World Food Programme estimated that 5.1 million Zimbabweans—or 45 percent of the population—would require food aid in 2009. The June 2008 ban on field work by NGOs included aid organizations, allowing the government to use state aid as a political tool ahead of the presidential runoff election. Basic utilities such as electricity and water deteriorated during the year. Health services are strained by lack of funding, the emigration of medical workers, and a high HIV prevalence rate; about 20 percent of Zimbabweans are infected with the virus. In late 2008, an outbreak of cholera near Harare spread rapidly throughout the country, exacerbated by the closure or dysfunction of many of the country's health facilities and by state inaction. By year's end, the outbreak had caused some 1,600 deaths and over 30,000 infections." (Freedom House (16 July 2009) *Freedom in the World 2009 – Zimbabwe*)

The report also states in relation to Education:

"Academic freedom is limited. All schools are under state control, and education aid is often based on parents' political loyalties. Security forces and ZANU-PF thugs harass dissident university students, who have been arrested or expelled for protesting against government policy. Following the March 2008 elections, thousands of teachers—many of whom served as polling officials—were beaten by ZANU-PF militias. According to the Progressive Teacher's Union of Zimbabwe, about 600 teachers had been hospitalized and 231 teachers' houses had been burned down by May. As a result, many rural schools were forced to close." (Ibid)

Amnesty International state:

"The economy continued to decline, making it increasingly difficult for most households to access food, healthcare and education. The humanitarian situation was compounded by a government directive in June to suspend all field operations of NGOs. In addition, food reserves were plundered to feed gangs of ZANU-PF supporters who established camps throughout the country to implement President Mugabe's violent election campaign in the run-up to the 27 June election." (Amnesty International (28 May 2009) *Amnesty International Report 2009 – Zimbabwe*)

IRIN report:

"About 94 percent of Zimbabwe's rural schools - where most children are educated - failed to open this year, the UN Children's Fund said on 10 February 2009.

The education system, once viewed as the finest in sub-Saharan Africa, has become a casualty of the country's economic collapse and political infighting.

Tsitsi Singizi, UNICEF's spokesman in Zimbabwe, told IRIN the priority of the new unity government should be to salvage the education system. "The infrastructure for education is still there, but it needs to be brought back from the brink," she urged." (IRIN (10 February 2009) *ZIMBABWE: 94 percent of schools fail to open*)

Amnesty International state:

"An outbreak of cholera is affecting nine out of Zimbabwe's ten provinces and major hospitals are failing to provide medical care to those in need.

The main referral hospitals in the country, including Harare Central, Parirenyatwa and United Bulawayo hospitals, are barely functioning and some wards have even been closed.

Two government maternity hospitals in greater Harare have been closed. Many district hospitals and municipal clinics are either closed or operating at minimum capacity. The University of Zimbabwe Medical School closed indefinitely on 17 November.

The system is paralysed by shortages of drugs and medical supplies, a dilapidated infrastructure, equipment failures and a brain drain. As a result, ordinary Zimbabweans are unable to access basic health care." (Amnesty International (21 November 2008) *Zimbabwe's health system in chaos*)

The *US State Department's* Consular Information Sheet on Zimbabwe states:

"The public medical infrastructure has effectively crumbled and medical facilities are extremely limited. There have been several instances where American citizens facing life-threatening illnesses or injuries have been turned away from hospitals because there were not sufficient beds or medical supplies available. Most serious illnesses or accidents require medical evacuation to South Africa." (US Department of State (1 April 2009) *Zimbabwe Country Specific Information*)

The Times reports:

"The class of 2008 will not receive an education. Since the school year began in January, Zimbabwe's 4.5 million pupils have had a total of 23 days uninterrupted in the classroom, teaching unions say - a sorry state for a country that once had the highest standard of education in Africa.

President Mugabe became an African hero of rare distinction when he carried out a big expansion of the education system in the early years of his rule. As with most of the country's infrastructure, that system is now in the process of total collapse.

In the mid-1990s there was a national O-level pass rate of 72 per cent. Last year it crashed to 11 per cent. Many schools recorded zero passes.

To avoid the humiliation of total failure in 2008 the Government has cancelled the academic year. "It would be criminal if the Government allows examinations to go ahead," Raymond Majongwe, the secretary-general of the Progressive Teachers' Union of Zimbabwe, said." (Times, The (8 October 2008) *Zimbabwe chaos wipes out education for 4.5 million pupils*)

BBC News reports:

"Conditions for ordinary Zimbabweans are growing ever more desperate as the political crisis continues, says human rights group Amnesty International.

In a report, Amnesty warns that many people are at risk of extreme hunger after a failed agricultural season." (BBC News (31 October 2008) *Zimbabwe conditions 'worsening'*)

The *UK Home Office* states in their Operational Guidance Note on Zimbabwe:

"Zimbabwe has ten provincial hospitals; the two most important hospitals being Parirenyatwa Hospital in Harare (900 beds) and Mpilo Central Hospital in Bulawayo (600 beds). Medical facilities, particularly outside of Harare and Bulawayo are limited and the level of care available at Parirenyatwa Hospital is rudimentary, with medicines and medical equipment such as thermometers and wheelchairs in short supply. Therefore, specialist care in the public sector is poorly available and unreliable. Cancer treatment, renal dialysis, and almost every kind of specialist services usually found in referral hospitals could not be considered as available and accessible. Between October and January, the main referral hospital (Parirenyatwa) was closed almost entirely. Although the Government still provides free healthcare to low-income earners (theoretically), patients are required to pay for medication, diagnostic tests, consulting fees and even to bring basic supplies like disposable gloves for deliveries. The costs of these have risen quickly in recent years. In addition, many drugs are not available now that the Ministry of Health and Child Welfare is required to make payments in advance for most products. While donors are funding a basic supply of vital medicines, these have not reached every clinic yet and are only the most basic commodities. The move to pre-packaged kits currently underway should increase reliable and consistent availability." (UK Home Office (5 March 2009) *Operational Guidance Note – Zimbabwe*)

The same report also states:

"2.15 The past decade has seen an economic decline in Zimbabwe that is unprecedented for a country in peacetime. By the end of 2008, average life expectancy fell to its lowest level in over thirty years; more than half the population was receiving food aid, formal-sector unemployment was estimated to be well over 80%, and in December 2008 inflation was estimated to stand at 65 followed by 107 (sic) zeros per cent per annum.¹⁶ In February 2009, the Government of Zimbabwe finally bowed to the inevitable and legalised the use of

hard currency, and one of the first acts of the Government of National Unity was to begin to pay public servants partially in US dollars. As a result of these and other factors, food supplies in the shops improved markedly and prices began to fall as competition increased. Goods are only available to those who have access to hard currency to pay for them.¹⁷

2.16 For many others who do not have access to hard currency, the food crisis continues and it was estimated that around 7 million Zimbabweans would require food aid ahead of the April 2009 harvest. The anticipated low harvest yield is expected to be reasonably good where seeds were planted but limited in distribution as a result of a lack of inputs. The importation of around 750,000 tonnes of cereal in early 2009 has eased the situation but food aid will be necessary through the next year and into 2010.¹⁸ (Ibid)

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This response was prepared after researching publicly accessible information currently available to the Refugee Documentation Centre within time constraints. This response is not and does not purport to be, conclusive as to the merit of any particular claim to refugee status or asylum. Please read in full all documents referred to.

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