



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Country programme for Zimbabwe

Proposed UNFPA assistance: \$40.5 million: \$13.5 million from regular resources and \$27 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2007-2011)

Cycle of assistance: Fifth

Category per decision 2005/13: A

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	6.5	23.0	29.5
Population and development	3.0	2.0	5.0
Gender	3.0	2.0	5.0
Programme coordination and assistance	1.0	-	1.0
Total	13.5	27.0	40.5

I. Situation analysis

1. In the last few years, Zimbabwe has experienced a challenging political, socio-economic and development environment. Recurrent droughts, food insecurity and the HIV/AIDS pandemic have dominated the development and humanitarian agendas. In addition, hyper-inflation, a shortage of foreign currency, the emigration of skilled labour, and insufficient supplies and equipment have undermined the capacity of the social sectors to provide critical services to the most vulnerable populations.

2. The current status of the national economy has resulted in increased structural unemployment (above 60 per cent) and increased poverty levels (from 55 per cent in 1995 to 72 per cent in 2003). Furthermore, while several donors continue to support the humanitarian response, the decline in official development assistance since the 1990s continues.

3. Zimbabwe had a total population of 11.6 million in 2002. The annual population growth rate declined sharply, from 3.1 per cent during the period 1982-1992 to 1.1 per cent during the period 1992-2002. Increased mortality is commensurate with significant declines in life expectancy (from 58 to 43 years for males and from 62 to 46 years for females from 1992-2002). HIV/AIDS, lower total fertility rates (the rate declined from 5.96 children per woman in 1992 to 4.16 births per woman in 2002) and international migration have contributed to this decrease in population growth.

4. Despite a decline in HIV seroprevalence (from 24.6 per cent in 2003 to 20.1 per cent in 2005), Zimbabwe remains one of the hardest-hit countries, with an estimated 3,200 AIDS-related deaths per week and 160,000 new infections in 2005. The decline in HIV seroprevalence can be attributed to increased mortality as well as to changes in sexual behaviour, including a reduction in partners and increased condom use with non-regular partners. Of the estimated 1.61 million people living with HIV/AIDS in Zimbabwe, 56 per cent are women.

5. The maternal mortality ratio increased sharply, from 283 deaths per 100,000 live births in 1984 to 1,068 deaths per 100,000 live births in 2002. The proportion of births taking place at home rose from 23 per cent in 1999 to 30 per cent in 2003. Contributing to these trends are the following: (a) increasing poverty; (b) obstacles to health-care access, such as user fees; (c) understaffing; and (d) shortages of commodities, including emergency obstetric care equipment and drugs.

6. Gender-based violence remains a challenge. Negative sociocultural practices, attitudes, values, norms and beliefs, as well as weak legal and policy frameworks, sustain the practice. Young people, especially young women, are vulnerable to increased reproductive health risks and gender-based violence risks, including exposure to unintended pregnancies, unsafe abortions, sexually transmitted infections, HIV, and physical and emotional abuse.

II. Past cooperation and lessons learned

7. The fourth country programme (2000-2006) focused on: (a) reproductive health, including HIV prevention; (b) advocacy; (c) population and development; and (d) gender. The programme supported the development of: (a) a national youth policy; (b) a national reproductive health policy; (c) a reproductive health behaviour change communication strategy; (d) reproductive health service delivery guidelines; (e) a national gender policy; and (f) a national HIV-prevention behaviour change strategy.

8. UNFPA worked closely with the Ministry of Health and Child Welfare, the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) to develop an outline for a maternal and neonatal health road map. In addition, UNFPA, in partnership with UNDP and UNICEF, supported national efforts to collect data and establish poverty indicators for the Zimbabwe economic development strategy. UNFPA also led a joint programme with UNDP and UNICEF to support the Zimbabwe demographic and health survey, which now includes modules on gender-based violence and HIV seroprevalence. UNFPA, UNDP and UNICEF supported the establishment of the Zimbabwe

statistics database, which is now functional. The database has increased the utilization of data for development purposes.

9. UNFPA cooperated with national, multilateral and bilateral partners and supported the development of coordination mechanisms, including a national partnership forum on HIV/AIDS and a reproductive health commodity security steering committee. A series of consolidated humanitarian appeals complemented the programme. UNFPA participated in this process through joint vulnerability assessments as well as by providing direct assistance in the areas of reproductive health, HIV prevention and gender-based violence, in order to reduce the vulnerability of displaced and mobile populations.

10. Key lessons learned from the fourth country programme include: (a) national capacity needs to be strengthened at all levels, especially for the effective delivery of reproductive health and HIV-prevention services; (b) baseline indicators for programme planning, monitoring and evaluation must be established; and (c) despite the development of policies and guidelines, implementation still needs to be strengthened.

III. Proposed programme

11. The goal of the proposed country programme is to contribute to the improvement of the quality of life of the people of Zimbabwe by: (a) improving reproductive health; (b) preventing HIV; (c) ensuring gender equality; and (d) improving the utilization of data for development and the integration of demographic, reproductive health and HIV variables into national programming. UNFPA will support the implementation of joint programmes with other United Nations agencies and partners in maternal and neonatal health, adolescent sexual and reproductive health, HIV prevention, the prevention of gender-based violence, and data for development.

12. The proposed programme will address national priorities in line with the Millennium Development Goals and the Programme of Action of the International Conference on Population and Development (ICPD), and is based on consultations with the Government of Zimbabwe, United Nations agencies, donors and civil society partners. Each

programme component has been articulated within the context of the United Nations Development Assistance Framework (UNDAF), 2007-2011. The programme also takes into account critical analyses of the population, reproductive health, HIV and gender situations, and the 2004 Millennium Development Goal progress report, which identifies areas for priority intervention.

13. The country programme will utilize a rights-based approach to programming and will ensure synergy among all programme components. In order to maximize and sustain impact, the programme will support the Government in scaling up selected interventions nationwide, and will achieve a number of strategic outputs.

Reproductive health component

14. The outcomes for this component are: (a) a policy environment that promotes reproductive health and rights; (b) increased utilization of comprehensive, gender-sensitive reproductive health services; and (c) increased adoption and maintenance of safer sexual behaviour as well as increased utilization of HIV-prevention services.

15. Output 1: Enhanced national capacity to formulate, implement, monitor and evaluate policies that promote increased access to reproductive health and HIV-prevention services. UNFPA will support government efforts to develop evidence-based policies and will help to strengthen provincial and district capacity to effectively plan, monitor and evaluate reproductive health and HIV programmes.

16. Output 2: Increased availability of comprehensive, gender-sensitive reproductive health services, including essential obstetric care and family planning. This output will be achieved by: (a) training health service providers in clinical and emergency obstetric and neonatal care; (b) raising the awareness of communities about reproductive health and gender issues related to maternal health; and (c) collaborating with partners to ensure a minimum package of essential reproductive health commodities at all levels of the health service delivery system, including a package of youth-friendly services.

17. Output 3: Increased capacity to plan, manage and monitor comprehensive, high-quality reproductive health, adolescent sexual and reproductive health, and HIV-prevention services and to support the development of a national reproductive health commodity security strategy. UNFPA will complement government efforts to retain skilled personnel at national and decentralized levels. UNFPA will help the Government to build capacity for programme management functions in maternal health, reproductive health commodity security, adolescent sexual and reproductive health, and HIV prevention.

18. Output 4: Promotion of effective behavioural change across sectors and at district and community levels, targeting groups that are most at risk. This output will be achieved by: (a) supporting the operationalization of the national behavioural change strategy; and (b) helping the National AIDS Council in developing and implementing district-level action plans to support the promotion of behavioural change.

19. Output 5: Increased coverage and utilization of high-quality, gender-sensitive and youth-friendly HIV-prevention services. UNFPA will: (a) advocate increased coverage of services; (b) help to close gaps in delivering HIV-prevention services; and (c) facilitate dialogue on innovations in HIV-prevention service delivery, including male and female condom programming, family planning, voluntary counselling and testing, prevention of mother-to-child transmission, and post-test services.

20. Output 6: Reduce and mitigate vulnerability factors for HIV infection, such as gender inequality, poverty, stigma and mobility, and create an enabling environment for safer sexual behaviour practices. The programme will advocate the creation of an enabling environment for HIV prevention efforts by supporting the development of national- and district-level mechanisms to monitor, expose and reduce discrimination against women and against people with HIV/AIDS.

Population and development

21. The outcomes for this component are: (a) improved utilization of population- and development-related data disaggregated by age and sex; and (b) national, subnational and sectoral policies, plans and strategies take into account population and development linkages.

22. Output 1: Increased availability of sex- and age-disaggregated population and development data at national and subnational levels. This output will be achieved by: (a) developing and implementing a 10-year data collection plan; (b) conducting the 2010 demographic and health survey; and (c) preparing for the 2012 national population census.

23. Output 2: Enhanced national capacity to monitor progress towards the Millennium Development Goals, the ICPD Programme of Action, the Convention on the Elimination of All Forms of Discrimination against Women, and national development frameworks. This output will be achieved by strengthening national capacity in making data available and utilizing it at national and subnational levels, including through the Zimbabwe statistics database.

24. Output 3: Improved national capacity to integrate gender and population and development issues into national and sectoral development policies and strategies. This output will be achieved by supporting national training to strengthen the capacity of personnel to integrate population, reproductive health and gender issues into the development planning process.

25. Output 4: Increased political support for incorporating key population and development factors into poverty-alleviation strategies. This output will be achieved by: (a) advocating the integration of population and development factors in various sectors; and (b) strengthening networks of parliamentarians and the media on population and development issues.

Gender component

26. The outcome of this component is: strengthened institutional mechanisms and sociocultural practices that promote and protect the rights of women and girls and advance gender equity.

27. Output 1: Enhanced institutional and technical capacity to formulate, implement, monitor and evaluate policies and programmes to combat gender-based violence. UNFPA will strengthen data collection and utilization on gender-based violence as well as referral systems and support services for victims of gender-based violence.

28. Output 2: Strengthened capacity of registered civil society organizations, community and religious leaders, parliamentarians and the media to advocate the empowerment of women and girls. This output will be achieved by: (a) ensuring that gender-disaggregated data is used for results-based planning, monitoring and evaluation; (b) strengthening media partnerships to disseminate gender-sensitive reproductive health advocacy and HIV behaviour change messages; and (c) supporting the network of women ministers and parliamentarians.

IV. Programme management, monitoring and evaluation

29. UNFPA and the Government will implement the programme within the context of the UNDAF and in collaboration with the Ministry of Health and Child Welfare, the Ministry of Finance and Economic Development, and the Ministry of Women's Affairs, Gender and Community Development, as well as with United Nations organizations, non-governmental organizations (NGOs), donors and civil society.

30. The programme will incorporate a results-based management approach for planning, monitoring and evaluation. UNFPA and the Government will undertake a baseline analysis in 2006 to compile outcome, output and activity indicators. The costing of each output will be undertaken as part of the country programme planning, monitoring and evaluation strategy. UNFPA and the Government will draw data primarily from the Zimbabwe statistics database, and annual rapid appraisals of selected indicators.

31. Annual reviews of the country programme document together with the UNDAF framework will take place with all development partners, including donors and civil society organizations, to ensure full support for these initiatives. This

collaborative review will form the basis for the revision of workplans and for assessments of the most cost-effective strategies.

32. UNFPA will develop a resource mobilization plan in close collaboration with national partners and other United Nations organizations. UNFPA and its partners will help the public health system and civil society to mobilize resources to improve the living conditions of the most vulnerable populations.

33. The UNFPA country office in Zimbabwe consists of a representative, an assistant representative, an operations manager, two national programme officers, one national programme associate and four administrative support staff. Programme funds will be earmarked for nine national programme posts and seven administrative support staff. UNFPA may also recruit additional project personnel to strengthen programme implementation. The UNFPA Country Technical Services Team in Harare and the Regional Directors' Team for the triple threat in Southern Africa will provide technical support.

RESULTS AND RESOURCES FRAMEWORK FOR ZIMBABWE

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
<p>Reproductive health</p>	<p><u>Outcome:</u> A policy environment that promotes reproductive health and rights <u>Outcome indicator:</u> <ul style="list-style-type: none"> ▪ National and subnational policies in place and effectively implemented <u>Baseline:</u> Policies in place, but not consistently implemented</p> <p><u>Outcome:</u> Increased utilization of comprehensive, gender-sensitive reproductive health services <u>Outcome indicator:</u> <ul style="list-style-type: none"> ▪ Proportion of births attended by skilled health personnel <u>Baseline:</u> 75.6%</p> <p><u>Outcome:</u> Increased adoption and maintenance of safer sexual behaviours as well as increased utilization of HIV-prevention services <u>Outcome indicator:</u> <ul style="list-style-type: none"> ▪ Percentage of persons reporting condom use at last sex <u>Baseline:</u> women: 4.3% with cohabitating partners and 42% with non-cohabiting partners; men: 6.5% with cohabitating partners and 70.2% with non-cohabitating partners</p>	<p><u>Output 1:</u> Enhanced national capacity to formulate, implement, monitor and evaluate policies that promote increased access to reproductive health and HIV-prevention services <u>Output indicator:</u> <ul style="list-style-type: none"> ▪ Proportion of reproductive health policies or guidelines implemented <u>Baseline:</u> 50% in 2005; Target: all four policies and guidelines implemented</p> <p><u>Output 2:</u> Increased availability of comprehensive, gender-sensitive reproductive health services, including essential obstetric care and family planning <u>Output indicator:</u> <ul style="list-style-type: none"> ▪ Proportion of institutions offering basic and comprehensive reproductive health services, including family planning, maternal health care and emergency obstetric care <u>Baseline:</u> 0% for primary care facilities in 2005; Target: 25% by 2011</p> <p><u>Output 3:</u> Increased capacity to plan, manage and monitor comprehensive, high-quality reproductive health, adolescent sexual and reproductive health, and HIV-prevention services and to support the development of a national reproductive health commodity security strategy <u>Output indicator:</u> <ul style="list-style-type: none"> ▪ Number of programme management staff recruited and supported <u>Baseline:</u> 11 in 2005. Target: 13 by 2011</p> <p><u>Output 4:</u> Effective behavioural change promotion across sectors and at the district as well as community level, targeting groups that are most at risk <u>Output indicator:</u> <ul style="list-style-type: none"> ▪ Number of districts implementing a minimum behavioural change package <u>Baseline:</u> no districts with a minimum behavioural change package.</p> <p><u>Output 5:</u> Increased coverage and utilization of high-quality, gender-sensitive and youth-friendly HIV-prevention services <u>Output indicator:</u> <ul style="list-style-type: none"> ▪ Number of male and female condoms distributed <u>Baseline:</u> 1,141,587 (female condoms) and 86,827,798 (male condoms) in 2005</p> <p><u>Output 6:</u> Reduce and mitigate against vulnerability factors for HIV infection, such as gender inequality, poverty, stigma and mobility, and create an enabling environment for the adoption of safer sexual behavioural practices <u>Output indicator:</u> <ul style="list-style-type: none"> ▪ Percentage reduction in vulnerability factors in HIV infection </p>	<p>Ministries of: Health and Child Welfare; Women's Affairs, Gender and Community Development</p> <p>Zimbabwe National Family Planning Council; National AIDS Council</p> <p>NGOs</p> <p>UNICEF; WHO; Joint United Nations Programme on HIV/AIDS</p>	<p>\$29.5 million (\$6.5 million from regular resources and \$23 million from other resources)</p>

UNDAF outcome: enhanced national capacity and ownership of development processes towards the attainment of the Millennium Development Goals by 2015				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	
Population and development	<p><u>Outcome:</u> Improved utilization of population- and development-related data disaggregated by age and sex</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Sex- and age-disaggregated data from national and subnational databases are used to monitor national development plans <p><u>Baseline:</u> Limited utilization of data in development frameworks</p> <p><u>Outcome:</u> National, subnational and sectoral policies, plans and strategies take into account population and development linkages</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> Population and poverty linkages explicit in national development policies, plans and poverty reduction strategies <p><u>Baseline:</u> Linkages have not yet been updated with recent data from major national surveys</p>	<p><u>Output 1:</u> Increased availability of sex- and age-disaggregated population and development data at national and subnational levels</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> Percentage of household surveys conducted by Central Statistical Office for which reports are produced on time <p><u>Baseline:</u> 60% in 2005</p> <p><u>Output 2:</u> Enhanced national capacity to monitor progress towards the Millennium Development Goals, the ICPD Programme of Action, the Convention on the Elimination of All Forms of Discrimination against Women and national development frameworks</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> Percentage of Millennium Development Goals, ICPD and Convention on the Elimination of All Forms of Discrimination against Women indicators that are included in Zimbabwe database <p><u>Baseline:</u> 40% in 2005</p> <p><u>Output 3:</u> Improved national capacity to integrate gender, population and development issues into national and sectoral development policies and strategies</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> Proportion of national and subnational policies, strategies and plans that reflect HIV/AIDS, gender, human rights and poverty <p><u>Output 4:</u> Increased political support for incorporating key population and development factors into poverty-alleviation strategies</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> National poverty strategy includes all major ICPD and Millennium Development Goal targets <p><u>Baseline:</u> National poverty reduction strategy not yet in place</p>	<p>The Ministries of: Local Government, Public Works and Urban Development; Public Service, Labour and Social Welfare; Finance and Economic Development Central Statistical Office UNDP; UNICEF</p>	<p>Indicative resources by programme component \$5 million (\$3 million from regular resources and \$2 million from other resources)</p>
Gender	<p><u>Outcome:</u> Strengthened institutional mechanisms and sociocultural practices that promote and protect the rights of women and girls and advance gender equity</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> National and subnational mechanisms in place and effectively implemented to monitor and reduce gender-based violence <p><u>Baseline:</u> Gender policy in place but implementation not yet started; a gender-based violence database is in place, but monitoring and data utilization need strengthening</p>	<p><u>Output 1:</u> Enhanced institutional and technical capacity to formulate, implement, monitor and evaluate policies and programmes to combat gender-based violence</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> National gender-based violence database in place Number of laws and policies related to gender-based violence reviewed and implemented <p><u>Baseline:</u></p> <ul style="list-style-type: none"> There is currently no national gender-based violence database Laws in place do not adequately address gender-based violence. Target: four pieces of legislation that need to be reviewed <p><u>Output 2:</u> Strengthened capacity of registered civil society organizations, community and religious leaders, parliamentarians and the media to advocate the empowerment of women and girls</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> Percentage of women in House of Assembly. Target: 50% by 2011 <p><u>Baseline:</u> 16% in Parliament and 36% in Senate in 2005</p>	<p>Ministries of: Women's Affairs, Gender and Community Development; Justice, Legal and Parliamentary Affairs; Home Affairs Parliament; the Zimbabwe Council of Chiefs; United Nations Development Fund for Women; UNDP; UNICEF</p>	<p>\$5 million (\$3 million from regular resources and \$2 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$1 million from regular resources</p>