CHAPTER 2

Zimbabwe and its Orphans

Introduction

The Chapter provides a concise overview of the environment in which orphans lived in Zimbabwe, in particular, and Southern Africa in general. It depicts the situation of orphans in Zimbabwe as a microcosm of that in the majority of countries in Southern Africa with which the country shares close historic, economic, political and socio-cultural ties. The Chapter describes in general, and more specifically in relation to orphans and vulnerable children, selected demographic and socio-economic indicators.

Zimbabwe is a landlocked country, measuring about 390,757 square kilometres in the southern part of the African continent. It is bordered by Zambia to the north, South Africa to the south, Mozambique to the east and Botswana to the west (see Figure 1). The country’s population of 11.6 million (2002 census) is estimated to have grown to 12.2 million in 2006 (SADC, 2008). Zimbabwe’s population is very young with 41% below the age of 15 years and 55% between the ages of 15 and 64 years (CSO, 2003). Approximately 34% of its population is urban, with the majority living in and around the cities of Harare and Bulawayo.

Formally Southern Rhodesia, Zimbabwe (see Figure 4) attained independence from Britain in 1980 after a 13 year liberation struggle. Harare is the capital city, and according to the Census of 2002, it has a population of about 1.44 million. Bulawayo is the second largest city with a population of 676,000, followed by Mutare, 153,000 people and Gweru, 137,000 people.

Zimbabwe is a member of the Southern African Development Community (SADC), a grouping of 15 Member States comprising most of the countries of Southern Africa, namely, Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe. SADC was established through a Treaty in 1992, a transformation from the Southern African Development Coordination Conference (SADCC) which was established in 1980 as a loose alliance, largely to counter the economic and political threats from the then apartheid South Africa. The vision of SADC is one of a common future within a regional community that will ensure economic wellbeing, improvement of the standards of living and quality of life, freedom and social justice and peace and security for the people of Southern Africa (SADC, 2004).
In many ways, the situation of OVC in Zimbabwe is a microcosm of the majority of SADC Member States. The majority of Member States of SADC share common historical experiences and socio-cultural, economic and political linkages and challenges. Nine of the Member States have HIV prevalence among the 15–49 year olds of more than 10%, with some higher than 25%. With the exception of Botswana, Mauritius, South Africa, Namibia, Seychelles and Swaziland which are considered to be middle income countries, the majority are classified among the world’s very poor countries. Poverty and under development remain daunting challenges for the SADC region. About two thirds of the population in the region lives below the international poverty line of US$2 per day. Poverty is exacerbated by high levels of unemployment and low industrial growth and productivity which characterize most of the Member States. Food insecurity is particularly acute in the region, largely due to natural disasters associated with climate change such as floods and recurrent drought. Human productivity has also been curtailed by labour migration and high morbidity and mortality rates among the economically productive age group largely as a result of the treble effect of HIV and AIDS, malaria and tuberculosis,